Cleveland Clinic
Mercy Hospital

Community Health Needs Assessment

2022

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Executive Summary

This Community Health Needs Assessment (CHNA) was conducted by Cleveland Clinic Mercy Hospital (Mercy Hospital or "the hospital") to identify significant community health needs and to inform development of an Implementation Strategy to address current needs in accordance with the Affordable Care Act[1].

Cleveland Clinic Mercy Hospital was founded in 1908 in Canton, Ohio, by the Sisters of Charity of St. Augustine. The Catholic faith-based medical center operates a 323 staffed bed[2] hospital in Canton and outpatient locations in Alliance, Carroll County, Jackson Township, Lake Township, Louisville, Massillon, North Canton, Plain Township and Tuscarawas County. The hospital has 620 members on its Medical Staff and employs 2,800 caregivers. Cleveland Clinic Mercy Hospital became a full member of the Cleveland Clinic health system on February 1, 2021 and is sponsored by the Sisters of Charity of St. Augustine. Additional information on the hospital and its services is available at: https://my.clevelandclinic.org/locations/mercy-hospital

Cleveland Clinic is a global leader and model of healthcare for the future. We work as a team with the patient at the center of care. As a truly integrated healthcare delivery system, we take on the most complex cases and provide collaborative, multidisciplinary care supported with cutting-edge research and technology.

Cleveland Clinic's ability to provide world-class patient care and best-in-class clinicians is the product of our commitment to research and education, which has also contributed significant advancements toward the diagnosis and treatment of complex medical challenges. Figure 1 shows Our Care Priorities, which are to:[3]

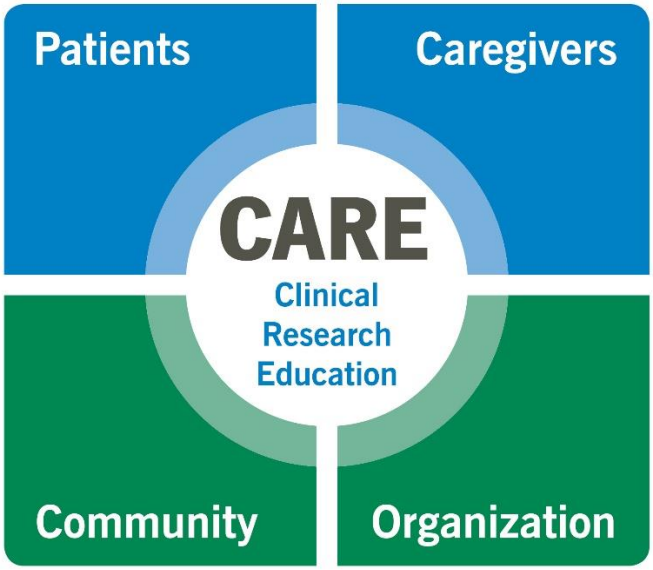
- Care for Patients as if they are our own family
- Treat fellow caregivers as if they are our own family
- Be committed to the communities we serve
- Treat the organization as our home

[1] Internal Revenue Service, Community Health Needs Assessment for Charitable Hospital Organizations – Section 501 (c) (3), https://www.irs.gov/charities-non-profits/charitable-organizations/requirements-for-501c3-hospitals-under-the-affordable-care-act-section-501r

[2] For the purpose of this report and consistent methodology, the Cleveland Clinic MD&A (Q4-2022) interim financial statement is referenced for official bed count. We acknowledge that staffed bed count may fluctuate and may differ from registered or licensed bed counts reflected in other descriptions.

[3] The Cleveland Clinic Mission, Vision and Values https://my.clevelandclinic.org/about/overview/who-we-are/mission-vision-values

Figure 1: The Cleveland Clinic Care Priorities



Caring for the Community

Caring for the community is a long-standing priority at Cleveland Clinic. As an anchor institution –a major employer and provider of services in the community –our goal is to create the healthiest community for everyone. We do this through actions and programs to heal, hire and invest for the future.

Cleveland Clinic is much more than a healthcare organization. We are part of the social fabric of the community, creating opportunities for those around us and making the communities we serve healthier. We are listening to our neighbors to understand their needs, now and in the future. The health of every individual affects the broader community.

According to the National Academy of Medicine, only 20% of a person's health is related to the medical care they receive. There are other factors that have a lifelong impact, accounting for 80% of a person's overall health.[4] These social determinants of health are conditions in which people grow, work and live –including employment, education, food security, housing and several others.[5]

In order to address health disparities, we lead efforts in clinical and non-clinical programming, advocacy, partnerships, sponsorship and community investment. We are actively partnering with leaders to help strengthen community resources and mitigate the impact of disparities in social determinants of health. By engaging with partners who

[4] Magnan, S. Social Determinants of Health 101 for Healthcare: Five Plus Five, National Academy of Medicine. https://nam.edu/social-determinants-of-health-101-for-health-care-five-plus-five/
[5] Social Determinants of Health, World Health Organization. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

share our commitment, we can make a difference in creating a better, healthier community for everyone.[6] Additional information about Cleveland Clinic is available at: https://my.clevelandclinic.org/.

Each Cleveland Clinic hospital also is dedicated to the communities it serves. Each Cleveland Clinic hospital conducts a CHNA to understand and plan for the current and future health needs of residents and patients in the communities it serves. The CHNAs inform the development of strategies designed to improve community health, including initiatives designed to address social determinants of health.

These assessments are conducted using widely accepted methodologies to identify the significant health needs of a specific community. The assessments also are conducted to comply with federal and state laws and regulations including IRS requirements for 501(c) (3) Hospitals under the Affordable Care Act[7].

Assessment Process

Mercy Hospital in collaboration with Stark County Health Department, Alliance City Health Department, Canton City Health Department, Massillon Health Department and Aultman hospitals conducted a joint CHNA. The health departments and hospitals engaged Center for Marketing & Opinion, LLC (CMOR) to provide research, data analysis and narrative for the report. Five healthcare priorities were identified. These priority areas are in alignment with the priority health needs for the Cleveland Clinic Health System as well as the State of Ohio. The complete Stark County assessment is described in this report.

Prioritized Health Needs

Following a comprehensive review of the significant community health needs throughout Stark County, analysis of local county and state needs assessments and emerging trends, the following priority health needs were identified:

- Access to Health Care
- Addiction
- Infant Mortality and Maternal Health
- Mental Health
- Obesity and Healthy Lifestyle Choices

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[6] Cleveland Clinic, Community Commitment, https://my.clevelandclinic.org/about/community#:~:text=Caring%20for%20the%20community%20is,and%20invest%20for%20the%20future.

[7] Internal Revenue Service, Requirements for 501 (c) (3) Hospitals Under the Affordable Care Act – Section 501 (r), https://www.irs.gov/charities-non-profits/charitable-organizations/requirements-for-501c3-hospitals-under-the-affordable-care-act-section-501r

2022 Stark County Community Health

Prepared for:

Stark Community Health Needs Assessment Advisory Committee

Research Funded By:

Stark County Health Department

Alliance City Health Department
Healthy Lifestyles, Healthy Community

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

Massillon
City of Champions
Health Department

AULTMAN

AULTMAN ALLIANCE COMMUNITY HOSPITAL

AULTMAN SPECIALTY HOSPITAL

Prepared by:

Cleveland Clinic
Mercy Hospital

CMOR
Center for Marketing & Opinion Research, LLC

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Key Terms

Local Health Department (LHD) assessments and plans

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

Hospital assessments and plans

- **CHNA -** Community Health Needs Assessment
- **IS -** Implementation Strategy

State assessments and plans

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

The following LHDs participated in the assessment process:

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

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

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

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

Aultman Specialty Hospital
2600 6th St. SW
Canton, OH 44710
330-363-000
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 Assessment Advisory Committee

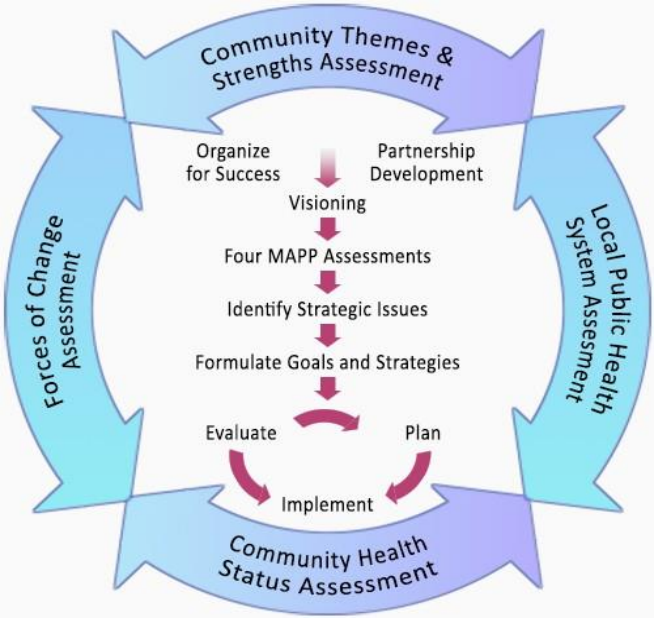
The Stark County Community Health Assessment (CHA) Advisory Committee, referred to as the Advisory Committee from this point forward, is made up of a variety of agencies and volunteers in the community, including: Access Health Stark County (AHSC); Alliance City Health Department (ACHD); Alliance Family Health Center (AFHC); Aultman Health Foundation; Aultman Hospital; Aultman Alliance Community Hospital; Aultman Specialty Hospital; Beacon Charitable Pharmacy; Canton City Public Health (CCPH); Cleveland Clinic Mercy Hospital; Domestic Violence Project Inc (DVPI); Educational Services Center; Jackson Twp Fire; Lifecare Family Health and Dental Center; Massillon City Health Department (MCHD); Meals on Wheels Northeast Ohio; My Community Health Center (MCHC); OSU Extension; Salvation Army of Canton Citadel; Stark Community Foundation; StarkFresh; Stark Parks; Stark County Community Action Agency (SCCAA); Stark County Family Council; Stark County Health Department (SCHD); Stark County Job and Family Services; Stark County Mental Health & Addiction Recovery (StarkMHAR); United Way of Greater Stark County; and Youngstown State University (YSU).

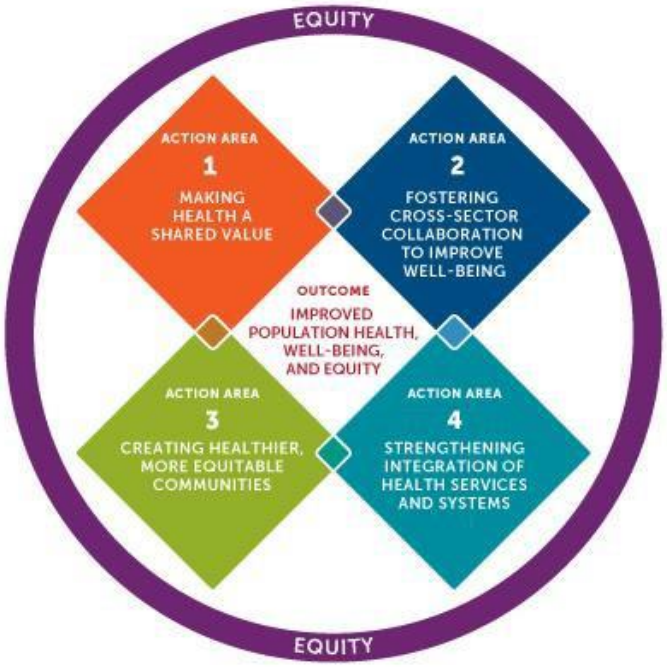
The following individuals have been involved in the development of the 2022 CHA:

(Chair) Kay Conley, SCHD
Abigail Jenkins, SCHD
Adrianne Price, United Way
Allison Esber, StarkMHAR
Amanda Kelly, SCHD
Amanda Nelson, AFHC
Amy Antonacci, Aultman Alliance
Amy Krebs, Stark Community Foundation
Anju Mader, StarkMHAR
Audrey Sylvester, MCHD
Brianna Hill, DVPI
Carol Risaliti, Beacon Charitable Pharmacy
Chelsea Sadinski, SCHD
Cindy Hickey, Cleveland Clinic Mercy
Cindy Linger, AHSC
David Green, Stark Parks
Dawn Miller, CCPH
Dan Gichevski, Stark County Family Council
Elizabeth Fiordalis, Cleveland Clinic Mercy
Jessica Boley, CCPH
Jim Adams, CCPH
Julie Donant, DVPI
Kaitlyn Moyes, Salvation Army of Canton
Kelly Potkay, SCHD
Kristen DeDent, Aultman Specialty Hospital
Liz Edmunds, Aultman Health Foundation **Leslie Shaffer,** ACHD
Melissa Warrington, Aultman Hospital
Nicolette Powe, YSU
Randy Flint, ACHD
Rob Knight, CCPH
Rodney Reasonover, SCCAA
Serena Draper Hendershot, CCPH
Stephanie Wheeler, Cleveland Clinic Mercy
Tasha Catron, SCHD
Terri Argent, MCHD
Terry Regula, MCHC
Tom Phillips, StarkFresh
Yvette Graham, OSU Extension

Community Health Assessment Model & Framework

In 2018, the Advisory Committee adopted the Mobilizing for Action through Planning and Partnerships (**MAPP**) Model. **MAPP** is a community-wide strategic planning process that assists communities with prioritizing public health issues, identifying resources for addressing those issues, and developing a shared, long-term Community Health Improvement Plan (CHIP). **MAPP** is an evidence-based approach to improve public health practice that includes six phases and four assessments. The three significant components underlining the foundation of MAPP are strategic planning, collaboration, and quality improvement.





Robert Wood Johnson Foundation

In 2022, the Advisory Committee began utilizing the Culture of Health Action Framework, developed by the Robert Wood Johnson Foundation. The framework identifies priorities, organized under distinct Action Areas, for driving measurable, sustainable progress and improving the health and well-being of all people. The Culture of Health Action Framework focuses on four areas:

1. Making Health a Shared Value
2. Fostering Cross-Sector Collaboration
3. Creating Healthier, More Equitable Communities
4. Strengthen Integration of Health Services and Systems

Stark County Community Health Needs Assessment

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 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 CHA
- 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

This report begins the 3-year cycle and will include the release of the Community Health Improvement Plan (CHIP) in 2023. The Center for Marketing and Opinion Research (CMOR) was selected by the Advisory Committee to conduct data collection and analysis for the CHA through four project phases.

1. The first phase of the project, the Stark Poll, consisted of a random sample telephone survey of Stark County households. This method was used to ensure representativeness of the population and to warrant statistical validity. The final sample size was 600 which resulted in an overall sampling error of +/- 4.0% within a 95% confidence level. The questions on the Stark Poll focused primarily on mental health and addiction.
2. The second phase of the project, Secondary Data Analysis, consisted of reviewing and analyzing secondary data sources to identify priority areas of concern when compared to survey data
3. The third phase of the study, a Community Health Leader Survey, consisted of a web survey of community leaders who are knowledgeable about public health. A total of 125 community health leaders completed the web survey.
4. The fourth phase includes the Maternal Health Community Focus Group, which was a facilitated discussion with a demographic mix of Stark County women of childbearing age. The five participants were all women ages 18 to 44 who live in Stark County. The group consisted of participants of different races and backgrounds, with and without children, and living in urban, suburban, and rural areas.
5. The fifth and final phase, was the Voices of Stark County Report, which consisted of data from six community meetings and 15 small focus groups. A total of 167 individuals participated. Voices of Stark County Report was compiled by the Behavioral Health Access and Integration Collaborative.

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

Access to Health Care

Addiction

Infant Mortality and Maternal Health

Mental Health

Obesity and Healthy Lifestyle Choices

Contributing Factors to Health Challenges

There are a number of factors that affect the health of a community. When asked what is the most important health related issue or challenge facing the county right now, nearly a third of community leaders, (32%), mentioned social determinants of health. This included transportation, 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 (42%), lack of awareness of available programs and resources (33%), cost (27%), and a limited workforce (22%).

In Stark County and across the state, life expectancy goes down as poverty goes up, according to an analysis by The Center for Community Solutions. For example, four miles could mean a difference of 16.2 years in life expectancy between a neighborhood on the east side of Canton and a neighborhood near the center of North Canton. Where you grow up and where you live have been shown to be correlated with health, social, and economic outcomes including employment, chronic disease, kindergarten readiness, and lead poisoning (Protecting Stark's Future, 2020). Stark County is unique in that it includes multiple urban areas, as well as suburban and rural communities. Residents who live in urban communities, like Canton, Massillon and Alliance, tend to experience higher rates of stress related illnesses and mental health issues *(Peen et al, 2010)* and higher rates of cocaine and heroin addiction *(SAMHSA, 2012).* Residents of the county's suburban areas generally do not have access to the same quality or selection of health care providers as those who live in an urban setting. However, the percentage of the population in poverty is much higher in the county's urban zip codes, particularly in Canton, than in other areas *(Source: U.S. Census Bureau 2021).*

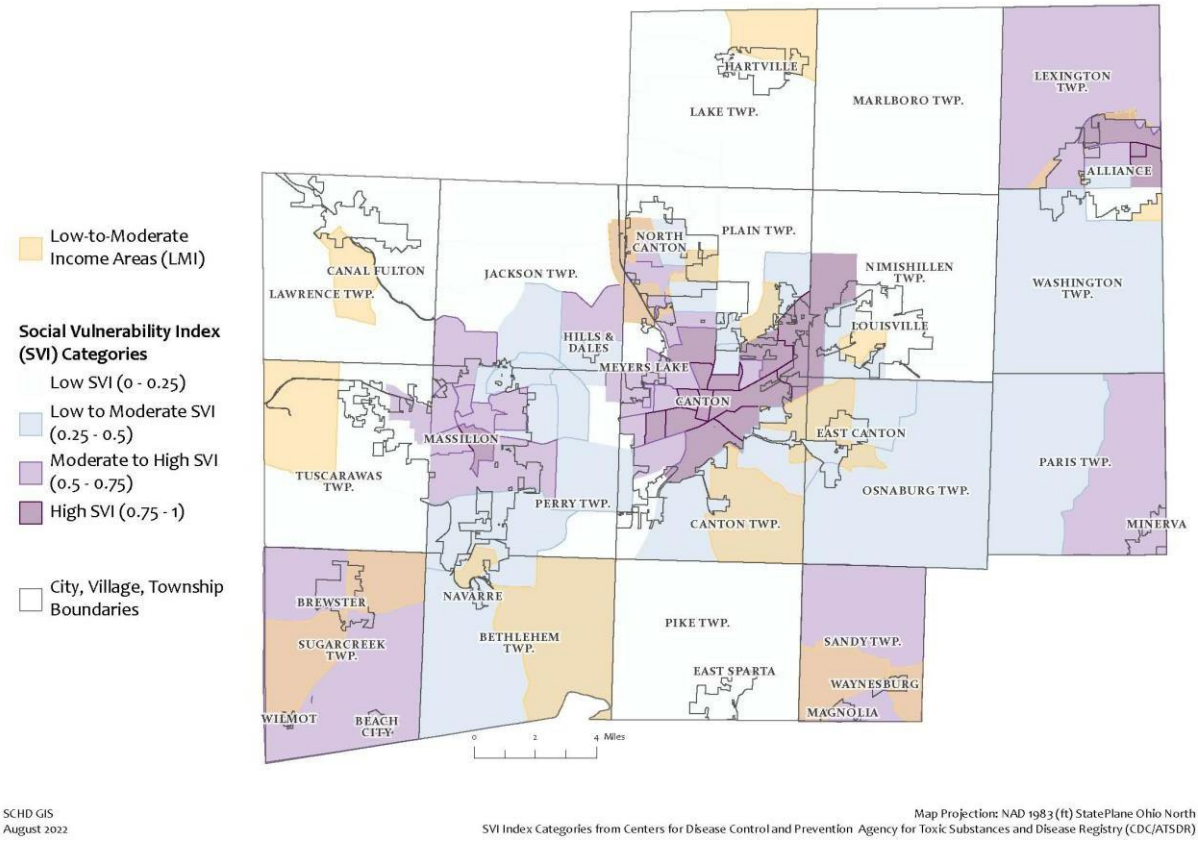
Income is another contributing factor to the county's health challenges. In Stark County, the annual average household income is $55,045. The average household income in Canton is $32,735. In some Canton neighborhoods, like the Shorb neighborhood, household income is less than $25,000. There, families pay an average of $705 in rent each month compared to the county average of $752, despite the neighborhood's high rate of poverty and violent crime (United Way of Greater Stark County, 2022). Residents in communities with the lowest income levels have the poorest health and the most difficulty gaining access to health care. Poverty levels for children in the county are slightly higher than poverty levels for the state and have remained relatively unchanged over the past 5 years. When looking specifically at children under the age of 5, the percentage is slightly higher for the county (23.7%) than the state as a whole (21.8%) *(Source: U.S. Census Bureau 2021)*. In addition, 82% of community leaders felt that it was very important to address people living in poverty.

A closer look at the data reveals concerning racial disparities. Black children in Canton are about 1.5 times more likely to live in poverty than their non-Hispanic white peers. However, poverty isn't just a problem for the City of Canton. Of the nearly 20,000 children living below poverty in Stark County in 2018, around 9,000 or 47% resided in communities outside the city of Canton (Protecting Stark Future, 2020). In terms of poverty, Black and multi-racial respondents had the highest poverty levels (35.3% and 34.3%) followed by Hispanic or Latino (28.0%) *(Source: U.S. Census Bureau 2021).* In addition, 72% of community health leaders felt that it was very important to address minority populations. Educational attainment also contributes. The percentage of the population with a Bachelor's degree or higher is significantly higher in the state than it is in the county, 28.9% compared to 23.5% *(Source: U.S. Census*

Bureau 2021). In Stark County, 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 24.6% compared to 2.9% for college graduates) *(Source: U.S. Census Bureau 2021)*.

The aging population is also a contributing factor in the county's health challenges that this is likely to grow in importance over the next few years. Currently, the median age in the county, 42.1, is higher than the median age of 39.4 for the state. Also, 19% of households in the county have someone in the household aged 65 or over *(Source: U.S. Census Bureau 2021).*

Social Vulnerability Index Categories & Low-to-Moderate Income Areas



SCHD GIS
August 2022

Map Projection: NAD 1983 (ft) StatePlane Ohio North
SVI Index Categories from Centers for Disease Control and Prevention Agency for Toxic Substances and Disease Registry (CDC/ATSDR)

CHA Timeline

2010
- Patient Protection and Affordable Care Act is passed
- Advisory Committee is Formed

1st Cycle 2010-2014
- CHA
- CHIP
- CHIP Addendum
- Indicators Report
- Evaluation Report
- First Health Improvement Summit

2nd Cycle 2015-2018
- CHA
- CHIP
- Indicators Report
- Evaluation Report
- Health Improvement Summit

3rd Cycle 2019-2021
- CHA
- CHIP
- First Community Focus Group
- Evaluation Report
- Health Improvement Summit

4th Cycle 2022-2024
- CHA
- CHIP
- Maternal Health Focus Group
- Evaluation Report
- Health Improvement Summit

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 confirmed the five priority community health needs for the county that were identified through the prior CHA process. The data is included in this document.

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. The priority health needs were identified after analyzing multiple sources of data as outlined in the Research Methodology appendix. The five priority health need areas were identified because they were common themes that appeared throughout the multiple sources of data and had adequate support to identify them as a significant issue.

ACCESS TO HEALTH CARE

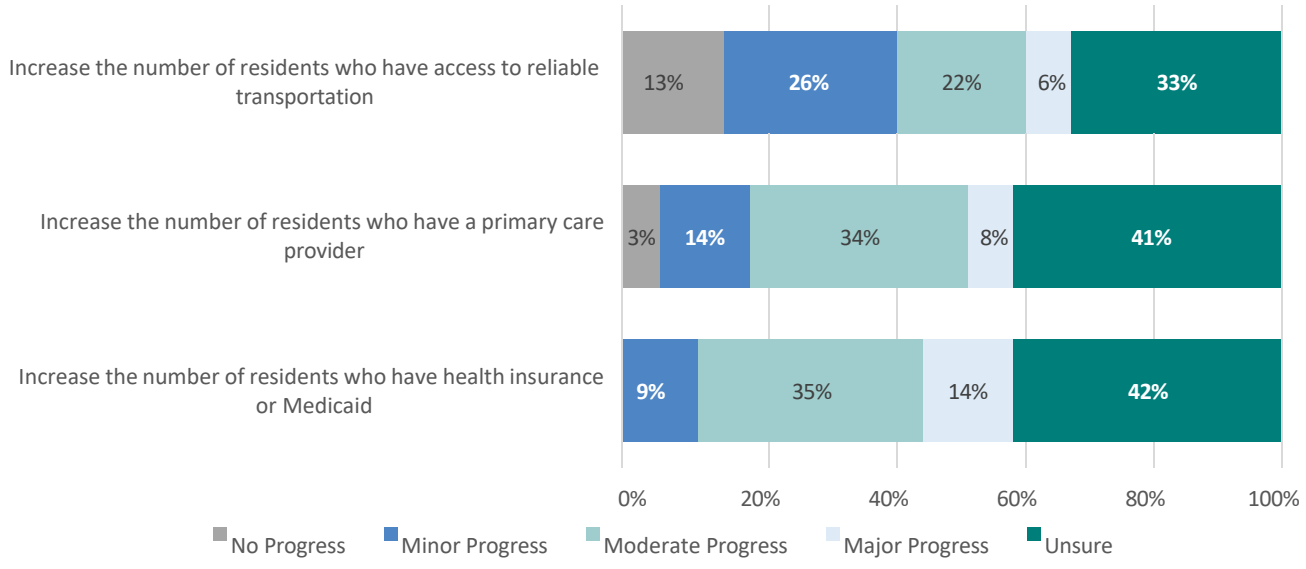
HEALTH NEED: A large portion of county residents still do not have access to affordable basic health care services. Access to medical specialists and mental health professionals were also issues.

Progress since last CHA

- 24% of community leaders reported the issue of ***access to health care*** was worse than it was three years ago, 41% reported that the issue was better.
- 49% of community leaders felt there has been moderate or major progress in ***increasing the number of residents who have health insurance or Medicaid***, 9% said there was minor progress. No one said there was no progress.
- 42% of community leaders felt there has been moderate or major progress in ***increasing the number of residents who have a primary care provider***, 14% said there was minor progress. 3% said there was no progress.
- 28% of community leaders felt there has been moderate or major progress in ***increasing the number of residents who have access to reliable transportation***, 26% said there was minor progress. 13% said there was no progress.
- The following chart summarize data gathered in 2022 from the Community Leader Survey and indicate community leader's perceived progress on key measures on this priority area over the last three years.

Community Leader: Perceived Progress on Key Measures

Access to Care



Continuing Support for Access to Health Care as a Focus Area

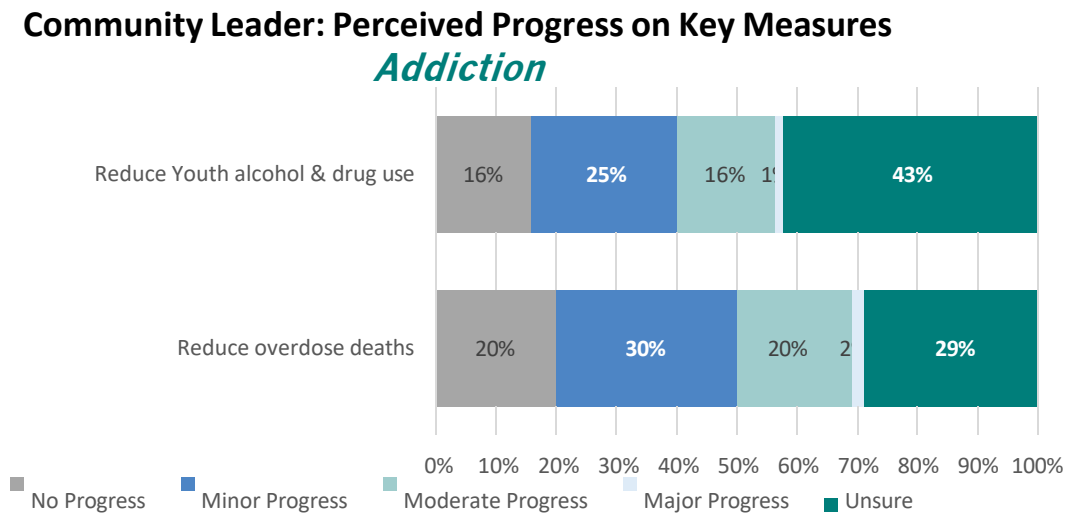
- On a 10-point scale in which 1 was 'Not at all important' and 10 was 'Very important', access to health care was given an average importance rating of 8.82 by community health leaders, the third highest average importance of the five health related issues from the last CHA cycle.
- 45% of community leaders reported that there are not enough services and programs available in Stark County to address access to care issues. When asked what was missing to address this issue, the following were mentioned most often: more providers and location, transportation and other social determinants, culturally competent providers and care, lack of information or knowledge of available services, and sites that offer comprehensive services.
- Just 14% of community leaders agreed that "People in the community know about the health services and options that are available to them."
- Less than half of community leaders, (44.4%), agreed that "*Stark County has the needed programs and resources to address health related issues."*
- Less than half of community leaders, (48.0%), agreed that *"Residents in Stark County are able to access a primary care doctor when needed."*
- Less than a third of community leaders who were surveyed, 33%, agreed that *"Residents in Stark County are able to access a dentist when needed."*
- A quarter of community leaders, (24.8%), agreed that "*Transportation services for medical/mental health appointments are available for residents in Stark County when needed."*
- Nearly one-sixth of Stark County youth, (14%), have not always been able to get medical or psychological care when they thought they needed it during the school year *(*Source: *Northeast Ohio Youth Health Survey 2021).*

ADDICTION

HEALTH NEED: Unintended drug overdose deaths are on the rise in Stark County. In addition, a high level of middle and high school students in the county reported using some kind of illegal substance in their lifetime. Excessive alcohol and drug use can lead to an increased risk of other health problems such as injuries, violence, liver disease, and cancer.

Progress since last CHA

- → 64% of community leaders reported the issue of ***addiction*** was worse than it was three years ago, 11% reported the issue was better.
- → 22% of community leaders felt there has been moderate or major progress in ***reducing overdose deaths***, 30% said there was minor progress. 20% said there was no progress in this area.
- → 17% of community leaders felt there has been moderate or major progress in ***reducing youth alcohol and drug use***, 25% said there was minor progress. 16% said there was no progress in this area.
- → The chart on the next page summarize data gathered in 2022 from the Community Leader Survey and indicate community leader's perceived progress on key measures on this priority area over the last three years.



Continuing Support for Addiction as a Focus Area

- Nearly a quarter of community leaders, (23%) named addiction and overdoses as the most important health related issue or need in Stark County right now. This included the opiate epidemic, increase in overdoses, and the need for more addiction services and locations for sober living.
- On a 10-point scale in which 1 was 'Not at all important' and 10 was 'Very important', addiction was given an average importance rating of 9.08 by community health leaders, the second highest average importance of the five health related issues from the last CHA cycle.
- 63% of community leaders reported there are not enough services and programs available in Stark County to address addiction issues. When asked what was missing to address this issue, the following were mentioned most often: more providers and locations, community education and information to reduce stigma, a workforce or staffing shortage, culturally competent providers and care, and not knowing where to go for help.
- 80% of community leaders felt that it was very important for the CHNA Advisory Committee to address people addicted to drugs or alcohol.
- When asked to rate their level of agreement with five statements about addiction, Stark County residents were most likely to agree that addiction can affect anyone (92.6%) and addiction is a disease (62.9%) *(*Source: *Stark Poll 2021).*
- Less than half, (43.1%), felt marijuana use was a serious problem, about the same as 42.7% in 2020. More than a quarter (29.2%) said marijuana was not a problem at all in 2021 *(*Source: *Stark Poll 2021).*
- When asked to rate the seriousness of underage drinking in Stark County, about a quarter of Stark County residents (25.7%) said it was a very serious problem. Nearly half (46.4%) said it was moderately serious *(*Source: *Stark Poll 2021).*
- Respondents were asked to rate how easy it is for youth to obtain alcohol in their community. More than half (63.1%) said it was either extremely easy (31.6%) or slightly easy (31.5%) *(*Source: *Stark Poll 2021).*
- 34% of driving deaths in Stark County in 2020 had alcohol involvement *(Source: County Health Ranking 2020).*
- The number of unintentional drug overdose deaths in Stark County has increased steadily since 2013, more than doubled from 12.4 to 27.0 *(Source: Ohio Department of Health 2013-2020).*
- Nearly a third of Stark County middle and high school students have used some illegal substance at some point in their lifetime. Nearly a sixth, 13%, have used a substance in the past thirty days. Alcohol and marijuana were the most common substances used *(*Source: *Northeast Ohio Youth Health Survey 2021).*
- Nearly a quarter of Stark County middle and high school students, (24.1%), reported that someone in their household had used a substance, not including alcohol, during this past school year. Marijuana was the most common substance used *(*Source: *Northeast Ohio Youth Health Survey 2021).*

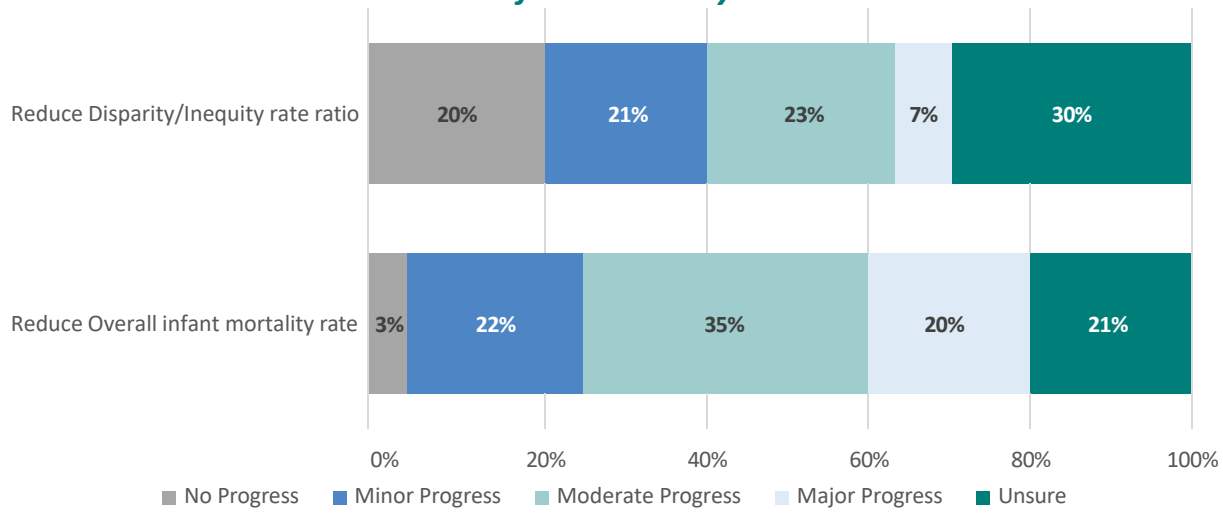
INFANT MORTALITY AND MATERNAL HEALTH

HEALTH NEED: Although, Black and African American families continue to experience higher rates of infant loss, at times over double the rate of Stark County as a whole, the county has been seeing gradual improvements in the overall infant mortality rate. Premature and low birth weight births are a large contributor to the infant mortality rate which is influenced by maternal health.

Progress since last CHA

- → 11% of community leaders reported the issue of ***infant mortality and maternal health*** was worse than it was three years ago, 59% reported that the issue was better.
- → 55% of community leaders felt that there has been moderate or major progress in ***reducing the overall infant mortality rate***, 22% said there was minor progress. 3% said there was no progress in this area.
- → 30% of community leaders felt that there has been moderate or major progress in ***reducing disparity/inequality rate ratio***, 21% said there was minor progress. 20% said there was no progress in this area.
- → The following chart summarize data gathered in 2022 from the Community Leader Survey and indicate community leader's perceived progress on key measures on this priority area over the last three years.

Community Leader: Perceived Progress on Key Measures
Infant Mortality



Continuing Support for Infant Mortality and Maternal Health as a Focus Area

- On a 10-point scale in which 1 was 'Not at all important' and 10 was 'Very important', infant mortality and maternal health was given an average importance rating of 8.77 by community health leaders, the fourth highest average importance of the five health related issues from the last CHA cycle.
- 27% of community leaders reported there are not enough services and programs available in Stark County to address infant mortality and maternal health issues. When asked what was missing to address this issue, the following were mentioned most often: community education, more providers and locations, and addressing social determinants of health.
- 83% of community leaders felt it was very important for the CHNA Advisory Committee to address infant mortality and maternal health.
- Less than half of community leaders, (40.8%), agreed that "*Family planning services are accessible and available to adequately address the reproductive health needs in the community.*"

- Less than three-quarters, (69%), of birthing parents in Stark County accessed prenatal care in the first trimester in 2021 *(*Source*: Ohio Department of Health 2021).*
- The infant mortality rate in 2019 for all races (5.4) is much higher than the rate for White babies in Stark (3.8) *(*Source*: Ohio Department of Health 2019).*
- When using three-year groupings (2019-2021), infant mortality rates for Black babies is more than twice as high as White babies, 5.26 compared to 12.80 *(*Source*: Ohio Department of Health 2022).*
- Teen birth rates for non-Hispanic Black teenagers are more than three times higher than birth rates for non-Hispanic White teens, 13.2 compared to 74.2. For the Hispanic population, teen birth rates were significantly higher, 74.2 *(*Source*: Ohio Department of Health 2022).*
- In the maternal health focus group, cost was mentioned in nearly every aspect of the focus group as having a negative effect on a women's ability to get the healthcare they need.
- Another common theme during the maternal health focus group was that women tend to have multiple responsibilities and tend to put the healthcare needs of others they care for before their own needs. In addition, women feel guilty taking time from work to go to the doctor for themselves. Instead, they save their time off (if they even get paid time off) to take care of others.

MENTAL HEALTH

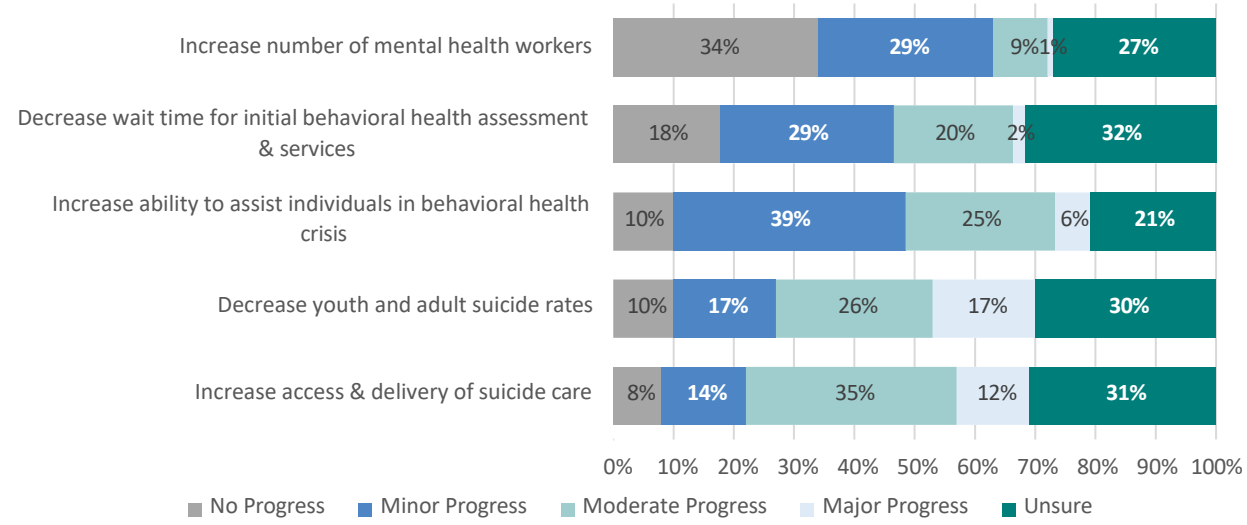
HEALTH NEED: The need for mental health treatment and intervention continues to increase. High diagnosis rates for depression as well as an increase in suicide rates in adults substantiate this issue.

Progress since last CHA

- → 64% of community leaders reported the issue of ***mental health*** was worse than it was three years ago, 15% reported the issue was better.
- → 47% of community leaders felt there has been moderate or major progress in ***increasing access and delivery of suicide care***, 14% said there was minor progress. 8% said there was no progress in this area.
- → 43% of community leaders felt there has been moderate or major progress in ***decreasing youth and adult suicide rates***, 17% said there was minor progress. 10% said there was no progress in this area.
- → 31% of community leaders felt there has been moderate or major progress in ***increasing the ability to assist individuals in a behavioral health crisis***, 39% said there was minor progress. 10% said there was no progress in this area.
- → 22% of community leaders felt there has been moderate or major progress in ***decreasing the wait time for initial behavioral health assessment and services***, 29% said there was minor progress. 18% said there was no progress in this area.
- → 10% of community leaders felt there has been moderate or major progress in ***increasing the number of mental health workers***, 29% said there was minor progress. 34% said there was no progress in this area.
- → The chart on the next page summarize data gathered in 2022 from the Community Leader Survey and indicate community leader's perceived progress on key measures on this priority area over the last three years.

Community Leader: Perceived Progress on Key Measures

Mental Health



Continuing Support for Mental Health as a Focus Area

- The most common most important health related need or issue in Stark County named by community leaders were mental and behavioral health issues, mentioned by 41%. More specifically, the following were mentioned: availability of providers, need for more inpatient beds, staffing shortages, timely care, integration with primary care, depression, and suicide.
- On a 10-point scale in which 1 was 'Not at all important' and 10 was 'Very important', mental health was given an average importance rating of 9.56 by community health leaders, the highest average importance of the five health related issues from the last CHA cycle.
- 76% of community leaders reported there are not enough services and programs available in Stark County to address mental health issues. When asked what was missing to address this issue, the following were mentioned most often: workforce and staffing shortage, more providers and locations, timely/accessible care, community education and information for stigma reduction, specific kinds of care or treatment approaches, culturally competent providers and care, not knowing where to go for help, affordability of care, and integration of mental health into other medical offices such as primary care.
- 86% of community leaders felt it was very important for the CHNA Advisory Committee to address people with mental illness.
- A third of community leaders, (33%), agreed that "*Residents in Stark County are able to access a mental health care provider when needed."*
- County residents were asked to rate the seriousness of suicide in Stark County. Nearly a third (31.0%) said it was a very serious problem while nearly half (45.4%) said it was moderately serious *(*Source*: Stark Poll 2021).*
- About a third, (33.8%), of county residents reported a negative change in day-to-day mood, mentality, or general outlook in the past year while, 24.5% reported new feelings of isolation, disconnection, or loneliness.
- The number of adults and children receiving behavioral health assistance increased steadily over the past five years (9% increase for adults and 7% increase for children) *(*Source*: Stark MHAR 2022).*
- More than a third of students, (34.5%), reported they have been told by a health care professional they had a mental health issue before the current school year. The most common mental health issues for female students were Anxiety and Depression. For male students, the most common issues were ADD/ADHD and anxiety *(*Source: *Northeast Ohio Youth Health Survey 2021).*

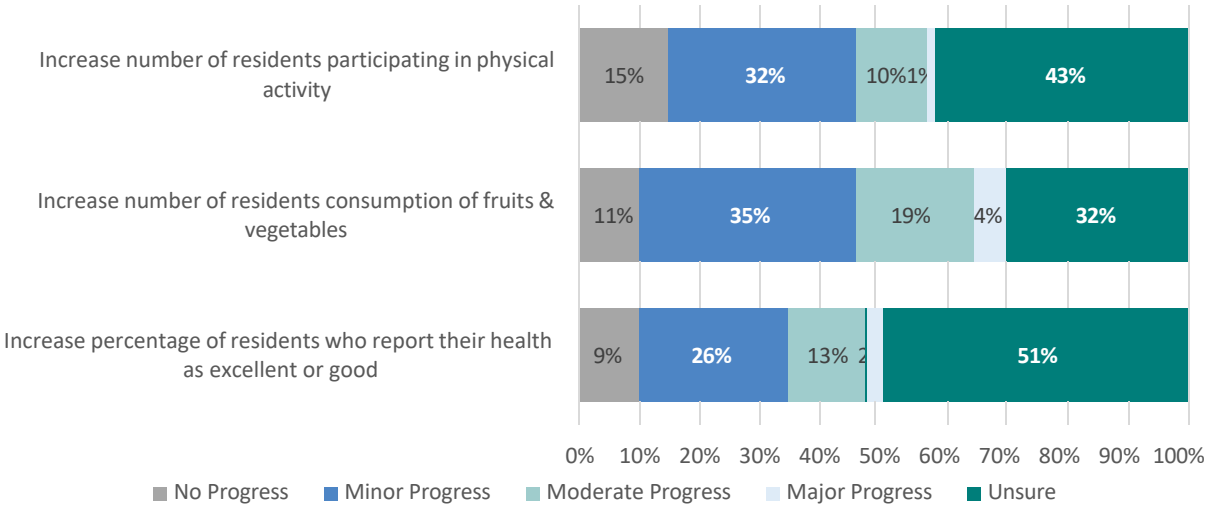
OBESITY AND HEALTHY LIFESTYLE CHOICES

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

Progress since last CHA

- → 41% of community leaders reported the issue of ***obesity and healthy lifestyle choices*** was worse than it was three years ago, 8% reported the issue was better.
- → 23% of community leaders felt there has been moderate or major progress in ***increasing the number of residents consuming fruits and vegetables***, 35% said there was minor progress. 11% said there was no progress in this area.
- → 15% of community leaders felt there has been moderate or major progress in ***increasing the percentage of residents who report their health as excellent or good***, 26% said there was minor progress. 9% said there was no progress in this area.
- → 11% of community leaders felt there has been moderate or major progress in ***increasing the number of residents participating in physical activity***, 32% said there was minor progress. 15% said there was no progress in this area.
- → The following chart summarize data gathered in 2022 from the Community Leader Survey and indicate community leader's perceived progress on key measures on this priority area over the last three years.

Community Leader: Perceived Progress on Key Measures
Obesity and Healthy Lifestyles



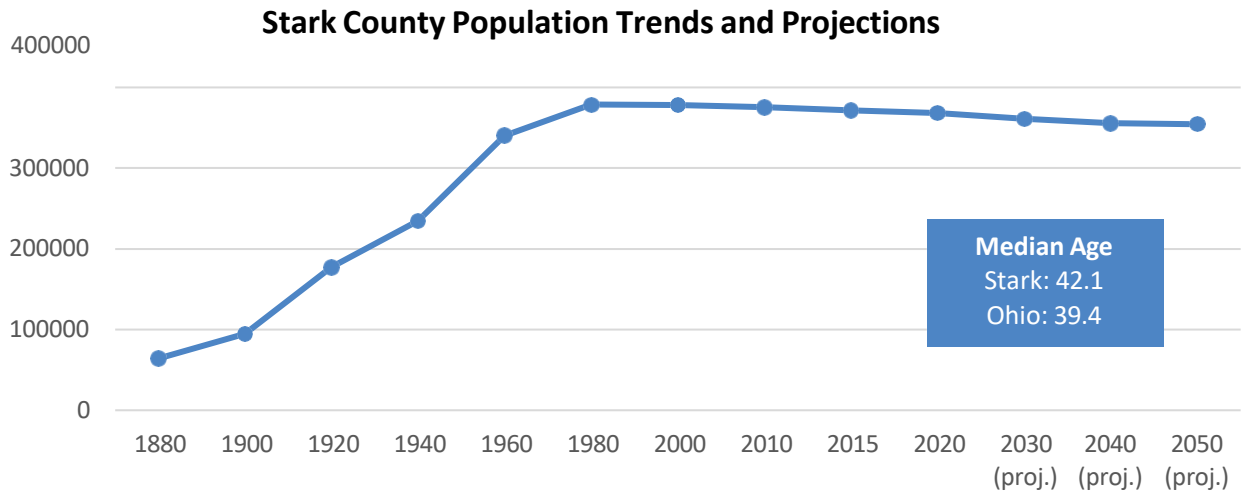
Continuing Support for Obesity and Healthy Lifestyle Choices as a Focus Area

- On a 10-point scale in which 1 was 'Not at all important' and 10 was 'Very important', obesity and healthy lifestyle choices was given an average importance rating of 8.42 by community health leaders, the fifth highest average importance of the five health related issues from the last CHA cycle.
- 56% of community leaders reported there are not enough services and programs available in Stark County to address obesity and healthy lifestyle choice issues. When asked what was missing to address this issue, the following were mentioned most often: community education and buy-in, access to healthy food, access and affordability, and more resources, programs and supports.
- 46% of community leaders felt it was very important for the CHNA Advisory Committee to address people who are overweight or obese.

- Community leaders were also asked what challenges they feel people in the community face when trying to maintain a healthy lifestyle. The most common responses mentioned were having access to healthy food, (44%); affordability, (38%); safe outdoor green space, (28%); health literacy, (20%) (information overload); time, (14%) (busy schedules); transportation, (11%); social determinants, (11%), and motivation, (11%).
- More than a quarter of adults in Stark County, (28%), are considered physically inactive, a number that has been slightly increasing over the last several years *(*Source*: County Health Ranking 2022).*
- More than a third of adults in Stark County, (34%), have a BMI of 30 or more. Once again, the percentage of obese adults has increased slightly over the past several years *(*Source*: County Health Ranking 2022).*
- The percentage of Stark County population with access to exercise opportunities has been decreasing from 81% in 2013 to 68% in 2020 and is now significantly lower than the state *(*Source*: County Health Ranking 2022).*
- 23% of Stark County adults currently smoke every day or most days *(*Source*: County Health Ranking 2022).*

Stark County Demographic Profile

Stark County is the eighth most populated county in Ohio with a current population of 368,210. Stark County's population is projected to decrease by nearly 4% between now and 2050. The state's population, on the other hand, is projected to remain stable over that same time. The median age in the county, (42.1), is higher than the median age of 39.4 for the state.

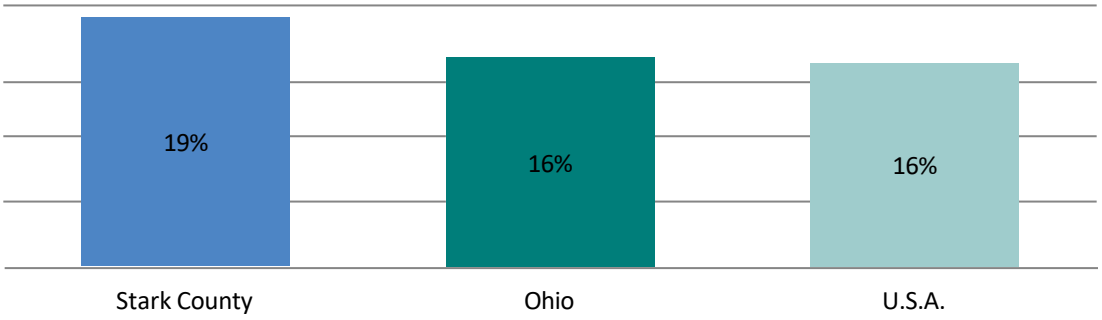


County Population Trends & Projections						
	Stark County	Ohio			Stark County	Ohio
1880	64,031	3,198,062		**2020**	368,210	11,574,870
1900	94,747	4,157,545		**2025**	364,650	11,598,670
1920	177,218	5,759,394		**2030**	361,130	11,615,100
1940	234,887	6,907,612		**2035**	357,820	11,635,110
1960	340,345	9,706,397		**2040**	355,500	11,679,010
1980	378,823	10,797,630		**2045**	355,110	11,666,880
2000	378,098	11,353,140		**2050**	354,500	11,646,810
2010	375,586	11,353,140		**Change 2020-2050**	-3.7%	+0.6%
2015	371,650	11,549,120				
SOURCE: Ohio Development Services Agency, U.S. Census						

County Population Trends & Projections - Children				
	Stark County		Ohio	
	Under 5	Under 18	Under 5	Under 18
2014	21,011	83,741	700,088	2,673,661
2015	20,932	83,065	695,996	2,656,019
2016	21,037	82,509	695,764	2,639,860
2017	21,025	81,832	695,704	2,627,168
2018	21,034	81,165	695,933	2,618,168
2019	20,940	80,421	694,711	2,605,010
Change 2014 to 2019	**-0.3%**	**-3.9%**	**-0.7%**	**-2.5%**
SOURCE: U.S. Census Bureau 2014-2019 American Community Survey, 5-year estimates				

As shown in the graph below, Stark County has a slightly higher percentage of the population ages 65 and over compared to both Ohio and the country as a whole.

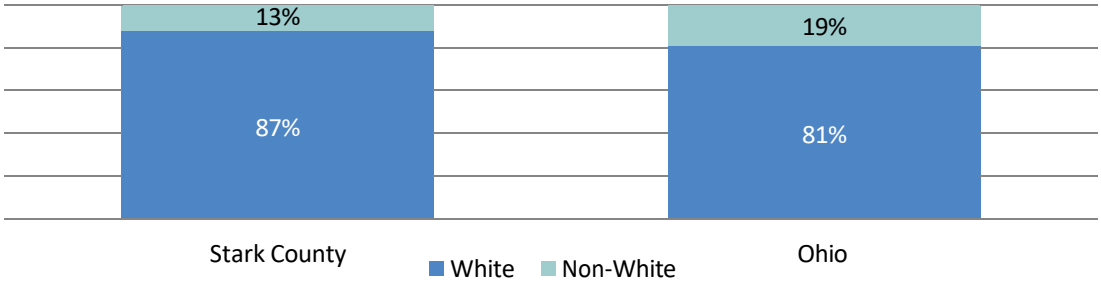
Percentage of Population ages 65+, 2020



Data Source: US Census Bureau 20 American Community Survey, 5-year estimates 2020

Stark County is slightly less diverse than the state of Ohio with 13% of the population being non-White compared to 19% in the state. Over the past five years, the number of White and African American residents has changed less than 3% while the number of Native Americans, Asians, and those of two or more races has significantly increased.

County Population by Race, 2020



Population by Race, 2020							
	African American	Asian	Native American	Pacific Islander	White	Other Race	Two or more races
Ohio	12.4%	2.3%	0.2%	0.0%	80.5%	1.1%	3.6%
Stark County	7.4%	0.9%	0.1%	0.0%	87.1%	0.7%	3.8%

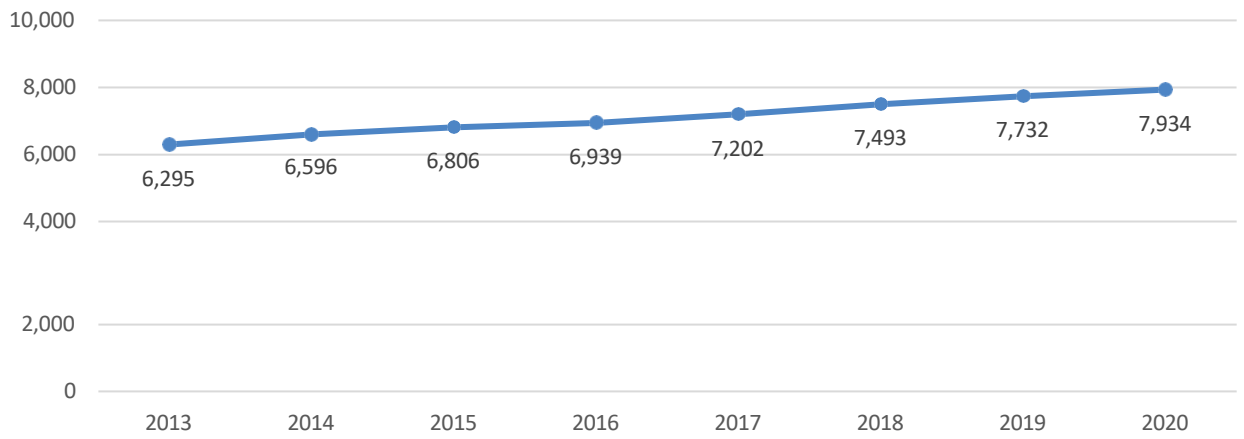
SOURCE: U.S. Census Bureau 2020 American Community Survey, 5-year estimates

Stark County Population Estimates by Race						
	2016	2017	2018	2019	2020	% Change
African American	27,197	26,706	27,492	27,880	27,511	**+1.1%**
Asian	2,896	3,055	3,200	3,432	3,284	**+13.4%**
Native American	390	403	512	473	479	**+22.8%**
Pacific Islander	82	67	66	21	12	**-85.3%**
White	331,467	330,293	328,522	326,891	323,349	**-2.4%**
Other race	1,196	1,399	2,069	2,339	2,510	**+109.9%**
Two or more races	11,534	12,350	11,614	11,513	14,167	**+22.8%**

SOURCE: U.S. Census Bureau American Community Survey, 5-year estimates

As of 2020, an estimate of 2% of Stark County's population is Hispanic or Latino. The number of Hispanic or Latino County residents has increased 26% from 2013 to 2020.

Stark County Population by Hispanic Origin



Source: U.S. Census Bureau 2013-2020 American Community Survey, 5-year estimates

Stark County Population by Hispanic Origin						
	2016	2017	2018	2019	2020	% Change
Hispanic or Latino Origin	1.9%	1.9%	2.0%	2.1%	2.1%	**+0.2%**

SOURCE: U.S. Census Bureau American Community Survey, 5-year estimates

A slightly lower percentage of households in the county have children in the household than in the state (28% compared to 29%).

Families with Children as a Percent of Households						
	2016	2017	2018	2019	2020	Change
Stark County	29.4%	29.2%	28.8%	28.3%	27.5%	***-1.9%***
Ohio	30.0%	28.1%	29.6%	29.3%	28.9%	***-1.1%***

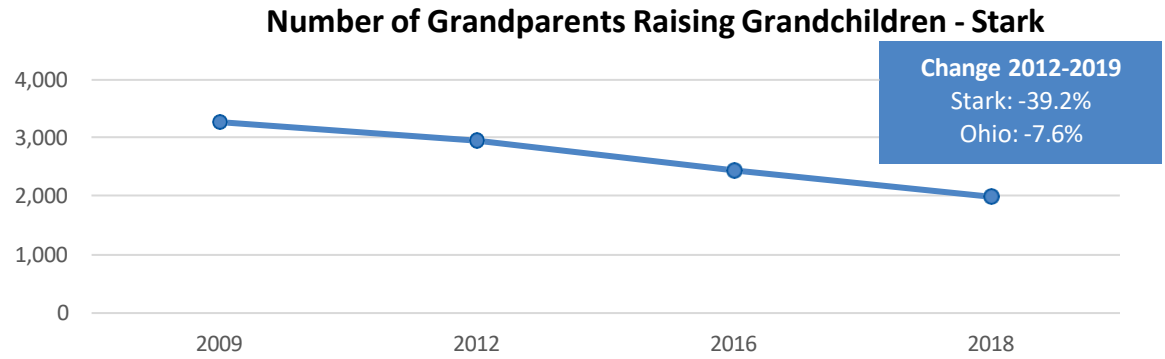
SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates

The number of households with residents ages 65 and over has slightly increased over the past 5 years while male householder and married couple family households slightly decreased over the same time period. Other metrics stayed very similar over the same time period.

Stark County Households by Type						
	2016	2017	2018	2019	2020	% Change
Total households	**151,101**	**152,037**	**152,649**	**153,460**	**154,322**	**+2.1%**
Married couple	48.4%	47.8%	47.3%	46.6%	46.3%	-2.1%
Married couple with children	36.5%	36.1%	35.6%	NA	34.9%	-1.6%
Male householder, with own kids	64.7%	60.4%	58.7%		58.8%	-5.9%
Female householder, with own kids	65.1%	66.0%	66.7%		64.8%	-0.3%
Households with children	29.4%	29.2%	28.8%		27.5%	-1.9%
Households with 65+	11.7%	12.1%	12.3%		13.1%	+1.4%
Average household size	2.42	2.40	2.39	2.37	2.35	-0.07
Average family size	2.96	2.93	2.93	2.92	2.91	-0.05

SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019 data is not available

The number of children living with their grandparents has decreased much more rapidly in the county as compared to the state.



Number of Grandparents Raising Grandchildren					
	SFY 2013	SFY 2016	SFY 2018	SFY 2020	Change
Stark County	3,260	2,939	2,432	1,979	**-39.2%**
Ohio	99,478	100,667	97,811	91,845	**-7.6%**

SOURCE: Public Children Services Association of Ohio (PCSAO) Stark.pdf (pcsao.org) 2022
SFY= State Fiscal Year

Residents of Stark County tend to be very similar in terms of being geographically mobile as compared to Ohio.

Geographic Mobility 2020					
	Same house as previous year	Different house, same county	Different county, same state	Different state	Abroad
Stark County	87.2%	9.2%	2.4%	1.0%	0.2%
Ohio	85.3%	9.1%	3.4%	1.7%	0.4%

SOURCE: Ohio Development Services Agency, Ohio County Profiles, STARK COUNTY: C1077.pdf (ohio.gov) OHIO: https://devresearch.ohio.gov/files/research/C1001.pdf

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 (8.0%) than Ohio (10.1%). The median value of a house in Stark County ($134,300) is also lower than the state ($145,700). Monthly expenses for both homeowners and renters are lower in Stark County than the state.

Housing Units, 2020							
	% Owner Occupied	% Renter Occupied	% Vacant	Median Year Built	Median Value	Median Gross Rent	Median Monthly Owners Cost
Stark County	68.2%	31.8%	8.0%	1964	$134,300	$741	$1,146
Ohio	66.1%	33.9%	10.1%	1968	$145,700	$808	$1,282

SOURCE: Ohio Development Services Agency, Ohio County Profiles, STARK COUNTY: C1077.pdf (ohio.gov) OHIO: https://devresearch.ohio.gov/files/research/C1001.pdf

Stark County is made up mostly of single-detached housing units (75%) which is considerably higher than the state percentage, 68.4%. Multi-family properties and mobile homes are both much lower than the state average.

Percentage as Share of Housing Units, 2019			
	Single-Detached	Units of Multi-family	Mobile Homes
Stark County	75.0%	10.1%	1.9%
Ohio	68.4%	14.1%	3.6%

SOURCE: OHFA, 2021 Ohio Housing Needs Assessment

Community Assets & Resources

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

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

HEALTH CARE ASSETS AND RESOURCES

The ratio of population to primary care physicians 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, 2020		
	Stark County	Ohio
Primary Care Physicians*	299	-
Ratio of population to primary care	*1,250:1*	*1,300:1*
Mental Health Providers	1,039	-
Ratio of population to mental health	*360:1*	*380:1*
Dentists	233	-
Ratio of population to dentists	*1,590:1*	*1,560:1*
Number of registered hospitals*	6	215
*Number of hospital beds**	*1,531*	*44,212*
*Licensed nursing homes**	*38*	*954*
*Number of beds**	*1,531*	*88,097*
Licensed residential care*	35	771
*Number of beds**	*2,287*	*62,292*

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

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

- Alliance Family Health Center, Alliance, OH
- Alliance City Health Department, Alliance, OH
- Canton City Public Health, Canton, OH
- Hartville Migrant Ministries Medical Clinic, Hartville, OH
- Lifecare Family Health & Dental Center, Canton, OH
- Lifecare Family Health & Dental Center, Goodwill Community Campus, Canton, OH
- Lifecare Family Health & Dental Center, Massillon, OH
- Cleveland Clinic Mercy Hospital Health Center at St. Paul Square, Canton, OH

- My Community Health Center, Canton, OH
- My Community Health Center, Magnolia, OH
- ONE Health Ohio, Alliance, OH
- Stark County Health Department, Canton, OH
- U.S. Department of Veteran Affairs, Canton Clinic, Canton, OH

Hospitals:

- Aultman-Alliance Community Hospital, Alliance, OH
- Aultman Hospital, Canton, OH
- Aultman Specialty Hospital, Canton, OH
- Cleveland Clinic Mercy Hospital, Canton, OH

Urgent Care Centers (Health Care, Dental):

- AultmanNow Urgent Care, Jackson Township, Canton, OH
- AultmanNow Urgent Care at Aultman North, North Canton, OH
- Aultman Massillon, Massillon, OH
- AultmanNow Urgent Care at Washington Square, North Canton, OH
- Aultman Louisville, Louisville, OH
- Aultman Massillon, Massillon, OH
- Concentra Urgent Care, Canton, OH
- Cleveland Clinic Mercy Hospital Urgent and Outpatient Care, Jackson, Massillon, OH
- Cleveland Clinic Mercy Hospital Urgent and Outpatient Care, Massillon, Massillon, OH
- Cleveland Clinic Mercy Hospital Urgent and Outpatient Care, North Canton, North Canton, OH
- Cleveland Clinic Mercy Hospital Urgent and Outpatient Care, Plain, Canton, OH
- STATCARE Immediate Care Center of Jackson, Massillon, OH
- Walk In Urgent Care, Canton, OH
- WellNow Urgent Care, North Canton, OH
- WellNow Urgent Care, Alliance, OH

Health Care Resources	
Name	***Access Health Stark County***
Website	http://accesshealthstark.org/
Description	Access Health Stark County provides access to a coordinated system of health care and community resources for those that are underserved and uninsured in our community. • Connects clients to resources in the community to address SDOH • Bridges gaps between primary care and clients • Provides CHW Certification Training • Youth Development: Trains and mentors underserved youth (age 18-25) to become certified CHWs
Name	***Beacon Charitable Pharmacy***
Website	http://beaconpharmacy.org
Description	Beacon Charitable Pharmacy is a non-profit licensed pharmacy that provides prescription medication, vaccines, education, and support to uninsured and underinsured residents in Stark, Lorain, and Carroll counties with low to moderate incomes. Beacon is an innovative agency that coordinates prescription

Health Care Resources	
	assistance, maximizes resources, advocates for vulnerable populations, and provides a practice site for pharmacy and pharmacy Tech students.
Name	***Dear Stark Women***
Website	https://dear-stark-women-starkcohealthoh.hub.arcgis.com/
Description	The Dear Stark Women campaign is an open letter of sorts to the women aged 18-44 that are county residents. The goal of the campaign is to make you aware of resources that are available to you like after-hours care, affordable care, reproductive care, healthy relationships, mental health, and transportation. Many women have used their voices to tell us what they think. This page is a direct result of their action.
Name	***Social Service Manual***
Website	https://integratedhealthcollaborative.org/about-us/patient-resources/#/ & click 'Social Service Manual'
Description	The Social Service Manual provides a listing of social and health services available in the county that accept patients and/or community residents for a variety of services including medical, dental, home health care and much more.
Name	***Stark Help Central***
Website	www.starkhelpcentral.com/
Description	Stark Help Central is an easy to use navigation tool to search for resources. The organization is a safe place to turn for support. Stark Help Central improves the lives of children, teens, and young adults by connecting young people and their families with hundreds of community resources to help them overcome challenges and achieve their full potential. This is accomplished through new prevention efforts, amplifying awareness and mobilizing resources to achieve real, lasting results.
Name	***Transportation Resource Guide/Stark County Transportation Workgroup***
Website	Transportation Guide Jan 2022
Description	The Stark County Transportation Workgroup meets the 5th Tuesday of a month and is facilitated by the Stark County Health Department. Through the efforts of this group, there was a need for a list of transportation options and providers to share with individuals or those agencies serving individuals who are challenged by transportation barriers.
Name	***United Way 2-1-1***
Website	211stark.org
Description	United Way 2-1-1 is an easy to remember three-digit toll-free telephone number that instantly connects the community to hundreds of local resources for help with rent and utility payments, food, emergency shelters, health care, tax assistance and more. 2-1-1 can be accessed 24 hours a day by dialing 211 or via the website at 211stark.org.

ADDICTION ASSETS AND RESOURCES

Addiction Resources	
Name	***Arrow Passage Recovery***
Website	https://www.arrowpassage.com/
Description	Arrow Passage Recovery provides the highest quality family and community oriented chemical-dependency treatment program, placing a great emphasis on rebuilding lives and rebuilding families within the community. Patients move through treatment at their own pace using therapies that are most effective for them. Family education and support is an integral part of every patient's program.
Name	***Canton Addiction Services, LLC***
Website	http://www.cantonaddiction.com/

Addiction Resources	
Description	Canton Heroin and Opiate Addiction Services provides Suboxone, Subutex, Buprenorphine, and generic equivalents to treat Heroin and Opiate addiction. The agency also provides psychiatric care, motivational enhancement therapy, and relational psychotherapy during visits to enhance outcomes and abstinence.
Name	***Coleman Professional Services***
Website	www.colemanservices.org
Description	Coleman Professional Services provides behavioral health and rehabilitation programs that improve the lives of individuals and families. The agency is committed to fostering recovery and building independence through addiction recovery, diagnostic assessment, and individual, group, and family counseling.
Name	***CommQuest Services Inc.***
Website	https://commquest.org/
Description	CommQuest Services Inc. provides a range of services from prevention, mental health, substance abuse, and social services. The agency provides hope to all people through prevention, advocacy, support, education, treatment, and recovery. CommQuest's addiction services include a continuum of care ranging from detox to outpatient treatment. The following programs are designed to assist individuals start and maintain a sober life: • Bright House • Smith House • Deliverance House • Wilson Hall • Medicated Assisted Recovery • Regional Center – Detox & Recovery • Mom + Me Recovery
Name	***Save Stark: Overdose Prevention Platform***
Website	https://savestark-starkcohealthoh.hub.arcgis.com/
Description	Our community has experienced more lives lost to overdose in the past two years than at any other time. This is why the Stark County Health Department created this resource. The goal of this campaign is for us to have an honest conversation about substance use and treatment. The campaign is also to help you learn about all of the services that are available for you before, during, and after treatment in Stark County.
Name	***Stark County Mental Health and Addiction Recovery***
Website	https://starkmhar.org/
Description	StarkMHAR is a multi-faceted behavioral health board comprised of expert professionals dedicated volunteers and concerned community leaders. The agency believes in hope, wellness, and recovery for everyone. StarkMHAR provides and/or supports the following wellness and recovery innovative collaborations, education, and advocacy: • Stark County Opiate Task Force • Drug Free Stark County • Opiate Hotline • Opiate Overdose Kit • Project DAWN • BOLO – Parent Resources • Drug Drop-Off Locations (17)

Name	*The Lenzy Family Institute*
Website	https://www.psychiatristcantonoh.com/
Description	The Lenzy Family Institute provides a comprehensive range of substance abuse prevention, treatment, and recovery support services that include diagnostic assessment; individual, group, and family counseling; rehabilitation; therapy; drug screening, pharmacological management; and an intensive outpatient program.

INFANT MORTALITY AND MARTERNAL HEALTH ASSETS AND RESOURCES

Infant Mortality Resources	
Name	***Child Fatality Review/Fetal Infant Mortality Review***
Website	https://storymaps.arcgis.com/collections/d5ea29cca7cd4e78a31c95b454ce5bfc
Description	The primary goal of the Child Fatality Review (CFR) process is to reduce the incidence of preventable infant and child deaths in Stark County through a detailed comprehensive local review of the circumstances surrounding the deaths to all infants and children in our community. Fetal Infant Mortality Review (FIMR) is a multi-disciplinary, multi-agency, community-based program that identifies local infant mortality issues through the review of fetal and infant deaths and develops recommendations and initiatives to reduce infant deaths.
Name	*Community Action Pathways HUB*
Website	Community Action Pathways HUB (sccaa.org)
Description	The HUB is a free program that can help you have a healthy pregnancy and delivery. The Community Action Pathways HUB through Stark County Community Action Agency provides support, education and uses life experience to help connect pregnant individuals to other community resources. The HUB utilizes Community Health Workers that assist in decision making during pregnancy. This project is funded by the Ohio Commission on Minority Health, Ohio Department of Medicaid and local funding.
Name	***Stark County THRIVE***
Website	https://www.cantonhealth.org/thrive/
Description	Stark County THRIVE (Toward Health Resiliency for Infant Vitality and Equity) is a project through Canton City Public Health that began in 2013. At that time, Ohio's disparity in infant mortality between Black infants and White infants was among the worst in the nation. Goals of Stark County THRIVE are to identify factors in the community that lead to infant mortality and reduce the overall infant mortality rate as well as disparity in birth outcomes relative to Black and White infants.
Name	***Stark County Fatherhood Coalition***
Website	Search for @starkcountyfatherhoodcoalition on Facebook
Description	The Stark County Fatherhood Coalition seeks to encourage fathers to take an active and positive role in their child's life, and to promote and sponsor activities designed to strengthen families. The Coalition understands that a loving and present father is important in the healthy development of a child and that children benefit the most when both parents work together in a positive and collaborative manner.

MENTAL HEALTH ASSETS AND RESOURCES

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

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

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

Mental Health Resources	
Name	***Stark County Family Council***
Website	www.starkfamilycouncil.org/
Description	Stark County Family Council is a partnership of local governmental entities, community agencies and families who work together to promote a system of care for families with children/youth ages birth through 21. The partnership was created to open a dialogue among service organizations and families to create a broader awareness of important child and family issues. Stark County Family Council supports and/or provides the following programs and initiatives: ○ WrapAround ○ Service Review Collaborative ○ Help Me Grow ○ Ohio Children's Trust Fund ○ Trauma and Resiliency
Name	***Stark County Mental Health and Addiction Recovery***
Website	https://starkmhar.org/
Description	StarkMHAR is a multi-faceted behavioral health board comprised of expert professionals dedicated volunteers and concerned community leaders. The agency believes in hope, wellness, and recovery for everyone. StarkMHAR provides and/or supports the following wellness and recovery innovative collaborations, education, and advocacy: • Suicide Prevention Coalition • Suicide Prevention ○ Crisis Hotline ○ FIRST Stark County ○ Man Therapy ○ Education & Talking Points • Care Teams • Mobile Response • Crisis Intervention Team • Mental Health First Aid • Trauma Informed Care • Bullying Prevention ○ Crisis Text Line ○ The Olweus Program
Name	***988 Suicide & Crisis Lifeline***
Website	https://988lifeline.org/current-events/the-lifeline-and-988/
Description	988 is the new three-digit code connecting callers to the National Suicide Prevention Lifeline where trained counselors will listen, understand the effects of problems, provide support, and connect individuals to resources.

OBESITY AND HEALTHY LIFESTYLES ASSETS AND RESOURCES

Obesity and Healthy Lifestyle Resources	
Name	***Canton Parks and Recreation***
Website	www.cantonparksandrec.com
Description	Canton Parks and Recreation maintains over 800 acres of park lands and recreation facilities in the City of Canton with amenities including tennis courts, sports fields, walking trails, dog parks and playgrounds. Canton Parks and Recreation also offers a variety of programs that vary seasonally, but include things such as youth sports, fitness classes, adult sports leagues, gardening courses and more.
Name	***Creating Healthy Communities/Live Well Stark County***
Website	Creating Healthy Communities/Live Well
Description	Creating Healthy Communities (CHC) is committed to preventing and reducing chronic disease statewide. In Stark County, CHC works with Live Well Stark County coalition to implement sustainable evidence-based strategies to improve access to and affordability of healthy food and increase opportunities for physical activity where Stark County residents live, play, and work. Live Well Stark County is a coalition of community leaders that strive to make Stark County healthier by promoting policies, systems, and environmental changes that support wellness. Each year CHC funds projects that increase access and affordability to healthy food and increases opportunities for physical activities with the help of the Live Well coalition to choose the projects. Examples of projects include: • Updating/replacing playgrounds • Helping local businesses implement Food Service Guidelines • Implementing community gardens • Implementing new parks • Stark Marketeers program that promotes awareness of and attendance at local farmer's markets
Name	***Green Alliance***
Website	http://www.greenallianceohio.org/
Description	Green Alliance is a coalition of people in the Greater Alliance Area who have come together to help Alliance plan a sustainable environment for all of us now and for the decades ahead. The agency develops recommendations and strategies to fulfill the U.S. Mayors' Climate Protection Agreement with the City of Alliance, and establishes partnerships with various entities of government, education, business, industry and among citizens to educate and empower the greater Alliance community with the goal of developing an environmentally, socially and economically sustainable community.
Name	***Ohio State University Extension***
Website	https://stark.osu.edu/home
Description	OSU Extension provides the community with the knowledge and resources it needs to thrive by creating opportunities for people to explore how science-based knowledge can improve social, economic, and environmental conditions. The agency accomplishes this through the following programs and initiatives: • 4-H Youth Development • Agriculture and Natural Resources • Community Development • EFNEP (Expanded Food & Nutrition Education) • Snap-Ed • Family & Consumer Sciences • Master Gardener Volunteers

Name	*StarkFresh*
Website	www.starkfresh.org
Description	StarkFresh is tackling the causes of hunger by creating realistic pathways out of poverty. All programming is designed to reduce or remove a barrier for someone to be able to take a step towards that goal. Programming includes; • Mobile Grocery Market • Neighborhood Grocery Store • Food Incubation Center • Urban Training Farm • Seed Library • • Cookware Recovery
Name	***Stark County Hunger Task Force***
Website	http://starkhunger.org/
Description	The Stark County Hunger Task Force fights hunger within the community by providing financial, logistic, strategic, and food support to our network of local emergency food pantries. The Hunger Task Force strives to provide free, nutritious groceries to those in need through the agencies Pantry Support and Backpack for Kids Programs.
Name	***Stark County Park District***
Website	www.starkparks.com
Description	Stark Parks works toward an environment in which people feel safe and connected by providing the community with the best parks, trails, and resources available. The agency manages 15 parks, 4 lakes, and over 120 miles of hiking, biking, and equestrian trails, totaling over 8,000 acres of land. Stark Parks offers a variety of programming and events that includes some of the following: boating, canoeing, camping, fishing, healthy adventures, and a wildlife conservation center.
Name	***Stark Marketeers***
Website	https://stark-marketeers-starkcohealthoh.hub.arcgis.com/
Description	Stark Marketeers' aim is to encourage residents to visit our local farmers markets, track their visits and purchases, improve eating habits, find walking trails near them, and support other local food resources. Fresh and locally grown or made goods is what you will find at our area's farmer's markets. Visiting Stark County's farmers markets is an excellent way to support our community and explore a part of Stark County that you may not have been to before.
Name	***Stark County Tobacco Cessation Resources***
Website	There are a number of tobacco cessation resources available throughout Stark County and the State of Ohio to help residents quit smoking. • **Tobacco-Free You** FREE 6-week program through Mercy Medical Center 330-430-2759 for next set of classes • **Give It Up!** FREE 6-week program through Aultman Hospital 330-363-7848 for next set of classes • **Ohio Tobacco Quit Line** FREE counseling & support via phone 1-800-QUIT-NOW (784-8669)

Major Employers

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

Stark County Major Employers	
Aultman Alliance Community Hospital	Republic Engineered Products
Aultman Hospital	Stark County Government
Canton City Schools	Stark State College
Diebold	The Timken Company
Heinz North America	Timken Steel
Cleveland Clinic Mercy Hospital	Wal-Mart Stores, Inc.
Nickels Bakery	

Source : Canter Chamber of Commerce, Economicus Scorecard
https://www.cantonchamber.org/economics-scorecard

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 higher than the state, 92.3% compared to 91.4%.

Stark County has several public and private colleges and universities including: Aultman College, Malone University, Stark State College, Walsh University, and University of Mount Union. Kent State University also has a branch located in the county.

County Education Information, 2020		
	Stark	Ohio
Public school buildings	95	3,033
# Public students	53,273	1,535,460
# Public teachers	3,666.4	110,338.5
Expenditures per student	$9,768	$10,669
Graduation Rate	92.3	91.4
# Non-public schools	27	952
# Non-public students	4,527	256,697
# 4-yr public universities	0	13
# 4-year branches	1	23
# 2-year colleges	2	38
# Private colleges and universities	3	48
Public libraries (Main/Branches)	7/19	251/734

SOURCE: Ohio Development Services Agency, Ohio County Profiles
STARK COUNTY: C1077.pdf (ohio.gov)
OHIO: https://devresearch.ohio.gov/files/research/C1001.pdf

Community Health Assessment:
Detailed Results

The five data components in this assessment include:

- **Stark Poll** - The 2021 Stark County Collaborative Poll was a large-scale, random sampling survey of households in Stark County. The final sample of the poll consisted of a total of 600 respondents.
- **Community Health Leader Survey** - A web survey of 125 community leaders with knowledge of the health needs in the community.
- **Secondary Data Analysis** - Main sources of data include the American Fact Finder, Ohio Department of Health, and County Health Rankings. Youth data is from the 2021 Northeast Ohio Youth Health Survey.
- **Maternal Health Community Focus Group** - Facilitated discussion with a demographic mix of Stark County women of childbearing age. The five participants were all women ages 18 to 44 who live in Stark County. The group consisted of participants of different races and backgrounds, with and without children, and living in urban, suburban, and rural areas.
- **Voices of Stark County Report** - Consisted of data from six community meetings and 15 small focus groups. A total of 167 individuals participated. Voices of Stark County Report was compiled by the Behavioral Health Access and Integration Collaborative.

More detailed information about the data components can be found in 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 Abuse
- 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

COMMUNITY NEEDS

COMMUNITY LEADER SURVEY

The 125 community leaders who completed the on-line survey were first asked what they thought were the most important health related issues or need in Stark County right now. Community leaders 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.

"There are not enough care providers. It is terrible that individuals have to wait months to see a psychiatrist/ Mental Health expert. The lack of funding for other services makes it impossible for providers to provide needed services."

Respondent on things that prevent residents from receiving needed health care

The most common need or issue named were mental and behavioral health issues, mentioned by 41% of community leaders. More specifically, the following were mentioned: availability of providers, need for more inpatient beds, staffing shortages, timely care, integration with primary care, depression, and suicide. Increased workforce and addressing social determinants of health were common themes of what needs done. Nearly a third of community leaders, (32%), mentioned social determinants of health as an important health related issue or challenge. This included things such as transportation, affordable and available housing, access to food, childcare and violence. Connecting residents with available resources, removing barriers, and education programs were common themes of what needs done. Nearly a quarter of community leaders, 23% named addiction and overdoses. This included things such as the opiate epidemic, increase in overdoses, and the need for more addiction services and locations for sober living.

Other issues named by community leaders include, in order of importance, obesity and healthy lifestyle choices (children not getting enough exercise, nutrition), access to healthcare (not enough providers, caring for most vulnerable populations), health equity (cultural competencies, disparities in healthcare, need for more Spanish speaking providers, trans-affirming care), COVID-19 (educating public and vaccines), and infant mortality and maternal health (postpartum support for all incomes, prenatal care, safe sleep education).

Most Important Health Related Issue or Challenge

	# of Responses	% of Leaders
Mental/Behavioral health	49	40.5%
Social determinants of health- *Transportation, Housing, Food Access, Violence*	39	32.2%
Addiction/Overdoses	28	23.1%
Obesity/Healthy Lifestyle Choices	22	18.2%
Access to healthcare	22	18.2%
Health equity	19	15.7%
COVID-19	16	13.2%
Infant mortality and maternal health	12	9.9%
Poverty	9	7.4%
Dental care	6	5.0%
Chronic illness	6	5.0%
Sex education/Health	5	4.1%
Lack of knowledge of resources	2	1.7%
Communicable diseases	2	1.7%
Other	2	1.7%
Total	**239**	**(n=121)**

Question: Given your professional experience, what do you think are the most important health related issues or needs in Stark County right now?

When asked what needs to be done to address these issues, general themes included, in order of importance: healthcare centers throughout the county, collaboration, outreach and education, increased funding, and addressing basic needs. More specific recommendations are outlined in the table below.

What needs done to address issues	
PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community leaders below.	
Issue	**What Needs Done**
Mental/Behavioral Health	• Increase workforce insurance reimbursement. • Need more providers to be able to meet the needs. • More psychiatrists so that meds can be started in a more-timely manner. More counselors. • Increase capacity of behavioral health providers by recruiting and developing the expertise to serve those with mental health needs. • If we don't have therapists that speak Spanish, we need to have people that are going to be prepared as a translator to serve in this that are not a medical translator. • More programs on awareness, specifically emotion regulation. More mental health support professionals available to youth activities, including sports. • Provide mental health services at schools, social media information, primary care access. • More treatment facilities. • Address employment and food insecurities. Reinforce the family unit. • Culturally diverse mental health practitioners, increased living wages, community allies and peer supporters, strength-based vocational training, purposeful work mentors. • Remove barriers for the clients. • Increase providers in the area. Network resources. • Recruit more mental health worker especially mental health workers for black, brown and LGBTQ+. • Raise awareness about the prevalence, treatment, cost and access issues, as well as embedding it into primary care and workplace. • Additional funding for mental health services. • Resources and funding for service agencies to be able to refer clients to these programs. • Coordinated approach to treating mental health- remove the silos so that acute providers work with chronic providers and figure out how to add a navigator or coach into the team. Access to community based mental health care is adequate, but care is highly UNCOORDINATED. • Resources and funding for service agencies to be able to refer clients to these programs. • There needs to be strategic goals of various organizations working within these fields. • Increased access. • Social determinants of health focused approaches, as well as policy and integrated governmental planning (cross department/organization).

What needs done to address issues	
PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community leaders below.	
Issue	**What Needs Done**
Mental/Behavioral Health	• Increased access to providers and resources, addressing structural racism and social determinants of health. • More robust funding system as well as workforce. • Coordinated county initiatives to share resources (knowledge, experience, funding) to understand and address the issues. • Look to the local FQHCs and FQHC Look-Alikes to have programs to target these needs. Equity in the Health Center program and advocacy from community partners for equitable funding for look-alikes. • Not sending SMI to prisons. • Identify providers, information sharing. • Public awareness campaigns focusing on the maintenance of mental health. • Open free mental health services or set up at local libraries. Ensure our schools have the proper resources to assist in providing information to families. • Continue to fund, create, and promote programs to help combat these issues. • Continued education and awareness initiatives; more money and services in schools from community-based provider agencies--even for those kids that aren't Medicaid eligible. • More psychiatric beds in community as well as hospital training/expertise. • Ambulance reimbursement rates for transport. • Additional mental health services must be available and easily accessible. • Start with adults so they can save themselves and help their children. • Mental health counseling is currently a shortage of providers. • Listening to the needs and suggestions of AA stakeholder. Recruitment and training of more health care providers, flexible scheduling of service providers. • Utilize Nurse Practitioners with Mental Health expertise in communities with referral processes to better address needs.
Social Determinants	• More affordable housing options and childcare. • Housing programs that are easily accessible and affordable. • Social Determinants are extreme for many patients, agencies that help are siloed well intentioned, but there is no central coordination. Providers do not always know how to access support/resources. • Housing programs that are easily accessible and affordable. • Universal Basic Income. • Safe spaces to exercise that are affordable. • Our community needs to continue to look deeper into the poverty in Stark County and devise a plan to help our families. • Targeted assistance to low-income families, such as job training and childcare access, to help break the cycle of generational poverty. • Training/upskilling. • Tax the rich so we have the resources to serve those in need. • The county needs to redirect resources, including Health Department resources, to fund more mental health care providers, to create a tenant union, and to help

What needs done to address issues	
PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community leaders below.	
Issue	**What Needs Done**
Social Determinants	provide people with appropriate clothing and other hygiene items necessary to make job interviews successful. • Funding, education, access to transportation and technology, employment. • Addressing social determinants of health and root causes to poor health, funding for long-term programing and systemic change (vs 'band aid' fixes) and recognizing that those with daily challenges cannot focus on health as a priority. • Transportation can be addressed in that we need sources that do not require three days of prior notice to get set up. Medicaid plans, and many other insurance plans, will pay for transportation but usually require at least 3 days prior notice to schedule. SARTA is similar. These are all good options but not all patients can be this organized, or things happen that transportation all of a sudden becomes an issue. It would be great to have some type of voucher system, or a card, that the patient could use with a variety of transportation providers that are part of a 'network'. Something like calling for a taxi, but it could be coming from a network of resources but could be there within an hour or so. • Coordination with service providers and transportation centers, faith based and non-profits. • Local government can propose to allocate more funds for projects that will consistently support rental assistance, affordable home ownership, and home repair programs. Monitoring of property owners/ out of town landlords that purchase property in lower income communities and tracking median incomes, and capping what can be charged. • Educate residence enforce code on landlords. • Strict rules for landlords to maintain safety. Education for tenants. • Funding from Municipalities needs to be supplied for programs to provide meals to individuals in need. • Educational programs. • Community awareness and collaborative work across professions, neighborhoods, religions, etc. • More diabetes education, more access to fresh foods/transportation to fresh food. • Collaboration, better use of resources, and bringing the most vulnerable to the decision-making table(s). • Continue to address food deserts, improve access to fresh fruit, produce and foods not highly processed. • Continued education/outreach. • Look at our food desert and put in an actual grocery store. • Use some of the empty building and create low-income apartments/with employment training as a stipulation. • Look at working class, insurance and medical expenses need to be lowered. • Assess areas of need, plan program implementation. • Collaboration, Community Member empowerment, Funding for Youth Programs, Mentoring and Coaching.

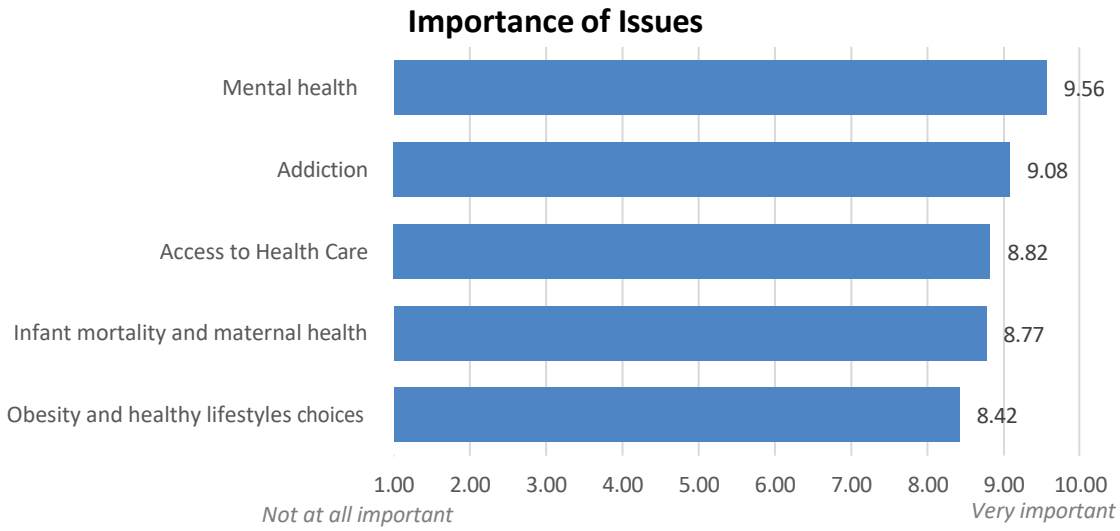
What needs done to address issues	
PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community leaders below.	
Issue	**What Needs Done**
Social Determinants	• Money. • Community outreach and education, free clinics in neighborhoods, address pharmaceutical costs. • Better focus on teaching people how to get an education, better employment, etc. and break the cycle.
Addictions/Overdoses	• More treatment facilities. • Address employment and food insecurities. Reinforce the family unit. • Resources and funding for service agencies to be able to refer clients to these programs. • Continue to make naloxone more readily available within the communities (naloxbox) and needle exchange programs. Publicize places of assistance that help people apply for insurance/Medicaid and establish stations within the community allowing easy access to apply. • Improving comprehensive, community-wide, collaborative strategies to address substance use issues across the lifespan. • Education with follow up on enforcement. • Education programs in schools (public and non-public), community centers, and on social media. • Information on where to seek treatment. • Increased awareness and opportunities for training, especially in the law enforcement community. • Continue to fund, create, and promote programs to help combat these issues. • More education, information, and making services more accessible to our community. • More coordinated effort, more sharing of information and data among multi sectors, more educational classes. • Greater connections made to the communities in need – engagement. • Continued sharing of information. • Further address at the resident/community level by engaging with those trusted to communicate the resources available. • Community Prevention activities.
Obesity/Healthy Lifestyle Choices	• Obesity - better education regarding health, nutrition and healthy lifestyles from childhood on for children, and improved healthy food choices in schools. • Community Gardens. There are studies that show the physical, mental, and spiritual benefits to simply being outdoors. Find ways to reach our youth and adults with outdoor activities. • In the county rankings, our access to facilities and obesity rate is worse than the country as a whole. Maybe there's a case for greater collaboration between YMCA's and local park and rec departments. • Stress importance of this to our clients. • More promotion of outside programs/activities, cooking/diet classes.

What needs done to address issues	
PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community leaders below.	
Issue	**What Needs Done**
Obesity/Healthy Lifestyle Choices	• To address obesity, we need to offer healthy meals to all students regardless of income. • Education and resources. • Community Awareness. • Health curriculum designed and implemented by the State would be a start. ACCESS TO FRESH FRUITS AND VEGETABLES /IN SCHOOL AND IN THE COMMUNITY. • Obesity - start in preschool and elementary by educating and PROVIDING healthy snacks and fun activities. • Community collaboration throughout the ENTIRE county, not just the greater Canton city region. Programming and attention is lacking in the more rural regions including Alliance. • Greater organizational collaboration data gathering AND sharing mapping investment of time and resources at neighborhood level. • Community feedback collected on what would increase mobility/exercise for all age groups and in different areas of the County; cooking classes/life skill classes in school curriculums; continued advertising through various outlets of food programs (especially in summer/non-school days).
Access to Health Care	• Remove barriers for the clients. • SE end of Canton is in desperate need of healthcare, food and safer neighborhood. A few times initiatives were planned but never came to fruition. Currently there is a new initiative with Crossroads church, Stark Fresh and My Community Health Center we and our community need to band together and totally support and expand this noble and critical effort. • Increase access. • People need better resources on the importance of primary care. Then more options of seeking that care whether it be bringing it to them (mobile) or helping them find ways to get there. • Increased emphasis on recruitment of providers and support to organizations seeking qualified candidates. Additionally, support in retention and access to training to help support provider education. • Positively impact the social determinants of health that prevent individuals from seeking health care. • Provide cost effective health care. • Reduced rates or free services & medications. • Additional educational resources and programs reimbursement rates to allow for competition with other front-end employers for home care aides. • More state and federal funding for Medicaid clinics. • A convergence of strategies to bring together Health care and healthy food options to various parts of the community. • Recognize the importance of these issues and commit resources to improve the delivery of these services support policies to provide reimbursement for services

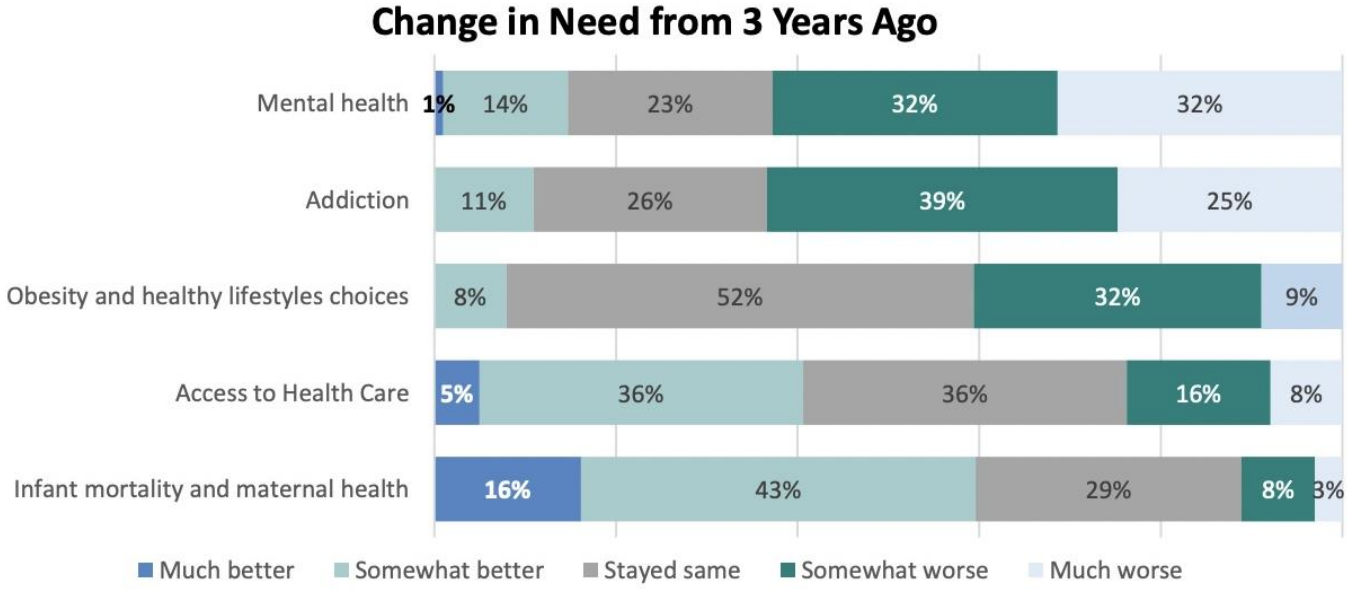
What needs done to address issues	
PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community leaders below.	
Issue	**What Needs Done**
Access to Health Care	related to these issues • Utilize Nurse Practitioners in areas with reduced access to PCP.
Health Equity	• Increased training and recruitment of black service providers, increasing black/POC leadership in local hospitals. • Training for healthcare professionals in caring for trans folks. • Developing ways to bridge existing gaps to reduce inequity. • Educational supports information provided in various languages. • Instruction, supervision, materials and CLC application updates. • Do a better job of being visible in the communities you serve. More outreach and education. • Every health care provider needs to have a language access plan and they need to build up awareness of accepting clients who do not have health care or the option to have health care due to not having a social security number. • Effective education and engagement of all community sectors for recognition of the interrelated nature of the social determinants and development of a community wide strategy that fully engages all sectors of the community in a meaningful manner. • Improve transportation services to get to medical offices. Increase community awareness of our FQHC's. Provide accessible in-patient addiction treatment centers geographically located for all Stark County residents. Continue to work to reduce poverty. Ensure safe, affordable housing. Local governments need to continue to address business development for food insecurity areas to offer healthy foods. Continue to develop walking and bike paths throughout the county.
COVID-19	• Collaborative COVID messaging. • Increase vaccination rates. • Continue to education the community. • Incentives to be vaccinated. • Even though people are burned out on COVID, stay the course. Many of us continue to 'fight the fight' with education messages and vaccine accessibility. • Ongoing active combating of misinformation about COVID. • Collaboration with the public/private care system to reach seniors; outreach; including their reps in community efforts to increase awareness. • Raising awareness. • Increasing awareness/providing resources.
Infant Mortality and Maternal Health	• Continue to promote safe sleep and prenatal care (drive thru baby showers are great, especially related to COVID, but including educational topics would be beneficial). Include condoms and STI prevention at baby showers. • More access to low-income people. • Address the needs of women across all demographics, but especially those who, for whatever reason have a difficult time getting their need met. • Neighborhood health care centers. • Continued healthcare education and removal of barriers for people of poverty.

What needs done to address issues	
PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community leaders below.	
Issue	**What Needs Done**
Dental Care	• Create emergent scheduling for patients with dental care. • Portal clinics that screen and provide basic services. • Provide more accessibility to dental services. • The first two are a matter of supply to equal demand. Dental is very capital intensive.
Communicable Diseases	• Wellness campaign to prevent the spread of any communicable disease.
Lack of Knowledge of Resources	• There needs to be a mechanism in place to help the community understand which services are being accessed outside of the county. In other words, it is one thing for organizations serving Stark to report on programs/services and demand/need, but what about the potential 'missing' data that may not capture individuals seeking support outside of the county due to the expansion of technology capabilities (i.e., mental health services). • Mailers to lower income community members, gorilla marketing, bring back the stand down, veterans' healthcare information being shared, community events, better coordination, drive thru resource fair, engage low-income employers, engage the cities to include information in bills/mailers, create a newsletter dropped to low-income zip codes, and so much more.
Chronic Illness	• Funding for community health workers at the state and federal level to provide local programming.
Sex Education/Health	• Improved well child visits, improved immunization rates, STI prevention, birth control access, non-traditional hours clinics. • Education in the schools and at pediatrician offices; more access to care.

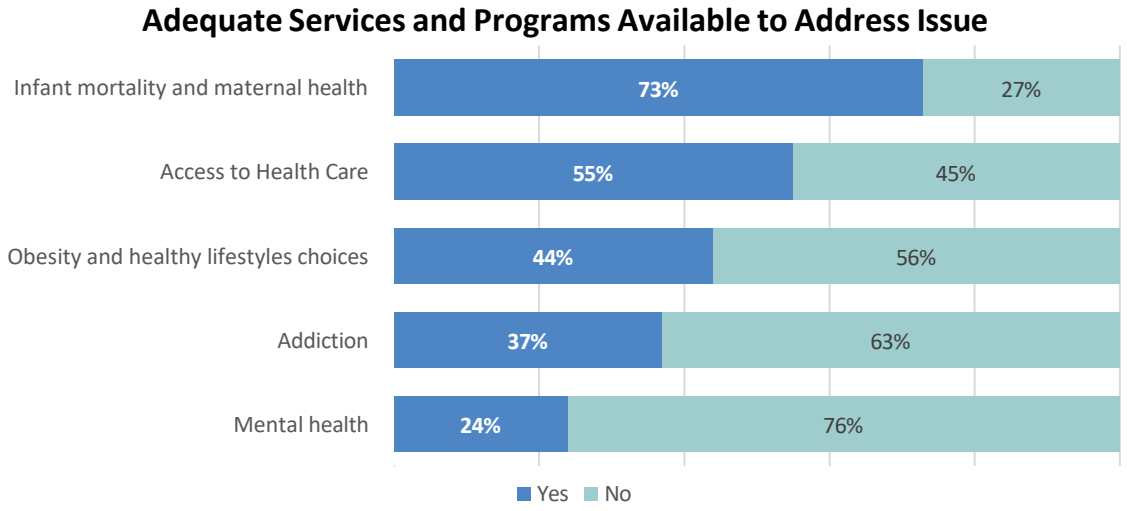
Community leaders were given a list of the five health-related issues that were identified as priorities through the last Community Health Assessment cycle and asked, based on their professional experience, how important they thought the issue CURRENTLY was on a scale of 1=Not at all Important to 10= Very Important. Responses were averaged in order to rank the importance of the issues. It should be noted that all issues had an average importance of 8.0 or higher. The top three issues, based on the rankings, were (1) mental health services, (2) addiction, and (3) access to health care.



Community leaders were once again given the list of the five health-related issues that were identified as priorities through the last Community Health Assessment cycle and asked how the need has changed over the past three-year period. Infant mortality and maternal health and access to health care had the largest percentage of respondents who felt that these issues are much or somewhat better than three years ago (41% for access to care and 58% for infant mortality). Significantly more than half of community leaders felt that mental health and addiction have gotten somewhat or much worse over the past three years.



Community leaders were also asked if they thought there were adequate services and programs already in place to address each issue. The issue that the majority of community leaders thought already had adequate resources in place was for infant mortality and maternal health. A significantly smaller percentage felt that there were services and programs for addiction (37%) and mental health (24%). 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, on the table on the next page.



What is missing from Stark County to address issue	
PLEASE NOTE: *responses are verbatim/word-for word; only minor grammatical changes were made to the responses given by community leaders below*	
Issues	**What is Missing**
Access to Health Care	**Transportation and other social determinants** *(mentioned by 11 respondents)*
	• Childcare.
	More providers/locations *(mentioned by 12 respondents)*
	• Should be some type of clinic in 'every' quadrant. • Mobile, pop ups. • Meet clients where they are at. • Services for residents not living in high-population areas. • Location of primary care in certain neighborhoods. • New primary care and urgent care. • Having it in underserved areas. • Providers who take insurance. • Acceptable number of providers and organizations accepting patients, new patients, uninsured patients, Medicaid patients. • Psychiatrist and other specialty physicians. • More options for good health care for people on Medicaid.
	Culturally competent providers/care *(mentioned by 10 respondents)*
	• Removing bias in healthcare that no one wants to admit - clinicians that really want to help those they serve. • Providers for people. • Increase diversity of providers - is there less avoidance if the provider looks like me? • LGBTQ competency in healthcare practitioners, trans affirming care, creating ease of access to healthcare for marginalized populations. • Information and access for community members who do not have social security numbers. • Increase the number of available providers who look like the persons they are serving especially in the African American and Latinx community. Increase the training in the areas of equity and cultural humility of the current providers and staff. • Equity.

What is missing from Stark County to address issue	
PLEASE NOTE: *responses are verbatim/word-for word; only minor grammatical changes were made to the responses given by community leaders below*	
Issues	**What is Missing**
Access to Health Care	• Equity and education in communities of color. • Hospital cultural linguistic skills and capacities.
	Lack of information/ Need education about available options and support services *(mentioned by 5 respondents)*
	• Knowledge on how to sign up and use benefits. • Maybe an increased collaboration and marketing campaign to enhance community resident. understanding of where and how to access care.
	Sites that offer comprehensive services, wrap around services (i.e. 'one stop shop') *(mentioned by 5 respondents)*
	• Coordination of care. • Centralized scheduling. • Follow-up services.
	Assistance with insurance and signing up for services *(mentioned by 4 respondents)*
	• Places that offer assistance applying for insurance by meeting the client where they're at. Are we offering to assist folks to apply for health insurance when they go to a community clinic? Are we providing them clear, basic info in how insurance may benefit them? • Lack of insurance coverage or ability to pay . • Health insurance rates are not high enough, high deductible plans make care inaccessible and for those who are insured, many are unaware that preventive services have no associated costs (for the most part). • Easier process for getting signed up-way too much red tape and hassle, not enough.
	Free health care, affordable health care *(mentioned by 4 respondents)*
	• Affordability for working poor, seniors that don't qualify for government assistance.
	Staffing shortages/challenges *(mentioned by 3 respondents)*
	Availability to see a provider in a timely manner. *(mentioned by 2 respondents)*
	• When establishing with a new provider scheduled appointments can take weeks to months to be seen.
	Hours/Availability/Flexibility *(mentioned by 2 respondents)*
	• More/better hours. • Improved 'sick leave' policies to allow people with jobs to access healthcare without getting docked, paid family leave upon birth/adoption/loss of infant to allow families to make it to important appointments, school-based health care centers that allow parents and students to get care close to home, offering extended or adjusted hours at clinics.
	Other missing items
	• The importance of primary care and making this care available to all. • Policy change. • A willingness to get care, people ignore symptoms out of fear, reluctance to identify problems. • We certainly need to increase proactive preventive care. • Innovative ideas. • Chronic disease management. • Too many specialists require referrals.

What is missing from Stark County to address issue	
PLEASE NOTE: *responses are verbatim/word-for word; only minor grammatical changes were made to the responses given by community leaders below*	
Issues	**What is Missing**
Access to Health Care	• Better community collaboration and assistance outside of Canton and the greater Stark County region. • Dental care is also very hard to access if you are uninsured, and that covers a huge part of the population.
Addiction	**More providers/locations/treatment centers/resources in community** *(mentioned by 22 respondents)*
	• Easy access across various regions of the county. • There are not enough resources. • There are not enough facilities and support systems to support the issue that is growing particularly due to the trauma and stress of the pandemic. • Sufficient resources. • Acceptable number of providers and organizations accepting patients, new patients, uninsured patients, Medicaid patients. • Programs that meet PWUS where they are at (e.g., low-threshold Tx, supervised injection sites). • Need more inpatient services. • More treatment beds/units. • More options/programs for these individuals to access. And more resources for their families. • Not enough resources. • More options for good health care for people on Medicaid. • More in home rehab programs, more beds for programs in general. Aftercare such as housing. • Lacking rehab services and providers. • Inpatient services. • Inpatient treatment centers geographically located. • A larger focus in smaller stark county cities, many residents remain in their own town and often don't seek resources outside of their cities. • Treatment facility - more than just detox - in our local area. • Both in-patient and out-patient programs and resources. • Beds for acute care and then to maintain follow-up for more than a few weeks or months.
	Education and Information/Stigma reduction *(mentioned by 10 respondents)*
	• Proper marketing. • More community discussions: remove the stigma this crosses all economic levels/races. • Mental health concerns. Public buy-in to addiction concerns. 'Marijuana isn't hurting me' mentality. • More education and preventative programming. • Education; innovative programs and public health strategies (needle exchanges, etc.). • Education because addiction does not always just have to involve drugs. Help people to recognize signs of addiction (especially schools, parents, and caregivers) so they can help with early prevention and intervention. • Continued education. • There is still a lot of stigmas. It would be great to have a campaign featuring someone who has lived and dealt with someone with addiction through the difficulty and nightmare of it. Especially someone that maybe initially felt against naloxone because they felt it was enabling.

What is missing from Stark County to address issue	
PLEASE NOTE: *responses are verbatim/word-for word; only minor grammatical changes were made to the responses given by community leaders below*	
Issues	**What is Missing**
Addiction	the person, now feels that it's a huge benefit because they were part of that person's recovery firsthand. Yes, there is still lots of stigma, but one of the things that I'm hearing and witnessing is the struggle with helping someone that doesn't seem to want or be able to help themselves and puts themselves and others through h***. There is this feeling of 'why should I help them when they don't seem to want to get better? They'll just do it again and again.' We need to show someone who has been through those feelings and had that viewpoint but has now come out the other side. • Addiction is still taboo. People still avoid talking about addiction and treat addicts as if they were sub-human. • Lowering stigma in the community (education).
	Workforce/Staff shortage *(mentioned by 8 respondents)*
	• Counselors to support the work. • Workforce to meet the demand. • Access to licensed therapists.
	Culturally competent providers/care *(mentioned by 5 respondents)*
	• We need more people who represent communities of color. • Service to help the Hispanic community that is more and more in this county. • Equity. • Qualified health professionals who have no bias. • Yes, LGBTQ competencies in this area are incredibly lacking.
	Knowing where to go for help *(mentioned by 5 respondents)*
	• Maybe if you can publish a list of treatment centers so we can guide our clients to them if they are interested in them. • Knowledge of where to go for help, costs of treatment. • Health Literacy? Maybe? I feel the resources are in the community but maybe the community is not aware of the resources or how to access. • Also many people do not know where to direct and addict for help or support. This includes law enforcement. • Awareness of services to address those who may be struggling with an addiction.
	Collaboration *(mentioned by 3 respondents)*
	• Ways to connect the addicted to counseling and programs that will help them. • Collaboration, feel like things are not cohesive with all the groups working on these issues. • Connection between services. Funding barriers.
	Long term assistance *(mentioned by 2 respondents)*
	• Holistic long-term treatment that allows the person to move forward in society (No daily trips to rehab to get medication).
	Safe needle exchange, safe use and Narcan *(mentioned by 2 respondents)*
	• We need greater access to safe use and Narcan. • Again, just availability and easy access to safety measures like naloxone and needle exchange programs. We have made some great strides and need to continue the momentum.
	Effects of the pandemic (*mentioned by 2 respondents)*

What is missing from Stark County to address issue	
PLEASE NOTE: *responses are verbatim/word-for word; only minor grammatical changes were made to the responses given by community leaders below*	
Issues	**What is Missing**
Addiction	• Factors related to the pandemic-such as social isolation and stress, people using drugs alone, an overall increase in rates of drug use, and decreased access to substance use treatment, harm reduction services, and emergency services. • The issue is exploding since Pandemic. Project Dawn is successful, need more clinicians and programs.
	Affordable healthcare/help *(mentioned by 2 respondents)*
	Other missing items
	• We could also use other avenues of treatment. This could be run therapy, guitar therapy or anything else. • We do not have Crystal Meth Anonymous in Stark County. • Stark County is also lacking open AA meetings for women only. I work with women that have been in domestic situations and that trauma prevents them from attending a co-ed AA meeting. • Trauma informed recovery programs. • Specialized training in AOD. Society as a whole has floundered after the onset of the opioid pandemic...no real education as of late. More up to date information on marijuana and medical marijuana use. • SDoH screening. • Transportation to get to appointments. • Housing that provides support to residences. • Constant issue in our community. What then does the treatment landscape look like? Are we able to meet the demand? If not, why not. • Breakdown of barriers. • Allowance for relapse.
Infant Mortality and Maternal Health	**Education/Initiatives** *(mentioned by 12 respondents)*
	• Women, especially young women, need PRE prenatal education. Waiting till a woman is pregnant is sometimes too late for important information regarding her pregnancy. • Renewed safe sleep initiatives. • Breastfeeding initiatives by all providers. • Not enough prenatal education and support. • More information for all populations. • Information and access to prenatal care for community members who do not have social security numbers. • Personal development for parents. • Education and increased support. • Education about prevention. • Coordination and community awareness campaign for increased and strategic focus, particularly on the community level to reach impacted and underserved communities (e.g., African American / Hispanic populations).
	More providers, locations, resources *(mentioned by 6 respondents)*
	• Sufficient resources. • Need better coverage in SE Canton. • More options for good health care for people on Medicaid.

What is missing from Stark County to address issue	
PLEASE NOTE: *responses are verbatim/word-for word; only minor grammatical changes were made to the responses given by community leaders below*	
Issues	**What is Missing**
Infant Mortality and Maternal Health	• Funding and resources to adequately serve the population. 1 clinician with a monthly caseload of 700 for their service area will burnout the clinician. This then makes it difficult to grow the caseload they are already struggling to maintain. • Access to resources.
	Address social determinants of health *(mentioned by 5 respondents)*
	• The need to address social determinants of health - adequate housing, transportation, food. • Food, mental health services, diapers. • Mental health services. • Employment. • Affordable quality childcare options.
	Culturally competent providers/care *(mentioned by 4 respondents)*
	• True access to (BIPOC) mothers. • BIPOC centered services. • Culturally competent healthcare providers (pre, post maternal). • Combating racial disparities in healthcare outcomes and educating healthcare professionals about the impact of their implicit bias on health outcomes.
	Workforce/Staff shortage *(mentioned by 3 respondents)*
	• While the THRIVE program has made great strides, there are not enough community health workers to support the need. • I am seeing a high turnover of employees that are CHW in this county. The mothers I am working with have a lack of consistency of care. There are mixed messages in parent education as well as lack of relationship building with parents and case worker. • Equity in pay for CHWs.
	Other missing items
	• Access to early prenatal care. • Self-care for mothers. • Infant and maternal care isn't worse, it just hasn't seemed to change. Much of this is from a much larger systemic issue related to policy for maternal healthcare (postpartum care including mental health, parental leave, etc.). Current status of abortion laws in Ohio and Roe V. Wade will also likely have a significant impact of this for future years. • Insurance/Benefits - Medicaid and private insurance payment for doulas, midwives Flexibility with benefits cliffs to sustain moms/dads who need to return to work. • Collaboration, feel like things are not cohesive with all the groups working on these issues.
Mental Health	**Workforce/Staff shortage** *(mentioned by 24 respondents)*
	• Workforce seems to be (one of) the biggest factors but is due in large to the impact of the pandemic. Efforts to retain the workforce seem to be helping to an extent, but the exodus from the public to the private sector seems insurmountable at times. Perhaps continued work to expand telehealth options and alternative work locations will help? • There's a shortage of staff members who can provide services. • There are not enough clinicians to support the need in our community. • Staffing, same as health care.

What is missing from Stark County to address issue	
PLEASE NOTE: *responses are verbatim/word-for word; only minor grammatical changes were made to the responses given by community leaders below*	
Issues	**What is Missing**
Mental Health	• Staffing is a critical issue when attempting to access mental health providers. Turnover rate is high. • Staff to supply the services. • Staff retention to avoid frequent changing of providers for families. • Qualified providers within the existing agencies. Workforce is a major issue right now and there are not enough qualified providers for our organizations to hire. • Psychiatrists and other prescribers. Enough counselors. • Not enough MH therapists employed in Stark County to meet the needs of children and families. • Not enough counselors and resources. • Lack of providers, over-worked and overwhelmed case managers, which in turn make them truly ineffective at the jobs. • Lack of personnel. • Increased workforce for demand. • Enough case managers, therapists, and psychiatrists. • Counselors to support the work. Workforce to meet the demand. • Availability of professionals. • Lack of staff is an obstacle for agencies to be better serve clients. This is a national crisis, and we need to be able to sustain a higher pay for therapist.
	More providers/locations/treatment centers/resources in community *(mentioned by 23 respondents)*
	• Easy access across various regions of the county. • Treatment centers. • There is a need for increase treatment providers. • There are not enough providers. • Sufficient resources. • Providers who accept Medicaid. • Medication prescribing provider relationships i.e., clinician vs physician med management standards. • Programs with positive outcomes. • Number of providers available. • More options for good health care for people on Medicaid. • Limited number of providers. • Lack of quality providers, and even fewer accepting new patients. • Lack of agencies providing service. • I just don't think there are enough options and availability in general for people. • could services be offered at homeless shelters? • Funding. • Enough providers to address needs of young people, especially before they leave the school setting and immediately after. • Clinics and providers.

What is missing from Stark County to address issue	
PLEASE NOTE: *responses are verbatim/word-for word; only minor grammatical changes were made to the responses given by community leaders below*	
Issues	**What is Missing**
Mental Health	• Acceptable number of providers and organizations accepting patients, new patients, uninsured patients, public safety patients.
	Timely care/Accessibility *(mentioned by 16 respondents)*
	• The ability to get those with mental health issues into the facilities for treatment. • Reduced treatment delays. • Takes forever to get and appointment and consistency of scheduled visits. • Easy access for low income. • Easy access. • Easier access for those living without means for payment. • Availability of services. • Availability of providers. When establishing with a new provider scheduled appointments can take weeks to months to be seen. • Access to services. Access to services and need for more providers. • Access to services. • Access to service. Wrap around services to provider service organizations. • Access to licensed therapists. • Access to care, resources. • Access is a significant issue, especially due to workforce and increased demand as more individuals have identified mental health as a concern post covid. Limited inpatient psychiatric care. Healthcare systems also being involved in screening and connecting individuals to appropriate care. • Access for children and teenagers is limited and families say they are waiting a long time to get an appointment. It would be helpful if more schools could offer mental health counseling on their campus so that students wouldn't have to leave school grounds and miss valuable educational time to seek treatment.
	Education and Information/Stigma reduction *(mentioned by 14 respondents)*
	• We have all the science and studies, what we need is care for people in need. • Understanding of how MH impacts individuals and therefore the community. • Reducing the stigma of mental health and trust to seek out help. • More education to general public. • More awareness of issue, more openness/discussion of issue. • More community support. • I know we have great information on Mental health, but I think we need more training in helping someone who needs it, and we can guide them to the proper places to receive it. • I think we're starting to make some changes in the area of stigma but have a way to go. • Education, access to resources. • Clarity on what the goal is in addressing mental health. Is it proactive in nature (services)? Is it on an as needed basis? Is it emergency based? Needs better defined. Very broad interpretations. Once defined can better answer what may be 'missing' in our community. • More awareness of issue, more openness /discussion of issue. • Community education and outreach.

What is missing from Stark County to address issue	
PLEASE NOTE: *responses are verbatim/word-for word; only minor grammatical changes were made to the responses given by community leaders below*	
Issues	**What is Missing**
Mental Health	• Education at an early age, there are people who contribute to the stigmas associated with mental health issues.
	Specific kinds of care/treatment approaches *(mentioned by 11 respondents)*
	• Tiered level of approach to care. • Singular guiding focus. • SDoH approach to why mental health is declined to begin with. • Intensive in-home based treatment options that work with the whole family need to be increased. • Non-medical support services. • Inpatient services. • In depth services for families. • Enhanced youth services re suicide and depression. • Inpatient care and are discharged too quickly because beds are needed. • Need more local inpatient services. • A more holistic approach and avenues to engage people that would not walk into a clinic. Simply put, engaging people to get them involved, but have a professional leading a conversation.
	Culturally competent providers/care *(mentioned by 7 respondents)*
	• We need more people who represent communities of color. • Trans-affirming providers are needed in MUCH great numbers. Trans affirming staff at all agencies. • Representation among therapist, counselors, and case managers. • More service to help the Hispanic community. • Mental help professionals in the black and brown community. • Limited number of providers of color (underrepresentation) Cultural competency of some providers. • Equity.
	Knowing where to go for help *(mentioned by 7 respondents)*
	• Awareness of existing services. • The community at large is unaware of the process to begin care or what their coverage is if they have it. It should be built into primary care in primary school to normalize its use and importance. • Proper marketing. • Knowing the resources/service agencies that are available. • Awareness. I would not know where to go if I thought I was mentally needing help. • Awareness and suitable treatment plans. More research is required for mental health issues. • Knowledge of where to go for help.
	Funding/Insurance/Affordability *(mentioned by 5 respondents)*
	• Third party payer funding for mental health services. • NOT ENOUGH AFFORDABLE OPTIONS.

What is missing from Stark County to address issue	
PLEASE NOTE: *responses are verbatim/word-for word; only minor grammatical changes were made to the responses given by community leaders below*	
Issues	**What is Missing**
Mental Health	• Lack of insurance coverage for these services ESPECIALLY for youth mental health care. Even as a foster parent there are not enough resources to provide for specialized, trauma informed counseling. • It is a combination of coverage of services (people need to get paid for what they provide) and availability of services. • Affordable healthcare.
	Integration/Coordination/Collaboration *(mentioned by 5 respondents)*
	• Primary care integration. • Integration into medical offices so that in the spot care is available. • Perhaps a wholistic approach to integrating mental health care into school and workplace systems. • Care coordination - most persons who struggle with mental illness need help to successfully manage their illness which can have acute episodes at times. Patients go all over the state for acute. • Better community collaboration and assistance outside of Canton and the greater Stark County region.
	Address social detriments of health *(mentioned by 3 respondents)*
	• Childcare while parents seek services, transportation. • Transportation to get to appointments. • Transportation.
	Impact/Effects of COVID *(mentioned by 2 respondents)*
	• Understanding the effects of the COVID-19 outbreak on the mental health of various populations are as important as understanding its clinical features, transmission patterns, and management. • The issue is exploding since pandemic, need more clinicians and programs.
	Long-term support *(mentioned by 2 respondents)*
	• Follow up of services.
	Other missing items
	• It seems that these people are not going to utilize any services already provided on their own. I'm not sure how you would reach out with all of the HEPA restrictions in place.
Obesity and Healthy Lifestyles Choices	**Education, Information, and Buy In** *(mentioned by 14 respondents)*
	• Public buy-into services. Too many other critical issues for families. • Obesity is a fatphobic and outdated term that is wildly inappropriate. As a HAES-oriented professional and fat person, the question is offensive, outdated, and this framing of healthy is barrier to fat people receiving care or seeking it at all. Get up to date on body neutrality, health at every size, and size bias within healthcare. • More information and help are needed to provide natural ways to manage your health. We are too quick to resolve issues with prescriptions. • More education and benefits of keeping a normal weight. This is another topic not talked about more. • More educational options from PCP. • Lack of resources or education.

What is missing from Stark County to address issue	
PLEASE NOTE: *responses are verbatim/word-for word; only minor grammatical changes were made to the responses given by community leaders below*	
Issues	**What is Missing**
Obesity and Healthy Lifestyles Choices	• Lack of interest. • I feel we are an instant society. We also like a deal, and we are all busy. It is easy to grab the high fat, high salt and unhealthy processed foods and fast foods. Once again education/prevention tied to incentive in the workplace or a vanishing deductible for our high deductible insurance, or funds banked based on wellness and fitness associated with obesity and healthy choices. • Education to the public. • Education on healthy nutrition and lifestyle. • Education on available services and options in the community. Many places and insurers have programs to address obesity and other comorbid conditions (i.e. diabetes at the Y) but I feel like many community members are unaware of these types of free programs. Youth vaping is an issue. • Education for low to moderate income families on healthy habits and lifestyles. Organic and fresh foods such as fruits and veggies are much less affordable than frozen or processed foods. • Curriculum. • Consistent and sustainable education modules in K-12. • More educational programs to teach the basis on all things, finances, budgeting, conserving money, growing, and cooking own food.
	Food access/Nutrition *(mentioned by 14 respondents)*
	• Until families have access to healthy fruits and vegetables and healthy food at a reasonable price continue to be a challenge. • Maybe cooking classes for low income how to utilize SNAP more efficiently. • Tough for underserved to have access to healthy food, exercise, and support of change of lifestyle and thinking. • The work around food insecurity has been great. I think more opportunities to integrate a healthy lifestyle within everyday activities and routines would be beneficial. • Nutritional programs to help combat obesity and diabetes. • Need access to better food in low-income neighborhoods. • Improve food insecurity and offer healthy foods. Continue to improve access to hiking and bike trails. • Historical background on food choices, education on statistics and representation. Along with access and affordability to healthy foods and spaces to practice. • Affordable healthy food in easy to access areas and safe, affordable places to exercise. • Access to healthy food and education. • Access to healthier food options for many people in 'food deserts'. • Absolutely NO vegetarian options anywhere in any social setting, restaurants etc.; promotion of breweries & liquor continually; emphasis only of sports for men and not lifestyle exercise. • Absence of stores with fresh fruits and vegetables in many areas of the city/food deserts; blight/housing rather than recreational areas/ parks with activities; supervised. • Transportation to get fresh foods.
	Access and Affordability *(mentioned by 8 respondents)*

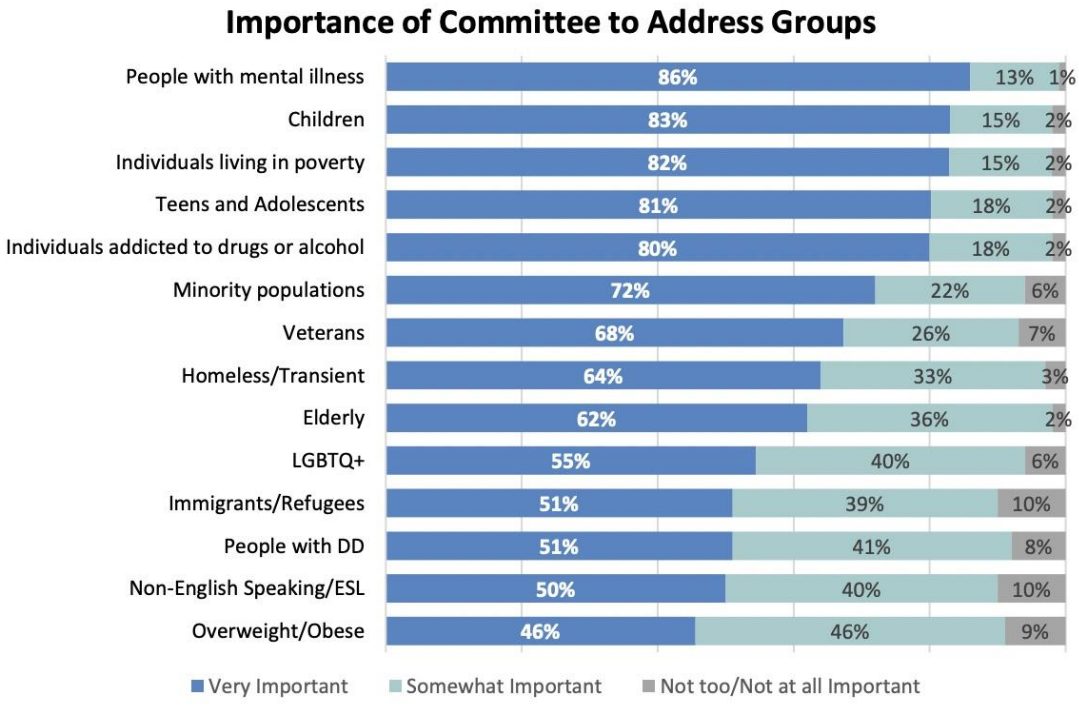
What is missing from Stark County to address issue	
PLEASE NOTE: *responses are verbatim/word-for word; only minor grammatical changes were made to the responses given by community leaders below*	
Issues	**What is Missing**
Obesity and Healthy Lifestyles Choices	• More opportunities for the underserved population to do exercise and to teach the community about Health choice. • Improved access and utilization of registered dietitians (RD), references by primary care to RDs, primary care not listening to patients when it comes to their weight and diet and just assuming it is their weight that is contributing to their health without looking for root causes. • Gym memberships are too costly. • Are there affordable options to support those struggling with obesity and wanting to consider healthier lifestyle choices? • Affordable stores that offer healthy food and programs that teach the community about healthy choice and lifestyles. • Accessible spaces for exercise (trails, walking paths, etc.). • Access to healthy options. Prices of healthy options being way too high. • Access to gyms, YMCA programs. Cost is not affordable for the people who need it the most.
	More programs, resources, supports *(mentioned by 5 respondents)*
	• Tools to address these concerns. • Sufficient resources. • Programs, services, and affordable activities/programs for families. • Programming. • Community/neighborhood-based activities and education programming.
	Specific programs/approaches *(mentioned by 3 respondents)*
	• We need Blue Zones approach to changing our community! • Program for young adults and men's health care. • Focus on youth.
	Knowing what is available *(mentioned by 2 respondents)*
	• We need to advertise the programs that are available at the YMCA. Specifically, those available to the elderly and low-income populations. • Awareness.
	Culturally competent *(mentioned by 2 respondents)*
	• We need more people who represent communities of color. • Equity.
	Safety *(mentioned by 2 respondents)*
	• Safe places to exercise, education, access to care. • Safe exercise space. Healthy foods that are accessible and affordable.
	Collaboration and Coordination *(mentioned by 2 respondents)*
	• More collaboration among organizations, more funding support for these organizations, more data reporting. • Better community collaboration and assistance outside of Canton and the greater Stark County region.
	Other missing items

What is missing from Stark County to address issue	
PLEASE NOTE: *responses are verbatim/word-for word; only minor grammatical changes were made to the responses given by community leaders below*	
Issues	**What is Missing**
Obesity and Healthy Lifestyles Choices	• Very broad area. Could use further definition. Would then be able to answer more aptly what is missing. Generally speaking, seems there is much room for focused discussion and opportunity. • Most of my clients lack a schedule of any kind. The funnel effect of this is they are always playing catch up and feel overwhelmed all of the time. Self-care goes out the window and the focus is to have their issues fixed instead of going back and working on their everyday functions. • More options for good health care for people on Medicaid. • Businesses and programs ran by the target community; better environments (more gardens, more reasonably healthy restaurants and stores).

Over a third, (39%), of community leaders reported that there were additional important health issues that they would like to see the Stark County Community Health Needs Assessment (CHNA) Advisory Committee focus on over the next three years. The most common responses were social determinants, prevention, and health equity.

Other health issues like committee to address		
	# Responses	**% of Leaders**
Social determinants	10	8.0%
Prevention	7	5.6%
Equity/LGBTQ+ community	5	4.0%
Nutrition	4	3.2%
Covid	4	3.2%
Miscellaneous	4	3.2%
Chronic health	3	2.4%
Smoking/Vaping/Alcohol addiction	2	1.6%
Dental care	2	1.6%
Parental health	2	1.6%
Violence	2	1.6%
Total	**45**	**(n=125)**
Question: Are there any other important health issues that you would like to see the Stark County Community Health Needs Assessment (CHNA) Advisory Committee focus on over the next three years? What would that be?		

Next, community leaders were given a list and asked how important it was for the CHNA Advisory Committee to address each **demographic group**. The majority of community leaders (80% or more) thought it was very important to address the following groups: people with mental illness, children, individuals living in poverty, teen or adolescents, and individuals addicted to drugs or alcohol. Other groups mentioned that were not directly mentioned to the community leaders included the underinsured, teen athletes, parents, grandparents raising their grandchildren, parents and family groups, those with long COVID, and residents without digital access.



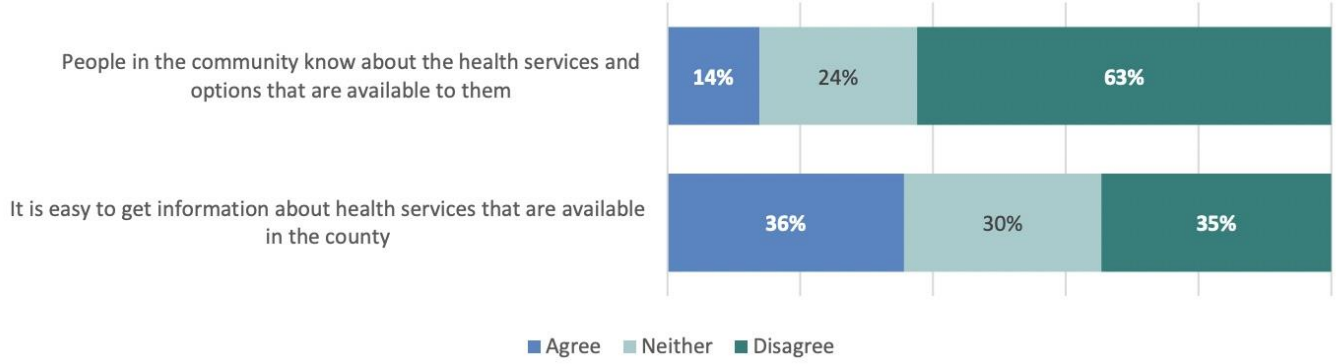
Community leaders were also asked to list some **problems, barriers, or gaps in services** that prevent residents from receiving health related care and services they need. This was an open-ended question in which the respondent could give multiple responses. The most common barriers mentioned were transportation issues (42%), lack of awareness of available programs and resources (33%), cost (27%), and a limited workforce (22%).

Problems, barriers, or gaps in services		
	# of TOTAL Responses	% of Leaders
Transportation	46	42.2%
Knowledge of services	36	33.0%
Finances	29	26.6%
Limited workforce	24	22.0%
Navigating the system	19	17.4%
Prioritizing health	16	14.7%
Trust	15	13.8%
Literacy	14	12.8%
Proximity	9	8.3%
Equity	8	7.3%
Stigma	7	6.4%
Childcare/Leave work to go to appt.	6	5.5%
Coordination in care	6	5.5%
Social determinants	5	4.6%
Health insurance	4	3.7%
Total	**244**	**(n=109)**

Problems, barriers, or gaps in services		
	# of TOTAL Responses	% of Leaders
Question: What are some problems, barriers, or gaps in services that prevent residents from receiving health related care and services they need?		

More than a third of community leaders, (35.5%), agreed that *"It is easy to get information about health services that are available in the county"* with 6.5% strongly agreeing. More than a third, (34.7%), disagreed with this statement. Less than a sixth of community leaders, (13.9%), agreed that "*People in the community know about the health services and options that are available to them"* with 3.3% strongly agreeing. Nearly two-third, (62.6%), disagree (15.4% strongly disagreed).

Agreement with Statements



Community leaders were asked what is being done well in the areas of health and quality of life. This was open ended question in which the respondent could give multiple responses. Nearly half of respondents (49%), mentioned improvements being made in many different health and quality of life areas. Additional things that are being done well in Stark County include, in order of importance, access to healthcare for all (19%), Stark Parks (16%), nutritious food opportunities (15%), and the THRIVE program (8%).

Being done well in Stark County		
	# of TOTAL Responses	% of Leaders
Improving health and quality of life in many areas	47	49.0%
Access to healthcare for all	18	18.8%
Stark Parks	15	15.6%
Nutritious food opportunities	14	14.6%
THRIVE (infant mortality)	8	8.3%
Exercise activities	6	6.3%
Harm reduction techniques (addiction)	5	5.2%
COVID-19 vaccinations	4	4.2%
Project DAWN (Opioid Overdose Education Naloxone Distribution)	3	3.1%
Suicide contagion	3	3.1%
Environmental health	2	2.1%
Enrichment African American Wellness Fair and other activities	2	2.1%
Safe Kids (prevent injury)	1	1.0%

Being done well in Stark County		
	# of TOTAL Responses	% of Leaders
Addressing SE quadrant	1	1.0%
DEI in workplace (diversity, equity, inclusion)	1	1.0%
Monetary assistance	1	1.0%
General Practice Residency Dental clinics	1	1.0%
Total	**133**	**(n=96)**
Question: In your opinion, what is being done well in the Stark County in the areas of health and quality of life?		

SOCIAL DETERMINANTS

SECONDARY DATA ANALYSIS

In terms of educational attainment for adults both ages 18 to 24 and 25 and older, the percentage of the population with a high school degree is slightly higher in the county than in the state. However, the percentage of the population with a Bachelor's degree or higher is significantly higher in the state than it is in the county.

Educational Attainment						
	2016	2017	2018	2019	2020	Change
Percentage that have high school degree or higher, ages 18-24						
Stark County	87.6%	88.0%	87.4%	88.1%	89.3%	**+1.7%**
Ohio	86.0%	86.4%	86.8%	87.0%	87.3%	**+1.3%**
Percentage that have high school degree or higher, ages 25 and older						
Stark County	90.4%	90.6%	91.3%	91.6%	92.1%	**+1.7%**
Ohio	89.5%	89.8%	90.1%	90.4%	90.8%	**+1.3%**
Percentage that have Bachelor's degree or higher, ages 25 and older						
Stark County	22.6%	22.8%	22.8%	22.8%	23.5%	**+0.9%**
Ohio	26.7%	27.2%	27.8%	28.3%	28.9%	**+2.2%**

SOURCE: U.S. Census Bureau, American Community Survey

The unemployment rate for the county in 2020 was the same as the state and country as a whole at 8.1%. The unemployment rate in the City of Canton was slightly higher at 10.0%. In all four geographies, the unemployment rate has increased by around 3% over the past five years. For this table, unemployment includes persons who were not employed, but who were actively seeking work, waiting to be called back to a job from which they were laid off, or waiting to report within thirty days.

Unemployment Rate, Annual Average *(not seasonaly adjusted)*						
	2016	2017	2018	2019	2020	Change
Stark County	5.5%	5.2%	4.9%	4.6%	8.1%	**+2.6%**
Canton City	6.6%	6.2%	5.8%	5.2%	10.0%	**+3.4%**
Ohio	5.0%	5.0%	4.5%	4.2%	8.1%	**+3.1%**
United States	4.9%	4.4%	3.9%	3.7%	8.1%	**+3.2%**

SOURCE: Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information

The percentage of the population in poverty is slightly lower in Stark County than it is in the state (13.3% compared to 13.6%).

Total Percentage of Population in Poverty							
	# Pop (2020)	2016	2017	2018	2019	2020	Change
Stark County	362,017	14.1%	14.0%	13.9%	13.6%	13.3%	**-0.8%**
Ohio	11,350,378	15.4%	14.9%	14.5%	14.0%	13.6%	**-1.8%**

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

Poverty levels for children in the county are slightly higher than poverty levels for the state and have remained relatively unchanged over the past 5 years. When looking specifically at children under the age of 5, the percentage is slightly higher for the county (23.7%) than the state as a whole (21.8%).

Percentage of Children under 18 in Poverty							
	# Children	2016	2017	2018	2019	2020	Change
Stark County	77,926	21.4%	21.5%	21.9%	21.4%	20.4%	**-1.0%**
Ohio	2,545,054	22.1%	21.3%	20.8%	19.9%	19.1%	**-3.0%**

Percentage of Children under 5 years in Poverty				
	# Children (2020)	2016	2020	Change
Stark County	20,308	27.5%	23.7%	**-3.8%**
Ohio	679,428	26.1%	21.8%	**-4.3%**

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

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 (23.7%), while senior citizens had the lowest level (7.2%). Females were more likely than males to be in poverty (14.5% to 12.1%). In terms of race and ethnicity, Black and multi-racial respondents had the highest poverty levels (35.3% and 34.3%) followed by Hispanic or Latino (28.0%). 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 24.6% compared to 2.9% for college graduates). The poverty rate for the unemployed is nearly six times that of the employed population (34.8% compared to 6.3%).

Stark County Percentage of Population in Poverty by Age Group							
	Pop 2020	2016	2017	2018	2019	2020	Change
Under 5	20,308	27.5%	27.4%	25.7%	25.8%	23.7%	**-3.8%**
5-17	57,618	19.3%	19.5%	20.6%	19.8%	19.3%	**0.0%**
18-34	72,302	19.2%	18.8%	18.5%	18.2%	17.4%	**-1.8%**
35-64	142,487	10.5%	10.4%	10.1%	9.9%	10.2%	**-0.3%**
65+	69,302	7.5%	7.3%	7.4%	7.2%	7.4%	**-0.1%**
Stark County Percentage of Population in Poverty by Gender							
Male	176,405	12.7%	12.4%	12.3%	12.0%	12.1%	**-0.6%**
Female	185,612	15.4%	15.4%	15.3%	15.0%	14.5%	**0.9%**
Stark County Percentage of Population in Poverty by Race and Ethnicity							
White	315,600	11.6%	11.5%	11.1%	10.8%	10.5%	**-1.1%**
Black	26,444	36.8%	35.0%	36.8%	37.8%	34.3%	**-2.5%**
Asian	3,256	7.5%	8.4%	7.4%	6.6%	4.4%	**-3.1%**
Two or more	13,778	33.7%	35.2%	36.0%	31.7%	35.3%	**+1.6%**
Hispanic/Latino	7,607	26.7%	26.4%	28.7%	23.6%	28.0%	**+1.3%**
Stark County Percentage of Population in Poverty by Education Level							
Less than HS	19,735	25.5%	26.0%	25.7%	26.1%	24.6%	**-0.9%**
HS grad	96,764	11.7%	12.0%	12.3%	12.5%	13.1%	**+1.4%**
Some college	78,679	10.9%	10.4%	10.3%	9.8%	10.2%	**-0.7%**
College grad	60,650	3.8%	3.4%	2.7%	2.8%	2.9%	**-0.9%**
Stark County Percentage of Population in Poverty by Employment Status							
Employed	176,109	6.8%	7.0%	6.8%	6.6%	6.3%	**-0.5%**
Unemployed	9,576	39.0%	39.1%	42.2%	39.0%	34.8%	**-4.2%**

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

The poverty rates for female headed households, both overall and with children under 18, are approximately 4 times higher than married family households. Below are tables with poverty rates by zip code, both overall and by age group. Zip codes with higher-than-average poverty rates tended to be in the county's more urban areas. Highlighted zip codes have a higher percentage of population living below the poverty level than the county average (13.3%).

Stark County Percentage of Families in Poverty by Family Status							
	Pop-2020	2016	2017	2018	2019	2020	Change
All families	98,253	10.4%	10.2%	10.0%	10.0%	9.5%	**-0.9%**
Married families	71,425	4.1%	3.7%	3.2%	3.0%	2.8%	**-1.3%**
Female headed	19,403	33.6%	34.3%	34.2%	34.1%	32.8%	**-0.8%**
Percentage of Families with Children under 18 in Poverty by Family Status							
All families	41,691	18.7%	18.7%	18.6%	18.6%	17.8%	**-0.9%**
Married families	24,798	6.4%	5.6%	4.7%	4.0%	3.6%	**-2.8%**
Female headed	12,557	45.8%	46.8%	46.7%	46.8%	45.3%	**-0.5%**
SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates							

Poverty Number and Rates by Zip Code, 2020					
Zip Code	Population	# below poverty	% below poverty	# at 125% of poverty level	# at 200% of poverty level
44702 (Canton)	745	473	63.5%	540	689
44704 (Canton)	3,042	1,289	42.4%	1,543	2,214
44707 (Canton/North Industry)	9,179	3,656	39.8%	4,421	5,338
44705 (Canton)	18,736	5,987	32.0%	6,662	10,758
44703 (Canton)	8,392	2,513	29.9%	3,530	5,298
44710 (Canton)	8,183	1,808	22.1%	2,089	3,758
44601 (Alliance)	32,324	6,120	18.9%	8,669	14,128
44706 (Canton)	16,574	2,806	16.9%	3,308	5,733
44709 (North Canton/Canton)	16,501	2,599	15.8%	3,100	5,838
44640 (Limaville)	204	30	14.7%	35	80
44714 (Canton)	9,220	1,333	14.5%	2,015	3,236
44688 (Waynesburg)	2,847	403	14.2%	534	923
44613 (Brewster)	2,023	270	13.3%	325	764
44643 (Magnolia)	4,145	518	12.5%	1,370	1,804
44662 (Navarre)	10,136	1,227	12.1%	1,622	2,325
44708 (Canton)	24,188	2,699	11.2%	3,626	7,718
44657 (Minerva)	9,281	1,043	11.2%	1,317	2,578
44647 (Massillon)	18,493	1,962	10.6%	2,553	5,060
44646 (Massillon)	46,990	4,901	10.4%	6,855	14,002
44669 (Paris)	1,578	159	10.1%	228	483
44608 (Beach City)	1,725	156	9.0%	288	532
44641 (Louisville)	19,037	1,559	8.2%	2,331	4,283
44689 (Wilmot)	687	51	7.4%	54	228
44720 (North Canton/Canton)	37,489	2,692	7.2%	4,117	7,201
44670 (Robertsville)	128	9	7.0%	9	9
44718 (Canton/Jackson Belden)	12,006	831	6.9%	896	1,789
44614 (Canal Fulton)	12,609	839	6.7%	1,323	2,635

Poverty Number and Rates by Zip Code, 2020					
Zip Code	Population	# below poverty	% below poverty	# at 125% of poverty level	# at 200% of poverty level
44730 (East Canton/Canton)	5,980	383	6.4%	628	1,365
44666 (North Lawrence)	2,736	166	6.1%	248	560
44685 (Uniontown)	27,919	1,626	5.8%	1,957	4,074
44626 (East Sparta)	2,818	158	5.6%	297	675
44632 (Hartville)	9,937	479	4.8%	848	2,349
44721 (Canton)	13,970	663	4.7%	845	1,960

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

Poverty Number and Rates by Age and Zip Code, 2020								
Zip Code	Under 5		5-17		18-64		65 and over	
	# in pop	% in poverty	# in pop	% in poverty	# in pop	% in poverty	# in pop	% in poverty
44646	2,912	17.0%	7,639	12.4%	27,036	11.0%	9,403	5.2%
44720	1,875	10.6%	5,527	10.2%	21,999	6.3%	8,088	6.8%
44601	1,809	31.2%	4,782	22.4%	19,360	19.3%	6,373	11.7%
44705	1,741	58.0%	3,842	41.4%	10,568	29.1%	2,585	12.0%
44685	1,589	7.0%	5,428	9.5%	15,551	5.2%	5,351	3.6%
44708	1,324	11.3%	3,345	15.6%	14,434	12.3%	5,085	5.0%
44641	881	19.3%	3,046	8.5%	11,246	6.9%	3,864	9.1%
44647	861	23.3%	2,827	12.6%	11,081	10.3%	3,724	7.0%
44721	816	6.6%	2,071	8.4%	8,204	4.0%	2,879	3.7%
44703	724	58.3%	1,430	39.8%	5,321	26.9%	917	10.0%
44662	697	10.3%	1,720	17.8%	5,893	13.0%	1,826	4.6%
44706	695	28.3%	2,588	34.7%	10,357	15.1%	1,934	4.9%
44709	688	27.9%	2,222	28.7%	10,196	13.2%	3,395	12.4%
44707	663	68.6%	1,970	58.3%	5,498	34.4%	1,048	15.3%
44614	662	2.9%	1,550	1.7%	7,976	7.9%	2,421	6.7%
44714	649	20.6%	1,224	30.6%	5,714	11.6%	1,633	9.9%
44710	578	25.1%	1,395	41.9%	4,898	19.7%	1,312	8.5%
44657	478	15.9%	1,297	19.0%	5,803	9.3%	1,703	10.7%
44718	420	21.2%	1,686	12.0%	7,202	5.2%	2,698	6.1%
44730	378	2.9%	757	4.4%	3,508	6.8%	1,337	7.6%
44643	283	31.4%	764	21.6%	2,421	9.7%	677	4.4%
44632	267	0.0%	2,209	0.2%	5,534	6.4%	1,927	6.3%
44608	144	19.4%	223	3.6%	1,041	9.5%	317	6.6%
44704	125	52.8%	604	68.0%	1,854	40.5%	459	13.3%
44666	107	23.4%	459	20.7%	1,782	1.5%	388	5.2%
44669	97	16.5%	276	23.9%	951	6.1%	254	7.5%
44626	97	0.0%	481	6.0%	1,755	5.2%	485	7.8%
44688	89	34.8%	344	26.2%	1,841	14.7%	573	2.1%
44613	80	25.0%	417	17.0%	1,165	13.2%	361	6.9%
44689	36	0.0%	139	15.8%	443	6.1%	69	2.9%
44640	20	0.0%	34	11.8%	128	20.3%	22	0.0%
44670	15	0.0%	18	0.0%	50	18.0%	45	0.0%
44702	0	0.0%	12	100.0%	529	61.6%	204	66.2%

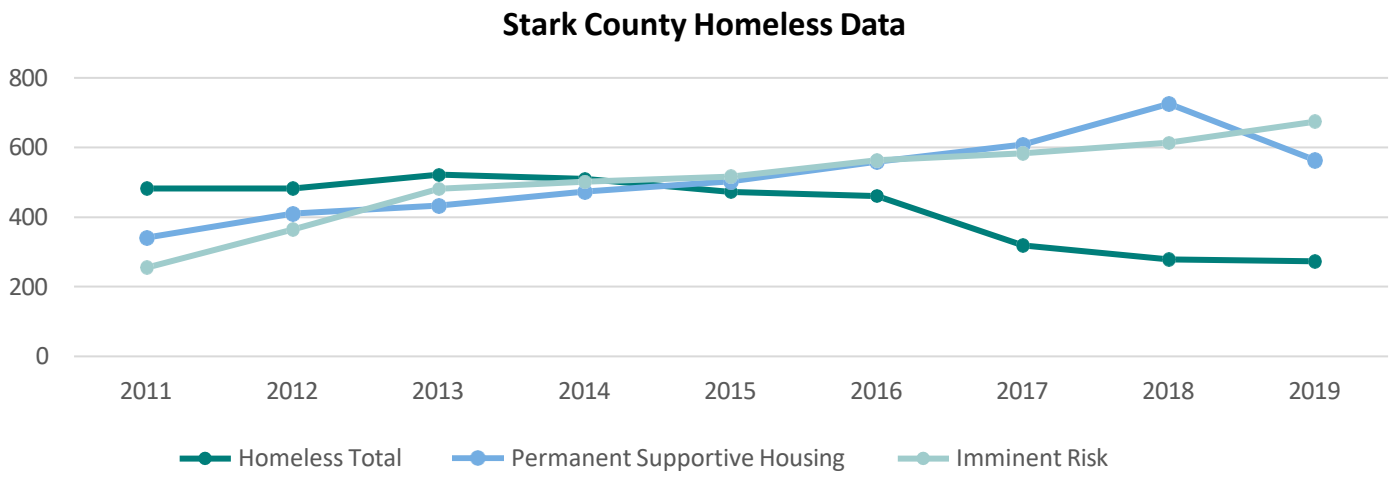
SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates

The median monthly housing costs for mortgage holders as a percent of household income (homeowners) as well as median gross rent as a percent of household income (renters) is nearly identical for the state and the county. Severe renter cost burden means that at least half of household income is spent on housing. In Ohio, nearly a quarter of renters suffer from severe renter cost burdens, for the county, the percentage is slightly lower.

Homeowner Affordability, 2019		
	Median Monthly Housing Cost for Mortgage Holders	Median Monthly Housing Cost for Mortgage Holders as % of Household Income
Stark County	$1,146	18.7%
Ohio	$1,248	19.1%
^FHA guidelines state that a household should avoid buying a home that costs more than 2.5 times its annual income. Numbers in red are above the 2.5 threshold.		

Renter Affordability, 2019			
	Median Monthly Gross Rent	Median Gross Rent as % of Household Income	Severe Renter Cost Burden
Stark County	$728	27.1%	20.5%
Ohio	$797	27.6%	23.0%
SOURCE: OHFA, Draft Ohio Housing Needs Assessment, Fiscal Year 2021 Annual Plan			

While the number of homeless individuals in Stark County has decreased, (43%), since 2011, the number of individuals in permanent supportive housing (65%) and those at imminent risk of being homeless continued to rise (164%).



Stark County Homeless Data											
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Change
Homeless Total	**482**	**482**	**522**	**510**	**472**	**460**	**319**	**278**	**273**	**250**	**-43.3%**
Street count	*68*	*63*	*56*	*38*	*60*	*37*	*22*	*40*	*17*	*16*	*-75.0%*
Emergency shelters	*218*	*207*	*247*	*259*	*239*	*285*	*209*	*221*	*243*	*NA*	*+11.4%*
Transitional housing	*196*	*212*	*219*	*213*	*173*	*138*	*88*	*17*	*13*	*NA*	*-93.3%*
Permanent Supportive Housing	**341**	**410**	**433**	**473**	**503**	**559**	**608**	**725**	**563**	**NA**	**+65.1%**
Imminent Risk-w/Friends/Family	**255**	**365**	**481**	**502**	**516**	**563**	**583**	**614**	**674**	**NA**	**+164.3 %**
Grand Total	**1078**	**1257**	**1436**	**1485**	**1491**	**1582**	**1510**	**1617**	**1510**		**+40.0%**

SOURCE : https://starkhomeless.starkmhar.org/wp-content/uploads/sites/3/2019/06/Point-In-Time-2009_2019.pdf

VOICES OF STARK COUNTY REPORT

Under the Social Determinants of Health ***Economic Stability*** domain, the following themes of identified challenges were outlined by participants:

1. Poverty and lack of economic stability are the root causes of inequities
2. More people are experiencing the "benefit cliff", contributing to workforce shortage
3. Food insecurity due to lack of accessible and affordable food sources
4. Inflation and rising costs of basic needs
5. Employment, transportation, and childcare are all tied together
6. High administrative burden and low ceiling of eligibility for governmental programs
7. Minimum wage vs. living wage discrepancy

More specifically, the table below outlines participant responses from community stakeholders and service provider meetings in the ***Economic Stability*** domain.

Challenges and Strategies for Economic Stability Domain		
Population	**Challenges**	**Strategies**
Stark County Stakeholders	1. Living in poverty and ALICE families 2. Employment 3. Food insecurity 4. Housing instability	1. Bring adult education to various communities instead of expecting people to travel (challenges with transportation). 2. Wrap Around services for anyone receiving governmental assistance & ALICE individuals. 3. Mobile workers (travel to various communities) to mentor, provide assistance with signing up for governmental programs/services, provide resources/knowledge on basic life necessities, "hand hold" in crisis, etc. 4. Employers receive subsidies to support employees' needs of childcare and when needs arise to take time off to address personal issues/crises. 5. Bring services to communities (could be through remote access).
Community Health Workers, Family Support Specialists, and Home Visitors	1. Lack of paternal support & involvement in female head of households living in poverty 2. Employment 3. Housing instability 4. Lack of trust in governmental system	1. Affordable and accessible drivers ed training, especially for "older adolescents, young adults." 2. Infrastructure rehaul of governmental system of assistance. 3. Employers offer incentives or tokens of appreciation for those who consistently are "good" employees. 4. Housing: a. Rent to own homes (sense of pride if homeowner). b. Subsidized housing: rent incrementally increases as person becomes more financially secure. c. Education on how to obtain and keep a home (similar to Habitat for Humanity).

Challenges and Strategies for Economic Stability Domain		
Population	**Challenges**	**Strategies**
Community Health Workers, Family Support Specialists, and Home Visitors		5. Navigator/mentor for those in cyclical poverty to provide assistance for governmental programs (bureaucracy) and resource connections, and all around social network support ("someone in their corner").
Health Care Professionals	1. Poverty is the key to instability 2. We cannot forget about the elderly as a struggling population as they are on a fixed income and likely have health issues	1. For those on any government assistance: a. Slow incremental increase/decrease of governmental aid. b. Financial/budget training. c. Provide vocational training to attain skills for various employment opportunities (build upon current skill set and what motivates individual). 2. More employers either provide childcare or help subsidize costs.
SOURCE: Voices of Stark County Report		

Under the Social Determinants of Health ***Access and Quality of Education*** domain, the following themes of identified challenges were outlined by participants:

1. Expectations of schools and teachers exceed primary role of educating youth
2. Lack of workforce to deal with students struggles both academically and emotionally
3. Lack of affordable, accessible, and high-quality childcare and preschools
4. Resource allocations to the neediest of students; what are the supports for others?
5. Do people understand the value of an education and how it ties into their well-being?
6. Difficult to obtain adult education in terms of locality and cost

More specifically, the table below outlines participant responses from community stakeholders and service provider meetings in the ***Access and Quality of Education*** domain.

Challenges and Strategies for Access and Quality of Education Domain		
Population	**Challenges**	**Strategies**
Stark County Stakeholders	1. Lack of social support 2. Students are struggling 3. School based Mental Health services 4. Lack of early education for students and adults focusing on resilience and prevention efforts 5. Lack of affordable preschool programs 6. Safety at school	1. More family services to help educate the family as a whole (wraparound services). 2. Resume Life Skills classes. 3. Peer to peer awareness and education of staff and students. 4. Workforce retention initiatives. 5. Dedicated Mental Health Teams at districts or buildings to offload work from those who aren't trained in those areas. 6. Increased presence of behavioral health education in curriculum. 7. Educate to each student's capabilities.
Community Health Workers, Family Support	1. Lack of necessary supplies to obtain/complete education	1. Resume Life Skills Classes. 2. Engage parents.

Challenges and Strategies for Access and Quality of Education Domain		
Population	**Challenges**	**Strategies**
Specialists, and Home Visitors	2. Students concerns/societal concerns of social status 3. Extreme focus on state testing and teaching for this instead of preparing for real life 4. Lack of financial guidance to assist in pursuit of higher education 5. Excessive peer influence 6. Schools have had to take on multiple roles (parenting, disciplinarian, social worker, address mental health, etc.) which takes away from the purpose of educating 7. Too much focus on technology without placing safety parameters 8. Bullying and gun violence 9. Lack of standardized and free early childhood education 10. Primary education not valued as important 11. Lack of respect, pay, and professionalism for the Early Childhood workforce 12. Transition youth (17/18 years old) 13. Truancy	3. Resume teaching cursive writing (teach how to write a signature). 4. Mentoring programs. 5. Some career tech classes in each high school that may not require a further degree. 6. Incremental programming in schools tied to how kids learn best (in classroom and/or virtual) and what other supports need to ensure success.
Health Care Professionals	1. Traumatic experiences and untreated MH challenges have led to people struggling or not completing their primary education 2. Pandemic has caused loss of learning for students	1. More schools trained in trauma focused relationship building. 2. For those with MH challenges, create models for learning tied to student learning styles (individualized education). 3. Screen all students periodically for MH challenges and refer appropriately to identify and treat early.
SOURCE: Voices of Stark County Report		

Under the Social Determinants of Health ***Neighborhood and Built Environment*** domain, the following themes of identified challenges were outlined by participants:

1. Lack of or difficulty with broadband internet connectivity
2. Lack of affordable, accessible, and flexible public transportation and ride share services
3. Lack of safe and reliable housing
4. Lack of safe green spaces with sidewalks to encourage healthy living
5. Lack of resources in own communities
6. Increasing crime and violence
7. Lack of access to healthy food

More specifically, the table below outlines participant responses from community stakeholders and service provider meetings in the ***Neighborhood and Built Environment*** domain.

Challenges and Strategies for Neighborhood and Built Environment Domain		
Population	**Challenges**	**Strategies**
Stark County Stakeholders	1. No access to healthy recreation 2. High crime/violence 3. Low-income housing in unsafe neighborhoods 4. Many communities are "deserts"	1. Safe, attractive housing. 2. Policing and safety officers. 3. Improve public transportation access.
Community Health Workers, Family Support Specialists, and Home Visitors	1. Gun violence and gangs 2. Quality and location of housing has deteriorated; slumlords; no accountability of owners to provide safe and clean housing for renters 3. Transportation challenges 4. Access to healthy food	1. SARTA should have multi language signs (e.g., Spanish). 2. Food banks: a. Choices should be healthy. b. Provide all supplies to make meals. c. Supplies should have multi meal capacity. 3. Healthy food choices education as part of mandatory "live" health class in high school. 4. Up to date resource on food and shelter services (easy access and in real time).
Health Care Professionals	1. With limited resources both monetary and ease of access, difficult to purchase healthy food choices 2. Limited access and schedules of public transportation 3. With increasing crime/violence, fear to leave home and have apathetic feelings or acceptance of "this is the norm" 4. No accountability for landlords in maintaining quality and cost of rental homes	1. Community programs on healthy eating and food choices, and how they affect health. 2. Supportive housing allotments for most vulnerable individuals with each unit having an assigned Case Manager who functions to: a. Assist with grocery shopping and education on healthy foods. b. Connects to resources and governmental programs. c. Connects to vocational training/education attainment. d. Provides handholding in times of crisis and mentoring at all other times. e. Once individual is "stable" relocate to different housing that is tiered "down" with level of assistance. 3. Year round traveling fresh food markets to vulnerable communities with more frequency. 4. Restaurants/grocery stores donate their excess fresh foods to churches/community centers to distribute to residents (would decrease the transportation issue and increase ease of access).
SOURCE: Voices of Stark County Report		

Under the Social Determinants of Health ***Social and Community Context*** domain, the following themes of identified challenges were outlined by participants:

1. Lack of collective collaboration and allocation of equitable resources
2. Lack of community centers/local programming which contributes to lack of cohesion
3. Political polarization contributes to discrimination of marginalized populations
4. Pandemic has prompted continued self-isolation and loss of community cohesiveness

More specifically, the table below outlines participant responses from community stakeholders and service provider meetings in the ***Social and Community Context*** domain.

Challenges and Strategies for Social and Community Context Domain		
Population	**Challenges**	**Strategies**
Stark County Stakeholders	1. Nonprofits compete for funding and pull from same resource pool 2. Social isolation and fear with the current pandemic 3. Formal vs Informal (grass roots) organizations and public vs. private organizations: both have lack of collaboration 4. Many people do not feel like they have a voice in the community	1. Collaborative funneling approach of resources within the community instead of fragmented access. 2. MH community training. 3. Provide opportunities of networking for connecting community-based organizations that can help each other in the process of servicing the communities.
Community Health Workers, Family Support Specialists, and Home Visitors	1. Post incarceration, challenges with obtaining housing and employment (basic needs) 2. Societal discrimination even within own communities 3. Extreme social isolation in the pandemic without ease of access to social network or community programs 4. Lack of coordination between multiple community programs serving same individuals 5. LGBQT+ Individuals	1. Get faith-based communities involved to assist with childcare in their community (It takes a village…). 2. Resurrect neighbors being neighbors to look out for each other; sense of community. 3. Neighborhood stores with healthy options; place to safely socialize. 4. Establish relationship with CHW/FSS/HV for upcoming parolees and their Parole Officers prior to release; assist with “life” once released. 5. Increase use of virtual Parent Cafes to create a sense of social network and provide education 6. Have a strong databank/hub of resource. information in real time that can be accessed by the community, navigators, & mentors that would also allow referrals and connections directly to the resources. 7. Support for LGBQT+: a. Education about tolerance and acceptance. b. Diversity groups in schools for honest conversations without judgment.
Health Care Professionals	1. The Pandemic has prompted increased social isolation and	1. Community groups, churches, and neighbors go to homes of those who have isolated themselves

Challenges and Strategies for Social and Community Context Domain		
Population	**Challenges**	**Strategies**
Health Care Professionals	disconnection from community, which increases mental illness and substance use 2. History of incarceration affects access to governmental aid programs, employment, and access of basic resources	and extend their "hands" out to increase the human connection. 2. More support for individuals returning to the community from incarceration in the form of mentoring and case management, from a positive viewpoint and not punitive viewpoint.
SOURCE: Voices of Stark County Report		

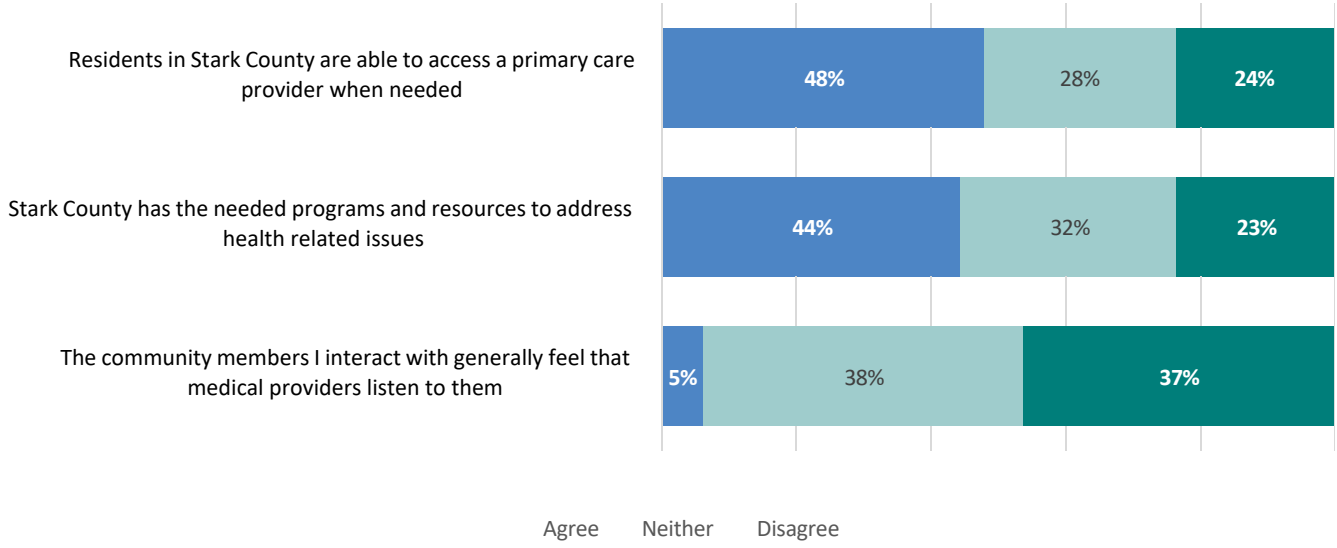
ISSUE 1: ACCESS TO HEALTH CARE

COMMUNITY HEALTH LEADER SURVEY

The community leaders were given a list of three statements about access to care issues and asked how much they agreed with each. The low amount of agreement on all three statements supports that access to care is an issue in Stark County. Each statement is discussed in more detail below.

- Less than half of community leaders, (44.4%), agreed that "*Stark County has the needed programs and resources to address health related issues"* with 7.3% strongly agreeing. Less than a quarter, (23.4%), disagreed.
- Less than a third of community leaders, (43.2%), agreed that *"The community members I interact with generally feel that medical providers listen to them"* with 4.8% strongly agreeing. One fifth, (20.0%), disagreed.
- Less than half of community leaders, (48.0%), agreed that *"Residents in Stark County are able to access a primary care doctor when needed"* with 8.0% strongly agreeing. Nearly a quarter, (24.0%), disagreed with this statement.

Agreement with Access to Care Statements



SECONDARY DATA ANALYSIS

The table below represents the estimated percent of the population under age 65 that has no health insurance coverage in Stark County. Over the past five years, the percentage of individuals without health insurance decreased by 3.5%. The percentage of residents without insurance is significantly higher for Black residents (7.5%) than White residents (5.1%). In addition, the percentage of residents without insurance under the age of 19 (3.1%) is significantly lower than the percentage of residents ages 19 to 64 (8.4%).

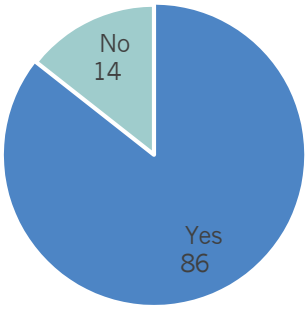
Stark County Percent Uninsured							
	2015	2016	2017	2018	2019	2020	% Change
Stark County	9.0%	7.4%	6.5%	5.6%	5.7%	5.6%	**-3.4%**
By Race and Age							
White	8.6%	7.0%	6.3%	5.3%	5.3%	5.1%	**-3.5%**
Black	13.8%	10.6%	8.2%	6.7%	6.4%	7.5%	**-6.3%**
Under 19 years old	NA- census used different age groups before 2017		4.0%	3.5%	4.3%	3.1%	**-0.9%**
19 to 64 years old			9.3%	8.1%	8.9%	8.4%	**-0.9%**
65 years and older			0.2%	0.3%	0.1%	0.2%	**0.0%**
SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates							

Primary Care Physicians is the ratio of the population to total primary care physicians. Primary care physicians include non-federal, practicing physicians (M.D.'s and D.O.'s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics. In Ohio, there is 1 Primary Care Physician for every 1,290 residents which is nearly identical to the county ratio.

Primary Care Physicians											
	2015		2016		2017		2018		2019		% Change
	# of PCP	Ratio	# of PCP	Ratio	# of PCP	Ratio	# of PCP	Ratio	# of PCP	Ratio	
Stark County	293	1,280:1	298	1,250:1	299	1,250:1	295	1,260:1	295	1,260:1	**+0.6%**
Ohio	-	1,310:1	-	1,300:1	-	1,310:1	-	1,300:1	-	1,290:1	-
SOURCE: County Health Ranking. Original Source: HRSA Area Resource File. http://www.countyhealthrankings.org/											

Less than one-sixth of Stark County youth, (14%), have not always been able to get medical or psychological care when they thought they needed it during the school year. The most common reason for not being able to get needed medical or psychological care was they didn't know who to go see.

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



Top Reasons for No Access:
1. Didn't know who to go see
2. Didn't have transportation
3. My parent or guardian did not go with me
4. Didn't want my parents to know

SOURCE: 2021 Northeast Ohio Youth Health Survey

VOICES OF STARK COUNTY REPORT

Under the ***Access and Quality of Healthcare*** domain, the following themes of identified challenges were outlined by participants:

1. Difficult to access providers (workforce, insurance, availability, proximity, and costs)
2. Extremely difficult system to navigate
3. Lack of awareness about options in own community
4. Cultural bias and stigma
5. Insurance complexities and disparity of reimbursement (services, locations, etc.)

More specifically, the table below outlines participant responses from community stakeholders and service provider meetings in the ***Access and Quality of Healthcare*** domain.

Challenges and Strategies for Access and Quality of Healthcare Domain		
Population	**Challenges**	**Strategies**

Stark County Stakeholders	1. Cultural challenges
	2. Provider issues
	3. Lack of health literacy
	4. Lack of insurance coverage and/or complexity of fee structure
	5. Other challenges
	  1. Difficult to navigate and understand the complexities so not willing to seek help
	  2. Childcare not easily attainable
	  3. Lack of knowledge of resources in own community
	  4. Lack of integrated care options to provide one stop shop
		1. Bring services to the low-income communities.
		2. Urgent Care for mental health illnesses.
		3. Low cost and ease of access transportation service programs.
		4. Sliding fee scales in all organizations and this info is known upfront.
		5. BH counselor in primary care setting.
		6. More Telehealth access (technology and cost).
		7. Having someone in place (doctor office, hospitals) to help people navigate (like a healthcare concierge).

Community Health Workers, Family Support Specialists, and Home Visitors	1. Lack of workforce and consistent providers 2. Payers panel of providers not up to date with information; frustrating for people to navigate especially if on Medicaid (stigma) 3. Lack of knowledge of various resources (lack of right information in the hands of the right people) 4. Difficult to communicate with providers 5. Disparity in reimbursement for BH services 6. Lack of reliable transportation, even with using Payer approved services 7. Consequence of pandemic: Case Managers themselves are struggling and are not helpful to their clients	1. Educate providers on impact of socio-economic challenges and prioritization of meeting basic needs first. 2. Provide variety of appointments to include voice only/telehealth and variety of times, including nontraditional business hours. 3. One stop shop when clients seek MH services. 4. Healthcare navigators.

Challenges and Strategies for Access and Quality of Healthcare Domain		
Population	**Challenges**	**Strategies**
Community Health Workers, Family Support Specialists, and Home Visitors	to provide care coordination and "putting out life's fires" 8. Imbalance of treatment measures: overmedicating and less talk therapy (social connectedness may be all someone needs) 9. Underinsured families	
Health Care Professionals	1. Extremely complex system to navigate 2. Lack of health literacy 3. People struggle to meet basic needs; many do not have resources or knowledge on how to meet these needs	1. Every individual should have an advocate/case manager to help navigate. 2. Increase community education to understand tiers of care and navigation of healthcare intricacies. 3. More offices participating in integrative medicine embedding mental health services in the primary care offices (allows for patient to be treated as a whole instead of through fragmented providers). 4. Increase number of accessible rideshare programs reimbursable by insurance payers even for emergency appointments. 5. Support providers to ensure their well being.
SOURCE: Voices of Stark County Report		

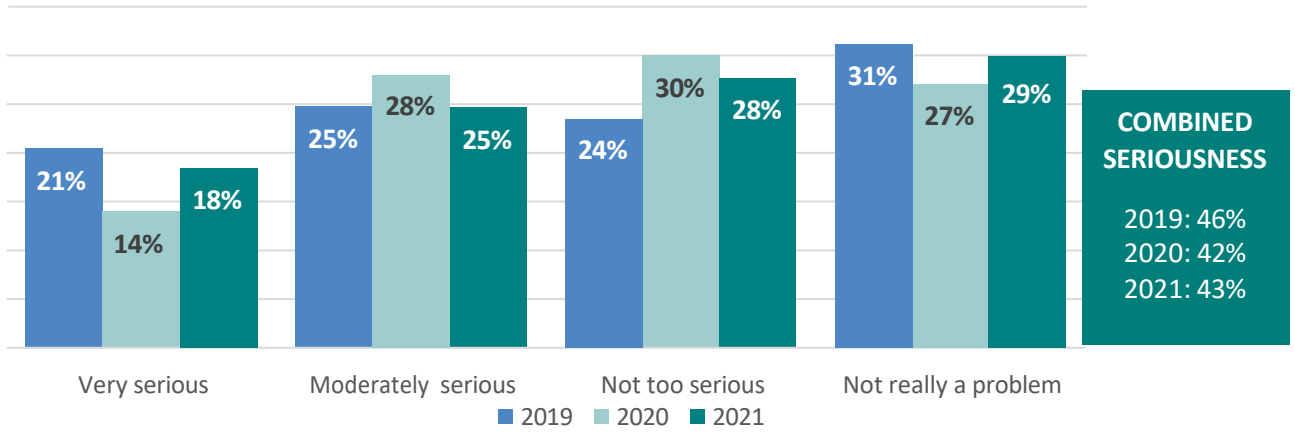
ISSUE 2: ADDICTION AND SUBSTANCE ABUSE

STARK COUNTY COMMUNITY POLL

Substance Abuse and Addiction Treatment

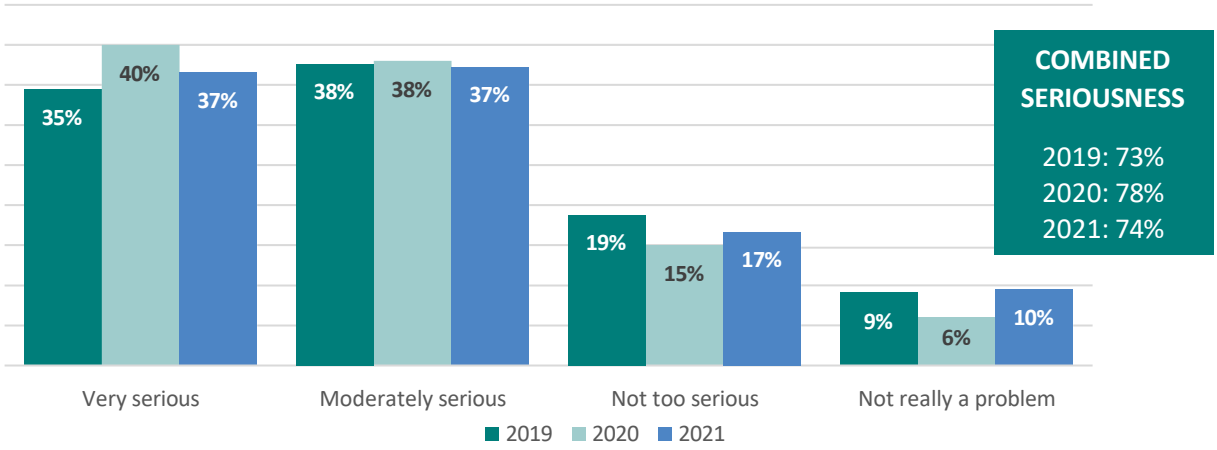
When asked how serious a problem marijuana use is in Stark County, less than half, (43.1%) felt it was a serious problem with 18.4% reporting it was a very serious problem. More than a quarter (29.2%) said it was not a problem at all. Overall, respondents rated marijuana about the same as in 2020.

Seriousness of Marijuana in Stark County



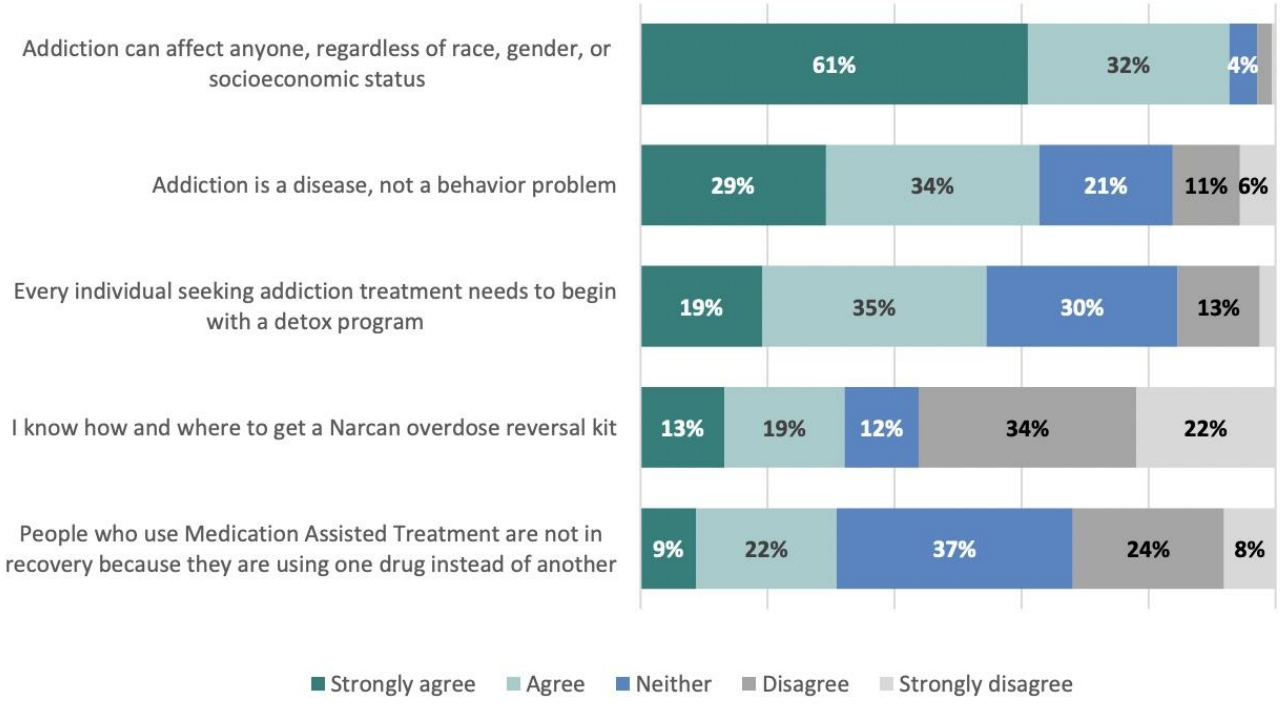
When asked how serious a problem e-cigarette or vape use by youth is in Stark County, nearly three-quarters, (73.9%) felt it was a serious problem with 36.6% reporting that youth vaping was a very serious problem. This was a slight decrease from 2020 when 78.5% felt that e-cigarette or vape use by youth was a serious problem. About one in ten (9.5%) said it was not a problem at all.

Seriousness of Vaping in Stark County



When asked to rate their level of agreement with five statements about addiction, respondents were most likely to agree that addiction can affect anyone (92.6%), addiction is a disease (62.9%), and every individual seeking addiction treatment needs to begin with a detox program (54.5%).

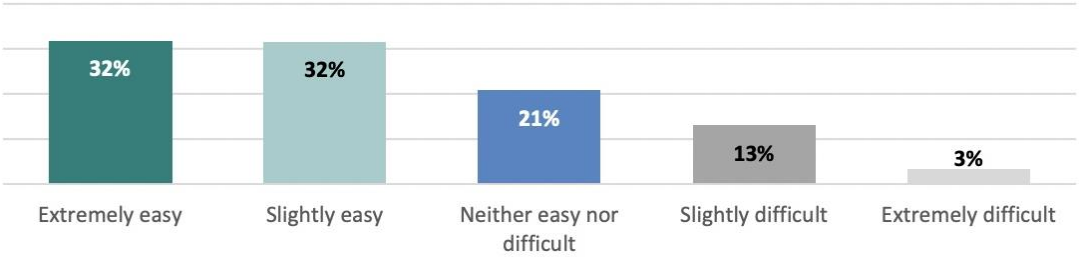
Agreement with Statements



Respondents were asked to rate how easy it is for youth to obtain alcohol in their community. More than half (63.1%) said it was either extremely easy (31.6%) or slightly easy (31.5%). Groups more likely to say it is easy for youth to obtain alcohol include employed and retired respondents.

Those who said it was easy for youth to obtain alcohol were asked how they think youth do so. The most popular responses were older friends (27.6% of answering respondents), followed by other adults (19.3%), and at local establishments that either do not check ID or with a fake ID (15.2%).

Ease of Youth Obtaining Alcohol



Where do you think Youth Obtain Alcohol			
	# of responses	% of responses	% of ALL respondents
Older friends	96	27.6%	16.0%
Adults	67	19.3%	11.2%
No ID/Fake ID at local establishments	53	15.2%	8.8%
At home	45	12.9%	7.5%
Parents	39	11.2%	6.5%
Family members	25	7.2%	4.2%
Anywhere/Everywhere	13	3.7%	2.2%
Stealing	6	1.7%	1.0%
Coworkers	2	0.6%	0.3%
Social media	1	0.3%	0.2%
On the street	1	0.3%	0.2%
	348	(n=348)	(n=600)

SECONDARY DATA ANALYSIS

Excessive drinking reflects the percent of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average. The percentage of adults reporting binge or heavy drinking was slightly lower in Stark County than in the state.

Percentage of Adults Reporting Binge or Heavy Drinking						
	2015	2016	2017	2018	2019	Change
Stark County	18%	18%	17%	19%	19%	+1.0%
Ohio	19%	19%	20%	18%	21%	+2.0%
SOURCE: County Health Rankings						

The percentage of driving deaths with alcohol involvement in Stark County is slightly higher than the state and has not changed over the past 5 years.

Percentage of Driving Deaths with Alcohol Involvement						
	2016	2017	2018	2019	2020	Change
Stark County	34%	32%	32%	31%	34%	-
Ohio	34%	33%	33%	32%	33%	-1%
SOURCE: County Health Ranking. Original Source: National Center for Health Statistics						

The number of unintentional drug overdose deaths in Stark County has increased steadily since 2013 (more than doubled). The unintentional drug overdose death rate for Ohio continues to be higher than the county.

Unintentional Drug Overdose Death Rate, 2013-2020									
	2013	2014	2015	2016	2017	2018	2019	2020	Change
Stark County	12.4	17.2	17.0	27.0	25.8	21.8	29.4	27.0	**+14.6%**
Ohio	18.8	22.7	27.7	35.7	42.8	33.2	35.4	45.6	**+26.8%**
SOURCE: Ohio Department of Health									

The table below represents the percentage of unduplicated clients in treatment with a primary diagnosis of opiate use disorder. On average, 36% percent of client admissions in the county were associated with a primary diagnosis of opiate abuse or dependence in SFY 2020, a slight decrease from SFY 2016. It should be noted that this data comes from the Ohio Mental Health & Addiction Services (OhioMHAS) Multi Agency Community Information System (MACSIS). While MACSIS data is required to be submitted for billing purposes, there are minimal sanctions for failing to submit so underreporting of these numbers is likely. It should also be noted that reported data only reflects information for clients whose treatment was provided with public dollars, thus private insurance and self-pay clients are not reflected in this data.

Percentage of Unduplicated Clients - Treatment for Opiate Use Disorder						
	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	Change
Stark County	40.0%	34.9%	33.2%	34.2%	36.1%	**-3.9%**
Ohio	49.9%	48.1%	49.4%	48.4%	49.4%	**-0.5%**
SOURCE: Ohio Mental Health & Addiction Services, Multi Agency Community Information Systems. https://mha.ohio.gov/research-and-data/dashboards-and-maps/maps/01-treatment-for-substance-use-disorders						

The table below examines per capita distribution of prescription opioids with data from The Ohio State Board of Pharmacy's Ohio Automated Rx 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. 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	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, Multi Agency Community Information Systems.						

The table below examines per capita distribution of prescription benzodiazepines with data from The Ohio State Board of Pharmacy's 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

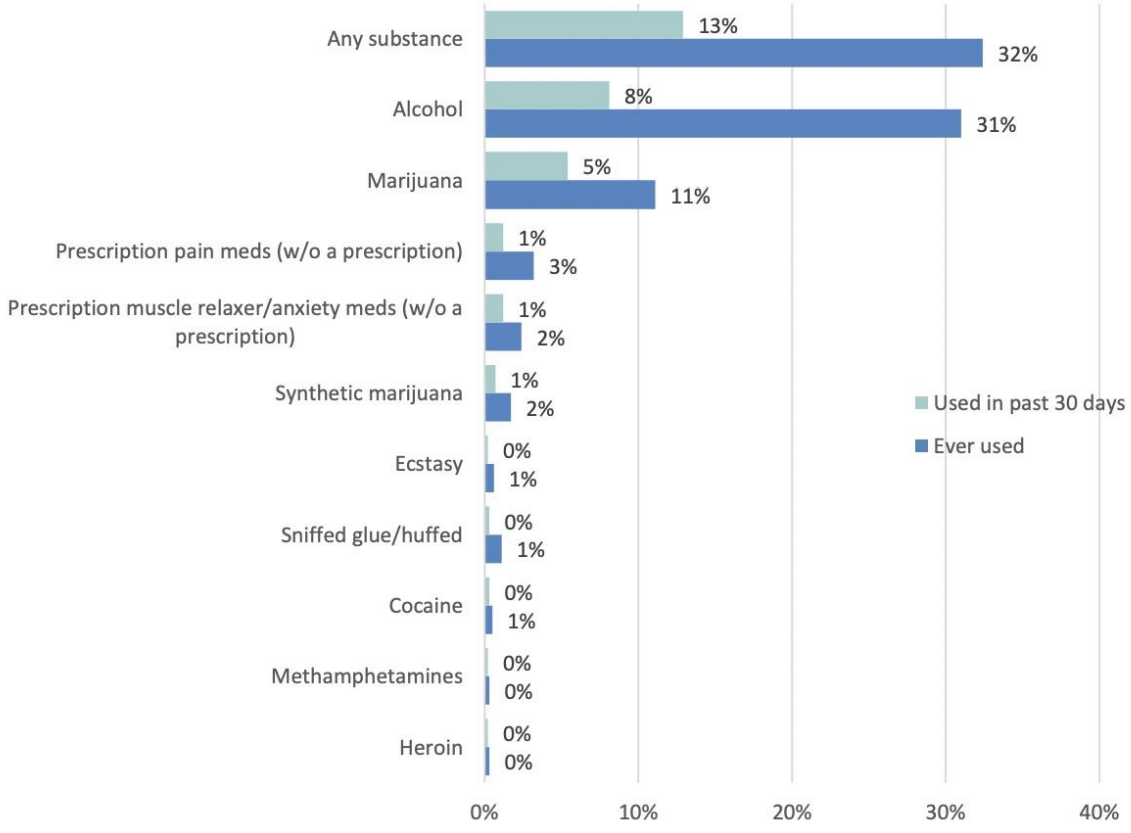
from drugs dispensed at physician offices and the Veteran's administration are not included in the calculations. In 2021, the rates for the county were higher than the state. Over the five-year time span in which data is available, rates have decreased in both the county and the state; the decrease in the county was slightly higher.

Prescription Benzodiazepine Doses per Capita						
	2017	2018	2019	2020	2021	Change
Stark County	31.1	26.5	23.9	23.0	21.0	**-10.1**
Ohio	20.2	17.1	15.7	14.9	13.8	**-6.4**
SOURCE: Ohio Mental Health & Addiction Services, Multi Agency Community Information Systems.						

YOUTH SURVEY

Nearly a third of middle and high school youth reported using some illegal substance sometime in their lifetime with 13% using an illegal substance sometime in the past 30 days. The most common substances used were alcohol and marijuana.

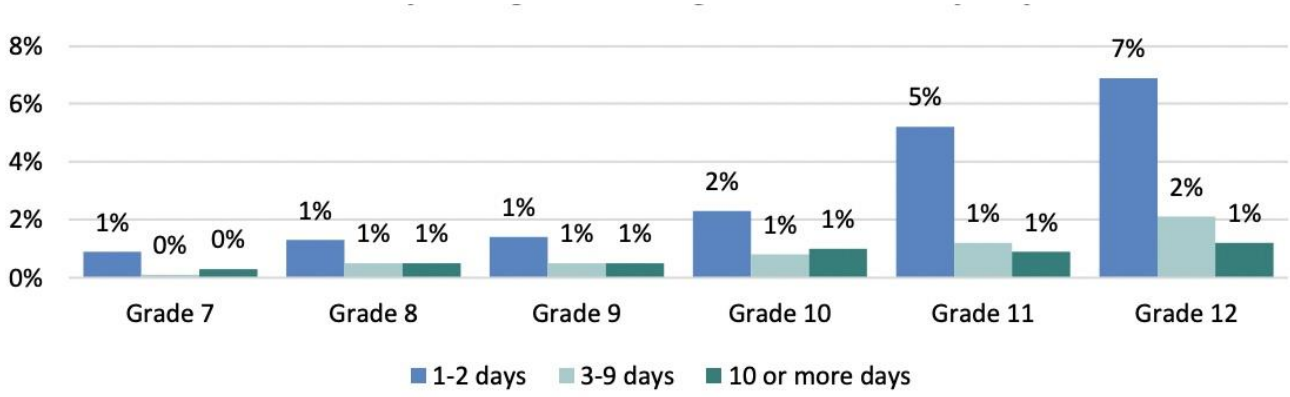
Youth: Substance Abuse



Source: 2021 Northeast Ohio Youth Health Survey

Less than one-twentieth of students, (4.3%), reported binge drinking at least one day in the past 30 days. Older students were more likely than younger students to have engaged in binge drinking in the past 30 days.

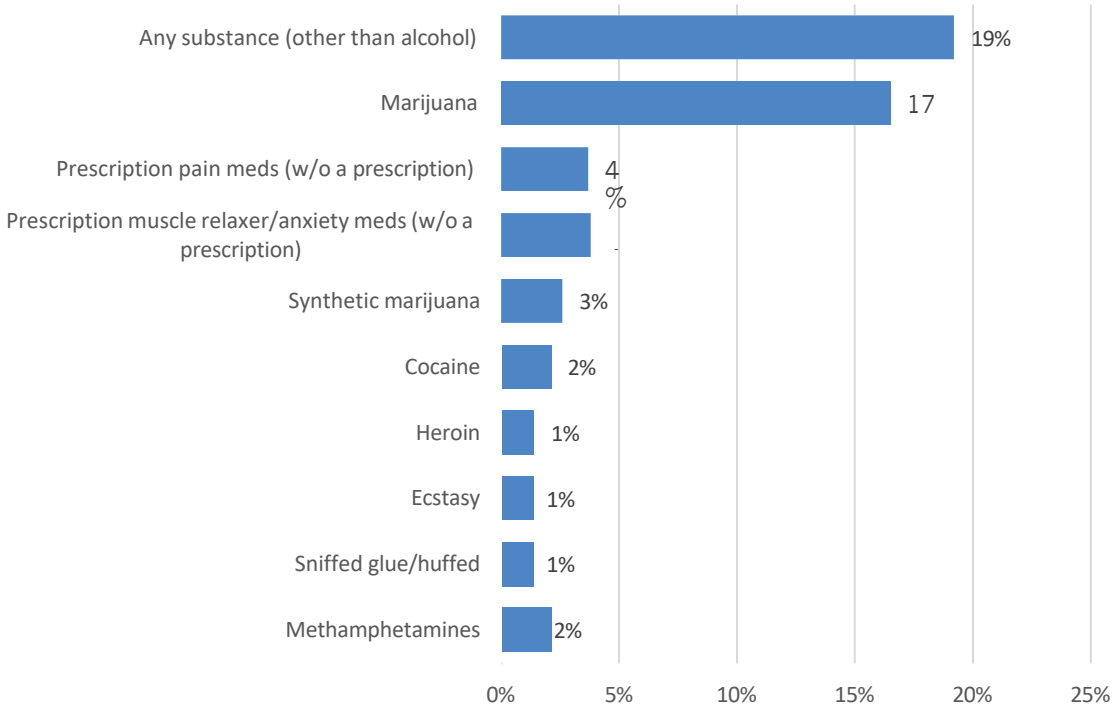
Youth: # of Days Binge Drinking in Past 30 Days by Grade



Source: 2021 Northeast Ohio Youth Health Survey

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

Youth: Substance Use by Others in Household

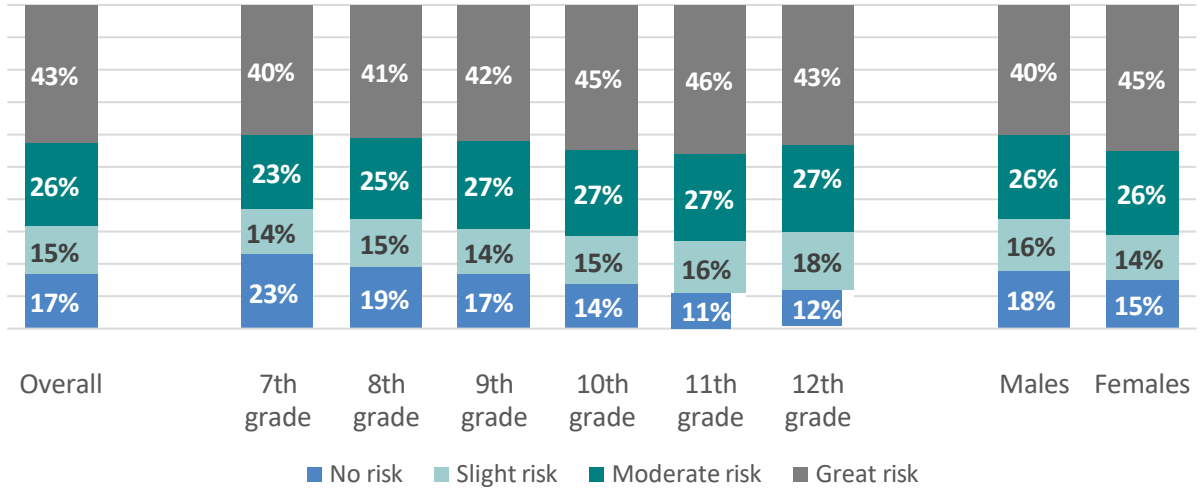


Source: 2021 Northeast Ohio Youth Health Survey

In addition, youth were asked how much of a risk they felt several different things would be to them. In terms of having 5 or more alcoholic drinks 1 or 2 times a week, more than two-thirds of surveyed youth, (69%), reported this to be a moderate or great risk. Female students were more likely than male students

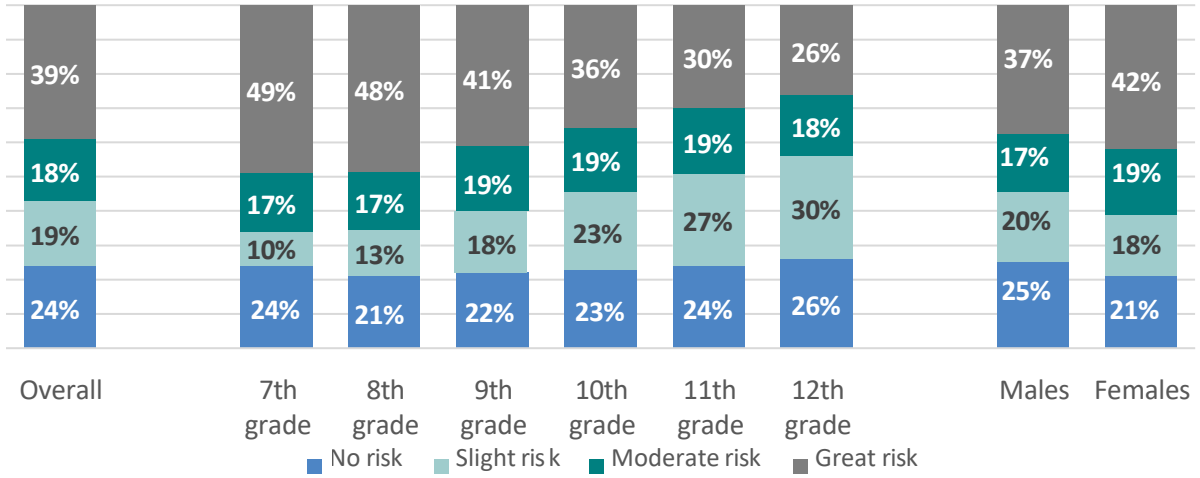
to indicate having 5 or more drinks was a moderate or greater risk. In general, older students tended to be more likely than younger students to feel that this was a risk.

YOUTH: Perceived Risk- *5 or more drinks 1 or 2 times a week*



In terms of using tobacco such as cigarettes, e-cigarettes or vaping and chew, more than half of surveyed youth, (57%), reported this to be a moderate or great risk. Female students were more likely than male students to indicate that tobacco use was a moderate or greater risk. In general, younger students were more likely than older students to feel that tobacco use was a risk.

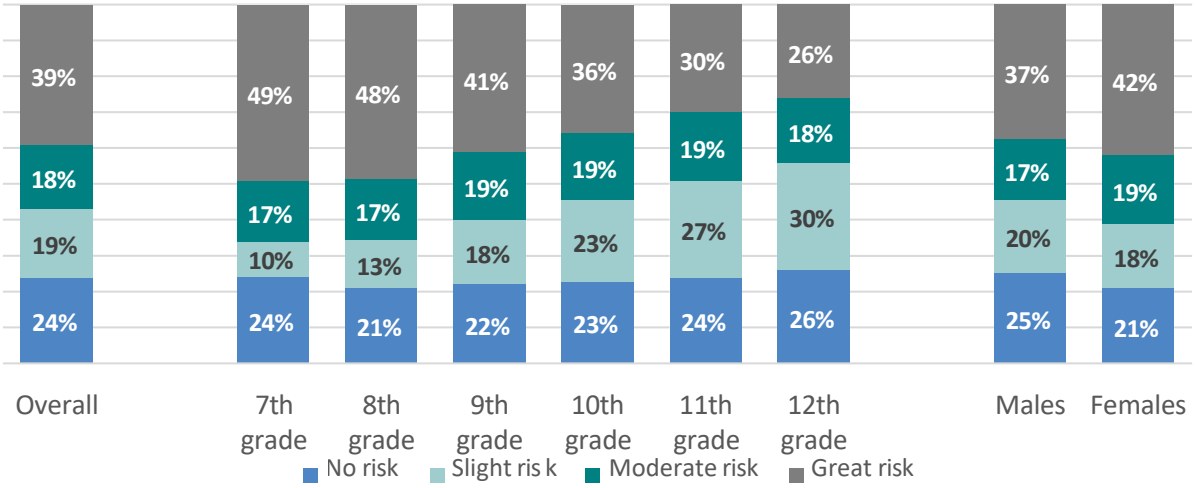
YOUTH: Perceived Risk- *Tobacco (cigarettes, e-cigs/vape, chew)*



In terms of marijuana use, more than half of surveyed youth, (57%), reported this to be a moderate or great risk. Female students were more likely than male students to indicate marijuana use was a moderate

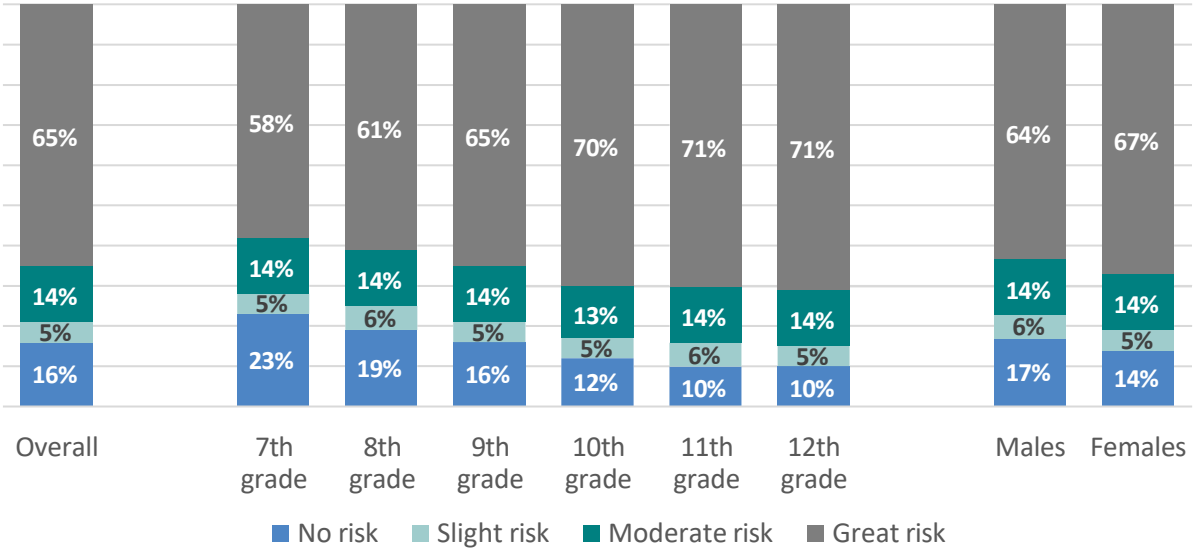
or greater risk. In general, younger students were more likely than older students to feel that marijuana use was a risk.

YOUTH: Perceived Risk- *Marijuana*



In terms of prescription drugs that are not prescribed to them, more than three-quarters of surveyed youth, (79%), reported this to be a moderate or great risk. Female students were slightly more likely than male students to indicate prescription drug use was a moderate or greater risk. In general, older students tended to be more likely than younger students to feel that this was a risk.

YOUTH: Perceived Risk- *Prescription drugs not prescribed*

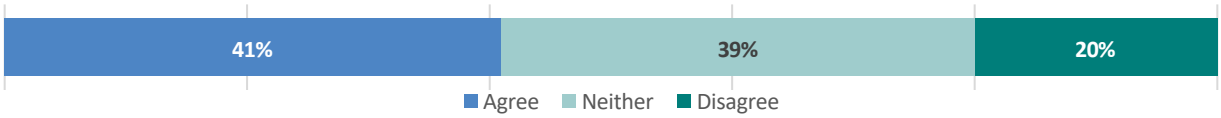


ISSUE 3: INFANT MORTALITY AND MATERNAL HEALTH

COMMUNITY LEADER SURVEY

Less than half of community leaders, (40.8%), agreed that "*Family planning services are accessible and available to adequately address the reproductive health needs in the community,*" with 7.2% strongly agreeing. One fifth, (20.0%), disagreed with the statement.

Family Planning Services are Accessible and Available



SECONDARY DATA ANALYSIS

The table below shows the number and percentage of births in Stark County over the past five years by race.

Stark County Overall Births by Race

	Overall	Hispanic/Latino		Non-Hispanic Black		Non-Hispanic White		*Other/Unknown	
	Case Count	Case Count	Birth Count %	Case Count	Birth Count %	Case Count	Birth Count %	Case Count	Birth Count %
2017	4008	132	3.3%	452	11.3%	3327	83.0%	97	2.4%
2018	4060	162	4.0%	505	12.4%	3325	81.9%	68	1.7%
2019	4094	167	4.1%	540	13.2%	3319	81.1%	68	1.7%
2020	3913	160	4.1%	500	12.8%	3190	81.5%	63	1.6%
2021	3927	167	4.3%	523	13.3%	3188	81.2%	49	1.2%

**Other includes: Asian, Filipino, Hawaiian or Pacific Islander, Japanese, Native American, Other Asian, Other/Unknown. Count of births to these groups individually are less than 20 per year.*

About 10% of births in both Stark County and the state in 2021 were very pre-term or pre-term.

Gestational Age Distribution, 2021

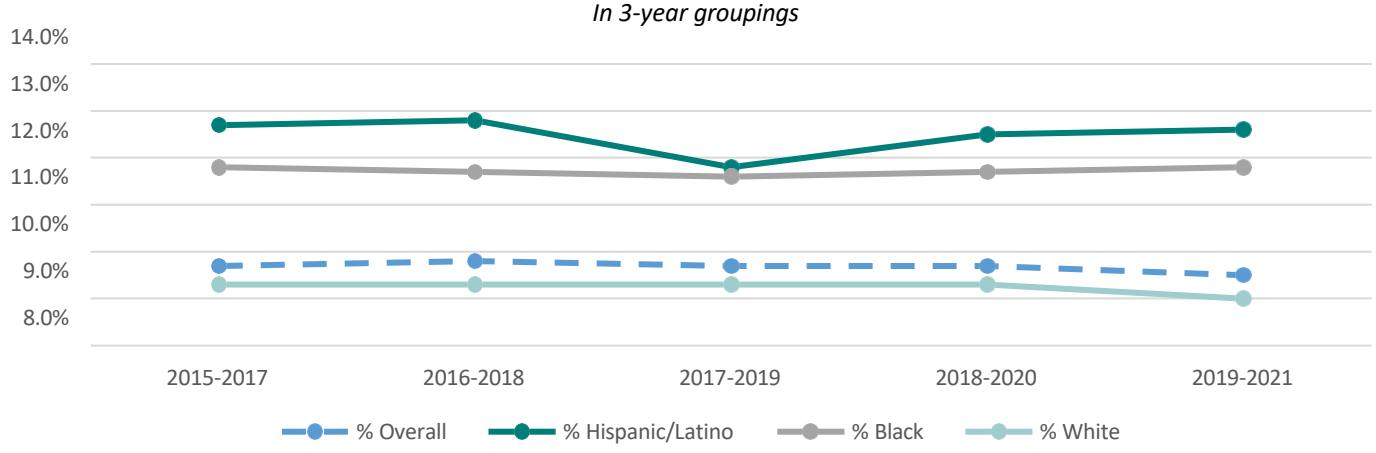
	Stark County		Ohio	
	Case Count	Birth Count %	Case Count	Birth Count %
Very pre-term (<32 weeks)	56	1.4%	2,259	1.7%
Pre-term (32-37 weeks)	315	8.0%	11,500	8.8%
Term (37 to 41 weeks)	3,556	90.4%	115,654	89.1%
Post-term (42+ weeks)	6	0.1%	329	0.2%

SOURCE: Ohio Department of Health Data Warehouse

The graph below shows those born under 37 weeks gestation. In Ohio, annually, an average of 10.4% of births are preterm. According to the March of Dimes, nationally, around 1 in 10 babies (10%) are born prematurely. While overall birth percentages and the percentage of White babies born prematurely is lower than the state and national average, the percentage of Black and Hispanic babies born prematurely is much higher.

Percentage of Stark County Births Under 37 Weeks Gestation

In 3-year groupings



Source: Ohio Department of Health

The percentage of birthing parents accessing prenatal care in the first trimester in the county is slightly lower than the state (69% compared to 70%).

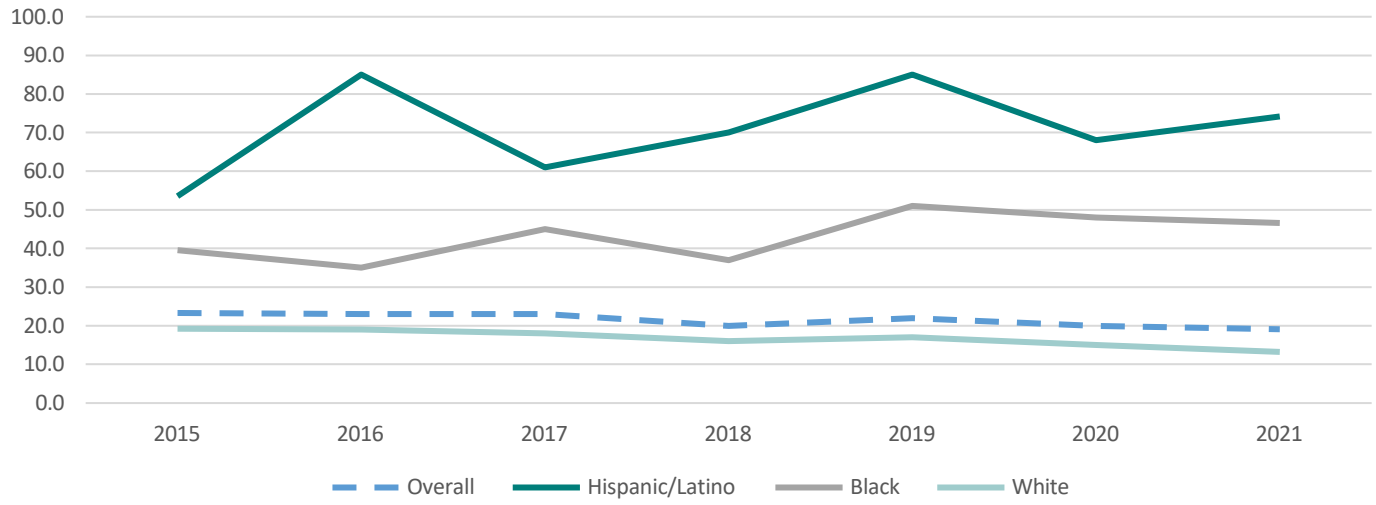
Trimester of Entry into Prenatal Care					
	2017	2018	2019	2020	2021
STARK COUNTY					
None	1.2%	1.2%	1.0%	1.0%	1.0%
First Trimester	55.6%	63.2%	66.8%	69.1%	69.1%
Second Trimester	22%	26.5%	25.9%	24.0%	23.2%
Third Trimester	4.2%	5.5%	4.8%	4.2%	3.9%
OHIO					
None	1.5%	1.5%	1.5%	1.5%	1.6%
First Trimester	66.5%	67.9%	68.6%	68.9%	70.0%
Second Trimester	19.8%	19.5%	19.5%	19.5%	18.2%
Third Trimester	4.7%	4.5%	4.4%	4.2%	3.8%
SOURCE: Ohio Department of Health Data Warehouse.					

The number of births to young mothers (19 years of age and younger) decreased significantly from 2017 to 2021 at both the state and county level, although the decrease was slightly more for the state.

Number of Births by Young Mothers, 2017-2021									
	2017				2021				Change
	>15	15-17	18-19	Total	>15	15-17	18-19	Total	
Stark County	0	65	206	271	2	49	164	215	**-20.6%**
Ohio	79	1,867	5,926	7,892	102	1,380	4,411	5,893	**-25.3%**
SOURCE: Ohio Health Department Secure Data Warehouse									

Overall, Stark County was just above Ohio's teen birth rate of 18.8 in 2021 at 19.1. Nationally, the teen birth rate was 16.7 for 2021. These rates do not include the 16 births over this time period that occurred to those less than 15 at time of delivery. Rates for Black and Hispanic teens were significantly higher than the state and national average.

Birth Rate per 1,000 in Population, ages 15 to 19



Source: Ohio Department of Health, with the exception of 2015 in the Hispanic/Latino population, all rates based on counts more than 20.

Very low birthweight is a term used to describe babies who are born weighing less than 1,500 grams (3 pounds, 4 ounces) while low birth rate describes an infant born weighing 5.5 pounds (2500 grams) or less. Less than one-tenth of births in Stark County in 2021 were very low birth weight (1.1%) or low birth weight (6.8%).

Stark County Low and Very Low Birth Weight

	2017		2018		2019		2020		2021	
	Case Count	Birth Count %	Case Count	Birth Count %	Case Count	Birth Count %	Case Count	Birth Count %	Case Count	Birth Count %
Very low	58	1.4%	70	1.7%	52	1.2%	62	1.5%	44	1.1%
Low	267	6.6%	309	7.6%	288	7.0%	286	7.2%	268	6.8%

VLBW= Births less than 3 pounds, 3 ounces. LBW= Births less than 5 pounds, 8 ounces, SOURCE: Ohio Department of Health Data Warehouse.

The percentage of White women with very low and low birthweight babies was considerably lower than the percentage of Black women.

Stark County Low Birth Weight by Race

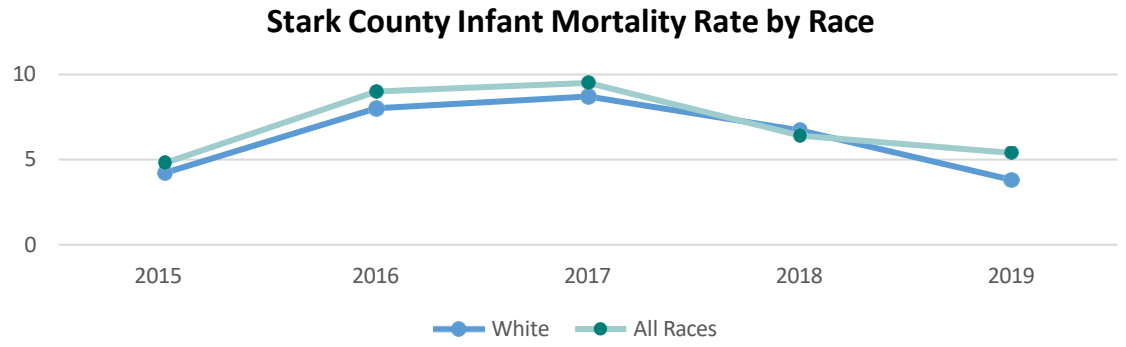
	2017		2018		2019		2020		2021	
	Case Count	Birth Count %	Case Count	Birth Count %	Case Count	Birth Count %	Case Count	Birth Count %	Case Count	Birth Count %
White VLBW	47	1.3%	53	1.5%	42	1.2%	43	1.3%	32	0.9%
Black VLBW	11	2.4%	16	3.1%	6	1.1%	16	3.1%	8	1.5%
White LBW	210	6.0%	247	7.1%	221	6.4%	219	6.6%	201	6.1%
Black LBW	42	9.1%	51	9.9%	57	10.4%	55	10.7%	60	11.2%

VLBW= Births less than 3 pounds, 3 ounces. LBW= Births less than 5 pounds, 8 ounces. SOURCE: Ohio Department of Health Data Warehouse.

In 2019, the infant mortality rate in Stark County was 5.4, slightly lower than Ohio's infant mortality rate of 6.9 and an increase from 2015 when the rate in Stark County was 4.8.

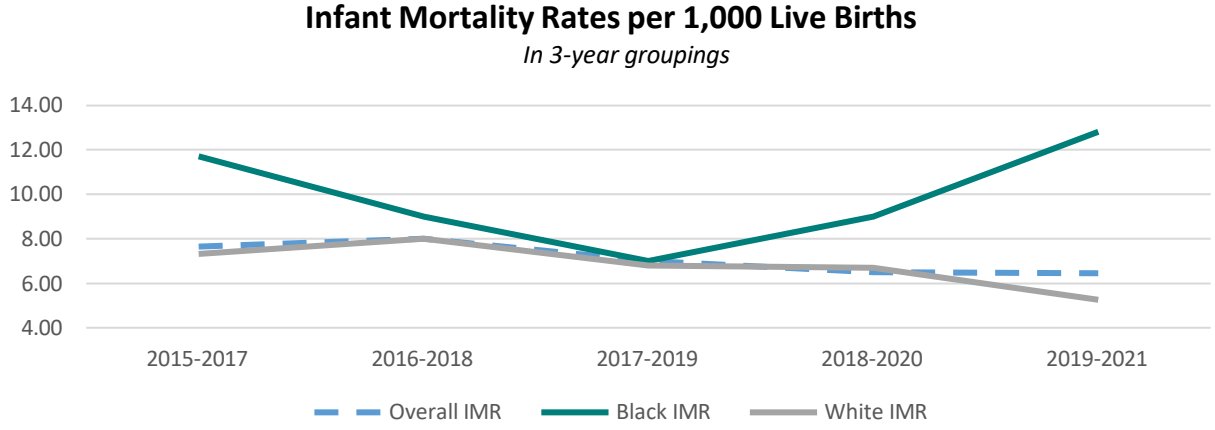
Infant Mortality Rate, 2015 and 2019						
	2015			2019		
	# of Deaths	# of Births	Rate*	# of Deaths	# of Births	Rate*
Stark County	20	4,204	**4.8**	22	4,104	**5.4**
Ohio	1,005	139,312	**7.2**	929	134,564	**6.9**
Number of all infant deaths (within 1 year), per 1,000 live births, *SOURCE: ODH, Ohio Infant Mortality Report*						

Infant Mortality Rate (IMR) is calculated by the number of infant deaths over the number of live births multiplied by 1000. The infant mortality rate for all races (5.4) is much higher than the rate for White babies in Stark (3.8).



Stark County Infant Mortality Rate by Race					
	2015	2016	2017	2018	2019
White	4.2	8.0	8.7	6.7	3.8
All Races	4.8	9.0	9.5	6.4	5.4
Rate is per 1,000 births, SOURCE: Ohio Department of Health.					

When combining data into three-year groupings, the infant mortality rate for Black babies (12.80 per 1,000 live births) is more than twice as high than White babies (5.26 per 1,000 live births) in the county. Overall, the infant mortality rate for the county is nearly identical to the infant mortality rate of the state (6.53 per 1,000 live births). Please note that over this 7-year period, there were 8 total infant deaths in the Hispanic/Latino community.



MATERNAL HEALTH FOCUS GROUP

- **COST IS THE MAJOR BARRIER** - Cost was mentioned in nearly every aspect of the focus group as having a negative effect on a person's ability to get the healthcare they need. Even when talking about health insurance, cost was a major factor- with high premiums, deductibles and out of pocket expenses. Cost was also mentioned as a barrier for women getting needed prenatal care. Other barriers mentioned, including transportation and not being able to take off work to see the doctor can also be linked to financial burden.
- **WOMEN TEND TO PUT OTHERS NEEDS BEFORE THEIR OWN** - Women tend to have multiple responsibilities and tend to put the healthcare needs of others they care for before their own needs. In addition, women feel guilty taking time from work to go to the doctor for themselves, instead saving their time off (if they even get paid time off) to take care of others.
- **RACE, AGE, INCOME, AND NOT LOOKING LIKE EVERYONE ELSE HAVE A NEGATIVE EFFECT ON HEALTHCARE** - Black women and younger people have a harder time being taken seriously by health professionals and are more likely to be seen as drug seekers. Lower income individuals are more likely to be turned away from receiving the care they need and more likely to only have their symptoms treated as opposed to having the underlying condition identified. Overweight individuals and those with visible tattoos were also mentioned as more likely to have a negative experience when they attempt to get healthcare.

"Women of color especially, they don't believe we are in pain (they think we are seeking pain killers). I'm not a drug addict. I'm in legit pain."

Participant on what keeps them from doctor

- **COMMUNICATION AND INFORMATION**:
  - → The way that doctors and nurses communicate with patients has a direct impact on their willingness and comfort level to ask questions regarding their health. When a patient feels their questions are not taken seriously and are embarrassed by the encounter, it not only affects their comfort level in asking additional questions, but it may make them less likely to go to the doctor at all in the future.
  - → A recurring theme when asked about what attracts participants to health-related information was that they would like information that is straight and to the point, no fluff; with instruction on where they can look for additional information if they need it. Also, they want to see people on brochures that look like them (diverse group of people), but they must look natural and not fake.

ISSUE 4: MENTAL HEALTH

COMMUNITY LEADER SURVEY

A third of community leaders, (33%), agreed that "*Residents in Stark County are able to access a mental health care provider when needed".* Half, (50%), disagreed with 9% strongly disagreeing.

There are enough mental and behavioral health providers in area

STARK POLL COMMUNITY SURVEY

Suicide and Mental Health

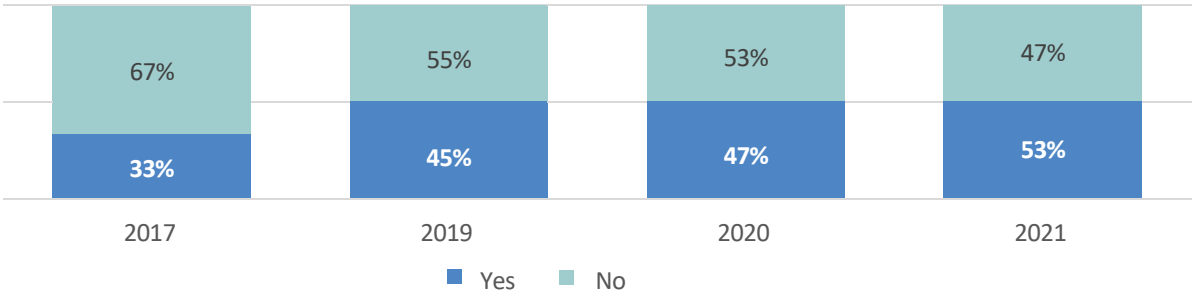
When asked where they would most likely go if they or a family member needed mental health services, respondents were most likely to say a doctor (26.2% of answering respondents) or hospital (16.1%). Other responses are listed on the table below.

Where would you go for mental health services?			
	# of responses	% of responses	% of ALL respondents
Doctor	122	26.2%	20.3%
Hospital	75	16.1%	12.5%
Counselor	42	9.0%	7.0%
Mental health provider	39	8.4%	6.5%
Coleman	23	4.9%	3.8%
Crisis Center	21	4.5%	3.5%
Internet search	17	3.7%	2.8%
CommQuest	17	3.7%	2.8%
County Health Dept.	15	3.2%	2.5%
Minister	13	2.8%	2.2%
Phoenix Rising	13	2.8%	2.2%
Stark County Board of DD	10	2.2%	1.7%
Health insurance policy	9	1.9%	1.5%
StarkMHAR	8	1.7%	1.3%
Quest	7	1.5%	1.2%
Crisis hotline	6	1.3%	1.0%
Phone for information	5	1.1%	0.8%
Other	23	5.0%	3.8%
	465	(n=465)	(n=600)

Question: *If you or a member of your family were in need of mental health services, where are you most likely to go?*

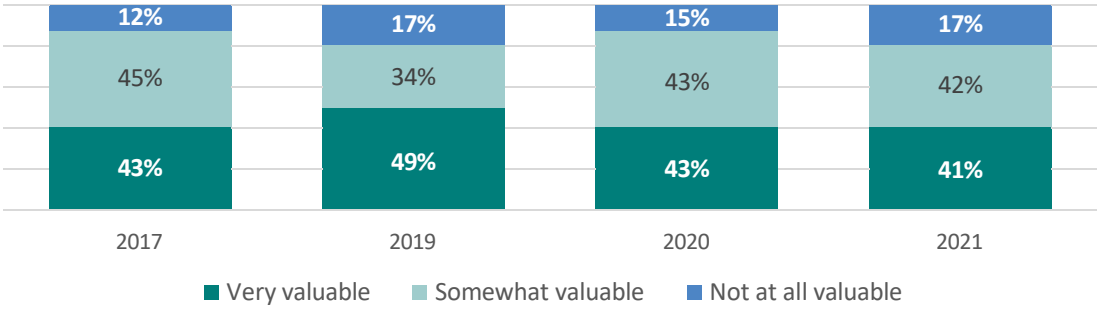
Over half (52.7%) reported having discussed mental health issues with their health care provider, an increase from 46.8% in 2020. Groups of respondents more likely to discuss mental health issues with their healthcare providers include females and those with children in the home. Of those who have discussed mental health with their health care provider, the majority, (82.9%), found the discussion to be valuable with 41.0% reporting the discussion to be very valuable and another 41.9% reporting that it was somewhat valuable.

Healthcare Provider Discuss Mental Health



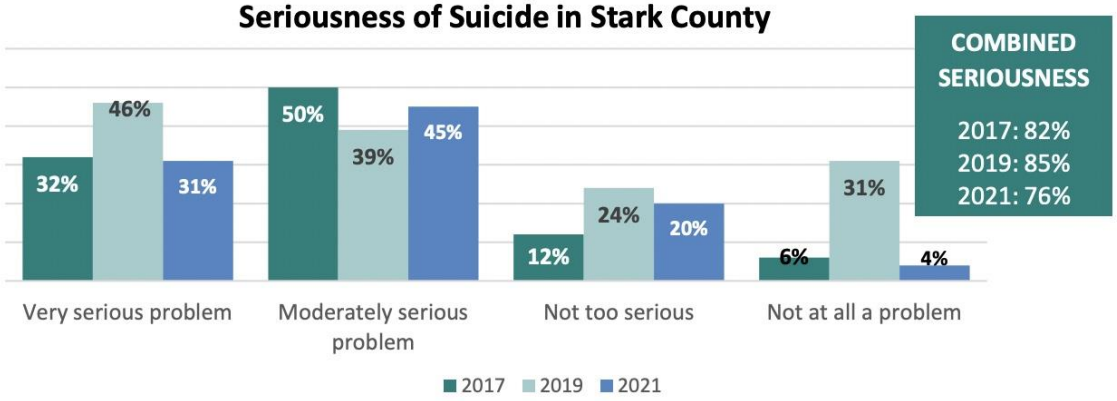
Value of Mental Health Discussion

(Of those who discussed mental health with provider)



Respondents were asked to rate the seriousness of suicide in Stark County. Nearly a third (31.0%) said it was a very serious problem while nearly half (45.4%) said it was moderately serious. Groups that were more likely to rate suicide as a serious problem include non-White respondents and those with incomes below $25,000 per year.

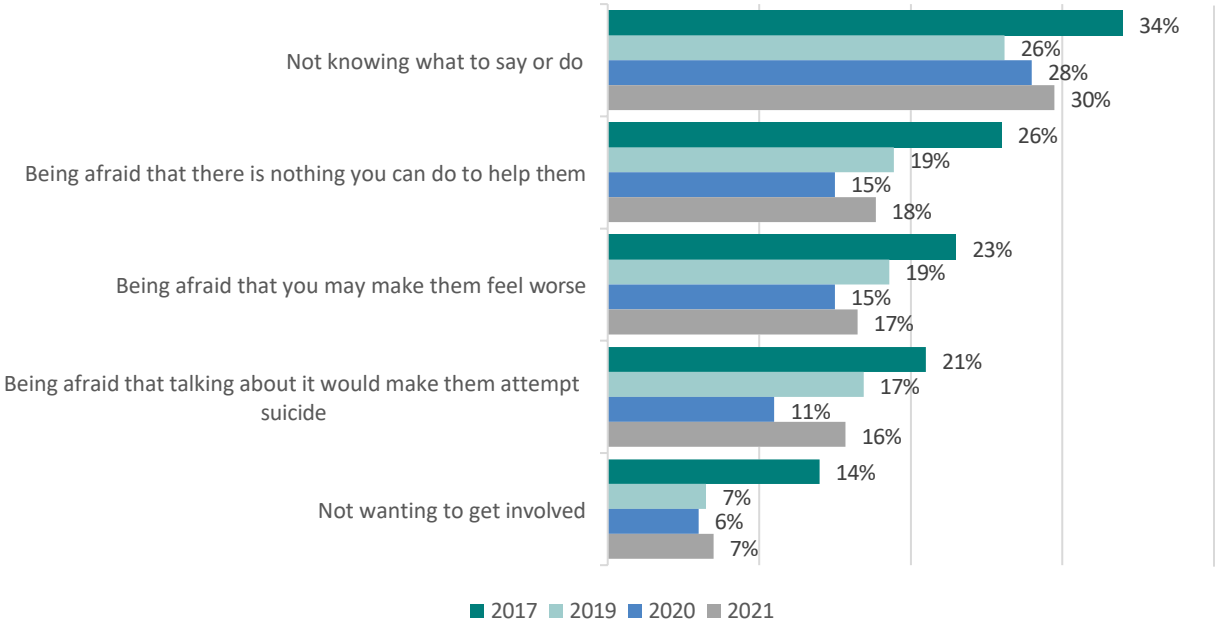
Seriousness of Suicide in Stark County



Respondents were read a list of five barriers and asked if any of the barriers would prevent them from helping someone close to them who was thinking about suicide.

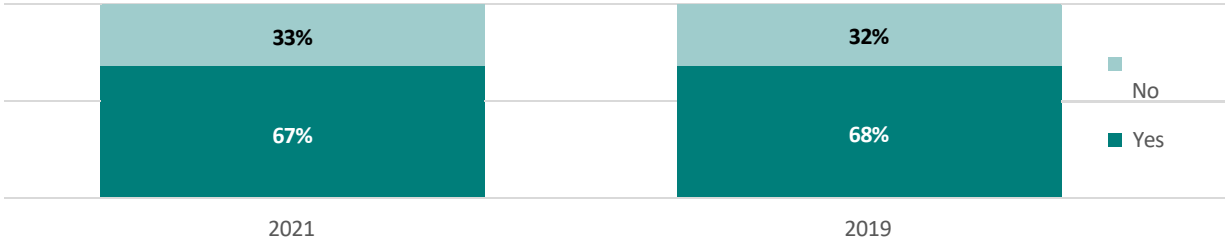
- The most common barrier was ***not knowing what to say or do***, with 29.5% of respondents naming this as a barrier, a slight increase from 27.6% in 2020.
- More than one-sixth of respondents, (17.7%), reported that ***being afraid that there is nothing they could do to help a person*** would stop them from helping someone considering suicide, a slight increase from 15.3% in 2020.
- Slightly fewer, (16.5%), reported that ***being afraid that they would make the person feel worse*** would stop them from helping someone considering suicide. This was also a slight increase from 2020 when 16.5% named this as a barrier.
- More than one-tenth of respondents, (15.7%), reported that ***being afraid that talking about it would make the person attempt suicide*** would stop them from helping someone considering suicide, an increase from 11.2% in 2020.
- Just 7.0% of respondents reported that ***not wanting to get involved*** would stop them from helping someone considering suicide, a slight increase from 5.6% in 2020. Groups most likely to indicate this was a barrier include males and those ages 18-44.

Barriers to Helping Someone Thinking about Suicide



Two thirds of respondents (66.6%) said they know where to go if a friend or family member was thinking about suicide. When asked to say where they would go, more than a third (38.0%) said a suicide prevention hotline. More than one in ten said a crisis center (15.7%) and a hospital ER (11.3%). Other responses are outlined in the table below.

Know Where to Go if Friend/Family Thinking about Suicide



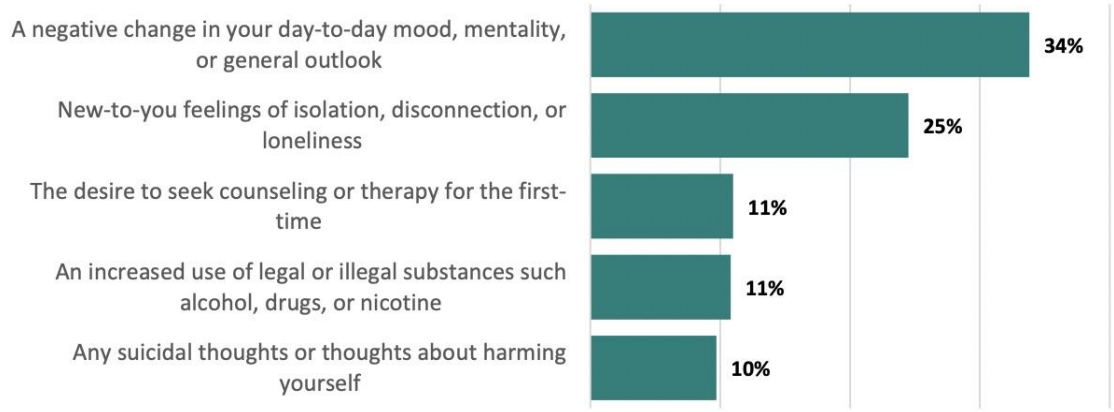
Where would you go for suicide prevention?			
	# of responses	% of responses	% of ALL respondents
Suicide prevention hotline	145	38.0%	24.2%
Crisis Center	60	15.7%	10.0%
Hospital ER	43	11.3%	7.2%
Doctor	17	4.5%	2.8%
Internet search	16	4.2%	2.7%
Family/Friend/Myself	15	3.9%	2.5%
First responder	11	2.9%	1.8%
Call 911	11	2.9%	1.8%
Minister	10	2.6%	1.7%
Counselor	8	2.1%	1.3%
County Health Dept.	8	2.1%	1.3%
Mental health facility	8	2.1%	1.3%
Coleman	7	1.8%	1.2%
CommQuest	6	1.6%	1.0%
Other	17	4.5%	2.8%
	465	(n=382)	(n=600)

When asked what might increase the risk of a suicide attempt, the most commonly given responses were social isolation (16.2%), major life loss (15.2%), and no support system (14.0%). Other responses are listed in the table below.

What do you think would increase a person's risk of attempting suicide?			
	# of responses	% of responses	% of ALL respondents
Social isolation	82	16.2%	13.7%
A major loss in their life	77	15.2%	12.8%
No support system	71	14.0%	11.8%
Depression	58	11.5%	9.7%
Financial struggles	40	7.9%	6.7%
Stress	34	6.7%	5.7%
Unrelenting hardship	34	6.7%	5.7%
Drug/Alcohol abuse	33	6.5%	5.5%
Feeling of hopelessness	22	4.3%	3.7%
Not knowing help is available	17	3.4%	2.8%
Bullying	16	3.2%	2.7%
Mental disorders	15	3.0%	2.5%
Access to lethal means	7	1.4%	1.2%
	506	(n=506)	(n=600)

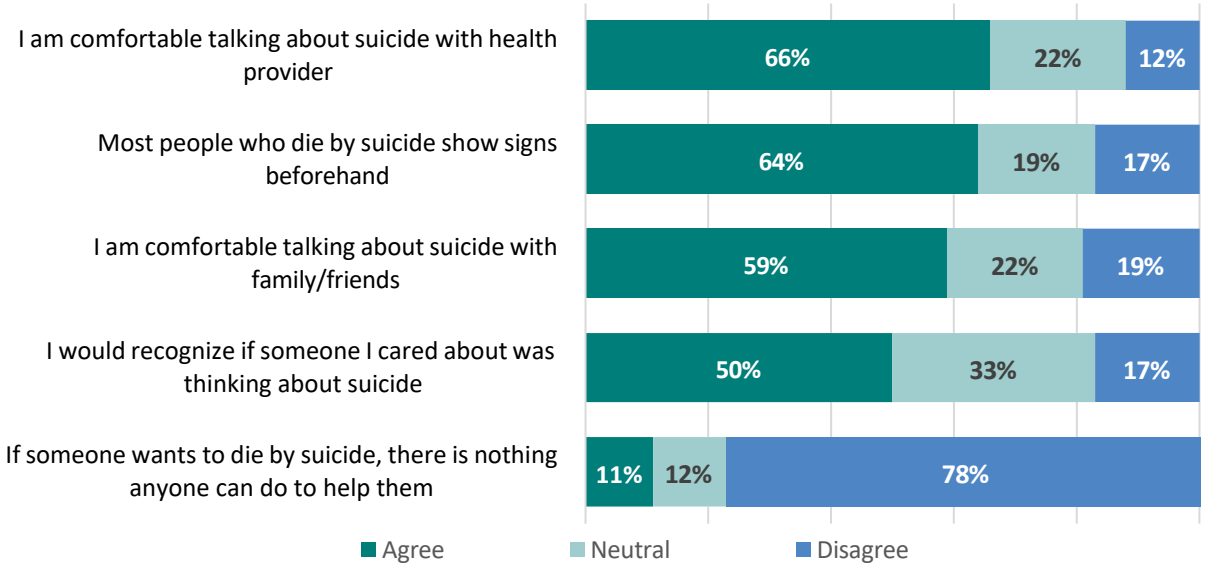
About a third of respondents, (33.8%), reported a negative change in their day-to-day mood, mentality, or general outlook in the past year. About a quarter, (24.5%), reported new feelings of isolation, disconnection, or loneliness. About one in ten reported feeling the desire to seek counseling or therapy for the first time (11.0%), increased use of legal or illegal substances (10.8%), and suicidal thoughts or thoughts about harming themselves (9.7%).

Experiences in the Past Year



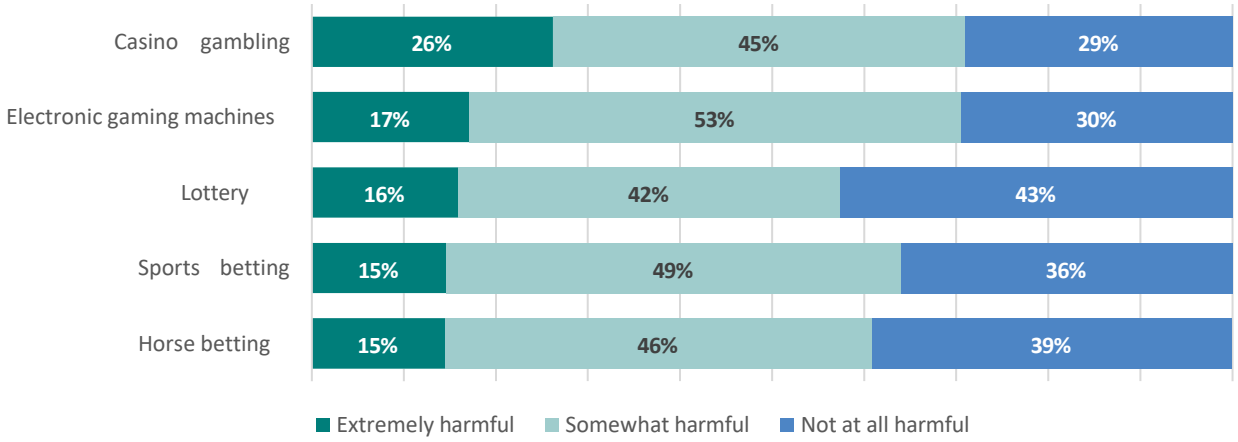
Two-thirds, (66%), of respondents agreed they are comfortable talking about suicide with their health provider. Slightly less, (64%), agreed that most people who die by suicide show signs beforehand. More than half, (59%), agreed that they are comfortable talking about suicide with family/friends. Half, (50%), agreed they would recognize if someone they cared about was thinking about suicide. Significantly less, (11%), agreed that if someone wants to die by suicide, there is nothing anyone can do to help them.

Agreement with Statements



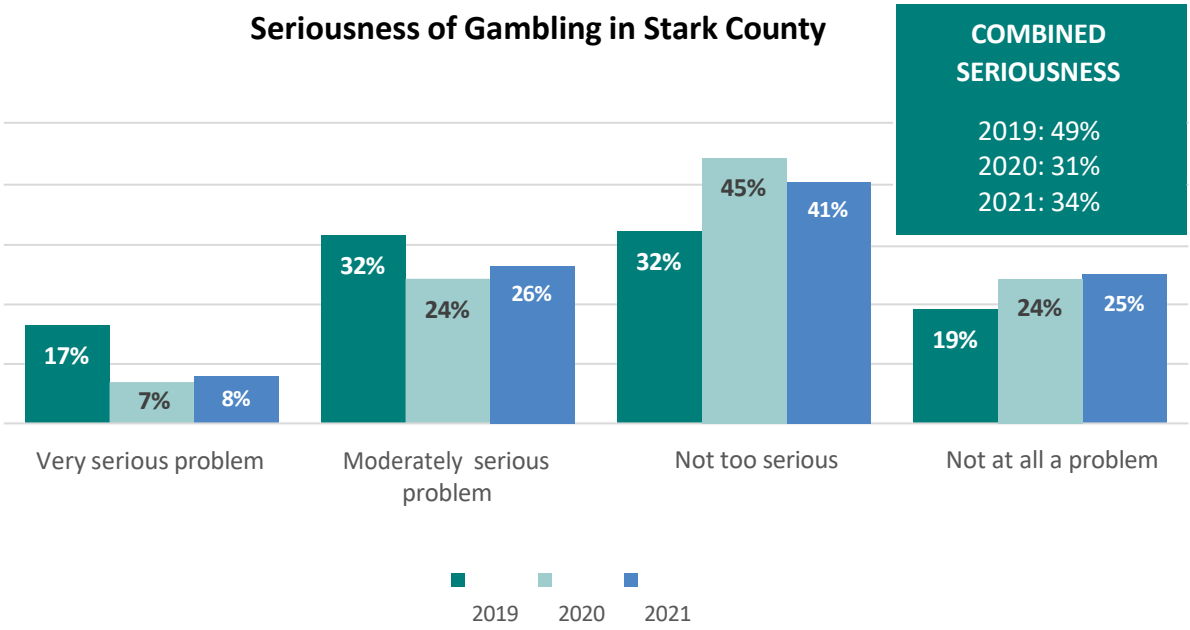
Respondents were asked to rate the harmfulness of five gambling activities. The activity that was rated extremely harmful most often was casino gambling (26.2%). Fewer than one in five respondents rated the remaining activities as extremely harmful.

Harmfulness of Gambling Activities



When asked how serious a problem gambling is in Stark County, about a third, (34.3%) felt it was a serious problem with just 7.9% reporting that gambling was a very serious problem. This was a slight increase from the previous year when 31.2% indicated that gambling in the county was a serious problem. In 2021, one-quarter of respondents (25.0%) said it was not a problem at all. Groups of respondents more likely to indicate that gambling was a serious problem in the county include those with an annual income under $50,000 and respondents with children in the home.

Seriousness of Gambling in Stark County



When asked where they would go if they or someone they knew were struggling with a gambling addiction or how much they gamble, the most common responses were Gambler's Anonymous (33.0% of answering respondents) and a hotline (20.9%). Other places respondents would go for help include the internet (12.1%), psychologist (6.9%), church (4.2%), mental health provider (4.2%), rehabilitation center (4.2%), and friends or family (3.9%).

Where would you go for Gambling Issue?			
	# of responses	% of responses	% of ALL respondents
Gamblers Anonymous	101	33.0%	16.8%
Hotline	64	20.9%	10.7%
Internet	37	12.1%	6.2%
Psychologist	21	6.9%	3.5%
Church	13	4.2%	2.2%
Mental health provider	13	4.2%	2.2%
Rehabilitation Center	13	4.2%	2.2%
Friends/Family	12	3.9%	2.0%
Speak with person first	7	2.3%	1.2%
Family doctor	6	2.0%	1.0%
Ohio Lottery program	6	2.0%	1.0%
Mental Health services in Stark County	4	1.3%	0.7%
Phone call	3	1.0%	0.5%
Hospital	2	0.7%	0.3%
MISCELLANEOUS	4	1.3%	0.7%
	306	(n=306)	(n=600)

Question: *Where would you go if you or someone you know is struggling with a gambling addiction or how much they gamble?*

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

Mental Health Providers											
	2017		2018		2019		2020		2021		Change
	# of Provider	Ratio	# of Provider	Ratio	# of Provider	Ratio	# of Provider	Ratio	# of Provider	Ratio	
Stark County	814	460:1	888	420:1	1,039	360:1	1,093	340:1	1,154	320:1	**+41.7%**
Ohio	-	560:1	-	470:1	-	410:1	-	380:1	-	350:1	-

SOURCE: County Health Ranking. Original Source: HRSA Area Resource File. http://www.countyhealthrankings.org

The number of adults and children receiving behavioral health assistance increased steadily over the past five years (9% increase for adults and 7% increase for children).

Number of Stark County Behavioral Health Clients						
	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	Change
Adults	13,434	13,835	13,350	14,536	14,595	+8.6%
Children	5,346	5,453	5,598	5,614	5,731	+7.0%

SOURCE: Stark County Mental Health and Addiction Recovery

The top three mental health diagnoses for adults in Stark County in 2020 was depressive disorders, bipolar disorders, and anxiety disorders. The top three mental health diagnoses for children were adjustment disorders, anxiety disorders and depressive disorders.

Top 10 Diagnostic Groups, SFY 2020		
	Adults	Children
Depressive Disorders	4,775	1,139
Bipolar Disorders	2,736	424
Anxiety Disorders	2,591	1,351
Post-Traumatic Stress Disorders	1,885	606
Schizophrenia/Other Psychotic Disorders	1,453	-
Opioid Use Disorders	1,346	-
Alcohol Induced Disorders	944	-
Substance Induced Disorders	824	-
Adjustment Disorders	757	2,318
Personality Disorders	547	-
Cannabis Use Disorders	-	94
Conduct Disorders	-	1,082
Attention-Deficit/Disruptive Disorders	-	998
Pervasive Developmental Disorders	-	140
TOTAL	**17,858**	**8,152**
SOURCE: Stark County Mental Health and Addiction Recovery		

The suicide death rate in Stark County has decreased over the last five years from 18.8 to 15.3. The suicide death rate in Stark County is still higher than the state of Ohio. The age groups with the largest increase in suicide death rates were 55 to 64 and 85 and over.

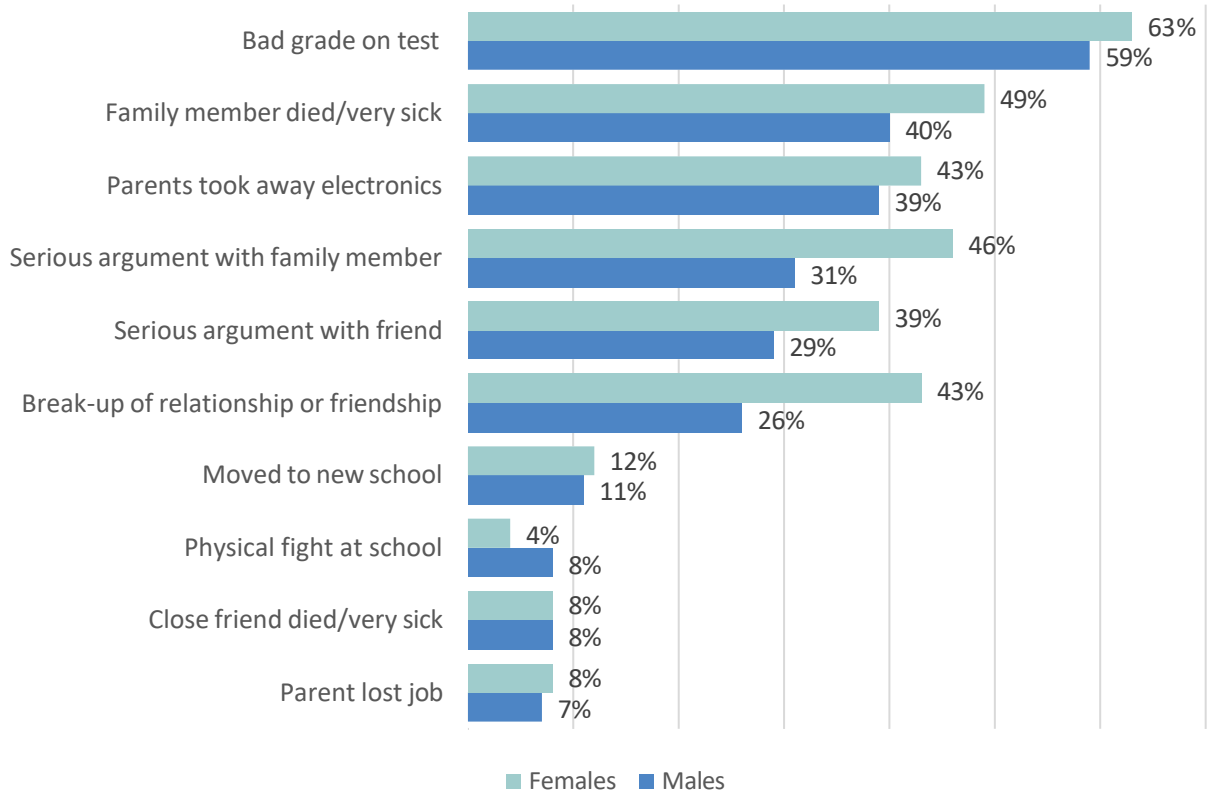
Suicide Death Rate						
	2017	2018	2019	2020	2021	Rate Change
Stark County	18.8	19.1	19.7	14.1	15.3	**-3.5**
Ohio	14.9	15.7	15.5	15.5	15	**0.1**
Stark County Suicide Death Rate by Age Group						
5-14	2.2	9	2.3	2.3	0	**-2.2**
15-24	23.6	32.6	24.3	15.7	0	**-23.6**
25-34	38.5	36	31.1	35.5	22.4	**-16.1**
35-44	19.2	31	33.3	9.4	24.4	**5.2**
45-54	12.2	12.6	17.3	17.8	23.6	**11.4**
55-64	16.6	16.7	16.9	19	33.3	**16.7**
65-74	35.1	14.7	26.2	11.6	16.2	**-18.9**
75-84	19.2	4.6	18.1	9	26.9	**7.7**
85+	0	10.2	10.2	0	16.1	**16.1**
SOURCE: Ohio Department of Health, Data Warehouse						

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 the average number of days a county's adult respondents report that their mental health was not good. The average number of poor mental health days was slightly higher for in Stark County than the state and has increased more rapidly in the past five years.

Number of Poor Mental Health Days						
	2015	2016	2017	2018	2019	Change
Stark County	4.0	4.1	4.1	5.0	5.3	+1.3
Ohio	4.0	4.3	4.3	4.8	5.2	+1.2
SOURCE: County Health Rankings						

YOUTH SURVEY

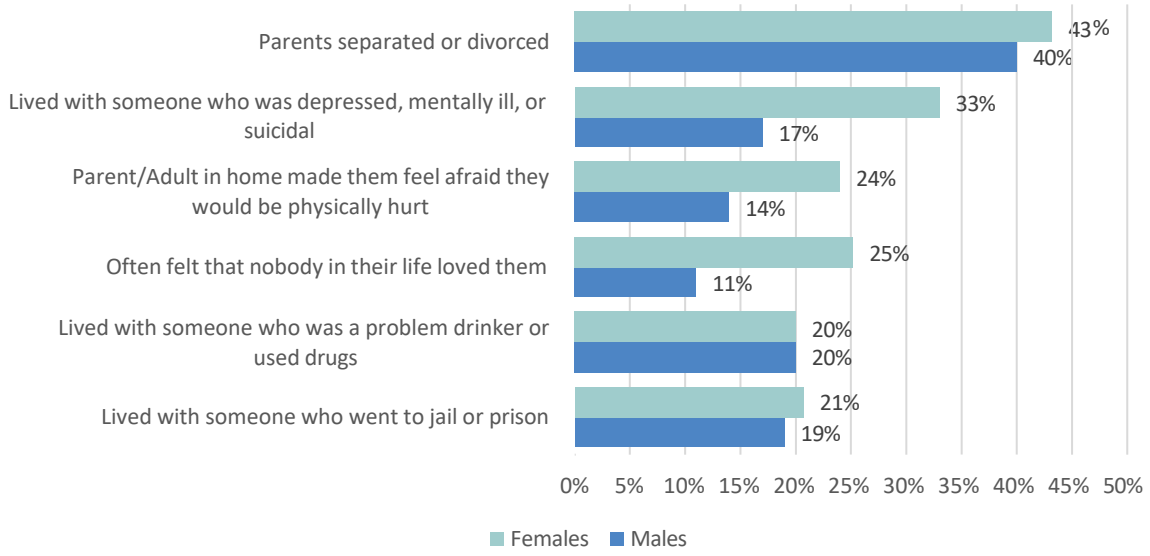
The graph below shows the negative life experiences that Stark County students have experienced during the past 12 months. For nine of the ten life experiences included below the percentage of female students who reported experiencing each was higher than the percentage of male students. The most common negative life experiences were getting a bad grade on a test, having a family member who died or were very sick, parents taking away electronics, and a serious argument with a family member or friend.



Source: 2021 Northeast Ohio Youth Health Survey

The graph below shows the most common adverse life experiences that Stark County students have experienced during their lifetime. For all six life experiences included below the percentage of female students who reported experiencing each was higher than the percentage of male students. The most common adverse life experiences were that their parents are separated or divorced and that they live with someone who was depressed, mentally ill, or suicidal.

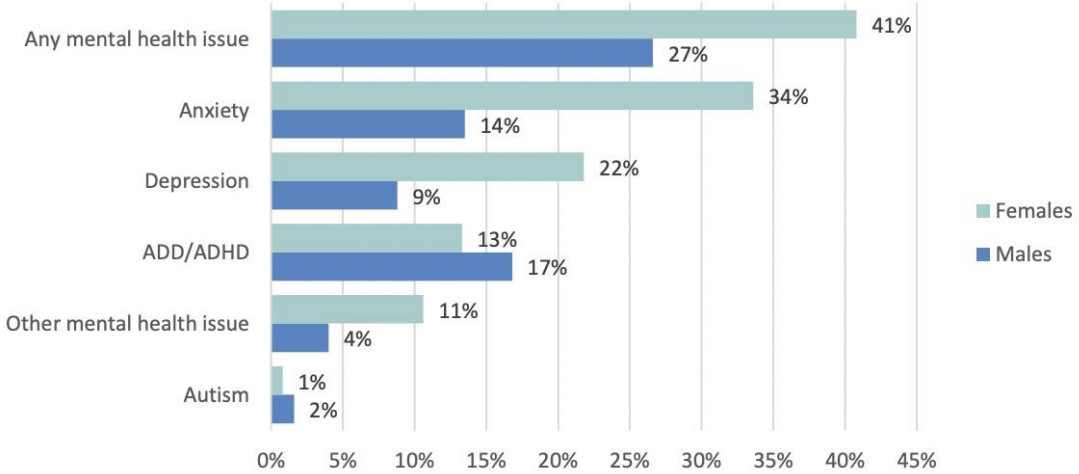
Youth: Adverse Life Experiences



Source: 2021 Northeast Ohio Youth Health Survey

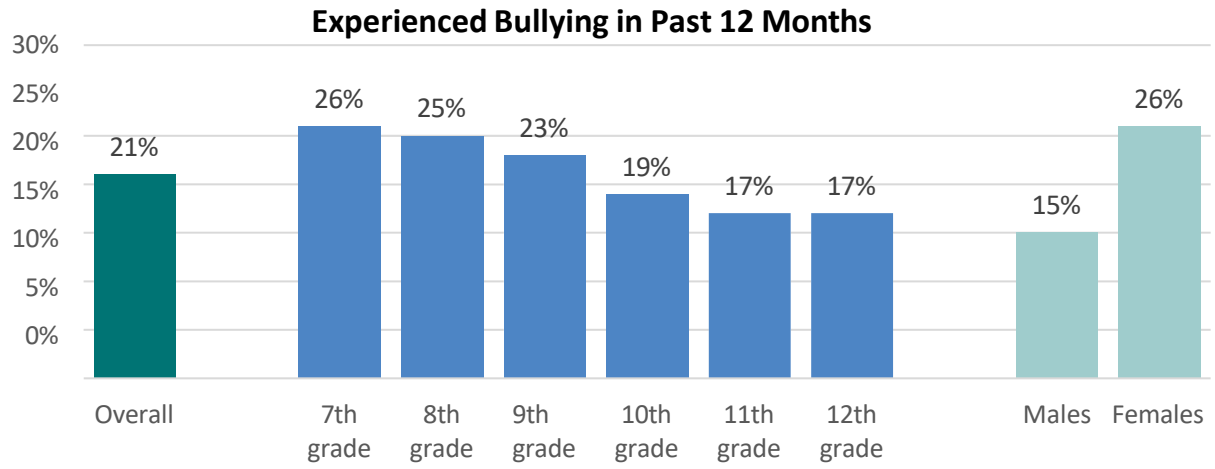
More than a third of students, (34.5%), reported they have been told by a health care professional they had a mental health issue before the current school year. The most common mental health issues for female students were anxiety and depression. For male students, the most common issues were ADD/ADHD and anxiety.

Youth: History of Mental Health Issues



Source: 2021 Northeast Ohio Youth Health Survey

More than one in five, (21%), middle and high school students reported experiencing bullying sometime in the past 12 months. Significantly more female students then male students reported being bullied in the past 12 months. Also, the younger the student, the more likely they were to have been a victim of bullying in the past year.

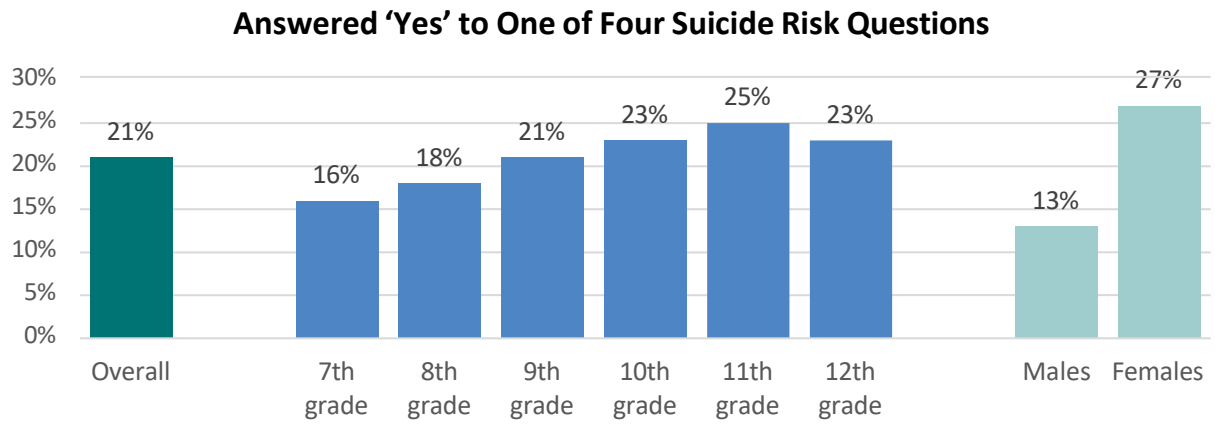


Source: 2021 Northeast Ohio Youth Health Survey

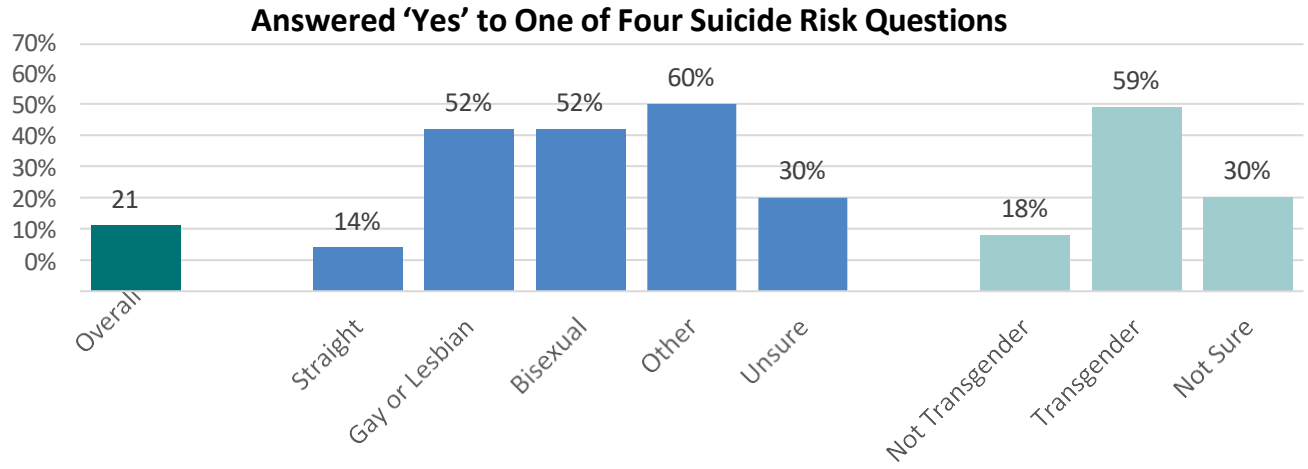
More than one in five, (21%), middle and high school students answered yes to one of these four questions regarding Youth Suicide Risk:

1. In the past few weeks, have you wished you were dead?
2. In the past few weeks, have you felt that you or your family would be better off if you were dead?
3. In the past week, have you been having thoughts about killing yourself?
4. Have you ever tried to kill yourself?

Female students were more than twice as likely as male students to answer yes to one of these questions. Additionally, high school students were more likely than middle school students to answer yes to one of these questions. In terms of sexual orientation and gender identity, gay or lesbian and bisexual students were four times as likely to answer yes to one of the four questions than straight students. Likewise, transgender students were four times as likely than non-transgender students to answer yes to one of the four suicide risk questions.



Source: 2021 Northeast Ohio Youth Health Survey



Source: 2021 Northeast Ohio Youth Health Survey

ISSUE 5: OBESITY AND HEALTHY LIFESTYLE CHOICES

COMMUNITY LEADER SURVEY

Community leaders were also asked what challenges they feel people in the community face when trying to maintain a healthy lifestyle. This was an open-ended question in which the respondent could give multiple responses. The most common responses mentioned were having access to healthy food, (44%); affordability, (38%); safe outdoor green space, (28%); health literacy, (20%) (information overload); time, (14%) (busy schedules); transportation, (11%); social determinants, (11%), and motivation, (11%).

"I think there are a lack of opportunities for people to have somewhere safe within walking distance to exercise. Also, childcare for people who would like to exercise. I also believe that it is difficult for people to 'add' one more thing so helping to integrate healthy lifestyles into everyday living would be helpful.

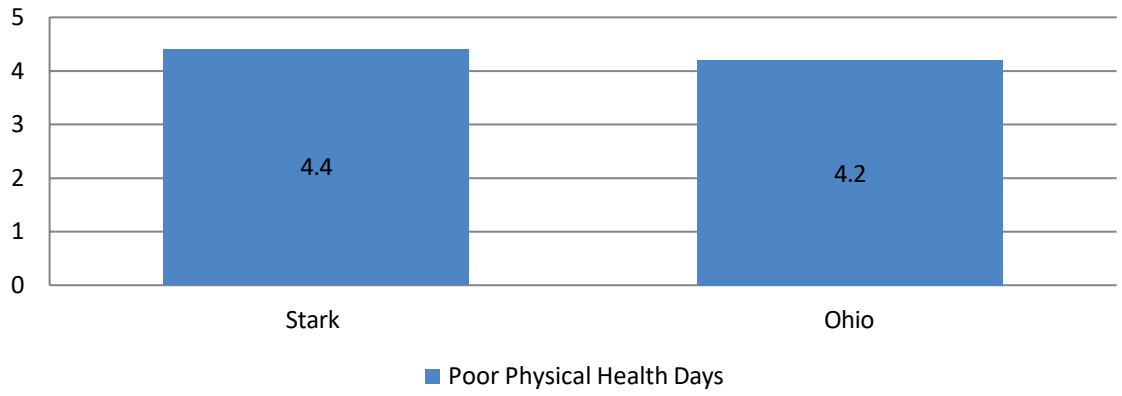
Respondent on challenges residents face maintaining healthy lifestyle

Challenges that keep people from being healthy		
	# Responses	% of Leaders
Nutritious food to buy and prepare	49	44.1%
Affordability	42	37.8%
Safe outdoor green space	31	27.9%
Health Literacy	22	19.8%
Time	15	13.5%
Transportation	12	10.8%
Social determinants	12	10.8%
Motivation	12	10.8%
Indoor facility for physical activity	10	9.0%
Support system	10	9.0%
Health problems	7	6.3%
Social norms	6	5.4%
Ability to see healthcare worker	5	4.5%
Scheduled activities	5	4.5%
Childcare	3	2.7%
Total	**244**	**(n=109)**

SECONDARY DATA ANALYSIS

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

Number of Poor Physical Health Days, 2019



Number of Poor Physical and Mental Health Days					
	Poor Physical Health Days				
	2015	2016	2017	2018	2019
Stark County	3.8	3.9	3.8	4.3	4.4
Ohio	3.7	4.0	3.9	4.1	4.2
SOURCE: County Health Ranking. Original Source: The Behavioral Risk Factor Surveillance System (BRFSS)					

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

Percentage of Adults Physically Inactive						
	2015	2016	2017	2018	2019	Change
Stark County	26%	27%	28%	NA 2018 data not available	28%	**+2%**
Ohio	25%	26%	26%		28%	**+3%**
SOURCE: County Health Rankings						

More than a third of adults in both Stark County and Ohio have a BMI of 30 or more. Once again, the percentage of obese adults has increased slightly over the past several years.

Adult Obesity - Percentage of Adults that Report a BMI of 30 or More						
	2015	2016	2017	2018	2019	Change
Stark County	32%	35%	37%	NA 2018 data not available	34%	**+2%**
Ohio	32%	32%	34%		35%	**+3%**
SOURCE: County Health Rankings						

The table below represents the percentage of population with adequate access to locations for physical activity. Locations for physical activity are defined as parks or recreational facilities. The percentage of the population with access to exercise opportunities has been decreasing and is now significantly lower than the state.

Access to Exercise Opportunities- % of Population with Access to Locations for Physical Activity						
	2013	2014	2016	2018-2019	2020-2021	Change
Stark County	81%	80%	84%	80%	68%	**-13%**
Ohio	83%	83%	85%	84%	77%	**-6%**
SOURCE: County Health Rankings. Original Source: Business Analyst, Delorme map data						

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 0 (worst) to 10 (best). The Food Environmental Index is slightly better in Stark County than Ohio.

Food Environment Index						
	2015	2016	2017	2018	2019	Change
Stark County	7.3	7.4	7.3	7.4	7.4	**+0.3%**
Ohio	6.6	6.7	6.7	6.8	6.8	**-0.2%**
SOURCE: County Health Rankings						

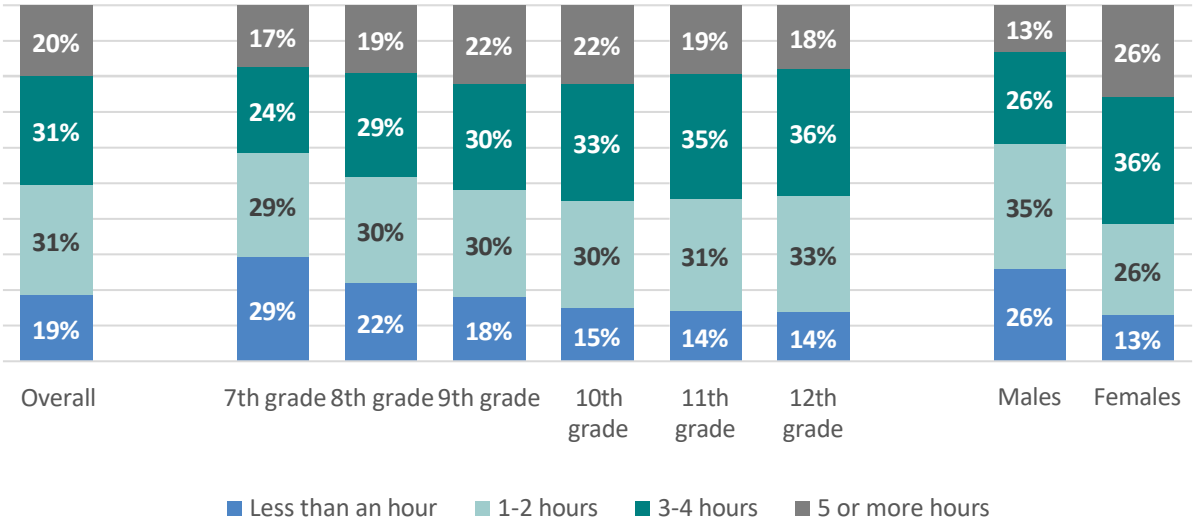
Stark County has nearly the same percentage of the population who are food insecure or do not have access to a grocery store than the state.

Food Insecurity Rate				
	2017	2018	2019	Change
Stark County	14.2%	13.5%	13.4%	**-0.8%**
Ohio	14.5%	13.9%	13.2%	**-1.3%**
Source: Feeding America, Map the Meal Gap				

YOUTH SURVEY

All youth were asked about how many hours on an average school day that they spend on social media. Less than one in five, (19%), reported spending less than an hour a day on social media. More than half, (51%), spend 3 or more hours a day on social media on an average school day. Females were more likely than males to spend 3 or more hours a day on social media. 10th-12th graders also tended to spend more time on social media than younger students.

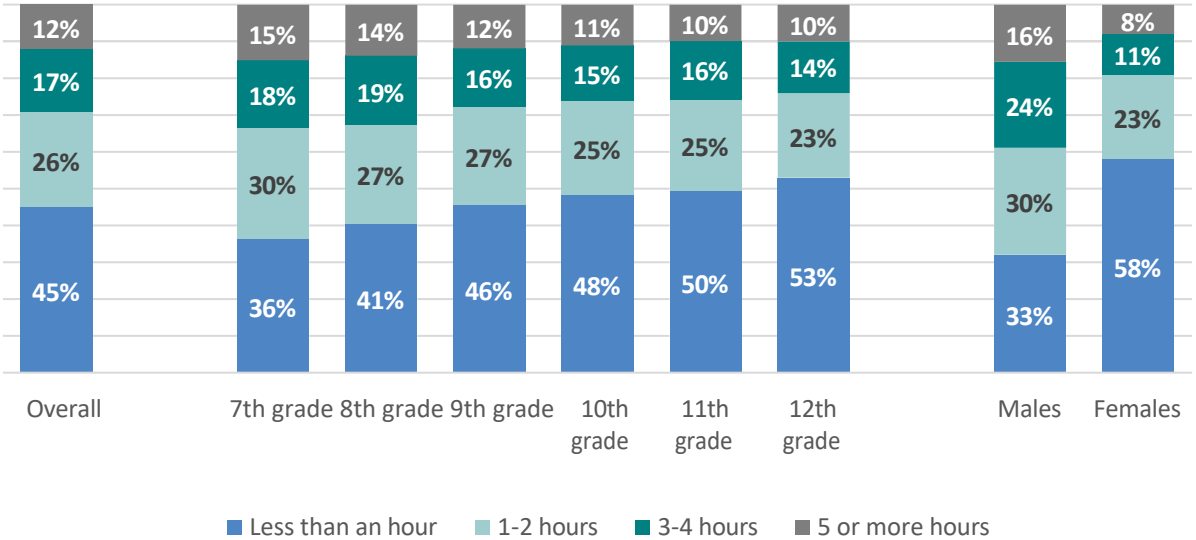
YOUTH: Time spent on social media *(on average school day)*



Source: 2021 Northeast Ohio Youth Health Survey

All youth were also asked about how many hours on an average school day they spend on video games. Less than half, (45%), reported spending less than an hour a day on video games. More than one-quarter, (29%), spend 3 or more hours a day on video games on an average school day. Males were more likely than females to spend 3 or more hours a day on video games. 7th and 8th graders also tended to spend more time on video games than older students.

YOUTH: Time spent on video games *(on average school day)*



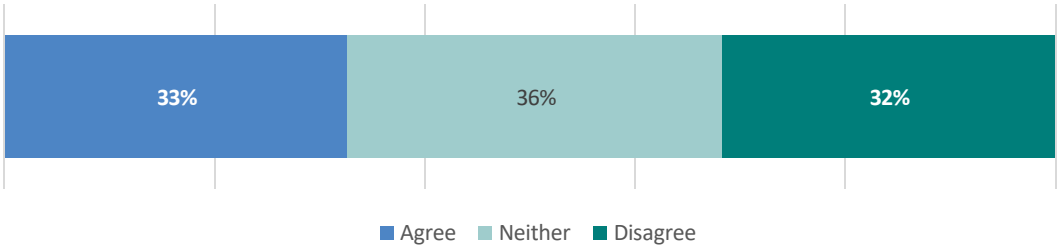
Source: 2021 Northeast Ohio Youth Health Survey

OTHER ISSUES: ORAL HEALTH

COMMUNITY LEADER SURVEY

Less than a third of community leaders who were surveyed, (33%), agreed that *"Residents in Stark County are able to access a dentist when needed"* with 4% strongly agreeing. Nearly a third, (32%), disagreed.

Residents are able to access a dentist when needed



SECONDARY DATA ANALYSIS

The ratio below represents the population per dentist in the county. The ratio of population per number of dentists has been slightly improving over the past five years in both the county and the state. Currently, the ratio for the county is slightly better than the ratio for the state.

Ratio of Population per Dentists

	2016		2017		2018		2019		2020		% Change
	# of Dentists	Ratio	# of Dentists	Ratio	# of Dentists	Ratio	# of Dentists	Ratio	# of Dentists	Ratio	
Stark County	238	1,570:1	236	1,580:1	233	1,590:1	240	1,540:1	239	1,550:1	**+0.4%**
Ohio	-	1,660:1	-	1,620:1	-	1,610:1	-	1,560:1	-	1,570:1	-

SOURCE: County Health Ranking. Original Source: HRSA Area Resource File. http://www.countyhealthrankings.org/

OTHER ISSUES: SMOKING/TOBACCO USE

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. Nearly a quarter of adults in Stark County currently smoke, a 4% increase over the past five years. The percentage of adults who smoke is higher in Stark County than it is in the state.

Percent of Adults that Currently Smoke

	2015	2016	2017	2018	2019	Change
Stark County	19%	20%	19%	24%	23%	**+4.0%**
Ohio	22%	23%	21%	21%	22%	**0.0%**

SOURCE: County Health Rankings

OTHER ISSUES: COMMUNICABLE DISEASES, VACCINATIONS AND PREVENTION SERVICES

SECONDARY DATA ANALYSIS

Communicable disease rates tended to be higher for the majority of communicable diseases in Stark County when compared to the state of Ohio (with the exception of E-coli, Hepatitis A, Salmonellosis, and Streptococcal).

Communicable Disease Rates, 2019

	Stark County		Ohio		Difference per 100,000
	Case Count	Rate per 100,000	Case Count	Rate per 100,000	
Campylobacteriosis	89	24.0	2,438	20.9	**-3.1**
Cryptosporidiosis	52	11.3	664	5.9	**-5.4**
E-coli	14	3.8	591	5.1	**+1.3**
Giardiasis	19	5.1	451	3.9	**-1.2**
Hepatitis A	9	2.4	1,624	13.9	**+11.5**
Hepatitis E	0	0.0	0	0.0	**0**
Influenza associated hospitalizations	437	117.9	10,886	93.1	**-24.8**
Lyme Disease	18	4.9	460	3.9	**-1.0**
Mumps	1	0.3	69	0.6	**+0.3**
Salmonellosis	44	11.9	1,600	13.7	**+1.8**
Shigellosis	25	6.7	425	3.6	**-3.1**
Spotted Fever, Rickettsiosis	1	0.3	49	0.4	**+0.1**
Streptococcal, Group A, invasive	16	4.3	780	6.7	**+2.4**
Streptococcal pneumoniae, invasive	34	9.2	1,273	10.9	**+1.7**
Varicella	24	6.5	413	3.5	**+3.0**
Yersiniosis	3	0.8	112	1.0	**+0.2**

SOURCE: Ohio Department of Health, Rate=per 100,000 population, number of cases is confirmed and probable

Communicable disease rates that have risen significantly over the past four years include Influenza associated hospitalizations (63.8 increase) and Shigellosis (5.1 increase).

Communicable Disease Counts and Rates, Stark County, 2016-2019

	2016		2017		2018		2019		Change
	#	Rate	#	Rate	#	Rate	#	Rate	
ENTERIC DISEASES									
Campylobacteria	82	21.9	88	23.6	85	22.9	89	24.0	**+2.1**
Cryptosporidiosis	46	12.3	32	8.6	32	8.6	42	11.3	**-1.0**
E-coli, unspecified	9	2.4	8	2.1	16	4.3	14	3.8	**+1.4**
Giardiasis	23	6.2	17	4.6	18	4.8	19	5.1	**-1.1**
Listeriosis	1	0.3	1	0.3	1	0.3	2	0.5	**+0.2**
Salmonellosis	44	11.8	39	10.5	61	16.4	44	11.9	**+0.1**
Shigellosis	6	1.6	25	6.7	23	6.2	25	6.7	**+5.1**
Yersiniosis	3	0.8	3	0.8	3	0.8	3	0.8	**0**
HEPATITIS									
Hepatitis A	1	0.3	0	0.0	0	0.0	9	2.4	**+2.1**

Hepatitis E	0	0.0	0	0.0	0	0.0	0	0.0	**0**
VACCINE PREVENTABLE DISEASES									
Influenza-associated hosp.	202	54.1	458	122.9	540	145.3	437	117.9	**+63.8**
Pertussis	21	5.6	23	6.2	31	8.3	21	5.7	**+0.1**
Varicella	28	7.5	15	4.0	15	4.0	24	6.5	**-1.0**
VECTORBORNE AND ZOONOTIC									
Lyme Disease	8	2.1	10	2.7	14	3.8	18	4.9	**+2.8**
Malaria	0	0.0	0	0.0	0	0.0	0	0.0	**0**
OTHER REPORTABLE DISEASES									
Legionnaire's	18	4.8	14	3.8	32	8.6	23	6.2	**+1.4**
Meningitis (viral)	28	7.5	38	10.2	43	11.6	17	4.6	**-2.9**
Streptococcal, Group A	11	2.9	21	5.6	25	6.7	16	4.3	**+1.4**
TSS- Toxic Shock Syndrome	0	0.0	0	0.0	0	0.0	0	0.0	**0**
Streptococcus pneumoniae	47	12.6	51	13.7	37	10.0	34	9.2	**-3.4**

SOURCE: Ohio Department of Health
Rate=per 100,000 population, number of cases is confirmed and probable

Preventable hospital stays are measured as the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees. Ambulatory-care sensitive conditions (ACSC) are usually addressed in an outpatient setting and do not normally require hospitalization if the condition is well-managed. Hospitalization for diagnoses treatable in outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal. The measure may also represent a tendency to overuse hospitals as a main source of care. Over the past four years, the number of preventable hospital stays has decreased by more than 14% in both the county and the state.

Preventable Hospital Stays					
	2016	**2017**	**2018**	**2019**	**Change**
Stark County	4,336	4,100	4,008	3,710	**-14.4%**
Ohio	5,135	5,168	4,901	4,338	**-15.5%**

SOURCE: County Health Rankings

Mammography screening represents the percent of female Medicare enrollees aged 67-69 that had at least one mammogram over a two-year period. Less than half, 45%, of female Medicare enrollees ages 67-69 reported having a mammogram in the past two years.

Mammography Screening					
	2016	**2017**	**2018**	**2019**	**Change**
Stark County	42%	43%	44%	45%	**+3%**
Ohio	41%	43%	43%	45%	**+4%**

SOURCE: County Health Rankings

OTHER ISSUES: CHRONIC DISEASE MANAGEMENT

SECONDARY DATA ANALYSIS

The number of resident deaths in both Stark County and the state has increased by approximately 24% over the past five years. The age group that saw the largest increase in the last five years in Stark County was ages 5 to 14.

Resident Deaths							
	2016	2017	2018	2019	2020	2021	Change
Stark County	4,378	4,478	4,421	4,490	5,286	5,411	**+23.6%**
Ohio	119,574	123,650	124,294	123,705	143,661	147,569	**+23.4%**
STARK COUNTY BY AGE GROUP							
<1	38	38	26	22	31	22	**-42.1%**
1-4	5	4	3	3	2	7	**+40.0%**
5-14	1	6	10	11	7	5	**+400.0%**
15-24	28	49	45	37	36	43	**+53.5%**
25-34	85	88	64	74	82	79	**-7.0%**
35-44	122	96	97	103	109	149	**+22.1%**
45-54	269	223	210	211	270	329	**+22.3%**
55-64	591	577	530	553	648	744	**+25.8%**
65-74	762	842	867	865	1,036	1,186	**+55.6%**
75-84	943	1,063	1,073	1,111	1,391	1,296	**+37.4%**
85+	1,534	1,492	1,496	1,500	1,674	1,551	**+1.1%**

SOURCE: Ohio Department of Health, ODH Data Warehouse

The top two causes of death in Stark County in 2021 were cancer and heart disease. When looking at five-year trends, the causes of death that had the largest increase were heart disease and unintentional injuries.

Death Rates for General Causes of Death *(death per 100,000 population)*												
	Stark County						Ohio					
	2017	2018	2019	2020	2021	Change	2017	2018	2019	2020	2021	Change
Malignant Neoplasms	160.2	153.8	152.5	151.9	159.8	**-0.4**	158.8	145.1	151.2	147.2	148.6	**-11.6**
Diseases of the heart	165.9	171.1	182.7	186.5	167.4	**+1.5**	186.4	191.7	189.2	196.7	196.4	**+30.5**
Alzheimer's Disease	54.3	50.9	51.7	52.5	46.7	**-7.6**	33.6	35.1	33.7	38.0	31.7	**-22.6**
CLRD	53.8	52.2	51.1	44.2	43.0	**-10.8**	48.5	49.1	46.0	44.6	40.6	**-13.2**
Cerebrovascular	42.9	37.4	43.0	40.0	40.8	**-2.1**	42.9	42.8	42.3	45.4	46.4	**+3.5**
Unintentional Injuries	49.1	43.3	52.6	59.6	64.8	**+15.7**	65.1	55.0	58.8	68.3	71.0	**+21.9**
Diabetes	25.0	25.4	22.1	27.7	30.7	**+5.7**	25.2	25.4	25.5	28.3	29.0	**+4.0**
Suicide	18.2	20.2	19.8	14.1	19.3	**-1.1**	14.8	15.3	15.2	13.8	14.6	**-3.6**
Flu & Pneumonia	11.6	14.7	12.6	13.5	9.9	**+1.7**	14.9	15.8	12.7	13.3	10.9	**-0.7**

CLRD- Chronic Lower Respiratory Diseases, SOURCE: Ohio Department of Health, ODH Data Warehouse

Cancer incidence rates were higher in Stark County than Ohio for the following types of cancer: bladder, leukemia, ovarian, and other types. Cancer incidence rates were lower in Stark County than Ohio for colon, breast, kidney, and uterine.

Cancer Incidences in Stark County and Ohio

	Number of Cases				Age Adjusted Rate (2019)	Change
	2016	2017	2018	2019		
STARK COUNTY						
Bladder	152	121	108	136	24.9	**-10.5%**
Brain and other CNS	39	32	29	34	7.6	**-12.8%**
Breast	330	343	318	339	67.3	**+2.7%**
Cervix	20	16	18	18	9.2	**-10.0%**
Colon & Rectum	175	195	162	163	31.5	**-6.8%**
Esophagus	29	20	37	23	4.0	**-20.6%**
Hodgkin's Lymphoma	7	13	10	11	3.0	**+57.1%**
Kidney & Renal Pelvis	85	103	74	70	14.9	**-17.6%**
Larynx	28	21	19	19	3.7	**-32.1%**
Leukemia	43	67	68	78	16.3	**+81.4%**
Liver & Intrahepatic Bile Duct	32	29	34	50	9.2	**+56.2%**
Lung and Bronchus	398	330	332	353	63.0	**-11.3%**
Melanoma of the Skin	122	122	138	131	27.1	**+7.3%**
Multiple Myeloma	36	29	41	25	4.6	**-30.5%**
Non-Hodgkin's Lymphoma	80	108	75	103	20.7	**+28.7%**
Oral Cavity & Pharynx	67	63	59	71	13.9	**+5.9%**
Other Sites/Types	183	188	162	197	37.6	**+76%**
Ovary	21	32	32	35	12.9	**+66.6%**
Pancreas	58	65	93	67	12.5	**+15.5%**
Prostate	255	283	271	317	121.4	**+24.3%**
Stomach	34	30	34	26	4.8	**-23.5%**
Testis	9	13	10	13	7.8	**+44.4%**
Thyroid	43	52	57	56	14.9	**+30.2%**
Uterus	76	77	70	79	28.2	**+3.9%**
TOTAL	**2,322**	**2,352**	**2,251**	**2,414**	**468.1**	**+3.9%**
OHIO						
Bladder	3,201	3,244	3,302	3,318	21.3	**+3.6%**
Brain and Other CNS	935	959	904	931	7.0	**-0.4%**
Breast	9,818	9,956	9,909	10,149	70.1	**+3.3%**
Cervix	491	492	450	499	8.0	**+1.6%**
Colon & Rectum	5,834	5,828	5,819	5,608	37.8	**-3.8%**
Esophagus	823	833	860	931	5.9	**+13.1%**
Hodgkin's Lymphoma	332	330	288	352	3.0	**+6.0%**
Kidney & Renal Pelvis	2,519	2,540	2,529	2,625	17.8	**+4.2%**
Larynx	583	598	547	572	3.7	**-6.1%**
Leukemia	1,677	1,720	1,678	1,712	12.0	**-2.0%**
Liver & Intrahepatic Bile Duct	1,162	1,157	1,162	1,228	7.6	**+5.6%**
Lung and Bronchus	10,001	9,954	10,025	10,134	63.9	**+1.3%**

Cancer Incidences in Stark County and Ohio						
Melanoma of the Skin	3,615	3,406	3,403	3,825	26.7	**+5.8%**
Multiple Myeloma	953	902	920	932	6.0	**-2.2%**
Non-Hodgkin's Lymphoma	2,691	2,777	2,768	2,862	19.3	**+6.3%**
Oral Cavity & Pharynx	1,765	1,843	1,857	1,946	12.9	**+0.2%**
Other Sites/Types	5,124	5,189	5,043	5,254	12.9	**+2.5%**
Ovary	743	775	709	716	9.3	**-3.6%**
Pancreas	1,897	2,008	2,189	2,155	13.8	**+13.6%**
Prostate	7,498	8,391	8,567	9,105	118.9	**+21.4%**
Stomach	891	886	835	811	5.4	**-8.9%**
Testis	295	282	305	312	5.9	**+5.7%**
Thyroid	1,909	1,848	1,838	1,848	14.8	**-3.2%**
Uterus	2,498	2,571	2,469	2,545	31.6	**+1.8%**
TOTAL	**67,255**	**68,489**	**68,376**	**70,370**	**468.0**	**+4.6%**

SOURCE: Ohio Department of Health Data Warehouse

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 decreased over the past five years.

Disability Status by Age						
	2016	2017	2018	2019	2020	Change
Total Population	370,006	369,531	368,713	367,654	366,799	**-0.8%**
% with a Disability	13.3%	13.4%	13.4%	13.4%	13.3%	-
# with a Disability	49,242	49,348	49,462	49,105	48,810	**-0.8%**
# under 5	*48*	*89*	*130*	*127*	*123*	***+156.2%***
#5-17	*3,172*	*3,578*	*3,480*	*3,452*	*3,493*	***+10.1%***
#18-34	*4,924*	*5,165*	*5,065*	*4,956*	*5,299*	***+7.6%***
#35-64	*19,835*	*19,400*	*19,187*	*18,846*	*18,656*	***-5.9%***
#65-74	*7,940*	*8,239*	*8,461*	*8,570*	*8,516*	***+7.2%***
75 years and older	*13,323*	*12,877*	*13,139*	*13,154*	*12,723*	***-4.5%***

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

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 and Canton City had the highest percentage of students with disabilities.

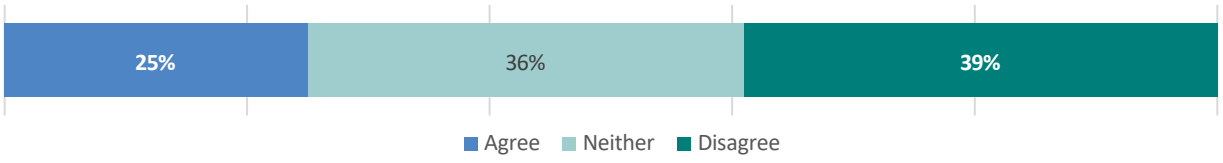
Students with Disabilities, 2020-2021 District Level Data			
District	# Total Students	# Students Disabilities	% Students Disabilities
Alliance City School District	2,903	**557**	**19.2%**
Canton City School District	7,928	**1,348**	**17.0%**
Canton Local School District	1,851	**281**	**15.2%**
Fairless Local School District	1,336	**189**	**14.2%**
Jackson Local School District	5,752	**645**	**11.2%**
Lake Local School District	3,321	**254**	**10.7%**
Louisville City School District	2,761	**408**	**14.8%**
Marlington Local School District	1,906	**249**	**13.0%**
Massillon City School District	3,947	**588**	**14.9%**
Minerva Local School District	1,749	**250**	**14.3%**
North Canton City School District	4,208	**573**	**13.6%**
Northwest Local School District	1,757	**220**	**12.5%**
Osnaburg Local School District	849	**124**	**14.6%**
Perry Local School District	4,324	**508**	**11.7%**
Plain Local School District	5,958	**781**	**13.1%**
Sandy Valley Local School District	1,276	**197**	**15.5%**
Tuslaw Local School District	1,229	**145**	**11.8%**
COUNTY TOTAL	***53,055***	***7,317***	***13.8%***
SOURCE: Ohio Department of Education			

OTHER ISSUES: TRANSPORTATION

COMMUNITY LEADER SURVEY

A quarter of community leaders, (24.8%), agreed that "*Transportation services for medical/mental health appointments are available for residents in Stark County when needed,"* with 6.4% strongly agreeing. Over a third, (39.2%), disagreed with the statement.

Transportation Services are Available for Health Appointments



SECONDARY DATA ANALYSIS

Driving alone to work is the percentage of the workforce that usually drives alone to work. The numerator is the number of workers who commute alone to work via a car, truck, or van. The denominator is the total workforce. Driving alone to work is an indicator of poor public transit infrastructure and sedentary behaviors. Most of the workforce in Stark County, (84%), drives alone to work.

Driving Alone to Work: % of the workforce that drives alone to work						
	2016	2017	2018	2019	2020	Change
Stark County	85%	85%	85%	85%	84%	-1%
Ohio	83%	83%	83%	83%	82%	-1%
SOURCE: County Health Rankings						

Among workers who commute in their car alone, the percentage that commute more than 30 minutes in Stark County was 26%, slightly lower than the state percentage of 31%.

Long Commute Driving Alone to Work: % of that drives alone to work that commute <30 minutes						
	2012-2016	2013-2017	2014-2018	2015-2019	2016-2020	Change
Stark County	26%	26%	26%	26%	26%	-
Ohio	30%	30%	31%	31%	31%	**+1%**
SOURCE: County Health Rankings						

OTHER ISSUES: ENVIRONMENTAL QUALITY

SECONDARY DATA ANALYSIS

The table below represents the average daily amount of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers. These particles can be directly emitted from sources such as forest fires, or they can form when gases emitted from power plants, industries and automobiles react in the air.

Air Pollution - Particulate matter					
	2012	2014	2016	2018	Change
Stark County	12.0	12.2	9.5	10.0	**-2.0**
Ohio	11.3	11.5	9.0	9.0	**-2.3**
SOURCE: County Health Ranking, Air Data Quality Index Report					

More than one-tenth of the Stark County population, (11.1%), currently has asthma, an increase from 10.0% in 2015.

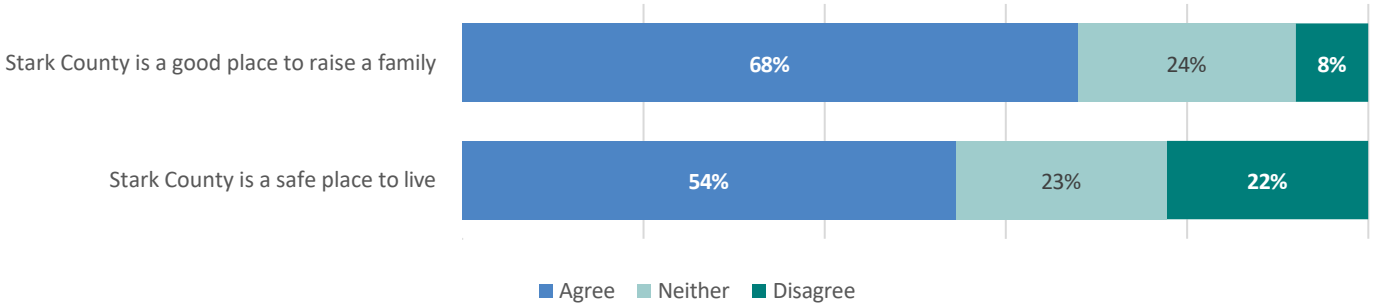
Stark County Estimated Prevalence of Asthma						
	2015	2016	2017	2018	2019	Change
Currently have asthma	10.0	9.7	9.9	9.5	11.1	**+1.1%**
SOURCE: Ohio Behavioral Risk Factor Surveillance System, Ohio Department of Health						

OTHER ISSUES: SAFETY, INJURY AND VIOLENCE

COMMUNITY LEADER SURVEY

More than two-thirds of community leaders, (67.5%), agreed that *"Stark County is a good place to raise a family"* with 17.1% strongly agreeing. Less than one tenth, (8.1%), disagreed with this statement. More than half of community leaders, (54.4%), agreed that "*Stark County is a safe place to live"* with 9.6% strongly agreeing. Less than a quarter, (22.4%), disagreed.

Agreement with Statements



SECONDARY DATA ANALYSIS

Although the death rate for unintentional injuries in Stark County has increased by 14% over the past five years, the unintentional death rate for the county is significantly lower than the state.

Injury and Homicide Death Rate *(death per 100,000 population)*

	Stark County						Ohio					
	2017	2018	2019	2020	2021	Change	2017	2018	2019	2020	2021	Change
Unintentional Injuries	49.1	43.3	52.6	58.4	63.2	**+14.1**	65.1	55.0	58.8	68.4	71.0	**+5.9**
Homicide	9.1	6.0	5.3	6.5	7.0	**-2.1**	7.6	6.9	6.6	9.1	9.4	**+1.8**

SOURCE: Ohio Department of Health, ODH Data Warehouse

The violent crime rate below is represented as an annual rate per 100,000 population. Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault. The violent crime rate for Stark County is higher than the state.

Violent Crime Rate

	2008-2010	2009-2011	2010-2012	2012-2014	2014-2016	Change
Stark County	297	299	297	303	328	**+10.4%**
Ohio	332	318	307	290	293	**-11.7%**

SOURCE: County Health Rankings

The firearm fatality rate, the number of deaths due to firearms per 100,000 population, is slightly lower in the county than it is in the state, and the rate for the county has decreased over the past five years.

Homicide by Firearm Fatality Rate

	2017	2018	2019	2020	2021	Change
Stark County	6.9	3.9	3.5	5.2	5.4	-1.5
Ohio	5.8	5.0	5.2	7.6	8.1	+2.3

SOURCE: Ohio Department of Health, Ohio Data Warehouse

Over the past five years the total number of maltreatment allegations in the county has decreased at a slightly higher level than the state. Looking specifically at allegations of physical abuse, Stark County had a significantly larger increase over the past five years than the state average. Overall, the number of neglect allegations has decreased for both the state and the county. In Ohio, the number of allegations of psychological or emotional maltreatment has decreased by 37% over the past five years, while it decreased by 3% in Stark County over the same time.

Total Number of Maltreatment Allegations, 2013- 2020					
	SFY 2013	SFY 2016	SFY 2018	SFY 2020	Change
Stark County	3,135	2,927	3,379	2,918	**-6.9%**
Ohio	100,139	97,602	101,243	94,973	**-5.1%**
Count of Maltreatment Allegations by Maltreatment Type: PHYSICAL ABUSE					
Stark County	499	526	592	584	**+17.0%**
Ohio	28,817	29,659	30,264	29,442	**+2.1%**
Count of Maltreatment Allegations by Maltreatment Type: NEGLECT					
Stark County	1,161	832	1,160	963	**-17.0%**
Ohio	28,819	25,098	25,827	23,743	**-17.6%**
Count of Maltreatment Allegations by Maltreatment Type: SEXUAL ABUSE					
Stark County	342	290	338	321	**-6.1%**
Ohio	10,153	9,040	9,137	8,548	**-15.8%**
Count of Maltreatment Allegations: EMOTIONAL MALTREATMENT					
Stark County	30	23	33	29	**-3.3%**
Ohio	1,505	1,301	1,203	950	**-36.8%**
Count of Maltreatment Allegations: MULTIPLE ALLEGATIONS					
Stark County	687	765	798	642	**-6.5%**
Ohio	13,348	13,827	17,861	18,995	**+42.3%**
Count of Maltreatment Allegations: FAMILY IN NEED OF					
Stark County	460	491	458	350	**-23.9%**
Ohio	17,541	18,856	17,001	12,346	**-29.6%**
SOURCE: Public Children Services Association of Ohio (PCSAO,) PCSAO Factbook					

The table below shows the number of youths under age 18 adjudicated for felony-level offenses over a 4-year period. The rate is the number of adjudications per 1,000 youths in the population. Overall, the number of youths adjudicated for felonies in the county declined by 19% over the four-year period while the number at the state level decreased by almost 32% over the same time.

Adolescents Adjudicated for Felonies									
	2017		2018		2019		2020		Change
	#	Rate per 1,000	#	Rate per 1,000	#	Rate per 1,000	#	Rate per 1,000	
Stark County	114	1.4	111	1.4	113	1.4	92	1.2	***-19.3%***
Ohio	4,496	1.7	4,195	1.6	3,365	1.4	3,075	1.3	***-31.6%***
The # of those under age 18 adjudicated for felony-level offenses. The rate is the number of adjudications per 1,000 adolescents in the population.									
SOURCE: Kids Count Data Center. http://datacenter.kidscount.org/data/tables/2490-adolescents-adjudicated-for-felonies?loc=37&loct=5#detailed/5/5180,5192,5215,5224,5227,5229,5244,5253-5255,5262/false/573,869,36,868,867/any/10247,15677.									

OTHER ISSUES: REPRODUCTIVE AND SEXUAL HEALTH

SECONDARY DATA ANALYSIS

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

HIV Infection Rate						
	2016	2017	2018	2019	2020	Change
Stark County	8.6	7.2	8.3	4.0	7.8	**-0.8**
Ohio	8.3	8.4	8.2	7.7	7.7	**-0.6**

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

Rate of Population Living with Diagnosed HIV Infection						
	2016	2017	2018	2019	2020	Change
Stark County	124.7	130.5	137.0	140.3	138.5	**+13.8**
Ohio	196.1	202.3	204.4	209.4	214.6	**+18.5**

The Gonorrhea rate is the number of persons per 100,000 population with Gonorrhea. In 2016, the Gonorrhea rate for Stark County was higher than the rate for the state. Since then, however, the Gonorrhea rate for Stark County has increased at a much lower rate than the state to the point that Ohio's Gonorrhea rate is now considerably higher than the county rate.

Gonorrhea Rate						
	2016	2017	2018	2019	2020	Change
Stark County	179.1	141.2	175.1	144.9	211.0	**+32.0**
Ohio	176.8	205.8	216.2	224.0	262.6	**+85.8**

The Chlamydia Rate is the number of persons per 100,000 population with Chlamydia. The Chlamydia rate for Stark County is considerably lower than the state's rate.

Chlamydia Rate						
	2016	2017	2018	2019	2020	Change
Stark County	500.0	477.0	459.5	483.8	437.9	**-62.1**
Ohio	521.8	526.8	543.1	561.9	504.8	**-17.0**

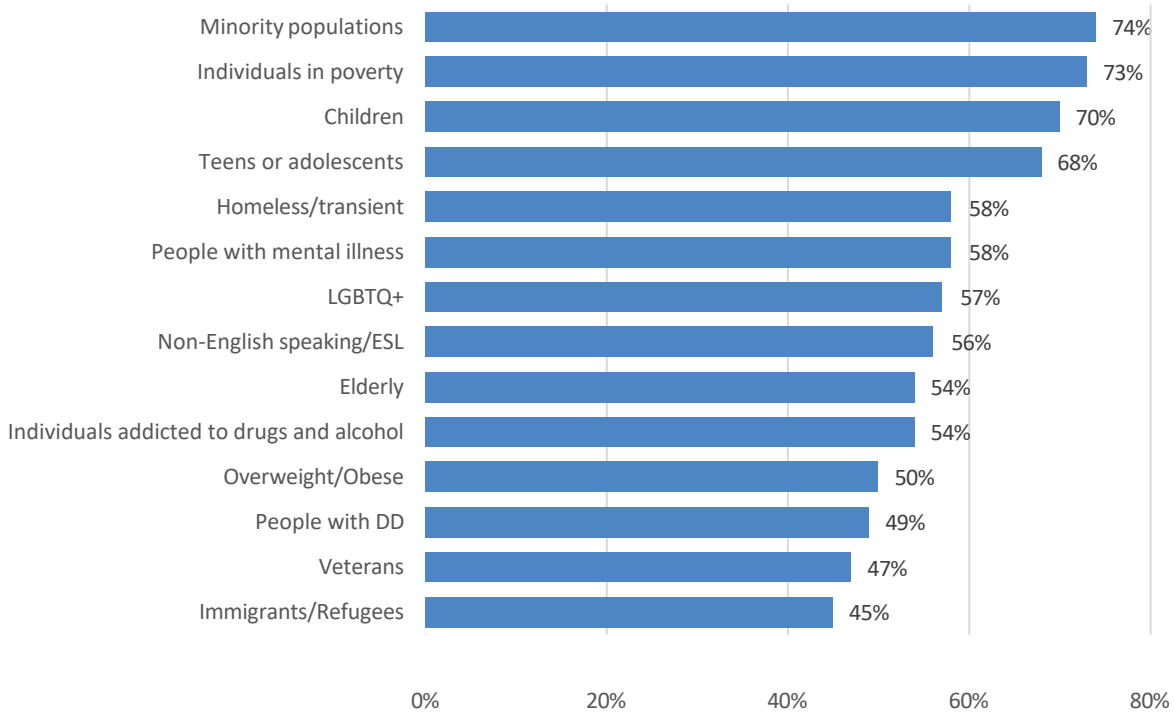
The Syphilis rate is the number of persons per 100,000 population with Syphilis. The Syphilis rate for Stark County is considerably lower than the state's rate.

Syphilis Rate						
	2016	2017	2018	2019	2020	Change
Stark County	5.4	6.7	9.2	9.4	11.9	**+6.5**
Ohio	13.9	16.5	16.4	17.3	20.9	**+7.0**
SOURCE: Ohio Department of Health, STD Surveillance						

Appendix: Community Leader Characteristics

A total of 125 community leaders familiar with health-related issues completed the web survey.

Populations Served by Organization



Sectors Org. Associates With	N	%
Nonprofit	36	29.0%
Health care	31	25.0%
Government	29	23.4%
Education	17	13.7%
Business/private sector	3	2.4%
Religious	1	0.8%
Other	7	5.6%
Total	**124**	**100.0%**

Primary Service Area	N	%
Stark County	66	57.9%
Multi-county including Stark County	26	22.8%
Canton	9	7.9%
Massillon	5	4.4%
Alliance	5	4.4%
North Canton	1	0.9%
Alliance, Canton, Massillon	1	0.9%
Hartville	1	0.9%
Total	**114**	**100.0%**

Appendix: Research Methodology

The Center for Marketing and Opinion Research (CMOR) conducted the 2022 Stark County Community Health Needs Assessment on behalf of the Stark County Health Needs Advisory Committee.

This report includes indicators in the following focus areas:

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

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

STARK POLL

The 2021 Stark County Collaborative Poll was a large-scale, random sampling survey of households in Stark County. The final sample of the poll consisted of a total of 600 respondents. The general population statistics derived from the sample size provide a precision level of plus or minus 4.0% within a 95% confidence interval.

CMOR collaborated with participating organizations to design survey questions to meet the needs of each organization. Separate reports were written by CMOR for each participating organization. In addition to the survey results for the questions posed by the organization, all reports include a Quality of Life in Stark County section as well as Demographic and Methodology sections.

Data Collection began on April 26 and ended on June 23, 2021. Most calling took place between the evening hours of 5:15 pm and 9:15 pm. Some interviews were conducted during the day and on some weekends to accommodate respondent schedules. The interviews took an average of 22.6 minutes.

COMMUNITY HEALTH LEADER SURVEY

CMOR conducted a web survey of community health leaders between May 9 and May 23, 2022. The Stark County Health Department provided CMOR with a list of 474 email addresses of potential survey respondents. Of these, 290 were valid email addresses. A total of 125 surveys were completed from the email campaign: a completion rate of 43.1%. The initial email invitation with a link to complete the online

survey was sent to the list on May 9. Survey links were customized with an embedded unique identifying number that enabled tracking of completed surveys at the individual level.

Reminder invitations were sent on May 12, 17 and 20 of 2021. Reminder invitations were not sent to email addresses that were returned as invalid or that belonged to respondents who had either completed the survey or indicated their refusal to participate. Invitations were sent at varied days of the week and times of day to facilitate a higher response rate.

The design of the survey was optimized for respondents completing via computer as well as on a mobile device such as a tablet or smart phone. A total of 13.6% surveys completed via a mobile device were included in this analysis.

SECONDARY DATA ANALYSIS

Another phase of the project consisted of reviewing and analyzing secondary data sources to identify priority areas of concern when analyzed alongside survey data. CMOR gathered and compiled health and demographic data from various sources (outlined below). After gathering the data, CMOR compiled the information, by category. In addition to the report narrative, data was visually displayed with charts and tables. When available, data was compared to previous five year's information as well as other geographic areas such as Ohio. Analysis included survey data in conjunction with health and demographic data. Using all data available, CMOR identified priorities for the county.

Sources of Data:

- 2021 Northeast Ohio Youth Health Survey
- Behavioral Risk Factor Surveillance System (BRFSS)
- Canton Regional Chamber of Commerce, Economic Scorecard
- County Health Rankings
- Feeding America, Map the Meal Gap
- HRSA Area Resource File
- National Center for Health Statistics/Census Bureau
- Ohio Behavioral Risk Factor Surveillance System
- Ohio Department of Education
- Ohio Department of Health
- Ohio Department of Health, Data Warehouse
- Ohio Department of Health, STD Surveillance
- Ohio Department of Job and Family Services, Office of Workforce Development
- Ohio Department of Job and Family Services, Bureau of Labor Market Information
- Ohio Department of Job and Family Services, Statewide Automated Child Welfare Information System
- Ohio Development Services Agency, Ohio County Profiles
- Ohio Housing Finance Agency, Ohio Housing Needs Assessment
- Ohio Mental Health and Addiction Services

- ✓ Public Children Services Association of Ohio (PCSAO)
- ✓ Stark County Health Department
- ✓ Stark County Mental Health and Addiction Recovery (StarkMHAR)
- ✓ The Annie E. Casey Foundation, Kids Count Data Center
- ✓ U.S. Census Bureau - American Fact Finder, American Community Survey
- ✓ U.S. EPA - Air Data Air Quality Index Report

The 2021 Northeast Ohio Youth Health Survey was an anonymous online survey of 15,083 students from 18 Stark County school districts. All students were in 7th-12th grade. The survey was administered in the Fall of 2021.

MATERNAL HEALTH COMMUNITY FOCUS GROUP

The Center for Marketing and Opinion Research (CMOR) on behalf of Stark County Health Department conducted a focus group on August 25, 2021, to collect qualitative data to help collect information to assist in the evaluation of the Maternal Child Health Grant. Participants all where women ages 18 to 44 who lived in Stark County. The group consisted of participants of different races and backgrounds, with and without children, and living in urban, suburban and rural areas. The focus groups were moderated by CMOR. The focus group was conducted at the Stark County Health Department.

VOICES OF STARK COUNTY

The Voices of Stark County Report consisted of data from six community meetings and 15 small focus groups. A total of 167 individuals participated. The Voices of Stark County Report was compiled by the Behavioral Health Access and Integration Collaborative and supported by Stark Mental Health and Addiction Recovery, Aultman Health Foundation, and the Stark County Educational Service Center. The Behavioral Health Access and Integration Collaborative is a coordinated county-wide initiative that aims to address socioeconomic barriers to access and create and implement targeted interventions to increase access entry points throughout the community. The purpose of this report was to identify barriers to access.

Impact Evaluation

Actions Taken Since Previous CHNA

Mercy Hospital's previous Implementation Strategy Report (ISR) outlined a plan for addressing the following priorities identified in the 2019 CHNA: Access to Health Care, Heroin/Opioid Use, Infant Mortality, Mental Health Services/Suicide, Obesity and Healthy Lifestyle Choices.

The ISR was conducted before the onset of COVID 19, and therefore, does not reflect the pandemic's impact which dramatically affected community and hospital services. Many of our hospital services were paused or deferred as we navigated the emergent COVID 19 landscape. Caring for our community is essential, and part of that is sharing accurate, up-to-date information on health-related topics with our community. We provided COVID 19 education, vaccine distribution and collaborative services with government, health departments and community-based organizations to keep our communities safe. As we continue to serve our communities, we are committed to addressing the needs identified in the previous ISR.

Cleveland Clinic uses evidence-based approaches in the delivery of healthcare services and educational outreach with the aim of achieving healthy outcomes for the community it serves. It undertakes periodic monitoring of its programs to measure and determine their effectiveness and ensure that best practices continue to be applied. Given that the process for evaluating the impact of various services and programs on population health is longitudinal by nature, significant changes in health outcomes may not manifest for several community health needs assessment cycles. We continue to evaluate the cumulative impact.

The narrative below describes the strategies, modifications made to the action plans, and highlighted impacts for each health priority area.

Access to Affordable Health Care

Actions and Highlighted Impacts:

a. COVID 19 created a delay in treatment for many community members. Cleveland Clinic launched an effort to connect patients with care, proactively contacting over 300,000 patients and scheduling 57,000 appointments. This outreach is prompting more patients to complete recommended screening tests, allowing earlier detection of cancers and other diseases when they are most treatable.
b. Mercy Hospital continued to operate community outpatient health centers, strategically located in Stark and neighboring counties, providing urgent care and ambulatory health care services.
c. Continued to serve uninsured and underinsured patients through our Ambulatory Care Clinic which provides internal medicine and OB/GYN care.
d. Continued to provide Dental services offered to underserved and uninsured patients at both the main Mercy campus and Mercy St. Paul Square in urban NE Canton.
e. Some services were paused due to the pandemic. Continued dental services outreach efforts including free oral screenings, dental screenings and education at schools and community health fairs.
f. Continued Mercy Dental Residency Program to educate and train skilled dentists in our community.
g. Patient Financial Advocates assisted patients in evaluating eligibility for financial assistance or public health insurance programs.
    - Cleveland Clinic provided medically necessary services to all patients regardless of race, color, creed, gender, country of national origin, or ability to pay. The hospital has a financial assistance policy that is among the most generous in the region that covers both hospital services and physician services provided by physicians employed by the Cleveland Clinic. In 2021, Cleveland Clinic health system provided over $178 million in financial assistance to its communities in Ohio, Florida, and Nevada.
h. Utilizing medically secure online and mobile platforms, connected patients with Cleveland Clinic providers for telehealth and virtual visits.
    - In 2021, Cleveland Clinic provided 841,000 virtual visits.

Heroin/Opioid Use

Actions and Highlighted Impacts:

a. In addition to direct patient care, Cleveland Clinic's Opioid Awareness Center, provided intervention and treatment for substance abuse disorders to Cleveland Clinic caregivers and their family members.
    - Opioid misuse continues to be a public health emergency, contributing to over 50,000 U.S. deaths a year. About 40% of those deaths involve prescription opioids. Our comprehensive efforts to improve opioid prescribing have yielded reductions in these prescriptions by our providers for two years running, including a large improvement in 2021.

b. Mercy Hospital continued to work collaboratively with area agencies, including CommQuest, Stark Mental Health & Addiction Recovery Services.
c. Continued to work with Canton City Schools to provide education on drug use and addiction.
d. Supported community educational efforts and pain management services.
e. Cleveland Clinic continues to provide preventative education and share evidence-based practices.

Infant Mortality

Actions and Highlighted Impacts:

a. Mercy Hospital provided community education in efforts to support pregnant persons with resources and best practices to reduce infant and maternal health and have a successful pregnancy.
b. Provided expanded evidence-based health education to expecting mothers and families.
c. Continued participation in the Stark County THRIVE Infant Mortality community-wide initiative.
d. Continued distribution of the Sleep Sacks and safe sleep education to all new parents at Mercy.
e. Continued prenatal care for low income and uninsured patients.
f. Clinical staff provided education on safe sleep, nutrition, vaccinations, and breastfeeding.
g. Continued the Healthy Mom, Healthy Baby prenatal education program offered by Mission Outreach services in underserved areas to encourage better pregnancy outcomes.
h. Continued to provide Mommy Empowerment Mission Outreach programs that provide women's health education to women of child-bearing age and their support network.
i. Continued to provide prenatal programs in Spanish to support Limited English Proficiency/ Spanish speaking women and their partners/spouses.
j. Explored capacity to offer the Centering Pregnancy group prenatal care model to expecting mothers and market the program to community members.

Mental Health/Suicide

Actions and Highlighted Impacts:

a. Cleveland Clinic developed suicide and self-harm policies procedures and screening tools for patients in a variety of care settings.
b. Mercy Hospital continued use of nurse navigators/case managers in the Emergency Department to assist with crisis Intervention for patients and families in need. Provide assistance with referrals and placements when needed.
c. Collaborated with area agencies, including Coleman Crisis Center and Stark Mental Health & Addiction Recovery Services, on programs and options for improving access to care.
d. Initiated behavioral health services at Mercy St. Paul to be provided by Mercy advanced practice behavioral health nurse.

e. Promoted mental health education and services provided at Mercy Health Center.
f. Continued the Mercy HAVEN (Healing After Violent Encounters Network) Program, providing immediate specialized care and options to victims of assault.

Obesity and Healthy Lifestyle Choices

Actions and Highlighted Impacts:

a. Cleveland Clinic implemented a system-wide social determinants screening tool for adult patients to identify needs such as alcohol abuse, depression, financial strain, food insecurity, intimate partner violence, and stress.
b. Mercy Hospital continued Mission Outreach healthy lifestyle programming, including the summer day camps and after school programs, in collaboration Canton City Schools, Canton City Parks, Stark Parks, and other community agencies that focus on nutrition, exercise and oral health.
c. Continued the Mercy Weight Management Program.
d. Participated with Aultman Hospital and other community agencies the Live Well Stark County program planning.
e. Provided monthly Lunch and Learn programs at Mercy St. Paul Square, focusing on modifiable health risks and disease prevention and diabetes management.
f. Participated in community health fairs and educational events to promote healthy lifestyles, as COVID 19 guidance permitted.
g. Offered Mercy's Smoking Cessation program and outreach education.
h. Paused low-cost blood screenings and community health fairs at all Mercy Health Centers due to COVID 19.

Provided health coach services at Mercy St. Paul to assist residents and patients with healthy lifestyle choices and address the social determinants of health.

Community Feedback

Community Health Needs Assessment reports from 2019 were published on the Mercy Hospital website. No community feedback has been received as of the drafting of this report. For more information regarding Cleveland Clinic Community Health Needs Assessments and Implementations Strategy reports, please visit www.clevelandclinic.org/CHNAReports or contact CHNA@ccf.org.

Cleveland Clinic
Mercy Hospital

Implementation Strategy Report

2022

MERCY HOSPITAL 2022 IMPLEMENTATION STRATEGY REPORT

2022 Community Health Needs Assessment
Implementation Strategy Report for Years 2023 – 2025

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MERCY HOSPITAL 2022 IMPLEMENTATION STRATEGY REPORT

I. INTRODUCTION AND PURPOSE

This written plan is intended to satisfy the requirements set forth in Internal Revenue Code Section 501(r)(3) regarding community health needs assessments and implementation strategies. The overall purpose of the Implementation Strategy is to align the hospital's limited resources, program services, and activities with the Mercy Hospital findings of the Community Health Needs Assessment ("CHNA"). The Implementation Strategy Report (ISR) includes the priority community health needs identified during the 2022 CHNA, and hospital-specific strategies to address those needs from 2023 through 2025.

A. Description of Hospital

Cleveland Clinic Mercy Hospital was founded in 1908 in Canton, Ohio, by the Sisters of Charity of St. Augustine. The Catholic faith-based medical center operates a hospital in Canton and outpatient locations in Alliance, Carroll County, Jackson Township, Lake Township, Louisville, Massillon, North Canton, Plain Township, and Tuscarawas County. The hospital has 620 members on its Medical Staff and employs 2,800 caregivers. Cleveland Clinic Mercy Hospital became a full member of the Cleveland Clinic health system on February 1, 2021 and is sponsored by the Sisters of Charity of St. Mercy hospital. Mercy Hospital has 323 staffed beds[8]. Additional information on the hospital and its services is available at: https://my.clevelandclinic.org/locations/mercy-hospital

The hospital is part of the Cleveland Clinic health system, which includes an academic medical center near downtown Cleveland, fourteen regional hospitals in northeast Ohio, a children's hospital, a children's rehabilitation hospital, five southeast Florida hospitals, and several other facilities and services across Ohio, Florida, and Nevada. Additional information about Cleveland Clinic is available at https://my.clevelandclinic.org/.

Mercy Hospital's mission is:

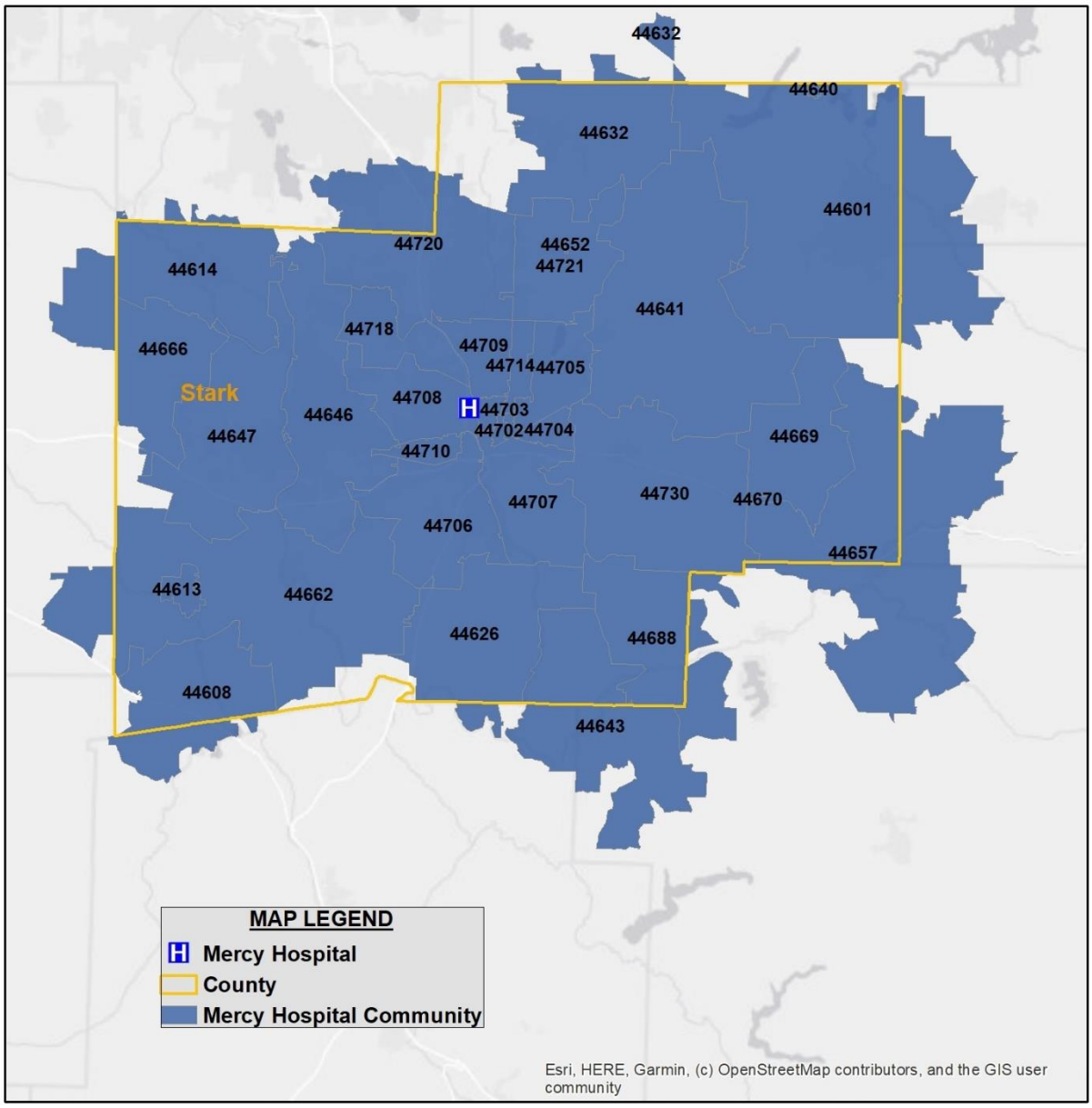
Caring for life, researching for health, and educating those who serve.

II. COMMUNITY DEFINITION

For purposes of this report, the Mercy Hospital community definition is Stark County, Ohio. The Mercy Hospital 2022 CHNA was a joint report collaboration with Stark County Health Department, Alliance City Health Department, Canton City Health Department, Massillon Health Department, and Aultman hospitals (Figure 1).

[8] For the purpose of this report and consistent methodology, the Cleveland Clinic MD&A (Q4-2022) interim financial statement is referenced for official bed count. We acknowledge that staffed bed count may fluctuate and may differ from registered or licensed bed counts reflected in other descriptions.

Figure 1: Mercy Hospital Community Definition



III. HOW IMPLEMENTATION STRATEGY WAS DEVELOPED

This Implementation Strategy was developed by members of leadership at Mercy Hospital and Cleveland Clinic representing several departments of the organizations, including clinical administration, medical operations, nursing, finance, population health, and community relations. This team incorporated input from the hospital's community and local non-profit organizations to prioritize selected strategies and determine possible collaborations. Alignment with county Community Health Assessments (CHA) as well as the State Health Assessment (SHA), was also considered. Leadership at Mercy Hospital will utilize this Implementation Strategy to determine whether changes should be made to better address the health needs of its communities.

IV. SUMMARY OF THE COMMUNITY HEALTH NEEDS IDENTIFIED

Mercy Hospital's prioritized community health needs as determined by analyses of quantitative and qualitative data include:

- Access to Healthcare
- Addiction
- Infant Mortality and Maternal Health
- Mental Health
- Obesity and Healthy Lifestyle Choices

In addition to the prioritized community health needs, themes of health equity, social determinants of health, and medical research and education are intertwined in all community health components and impact multiple areas of community health strategies and delivery. Cleveland Clinic is committed to promoting health equity and healthy behaviors in our communities. The hospital addresses these overarching themes through a variety of services and initiatives including cross-sector health and economic improvement collaborations, local hiring for hospital workforce, mentoring of community residents, in-kind donation of time and sponsorships, anchor institution commitment, and caregiver training for inclusion and diversity.

COVID-19 Considerations

The COVID-19 global pandemic declared in early 2020 has caused extraordinary challenges for healthcare systems worldwide including Mercy Hospital. Keeping front-line workers and patients safe, securing protective equipment, developing testing protocols, and helping patients and families deal with the isolation needed to stop the spread of the virus all took priority as the pandemic took hold.

Many of the community benefit strategies noted in the previous 2019 implementation strategy were temporarily paused or adjusted to comply with current public health guidelines to ensure the health and safety of patients, staff, and other participants. Many of the strategies included in the 2023-2025 implementation strategy are a continuation or renewal of those that were paused during the pandemic as the community needs identified in the 2022 CHNA did not change greatly from those identified in the 2019 CHNA.

See the 2022 Mercy Hospital and other Cleveland Clinic CHNAs for more information:
www.clevelandclinic.org/CHNAReports

V. NEEDS HOSPITAL WILL ADDRESS

Each Cleveland Clinic hospital provides numerous services and programs in efforts to address the health needs of the community. Implementation of our services focuses on addressing structural factors important for community health, strengthening trust with residents and stakeholders, ensuring community voice in developing strategies, and evaluating our strategies and programs.

Strategies within the ISRs are included according to the prioritized list of needs developed during the 2022 CHNA. These hospitals' community health initiatives combine Cleveland Clinic and local non-profit

organizations' resources in unified efforts to improve health and health equity for our community members, especially low-income, underserved, and vulnerable populations.

A. Access to Healthcare

Access to Healthcare data analysis results describe community needs related to consumer expenditures for insurance, medical expenses, medicines, and other supplies. More expansive parameters include limitations to accessing healthcare described in terms of transportation challenges, resource limitations, and availability of primary care and other prevention services in local neighborhoods.

Cleveland Clinic continues to evaluate methods to improve patient access to care. All Cleveland Clinic hospitals will continue to provide medically necessary services to all patients regardless of race, color, creed, gender, country of national origin, or ability to pay. The financial assistance policy can be accessed here: Cleveland Clinic Financial Assistance.

Access to Healthcare Initiatives for 2023-2025 include:

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A Patient Financial Advocates assist patients in evaluating eligibility for financial assistance or public health insurance programs	Increase the proportion of eligible individuals who are enrolled in various assistance programs
B Address digital equity, utilize medically secure online and mobile platforms, connect patients with Cleveland Clinic providers for telehealth and virtual visits	Overcome geographical and transportation barriers, improve access to specialized care
C Continue Mercy's transportation van service for out-patients, provision of bus vouchers and Cancer department transport assist.	Overcome geographical and transportation barriers

B. Addiction

Addiction issues relate to alcohol and drug use including drug overdoses. Community members described substance abuse challenges in the community, exacerbated by COVID-19 related stressors, resulting in increased alcohol and drug use starting in adolescence as a means of coping.

Addiction Initiatives for 2023-2025 include:

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A Continued collaboration in Northeast Ohio Hospital Opioid Consortium in coordinated efforts to reduce the widespread effect of the heroin and opioid crisis in Northeast Ohio	Reduce the number of individuals with heroin or opioid addiction and dependence
B In partnership with Stark County organizations, explore opioid community health education programs	Reduce the number of individuals with opioid addiction and dependence; Increase the number of individuals with opioid addiction and dependence who seek treatment
C Resume efforts with Canton City Schools to provide education on drug use and addiction.	Improve early identification of behavioral health conditions

C. Infant Mortality and Maternal Health

Mercy Hospital's 2022 CHNA continued to identify Infant Mortality and Maternal Health as a prioritized health need in the community.

Infant Mortality and Maternal Health initiatives for 2023-2025 include:

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A Continued distribution of the Sleep Sacks, Pack and Play Cribs and safe sleep education to all new parents at Mercy	Improve the preterm birth rate; Increase pregnancy spacing; Reduce preterm birth inequity

Infant Mortality and Maternal Health (continued)

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
B Continued to provide Mommy Empowerment Mission Outreach programs that provide women's health education to women of child-bearing age and their support network	Improve the number of mothers who receive adequate prenatal care; Decrease infant and maternal mortality rates; Reduce infant mortality inequity; Reduce maternal mortality inequity
C Offer a list of community resources for each new mother that can assist her in any needs. Examples: SCCAA, SCMHA, Canton Diaper Bank, Akron Canton Food Bank and Catholic Charities	Improve the preterm birth rate; Increase maternal health
D Expand participation in the Stark County THRIVE Infant Mortality community-wide initiative	Improve the preterm birth rate; Increase health equity

D. Mental Health

Mercy Hospital's 2022 CHNA continued to identify Mental Health as a prioritized health need in the community.

Mental Health Initiatives for 2023-2025 include:

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A Continue use of Mental Health Care Manager in the Emergency Department to assist with crisis Intervention for patients and families in need. Provide assistance with referrals and placements when needed.	Increase awareness of treatment; Reduce stigma; Improve early identification of behavioral health conditions
B Collaborate with area agencies, including National Alliance for Mental Illness (NAMI), Coleman Crisis Center and Stark Mental Health & Addiction Recovery Services, on programs and options for improving access to care.	Reduce the number of individuals with opioid addiction and dependence; Increase awareness and education for mental health resources
C Continue the HAVEN (Healing After Violent Encounters Network) Program, providing immediate specialized care and options to victims of assault.	Increase safe options and advocacy or those affected by intimate partner violence

E. Obesity and Lifestyle Choices

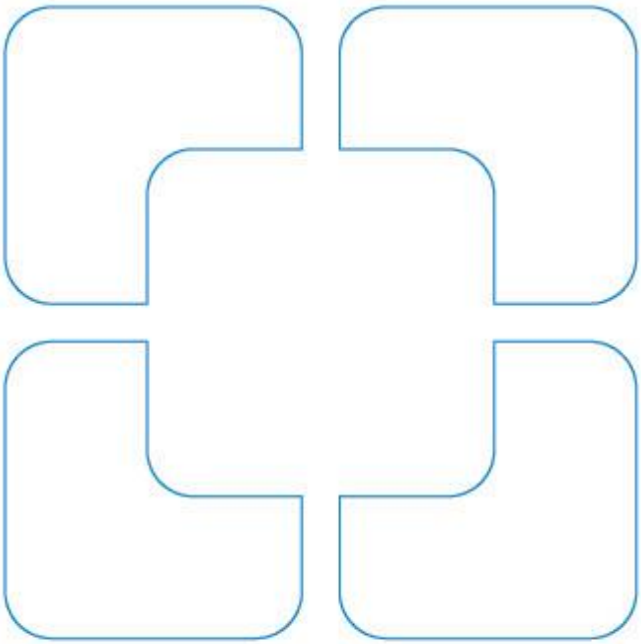
Mercy Hospital's 2022 CHNA demonstrated that health needs are multifaceted, involving medical as well as socioeconomic concerns. The assessment identified food security, affordable housing, employment, transportation, health literacy, health equity, poverty, and environmental risk factors as significant concerns.

Obesity and Lifestyle Choices Initiatives for 2023-2025 include:

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A Explore a common community referral data platform to coordinate services and ensure optimal communication	Improve active referrals to community-based organizations, non-profits, and other healthcare facilities; track referral outcomes
B Explore using Community Health Workers and/or the co-location of community organizations with hospital facilities	Ensure connection to medical, social, and behavioral services; Improve health equity
C Partner with community-based organizations to improve equitable access to healthy foods. Continue to support Canton Food Bank and *Heat and Eat Program* for families	Improve self-efficacy associated with healthy eating; Improve nutrition
D Collaborate with Aultman Hospital, Live Well Stark County and other community-based organizations to support food insecurity program	Improve self-efficacy associated with healthy eating; Improve nutrition
E Offer community wellness programs and diabetes awareness/management sessions. Collaborate with local organizations such as Tyler Scott Lancaster Diabetes Foundation	Improve physical activity; Improve nutrition; Improve access to social services and assistance programs

While this ISR outlines specific strategies and programs identified to address the 2022 CHNA, it does not reflect all the work being done by Mercy Hospital to improve community health. Through this iterative process, opportunities are identified to grow and expand existing work in prioritized areas as well as implement additional programming in new areas. These ongoing strategic conversations will allow Mercy Hospital to build stronger community collaborations and make smarter, more targeted investments to improve the health of the people in the communities they serve.

For more information regarding Cleveland Clinic Community Health Needs Assessments and Implementations Strategy Reports, please visit www.clevelandclinic.org/CHNAReports or contact CHNA@ccf.org .



clevelandclinic.org/**CHNAreports**

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