

Community Health Needs Assessment

2022

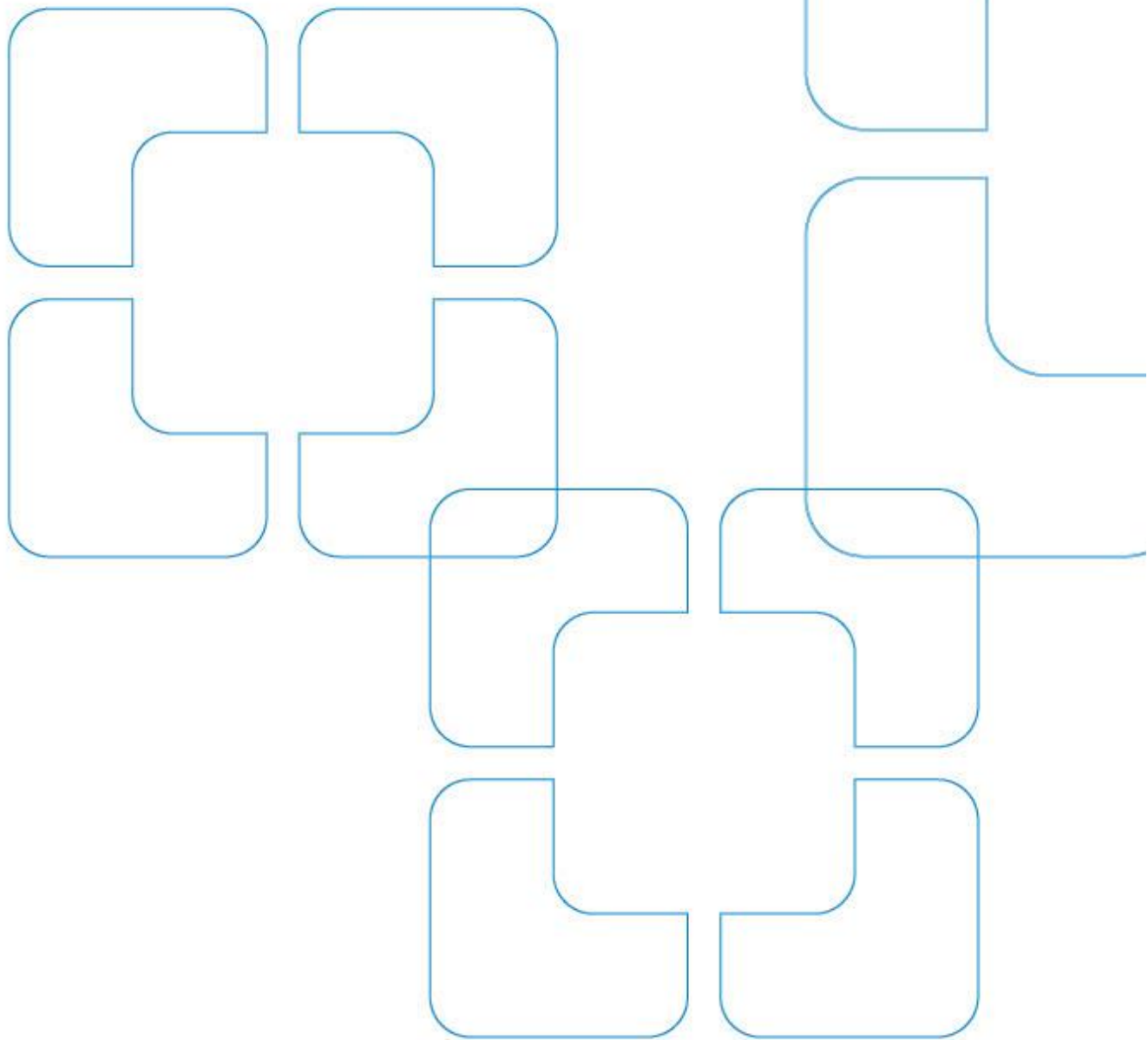


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Executive Summary

This Community Health Needs Assessment (CHNA) was conducted by Cleveland Clinic Union Hospital (Union 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 Act¹.

Union Hospital, located in Dover, Ohio is a community hospital with 96 staffed beds². Union Hospital has more than 300 providers on our medical staff and employs more than 1,000 caregivers. Union Hospital was founded more than a century ago on the premise that our focus must be on quality healthcare for all patients, not the financial profits of a few investors. And today, we continue that mission, providing the same excellent care to all patients, regardless of ability to pay. Over the years, Union Hospital has expanded to become the centerpiece of a 25-acre medical campus. Surrounding the hospital are physician office buildings, outpatient rehabilitation and sports medicine center, and a mental healthcare agency. Off-campus facilities include the Tuscarawas Ambulatory Surgery Center, WorkWell Occupational Medicine Center, and FirstCare urgent care center. The hospital also has its own hospital-employed physician network with primary and specialty providers in various locations in Tuscarawas County

We are committed to providing the region with quality care, close to home. And this is reflected in our ongoing quest for improved and expanded services as well as the many quality awards we have received over the years. Additional information on the hospital and its services is available at: <https://my.clevelandclinic.org/locations/union-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.

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

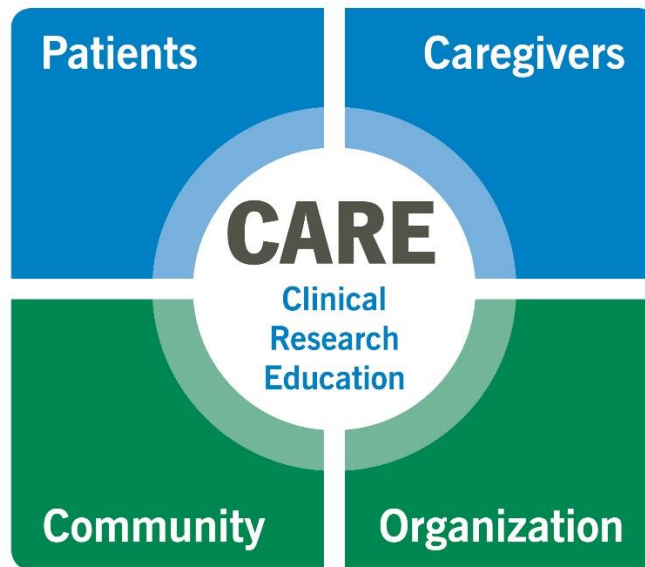
- Care for Patients as if they are our own family
- Treat fellow caregivers as if they are our own family
- Be committed to the communities we serve
- Treat the organization as our home

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 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

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

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

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 Act⁷.

Assessment Process

Union Hospital serves patients from throughout Eastern Ohio (including the counties of Tuscarawas, Stark, Coshocton, Holmes, Guernsey, Harrison and Carroll). Patient and discharge data shows that the vast majority of patients (more than 80 percent) reside in Tuscarawas County. For the purposes of the CHNA, Union Hospital defines the community it serves as Tuscarawas County.

Union Hospital is a member of “Healthy Tusc”, a collaboration of healthcare and community-based agencies. For the 2022 CHNA, Healthy Tusc conducted an assessment of the health, economic and social needs of Tuscarawas County in a joint report. The results of that assessment provided the data necessary for Union Hospital to identify the significant health needs of the community it serves. The complete Healthy Tusc Assessment is described in this report. These priority areas are in alignment with priority health needs for the Cleveland Clinic health system as well as the State of Ohio.

Prioritized Health Needs

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

- Health Behaviors
- Access to Care
- Mental Health and Addiction

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>

Tuscarawas County:

2021 Community Health Needs Assessment

Vital Signs:

Examining the Health of
Tuscarawas County Adults &
Youth (OHYES!)



Building a Healthier Community **Together**

Released on: September 28, 2022

Foreword

Healthy Tusc, a multi-agency, county-wide collaborative is pleased to share with you the 2021 Tuscarawas County Community Health Needs Assessment. Since our beginning in 2009, Healthy Tusc has been committed to improving the lives and health of people living in our communities. This report is a tangible representation of our continued commitment to that goal.

Building on our 2018 Tuscarawas County Community Health Needs Assessment, the 2021 assessment represents a shift from a focus on individual clinical conditions to include a larger social determinants of health review including a new section with traffic safety data and additional secondary data from the local health departments. This assessment and the subsequent Community Health Improvement Plan will place a much larger emphasis on having our community's perspective shape our work.

This wealth of quantitative data will allow us to fulfill our commitment to the community by prioritizing their needs in our assessment. The implementation plan that will be developed from this assessment is our roadmap to improving the health of all Tuscarawas County residents.

Due to the COVID-19 Pandemic, obtaining qualitative data for the community was limited due to multiple factors including limited participation of surveys for both the youth and adult populations. Please be advised that the data represented is only for a small portion of the community, and agencies actively working with the needs of our population have identified differences between the reported statistics and the current social determinants of our community. Please note the disclaimers throughout this report for the areas where differences have been noted.

The Collaborative would like to thank everyone who was involved in the development of this assessment. We are very fortunate to have representation from hospitals, health departments, schools, social service agencies, the YMCA, United Way, elected county officials, Farmer's Market, ADAMHS Board, CVB, Senior Center, business sector, and extended care facilities. Without their full support, an undertaking such as this would not be possible.

A special thank you to the team at Hospital Council of Northwest Ohio for their guidance and support in helping Healthy Tusc to deliver a superior report that will drive our efforts into the future. We would also like to thank you for reading this report, and your interest and commitment to improving the health of all of our communities.

Sincerely,

Sarah Gwyer, BSN, RN
Chairperson, Healthy Tusc

Acknowledgements

This report has been funded by:

Cleveland Clinic Union Hospital
Tuscarawas County Health Department
Twin City Medical Center
Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board
United Way of Tuscarawas County
Empower Tusc
New Philadelphia City Health Department

This report has been commissioned by the following members of Healthy Tusc (resources provided through the following organizations will be utilized to meet the community needs identified in this report):

Access Transit & Bridges to Wellness HUB
Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board
Allied Machine and Engineering
Cleveland Clinic Union Hospital
Community Hospice
COMPASS
East Central Ohio Educational Service Center
Empower Tusc
Friends of the Homeless of Tuscarawas County
Healthy Tusc
New Philadelphia City Health Department
Ohio Guidestone
Ohio Mid-Eastern Governments Association
OSU Extension
SpringVale Health Centers
T4C
Tuscarawas Area Counselor Association
Tuscarawas Clinic for the Working Uninsured
Tuscarawas County Commissioners
Tuscarawas County Convention and Visitors Bureau
Tuscarawas County Economic Development Corporation
Tuscarawas County Health Department
Tuscarawas County Homeland Security & Emergency Management Agency
Tuscarawas County Senior Center
Tuscarawas County Sheriff's Office
Tuscarawas County YMCA
Tuscarawas Valley Farmers Market
Twin City Medical Center
United Way of Tuscarawas County

Contact Information

Tuscarawas County Health Department
897 East Iron Avenue
Dover, Ohio 44622
(330) 343-5555 x 100

New Philadelphia City Health Department
150 E. High Avenue
New Philadelphia, Ohio 44663
(330) 364-4491 x 1208

Written Comments

Individuals are encouraged to submit written comments, questions, or other feedback about Healthy Tusc's strategies to the Tuscarawas County Health Commissioner at Director@tchdnow.org or the New Philadelphia City Health Commissioner at vionno@newphilaoh.com. Please make sure to include the name of the strategy and/or Healthy Tusc organization that you are commenting about, and if possible, a reference to the appropriate section within the document.

Project Management, Secondary Data, Data Collection, and Report Development

The Hospital Council of Northwest Ohio (HCNO) is a 501(c)3 non-profit regional hospital association located in Toledo, Ohio. They facilitate community health needs assessments and planning processes in 40+ counties in Ohio, Michigan, and Oregon. Since 2004, they have used a process that can be replicated in any county that allows for comparisons from county to county, within the region, the state, and the nation. HCNO works with coalitions in each county to ensure a collaborative approach to community health improvement that includes multiple key stakeholders, such as those listed above. All HCNO project staff have their master's degree in public health, with emphasis on epidemiology and health education.

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The 2021 Tuscarawas County Health Assessment is available on the following websites:

Access Tuscarawas

www.accesstusc.org

Hospital Council of Northwest Ohio

<https://www.hcno.org/community-services/community-health-assessments/>

New Philadelphia City Health Department

<http://www.newphilaoh.com/Health-Department>

Tuscarawas County Health Department

www.tchdnow.org

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Executive Summary

This executive summary provides an overview of health-related data for Tuscarawas County adults (ages 19 and older) who participated in a county-wide health assessment from August through October 2021. The executive summary also provides an overview of health-related data for Tuscarawas County youth in middle schools and high schools (grades 7th-12th) who participated in a three district-wide health assessment in October 2021. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS). The Hospital Council of Northwest Ohio (HCNO) collected the data, guided the health assessment process, and integrated sources of primary and secondary data into the final report.

Internal Revenue Services (IRS) Requirements

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by Healthy Tusc partner agencies including Cleveland Clinic Union Hospital, New Philadelphia City Health Department, Tuscarawas County Health Department, and Twin City Medical Center. The priorities identified in this report help to guide the hospitals' and health departments' community health improvement programs and community benefit activities, as well as their collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

The Affordable Care Act (ACA), enacted in March 2010, added new Section 501 (r) requirements in Part V, Section B, for 501 (c)(3) organizations that operate one or more hospital facilities. Each 501 (c)(3) hospital organization must conduct a community health needs assessment and adopt an implementation strategy at least once every three years. This report meets these IRS requirements.

DEFINITION OF COMMUNITY & SERVICE AREA DETERMINATION

The community has been defined as Tuscarawas County. Most of Cleveland Clinic Union Hospital's and Twin City Medical Center's discharges were residents of Tuscarawas County. In addition, Cleveland Clinic Union Hospital and Twin City Medical Center collaborate with multiple stakeholders, most of whom provide services at the county-level. In looking at the community population served by the hospital facilities, health departments, and Tuscarawas County as a whole, it was clear that all of the facilities and partnering organizations involved in the collaborative assessment, define their community to be the same. Defining the community as such allows the hospital to readily collaborate with public health partners for both community health assessments and health improvement planning. Per Section 501(r) federal compliance, a joint CHNA is only allowable if it meets all the requirements of a separate CHNA; clearly identifies the hospital facilities involved; and if all of the collaborating hospital facilities and organizations included in the joint CHNA define their community to be the same. This assessment meets 501(r) federal compliance for Cleveland Clinic Union Hospital and Twin City Medical Center.

Tuscarawas County is an Appalachian County located in East Central Ohio. Tuscarawas County is a federally designated as a primary medical, mental health care, and dental care Health Professional Shortage Area (HPSA). Refer to Appendix IV to see a breakdown of the zip codes for the 2021 adult survey sample.

INCLUSION OF VULNERABLE POPULATIONS

The Tuscarawas Healthy Tusc collaborative, which includes Cleveland Clinic Union Hospital and Twin City Medical Center, intentionally elected to use a random household survey to incorporate a broad range of perspectives across the county. The data is de-identified and aggregated in such a way to show several demographic categories such as income, gender, age, etc. to further identify populations experiencing adverse conditions. It is described more fully in the Primary Data Collection Methods section of this report. Additionally, the planning committee itself includes a variety of human service organizations working collaboratively to complete the assessment.

Approximately 12.8% of Tuscarawas residents were below the poverty line, according to the 2015-2019 American Community Survey 5-year estimates. For this reason, data is broken down by income (less than \$25,000 and greater than \$25,000) throughout the report to show disparities.

PROCESS & METHODS FOR ENGAGING COMMUNITY

This community health needs assessment process was commissioned by Healthy Tusc. Healthy Tusc has been in existence since 2009 with approximately 29 member organizations. Multiple sectors, including the general public, were asked through radio and print media, and through outreach to employers to participate in the process, including defining the scope of the project, choosing questions for the surveys, reviewing initial data, planning a community release, and identifying and prioritizing needs. 29 of community organizations worked together to create one comprehensive assessment and plan, with more than 250 of community members viewing the online video release and providing qualitative feedback.

QUANTITATIVE & QUALITATIVE DATA ANALYSIS

Data for the 2021 CHNA were obtained by independent researchers from the Toledo-based Hospital Council of Northwest Ohio and their partners at the University of Toledo, who administered surveys to a cross-sectional, randomized sample of Tuscarawas County residents as follows: adults aged 19 years and older. The survey instrument contained both customized questions and a set of core questions taken from the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System. The number of surveys completed and analyzed met the threshold for statistical significance at the 95% confidence level, with a 6% margin of error. Wherever possible, local findings have been compared to other local, regional, state, and national data. As we move forward with planning strategies, we continue to commit to serving those in our county who experience health and basic needs disparities. Finally, additional information was collected from secondary data sources (i.e., vital statistics, Ohio Disease Reporting System, etc.) to supplement findings from the adult survey. Detailed data collection methods are described later in this section.

IDENTIFYING & PRIORITIZING NEEDS

The Healthy Tusc members, of which Cleveland Clinic Union Hospital, New Philadelphia City Health Department, Tuscarawas County Health Department, and Twin City Medical Center are members, met in May 2022 to review the findings of the primary and secondary data.

Tuscarawas County Health Department, on behalf of Healthy Tusc, contracted with the Hospital Council of Northwest Ohio (HCNO), a neutral, regional, nonprofit hospital association, to facilitate the CHNA and CHIP. Healthy Tusc invited various community stakeholders to participate in the community health assessment process. Data from the 2021 Tuscarawas County Health Needs Assessment was carefully considered and categorized into community priorities. This was done using the National Association of County and City Health Officials' (NACCHO) national framework, Mobilizing for Action through Planning and Partnerships (MAPP). This process will also be used to develop the Community Health Improvement Plan. Over the next three years, these priorities and strategies will be implemented at the county-level with the hope to improve population health and create lasting, sustainable change.

Based on the 2021 Tuscarawas County CHNA, key issues were identified. Overall, there were 21 key issues identified by the committee. The Healthy Tusc members then voted and came to a consensus on the priority areas Tuscarawas County will focus on over the next three years. Strategies for the key issues will be outlined in the 2022-2025 CHIP.

Tuscarawas County is focused on the following three priority areas: 1) health behaviors; 2) access to care; and 3) mental health and addiction. The three priority areas reflect the broad interests of the community.

Healthy Tusc and its member organizations will address all three priority areas.

Healthy Tusc met multiple times to complete the 2022-2025 Tuscarawas County Community Health Improvement Plan. Healthy Tusc used the Mobilizing for Action through Planning and Partnerships (MAPP) process, which is a community-driven strategic planning process for improving community health. This framework helps communities apply strategic thinking to prioritize health issues and identify resources to address them. There were 29 agencies

that comprised the CHIP steering committee and oversaw the 3 priority area teams. The priority areas and coordinating agencies can be found in Appendix XI.

Details of this process and its results can be found on the websites for Cleveland Clinic Union Hospital, New Philadelphia City Health Department, Tuscarawas County Health Department, and Twin City Medical Center. Tuscarawas County is focused on the following priority areas: health behaviors, access to care, and mental health and addiction.

POTENTIAL RESOURCES TO ADDRESS NEED

Priorities identified through the MAPP planning process, will result in a comprehensive 2022-2025 Tuscarawas County Community Health Improvement Plan (CHIP). Potential resources available can be found in Appendix VIII.

WRITTEN COMMENTS

Cleveland Clinic Union Hospital, New Philadelphia City Health Department, Tuscarawas County Health Department, and Twin City Medical Center invited written comments on the most recent CHNA report and Implementation Strategy both in the documents and on the websites where they are widely available to the public. No written comments have been received.

CHNA AVAILABILITY

The 2021 Tuscarawas County Community Health Needs Assessment, as well as the various other assessments used in creating this report, can be found at the following websites:

Access Tusc: www.accesstusc.org

Cleveland Clinic Union Hospital: www.unionhospital.org

Hospital Council of Northwest Ohio: <http://www.hcno.org/community-services/community-health-assessments/>

New Philadelphia City Health Department: www.newphilaoh.com/health-department

Tuscarawas County Health Department: www.tchdnow.org

Twin City Medical Center: www.trinitytwincity.org

Public Health Accreditation Board (PHAB)

National public health accreditation status through the Public Health Accreditation Board (PHAB) requires community health needs assessments (CHNAs) to be completed at least every five years. The purpose of the community health assessment is to learn the health of the population, identify areas for health improvement, identify contributing factors that impact health outcomes, and identify community assets and resources that can be mobilized to improve population health.

PHAB standards highly recommend that national models of methodology are utilized in compiling CHNAs. The 2021 CHNA was completed using the National Association of County and City Health Officials (NACCHO) Mobilizing Action through Partnerships and Planning (MAPP) process. MAPP is a community-driven planning process for improving community health. This process was facilitated by HCNO in collaboration with various local agencies representing a variety of sectors.

This assessment includes a variety of data and information from various sources, focusing on primary data at the county level. Supporting data, such as secondary data, demographics, health disparities (including age, gender, and income-based disparities), and social determinants of health, can be found throughout the report. For a more detailed approach on primary data collection methods, please see the section below.

Primary Data Collection Methods

ADULT DESIGN

This community health assessment was cross-sectional in nature and included a written survey of adults within Tuscarawas County. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

ADOLESCENT (OHYES!) DESIGN

The Ohio Healthy Youth Environments Survey (OHYES) is a youth health survey offered by the Ohio Department of Mental Health and Addiction Services, Ohio Department of Health, and Ohio Department of Education. OHYES was administered to Tuscarawas County youth in grades 7-12 in 2021. HCNO obtained this data through the Ohio Department of Mental Health and Addiction Services through a data use and confidentiality agreement. The results of the survey reflect student responses from the middle schools and high schools that voluntarily participated. OHYES! is a free, voluntary, web-based survey to collect information that schools and communities can use to access resources to reduce risk behaviors and create healthy and safe community, school and family environments.

Student participation is completely anonymous and voluntary. Students can skip any questions they do not feel comfortable answering. Parents who do not want students to participate are required to complete the Opt Out form and mail it to the school or have the student return it to the school. A form must be filled out for each individual student.

INSTRUMENT DEVELOPMENT

One adult survey was designed for this study. As a first step in the design process, health education researchers from the University of Toledo and staff members from HCNO met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adults. The investigators decided to derive the majority of the adult survey items from the BRFSS. This decision was based on being able to compare local data with state and national data.

The project coordinator from HCNO conducted a series of meetings with Healthy Tusc. During these meetings, HCNO and Healthy Tusc reviewed and discussed banks of potential survey questions from the BRFSS. Based on input from Healthy Tusc, the project coordinator composed drafts of surveys containing 116 items for the adult survey. Institutional Review Board (IRB) approval is granted to HCNO from Advarra in Columbia, Maryland.

SAMPLING | Adult Survey

The sampling frame for the adult survey consisted of adults ages 19 and over living in Tuscarawas County. According to the Census, there were 69,739 persons ages 19 and over living in Tuscarawas County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 6% (i.e., we can be 95% sure that the “true” population responses are within a 6% margin of error of the survey findings.) A sample size of at least 266 adults was needed to ensure this level of confidence.

The random sample of mailing addresses of adults from Tuscarawas County was obtained from Melissa Data Corporation in Rancho Santa Margarita, California. Surveys were mailed in August 2021 and returned through October 2021.

PROCEDURE | Adult Survey

Prior to mailing the survey to adults, an advance letter was mailed to 2,000 adults in Tuscarawas County. This advance letter was printed on Healthy Tusc stationery and signed on behalf of the group by Sarah Gwyer, Chairperson of Healthy Tusc. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents’

confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Six weeks following the advance letter, a mailing procedure was implemented to maximize the survey return rate. The mailing included a personalized letter hand signed cover letter (on Healthy Tusc stationery) describing the purpose of the study, a questionnaire printed on white paper, a self-addressed stamped return envelope, and a \$2 incentive, which were included in a large colored envelope. Surveys returned as undeliverable were not replaced with another potential respondent.

The response rate for the mailing was 10% (n=208: CI=± 6.78). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

Note: "n" refers to the total sample size, "CI" refers to the confidence interval.

PROCEDURE | Adolescent (OHYES!) Survey

Student participation is completely anonymous and voluntary. Students can skip any questions they do not feel comfortable answering. Parents who do not want students to participate are required to complete the Opt Out form and mail it to the school or have the student return it to the school. A form must be filled out for each individual student.

DATA ANALYSIS

Individual responses were anonymous. Only group data was available. All data was analyzed by health education researchers at the University of Toledo using Statistical Product and Service Solutions 27.0 (SPSS). Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Tuscarawas County, the adult data collected was weighted by age, gender, race, and income using Census data (Note: income data throughout the report represents annual household income). Multiple weightings were created based on this information to account for different types of analyses. For more information on how the adult weightings were created and applied, see Appendix III.

SPECIFIC POPULATIONS THAT EXPERIENCE DISPARITIES

Health disparities (including age, gender, and income-based disparities) can be identified throughout each section of the 2021 Tuscarawas County Health Needs Assessment. Income-based disparities are particularly prevalent in Tuscarawas County. For example, the prevalence of chronic conditions (e.g., diabetes, high blood pressure, asthma, etc.), were higher among those with annual household incomes under \$25,000 compared to the general population.

LIMITATIONS

As with all county health assessments, it is important to consider the findings with respect to all possible limitations. If any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Tuscarawas County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

Furthermore, while the survey was mailed to random households in Tuscarawas County, those responding to the survey were more likely to be older. While weightings are applied during calculations to help account for this, it still presents a potential limitation (to the extent that the responses from these individuals are substantively different than the majority of Tuscarawas County adult residents younger than 30). Therefore, the age ranges are broken down by 19 to 64 years old and 65 years and older.

Also, it is important to note that, although several questions were asked using the same wording as the CDC questionnaires, the adult data collection method differed. CDC adult data was collected using a set of questions from the total question bank, and adults were asked the questions over the telephone rather than as a mail survey.

Lastly, caution should be used when interpreting subgroup results, as the margin of error for any subgroup is higher than that of the overall survey.

***COVID-19 LIMITATIONS**

Data collection of the 2021 Tuscarawas County Adult and Youth (OHYES!) Community Health Needs Assessment (CHNA) occurred during the COVID-19 pandemic from August through October 2021. With the COVID-19 pandemic affecting the lives of Tuscarawas County residents, uneasiness grew around data collection, specifically the survey process. The adult population response rate was 10%, which was lower than expected. The total sample size included only 208 residents resulting in a confidence interval of 6.78. The youth population had a total sample size of 699, with only 37.5% of Tuscarawas County's public-school districts participating. During the collection of youth data in October 2021, there was an increase in local school COVID-19 cases, which ultimately impacted the total sample size. **Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents.**

Secondary Data Collection Methods

HCNO collected secondary data, including county-level data, from multiple sources whenever possible. HCNO utilized sources such as the Behavioral Risk Factor Surveillance System (BRFSS), numerous CDC webpages, U.S. Census data, Healthy People 2030, and other national and local sources. All primary data in this report is from the 2021 Tuscarawas County Health Needs Assessment (CHNA). All other data is cited accordingly.

Mobilizing for Action through Planning & Partnerships (MAPP) Process Overview

National Public Health Accreditation status through the Public Health Accreditation Board (PHAB) requires Community Health Needs Assessments (CHNAs) to be completed at least every five years. The purpose of the community health assessment is to learn about the health of our community, including health issues and disparities, contributing factors that impact health outcomes, and community assets and resources that can be mobilized to improve population health.

This 2021 CHNA was developed using the Mobilizing Action through Partnerships and Planning (MAPP) process, which is a nationally adopted framework developed by the National Association of County and City Health Officials (NACCHO) (see Figure 1.1). MAPP is a community-driven planning process for improving community health and is flexible in its implementation, meaning that the process does not need to be completed in a specific order. This process was facilitated by HCNO in collaboration with a broad range of local agencies representing a variety of sectors of the community. This process involved the following six phases:

1. Organizing for success and partnership development

During this first phase, community partners organize the planning process and develop the planning partnership. The purpose of this phase is to structure a planning process that builds commitment, engages participants as partners, and uses participant's time well, and results in a plan that can be realistically implemented.

2. Visioning

During the second phase, visioning guides the community through a collaborative process that leads to a shared community vision and common values.

3. The four assessments

While each assessment yields valuable information, the value of the four MAPP assessments is multiplied considering results as a whole. The four assessments include: The Community Health Status Assessment (CHSA), the Local Public Health System Assessment (LPHSA), the Forces of Change (FOC) Assessment, and the Community Themes and Strengths Assessment (CTSA).

4. Identifying strategic issues

The process to formulate strategic issues occurs during the prioritization process of the CHNA/CHIP. The committee considers the results of the assessments, including data collected from community members (primary data) and existing statistics (secondary data) to identify key health issues. Upon identifying the key health issues, an objective ranking process is used to prioritize health needs for the CHIP.

5. Formulate goals and strategies

Following the prioritization process, a gap analysis is completed in which committee members identify gaps within each priority area, identify existing resources and assets, and potential strategies to address the priority health needs. Following this analysis, various goals, objectives, and strategies are presented to the committee to meet the prioritized health needs.

6. Action cycle


The committee begins implementation of strategies as part of the next community health improvement cycle. Both progress data to track actions taken as part of the CHIP's implementation and health outcome data (key population health statistics from the CHNA) are continually tracked through ongoing meetings. As the end of the CHIP cycle, partners review progress to select new and/or updated strategic priorities based on progress and the latest health statistics.

Figure 1.1 The MAPP Framework



2019 Ohio State Health Assessment (SHA)

The 2019 Ohio State Health Assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, online surveys completed by over 300 stakeholders, and advisory and steering committee members who represented 13 state agencies, including sectors beyond health.

Similar to the 2019 Ohio SHA, the 2021 Tuscarawas County Community Health Needs Assessment (CHNA) examined a variety of metrics from various areas of health including, but not limited to, health behaviors, chronic disease, access to health care, and social determinants of health. Additionally, the CHNA studied themes and perceptions from local public health stakeholders from a wide variety of sectors. **Note: This symbol  will be displayed in the trend summary when an indicator directly aligns with the 2019 Ohio SHA.**

The interconnectedness of Ohio's greatest health challenges, along with the overall consistency of health priorities identified in this assessment, indicates many opportunities for collaboration among a wide variety of partners at and between the state and local level, including physical and behavioral health organizations and sectors beyond health. It is Healthy Tusc's hope that this CHNA will serve as a foundation for such collaboration.

To view the full 2019 Ohio State Health Assessment, please visit: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship/>

FIGURE 1.1 | Components of the 2019 State Health Assessment (SHA)

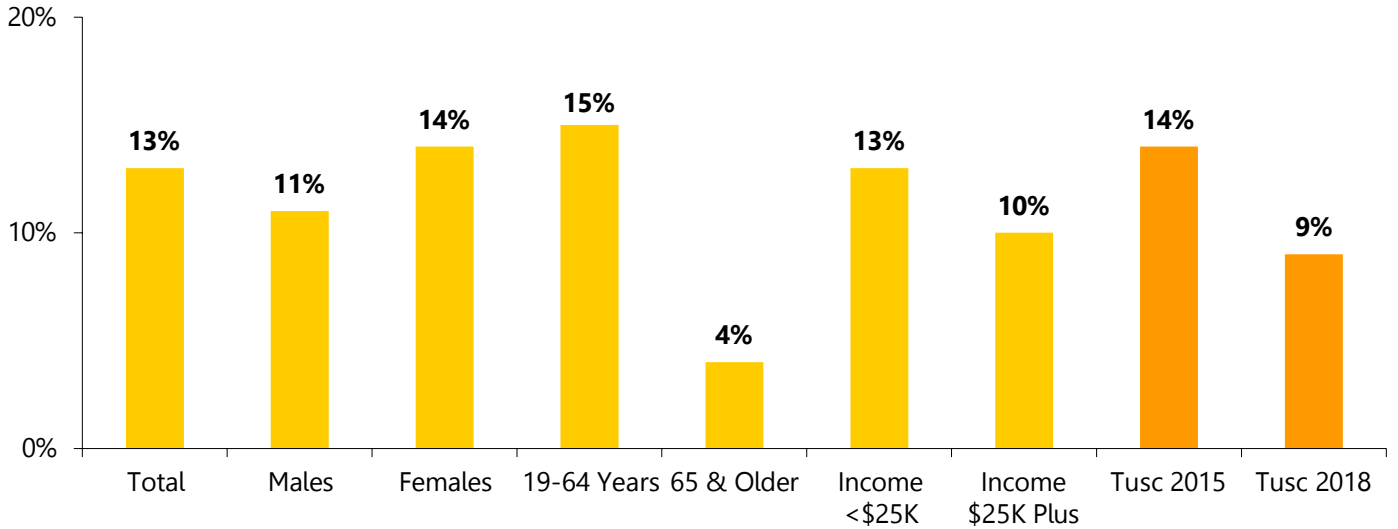


Data Summary | Healthcare Access

HEALTH CARE COVERAGE

One-in-eight (13%) Tuscarawas County adults were without health care coverage in 2021. Those most likely to be uninsured were females (14%) and adults ages 19 to 64 (15%).

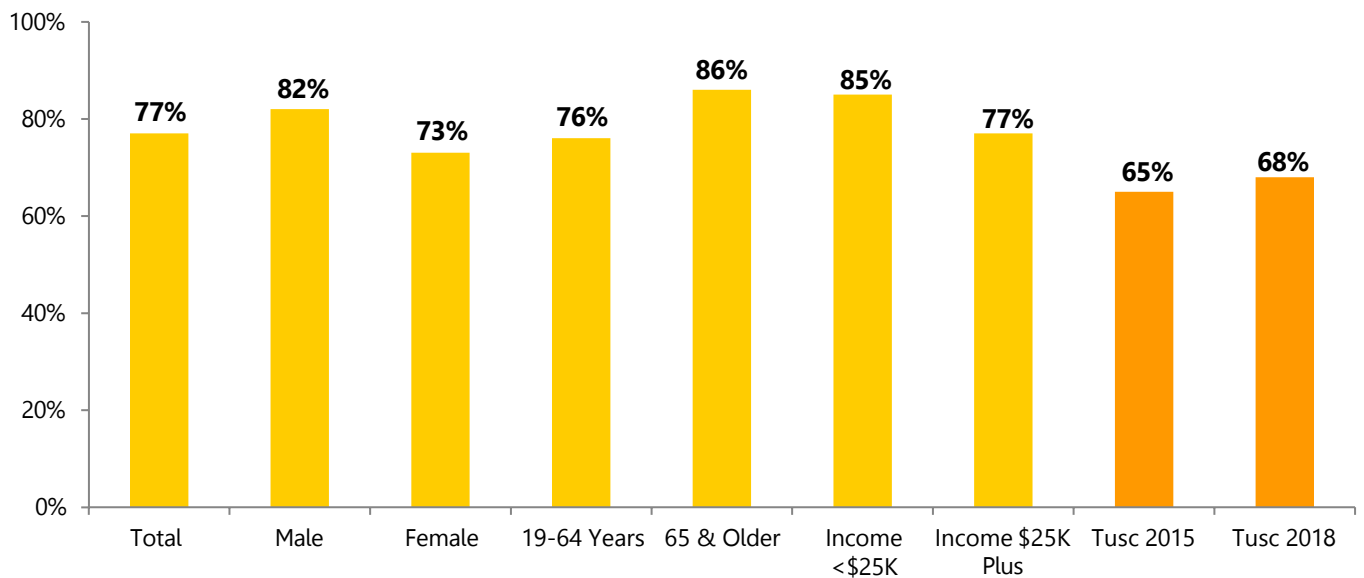
Uninsured Tuscarawas County Adults



ACCESS AND UTILIZATION

More than three-fourths (77%) of Tuscarawas County adults visited a doctor for a routine checkup in the past year. Sixty-nine percent (69%) of adults went outside of Tuscarawas County for health care services in the past year.

Tuscarawas County Adults who had a Routine Check-up in the Past Year



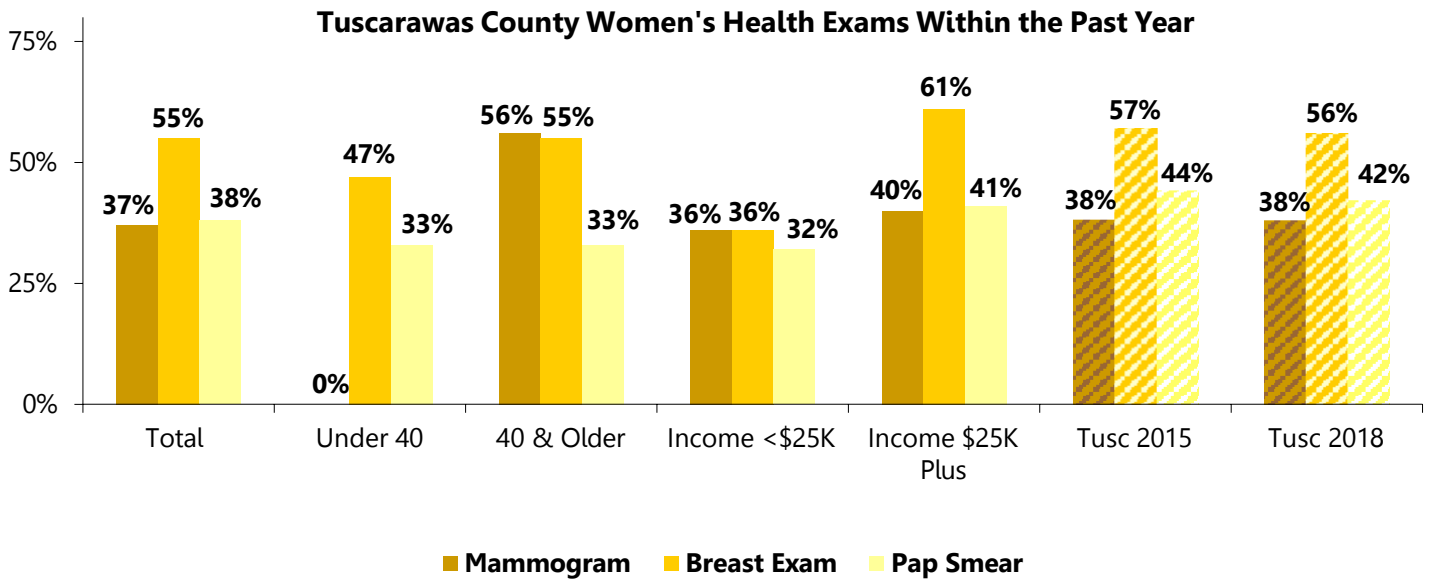
PREVENTIVE MEDICINE

Half (50%) of Tuscarawas County adults had a flu vaccine during the past 12 months. More than three-fifths (63%) of

adults ages 65 and older had a pneumonia vaccination at some time in their life.

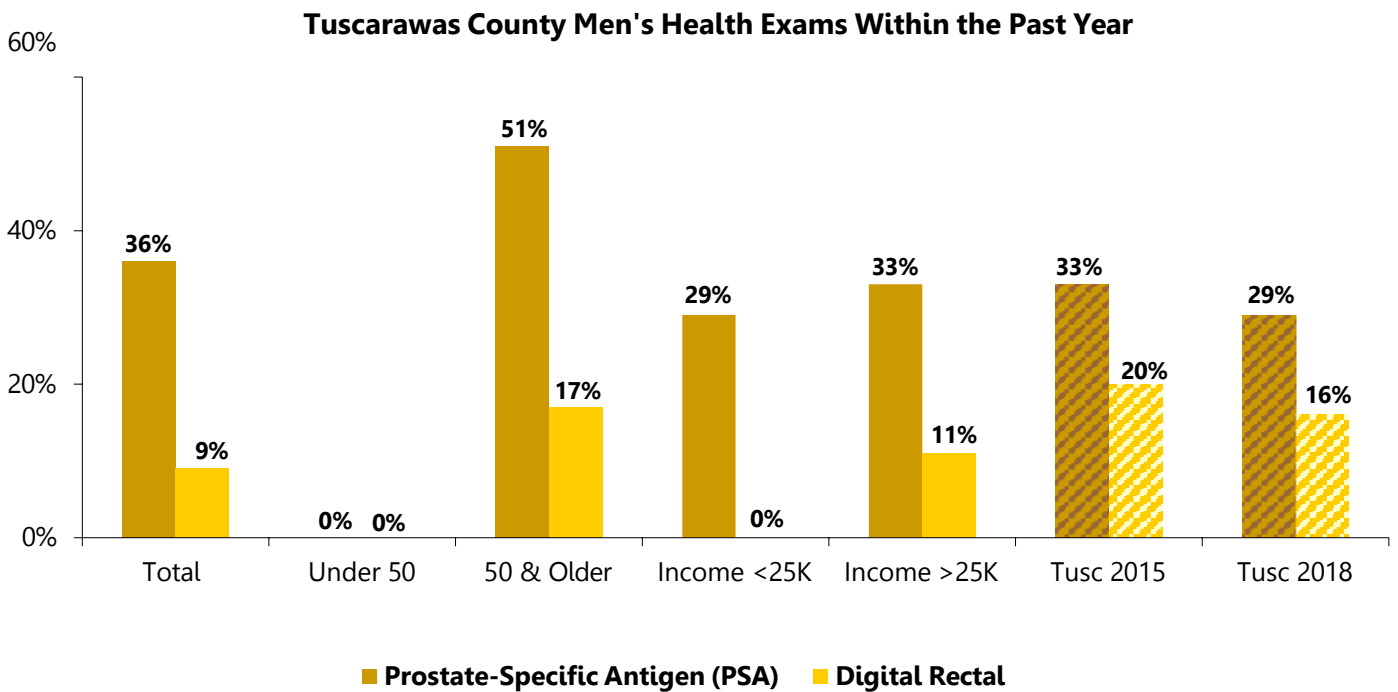
WOMEN'S HEALTH

In 2021, over half (56%) of Tuscarawas County women over the age of 40 reported having a mammogram. Fifty-five percent (55%) of Tuscarawas County women had a clinical breast exam and 38% had a Pap smear to detect cancer of the cervix in the past year. More than two-fifths (43%) were obese, 36% had high blood pressure, 34% had high blood cholesterol, and 13% were identified as current smokers, all known risk factors for cardiovascular diseases.



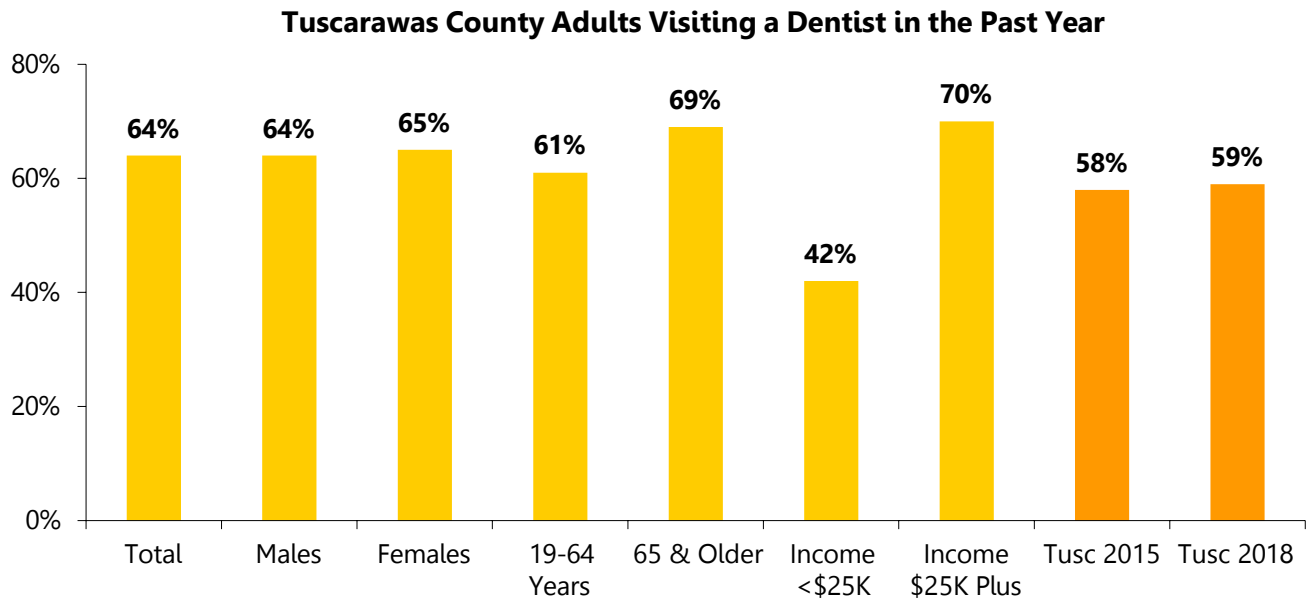
MEN'S HEALTH

In 2021, 51% of Tuscarawas County males over the age of 50 had a Prostate-Specific Antigen (PSA) test. Nearly half (49%) of men had high blood pressure, 44% had been diagnosed with high blood cholesterol, 43% were obese, and 21% were identified as current smokers, all known risk factors for cardiovascular diseases.



ORAL HEALTH

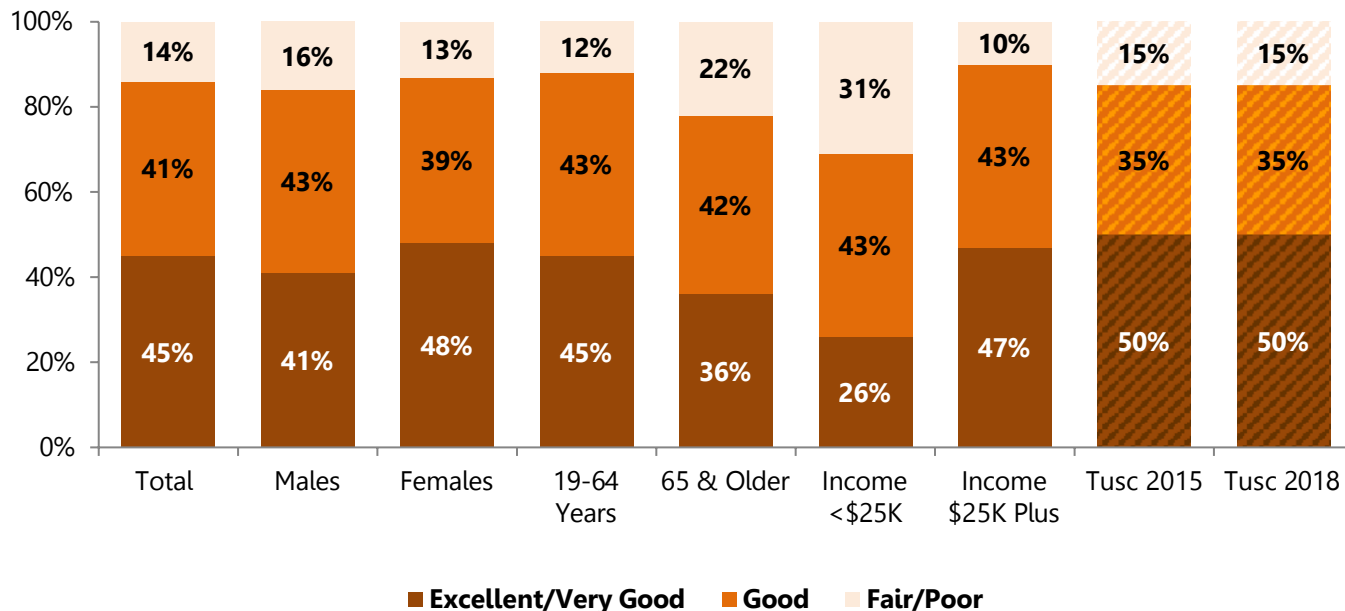
Nearly two-thirds (64%) of Tuscarawas County adults visited a dentist or dental clinic in the past year. Twelve percent (12%) of adults did not see a dentist in the past year due to cost.



HEALTH STATUS PERCEPTIONS

In 2021, 45% of Tuscarawas County adults rated their health status as excellent or very good. Conversely, 14% of adults described their health as fair or poor, increasing to 31% of those with incomes less than \$25,000.

Tuscarawas County Adult Health Perceptions*

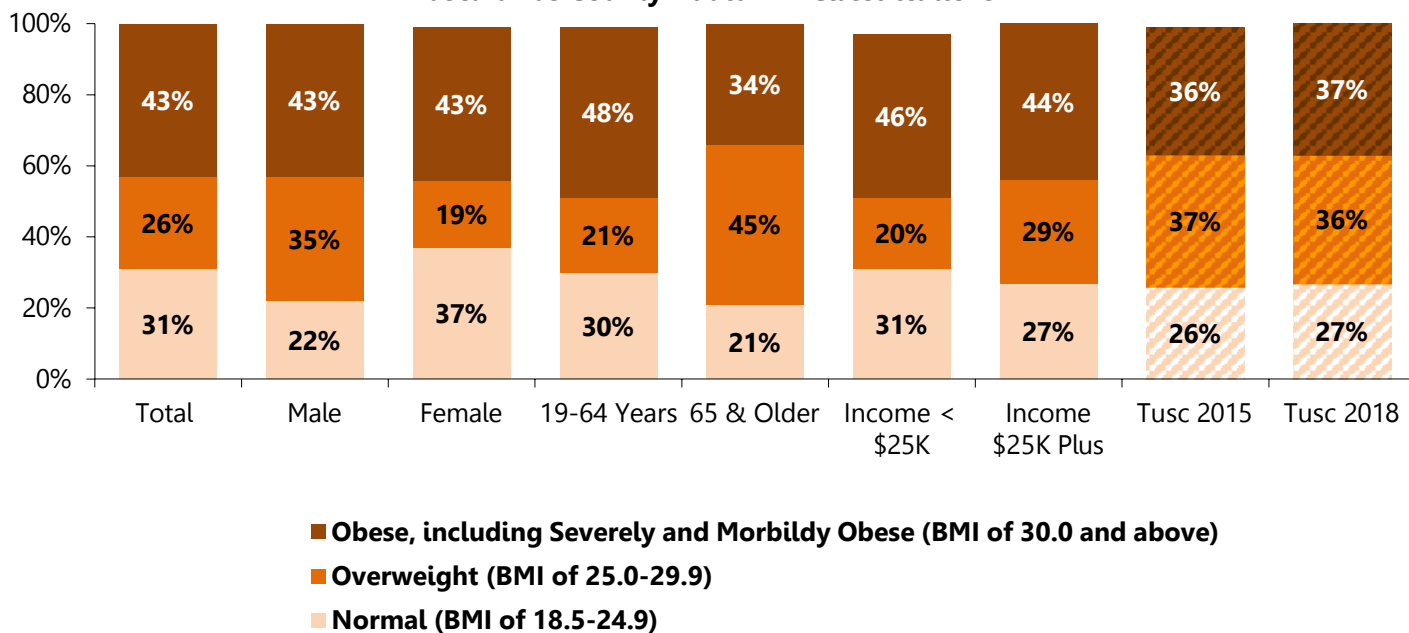


*Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"

ADULT WEIGHT STATUS

Almost two-thirds (69%) of Tuscarawas County adults were either overweight (26%), obese (24%), severely obese (12%) or morbidly obese (7%) by Body Mass Index (BMI). More than three-fifths (62%) of adults engaged in some type of physical activity or exercise for at least 30 minutes on 3 or more days per week.

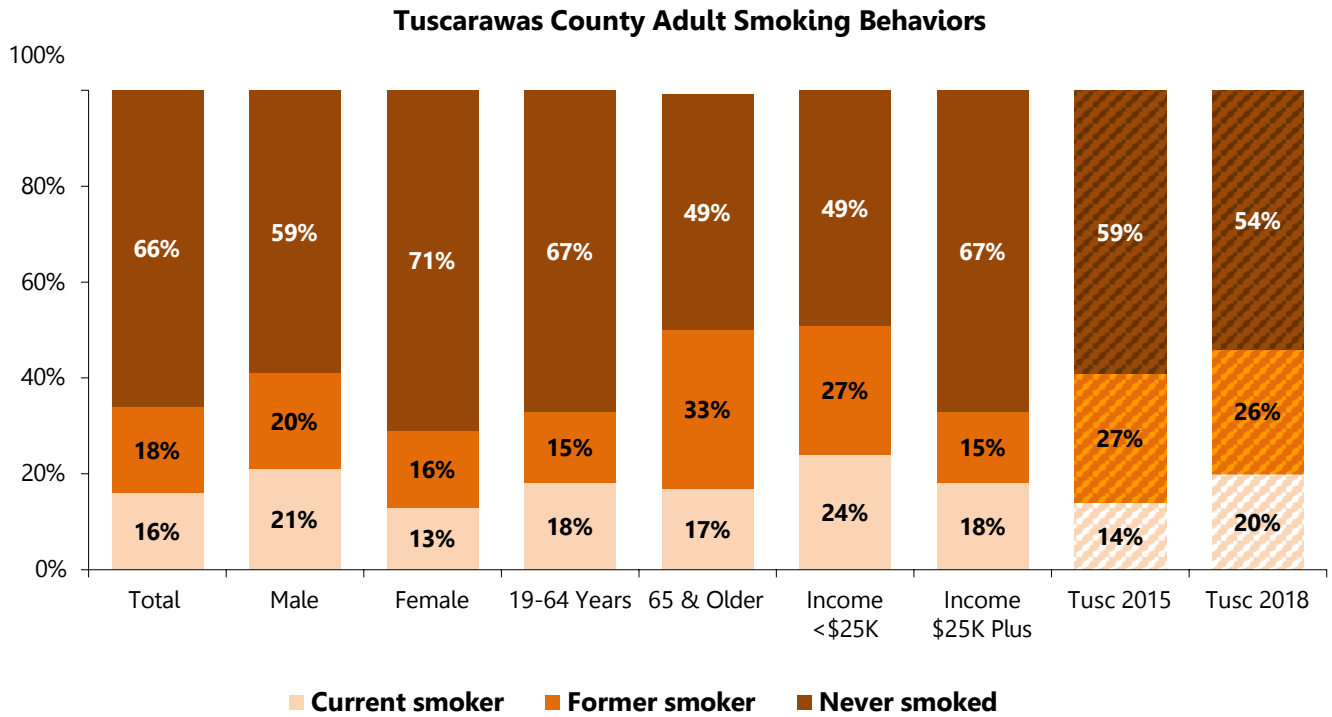
Tuscarawas County Adult BMI Classifications*



**Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight*

ADULT TOBACCO USE

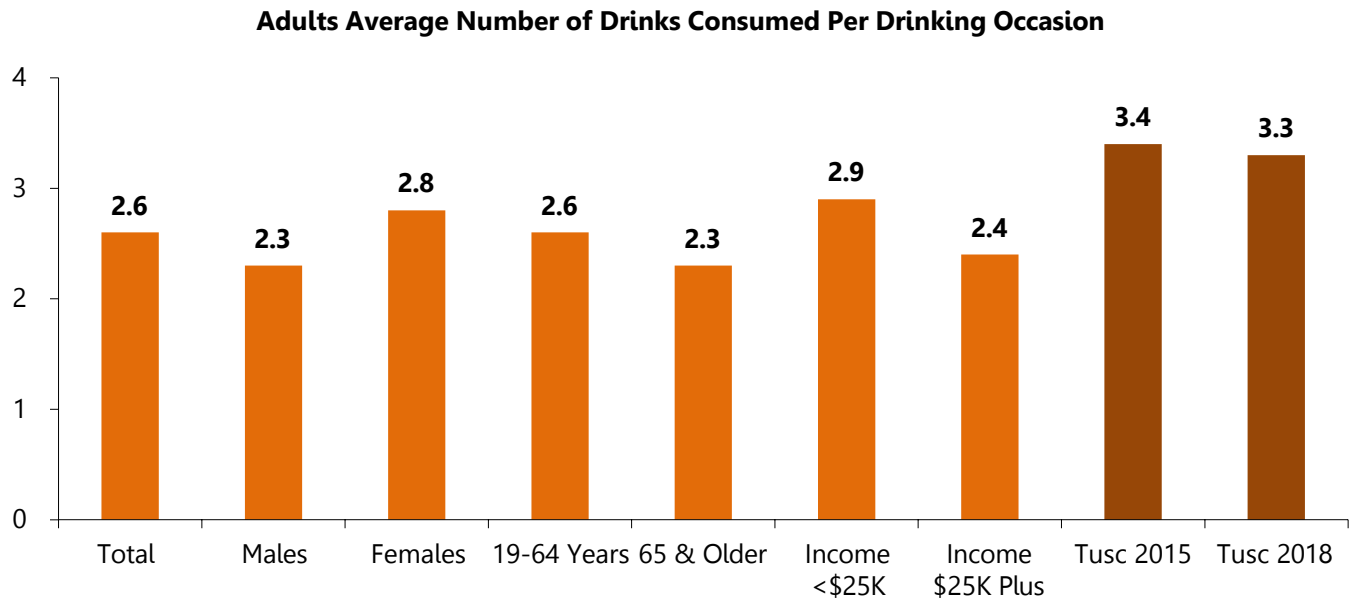
In 2021, 16% of Tuscarawas County adults were current smokers and 18% were considered former smokers.



Respondents were asked: "Have you smoked at least 100 cigarettes in your entire life? If yes, do you now smoke cigarettes every day, some days or not at all?"

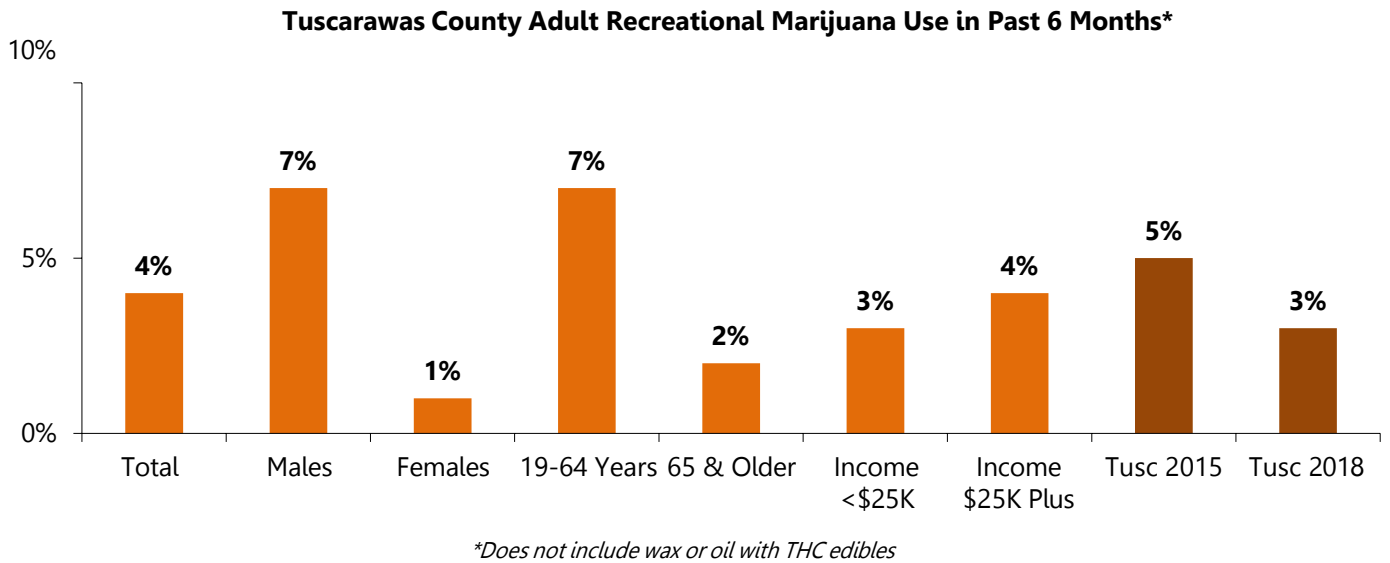
ADULT ALCOHOL CONSUMPTION

Nearly half (46%) of Tuscarawas County adults had at least one alcoholic drink (such as beer, wine, a malt beverage, or liquor) in the past month. One-in-six (17%) adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers.



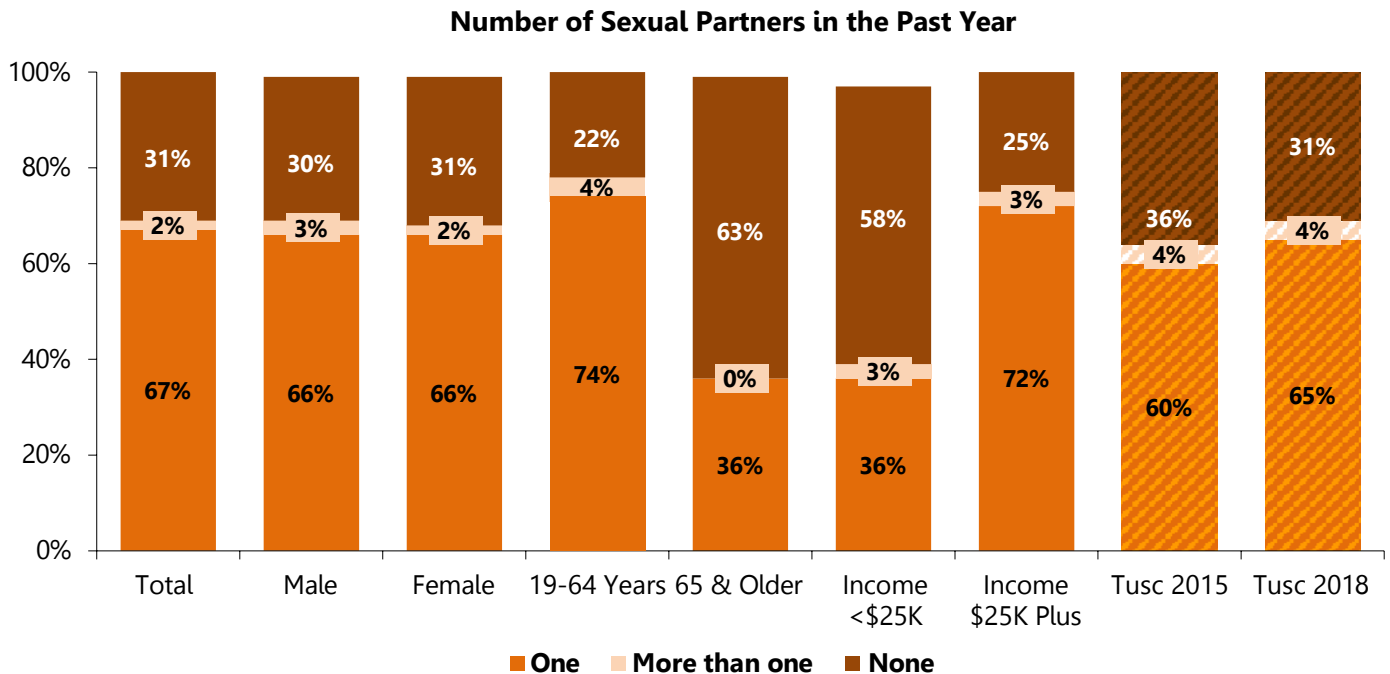
ADULT DRUG USE

Four percent (4%) of Tuscarawas County adults had used recreational marijuana during the past 6 months. Five percent (5%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.



ADULT SEXUAL BEHAVIOR

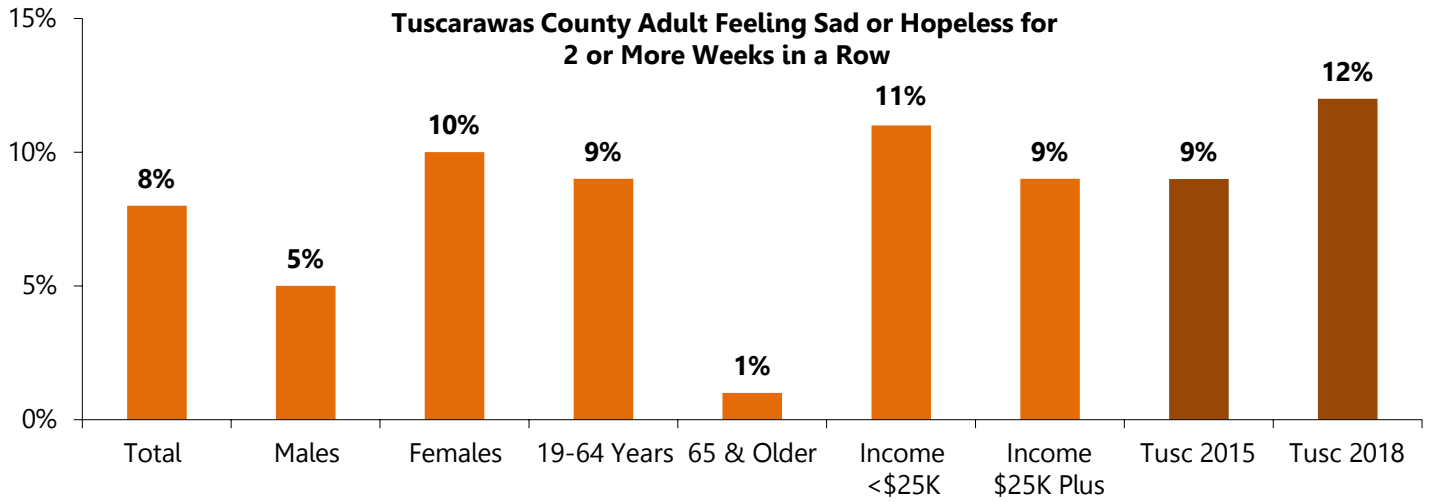
In 2021, 69% of Tuscarawas County adults had sexual intercourse. Two percent (2%) of adults had more than one partner.



Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"

ADULT MENTAL HEALTH

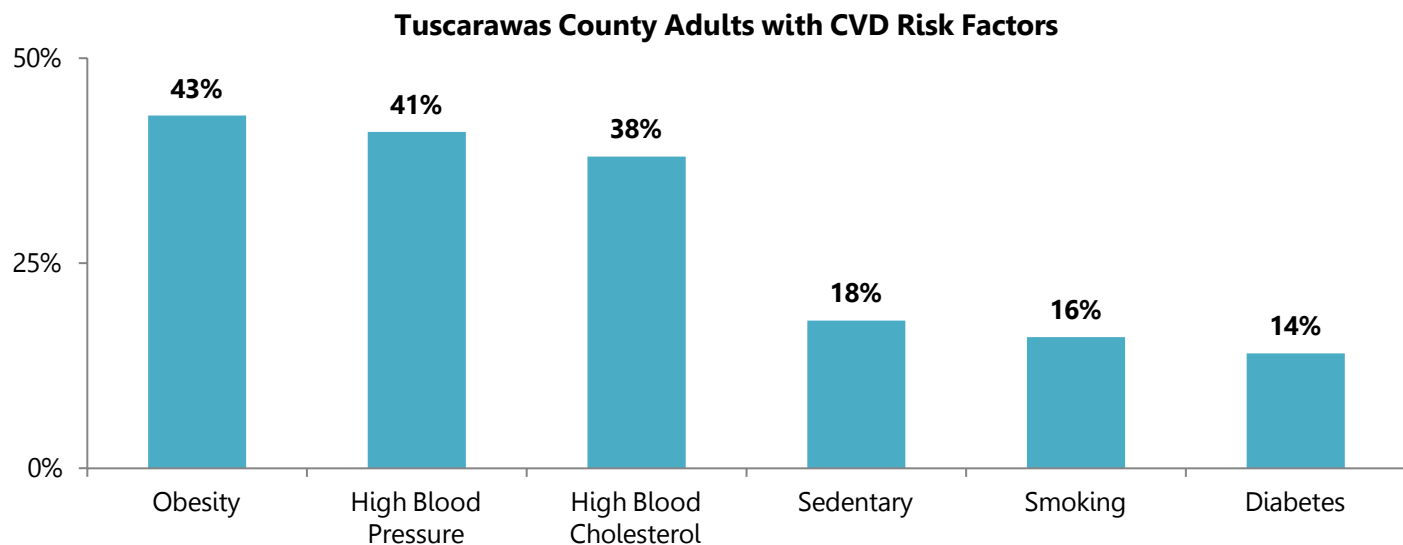
In 2021, 8% of Tuscarawas County adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities. One percent (1%) of Tuscarawas County adults considered attempting suicide in the past year.



Data Summary | Chronic Disease

CARDIOVASCULAR HEALTH

Five percent (5%) of adults had survived a heart attack and 3% had survived a stroke at some time in their life. More than two-fifths (43%) were obese, 41% had high blood pressure, 38% had high blood cholesterol, and 16% were current smokers, four known risk factors for heart disease and stroke.

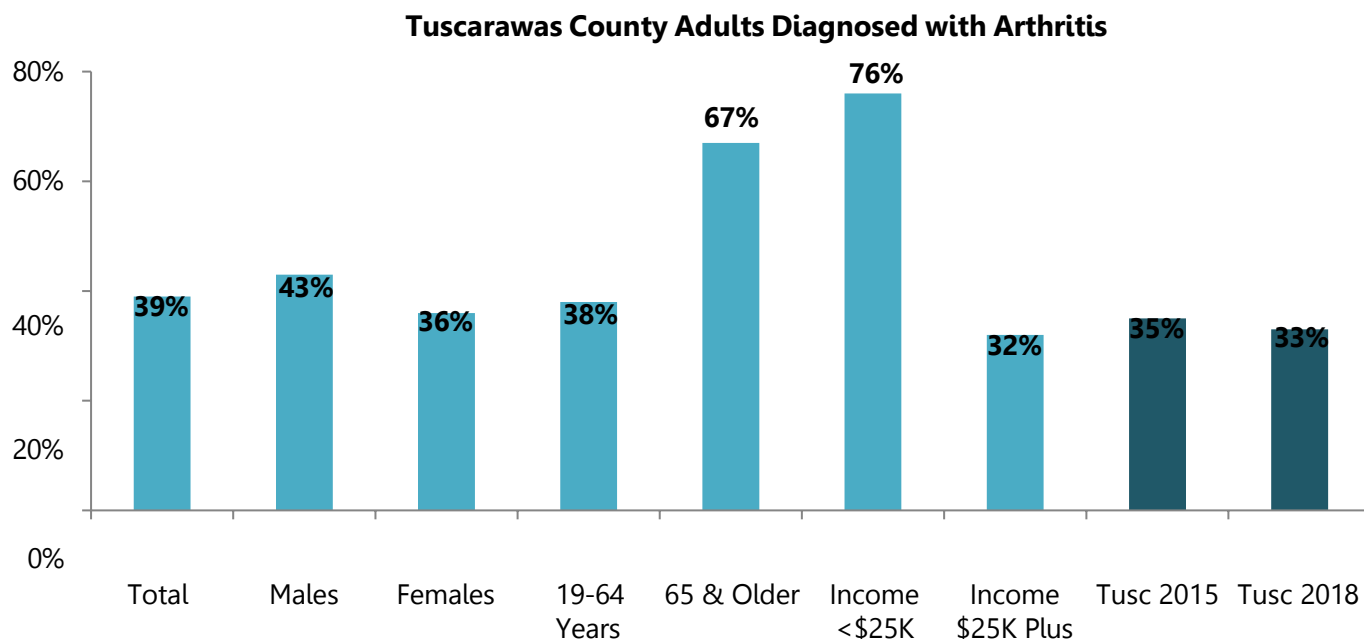


CANCER

In 2021, 16% of Tuscarawas County adults had been diagnosed with cancer at some time in their life. The Ohio Cancer Incidence Surveillance System indicates that from 2017-2019, a total of 701 Tuscarawas County residents died from cancer, the second leading cause of death in the county.

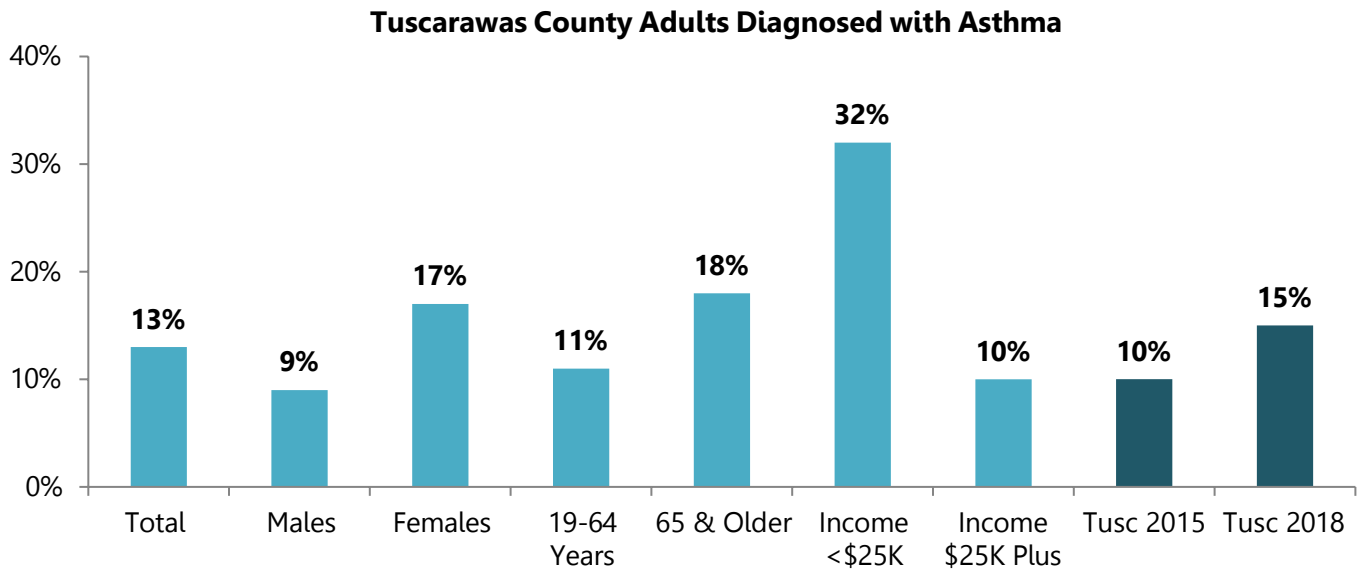
ARTHRITIS

Nearly two-fifths (39%) of Tuscarawas County adults were told by a health professional that they had some form of arthritis.



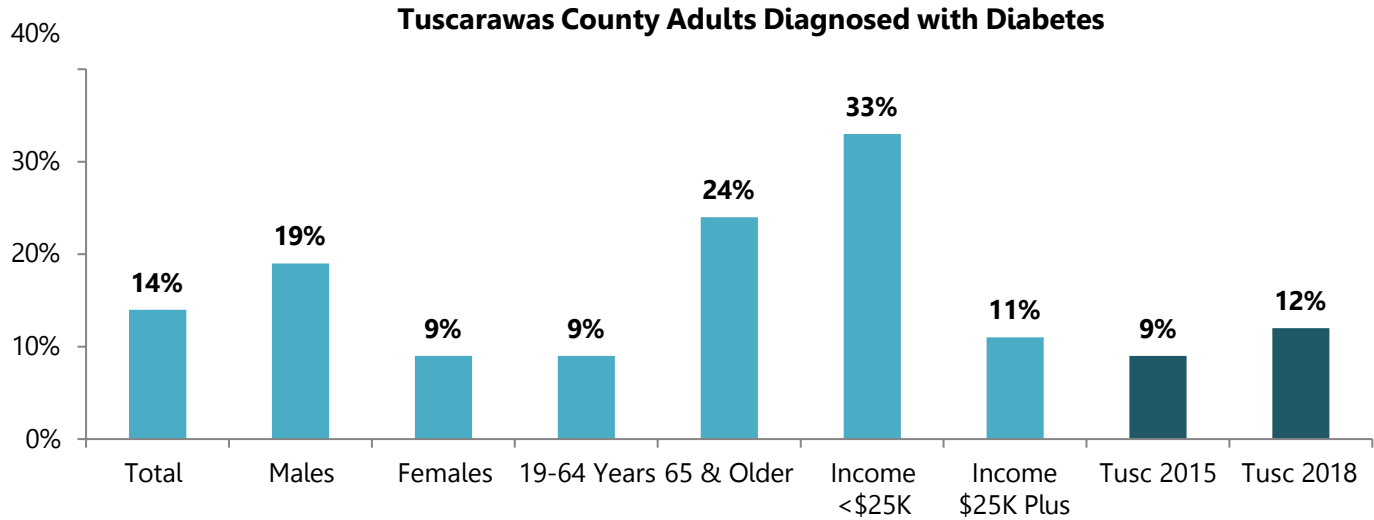
ASTHMA

In 2021, 13% of Tuscarawas County adults had been diagnosed with asthma.



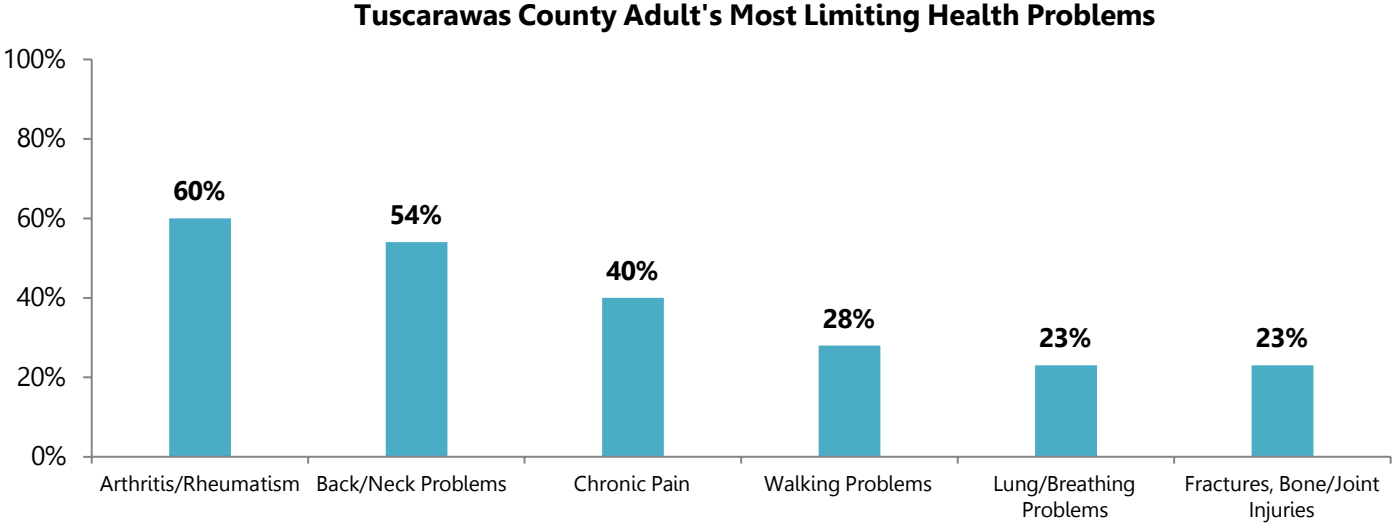
DIABETES

In 2021, 14% of Tuscarawas County adults had been diagnosed with diabetes.



QUALITY OF LIFE

In 2021, 24% of Tuscarawas County adults were limited in some way because of a physical, mental, or emotional problem.



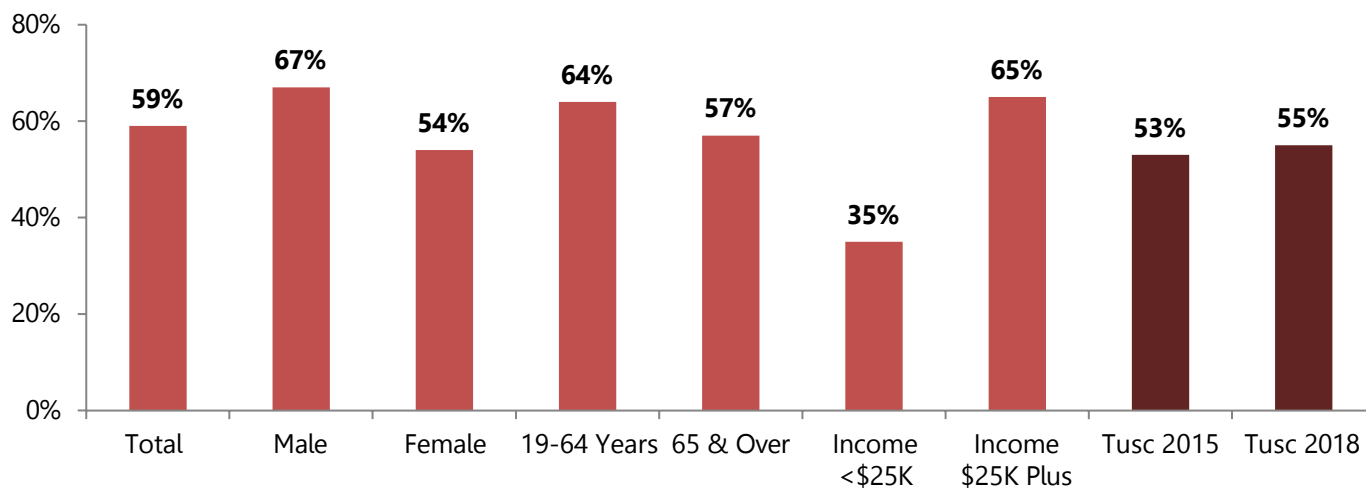
**In 2018, the top 3 most limiting health problems were: Arthritis/Rheumatism (50%), Back/Neck Problems (43%), Stress, Depression, Anxiety or Emotional Problems (29%)*

Data Summary | Social Conditions

SOCIAL DETERMINANTS OF HEALTH

In 2021, 5% of Tuscarawas County adults had to choose between paying bills and buying food. Fourteen percent (14%) of adults experienced four or more adverse childhood experiences (ACEs) in their lifetime. Nearly three-fifths (59%) of Tuscarawas County adults kept a firearm in or around their home.

Tuscarawas County Adults With a Firearm in the Home



ENVIRONMENTAL HEALTH

In 2021, adults indicated that insects (20%), mold (6%), air quality (3%), and unsafe water supply/wells (3%) threatened their health.

In 2018, adults indicated that insects (9%), mold (9%), and temperature regulation (4%) threatened their health.

PARENTING

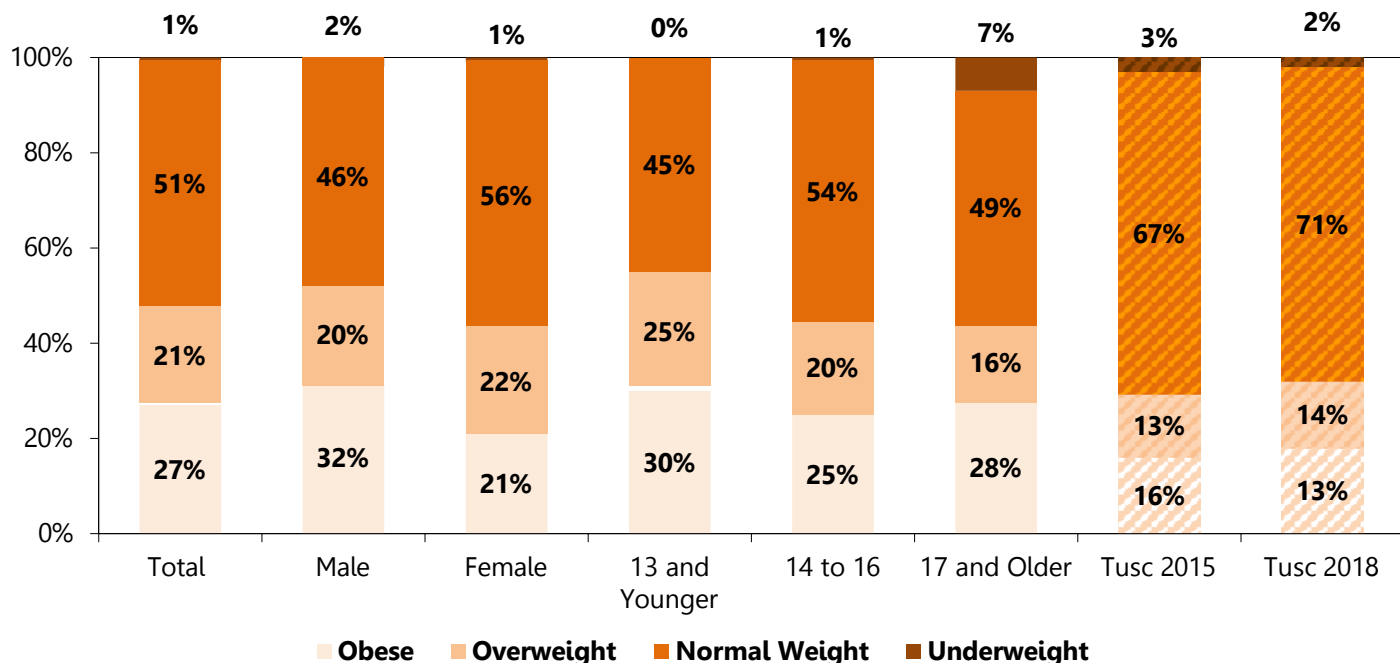
More than three-fifths (61%) of parents discussed bullying with their 6-to-17-year-old in the past year. Eighty-eight percent (88%) of parents reported their child had received all recommended immunizations.

Data Summary | Youth Health

YOUTH WEIGHT STATUS

Over one-fourth (27%) of Tuscarawas County youth were obese, according to Body Mass Index (BMI) by age. Seventy-seven percent (77%) of youth exercised for 60 minutes on 3 or more days per week.

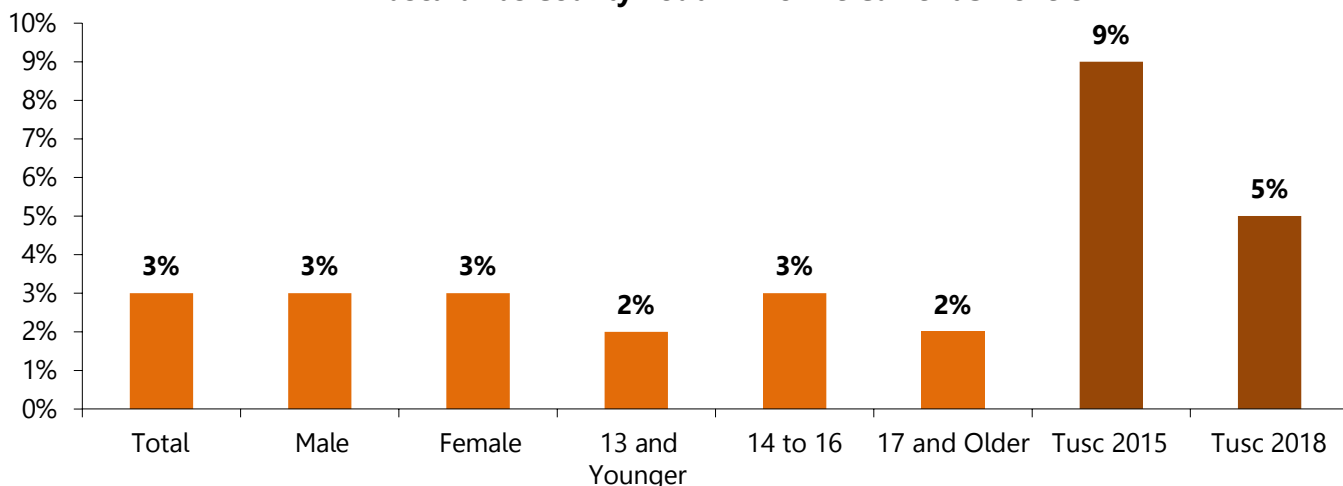
Tuscarawas County Youth BMI Classifications



YOUTH TOBACCO USE

Three percent (3%) of Tuscarawas County youth were current smokers. Almost one-fifth (19%) of youth had ever used an electronic vapor product.

Tuscarawas County Youth Who Are Current Smokers

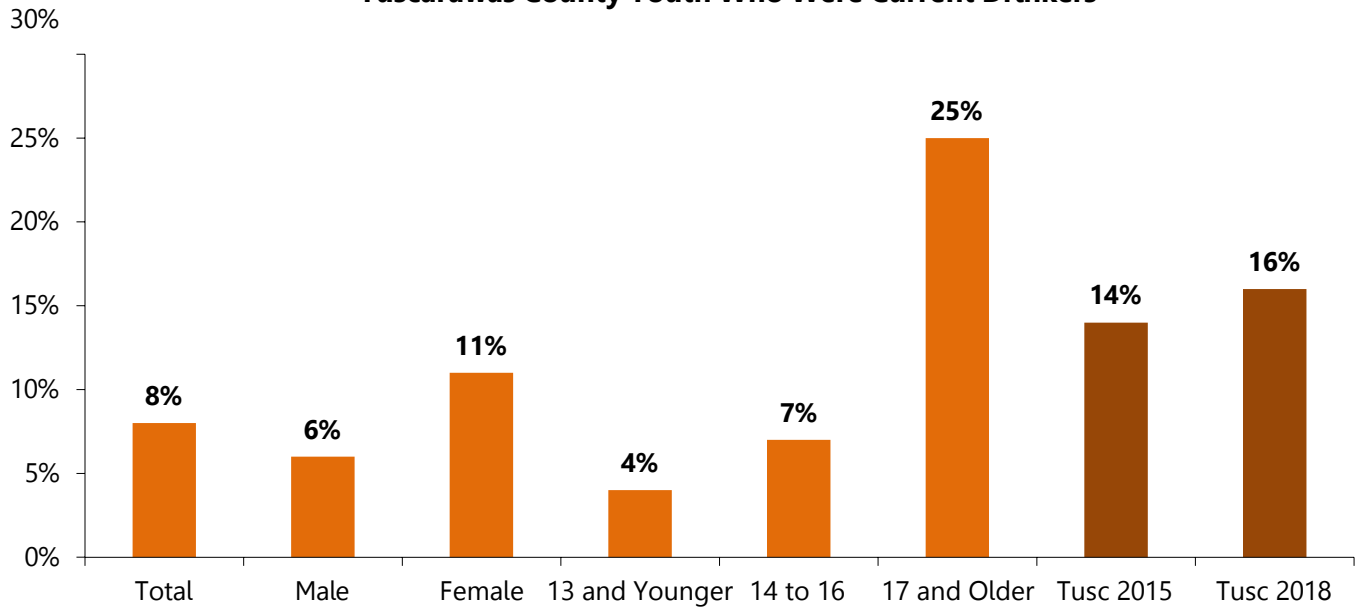


Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

YOUTH ALCOHOL CONSUMPTION

Eight percent (8%) of youth had at least one drink in the past 30 days, defining them as a current drinker. During the past 30 days, 8% of all Tuscarawas County youth had ridden in a car driven by someone who has been drinking alcohol.

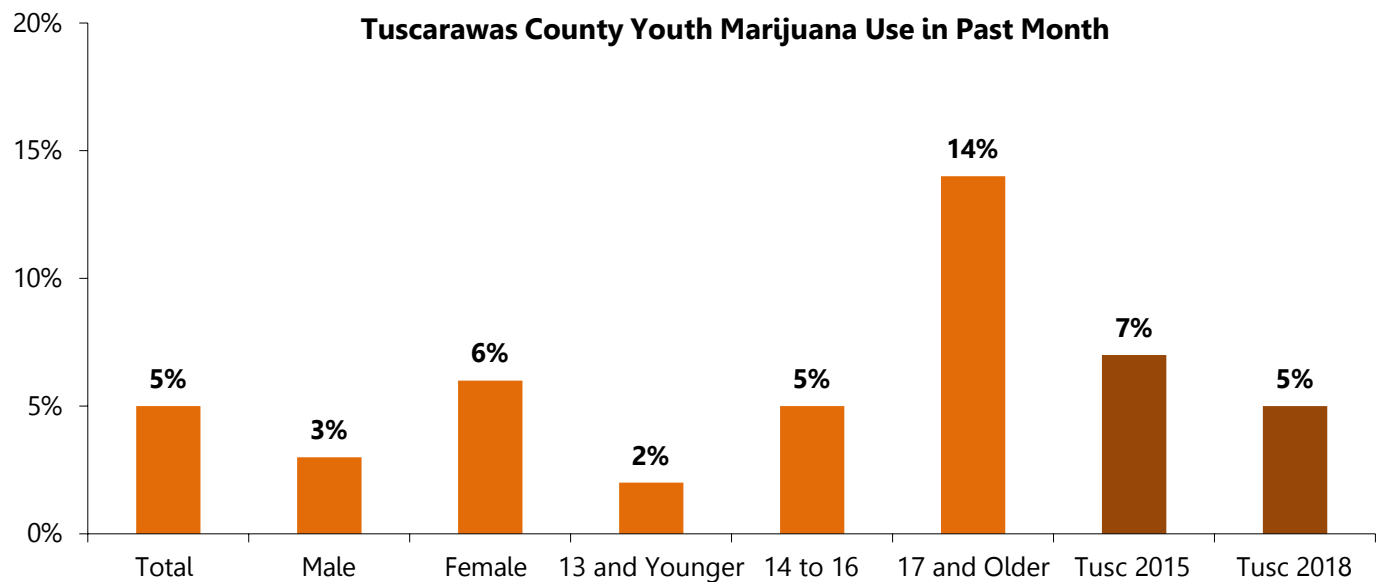
Tuscarawas County Youth Who Were Current Drinkers



YOUTH DRUG USE

Five percent (5%) of Tuscarawas County youth had used marijuana at least once in the past 30 days, increasing to 14% of those between the age 17 and older. One percent (1%) of youth used prescription drugs not prescribed for them in the past month.

Tuscarawas County Youth Marijuana Use in Past Month

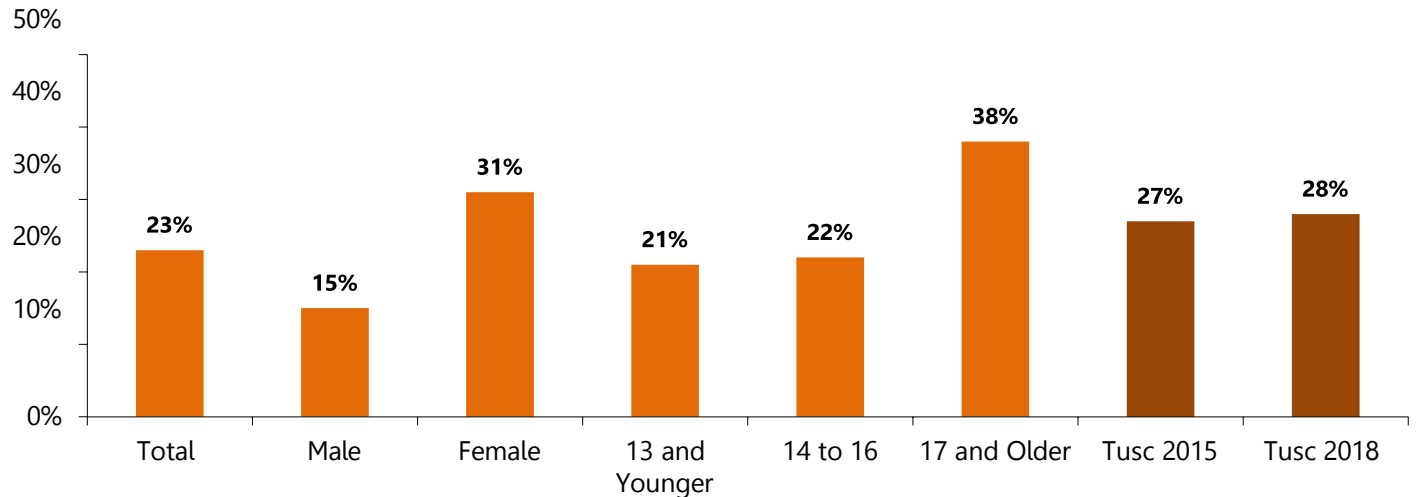


Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

YOUTH MENTAL HEALTH

Thirteen percent (13%) of youth had seriously considered attempting suicide in the past year, and 6% attempted suicide in the past 12 months. Among all youth in Tuscarawas County, 38% had ever visited a doctor, nurse, therapist, social worker, or counselor for a mental health problem.

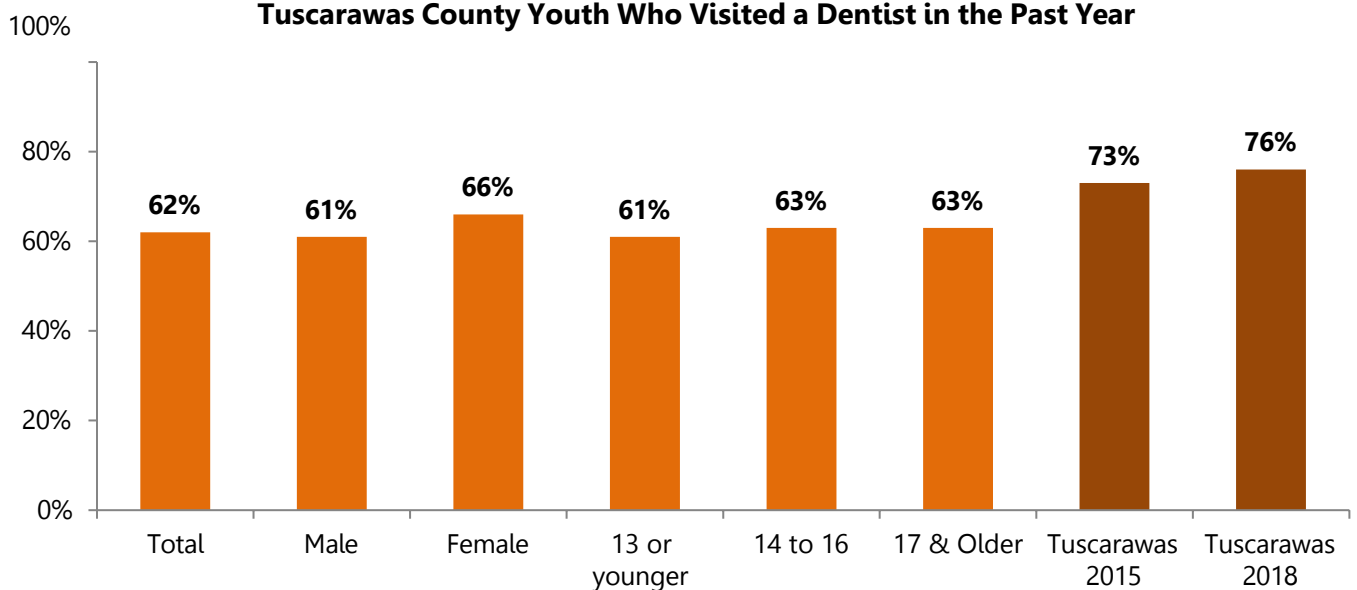
Tuscarawas County Youth Who Felt Sad or Hopeless for Two or More Weeks in a Row



YOUTH SOCIAL DETERMINANTS OF HEALTH

Nearly one-fifth (21%) of youth had three or more adverse childhood experiences (ACEs). Ten percent (10%) of Tuscarawas County youth drivers had texted while driving in the past 30 days.

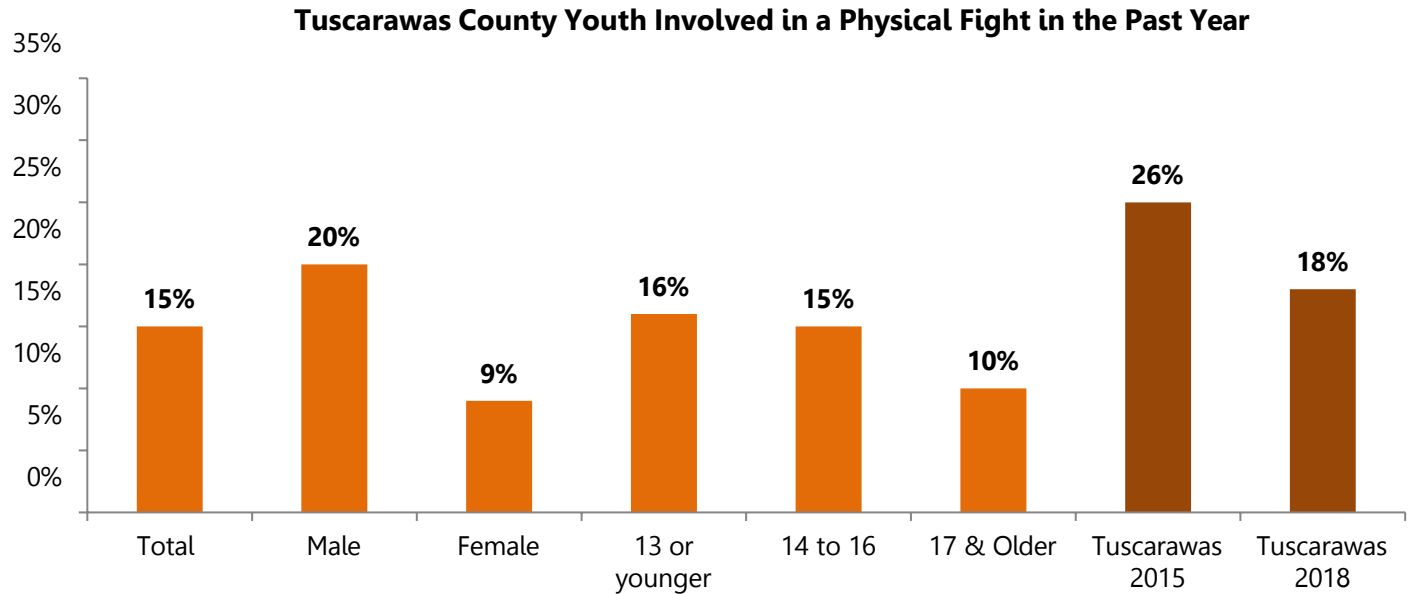
Tuscarawas County Youth Who Visited a Dentist in the Past Year



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

YOUTH VIOLENCE

Fifteen percent (15%) of youth had been involved in a physical fight, increasing to 20% of males. Thirty-one percent (31%) of youth had been bullied in the past year.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

YOUTH PERCEPTIONS OF SUBSTANCE USE

Twenty-three percent (23%) of youth thought that there was no risk in harming themselves physically or in other ways if they smoke marijuana once or twice a week. Sixty-six percent (66%) of youth reported their parents would feel it was very wrong for them to have one or two drinks of an alcoholic beverage nearly every day.

Adult Trend Summary

Adult Variables	Tuscarawas County 2015	Tuscarawas County 2018	Tuscarawas County 2021	Ohio 2020	U.S. 2020
Health Status					
Rated general health as good, very good or excellent	85%	85%	86%	85%	86%
Rated general health as excellent or very good	50%	50%	45%	55%	57%
Rated general health as fair or poor	15%	15%	14%	16%	13%
Average number of days that physical health was not good (in the past 30 days)	3.2	4.3	4.0	4.1*	3.7*
Rated physical health as not good on four or more days (in the past 30 days)	18%	29%	24%	24%**	23%**
Average number of days that mental health was not good (in the past 30 days)	3.9	5.2	4.2	4.8*	4.1*
Rated their mental health as not good on four or more days (in the past 30 days)	24%	35%	29%	29%**	26%**
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	22%	31%	28%	N/A	N/A
Health Care Coverage, Access, and Utilization					
Uninsured	14%	9%	13%	9%	11%
Primary source of health care coverage was Medicaid or medical assistance	6%	8%	7%	N/A	N/A
Had at least one person they thought of as their personal doctor or healthcare provider	82%	79%	90%	79%	77%
Visited a doctor for a routine checkup (in the past 12 months)	65%	68%	77%	77%	76%
Unable to see a doctor due to cost	9%	8%	3%	9%	10%
Arthritis, Asthma, & Diabetes					
Ever been told by a doctor that they have diabetes (not pregnancy-related)	9%	12%	14%	12%	11%
Ever been diagnosed with arthritis	35%	33%	39%	31%	25%
Ever been diagnosed with asthma	10%	15%	13%	14%	14%
Cardiovascular Health					
Ever diagnosed with angina or coronary heart disease	8%	5%	2%	5%	4%
Had a heart attack	6%	7%	5%	5%	4%
Had a stroke	3%	2%	3%	4%	3%
Had been told they had high blood pressure	40%	39%	41%	35%***	33%***
Had been diagnosed with high blood cholesterol	36%	40%	38%	33%***	33%***
Had blood cholesterol checked within the past 5 years	76%	77%	86%	85%***	87%***
Weight Status					
Overweight (BMI of 25.0 – 29.9)	37%	36%	26%	34%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	36%	37%	43%	36%	32%
Alcohol Consumption					
Current drinker (drank alcohol at least once in the past month)	41%	50%	46%	51%	53%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	16%	18%	17%	16%	16%

N/A – Not Available

*2018 BRFSS as compiled by 2021 County Health Rankings

**2019 BRFSS

***2019 Ohio and U.S. BRFSS




■ Indicates alignment with the Ohio State Health Assessment

Adult Variables	Tuscarawas County 2015	Tuscarawas County 2018	Tuscarawas County 2021	Ohio 2020	U.S. 2020
Tobacco Use					
Current smoker (currently smoke some or all days)	14%	20%	16%	19%	16%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	27%	26%	18%	24%	25%
Drug Use					
Adults who used marijuana in the past 6 months	5%	3%	4%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	10%	7%	5%	N/A	N/A
Preventive Medicine					
Had a pneumonia vaccine in lifetime (age 65 and older)	68%	66%	63%	72%	72%
Had a flu vaccine in the past year (ages 65 and over)	55%	65%	70%	65%	68%
Had a clinical breast exam in the past two years (age 40 and older)	66%	66%	70%	N/A	N/A
Had a mammogram in the past two years (age 40 and older)	68%	67%	71%	71%	72%
Had a pap smear in the past three years	68%	60%	63%	77%*	78%*
Had a PSA test in within the past two years (age 40 and over)	60%	56%	61%	32%	32%
Had a digital rectal exam within the past year	20%	16%	9%	N/A	N/A
Quality of Life					
Limited in some way because of physical, mental or emotional problem	18%	26%	24%	N/A	N/A
Mental Health					
Felt sad or hopeless for two or more weeks in a row in the past year	9%	12%	8%	N/A	N/A
Seriously considered attempting suicide in the past year	2%	7%	1%	N/A	N/A
Attempted suicide in the past year	<1%	<1%	0%	N/A	N/A
Sexual Behavior					
Had more than one sexual partner in past year	4%	4%	2%	N/A	N/A
Oral Health					
Adults who had visited the dentist in the past year	58%	59%	64%	65%	67%

N/A – Not Available

*2020 Ohio and U.S. BRFSS reports women ages 21-65

Youth Trend Summary

Youth Variables	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2018 (6 th -12 th)	Tuscarawas County 2021 OHYES (7 th -12 th)	Tuscarawas County 2021 OHYES (9 th -12 th)	Ohio 2019 (9 th -12 th)	U.S. 2019 (9 th -12 th)
Weight Control						
Obese 	16%	18%	27%	24%	17%	16%
Overweight	13%	14%	21%	20%	12%	16%
Physically active at least 60 minutes per day on every day in past week	35%	28%	33%	32%	24%	23%
Physically active at least 60 minutes per day on 5 or more days in past week	56%	54%	57%	57%	43%	44%
Did not participate in at least 60 minutes of physical activity on any day in past week	9%	9%	9%	9%	21%	17%
Unintentional Injuries and Violence						
Were in a physical fight (in the past 12 months)	25%	18%	14%	14%	19%	22%
Threatened or injured with a weapon on school property (in the past 12 months)	7%	6%	4%	3%	N/A	7%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	5%	13%	9%	10%	N/A	9%
Bullied (in past year) 	48%	35%	31%	30%	N/A	N/A
Electronically bullied (in past year)	9%	10%	13%	13%	13%	16%
Were bullied on school property (during the past 12 months)	N/A	N/A	18%	16%	14%	20%
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months)	4%	2%	6%	6%	10%	8%
Mental Health						
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	27%	28%	23%	26%	33%	37%
Seriously considered attempting suicide (in the past 12 months)	16%	17%	13%	15%	16%	19%
Attempted suicide (in the past 12 months)	8%	8%	6%	6%	7%	9%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (in the past 12 months)	3%	3%	2%	2%	N/A	N/A
Social Determinants of Health						
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	73%	76%	63%	64%	N/A	N/A
Visited a doctor for a routine checkup in the past year	65%	79%	52%	53%	N/A	N/A
Tobacco Use						
Current smoker (smoked on at least 1 day during the past 30 days) 	9%	5%	3%	2%	5%	6%


N/A – Not Available

 Indicates alignment with Ohio SHA/SHIP

Youth Variables	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2018 (6 th -12 th)	Tuscarawas County 2021 OHYES (7 th -12 th)	Tuscarawas County 2021 OHYES (9 th -12 th)	Ohio 2019 (9 th -12 th)	U.S. 2019 (9 th -12 th)
Alcohol Consumption						
Ever drank alcohol (at least one drink of alcohol on at least 1 day during their life)	44%	35%	26%	32%	N/A	N/A
Current Drinker (at least one drink of alcohol on at least 1 day during the past 30 days)	14%	16%	8%	12%	26%	29%
Binge drinker (drank 5 or more drinks within a couple of hours on at least 1 day during the past 30 days)	9%	8%	3%	6%	13%	14%
Drank for the first time before age 13 (of all youth)	13%	8%	11%	8%	16%	15%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on 1 or more occasion during the past 30 days)	16%	11%	8%	7%	N/A	17%
Obtained the alcohol they drank by someone giving it to them (of current drinkers)	36%	41%	45%	49%	N/A	6%
Drug Use						
Currently used marijuana (in the past 30 days)	7%	5%	5%	7%	16%	20%
Ever used methamphetamines (in their lifetime)	1%	2%	0%	0%	N/A	2%
Ever used cocaine (in their lifetime)	3%	2%	<1%	1%	4%	4%
Ever used heroin (in their lifetime)	1%	1%	0%	0%	2%	2%
Ever used inhalants (in their lifetime)	9%	6%	1%	1%	8%	6%
Ever took steroids without a doctor's prescription (in their lifetime)	5%	2%	<1%	0%	N/A	2%
Ever used ecstasy (also called MDMA in their lifetime)	2%	1%	2%	3%	N/A	4%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	7%	4%	4%	5%	15%*	22%*

N/A – Not Available

*YRBS is for youth who were ever offered, sold, or given illegal drugs on school property

 Indicates alignment with Ohio SHA/SHIP

Health Care Access: Health Care Coverage

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

One-in-eight (13%) Tuscarawas County adults were without health care coverage in 2021. Those most likely to be uninsured were females (14%) and adults ages 19 to 64 (15%).

Health Coverage

- In 2021, 87% of Tuscarawas County adults had health care coverage. One percent (1%) of adults were unsure if they had healthcare coverage.
- In the past year, 13% of adults were uninsured, decreasing to 4% of those ages 65 and older.
- Twenty-one percent (21%) of adults with children did not have health care coverage, compared to 12% of those who did not have children living in their household.
- The following types of health care coverage were used: employer (47%); Medicare (16%); someone else's employer (11%); multiple, including private insurance (8%); Medicaid or medical assistance (7%); multiple, including government insurance (5%); self-purchased plan (4%); Health Insurance Marketplace (1%); and military, CHAMPUS, TriCare, CHAMPVA or the VA (1%).

Key Facts about the Uninsured Population

- Studies repeatedly demonstrate that the uninsured are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases.
- Three in ten (30.2%) nonelderly adults without coverage said that they went without needed care in the past year because of cost compared to 5.3% of adults with private coverage and 9.5% of adults with public coverage.
- In 2019, 73.7% of uninsured nonelderly adults said they were uninsured because coverage is not affordable, making it the most common reason cited for being uninsured.
- In 2019, uninsured nonelderly adults were more than three times as likely as adults with private coverage to say that they delayed filling or did not get a needed prescription drug due to cost
- Because people without health coverage are less likely than those with insurance to have regular outpatient care, they are more likely to be hospitalized for avoidable health problems and to experience declines in their overall health.

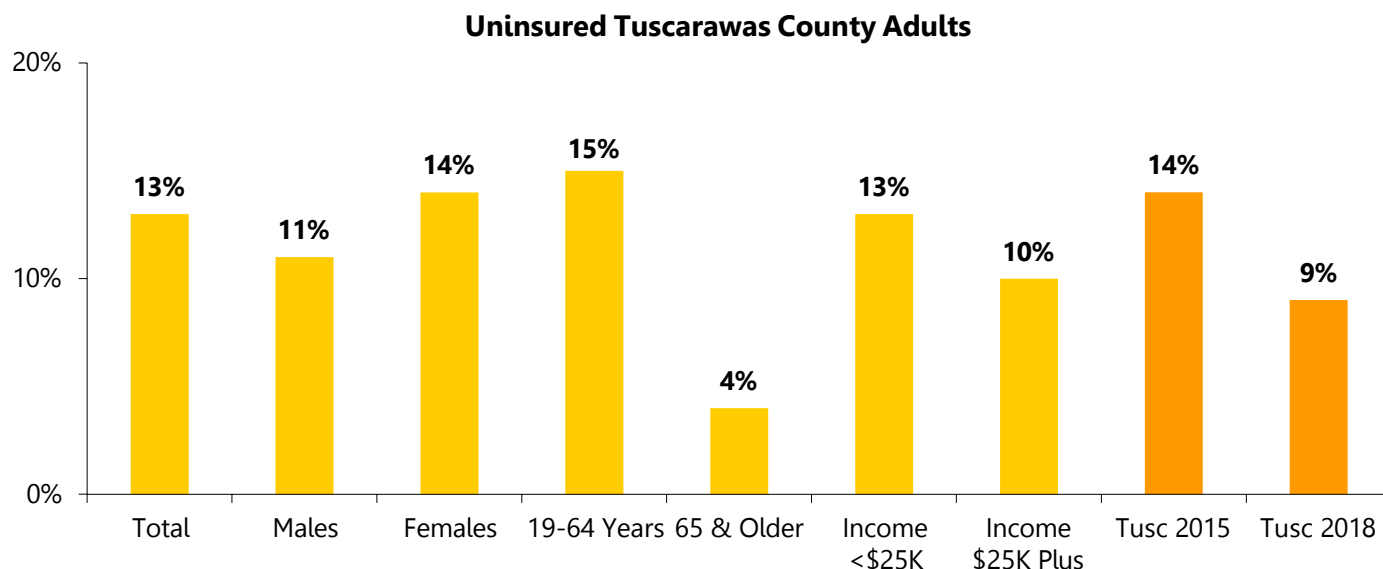
(Source: The Henry Kaiser Family Foundation, Key Facts about the Uninsured Population, Updated November 6, 2020)

In Tuscarawas County, 9,066 adults were uninsured.

- Tuscarawas County adult health care coverage included the following: medical (97%), prescription coverage (94%), immunizations (78%), preventive health (73%), outpatient therapy (71%), dental (68%), vision/eyeglasses (60%), mental health (56%), pain management (43%), durable medical equipment (40%), alcohol and drug treatment (36%), home care (28%), skilled nursing/assisted living (27%), hospice (23%), air ambulance (23%), tobacco cessation (22%), transportation (15%), and infertility treatment (12%).

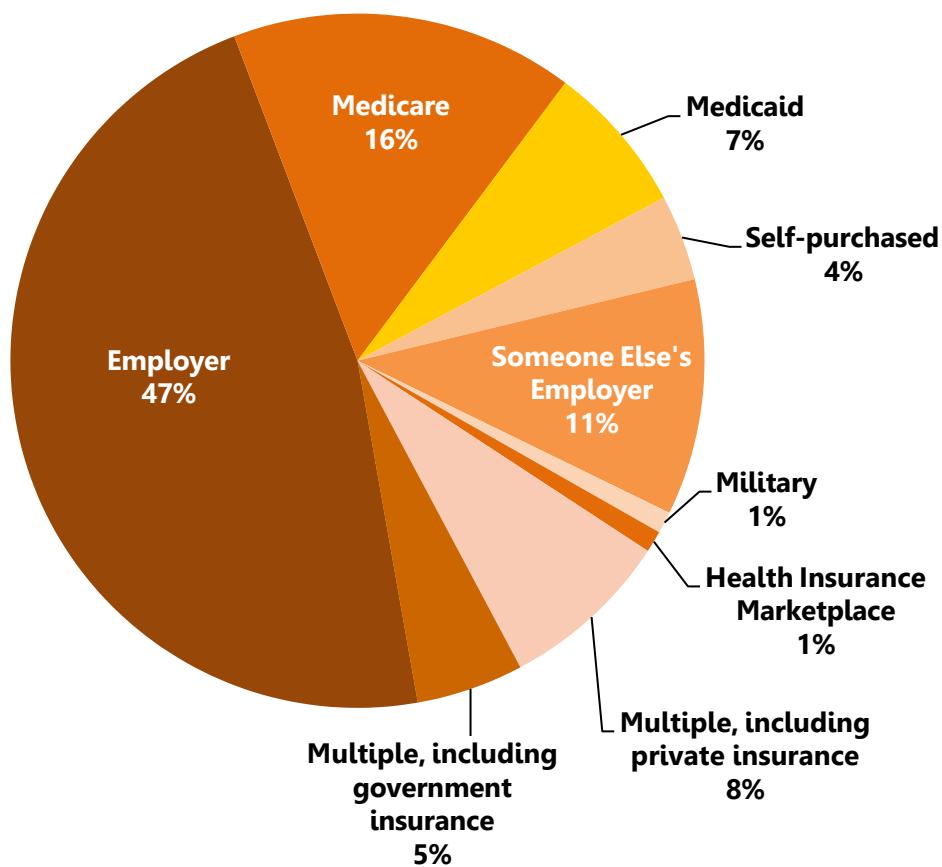
Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Tuscarawas County 2021	Ohio 2020	U.S. 2020
Uninsured	14%	9%	13%	9%	11%
Primary source of health care coverage was Medicaid or medical assistance	6%	8%	7%	N/A	N/A

The following graph shows the percentages of Tuscarawas County adults who were uninsured. An example of how to interpret the information includes: 13% of all Tuscarawas County adults were uninsured, including 13% of adults with incomes less than \$25,000 and 4% of those over the age of 65. The pie chart shows sources of Tuscarawas County adults' health care coverage.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Source of Health Coverage for Tuscarawas County Adults



The following chart shows what is included in Tuscarawas County adults' insurance coverage.

Health Coverage Includes:	Yes	No	Don't Know
Medical	97%	0%	3%
Prescription Coverage	94%	3%	3%
Immunizations	78%	1%	21%
Preventive Health	73%	3%	24%
Outpatient Therapy	71%	1%	28%
Dental	68%	28%	4%
Vision/Eyeglasses	60%	29%	11%
Mental Health	56%	1%	43%
Pain Management	43%	0%	57%
Durable Medical Equipment	40%	3%	57%
Alcohol and Drug Treatment	36%	2%	62%
Home Care	28%	4%	68%
Skilled Nursing/Assisted Living	27%	3%	70%
Hospice	23%	4%	73%
Air Ambulance	23%	2%	75%
Tobacco Cessation	22%	4%	74%
Transportation	15%	6%	79%
Infertility Treatment	12%	4%	84%

**Healthy People 2030
Access to Health Services (AHS)**

Objective	Tuscarawas County 2021	Ohio 2020	U.S. 2018	Healthy People 2030 Target
AHS-01: Increase the proportion of people with health insurance	100% age 20-24 67% age 25-34 85% age 35-44 88% age 45-54 85% age 55-64	86% age 18-24 85% age 25-34 89% age 35-44 91% age 45-54 92% age 55-64	82% age 18-24 80% age 25-34 84% age 35-44 87% age 45-54 91% age 55-64	92%

*Note: U.S. baseline is age-adjusted to the 2000 population standard
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.*

(Sources: Healthy People 2030 Objectives, 2020 BRFSS, 2021 Tuscarawas County Health Assessment)

Health Care Access: Access and Utilization

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

More than three-fourths (77%) of Tuscarawas County adults visited a doctor for a routine checkup in the past year. Sixty-nine percent (69%) of adults went outside of Tuscarawas County for health care services in the past year.

Health Care Access and Utilization

- Most (90%) adults indicated they had at least one person they thought of as their personal doctor or health care provider.
- Adults with health care coverage were more likely to have at least one person they thought of as their personal doctor or healthcare provider (93%), compared to 68% of those without health care coverage.
- More than three-fourths (77%) of Tuscarawas County adults visited a doctor for a routine checkup in the past year, increasing to 86% of those ages 65 and older.
- Adults with health care coverage were more likely to have visited a doctor for a routine checkup in the past year (82%), compared to 35% of those without healthcare coverage.
- Reasons for not receiving medical care in the past 12 months included the following: no need to go (27%), COVID-19 (10%), cost/no insurance (3%), too long of a wait for an appointment (3%), too long of a wait in the waiting room (3%), inconvenient appointment times (3%), no transportation (2%), too embarrassed to seek help (2%), can access medical records online (1%), distance (1%), wasn't open when they could get there (1%), no child care (1%), and other problems that prevented them from getting medical care (10%). Fifty-four percent (54%) of adults reported they did receive medical care in the past 12 months.
- Sixty-nine percent (69%) of adults received the following health care services outside of Tuscarawas County in the past 12 months: specialty care (24%), dental services (19%), primary care (17%), obstetrics/gynecology (13%), cardiac care (10%), orthopedic care (8%), female health services (4%), ear/nose/throat care (4%), cancer care (3%), dermatological (skin) care (3%), pediatric care (3%), pain management (3%), pediatric care and therapies (1%), mental health care/counseling services (1%), podiatry (foot/ankle) care (1%), and another service (9%).
- Adults went outside of Tuscarawas County for health services for the following reasons: services were not available locally (27%), did not like the local services/providers (19%), better quality of program (17%), used to live there (15%), insurance restrictions (12%), word-of-mouth (9%), had a bad experience locally (6%), wait list was too long in Tuscarawas County (6%), worked there (6%), hours not convenient (2%), confidentially/anonymity (1%), and other reasons (17%).
- Adults usually visited the following places when they were sick or needed advice about their health: a doctor's office (46%), urgent care center (4%), family and friends (4%), Internet (2%), VA (2%), a public health clinic or community health center (2%), a hospital emergency room (1%), and a chiropractor (1%). Five percent (5%) of adults indicated they did not have a usual place and 33% indicated they visited multiple places when they were sick or needed advice about their health.
- Adults preferred to access information about their health or healthcare services from the following: their doctor (80%), medical/patient portal (29%), family member or friend (28%), Internet searches (20%), e-mail (14%), texts on cell phone (11%), advertising or mailings from health care providers (7%), newspaper articles or radio/television news stories (4%), and social networks (2%).

- Nearly one-third (32%) of Tuscarawas County adults experienced the following problems when they needed health care in the past 12 months:
 - Couldn't get appointments when they wanted them (7%)
 - Had to change doctors because of healthcare plan (5%)
 - Too busy to get the healthcare they needed (4%)
 - Couldn't find a doctor they were comfortable with (4%)
 - Couldn't find a doctor to take them as a patient (2%)
 - Too embarrassed to seek help (2%)
 - Health care plan did not allow them to see doctors in Tuscarawas County (2%)
 - Didn't have transportation (2%)
 - Didn't have anyone to take care of children (1%)
 - Didn't have anyone to watch parent or senior family member (1%)
 - Didn't get health services because of discrimination (1%)
 - Didn't get health services because they were concerned about confidentiality (1%)
 - Didn't have enough money to pay for health care (1%)
 - Didn't have insurance (1%)
 - Had another problem that kept them from getting health care (4%)
- Adults reported the following reasons for not getting their prescriptions filled in the past 12 months: did not have any prescriptions to be filled (13%), too expensive (5%), stretched current prescription by taking less than what was prescribed (4%), did not think they needed it (3%), side effects (2%), no insurance (1%), no generic equivalent of what was prescribed (1%), and transportation (1%). Seventy-two percent (72%) of adults reported having all of their prescriptions filled in the past year.

Availability of Services

- Tuscarawas County adults reported they had looked for the following programs: depression, anxiety or mental health (12%); alcohol abuse (10%); disability (8%); end-of-life/hospice care (8%); assist in care for the elderly (7%); assistance with in-home care for an elderly or disabled adult (7%); nutritional services (7%); assist in care for the disabled (5%); assistance with out-of-home placement for an elderly or disabled adult (5%); assisted living program for elderly or disabled adult (5%); disabled adult program (5%); weight problems (5%); marital/family problems (4%); family planning (2%); tobacco cessation (2%); cancer support group/counseling (1%); and drug abuse (1%).
- Adults reported the following reasons for not using a program or service to help with depression, anxiety, or other emotional problems for themselves or a loved one: not needed/not necessary (67%), a program had already been used (8%), stigma of seeking mental health services (7%), co-pay/deductible is too high (6%), could not afford to go (5%), did not know how to find a program (3%), had not thought of it (3%), fear (2%), took too long to get in to see a doctor (2%), other priorities (1%), transportation (1%), denial/did not follow medical provider's advice (1%), and other reasons (8%).

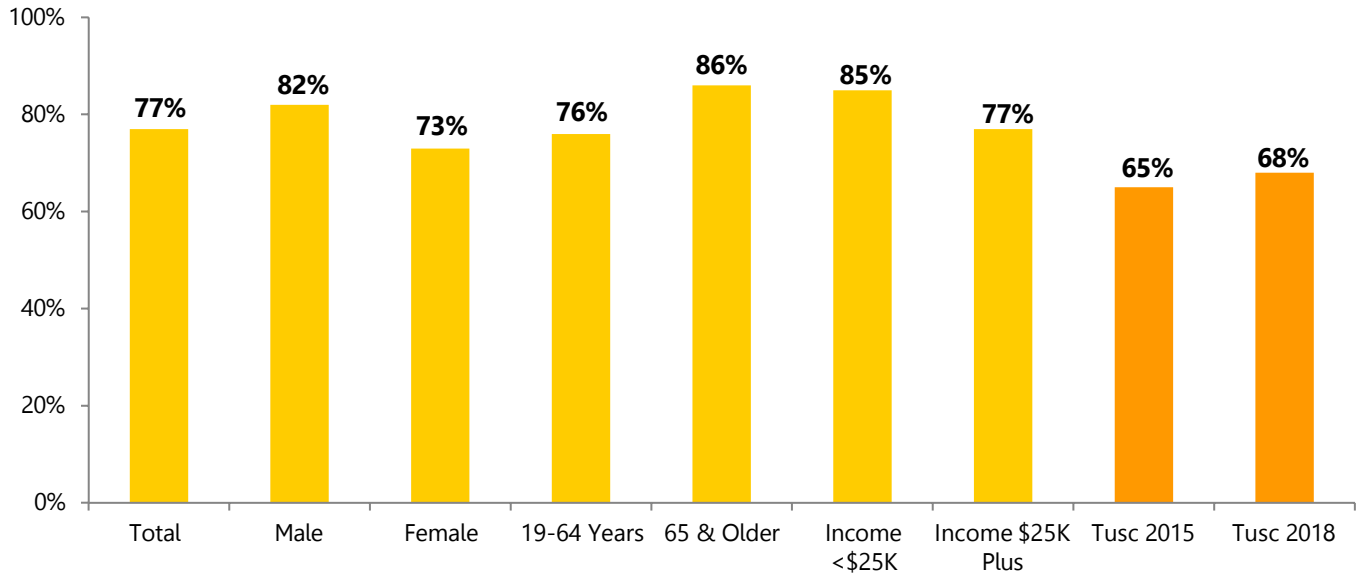
Tuscarawas County Adults Able to Access Assistance Programs/Services

Types of Programs (% of all adults who looked for the programs)	Tuscarawas County adults who looked but did NOT find a specific program	Tuscarawas County adults who looked and found a specific program
Depression, anxiety, or some mental health problem (12% of all adults looked)	25%	75%
Alcohol abuse (10% of all adults looked)	79%	21%
Disability (8% of all adults looked)	47%	53%
End-of-life care or hospice care (8% of all adults looked)	0%	100%
Assist in care for the elderly (either in-home or out-of-home, or adult day care) (7% of all adults looked)	23%	77%
Assistance with in-home care for an elderly or disabled adult (7% of all adults looked)	38%	62%
Nutritional Services (7% of all adults looked)	23%	77%
Assist in care for the disabled (either in-home or out-of-home) (5% of all adults looked)	40%	60%
Assistance with out-of-home placement for an elderly or disabled adult (5% of all adults looked)	44%	56%
Assisted living program for an elderly or disabled adult (5% of all adults looked)	56%	44%
Disabled adult program (5% of all adults looked)	56%	44%
Weight problem (5% of all adults looked)	10%	90%
Marital or family problems (4% of all adults looked)	50%	50%
Family planning (2% of all adults looked)	33%	67%
Tobacco cessation (2% of all adults looked)	33%	67%
Cancer support group/counseling (1% of all adults looked)	100%	0%
Drug abuse (1% of all adults looked)	0%	100%
Detoxification for opiates/heroin (0% of all adults looked)	N/A	N/A
Gambling abuse (0% of all adults looked)	0%	0%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

The following graph shows the percentage of Tuscarawas County adults who had a routine check-up in the past year. An example of how to interpret the information includes: 77% of all Tuscarawas County adults had a routine check-up in the past year, including 82% of males, 73% of females and 86% of those 65 years and older.

Tuscarawas County Adults who had a Routine Check-up in the Past Year



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

During the past 12 months, 2,092 adults did not receive medical care due to cost/no insurance.

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Tuscarawas County 2021	Ohio 2020	U.S. 2020
Had at least one person they thought of as their personal doctor or health care provider	82%	79%	90%	79%	77%
Visited a doctor for a routine checkup (in the past 12 months)	65%	68%	77%	77%	76%
Unable to see a doctor due to cost	9%	8%	3%	9%	10%

Health Care Access: Preventive Medicine

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

Half (50%) of Tuscarawas County adults had a flu vaccine during the past 12 months. More than three-fifths (63%) of adults ages 65 and older had a pneumonia vaccination at some time in their life.

Preventive Medicine

- Half (50%) of Tuscarawas County adults had a flu vaccine during the past 12 months.
- Seventy percent (70%) of Tuscarawas County adults ages 65 and older had a flu vaccine in the past 12 months.
- Nearly one-third (30%) of adults have had a pneumonia shot in their life, increasing to 63% of those ages 65 and over.
- Tuscarawas County adults have had the following vaccines:
 - Measles, mumps, and rubella (MMR) in their lifetime (79%)
 - COVID-19 (Moderna, Pfizer, Johnson & Johnson) in their lifetime (67%)
 - Tetanus booster (Td/Tdap) in the past 10 years (67%)
 - Chicken pox in their lifetime (57%)
 - Hepatitis B in their lifetime (39%)
 - Pertussis in the past 10 years (35%)
 - Hepatitis A in their lifetime (32%)
 - Haemophilus influenzae or influenza type B (HiB) in their lifetime (30%)
 - Meningococcal vaccine (MenACWY or MenB) in their lifetime (26%)
 - Zoster (shingles) in their lifetime (22%)
 - Human papillomavirus (HPV) in their lifetime (7%)

'Vaccine Preventable' Communicable Disease Report for Tuscarawas County Residents

'Vaccine Preventable' Communicable Diseases	Tuscarawas County 2019	Tuscarawas County 2020	Tuscarawas County 2021	Trend based on 2-year average
Chickenpox (Varicella)	7	3	2	Green
COVID-19	-	6,244	10,253	Red
Haemophilus influenzae	2	0	1	Red
Hepatitis A	5	38	1	Green
Hepatitis B Acute/Chronic	11	7	7	Yellow
Influenza – Hospitalized	88	67	1	Green
Pertussis (Whooping Cough)	11	10	1	Green
Step Pneumoniae	7	2	9	Red

(Source: 2021 Tuscarawas County Health Department Annual Report)

2-year trend average color explanation: green = decrease in trend from 2020 to 2021, red = increase in trend from 2020 to 2021, yellow = trend stayed the same from 2020 to 2021.

Preventive Health Screenings and Exams

- In the past year, 56% of Tuscarawas County women ages 40 and over had a mammogram.
- In the past year, 51% of men ages 50 and over had a PSA test.
- See the Women’s and Men’s Health Sections for further prostate, mammogram, clinical breast exam, and Pap smear screening test information for Tuscarawas County adults.

Tuscarawas County Adult Health Screening Results

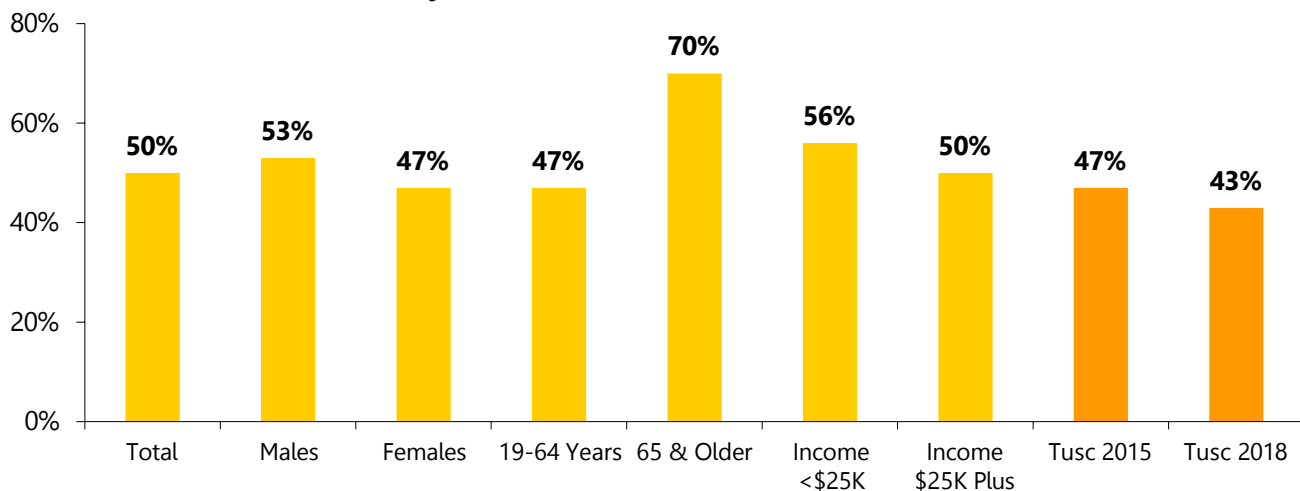
General Screening Results	Total Sample*
Diagnosed with high blood pressure	41%
Diagnosed with high blood cholesterol	38%
Diagnosed with diabetes	14%
Survived a heart attack	5%
Survived a stroke	3%
Diagnosed with congestive heart failure	2%
Diagnosed with angina (chest pain) or coronary heart disease	2%

*Percentages based on all Tuscarawas County adults surveyed.

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Tuscarawas County 2021	Ohio 2020	U.S. 2020
Had a pneumonia vaccination in lifetime (ages 65 and older)	68%	66%	63%	72%	72%
Had a flu vaccine in the past year (ages 65 and older)	55%	65%	70%	65%	68%

The following graph shows the percentage of Tuscarawas County adults who received a flu shot within the past year. An example of how to interpret the information shown on the graph includes: 50% of Tuscarawas County adults received a flu shot within the past year, including 47% of females and 56% of those with incomes less than \$25,000.

Tuscarawas County Adults who Received a Flu Shot Within the Past Year



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

**Healthy People 2030
Immunization and Infectious Diseases (IID)**

Objective	Tuscarawas County 2021	Ohio 2020	U.S. 2020	Healthy People 2030 Target
IID-09: Increase the proportion of persons who are vaccinated annually against seasonal influenza	50%	65%	68%	70%

*Note: U.S. baseline is age-adjusted to the 2000 population standard.
(Sources: Healthy People 2030 Objectives, 2020 BRFSS, 2021 Tuscarawas County Health Assessment)*

'Other' Communicable Disease Report for Tuscarawas County Residents

'Other' Communicable Diseases	Tuscarawas County 2019	Tuscarawas County 2020	Tuscarawas County 2021	Trend based on 2-year average
Campylobacteriosis	10	14	16	Red
CP-CRE	2	2	1	Green
Cryptosporidiosis	2	1	16	Red
Cyclosporiasis	0	0	1	Red
Dengue	0	0	1	Red
E. Coli	3	2	5	Red
Giardia	1	1	0	Green
Hepatitis C Acute/Chronic	77	60	53	Green
La Cross Virus	0	0	1	Red
Legionellosis	6	2	7	Red
Lyme Disease	27	28	39	Red
Meningitis - Bacterial	0	1	2	Red
Meningitis - Viral	3	3	3	Yellow
Salmonella	16	10	5	Green
Shigella	2	1	1	Yellow
Tuberculosis (TB)	2	3	2	Green
Yersinosis	4	0	3	Red

*(Source: 2021 Tuscarawas County Health Department Annual Report)
2-year trend average color explanation: green = decrease in trend from 2020 to 2021, red = increase in trend from 2020 to 2021, yellow = trend stayed the same from 2020 to 2021.*

Who Should Get a Yearly Flu Shot?


The following groups are recommended to get a yearly flu vaccine:


- All persons aged 6 months and older should be vaccinated annually.
- When vaccine supply is limited, vaccination efforts should focus on delivering vaccination to persons who:
 - Are aged 6 months through 4 years.
 - Are aged 50 years and older.
 - Have chronic pulmonary (including asthma), cardiovascular (except isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus).
 - Those who are immunosuppressed.
 - Are or will be pregnant during the influenza season.
 - Are residents of nursing homes and chronic-care facilities.
 - Are American Indians/Alaska Natives.
 - Are morbidly obese (body-mass index is 40 or greater).
 - Are health-care personnel.
 - Are household contacts and caregivers of children aged younger than 5 years and adults aged 50 years and older.
 - Are household contacts and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza.


(Source: CDC, Seasonal Influenza (Flu), Who Should Do It, Who Should Not and Who Should Take Precautions, Updated on August 24, 2021)


Recommended Adult Immunization Schedule by Age Group, United States, 2021

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV) or Influenza recombinant (RIV4) <i>or</i>	1 dose annually			
Influenza live, attenuated (LAIV4)				
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)			2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal conjugate (PCV13)	1 dose			1 dose
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses depending on indication			1 dose
Hepatitis A (HepA)	2 or 3 doses depending on vaccine			
Hepatitis B (HepB)	2 or 3 doses depending on vaccine			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
	19 through 23 years			
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			

 Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

 Recommended vaccination for adults with an additional risk factor or another indication

 Recommended vaccination based on shared clinical decision-making

 No recommendation/ Not applicable

(Source: CDC, Adult Immunization Schedule, Updated February 2021)

Health Care Access: Women's Health

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

In 2021, over half (56%) of Tuscarawas County women over the age of 40 reported having a mammogram. Fifty-five percent (55%) of Tuscarawas County women had a clinical breast exam and 38% had a Pap smear to detect cancer of the cervix in the past year. More than two-fifths (43%) were obese, 36% had high blood pressure, 34% had high blood cholesterol, and 13% were identified as current smokers, all known risk factors for cardiovascular diseases.

Women's Health Screenings

- Sixty-two percent (62%) of women had a mammogram at some time in their life, and 37% had this screening in the past year.
- More than half (56%) of women ages 40 and older had a mammogram in the past year, and 71% had one in the past two years.
- Eighty-seven percent (87%) of Tuscarawas County women had a clinical breast exam at some time in their life, and 55% had one within the past year. More than two-thirds (70%) of women ages 40 and older had a clinical breast exam in the past two years.
- Eighty-six percent (86%) of Tuscarawas County women had a Pap smear at some time in their life, and 38% reported having had the exam in the past year. More than three-fifths (63%) of women had a Pap smear in the past three years. One-in-fourteen (7%) women reported the screening was not recommended by their doctor.
- Women used the following as their usual source of services for female health concerns: private gynecologist (52%), general or family physician (19%), health department clinic (4%), emergency room (2%), family planning clinic (2%), and nurse practitioner/physician assistant (1%). Twelve percent (12%) of women indicated they did not have a usual source and 8% indicated they had multiple sources for female health services.

Tuscarawas County Female Leading Causes of Death, 2017 – 2019

Total Female Deaths: 1,736

1. Heart Diseases (23% of all deaths)
2. Cancers (18%)
3. Alzheimer's disease (10%)
4. Diabetes (7%)
5. Chronic Lower Respiratory Diseases (7%)

(Source: Ohio Public Health Data Warehouse, 2017-2019)

Ohio Female Leading Causes of Death, 2017 – 2019

Total Female Deaths: 183,975

1. Heart Diseases (22% of all deaths)
2. Cancers (20%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (6%)
5. Alzheimer's disease (6%)

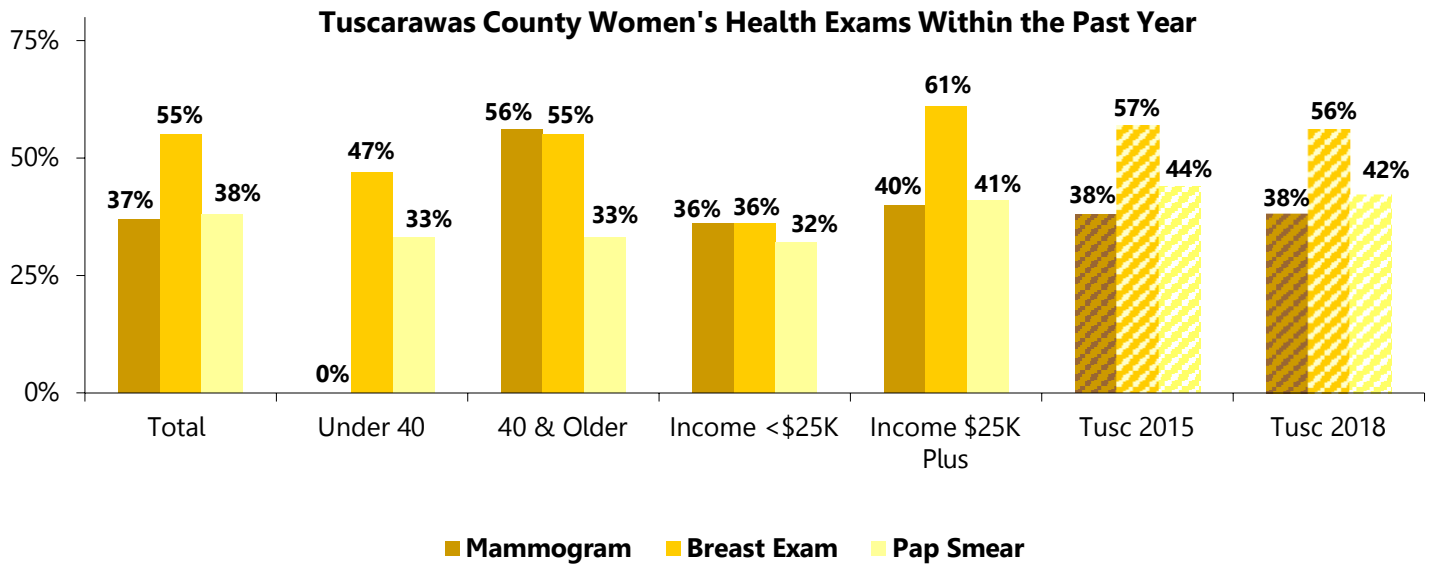
(Source: Ohio Public Health Data Warehouse, 2017-2019)

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Tuscarawas County 2021	Ohio 2020	U.S. 2020
Had a clinical breast exam in the past two years (age 40 & over)	66%	66%	70%	N/A	N/A
Had a mammogram in the past two years (age 40 & over)	68%	67%	71%	71%	72%
Had a Pap smear in the past three years	68%	60%	63%	77%*	78%*

N/A – Not available

*2020 Ohio and U.S. BRFSS reports women ages 21-65

The following graph shows the percentage of Tuscarawas County female adults that had various health exams in the past year. An example of how to interpret the information includes: 37% of Tuscarawas County females had a mammogram within the past year, 55% had a clinical breast exam, and 38% had a Pap smear.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Women's Health Concerns

- According to the CDC, major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes (Source: CDC Heart Disease Risk Factors, 2019). In Tuscarawas County, the 2021 health assessment has identified that:
 - 43% of women were obese (2020 BRFSS reports 37% for Ohio and 32%* for U.S.)
 - 36% were diagnosed with high blood pressure (2019 BRFSS reports 32% for Ohio and 31% for U.S.)
 - 34% were diagnosed with high blood cholesterol (2019 BRFSS reports 32% for Ohio and 32% for U.S.)
 - 13% of all women were current smokers (2020 BRFSS reports 19% for Ohio and 14%* for U.S.)
 - 9% had been diagnosed with diabetes (2020 BRFSS reports 13% for Ohio and 11%* for U.S.)

**2019 BRFSS*
- In 2021, 3% of women survived a heart attack and 2% had survived a stroke at some time in their life.
- One percent (1%) of Tuscarawas County women reported a health professional diagnosed them with coronary heart disease.
- From 2017 to 2019, major cardiovascular diseases (heart disease and stroke) accounted for 28% of all female deaths in Tuscarawas County (Source: Ohio Public Health Data Warehouse 2017-2019).

Pregnancy

- Almost one-fourth (24%) of Tuscarawas County women had been pregnant in the past 5 years.
- During their last pregnancy, Tuscarawas County women:
 - Had prenatal care in the first three months (61%)
 - Took a multi-vitamin with folic acid during pregnancy (55%)
 - Had a dental exam (39%)
 - Took a multi-vitamin with folic acid pre-pregnancy (35%)
 - Took folic acid/prenatal vitamin (23%)
 - Took folic acid during pregnancy (13%)
 - Took folic acid pre-pregnancy (13%)
 - Smoked cigarettes or used other tobacco products (6%)
 - Experienced depression (6%)
 - Experienced domestic violence (6%)

Women's Health Data

- Approximately 16% of adult females ages 18 years or older reported fair or poor health.
- 13% of adult females in the U.S. currently smoke.
- Of the adult females in the U.S., 20% had four or more drinks in one day at least once in the past year.
- Only 49% of adult females in the U.S. met the 2008 federal physical activity guidelines for aerobic activity through leisure-time aerobic activity.
- 42% of females ages 20 years and older are obese.
- 45% of females ages 20 and older have hypertension.
- There are 11% of females under the age of 65 without healthcare coverage.
- The leading causes of death for females in the United States are heart disease, cancer, and cerebrovascular diseases.

(Source: CDC, National Center for Health Statistics, Women's Health, Fast Stats, October 20, 2021)

Health Care Access: Men's Health

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

In 2021, 51% of Tuscarawas County males over the age of 50 had a Prostate-Specific Antigen (PSA) test. Nearly half (49%) of men had high blood pressure, 44% had been diagnosed with high blood cholesterol, 43% were obese, and 21% were identified as current smokers, all known risk factors for cardiovascular diseases.

Men's Health Screenings and Concerns

- More than half (57%) of Tuscarawas County males had a Prostate-Specific Antigen (PSA) test at some time in their life, and 36% had one in the past year.
- Four-fifths (80%) of males ages 50 and over had a PSA test at some time in their life, and 51% had one in the past year.
- Nearly half (47%) of men had a digital rectal exam in their lifetime, and 9% had one in the past year.
- One-in-eleven (9%) men had survived a heart attack and 4% survived a stroke at some time in their life.
- Four percent (4%) of Tuscarawas County men reported a health professional diagnosed them with coronary heart disease.
- From 2017-2019, heart diseases accounted for 24% of all male deaths in Tuscarawas County (*Source: Ohio Public Health Data Warehouse, 2017-2019*).
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. (*Source: CDC Heart Disease Risk Factors, 2019*). In Tuscarawas County, the 2021 health assessment has identified that:
 - 49% were diagnosed with high blood pressure (2020 BRFSS reports 34%* for Ohio and 31% for U.S.)
 - 44% were diagnosed with high blood cholesterol (2019 BRFSS reports 38% for Ohio and 35% for U.S.)
 - 43% of Tuscarawas County men were obese (2019 BRFSS reports 34% for Ohio and 34% for U.S.)
 - 21% of all men were current smokers (2020 BRFSS reports 20% for Ohio and 17%* for U.S.)
 - 19% had been diagnosed with diabetes (2020 BRFSS reports 12% for Ohio and 12%* for U.S.)**2019 BRFSS*
- From 2017 to 2019, lung and bronchus cancer accounted for the most cancer deaths among Tuscarawas County males. Statistics from the same period for Ohio males indicate that lung, prostate, and colon and rectum cancers were the leading cancer deaths (*Source: Ohio Public Health Data Warehouse, 2017-2019*).

Tuscarawas County Male Leading Causes of Death, 2017 – 2019

Total Male Deaths: 1,680

1. Heart Diseases (25% of all deaths)
2. Cancers (23%)
3. Chronic Lower Respiratory Diseases (8%)
4. Diabetes (7%)
5. Accidents, Unintentional Injuries (6%)

(Source: Ohio Public Health Data Warehouse, 2017-2019)

Ohio Male Leading Causes of Death, 2017 – 2019

Total Male Deaths: 187,665

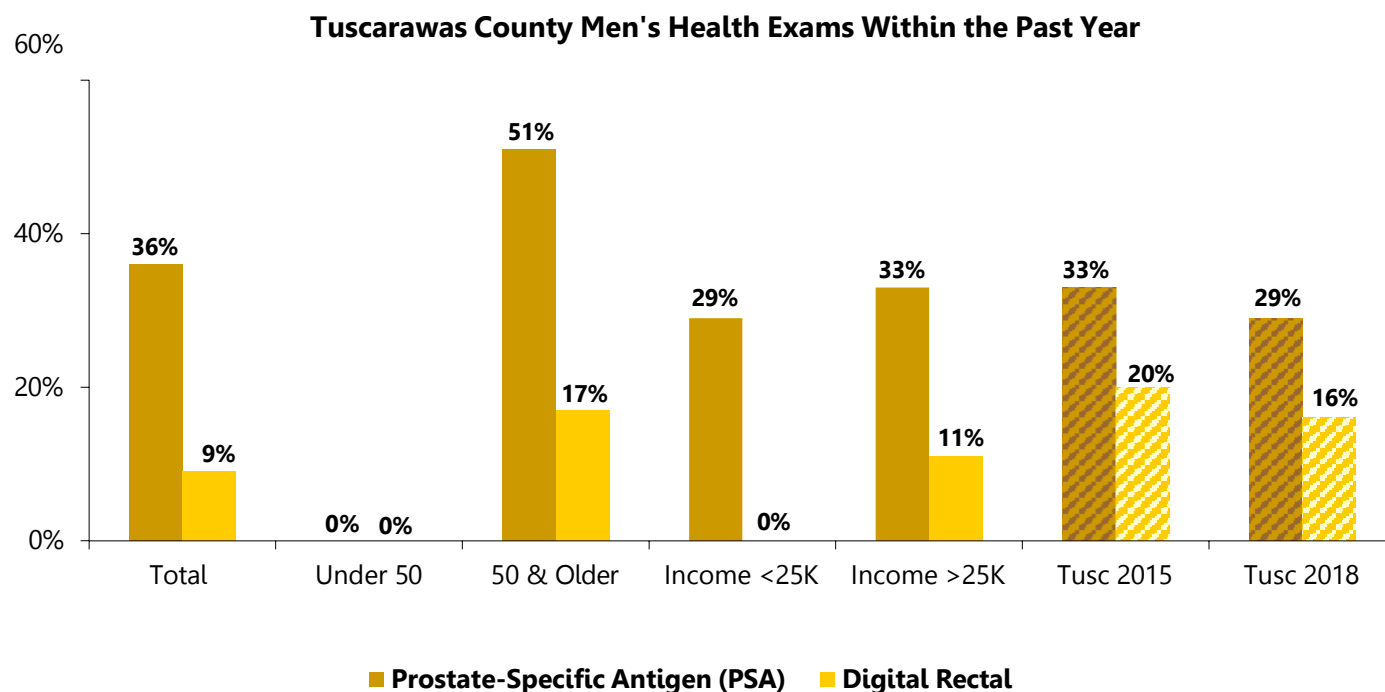
1. Heart Diseases (24% of all deaths)
2. Cancers (21%)
3. Accidents, Unintentional Injuries (9%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (4%)

(Source: Ohio Public Health Data Warehouse, 2017-2019)

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Tuscarawas County 2021	Ohio 2020	U.S. 2020
Had a PSA test in within the past two years (age 40 and older)	60%	56%	61%	32%	32%
Had a digital rectal exam within the past year	20%	16%	9%	N/A	N/A

N/A – Not Available

The following graph shows the percentage of Tuscarawas County male adults that had various health exams in the past year. An example of how to interpret the information includes: 36% of Tuscarawas County males had a PSA test within the past year, and 9% had a digital rectal exam.



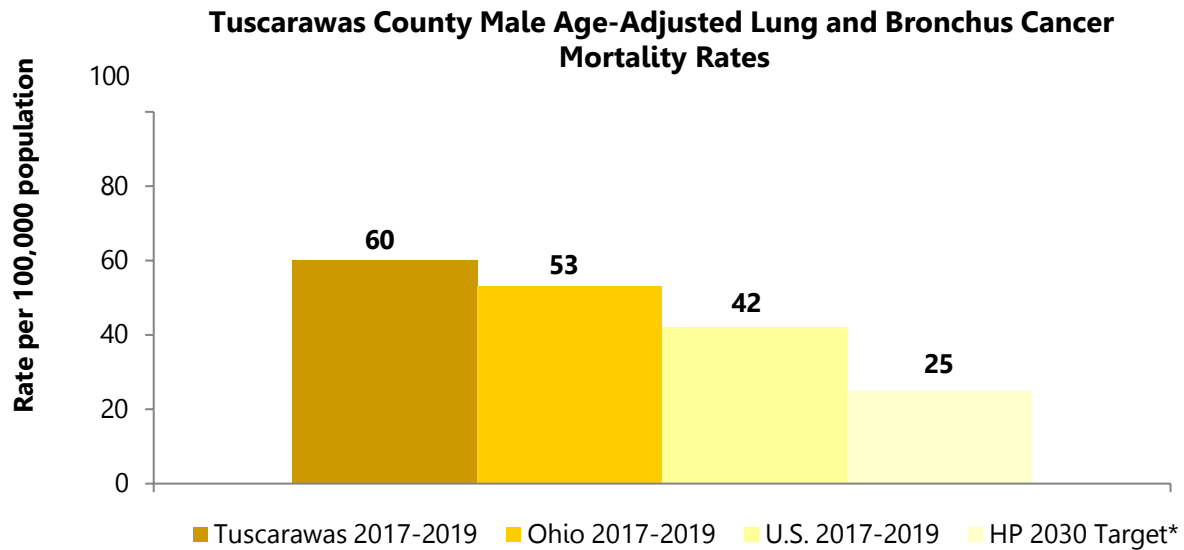
Prostate Cancer Awareness

- Prostate cancer is the most common cancer among American men. Most prostate cancers grow slowly and don't cause any health problems in men who have them.
- Men can have different symptoms for prostate cancer. Some men do not have symptoms at all. Some symptoms of prostate cancer are difficulty starting urination, frequent urination (especially at night), weak or interrupted flow of urine, and blood in the urine or semen.
- There is no way to know for sure if you will get prostate cancer. Men have a greater chance of getting prostate cancer if they are 55 years old or older, are African American, or have a father, brother, or son who has had prostate cancer.
- Two tests are commonly used to screen for prostate cancer:
 - **Digital rectal exam (DRE):** A doctor, nurse, or other healthcare professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland.
 - **Prostate specific antigen test (PSA):** PSA is a substance made by the prostate. The PSA test measures the level of PSA in the blood, which may be higher in men who have prostate cancer. However, other conditions such as an enlarged prostate, prostate infection and certain medical procedures also may increase PSA levels.

(Source: Center for Disease Control and Prevention, Prostate Cancer Awareness, Updated August 23, 2021)

The following graph shows the Tuscarawas County age-adjusted lung cancer mortality rates per 100,000 population for men with comparison to the Healthy People 2030 objective. The graph shows:

- From 2017-2019, the Tuscarawas County age-adjusted mortality rate for male lung and bronchus cancer was higher than the Ohio and U.S. rates as well as the HP 2030 objective.



*Note: The Healthy People 2030 target rates are not gender specific.
(Sources: CDC Wonder 2017-2019, Ohio Public Health Data Warehouse 2017-2019, and Healthy People 2030)*

Men's Health Data

- Approximately 15% of adult males ages 18 years or older reported fair or poor health.
- 15% of adult males in the U.S. currently smoke.
- Of the adult males in the U.S., 31% had 5 or more drinks in 1 day at least once in the past year.
- Only 58% of adult males in the U.S. met the 2008 federal physical activity guidelines for aerobic activity through leisure-time aerobic activity.
- 41% of men 20 years and over are obese.
- There are 12% of males under the age of 65 without healthcare coverage.
- The leading causes of death for males in the United States are heart disease, cancer and accidents (unintentional injuries).

(Source: CDC, National Center for Health Statistics, Men's Health, Fast Stats, August 3, 2021)

Health Care Access: Oral Health

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

Nearly two-thirds (64%) of Tuscarawas County adults visited a dentist or dental clinic in the past year. Twelve percent (12%) of adults did not see a dentist in the past year due to cost.

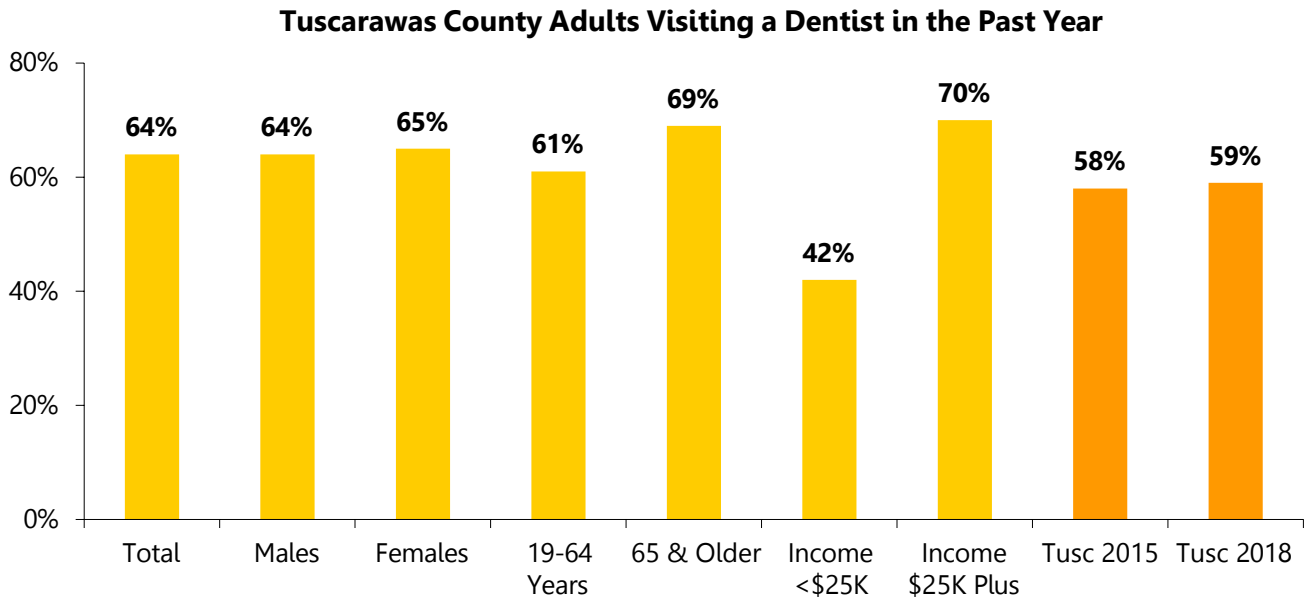
Access to Dental Care

- In the past year, 64% of Tuscarawas County adults had visited a dentist or dental clinic, decreasing to 42% of those with incomes less than \$25,000.
- Two-thirds (67%) of Tuscarawas County adults with dental insurance had been to the dentist in the past year, compared to 50% of those without dental insurance.
- When asked the main reason for not visiting a dentist in the last year, 20% had no reason to go/had not thought of it; 14% had dentures; 12% said cost; 12% said fear, apprehension, nervousness, pain, and dislike going; 10% did not have/know a dentist; 3% could not find a dentist taking Medicaid patients; 1% said their dentist did not accept their medical coverage; and 7% said other reasons. Nearly one-fifth (19%) of adults indicated multiple reasons for not visiting a dentist.

Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Never
Time Since Last Visit to Dentist/Dental Clinic					
Males	64%	10%	12%	12%	3%
Females	65%	12%	12%	8%	3%
Total	64%	12%	12%	9%	3%

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Tuscarawas County 2021	Ohio 2020	U.S. 2020
Adults who had visited the dentist in the past year	58%	59%	64%	65%	67%

The following graph provides information about the frequency of Tuscarawas County adult dental visits. An example of how to interpret the information includes: 64% of Tuscarawas County adults had been to the dentist in the past year, including 65% of females and 42% of those with incomes less than \$25,000.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Facts About Adult Oral Health

- The baby boomer generation is the first where the majority of people will keep their natural teeth over their entire lifetime. This is largely because of the benefits of water fluoridation and fluoride toothpaste. However, threats to oral health, including tooth loss, continue throughout life.
- The major risks for tooth loss are tooth decay and gum disease that may increase with age because of problems with saliva production; receding gums that expose “softer” root surfaces to decay-causing bacteria; or difficulties flossing and brushing because of poor vision, cognitive problems, chronic disease, and physical limitations.
- Although more adults are keeping their teeth, many continue to need treatment for dental problems. This need is even greater for members of some racial and ethnic groups—about 3 in 4 Hispanics and non-Hispanic black adults have an unmet need for dental treatment, as do people who are poor. These individuals are also more likely to report having poor oral health.
- In addition, some adults may have difficulty accessing dental treatment. For every adult aged 19 years or older without medical insurance, there are three who don’t have dental insurance.
- Oral health problems include the following: untreated tooth decay, gum disease, tooth loss, oral cancer, and chronic diseases such as arthritis, heart disease, and strokes.

(Source: Centers for Disease Control and Prevention, Division of Oral Health, Adult Oral Health, December 2, 2020)

Health Behaviors: Health Status Perceptions

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Adults Who Rated General Health Status Excellent or Very Good

- Tuscarawas County 45% (2021)
- Ohio 55% (2020)
- U.S. 57% (2020)

(Source: 2020 BRFSS for Ohio and U.S.)

Key Findings

In 2021, 45% of Tuscarawas County adults rated their health status as excellent or very good. Conversely, 14% of adults described their health as fair or poor, increasing to 31% of those with incomes less than \$25,000.

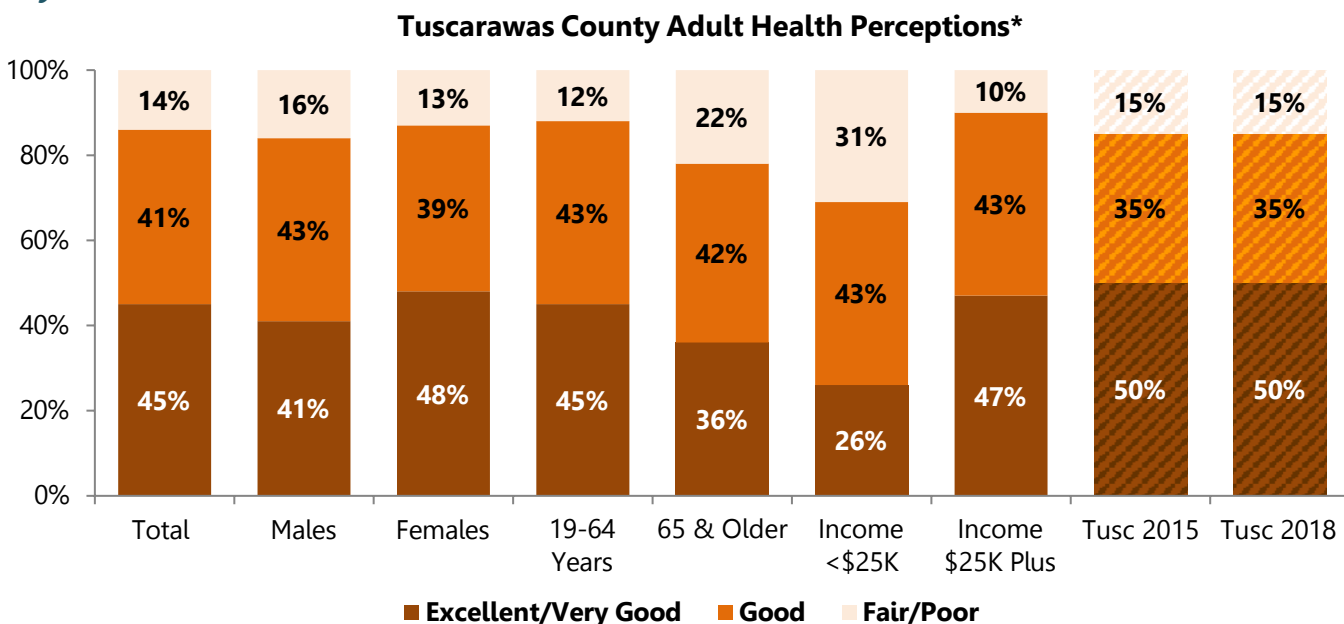
General Health Status

- Forty-five percent (45%) of Tuscarawas County adults rated their health as excellent or very good. Tuscarawas County adults with higher incomes (47%) were most likely to rate their health as excellent or very good, compared to 26% of those with incomes less than \$25,000.
- One-in-seven (14%) adults rated their health as fair or poor.

9,763 adults rated their general health as fair or poor.

- Tuscarawas County adults were most likely to rate their health as fair or poor if they:
 - Had an annual household income under \$25,000 (31%)
 - Were divorced (27%) or widowed (25%)
 - Had been diagnosed with diabetes (23%)
 - Had high blood pressure (23%) or high blood cholesterol (22%)
 - Were 65 years of age or older (22%)

The following graph shows the percentage of Tuscarawas County adults who described their personal health status as excellent/very good, good, and fair/poor. An example of how to interpret the information includes: 45% of Tuscarawas County adults and 36% of those ages 65 and older rated their health as excellent or very good. The following table shows the percentage of adults with poor physical and mental health in the past 30 days.



**Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"*

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Physical Health Status

- Nearly one-quarter (24%) of Tuscarawas County adults rated their physical health as not good on four or more days in the previous month.
- Tuscarawas County adults reported their physical health as not good on an average of 4.0 days in the previous month.
- Tuscarawas County adults were most likely to rate their physical health as not good (on four or more days during the past month) if they:
 - Had an annual household income under \$25,000 (30%)
 - Were 65 years of age or older (29%)
 - Were female (28%)

Mental Health Status

- More than one-fourth (29%) of Tuscarawas County adults rated their mental health as not good on four or more days in the previous month.
- Tuscarawas County adults reported their mental health as not good on an average of 4.2 days in the previous month.
- More than one-fourth (28%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation in the past month.
- Tuscarawas County adults were most likely to rate their mental health as not good (on four or more days during the past month) if they:
 - Were female (37%)
 - Had an annual household income more than \$25,000 (33%)

20,224 adults rated their mental health as not good on four or more days in the previous month.

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
Physical Health Not Good in Past 30 Days*					
Males	50%	15%	4%	4%	8%
Females	49%	14%	8%	6%	14%
Total	49%	15%	6%	5%	12%
Mental Health Not Good in Past 30 Days*					
Males	58%	12%	1%	3%	11%
Females	46%	10%	5%	2%	25%
Total	51%	11%	4%	2%	19%

**Totals may not equal 100% as some respondents answered, "Don't know/Not sure".*

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Tuscarawas County 2021	Ohio 2020	U.S. 2020
Rated general health as good, very good or excellent	85%	85%	86%	85%	86%
Rated general health as excellent or very good	50%	50%	45%	55%	57%
Rated general health as fair or poor	15%	15%	14%	16%	13%
Average number of days that physical health was not good (in the past 30 days)	3.2	4.3	4.0	4.1*	3.7*
Rated physical health as not good on four or more days (in the past 30 days)	18%	29%	24%	24%**	23%**
Average number of days that mental health was not good (in the past 30 days)	3.9	5.2	4.2	4.8*	4.1*
Rated their mental health as not good on four or more days (in the past 30 days)	24%	35%	29%	29%**	26%**
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	22%	31%	28%	N/A	N/A

N/A – Not Available

*2018 BRFSS as compiled by 2021 County Health Rankings

**2019 BRFSS

Health Behaviors: Adult Weight Status

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

Almost two-thirds (69%) of Tuscarawas County adults were either overweight (26%), obese (24%), severely obese (12%) or morbidly obese (7%) by Body Mass Index (BMI). More than three-fifths (62%) of adults engaged in some type of physical activity or exercise for at least 30 minutes on 3 or more days per week.

Adult Weight Status

- More than two-thirds (69%) of Tuscarawas County adults were either overweight (26%), obese (24%), severely obese (12%) or morbidly obese (7%) by Body Mass Index (BMI), putting them at elevated risk for developing a variety of preventable diseases.
- Nearly two-fifths (39%) of adults were trying to lose weight, 31% were trying to maintain their current weight or keep from gaining weight, and 1% were trying to gain weight.
- Tuscarawas County adults did the following to lose weight or keep from gaining weight: exercised (39%); drank more water (37%); ate less food, fewer calories, or foods low in fat (35%); ate a low-carb diet (6%); health coaching (3%); used a weight loss program (2%); took diet pills, powders or liquids without a doctor's advice (1%); went without eating 24 or more hours (1%); vomited after eating (1%); participated in a prescribed dietary or fitness program (<1%); had bariatric surgery (<1%); took laxatives (<1%); and smoked cigarettes (<1%).
- Tuscarawas County adults spent an average of 2.7 hours watching TV, 1.9 hours on their cell phone, 0.9 hours on the computer (outside of work), and 0.3 hours playing video games on an average day of the week.

16,737 Tuscarawas County adults were obese, 8,369 were severely obese, and 4,882 were morbidly obese.

Physical Activity

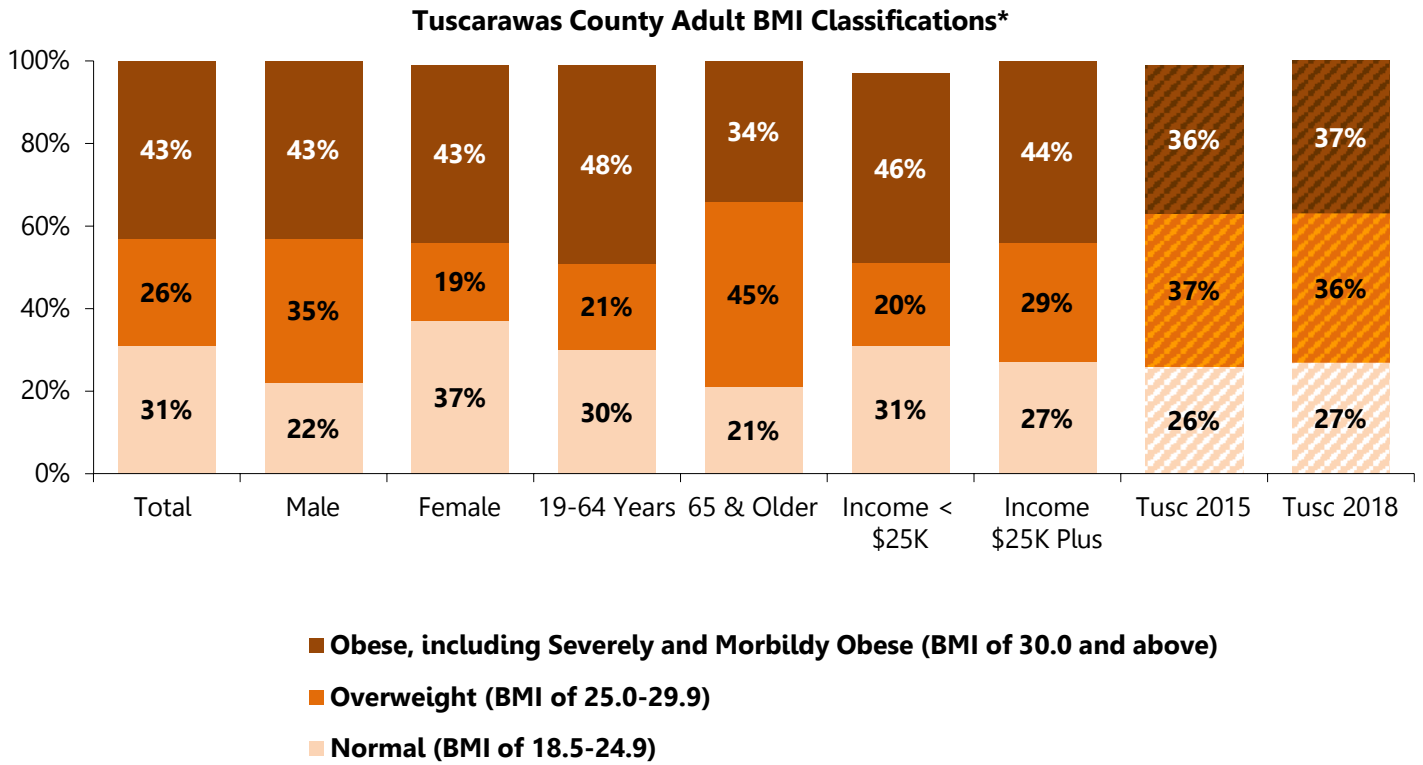
- More than three-fifths (62%) of adults engaged in some type of physical activity or exercise for at least 30 minutes on 3 or more days per week; 38% of adults exercised 5 or more days per week; and 18% of adults did not participate in any physical activity in the past week, including 4% who were unable to exercise.
- The CDC recommends that adults participate in moderate exercise for at least 2 hours and 30 minutes or vigorous exercise for at least 1 hour and 15 minutes every week. Whether participating in moderate or vigorous exercise, the CDC also recommends muscle-strengthening activities that work all major muscle groups on 2 or more days per week (*Source: CDC, Physical Activity Basics, October 7, 2020*).
- Reasons for not exercising included the following:
 - Time (24%)
 - Self-motivation or will power (20%)
 - Too tired/not enough energy (19%)
 - Pain or discomfort (17%)
 - Laziness (15%)
 - Did not like to exercise (14%)
 - Weather (13%)
 - Ill or physically unable (8%)
 - Did not enjoy being active (7%)
 - Already get enough exercise (6%)
 - Poorly maintained/no sidewalks (6%)
 - No personal reason (6%)
 - Did not know what activities to do (4%)
 - Could not afford a gym membership (4%)
 - No exercise partner (4%)
 - Afraid of injury (2%)
 - No childcare (1%)
 - No walking, biking trails or parks (1%)
 - Lack of opportunities for those with physical impairments or challenges (<1%)
 - Doctor advised them not to exercise (<1%)
 - No gym available (<1%)
 - Transportation (<1%)
 - Don't know/unsure (3%)
 - Some other reason (2%)

Nutrition

- One percent (1%) of Tuscarawas County adults ate 5 or more servings of fruit per day. Eight percent (8%) ate 3-to-4 servings, 77% ate 1-to-2 servings, and 14% ate 0 servings per day.
- One percent (1%) of Tuscarawas County adults ate 5 or more servings of vegetables per day. Seventeen percent (17%) ate 3-to-4 servings, 78% ate 1-to-2 servings, and 5% ate 0 servings per day.
- Seventeen percent (17%) of adults ate 5 or more servings of fruits **and/or** vegetables per day. Nearly two-fifths (39%) ate 3-to-4 servings, 39% ate 1-to-2 servings, and 4% ate 0 servings per day.
- The American Cancer Society recommends that adults eat at least 4 cups of fruits and vegetables per day to reduce the risk of cancer and to maintain good health (*ACS Guideline for Diet and Physical Activity, Updated June 9, 2020*).
- Tuscarawas County adults obtained their fresh fruits and vegetables from the following:
 - Large grocery store (such as Wal-Mart, Aldi, or Giant Eagle) (83%)
 - Farmer’s market (39%)
 - Grow their own/garden (36%)
 - Local grocery store (such as Save-A-Lot or Drug Mart) (35%)
 - Dollar General/Dollar Store (13%)
 - Food pantry (3%)
 - Veggie mobile/mobile produce (2%)
 - Mail order food services (such as Blue Apron) (2%)
 - Corner/convenience stores (<1%)
 - Other (5%)
- Tuscarawas County adults reported the following barriers in consuming fruits and vegetables: too expensive (12%), no variety (2%), they did not like the taste (1%), did not know how to prepare (1%), transportation (1%), allergies (<1%), did not have access to fruits and vegetables (<1%), and other barriers (5%).
- Tuscarawas County adults reported the following reasons they chose the types of food they ate:
 - Taste/enjoyment (64%)
 - Cost (49%)
 - Ease of preparation/time (44%)
 - Healthiness of food (44%)
 - Food they were used to (38%)
 - What their family prefers (28%)
 - Availability (27%)
 - Calorie content (19%)
 - Nutritional content (15%)
 - If it is organic (6%)
 - If it is gluten free (5%)
 - If it is lactose free (4%)
 - Artificial sweetener content (4%)
 - Other food sensitivities (2%)
 - If it is genetically modified (1%)
 - Health care provider’s advice (<1%)
 - Other reasons (10%)
- In a typical week, adults ate out in a restaurant or brought home take-out food at the following frequencies: 1-to-2 meals (54%), 3-to-4 meals (16%), and 5 or more meals (8%). Twenty-two percent (22%) of adults did not eat out in a restaurant or bring home take-out food in a typical week.
- Three percent (3%) of adults consumed 5 or more servings of sugar-sweetened beverages per day. Nine percent (9%) drank 3-to-4 servings per day, 41% consumed 1-to-2 servings per day, and 47% consumed 0 servings per day.
- Eleven percent (11%) of adults consumed 5 or more servings of caffeinated beverages per day. Seventeen percent (17%) consumed 3-to-4 servings per day, 55% consumed 1-to-2 servings of per day, and 18% drank 0 servings per day.

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Tuscarawas County 2021	Ohio 2020	U.S. 2020
Overweight (BMI of 25.0 – 29.9)	37%	36%	26%	34%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	36%	37%	43%	36%	32%

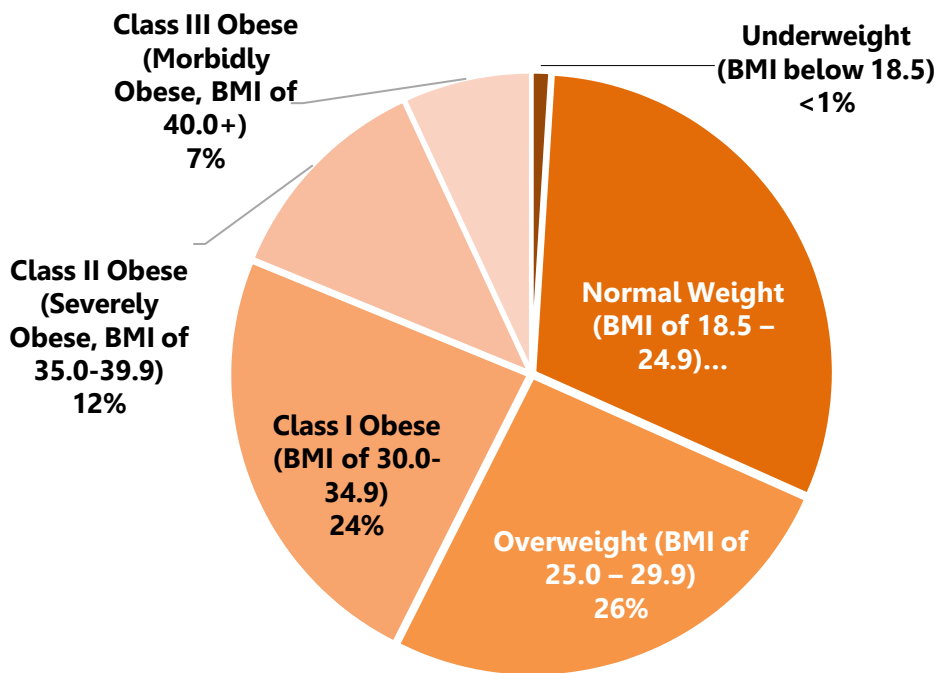
The following graph shows the percentage of Tuscarawas County adults who are overweight or obese by Body Mass Index (BMI). An example of how to interpret the information includes: 31% of all Tuscarawas County adults were classified as normal weight, 26% were overweight, and 43% were obese.



*Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following chart indicates the weight status of Tuscarawas County adults.



Body Mass Index (BMI) Measurements

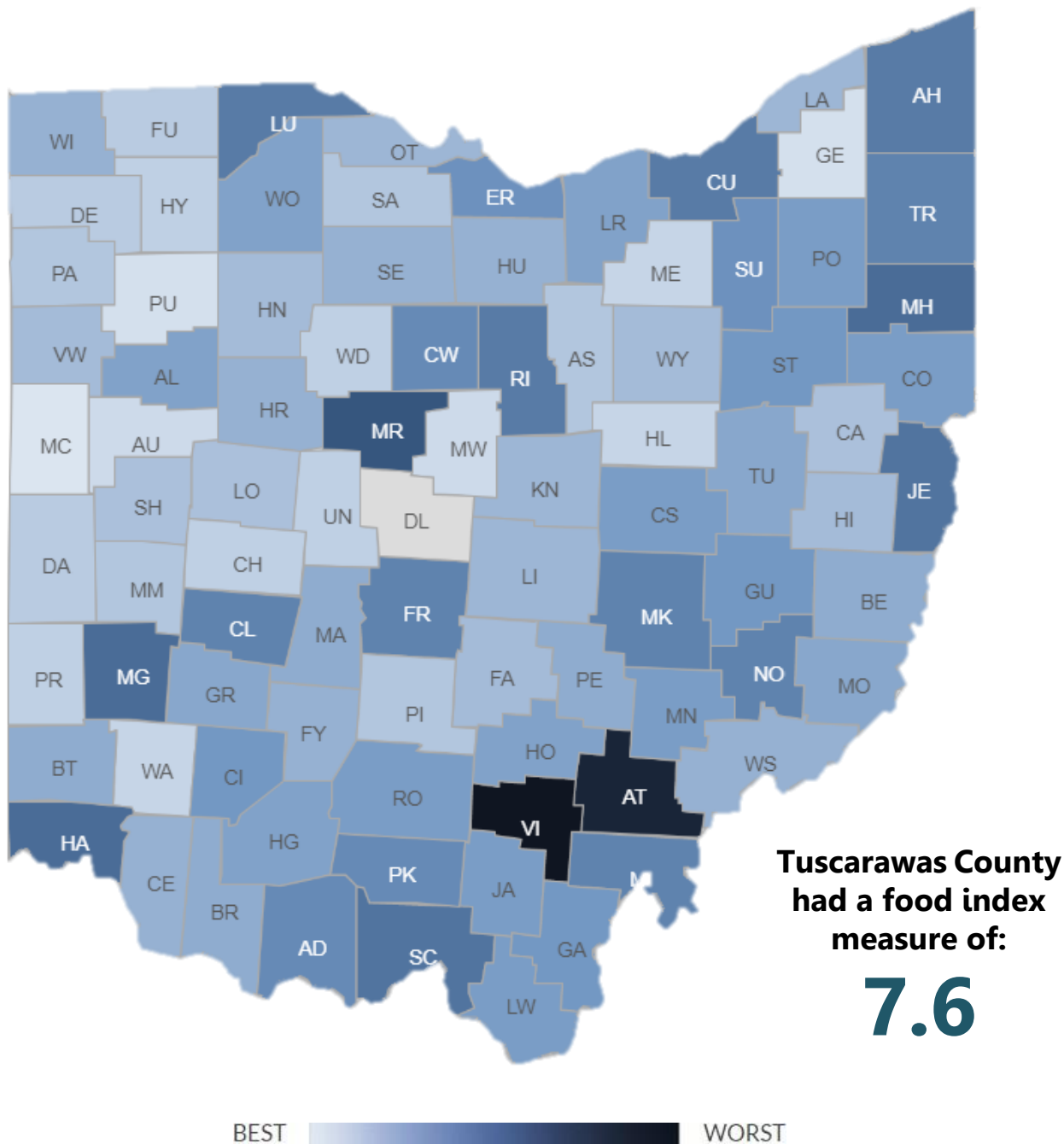
- Body Mass Index (BMI) is a person's weight in kilograms divided by the square of height in meters. A high BMI can be an indicator of high body fat.
- BMI does not measure body fat directly, but BMI is moderately correlated with more direct measures of body fat. Furthermore, BMI appears to be as strongly correlated with various metabolic and disease outcome as other more direct measures of body fatness.

BMI	Weight Status
Below 18.5	Underweight
18.5 – 24.9	Normal or Healthy Weight
25.0 – 29.9	Overweight
30.0 and Above	Obese

(Source: CDC, About Adult BMI, updated August 27, 2021)

The Food Environment Index measures the quality of the food environment in a county on a scale from zero to 10 (zero being the worst value in the nation, and 10 being the best). The two variables used to determine the measure are limited access to healthy foods (i.e., the percentage of the population who are low income and do not live close to a grocery store) & food insecurity (i.e., the percentage of the population who did not have access to a reliable source of food during the past year).

- The food environment index in Tuscarawas County is 7.6.
- The food environment index in Ohio is 6.8.



(Source: USDA Food Environment Atlas, as compiled by County Health Rankings 2021)

Health Behaviors: Adult Tobacco Use

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

In 2021, 16% of Tuscarawas County adults were current smokers and 18% were considered former smokers.

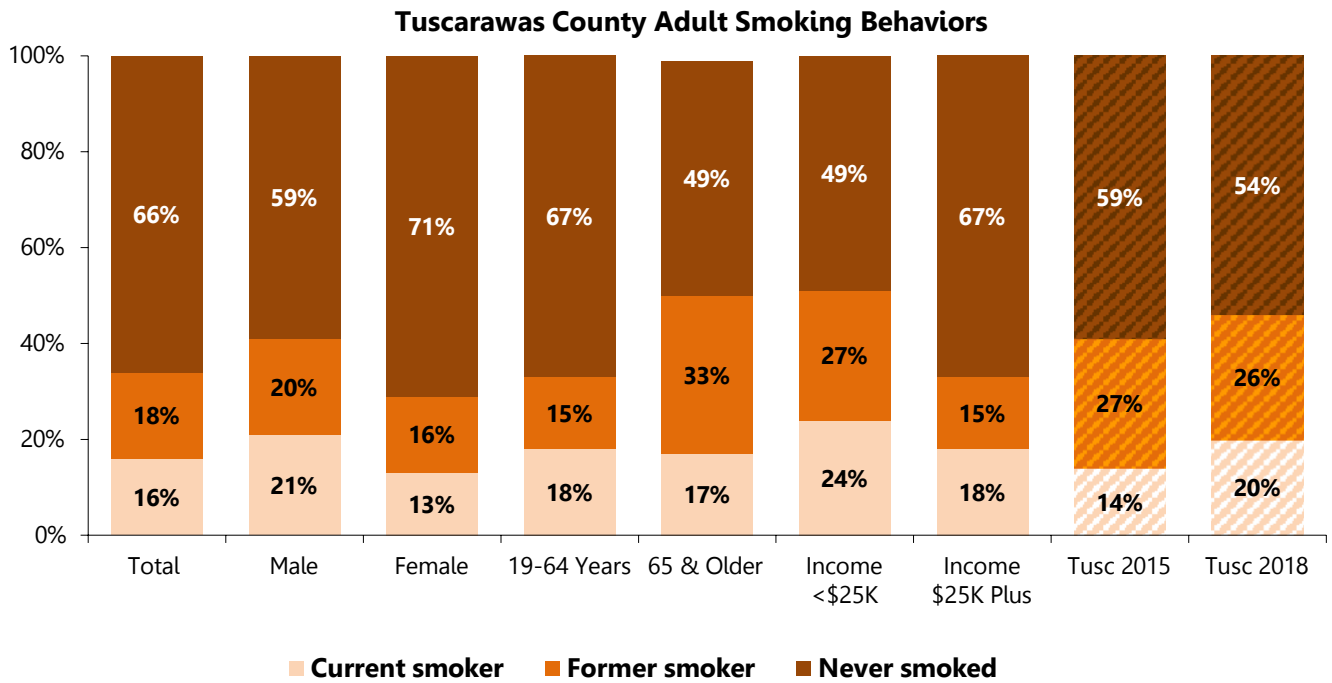
11,158 Tuscarawas County adults were current smokers.

Adult Tobacco Use Behaviors

- Sixteen percent (16%) Tuscarawas County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).
- Nearly one-fifth (18%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).
- In 2021, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of death in the U.S. Tobacco is a major contributor to the global burden of disease, responsible for more than 20% of cancer deaths worldwide and more than two-thirds of all deaths among long-term tobacco users. Tobacco was responsible for more than 7 million deaths in 2016, including 884,000 deaths from secondhand smoke exposure among nonsmokers. *(Source: Global Cancer Facts & Figures, American Cancer Society, 2018).*
- Tuscarawas County adult smokers were more likely to have:
 - Rated their overall health as fair or poor (39%)
 - Been divorced (33%)
 - Incomes less than \$25,000 (24%)
 - Been male (21%)
- Tuscarawas County adults used the following tobacco products in the past year: cigarettes (17%); e-cigarette/vape pens (6%); chewing tobacco, snuff, dip, Betel quid (4%); roll-your-own (1%); cigars (1%); pipes (1%); little cigars (<1%); hookah (<1%); and pouch (<1%).
- Tuscarawas County adults indicated e-cigarette vapor is harmful to the following: themselves (57%), others (51%), and not harmful to anyone (2%).

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Tuscarawas County 2021	Ohio 2020	U.S. 2020
Current smoker (currently smoke some or all days)	14%	20%	16%	19%	16%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	27%	26%	18%	24%	25%

The following graph shows Tuscarawas County adult smoking behaviors. An example of how to interpret the information includes: 16% of all Tuscarawas County adults were current smokers, 18% of all adults were former smokers, and 66% had never smoked.



Respondents were asked: "Have you smoked at least 100 cigarettes in your entire life? If yes, do you now smoke cigarettes every day, some days or not at all?"

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

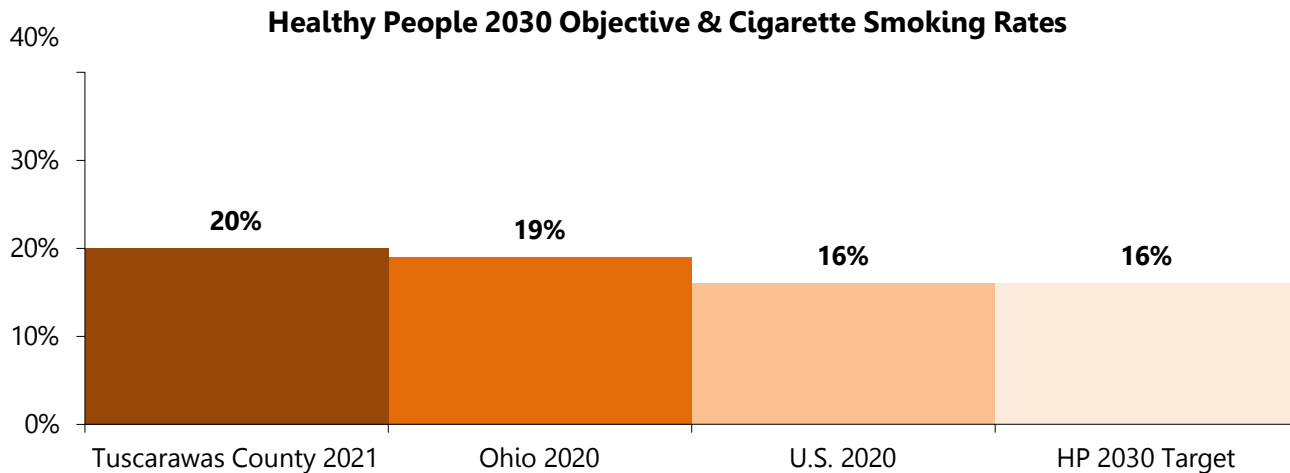
Smoking and Other Health Risks

- Smoking can make it harder for a woman to become pregnant and can affect her baby's health before and after birth. Smoking increases risks for:
 - Preterm (early) delivery
 - Stillbirth (death of the baby before birth)
 - Low birth weight
 - Sudden infant death syndrome (known as SIDS or crib death)
 - Ectopic pregnancy
 - Orofacial clefts in infants
- Smoking can also affect men's sperm, which can reduce fertility and also increase risks for birth defects and miscarriage.
- Smoking can affect bone health.
 - Women past childbearing years who smoke have weaker bones than women who never smoked and are at greater risk for broken bones.
- Smoking affects the health of your teeth and gums and can cause tooth loss.
- Smoking can increase your risk for cataracts (clouding of the eye's lens that makes it hard for you to see) and age-related macular degeneration (damage to a small spot near the center of the retina, the part of the eye needed for central vision).
- Smoking is a cause of type 2 diabetes mellitus and can make it harder to control. The risk of developing diabetes is 30-40% higher for active smokers than nonsmokers.
- Smoking causes general adverse effects on the body, including inflammation and decreased immune function.
- Smoking is a cause of rheumatoid arthritis.

(Source: CDC, Effects of Cigarette Smoking, Smoking and Other Health Risks, updated October 29, 2021)

The following graph shows Tuscarawas County, Ohio, and U.S. adult cigarette smoking rates compared to the Healthy People 2030 target objective. The BRFSS rates shown for Ohio and the U.S. were for adults 18 years and older. This graph shows:

- The Tuscarawas County adult cigarette smoking rate was higher than the Ohio rate, the U.S. rate, the Healthy People 2030 target objective.



(Source: 2021 Tuscarawas County Health Assessment, 2020 BRFSS and Healthy People 2030)

Benefits of Quitting Smoking Over Time

Quitting smoking lowers your risk of diabetes, lets blood vessels work better, and helps your heart and lungs. Life expectancy for smokers is at least 10 years shorter than that of non-smokers. Quitting smoking before the age of 40 reduces the risk of dying from smoking-related disease by about 90%. Quitting while you're younger will reduce your health risks more, but quitting at any age can give back years of life that would be lost by continuing to smoke.

Within minutes of smoking your last cigarette, your body begins to recover:

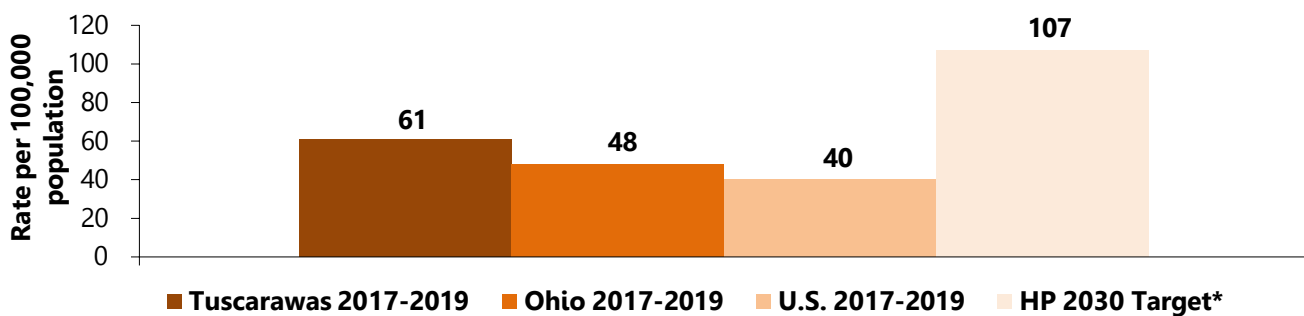
- 20 minutes after quitting** Your heart rate and blood pressure drop.
- 12 hours after quitting** The carbon monoxide level in your blood drops to normal.
- 2 weeks to 3 months after quitting** Your circulation improves and your lung function increases.
- 1 to 9 months after quitting** Coughing and shortness of breath decrease. Tiny hair-like structures that move mucus out of the lungs (called cilia) start to regain normal function in your lungs, increasing their ability to handle mucus, clean the lungs, and reduce the risk of infection.
- 1 year after quitting** The excess risk of coronary heart disease is half that of someone who still smokes. Your heart attack risk drops dramatically.
- 5 years after quitting** Your risk of cancers of the mouth, throat, esophagus, and bladder is cut in half. Cervical cancer risk falls to that of a non-smoker. Your stroke risk can fall to that of a non-smoker after 2 to 5 years.
- 10 years after quitting** Your risk of dying from lung cancer is about half that of a person who is still smoking. Your risk of cancer of the larynx (voice box) and pancreas decreases.
- 15 years after quitting** Your risk of coronary heart disease is that of a non-smoker's.

(Source: American Cancer Society, Health Benefits of Quitting Smoking Over Time, Updated on November 10, 2020)

The following graphs show Tuscarawas County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for chronic lower respiratory diseases (formerly COPD) and lung and bronchus cancer in comparison with the Healthy People 2030 objective. Tuscarawas County age-adjusted mortality rates for lung and bronchus cancer by gender is shown below as well. These graphs show:

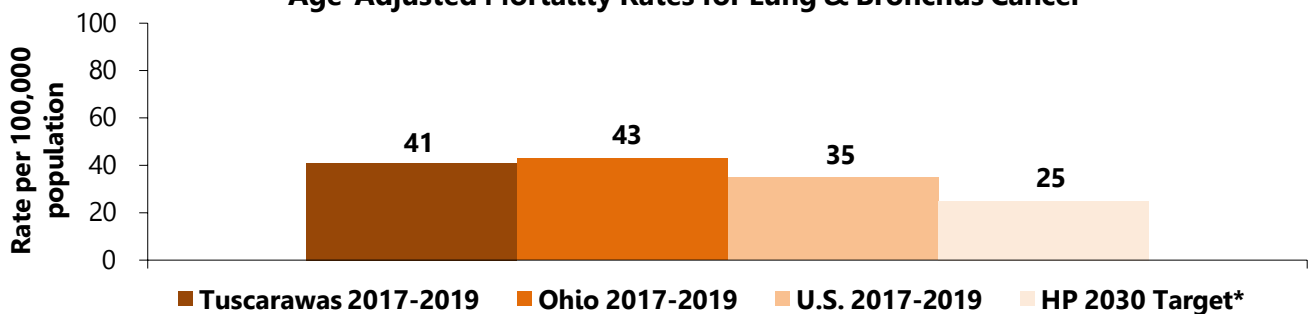
- From 2017-2019, Tuscarawas County’s age-adjusted mortality rate for Chronic Lower Respiratory Disease was higher than the Ohio and U.S. rates and lower than the Healthy People 2030 target objective.
- For the age-adjusted mortality rates for lung and bronchus cancer, the Tuscarawas County rate was lower than Ohio but higher than the U.S. rate and Healthy People 2030 target objective.
- Disparities existed by gender for Tuscarawas County lung and bronchus cancer age-adjusted mortality rates. The 2017-2019 Tuscarawas male rates were substantially higher than the Tuscarawas female rates.

Age-Adjusted Mortality Rates for Chronic Lower Respiratory Diseases (Formerly COPD)



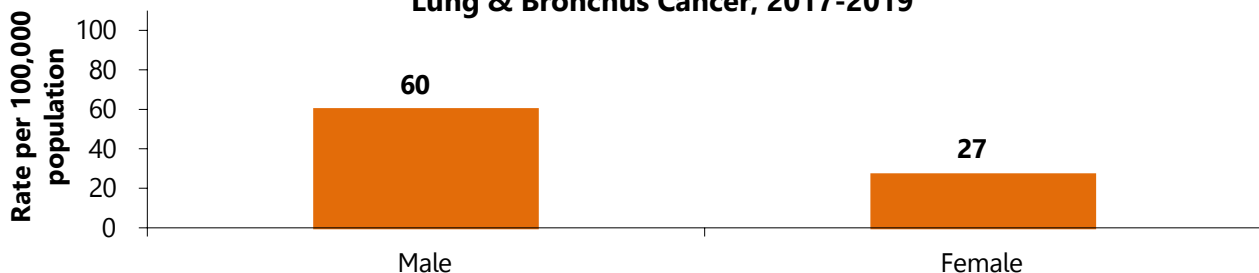
(Sources: Ohio Public Health Data Warehouse 2017-2019, CDC Wonder 2017-2019, Healthy People 2030)
 *Healthy People 2030’s target rate and the U.S. rate is for adults aged 45 years and older.

Age-Adjusted Mortality Rates for Lung & Bronchus Cancer



*Healthy People 2030 Target data is for lung cancer only
 (Sources: Ohio Public Health Data Warehouse 2017-2019, CDC Wonder 2017-2019, Healthy People 2030)

Age-Adjusted Mortality Rates by Gender for Lung & Bronchus Cancer, 2017-2019



(Sources: Ohio Public Health Data Warehouse 2017-2019)

Health Behaviors: Adult Alcohol Consumption

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

Nearly half (46%) of Tuscarawas County adults had at least one alcoholic drink in the past month. One-in-six (17%) adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers.

Adult Alcohol Consumption

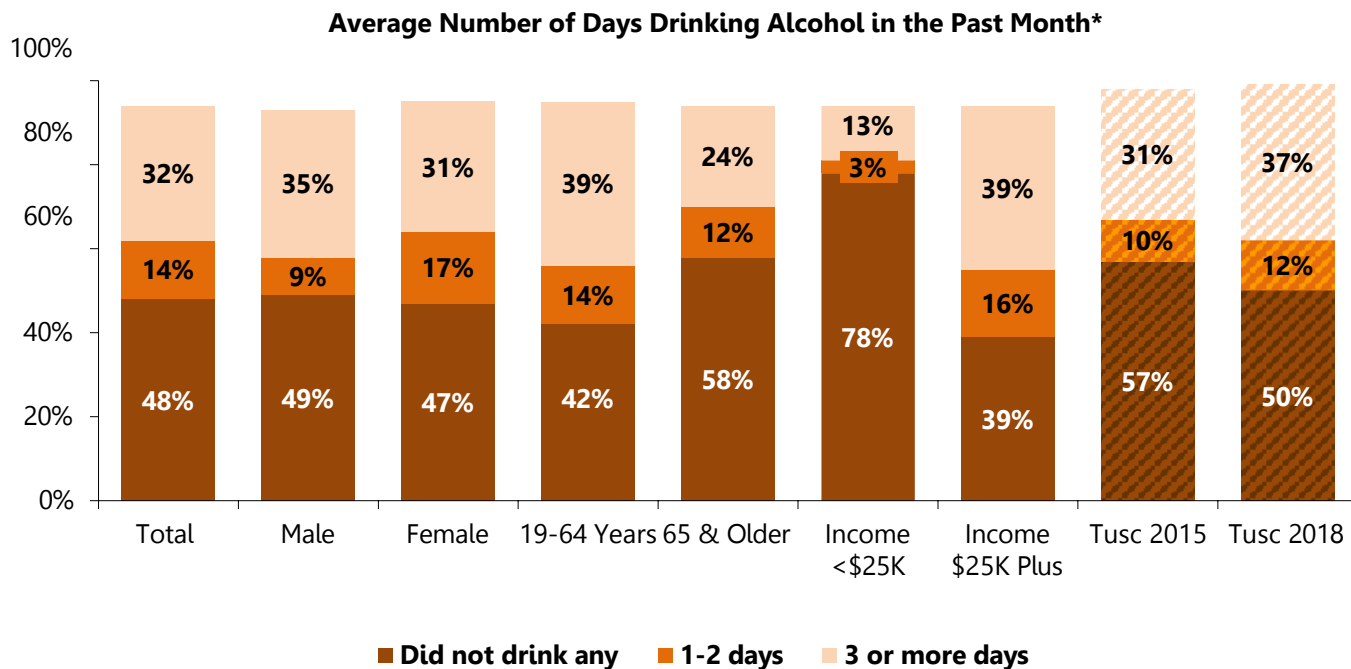
- Nearly half (46%) of Tuscarawas County adults had at least one alcoholic drink (such as beer, wine, a malt beverage or liquor) in the past month, increasing to 55% of those with incomes more than \$25,000.
- Of those who drank, Tuscarawas County adults drank 2.6 drinks on average.

11,856 Tuscarawas County adults were considered binge drinkers.

- One-in-six (17%) Tuscarawas County adults reported they had five or more alcoholic drinks (for males or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers. Of those who drank in the past month, 35% had at least one episode of binge drinking.
- Three percent (3%) of current drinkers reported driving after having too much to drink, increasing to 8% of males.
- Tuscarawas County adults experienced the following during the past six months:
 - Drank more than they expected (12%)
 - Drove a vehicle or other equipment after having any alcoholic beverage (9%)
 - Had to drink more to get same effect (8%)
 - Spent a lot of time drinking (7%)
 - Gave up other activities to drink (6%)
 - Used prescription drugs while drinking (6%)
 - Continued to drink despite problems caused by drinking (6%)
 - Tried to quit or cut down, but couldn't (3%)
 - Had legal problems (1%)
 - Failed to fulfill duties at work, home, or school (1%)

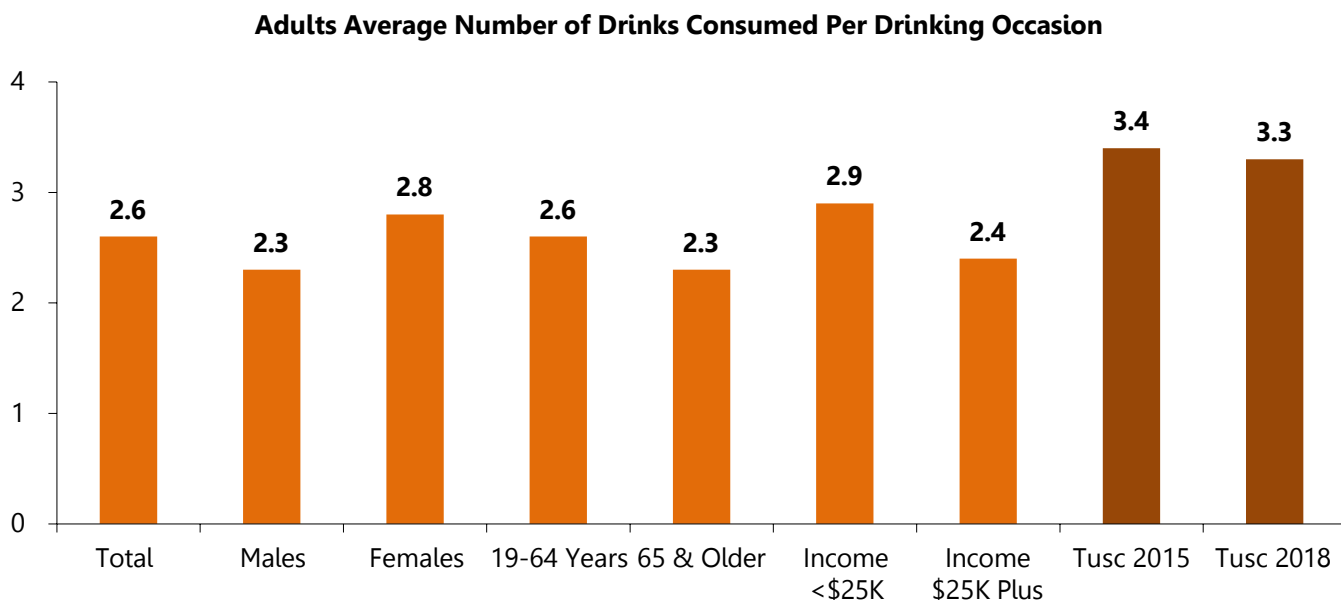
Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Tuscarawas County 2021	Ohio 2020	U.S. 2020
Current drinker (drank alcohol at least once in the past month)	41%	50%	46%	51%	53%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	16%	18%	17%	16%	16%

The following graphs show the percentage of Tuscarawas County adults consuming alcohol and the amount consumed on average in the past month. An example of how to interpret the information on the first graph includes: 48% of all Tuscarawas County adults did not drink alcohol in the past month, including 49% of males and 47% of females.



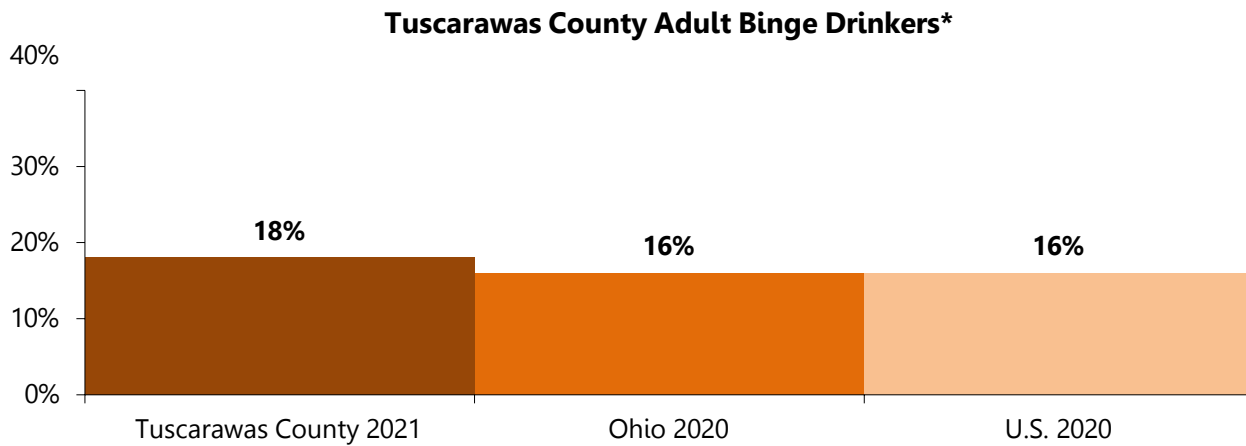
*Percentages may not equal 100% as some respondents answered, "don't know"

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graph shows a comparison of Tuscarawas County binge drinkers with Ohio and U.S. binge drinkers.



**Based on all adults. Binge drinking is defined as males having five or more drinks on an occasion, females having four or more drinks on one occasion.
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.
(Source: 2020 BRFSS, 2021 Tuscarawas County health assessment)*

Health Behaviors: Adult Drug Use

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

Four percent (4%) of Tuscarawas County adults had used recreational marijuana during the past 6 months. Five percent (5%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

Adult Drug Use

- Four percent (4%) of Tuscarawas County adults had used marijuana for recreational purposes in the past 6 months.
- Two percent (2%) of adults had used wax, oil with THC, or edibles in the past 6 months.
- One percent (1%) of adults had used medical marijuana in the past 6 months.

2,790 adults used marijuana for recreational purposes in the past six months.

- Tuscarawas County adults reported that they **and/or** an immediate family member/someone in their household used the following in the past 6 months:
 - Cannabidiol (CBD) oil (8%)
 - Recreational marijuana (7%)
 - Medical marijuana (5%)
 - Wax, oil with THC edibles (4%)
 - Amphetamines, methamphetamine or speed (3%)
 - LSD, mescaline, peyote, psilocybin, DMY, or mushrooms (2%)
 - Cocaine, crack, or coca leaves (1%)
 - Inappropriate use of over-the-counter medications (1%)
 - Heroin/fentanyl (1%)
 - Ecstasy or E, GHB (1%)
 - Inhalants such as glue, toluene, gasoline, duster, or paint (<1%)
 - Synthetic marijuana/k2 (<1%)
 - Bath salts (<1%)
- Five percent (5%) of adults had used drugs not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past six 6 months, increasing to 14% of those with incomes less than \$25,000.
- Tuscarawas County adults reported that they **and/or** an immediate family member/someone in their household took the following medications not prescribed to them to feel good, high and/or more active or alert during the past 6 months:
 - Medical marijuana (3%)
 - Tramadol/Ultram (2%)
 - OxyContin (2%)
 - Tranquilizers such as Valium or Xanax, sleeping pills, barbiturates, Seconal, Ativan, or Klonopin (1%)
 - Codeine, Demerol, Morphine, Percocet, Dilaudid, or Fentanyl (1%)
 - Suboxone or Methadone/Vivitrol (1%)
 - Ritalin, Adderall, Concerta, or other ADHD medication (1%)
 - Neurontin (1%)
 - Steroids (<1%)
 - Vicodin (<1%)
- During the past 6 months, 14% of adults reported obtaining the above medications from a primary care physician. Other ways included: ER or urgent care doctor (2%) and free from a friend or family member (2%).

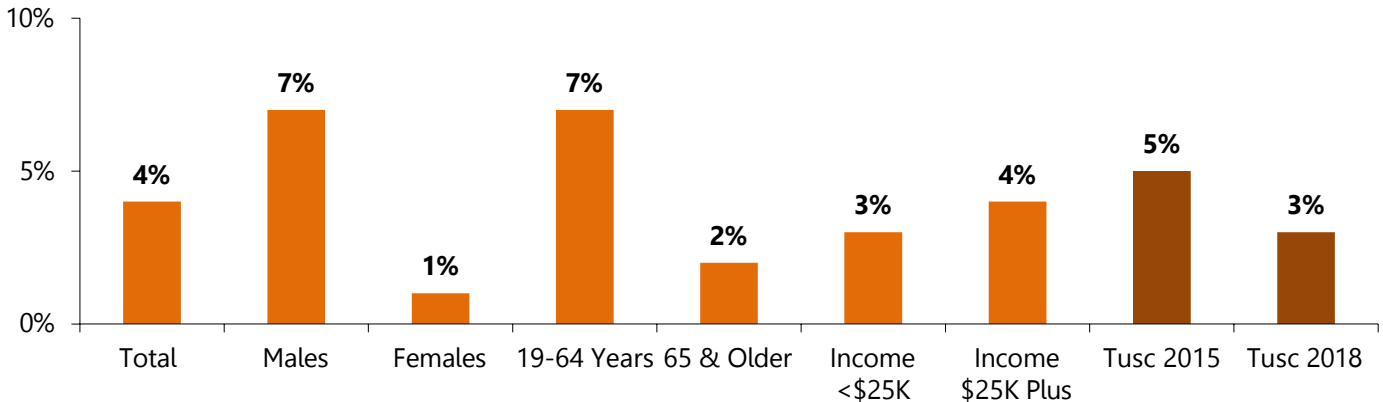
- Tuscarawas County adults did the following with unused prescription medication: took them as prescribed (22%), threw them in the trash (19%), took them to a medication collection program (15%), took them to Drug Take Back Days (11%), kept them (10%), flushed them down the toilet (10%), took them to the sheriff's office (4%), kept them in a locked cabinet (2%), and other (3%).
- Two percent (2%) of Tuscarawas County adults had used a program or service to help with an alcohol or drug problem for themselves or a loved one. Reasons for not using a program or service to help with a drug or alcohol problem included:
 - A program was not needed (93%)
 - Had not thought of it (2%)
 - Stigma of seeking drug services (1%)
 - Could not afford to go (1%)
 - Wait time (<1%)
 - Did not want to get in trouble (<1%)
 - A program was not available (<1%)
 - Could not get to the office or clinic (<1%)
 - Did not have any openings (wait-listed) (<1%)
 - Did not want to miss work (<1%)
 - COVID-19 (<1%)
 - Other reasons (4%)

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Tuscarawas County 2021	Ohio 2020	U.S. 2020
Adults who used marijuana in the past six months	5%	3%	4%	N/A	N/A
Adults who misused prescription drugs in the past six months	10%	7%	5%	N/A	N/A

N/A – Not Available

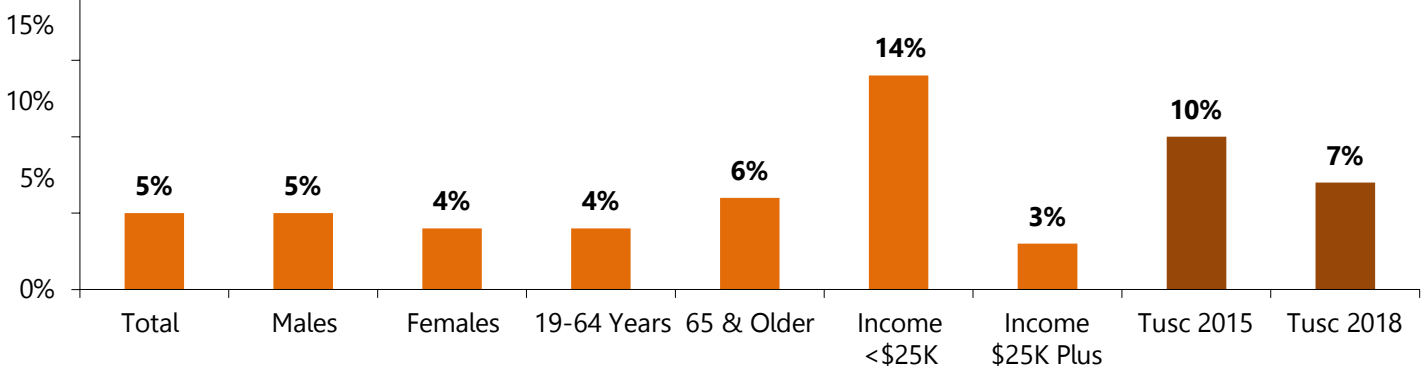
The following graphs indicate adult recreational marijuana use and prescription drug use in the past six months. An example of how to interpret the information on the first graph includes: 4% of Tuscarawas County adults used recreational marijuana in the past six months, including 7% of males and 3% of those with incomes less than \$25,000.

Tuscarawas County Adult Recreational Marijuana Use in Past 6 Months*



*Does not include wax or oil with THC edibles

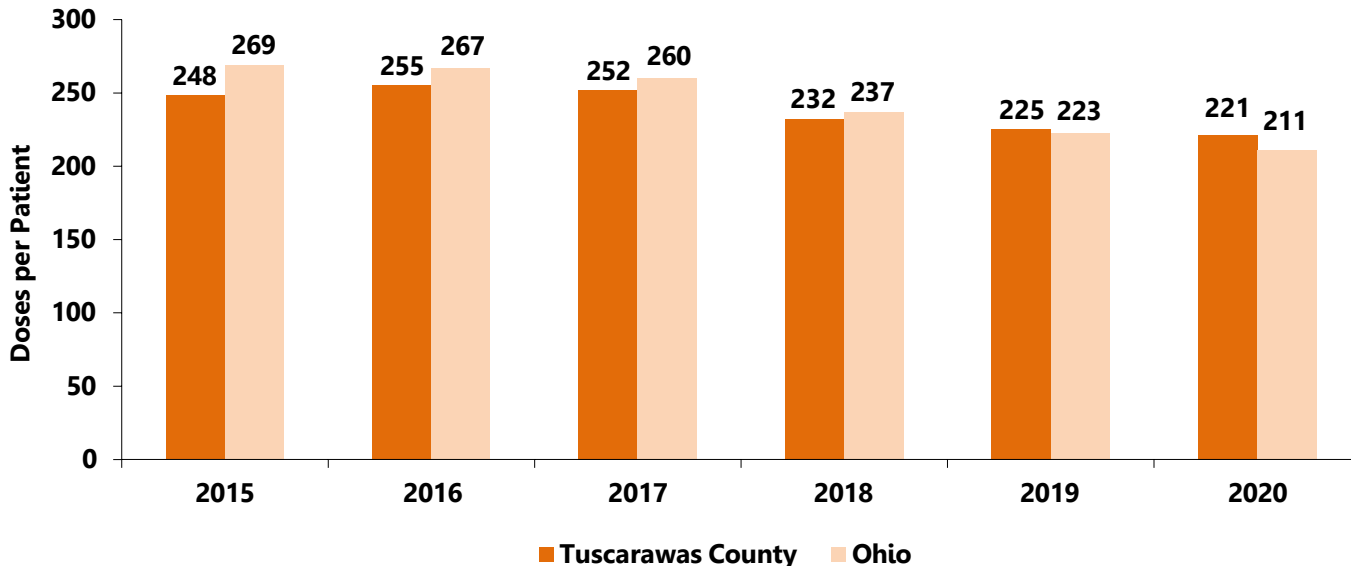
Tuscarawas County Adult Prescription Drug Misuse in Past 6 Months



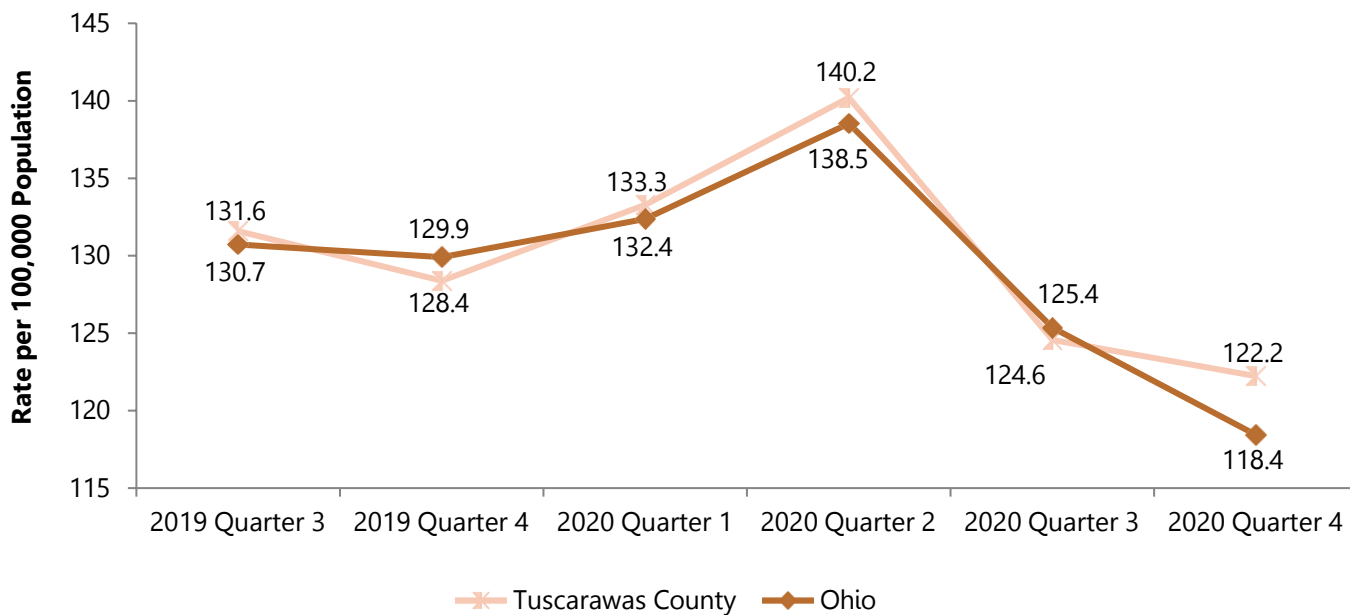
Notes for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graphs are data from the Ohio Automated Prescription Reporting System (OARRS) indicating Tuscarawas County and Ohio opioid doses per patient.

Tuscarawas County and Ohio Opioid Doses Per Patient, 2015-2020



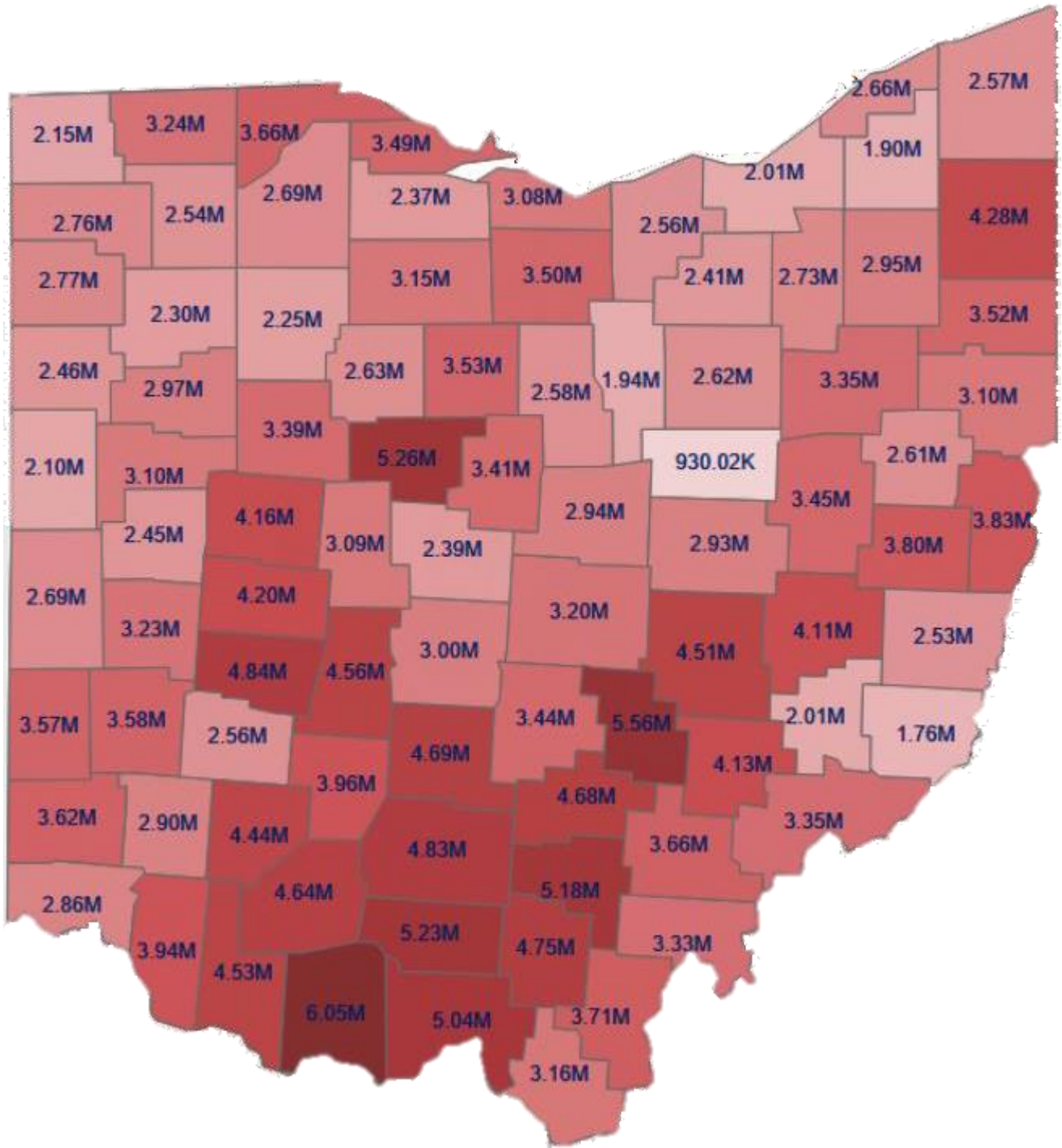
Number of Opioid Doses Per Patient, Quarterly from 2016-2018



(Source: Ohio Automated Rx Reporting System, 2015-2020)

The following map illustrates the number of opioid doses per 100,000 residents in 2020.

- In 2020, there were 3.45 million opioid doses per 100,000 residents in Tuscarawas County.



(Source: Ohio's Automated Rx Reporting System, 2020)

The table below shows the number of unintentional drug overdose deaths and average age-adjusted annual death rates per 100,000 population, for Tuscarawas County and Ohio.

Number of Unintentional Drug Overdose Deaths and Average Crude and Age-Adjusted Annual Death Rates Per 100,000 Population, by County, 2010-2019

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2019 Age-Adjusted Rate	2014-2019 Total	2014-2019 Age-Adjusted Rate
Tuscarawas County	7	13	8	11	6	8	14	22	10	14	16.6	74	15.0
Ohio	1,544	1,772	1,914	2,110	2,531	3,050	4,050	4,854	3,764	4,028	36.4	22,277	33.6

(Source: Ohio Department of Health, 2019 Ohio Drug Overdose Data: General Findings)

Ohio Automated Rx Reporting System (OARRS)

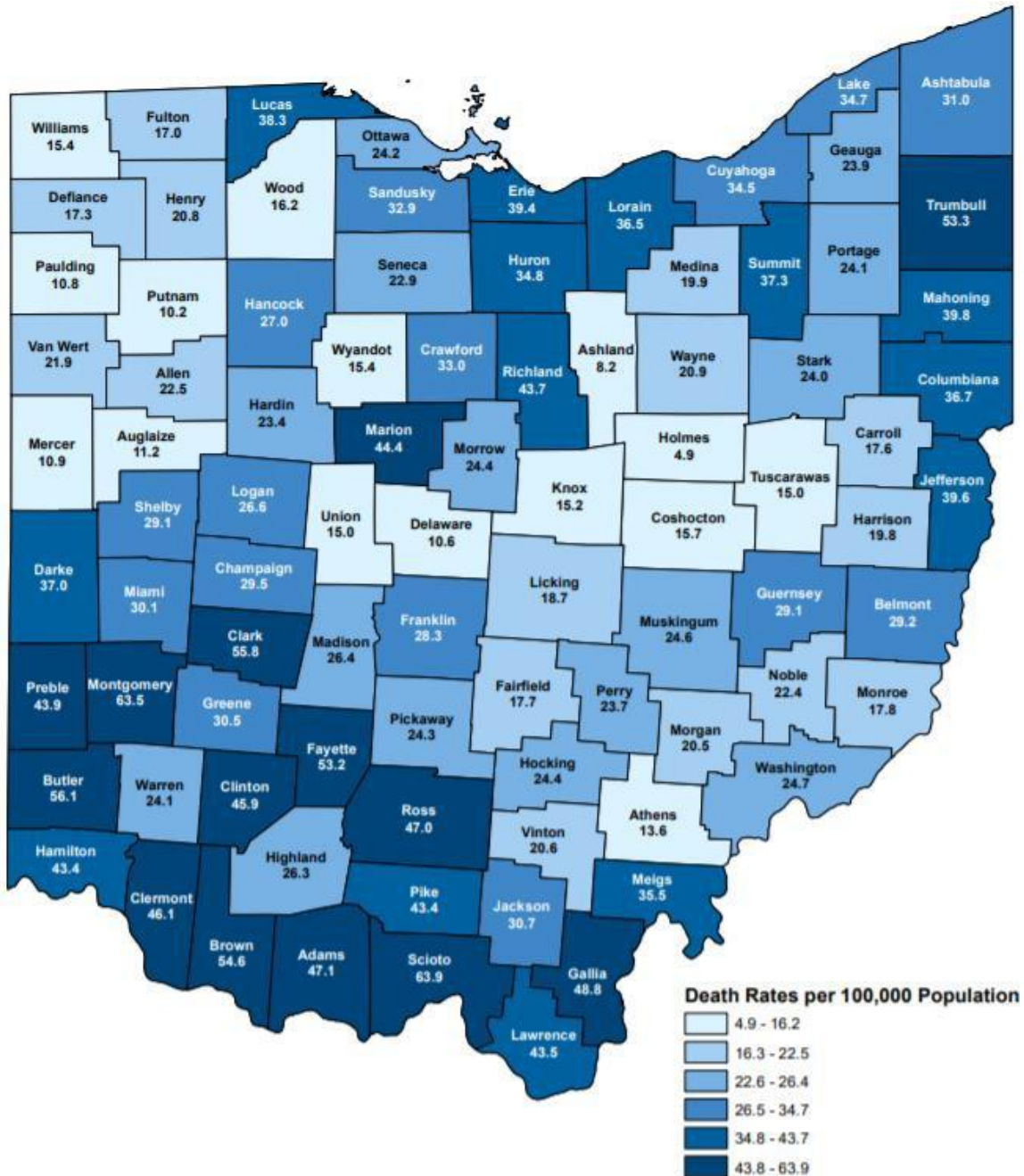
To address the growing misuse and diversion of prescription drugs, the State of Ohio Board of Pharmacy created Ohio's Prescription Drug Monitoring Program (PDMP), known as the Ohio Automated Rx Reporting System (OARRS). Established in 2006, OARRS collects information on all outpatient prescriptions for controlled substances and one non-controlled substance (gabapentin) dispensed by Ohio-licensed pharmacies and personally furnished by Ohio prescribers. This data is reported every 24 hours and is maintained in a secure database. Drug wholesalers are also required to submit information monthly on all controlled substances and gabapentin sold to an Ohio licensed pharmacy or prescriber.

OARRS is a tool that can be used to address prescription drug diversion and abuse. It serves multiple functions, including: patient care tool; drug epidemic early warning system; and drug diversion and insurance fraud investigative tool. As the only statewide electronic database that stores all controlled substance dispensing and personal furnishing information, OARRS helps prescribers and pharmacists avoid potentially life-threatening drug interactions as well as identify individuals fraudulently obtaining controlled substances from multiple health care providers, a practice commonly referred to as "doctor shopping." It can also be used by professional licensing boards to identify or investigate clinicians with patterns of inappropriate prescribing and dispensing, and to assist law enforcement in cases of controlled substance diversion.

(Source: Ohio Automated RX Reporting System; What is OARRS? updated January 3, 2022)

Average Age-Adjusted Unintentional Drug Overdose Death Rate Per 100,000 Population, by County, 2014-2019

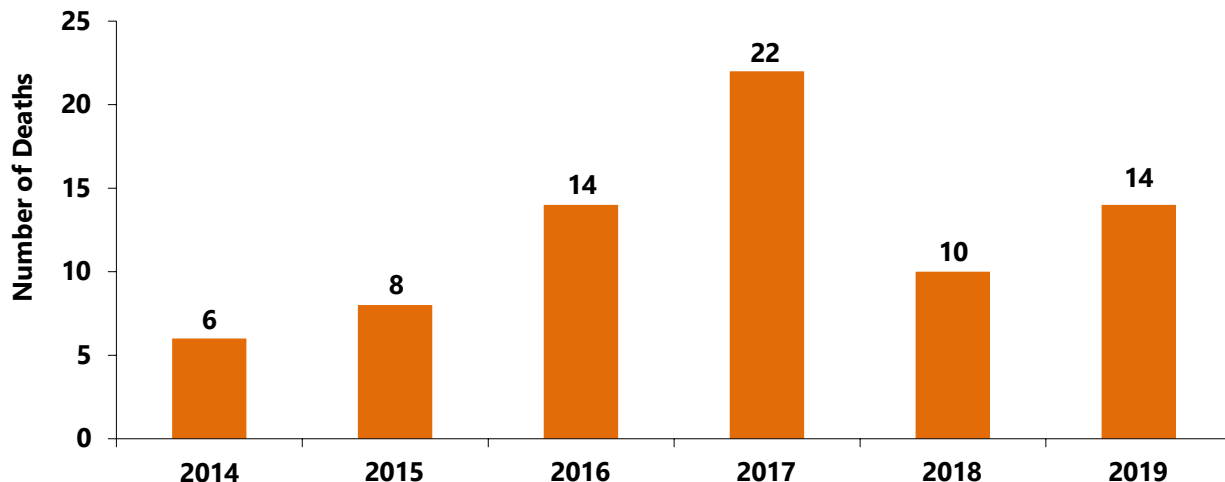
- The Ohio age-adjusted unintentional drug overdose death rate for 2014-2019 was 33.6 deaths per 100,000 population.
- Tuscarawas County's age-adjusted unintentional drug overdose death rate for 2014-2019 was 15.0 deaths per 100,000 population.



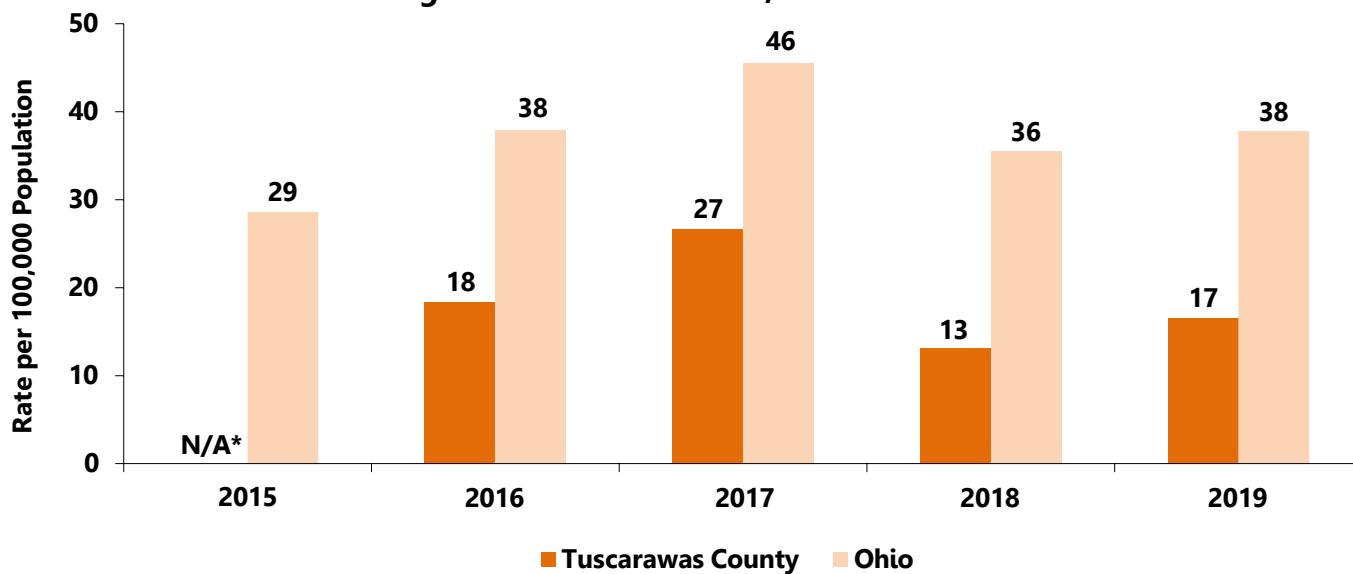
(Source: Ohio Department of Health, 2019 Ohio Drug Overdose Data: General Findings)

The following graphs are data from Ohio's Public Health Data Warehouse indicating the number of unintentional drug overdose deaths in Tuscarawas County and the age-adjusted drug overdose death rates in Tuscarawas County and Ohio.

Tuscarawas County Unintentional Drug Overdose Deaths, 2014-2019



Tuscarawas County and Ohio Age-Adjusted Drug Overdose Death Rate, 2014-2019

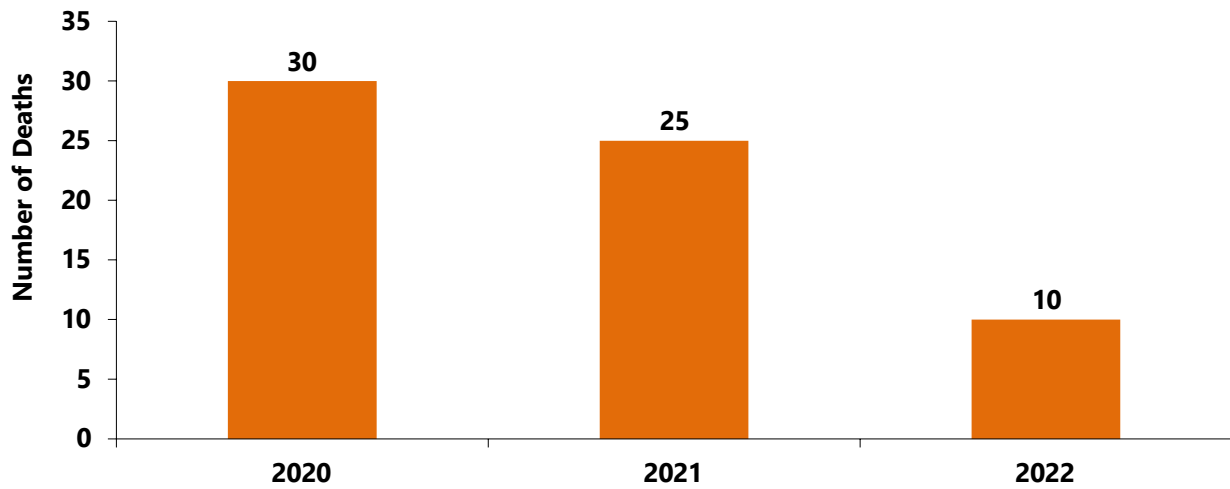


*N/A Indicates rates have been suppressed for counts < 10 or where population counts are not available

(Source for graphs: Ohio Public Health Data Warehouse, 2014-2019)

The following graphs is data from the Tuscarawas County Coroner's Office indicating the number of unintentional drug overdose deaths in Tuscarawas County from 2020, 2021, and January to April of 2022.

Tuscarawas County Unintentional Drug Overdose Deaths, 2020-2022



(Source for graph: Tuscarawas County Coroner's Office, 2020-2022)

Health Behaviors: Adult Sexual Behavior

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

In 2021, 69% of Tuscarawas County adults had sexual intercourse. Two percent (2%) of adults had more than one partner.

Adult Sexual Behavior

- Sixty-nine percent (69%) of Tuscarawas County adults had sexual intercourse in the past year.
- Two percent (2%) of adults reported they had intercourse with more than one partner in the past year, increasing to 4% of adults under the age of 65.
- Adults used the following methods of birth control: they or their partner were too old (23%), no partner/not sexually active (20%), male sterilization (vasectomy) (13%), birth control pill (10%), female sterilization (tubes tied) (9%), condoms (6%), hysterectomy (6%), infertility (5%), practiced abstinence (3%), gay or a lesbian (2%), withdrawal (2%), ovaries or testicles removed (1%), shots (1%), contraceptive implants (1%), and IUD (<1%).
- Five percent (5%) of Tuscarawas County adults were not using any method of birth control and 1% were trying to get pregnant, while 1% were currently pregnant.
- The following situations applied to Tuscarawas County adults: had sex without a condom in the past year (16%), had anal sex without a condom in the past year (3%), thought they may have an STD (3%), tested for an STD in the past year (2%), used intravenous drugs in the past year (2%), tested positive for HPV (2%), had sex with someone they did not know (2%), treated for an STD in the past year (1%), engaged in sexual activity they would not have done if sober (1%), had sex with someone they met on social media (1%), and had sexual activity with someone of the same gender (1%).

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Tuscarawas County 2021	Ohio 2020	U.S. 2020
Had more than one sexual partner in past year	4%	4%	2%	N/A	N/A

N/A – Not Available

Sexually Transmitted Infections (STI) Disease Report

Sexually Transmitted Infections	Tuscarawas County 2019	Tuscarawas County 2020	Tuscarawas County 2021	Trend based on 2-year average
Chlamydia	272	248	292	
Gonorrhea	39	42	59	

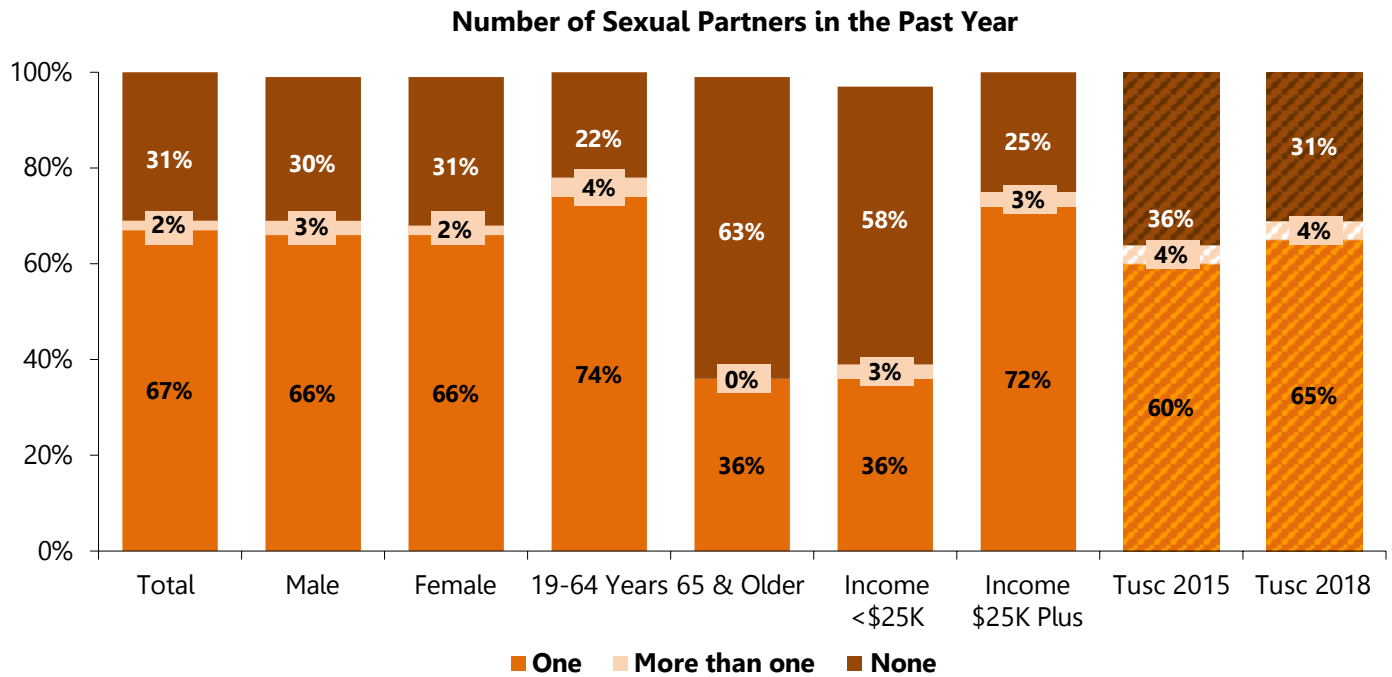
(Source: 2021 Tuscarawas County Health Department Annual Report)

Contraceptive Use in the United States

- Fourteen percent (14%) of women aged 15-49 are currently using birth control pills.
- Ten percent (10%) of women aged 15-49 are currently using long-acting reversible contraception such as an Intrauterine device or contraceptive implant.
- Eighteen percent (18%) of women aged 15-49 are currently using female sterilization.
- Six percent (6%) of women aged 15-49 are currently using male sterilization.

(Source: CDC, National Center for Health Statistics, Contraceptive Use, Last Updated November 10, 2020)

The following graph shows the number of sexual partners Tuscarawas County adults had in the past year. An example of how to interpret the information includes: 67% of all Tuscarawas County adults had one sexual partner in the past 12 months, 2% had more than one partner and 31% did not have a sexual partner.



Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Disparities in STDs

As in past years, there were significant disparities in rates of reported STDs:

- In 2019, over half (55.4%) of reported cases of STDs were among adolescents and young adults aged 15-24 years.
- Disparities continue to persist in rates of reported STDs among some racial minority or Hispanic groups when compared with rates among non-Hispanic Whites. In 2019, 30.6% of all cases of chlamydia, gonorrhea, and primary and secondary (P&S) syphilis were among non-Hispanic Blacks, even though they made up only approximately 12.5% of the US population.
- Men who have sex with men (MSM) are disproportionately impacted by STDs, including P&S syphilis and gonorrhea.

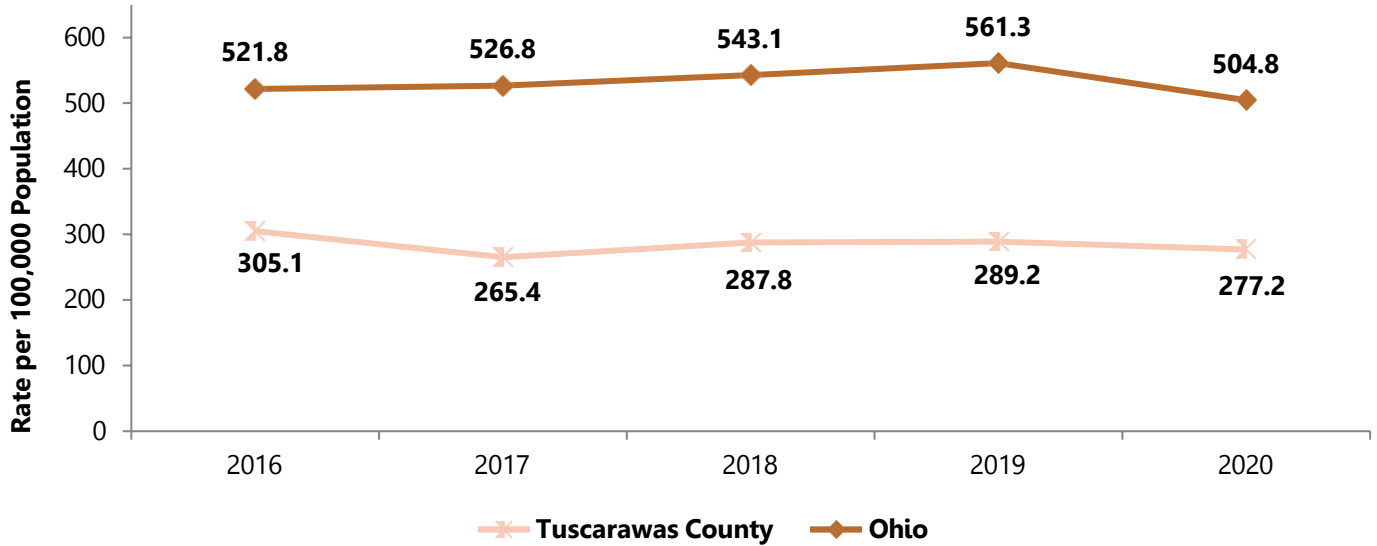
It is important to note that these disparities are unlikely explained by differences in sexual behavior and rather reflect differential access to quality sexual health care, as well as differences in sexual network characteristics. Acknowledging inequities in STD rates is a critical first step toward empowering affected groups and the public health community to collaborate in addressing systemic inequities in the burden of disease — with the ultimate goal of minimizing the health impacts of STDs on individuals and populations.

(Source: CDC, National Center for Health Statistics, Contraceptive Use, Last Updated April 13, 2021)

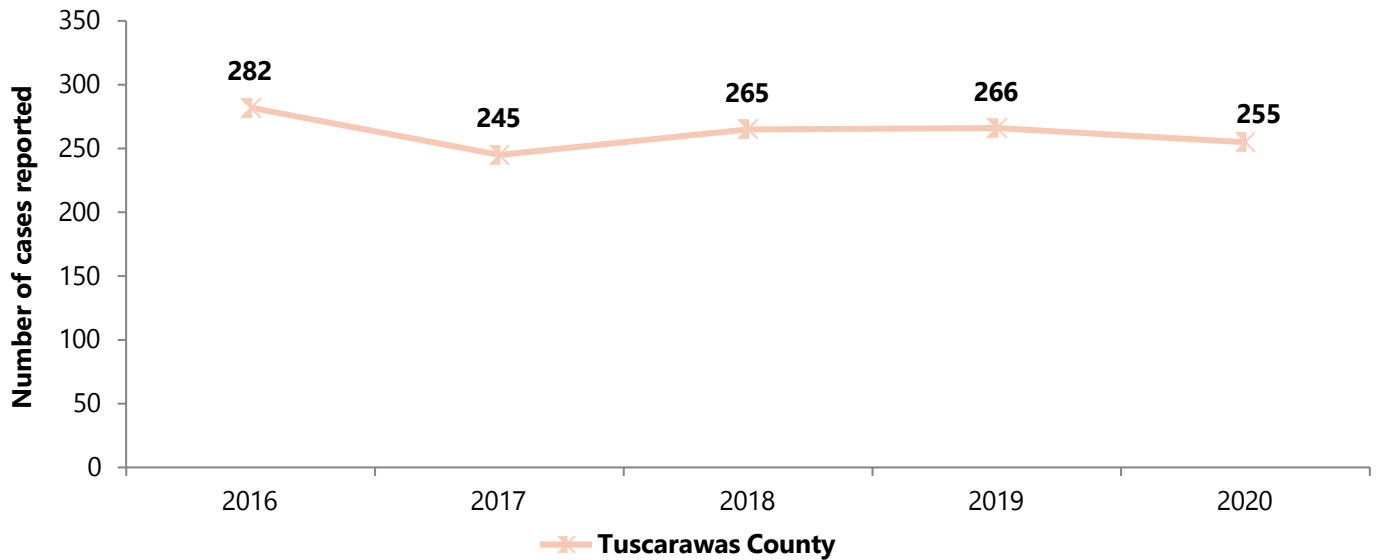
The following graphs show Tuscarawas County chlamydia disease rates per 100,000 population. The graphs show:

- The Tuscarawas County chlamydia disease rate was lower than the Ohio rate each year from 2016-2020.
- The number of chlamydia cases in Tuscarawas County increased from 2017-2019.

Chlamydia Annualized Disease Rates for Tuscarawas County and Ohio



Annualized Count of Chlamydia Cases for Tuscarawas County

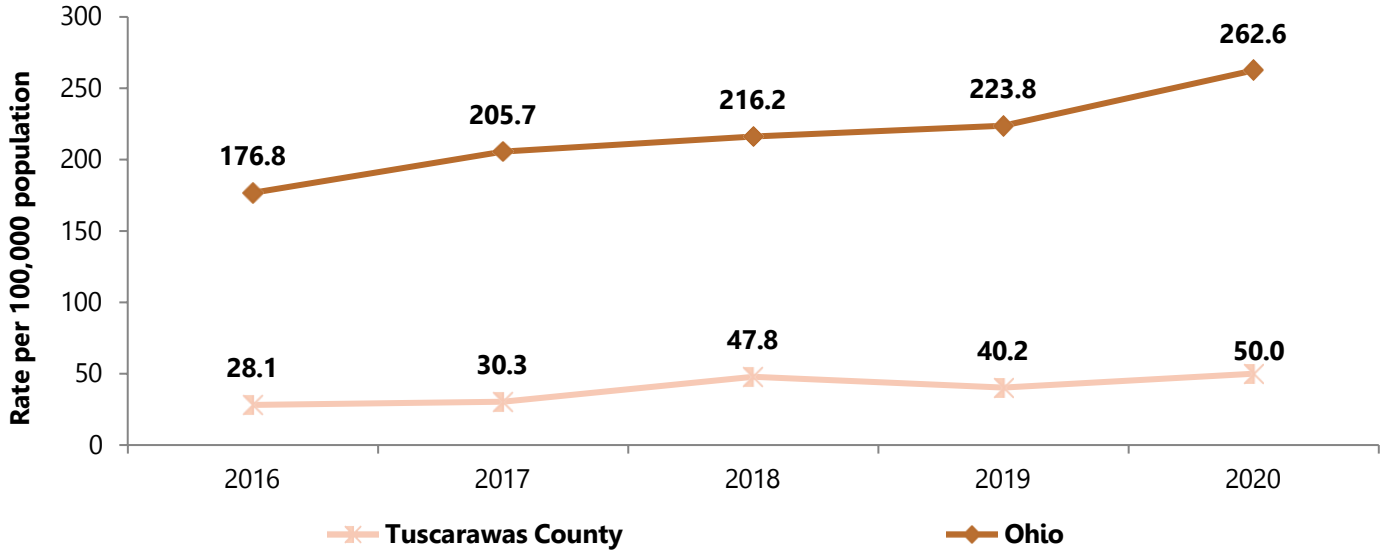


(Source: Ohio Department of Health, STD Surveillance Program, Data reported through 12/9/2021)

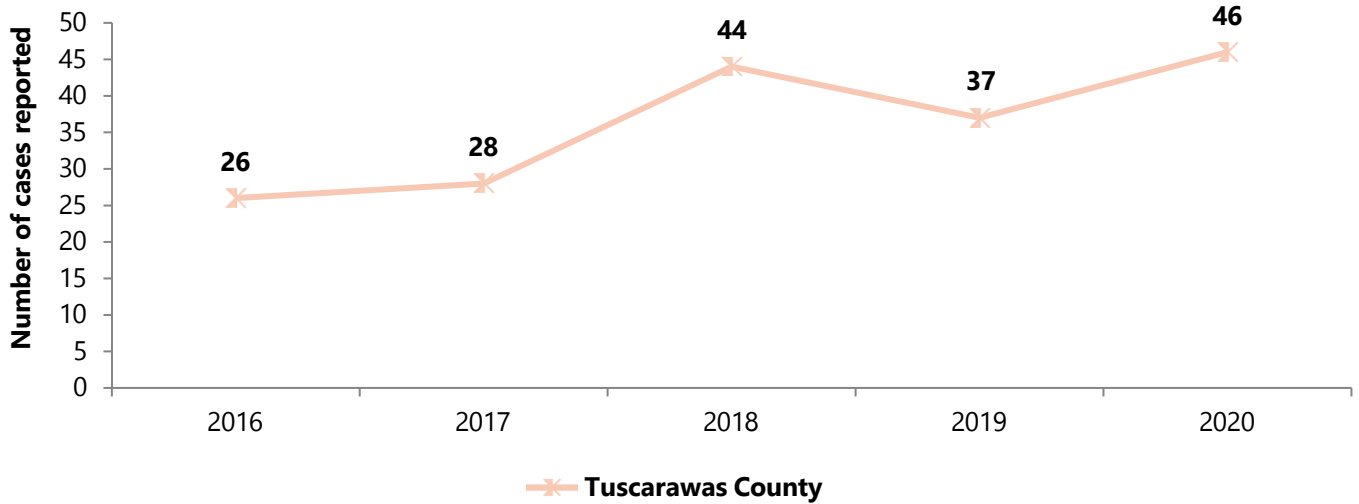
The following graphs show Tuscarawas County gonorrhea disease rates per 100,000 population. The graphs show:

- The Tuscarawas County gonorrhea rate increased from 2019 to 2020.
- The Ohio gonorrhea rate increased each year between 2016 to 2020.

Gonorrhea Annualized Disease Rates for Tuscarawas County and Ohio



Annualized Count of Gonorrhea Cases for Tuscarawas County

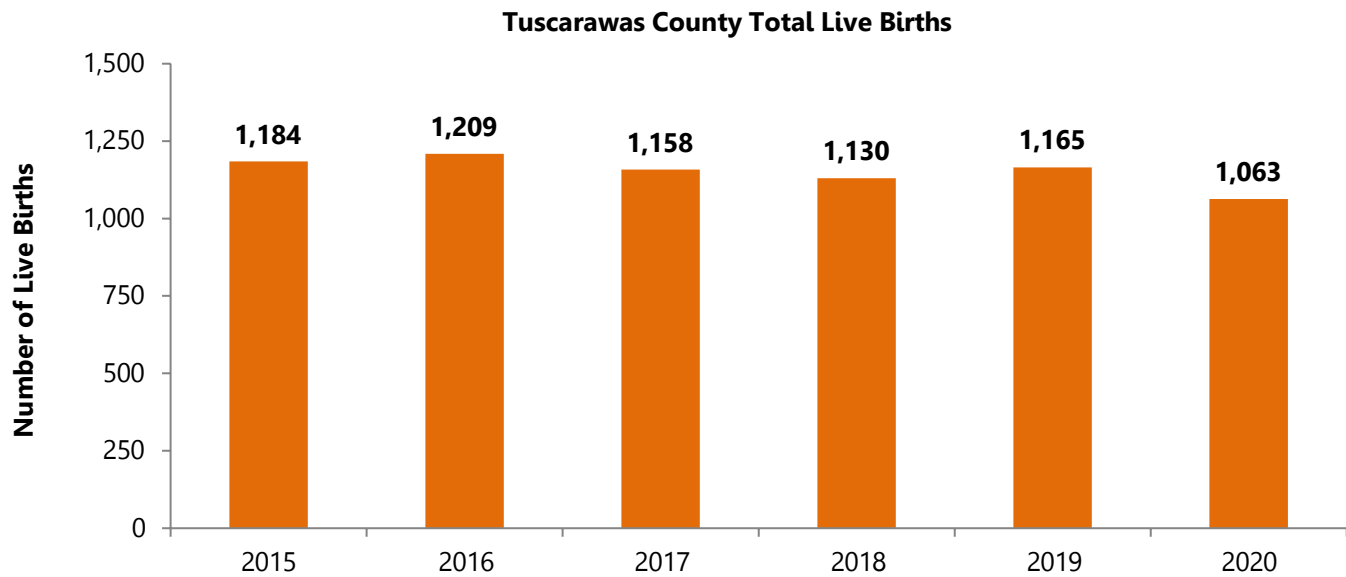


(Source for graphs: Ohio Department of Health, STD Surveillance Program, Data Reported through 12/9/21)

Pregnancy Outcomes

Note: Pregnancy outcome data includes all births including adults and adolescents.

- From 2015-2020, there was an average of 1,152 live births per year in Tuscarawas County.



(Source: ODH Information Warehouse Updated 1/3/22)

Health Behaviors: Adult Mental Health

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

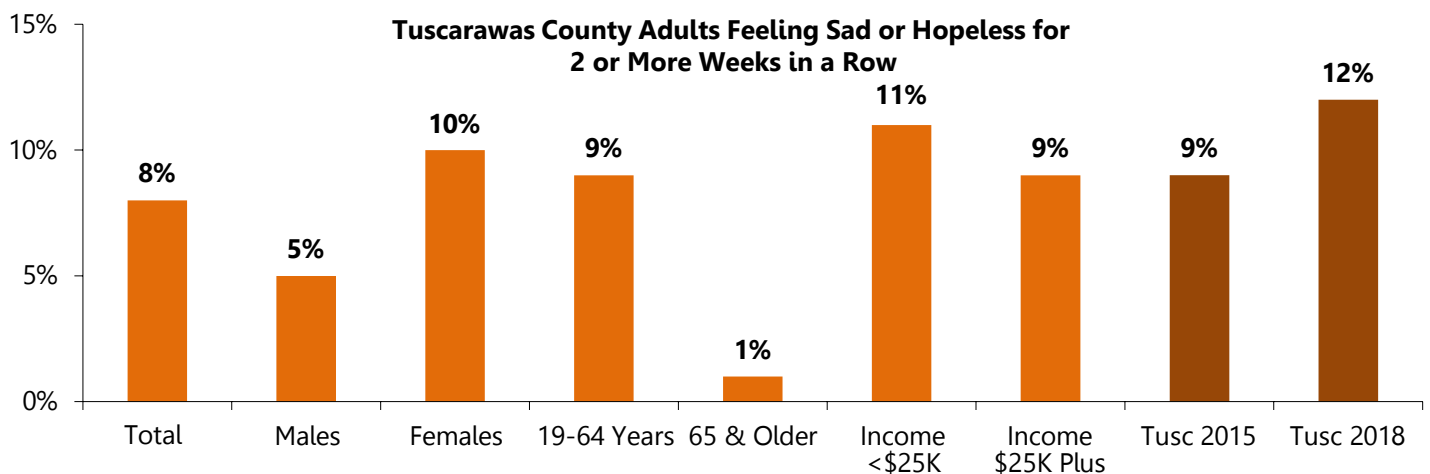
In 2021, 8% of Tuscarawas County adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities. One percent (1%) of Tuscarawas County adults considered attempting suicide in the past year.

Adult Mental Health

- In the past year, 8% of Tuscarawas County adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities.
- One percent (1%) of Tuscarawas County adults seriously considered attempting suicide in the past year.

697 adults seriously considered attempting suicide in the past year.

- Two percent (2%) of Tuscarawas County adults made a plan about attempting suicide in the past year.
- No adults (0%) reported actually attempting suicide in the past year.
- Tuscarawas County adults reported they or a family member were diagnosed with or treated for the following mental health issues:
 - Anxiety or emotional problems (40%)
 - Depression (38%)
 - Anxiety Disorder, such as panic attacks, phobia, or obsessive-compulsive disorder (31%)
 - Other trauma (29%)
 - Attention Deficit Disorder (ADD/ADHD) (20%)
 - Alcohol and illicit drug abuse (16%)
 - Bipolar disorder (14%)
 - Post-Traumatic Stress Disorder (PTSD) (13%)
 - Developmental disability (7%)
 - Psychotic disorder, such as schizophrenia or schizoaffective disorder (6%)
 - Eating disorder (5%)
 - Autism spectrum (5%)
 - Life-adjustment disorder (2%)
 - Problem gambling (1%)
 - Some other mental health disorder (7%)
- Six percent (6%) indicated they or a family member had taken medication for one or more mental health issues.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

- Tuscarawas County adults indicated the following caused them anxiety, stress, or depression:
 - Job stress (27%)
 - Current news/political environment (24%)
 - COVID-19 (24%)
 - Financial stress (22%)
 - Death of close family member or friend (17%)
 - Marital/dating relationships (13%)
 - Fighting in the home (12%)
 - Other stress at home (10%)
 - Sick family member (10%)
 - Poverty/no money (9%)
 - Family member with a mental illness (8%)
 - Caring for a parent (7%)
 - Social media (7%)
 - Unemployment (3%)
 - Divorce/separation (3%)
 - Sexual orientation/gender identity (1%)
 - Not having enough to eat (1%)
 - Not having a place to live (<1%)
 - Other (12%)
- Tuscarawas County adults dealt with stress in the following ways: talked to someone they trust (53%), prayer/meditation (35%), listened to music (27%), exercised (26%), ate more or less than normal (25%), worked on a hobby (24%), slept (22%), worked (19%), drank alcohol (13%), smoked tobacco (9%), used prescription drugs as prescribed (6%), took it out on others (5%), called a professional (2%), used illegal drugs (1%), misused prescription drugs (1%), self-harmed (1%), and other ways (12%).
- Tuscarawas County adults received the social and emotional support they needed from the following: family (66%), friends (51%), God/prayer (37%), church (29%), a professional (8%), neighbors (7%), community (7%), Internet (3%), self-help group (1%), online support group (1%), and other (4%). Five percent (5%) of adults reported they did not receive the social and emotional support they needed, and 25% indicated they did not need support.

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Tuscarawas County 2021	Ohio 2020	U.S. 2020
Felt sad or hopeless for two or more weeks in a row in the past year	9%	12%	8%	N/A	N/A
Seriously considered attempting suicide in the past year	2%	7%	1%	N/A	N/A
Attempted suicide in the past year	<1%	<1%	0%	N/A	N/A

N/A – Not Available

Symptoms of Depression Among Adults

Depression is characterized by the presence of feelings of sadness, emptiness, or irritability, accompanied by bodily and cognitive changes lasting at least 2 weeks that significantly affect the individual’s capacity to function.

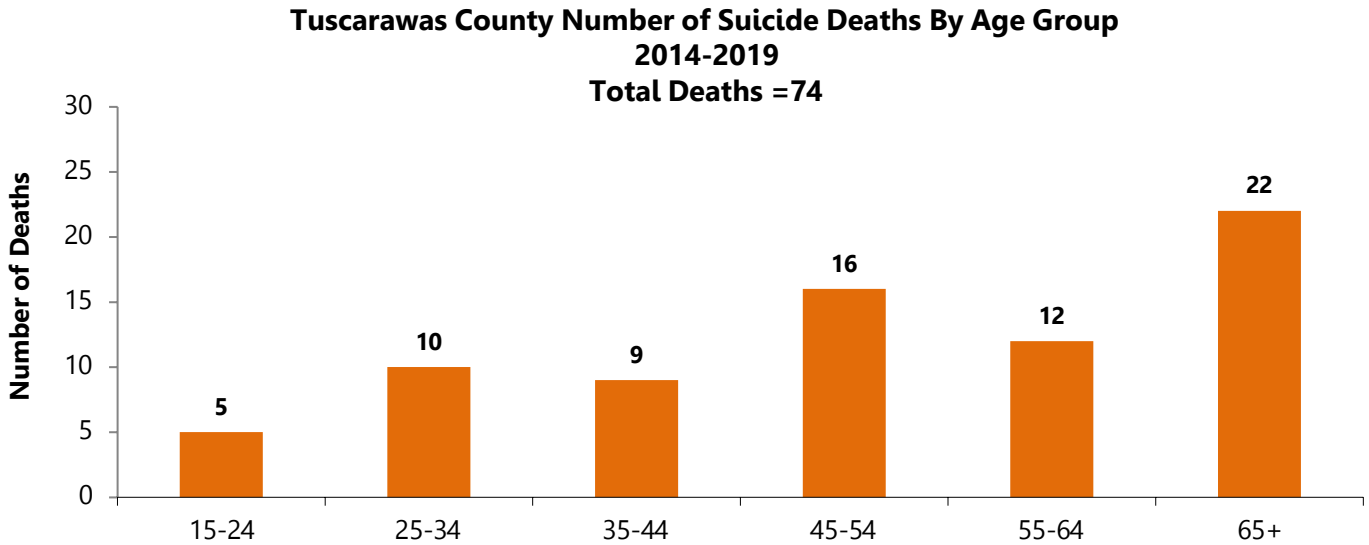
The eight-item Patient Health Questionnaire (PHQ-8) is a validated diagnostic and severity measure of symptoms of depressive disorders. Adults with scores of 0–4 are considered to have no or minimal symptoms of depression, while those with scores of 5–9, 10–14, or 15–24 are considered to have mild, moderate, or severe symptoms, respectively.

- In 2019, 3% of adults experienced severe symptoms of depression, 4% experienced moderate symptoms, and 12% experienced mild symptoms in the past 2 weeks.
- The percentage of adults who experienced any symptoms of depression was highest among those aged 18–29 (21%), followed by those aged 45–64 (18%) and 65 and over (18%), and lastly, by those aged 30–44 (17%).
- Women were more likely than men to experience any symptoms of depression.
- Non-Hispanic Asian adults were least likely to experience any symptoms of depression compared with Hispanic, non-Hispanic white, and non-Hispanic black adults.

(Source: CDC, National Center for Health Statistics, Symptoms of Depression Among Adults: United States, 2019, Last updated 9/23/2020)

The graph below shows the number of suicide deaths by age group in Tuscarawas County. The graph shows:

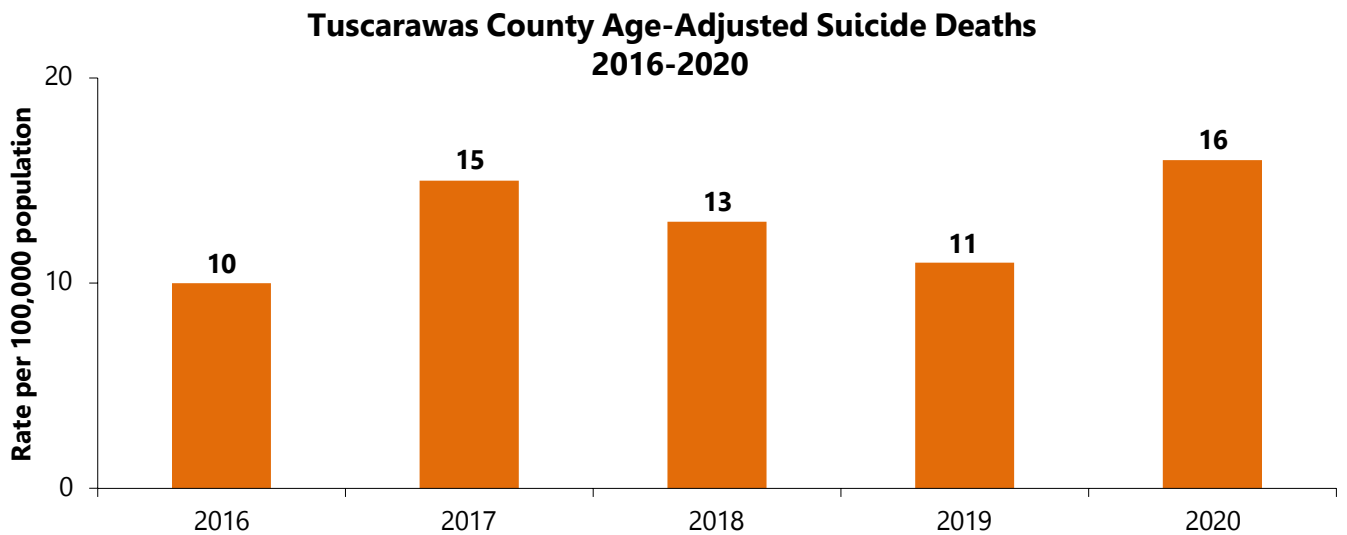
- From 2014-2019, 30% of all Tuscarawas County suicide deaths occurred among individuals 65 years of age and older.



(Source: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 1/3/22)

The graph below shows the number and age-adjusted rate of suicide deaths in Tuscarawas County. The graph shows:

- The 2020 suicide rate for Tuscarawas County was 16.6, while the Ohio rate was 13.8.



(Source: ODH, Suicide Demographics and Trends, Ohio and County, 2020 updated 4/18/22)

Common Signs of Mental Illness in Adults

- Trying to tell the difference between what expected behaviors are and what might be the signs of a mental illness isn't always easy. There's no easy test that can let someone know if there is mental illness or if actions and thoughts might be typical behaviors of a person or the result of a physical illness.
- Each illness has its own symptoms, but common signs of mental illness in adults can include:
 - Excessive worrying or fear
 - Feeling excessively sad or low
 - Extreme mood changes, including uncontrollable "highs" or feelings of euphoria
 - Avoiding friends and social activities
 - Changing in sleeping habits or feeling tired and low energy
 - Changes in eating habits such as increased hunger or lack of appetite
 - Overuse of substances like alcohol or drugs
 - Inability to carry out daily activities or handle daily problems and stress

(Source: National Alliance on Mental Illness, Know the Warning Signs, 2021)

Chronic Disease: Cardiovascular Health

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

Five percent (5%) of adults had survived a heart attack and 3% had survived a stroke at some time in their life. More than two-fifths (41%) had high blood pressure, 38% had high blood cholesterol, 43% were obese, and 16% were current smokers, four known risk factors for heart disease and stroke.

Heart Disease and Stroke

- Five percent (5%) of adults reported they had survived a heart attack or myocardial infarction, increasing to 14% of those over the age of 65.
- Three percent (3%) of Tuscarawas County adults reported they had survived a stroke, increasing to 7% of those over the age of 65 and 11% of those with incomes less than \$25,000.
- Two percent (2%) of adults reported they had angina or coronary heart disease, increasing to 8% of those over the age of 65.
- Two percent (2%) of adults reported they had congestive heart failure, increasing to 4% of those over the age of 65 and 6% of those with incomes less than \$25,000.

Tuscarawas County Leading Causes of Death 2017-2019

Total Deaths: 3,416

- Heart Disease (24% of all deaths)
- Cancer (21%)
- Chronic Lower Respiratory Diseases (7%)
- Diabetes (7%)
- Alzheimer's disease (7%)

(Source: Ohio Public Health Data Warehouse, 2017-2019)

Ohio Leading Causes of Death 2017-2019

Total Deaths: 371,649

- Heart Disease (23% of all deaths)
- Cancers (20%)
- Accidents, Unintentional Injuries (7%)
- Chronic Lower Respiratory Diseases (6%)
- Stroke (5%)

(Source: Ohio Public Health Data Warehouse, 2017-2019)

3,487 adults survived a heart attack or myocardial infarction.

High Blood Pressure (Hypertension)

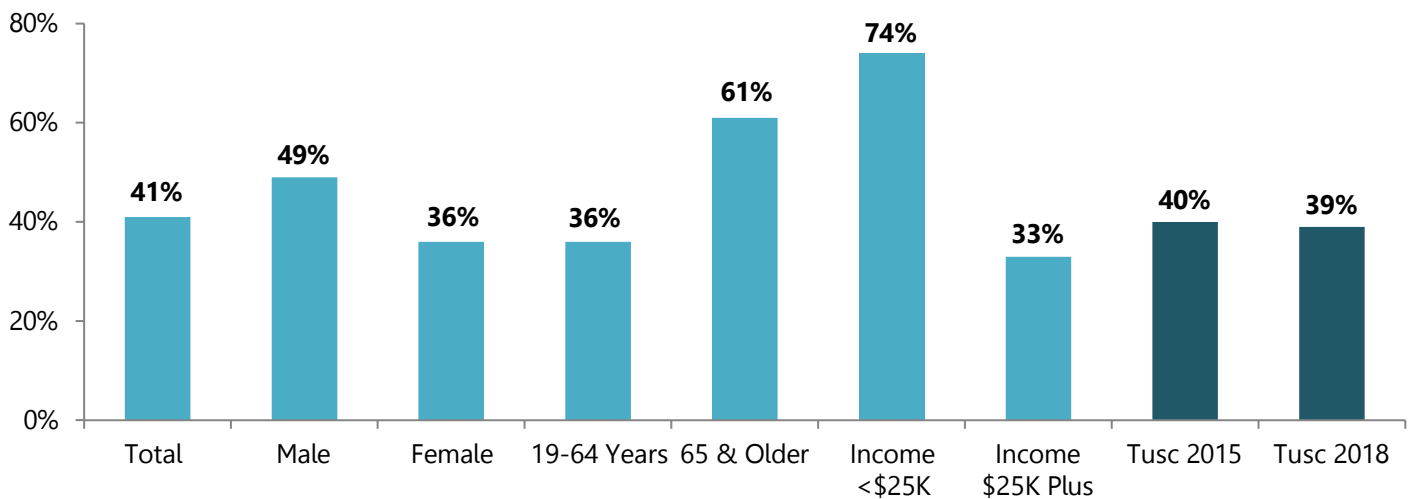
- More than two-fifths (41%) of adults had been diagnosed with high blood pressure.
- Seven percent (7%) of adults were told they were pre-hypertensive/borderline high.
- Ninety-one percent (91%) of adults had their blood pressure checked within the past year.
- Tuscarawas County adults diagnosed with high blood pressure were more likely to have:
 - Incomes less than \$25,000 (74%)
 - Been age 65 years or older (61%)
 - Been classified as obese by Body Mass Index (57%)

High Blood Cholesterol

- Nearly two-fifths (38%) of adults had been diagnosed with high blood cholesterol.
- Eighty-six percent (86%) of adults had their blood cholesterol checked within the past 5 years.
- Tuscarawas County adults with high blood cholesterol were more likely to:
 - Have been ages 65 years or older (60%)
 - Incomes less than \$25,000 (51%)
 - Have been classified as obese by Body Mass Index-BMI (47%)

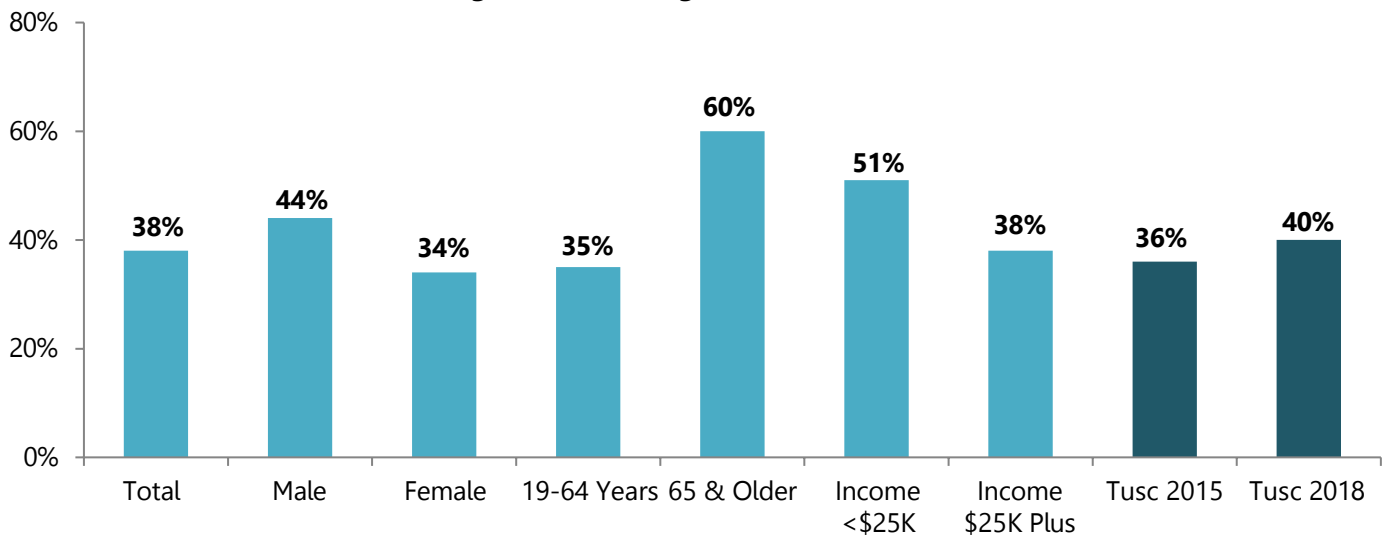
The following graphs show the number of Tuscarawas County adults who have been diagnosed with high blood pressure and high blood cholesterol. An example of how to interpret the information on the first graph includes: 41% of all Tuscarawas County adults have been diagnosed with high blood pressure, including 49% of males, 36% of females, and 61% of those 65 years and older.

Diagnosed with High Blood Pressure*



**Does not include respondents who indicated high blood pressure during pregnancy only.*

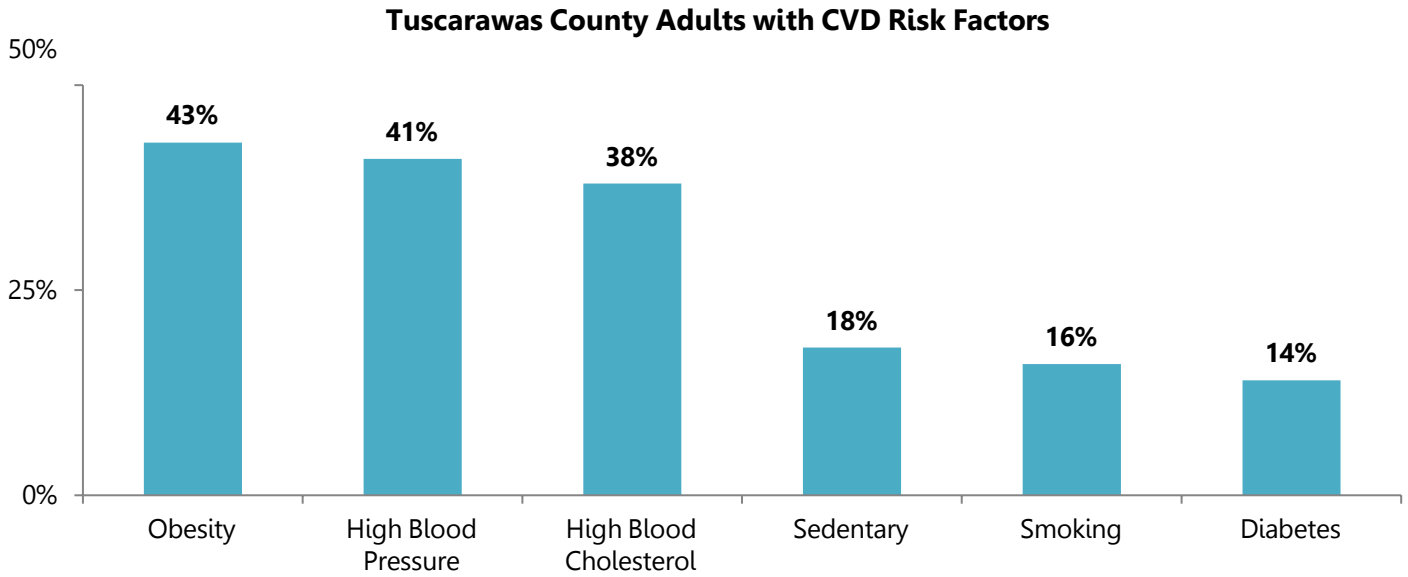
Diagnosed with High Blood Cholesterol



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the

overall survey.

The following graph demonstrates the percentage of Tuscarawas County adults who had major risk factors for developing cardiovascular disease (CVD).



Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Tuscarawas County 2021	Ohio 2020	U.S. 2020
Ever diagnosed with angina or coronary heart disease	8%	5%	2%	5%	4%
Had a heart attack	6%	7%	5%	5%	4%
Had a stroke	3%	2%	3%	4%	3%
Had been diagnosed with high blood pressure	40%	39%	41%	35%*	33%*
Had been diagnosed with high blood cholesterol	36%	40%	38%	33%*	33%*
Had blood cholesterol checked within the past 5 years	76%	77%	86%	85%*	87%*

*2019 Ohio and U.S. BRFSS

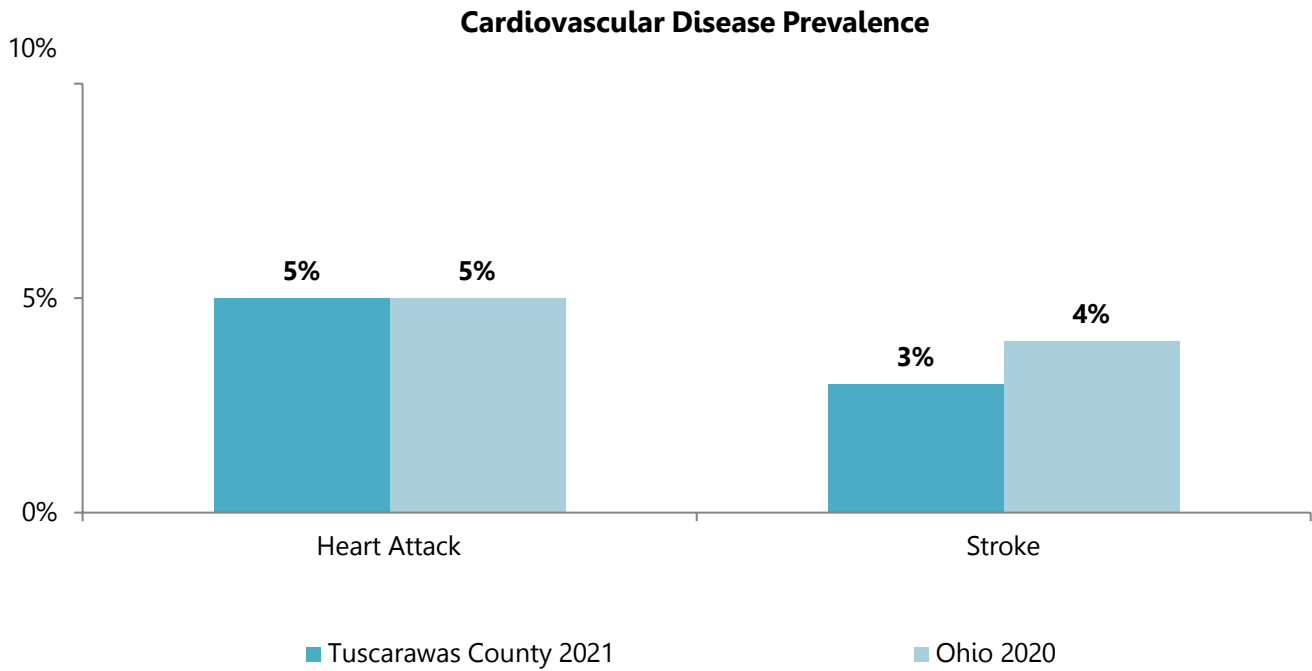
General Causes of Death for Tuscarawas County Residents

General Causes of Death	Tuscarawas County 2019	Tuscarawas County 2020	Tuscarawas County 2021
Heart Disease	271	265	273
Hypertension with Kidney Disease	18	20	11
Stroke	55	40	61
Other Cardiovascular Disease	15	8	8

(Source: 2021 Tuscarawas County Health Department Annual Report)

The following graph shows cardiovascular disease prevalence for Tuscarawas County and Ohio:

- The heart attack prevalence in Tuscarawas County was the same as Ohio.
- The stroke prevalence in Tuscarawas County was lower than Ohio.



(Source: 2020 BRFSS, 2021 Tuscarawas County Health Assessment)

Healthy People 2030 Objectives Heart Disease and Stroke

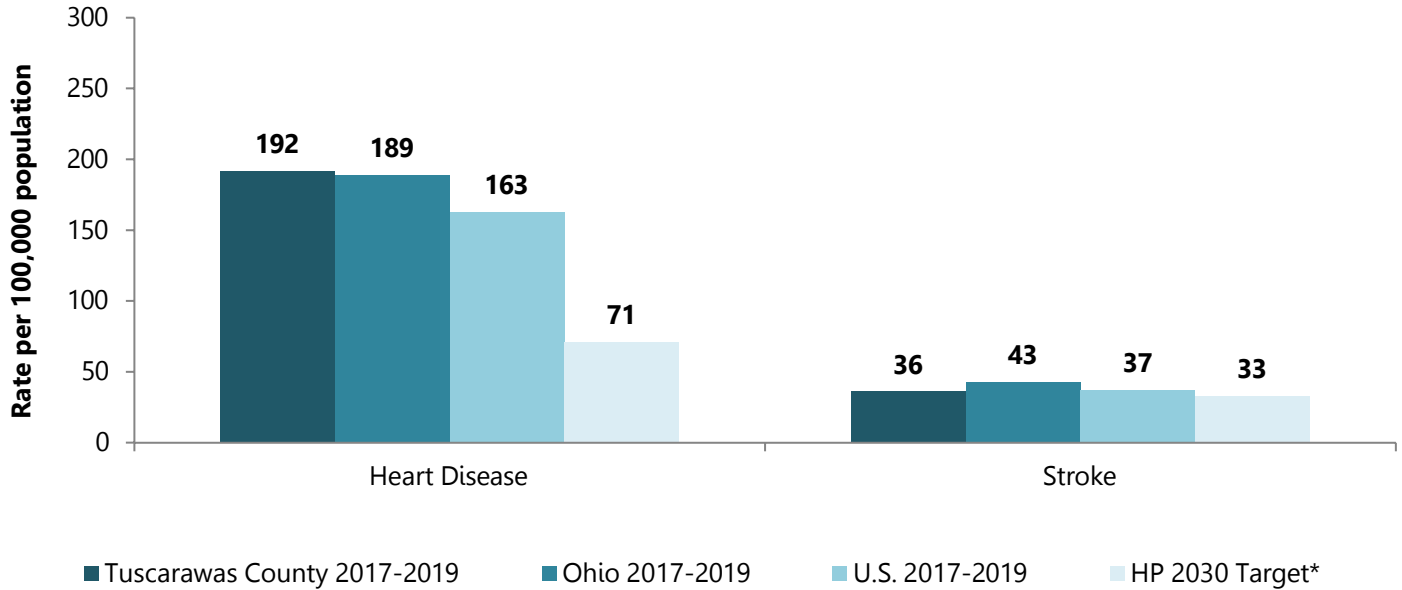
Objective	2021 Tuscarawas Survey Population Baseline	Ohio 2019	U.S. 2019	Healthy People 2030 Target
HDS-04: Reduce proportion of adults with high blood pressure	41%	35%	33%	28%

(Source: Healthy People 2030, 2019 BRFSS, 2021 Tuscarawas County Health Assessment)

The following graphs show the age-adjusted mortality rates per 100,000 population for heart disease and stroke.

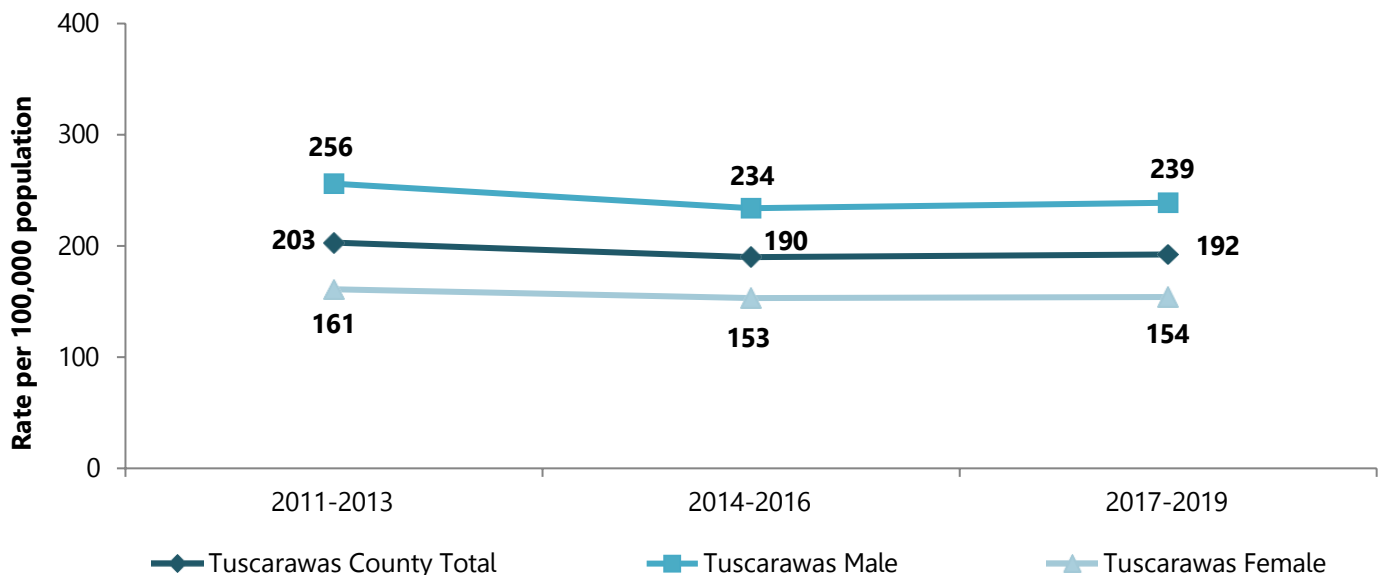
- When age differences are accounted for, the statistics indicate that the Tuscarawas County heart disease mortality rate was higher than the figures for the state, the U.S., and Healthy People 2030 target from 2017-2019.
- The 2017-2019 Tuscarawas County age-adjusted stroke mortality rate was lower than the state and the U.S. rate. However, it was slightly higher than the Healthy People 2030 target objective.
- From 2011-2019, the Tuscarawas County female and male age-adjusted heart disease mortality rates fluctuated.

Age-Adjusted Heart Disease and Stroke Mortality Rates



*The Healthy People 2030 Target objective for coronary heart disease is reported for heart attack mortality. (Source: Ohio Public Health Data Warehouse, 2017-2019, CDC Wonder 2017-2019, Healthy People 2030)

Tuscarawas County Age-Adjusted Heart Disease Mortality Rates by Gender

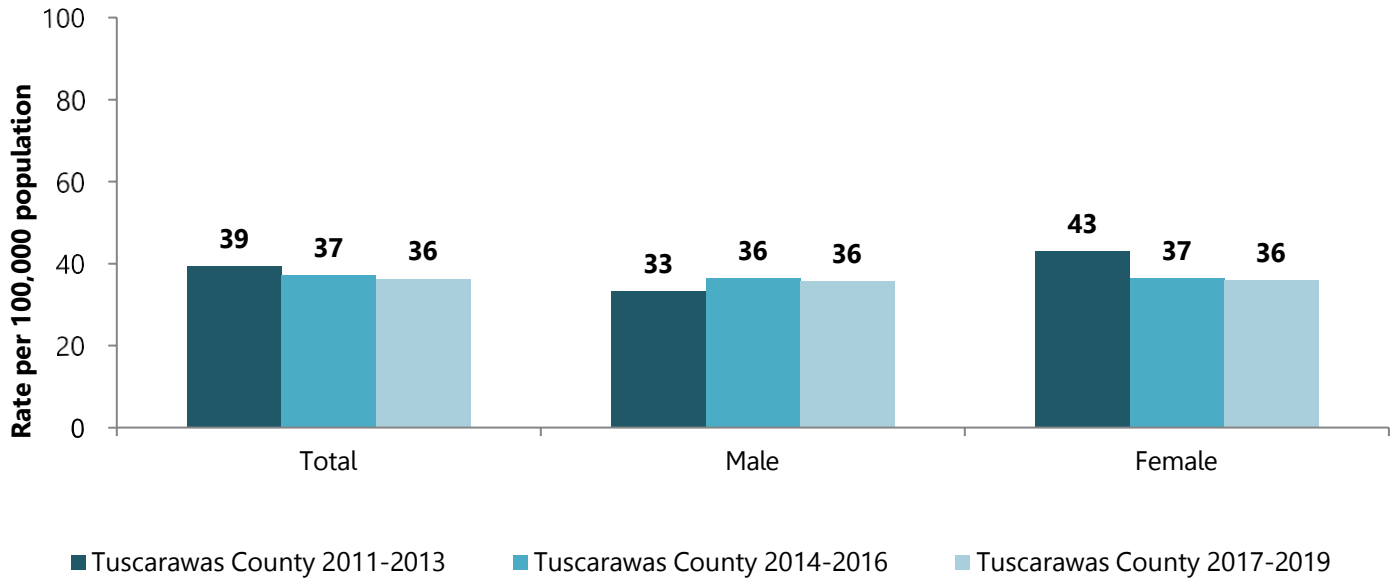


(Source: Ohio Public Health Data Warehouse, 2011-2019)

The following graph shows the age-adjusted mortality rates per 100,000 population for stroke by gender.

- The Tuscarawas County stroke mortality rate decreased from 2011 to 2019.
- From 2017-2019, the Tuscarawas County stroke mortality rate was the same for females and males.

Age-Adjusted Stroke Mortality Rates by Gender



(Source: Ohio Public Health Data Warehouse, 2011-2019)

Chronic Disease: Cancer

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

In 2021, 16% of Tuscarawas County adults had been diagnosed with cancer at some time in their life. The Ohio Cancer Incidence Surveillance System indicates that from 2017-2019, a total of 701 Tuscarawas County residents died from cancer, the second leading cause of death in the county.

Adult Cancer

- Sixteen percent (16%) of Tuscarawas County adults were diagnosed with cancer at some point in their lives, increasing to 37% of those over the age of 65.
- Of those diagnosed with cancer, they reported the following types: other skin cancer (25%), prostate (20%), breast (14%), endometrial (14%), testicular (10%), melanoma (9%), cervical (5%), colon (3%), bladder (3%), pancreatic (3%), renal (3%), and other types of cancer (13%). Nine percent (9%) of adults were diagnosed with multiple types of cancer.

11,158 adults were diagnosed with cancer at some point in their lives.

Cancer Facts

- The Ohio Department of Health (ODH) indicates that from 2017-2019, cancers caused 21% (701 of 3,416 of total deaths) of all Tuscarawas County resident deaths *(Source: Ohio Public Health Data Warehouse, 2017-2019)*.
- The American Cancer Society states that about 608,570 Americans are expected to die of cancer in 2021. Cancer is the second leading cause of death in the U.S., exceeded only by heart disease. *(Source: American Cancer Society, Facts & Figures 2021)*.
- The American Cancer Society reports that cigarette smoking increases the risk of several cancers, including those of the oral cavity and pharynx, larynx, lung, esophagus, pancreas, uterine cervix, kidney, bladder, stomach, colorectum and liver and acute myeloid leukemia. Smoking may also increase risk of fatal prostate cancer and a rare type of ovarian cancer. Health consequences increase with both duration and intensity of smoking. *(Source: American Cancer Society, Facts & Figures 2021)*.

Lung Cancer

- In Tuscarawas County, 21% of male adults were current smokers and 20% were former smokers.
- ODH reports that lung cancer (n=110) was the leading cause of male cancer deaths from 2017-2019 in Tuscarawas County. Cancer of the colon and rectum caused 32 males deaths, pancreatic cancer caused 28 male deaths, and prostate cancer caused 25 male deaths during the same time period *(Source: Ohio Public Health Data Warehouse, 2017-2019)*.
- In Tuscarawas County, 13% of female adults were current smokers and 16% were former smokers.

Tuscarawas County Incidence of Cancer, 2014-2018

All Types: 2,807 cases

- Lung and Bronchus: 423 cases (15%)
- Breast: 372 cases (13%)
- Prostate: 348 cases (12%)
- Colon and Rectum: 259 cases (9%)

In 2017-2019, there were 701 cancer deaths in Tuscarawas County.

(Source: Ohio Cancer Incidence Surveillance System, Ohio Public Health Data Warehouse, 2014-2018)

- ODH reports that lung cancer was the leading cause of female cancer deaths (n=60) in Tuscarawas County from 2017-2019, followed by breast (n=51) and colon and rectum (n=35) cancers (*Source: Ohio Public Health Data Warehouse, 2017-2019*).
- According to the American Cancer Society, smoking causes approximately 80% of lung cancer deaths in the U.S. Men and women who smoke are about 25 times more likely to develop lung cancer than nonsmokers (*Source: American Cancer Society, Facts & Figures 2021*).

Breast Cancer

- In 2021, 55% of Tuscarawas County females reported having had a clinical breast examination in the past year.
- More than half (56%) of Tuscarawas County females over the age of 40 had a mammogram in the past year.
- For women at average risk of breast cancer, the American Cancer Society recommends that those 40 to 44 years of age have the option to begin annual mammography, those 45 to 54 should undergo annual mammography, and those 55 years of age and older may transition to biennial mammography or continue annual mammography. Women should continue mammography as long as overall health is good and life expectancy is 10 or more years. For some women at high risk of breast cancer, annual magnetic resonance imaging (MRI) is recommended in addition to mammography, typically starting at age 30 (*Source: American Cancer Society, Facts & Figures 2021*).

Prostate Cancer

- Four-fifths (80%) of males ages 50 and over had a PSA test at some time in their life, and 51% had one in the past year.
- ODH statistics indicate that prostate cancer deaths accounted for 6% of all male cancer deaths from 2017-2019 in Tuscarawas County (*Source: Ohio Public Health Data Warehouse, 2017-2019*).
- Well-established risk factors for prostate cancer are increasing age, African ancestry, a family history of the disease, and certain inherited genetic conditions (e.g., Lynch syndrome and BRCA1 and BRCA2 mutations). Black men in the US and the Caribbean have the highest documented prostate cancer incidence rates in the world. Studies suggest that a strong genetic predisposition may be responsible for 5%-10% of prostate cancers, with another 30%-40% caused by more common gene mutations (higher prevalence) conferring less excess risk (lower penetrance). The only modifiable risk factors are smoking and excess body weight, which may increase risk of aggressive and/or fatal disease (*Source: American Cancer Society, Facts & Figures 2021*).

Colon and Rectum Cancers

- Nearly half (47%) of men had a digital rectal exam in their lifetime, and 9% had one in the past year.
- ODH indicates that colon and rectum cancer accounted for 10% of all male and female cancer deaths from 2017-2019 in Tuscarawas County (*Source: Ohio Public Health Data Warehouse, 2017-2019*).
- The American Cancer Society reports several risk factors for colorectal cancer, including excess body weight, physical inactivity, long-term smoking, high consumption of red or processed meat, low calcium intake, heavy alcohol consumption, and very low intake of fruits and vegetables and whole-grain fiber. (*Source: American Cancer Society, Facts & Figures 2021*).

Cancer - Causes of Death for Tuscarawas County Residents

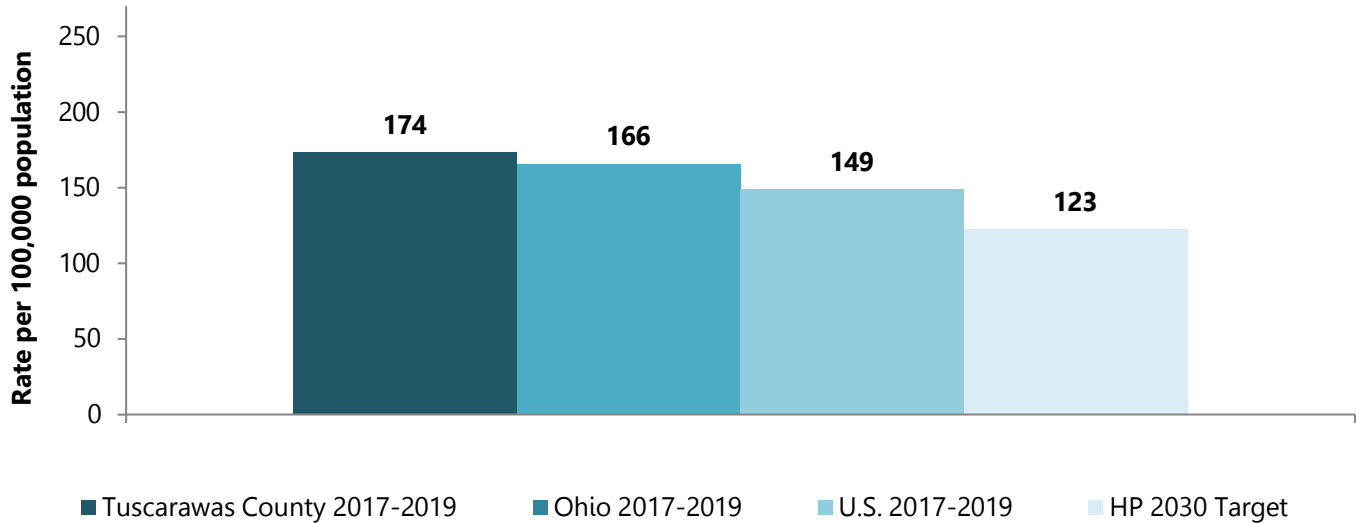
Cancer - Causes of Death	Tuscarawas County 2019	Tuscarawas County 2020	Tuscarawas County 2021
Cancer of the Stomach	5	7	3
Cancer of the Colon, Rectum, or Anus	23	24	31
Cancer of the Pancreas	9	14	8
Cancer of the Trachea or Lung	61	67	61
Cancer of the Breast	17	17	15
Cancer of the Cervix or Ovary	11	14	7
Cancer of the Prostate	9	10	7
Cancer of the Urinary Tract	18	14	12
Non-Hodgkin's Lymphoma	8	8	6
Leukemia	6	8	4
Other Type of Cancer	62	68	41

(Source: 2021 Tuscarawas County Health Department Annual Report)

The following graphs show the Tuscarawas County, Ohio and U.S. age-adjusted mortality rates (per 100,000 population, 2000 standard) for all types of cancer in comparison to the Healthy People 2030 objective and the percent of total cancer deaths in Tuscarawas County. The graphs indicate:

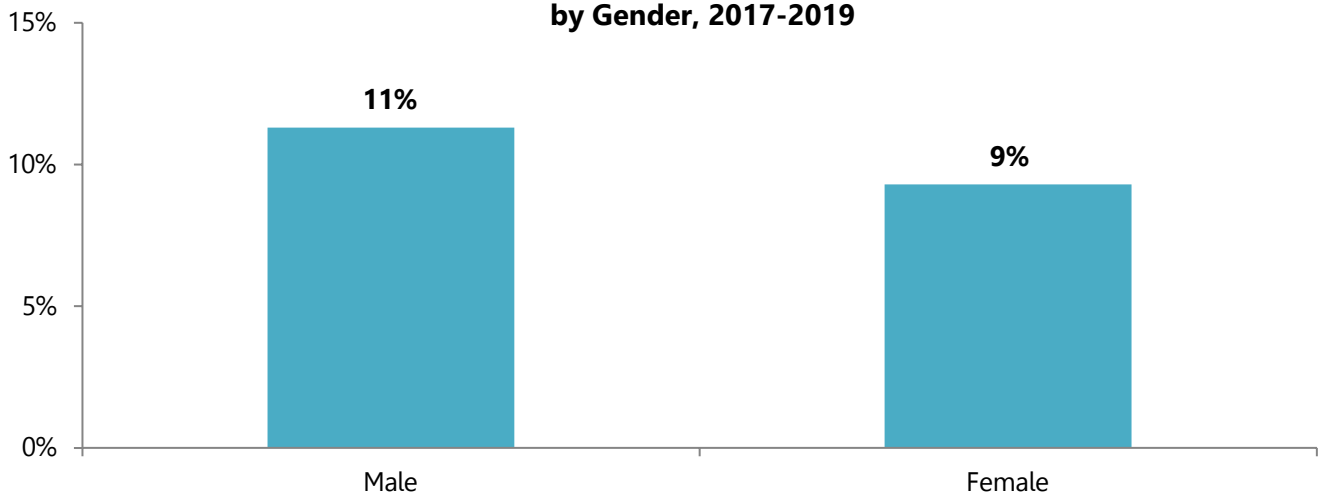
- When age differences are accounted for, Tuscarawas County had a higher cancer mortality rate than the Ohio rate, the U.S. rate, and Healthy People 2030 target objective.
- The percentage of Tuscarawas County males who died from all cancers was higher than the percentage of Tuscarawas County females who died from all cancers (Source: Ohio Public Health Data Warehouse, 2017-2019).

Healthy People 2030 Objective and Age-Adjusted Mortality Rates for All Cancers



(Source: Ohio Public Health Data Warehouse 2017-2019, CDC Wonder 2017-2019, Healthy People 2030)

Cancer as a Percent of All Total Deaths in Tuscarawas County by Gender, 2017-2019



(Source: Ohio Public Health Data Warehouse, 2017-2019)

Tuscarawas County Incidence of Cancer 2014-2018

Types of Cancer	Number of Cases	Percent of Total Incidence of Cancer
Lung and Bronchus	423	15%
Breast	372	13%
Prostate	348	12%
Colon & Rectum	259	9%
Other Sites/Types	206	7%
Bladder	159	6%
Melanoma of Skin	159	6%
Uterus	118	4%
Kidney & Renal Pelvis	112	4%
Oral Cavity & Pharynx	100	4%
Non-Hodgkins Lymphoma	96	3%
Pancreas	90	3%
Thyroid	55	2%
Leukemia	45	2%
Larynx	35	1%
Esophagus	34	1%
Brain and Other CNS	32	1%
Stomach	32	1%
Liver & Intrahepatic Bile Duct	31	1%
Ovary	30	1%
Cervix	24	1%
Multiple Myeloma	20	1%
Testis	16	1%
Hodgkins Lymphoma	11	<1%
Total	2,807	100%

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 3/19/21)

2021 Cancer Estimates

- In 2021, about 1.9 million new cancer cases are expected to be diagnosed.
- The World Cancer Research Fund estimates that about eighteen percent of the new cancer cases expected to occur in the U.S. in 2021 will be related to overweight or obesity, physical inactivity, and poor nutrition, and thus could be prevented.
- About 608,570 Americans are expected to die of cancer in 2021.
- Almost one third of cancer deaths are attributed to smoking.
- In 2021, estimates predict that there will be 73,320 new cases of cancer and 25,140 cancer deaths in Ohio.
- Of the new cancer cases, approximately 10,350 (14%) will be from lung and bronchus cancers and 5,860 (8%) will be from colon and rectum cancers.
- About 10,450 new cases of female breast cancer are expected in Ohio.
- New cases of prostate cancer in Ohio are expected to be 9,010 (12%).

(Source: American Cancer Society, Facts and Figures 2021)

Chronic Disease: Arthritis

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

Nearly two-fifths (39%) of Tuscarawas County adults were told by a health professional that they had some form of arthritis.

Arthritis

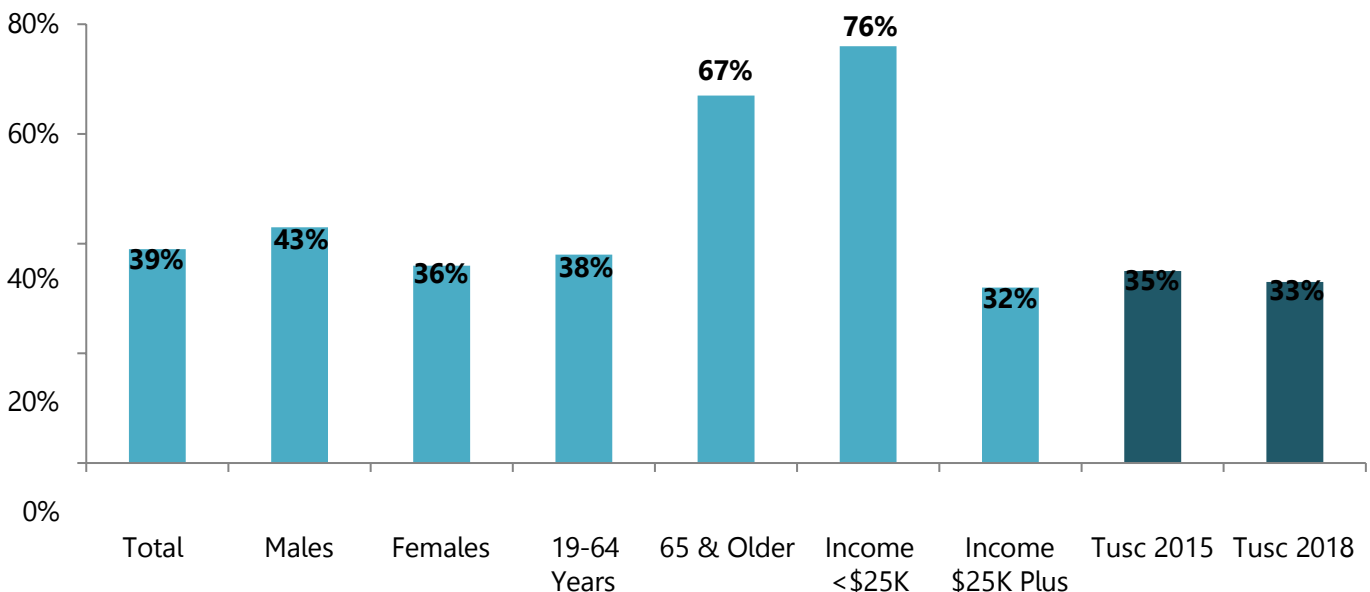
- Nearly two-fifths (39%) of Tuscarawas County adults were told by a health professional that they had some form of arthritis, increasing to 67% of those over the age of 65 and 76% of those with an annual income less than \$25,000.

27,198 Tuscarawas County adults had arthritis.

- Adults were also diagnosed with the following: rheumatoid arthritis (8%), fibromyalgia (6%), gout (5%), and lupus (2%).
- Adults are at higher risk of developing arthritis if they are female, have genes associated with certain types of arthritis, have an occupation associated with arthritis, are overweight or obese, and/or have joint injuries or infections (Source: CDC, Arthritis Risk Factors, Updated April 16, 2021).
- An estimated 54 million U.S. adults (about 23%) report having doctor-diagnosed arthritis. In the United States, arthritis is a leading cause of work disability, with annual costs for medical care and lost earnings of \$304 billion. Arthritis commonly occurs with other chronic diseases—like diabetes, heart disease, and obesity—and can make it harder for people to manage these conditions (Source: CDC, Arthritis Fast Facts, Updated 12/12/2021).

The following graph shows the percentage of Tuscarawas County adults who were diagnosed with arthritis. An example of how to interpret the information includes: 39% of adults were diagnosed with arthritis, including 43% of males and 67% of adults ages 65 and older.

Tuscarawas County Adults Diagnosed with Arthritis



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Tuscarawas County 2021	Ohio 2020	U.S. 2020
Ever been diagnosed with arthritis	35%	33%	39%	31%	25%

Arthritis: Key Public Health Messages

Early diagnosis of arthritis and self-management activities can help people decrease their pain, improve function, and stay productive.

Key self-management activities include the following:

- 1. Learn Arthritis Management Strategies** – Arthritis management strategies provide those with arthritis with the skills and confidence to effectively manage their condition. Self-Management Education has proven to be valuable for helping people change their behavior and better manage their arthritis symptoms. Interactive workshops such as the Arthritis Self-Management Program and the Chronic Disease Self-Management Program are low-cost (about \$25 – \$35) and available in communities across the country. Attending one of these programs can help a person learn ways to manage pain, exercise safely, and gain control of arthritis.
- 2. Be Active** – Research has shown that physical activity decreases pain, improves function, and delays disability. Adults with arthritis should strive to get at least 150 minutes of moderate physical activity each week. This can be broken up into shorter periods, however some physical activity is better than none.
- 3. Watch Your Weight** – The prevalence of arthritis increases with increasing weight. Research suggests that maintaining a healthy weight reduces the risk of developing arthritis and may decrease disease progression. For every pound lost, there is a 4-pound reduction in the load exerted on the knee.
- 4. See Your Doctor** – Although there is no cure for most types of arthritis, early diagnosis and appropriate management is important, especially for inflammatory types of arthritis. For example, early use of disease-modifying drugs can affect the course of rheumatoid arthritis. If you have symptoms of arthritis, see your doctor and begin appropriate management of your condition.
- 5. Protect Your Joints** – Joint injury can lead to osteoarthritis. People who experience sports or occupational injuries or have jobs with repetitive motions like repeated knee bending have more osteoarthritis. Avoid joint injury to reduce your risk of developing osteoarthritis.

(Source: CDC, Arthritis: Key Public Health Messages, Updated on August 26, 2021)

Chronic Disease: Asthma

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

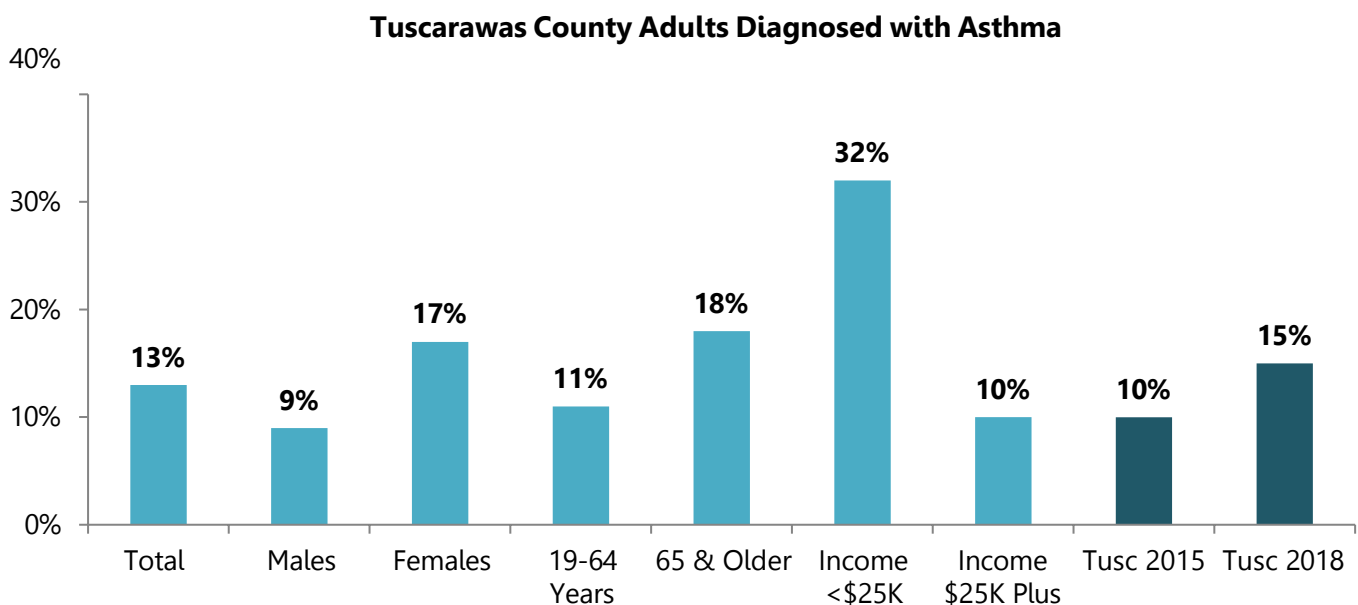
In 2021, 13% of Tuscarawas County adults had been diagnosed with asthma.

Asthma and Other Respiratory Disease

- In 2021, 13% of Tuscarawas County adults had been diagnosed with asthma, increasing to 32% of those with incomes less than \$25,000.
- Nine percent (9%) of adults were diagnosed with chronic obstructive pulmonary disorder (COPD) or emphysema.
- There are several important factors that may trigger an asthma attack. Some of these triggers are tobacco smoke; dust mites; outdoor air pollution; cockroach allergens; pets; mold; smoke from burning wood or grass; and infections linked to the flu, colds, and respiratory viruses (Source: CDC, Asthma, Updated 7/1/20).
- Chronic lower respiratory disease was the third leading cause of death in Tuscarawas County and the fourth leading cause of death in Ohio from 2017 to 2019 (Source: Ohio Public Health Data Warehouse, 2017-2019).

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Tuscarawas County 2021	Ohio 2020	U.S. 2020
Ever been diagnosed with asthma	10%	15%	13%	14%	14%

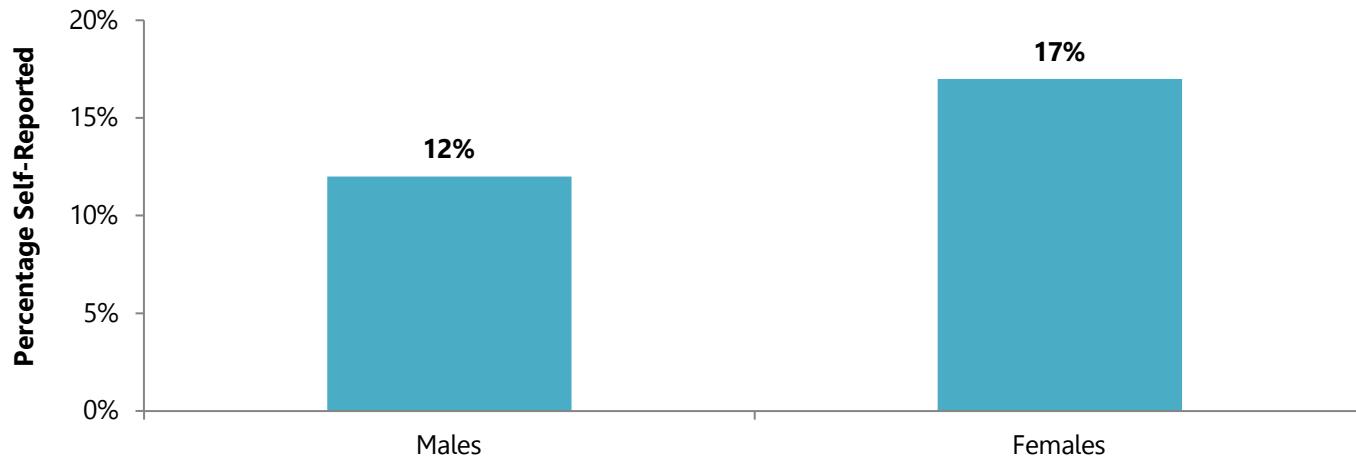
The following graph shows the percentage of Tuscarawas County adults who were diagnosed with asthma. An example of how to interpret the information includes: 13% of adults were diagnosed with asthma, including 17% of females and 32% of adults with incomes less than \$25,000.



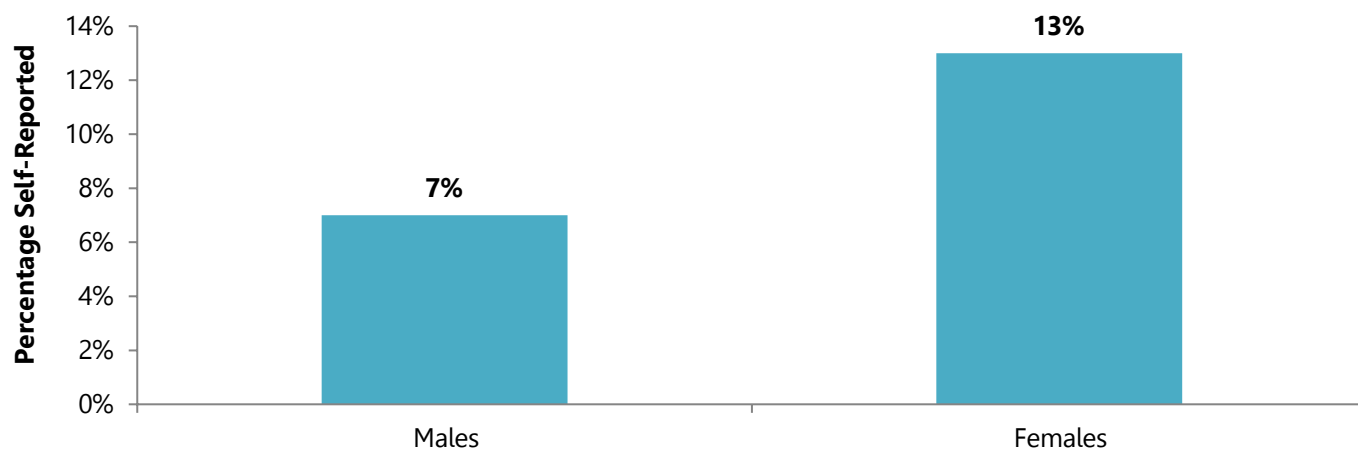
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graphs demonstrate the lifetime and current prevalence rates of asthma by gender for Ohio residents.

Ohio Adult Lifetime Asthma Prevalence Rates By Gender



Ohio Adult Current Asthma Prevalence Rates By Gender



(Source: 2020 BRFSS)

Chronic Disease: Diabetes

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

In 2021, 14% of Tuscarawas County adults had been diagnosed with diabetes.

Diabetes

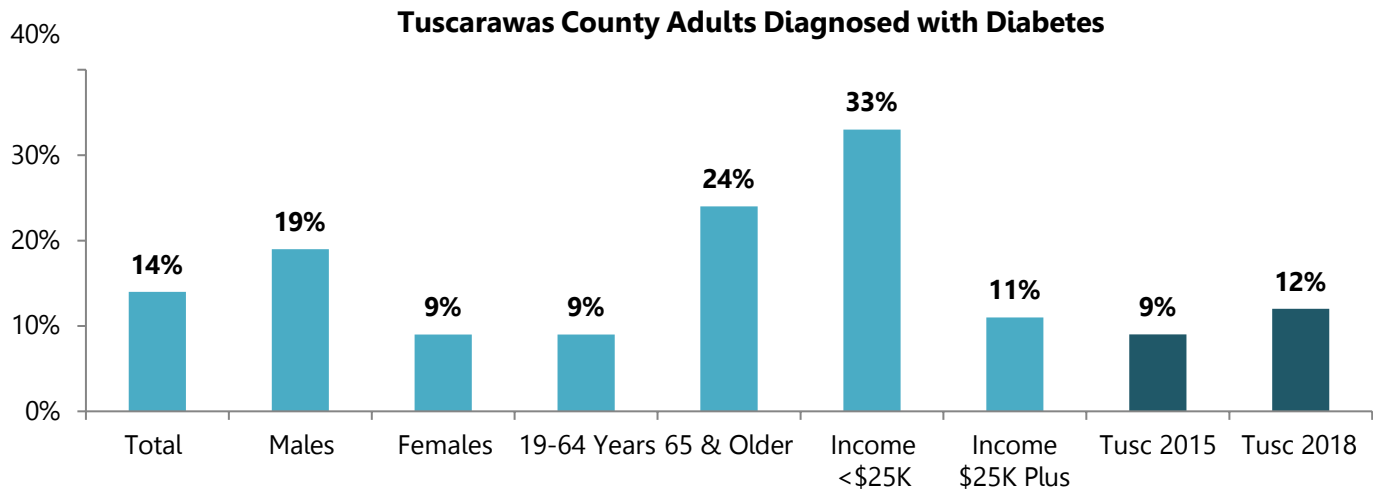
- Fourteen percent (14%) of Tuscarawas County adults had been diagnosed with diabetes, increasing to 24% of those over the age of 65 and 33% of those with annual incomes less than \$25,000.
- Five percent (5%) of adults had been diagnosed with pre-diabetes.
- Diabetics and pre-diabetics did the following to treat their diabetes: diabetes pills (62%), checked blood sugar (60%), annual vision exam (58%), diet control (53%), checked A1C annually (48%), six-month check up with a provider (46%), checked their feet (43%), exercise (38%), dental exam (10%), insulin (8%), injectables (5%), took a class (3%), and nothing (10%).

9,763 Tuscarawas County adults had diabetes.

- Nearly one-fourth (23%) of adults with diabetes rated their health as fair or poor.
- Tuscarawas County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
 - High blood pressure (89%)
 - Overweight or obese (85%)
 - High blood cholesterol (71%)

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Tuscarawas County 2021	Ohio 2020	U.S. 2020
Ever been told that they have diabetes (not pregnancy-related)	9%	12%	14%	12%	11%

The following graph shows the percentage of Tuscarawas County adults who were diagnosed with diabetes. An example of how to interpret the information includes: 14% of adults were diagnosed with diabetes, including 9% of females and 24% of adults ages 65 and older.

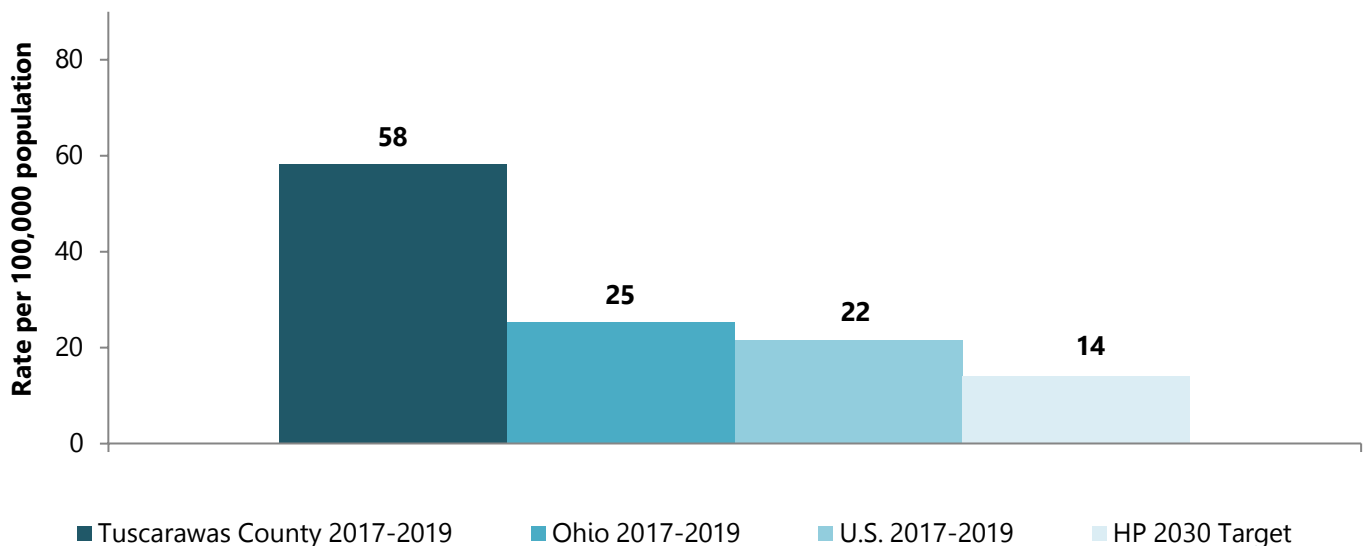


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graphs show prevalence of diabetes by gender and the age-adjusted mortality rates from diabetes for Tuscarawas County and Ohio residents with comparison to the Healthy People 2030 target objective.

- From 2017 to 2019, Tuscarawas County's age-adjusted diabetes mortality rate was higher than the Ohio and the U.S. rate, as well as the Healthy People 2030 target objective rate.

Healthy People 2030 Objectives and Age-Adjusted Mortality Rates for Diabetes



**The Healthy People 2030 rate is for any cause of death among adults with diabetes
(Source: Ohio Public Health Data Warehouse, 2017-2019, CDC Wonder 2017-2019, Healthy People 2030)*

Types of Diabetes

Diabetes is a chronic disease that affects how your body turns food into energy. There are three main types of diabetes: type 1, type 2 and gestational diabetes (diabetes while pregnant).

- **Type 1 diabetes** is thought to be caused by an autoimmune reaction (the body attacks itself by mistake) that stops your body from making insulin. Approximately 5-10% of the people who have diabetes have type 1. Symptoms of type 1 diabetes often develop quickly. It's usually diagnosed in children, teens, and young adults. If you have type 1 diabetes, you'll need to take insulin every day to survive. Currently, no one knows how to prevent type 1 diabetes.
- **Type 2 diabetes** occurs when your body doesn't use insulin well and can't keep blood sugar at normal levels. About 90-95% of people with diabetes have type 2. It develops over many years and is usually diagnosed in adults (but more and more in children, teens, and young adults). You may not notice any symptoms, so it's important to get your blood sugar tested if you're at risk. Type 2 diabetes can be prevented or delayed with healthy lifestyle changes, such as losing weight, eating healthy food, and being active.
- **Gestational diabetes** develops in pregnant women who have never had diabetes. If you have gestational diabetes, your baby could be at higher risk for health problems. Gestational diabetes usually goes away after your baby is born but increases your risk for type 2 diabetes later in life. Your baby is more likely to have obesity as a child or teen, and more likely to develop type 2 diabetes later in life too.

(Source: CDC, About Diabetes, Updated: November 16, 2021)

Chronic Disease: Quality of Life

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

In 2021, 24% of Tuscarawas County adults were limited in some way because of a physical, mental or emotional problem.

Impairments and Health Problems

- Nearly one-quarter (24%) of Tuscarawas County adults were limited in some way because of a physical, mental or emotional problem, increasing to 43% of those with incomes less than \$25,000.

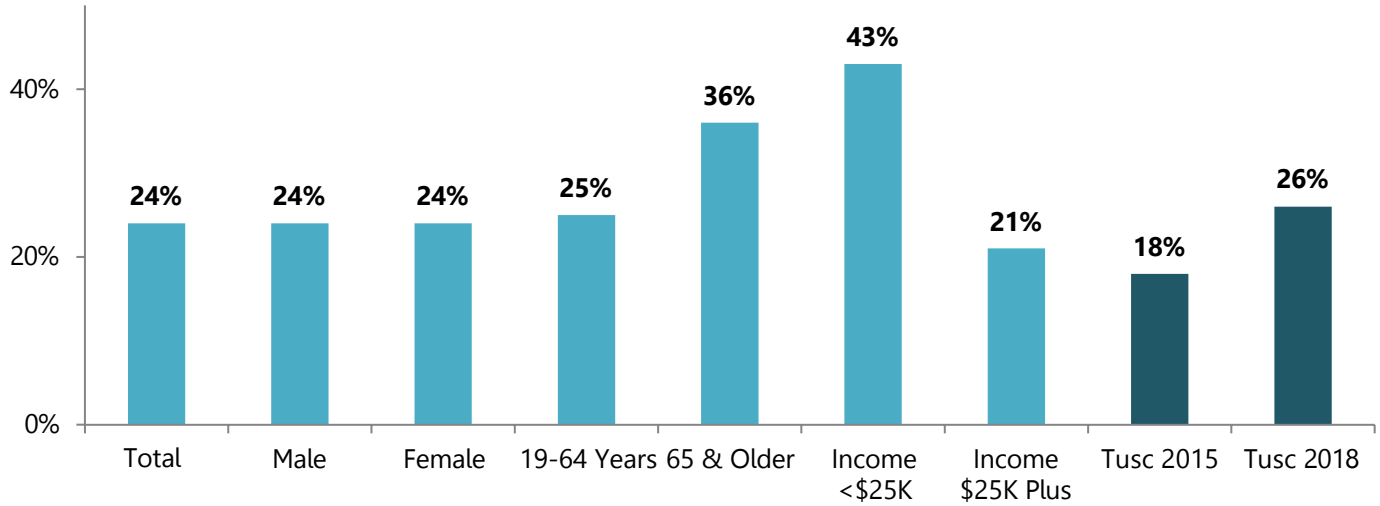
16,737 adults were limited in some way because of a physical, mental or emotional problem.

- Those who were limited in some way reported the following most limiting problems or impairments:
 - Arthritis/rheumatism (60%)
 - Back or neck problems (54%)
 - Chronic pain (40%)
 - Walking problems (28%)
 - Lung/breathing problems (23%)
 - Fractures, bone/joint injuries (23%)
 - Stress, depression, anxiety, or emotional problems (21%)
 - Sleep problems (21%)
 - Chronic illness (15%)
 - Hearing problems (15%)
 - Eye/vision problems (13%)
 - Fitness level (13%)
 - Memory loss (8%)
 - Dental problems (8%)
 - Mental health illness/disorder (6%)
 - Confusion (2%)
 - Drug addiction (2%)
 - Other impairments/problems (17%)
- In the past year, Tuscarawas County adults reported needing the following services or equipment: eyeglasses or vision services (30%), help with routine needs (10%), pain management (9%), a cane (9%), hearing aids or hearing care (7%), a walker (4%), help with personal care needs (4%), oxygen or respiratory support (3%), medical supplies (3%), a personal emergency response system (3%), a wheelchair (2%), mobility aids or devices (1%), a wheelchair ramp (1%), durable medical equipment (1%), a special bed (1%), and a special telephone (<1%).
- Tuscarawas County adults were responsible for providing regular care or assistance to the following:
 - Multiple children (19%)
 - An elderly parent or loved one (6%)
 - Grandchildren (4%)
 - A friend, family member or spouse with a health problem (3%)
 - A friend, family member or spouse with a mental health issue (2%)
 - Someone with special needs (2%)
 - Children with discipline issues (2%)
 - An adult child (1%)
 - A friend, family member or spouse with dementia (1%)
 - Children whose parents lost custody due to other reasons (1%)
 - Children whose parents use drugs and unable to care for their children (<1%)

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Tuscarawas County 2021	Ohio 2020	U.S 2020
Limited in some way because of physical, mental, or emotional problem	18%	26%	24%	N/A	N/A

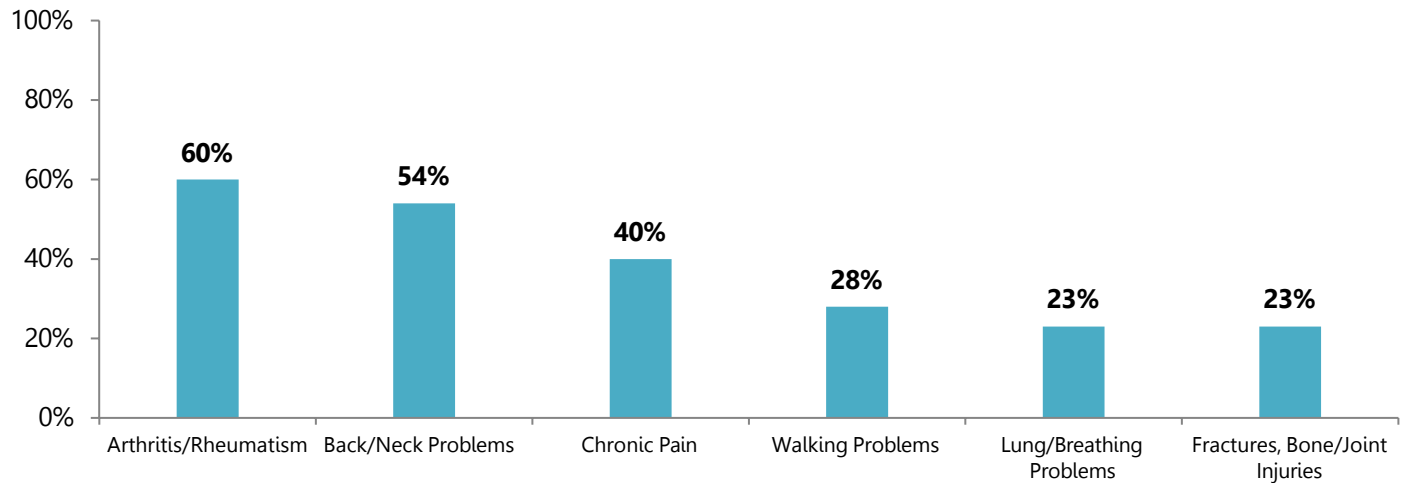
The following graphs show the percentage of Tuscarawas County adults that were limited in some way and the most limiting health problems. An example of how to interpret the information on the first graph includes: 24% of Tuscarawas County adults are limited in some way, including 24% of males and 36% of those ages 65 and older.

Tuscarawas County Adults Limited in Some Way



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Tuscarawas County Adult's Most Limiting Health Problems



Healthy People 2030

Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)

Objective	Tuscarawas County 2021	Healthy People 2030 Target
A-02: Reduce the proportion of adults with provider-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms	60%	39%

(Sources: Healthy People 2030 Objectives, 2021 Tuscarawas County Health Assessment)

Social Conditions: Social Determinants of Health

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

In 2021, 5% of Tuscarawas County adults had to choose between paying bills and buying food. Fourteen percent (14%) of adults experienced four or more adverse childhood experiences (ACEs) in their lifetime. Nearly three-fifths (59%) of Tuscarawas County adults kept a firearm in or around their home.

Healthy People 2030

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. One of Healthy People 2030's 5 overarching goals is specifically related to SDOH: "Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all."

Healthy People 2030 has classified social determinants of health into five domains:

- Economic stability
- Education access and quality
- Social and community context
- Health care access and quality
- Neighborhood and built environment



6,974 adults needed help meeting their general daily needs, such as food, clothing, shelter or paying utility bills.

- Tuscarawas County adults indicated they own their home (82%), rent their home (12%), and have other arrangements (5%).
- Adults reported the following percent of their household income goes to their housing:
 - Less than 30% (47%)
 - 30-50% (28%)
 - 50% or higher (8%)
 - Don't know (17%)
- In the past month, 10% of adults needed help meeting their general daily needs, such as food, clothing, shelter or paying utility bills, increasing to 31% of those with incomes less than \$25,000.
- Adults experienced the following food insecurity issues during the past 12 months: had to choose between paying bills and buying food (5%), worried food would run out (2%), were hungry but did not eat because they did not have money for food (2%), and loss of income led to food insecurity issues (1%).
- One percent (1%) of adults experienced more than one food insecurity issue in the past year.
- The median household income in Tuscarawas County was \$58,256. The U.S. Census Bureau reports median income levels of \$60,360 for Ohio and \$67,340 for the U.S. (Source: U.S. Census Bureau, *Small Area Income and Poverty Estimates, 2019*).

- Twelve percent (11.6%) of all Tuscarawas County residents were living in poverty, and 14% of children and youth ages 0-17 were living in poverty (*Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2019*).
- The unemployment rate for Tuscarawas County was 3.3 as of November 2021 (*Source: Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information*).
- There were 40,217 housing units in Tuscarawas County. The owner-occupied housing unit rate was 71%. Rent in Tuscarawas County cost an average of \$772 per month (*Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-year Estimates*).

Tuscarawas County adults and their loved ones needed the following assistance in the past year:

Type of Assistance	Received Assistance	Did Not Need Assistance	Did Not Know Where to Look
Health care	10%	84%	6%
Mental illness issues including depression	9%	82%	9%
Dental care	6%	84%	10%
Free tax preparation	6%	86%	7%
Medicare	6%	86%	8%
Prescription assistance	6%	83%	11%
Acquiring disability benefits	4%	87%	9%
Employment	4%	85%	11%
Food	3%	89%	8%
Home repair	3%	87%	10%
Transportation	3%	88%	9%
Drug or alcohol addiction	2%	91%	7%
Gambling addiction	2%	91%	7%
Rent/mortgage/eviction	2%	90%	8%
Clothing	1%	92%	7%
Credit counseling	1%	91%	8%
Diapers	1%	92%	7%
Homelessness	1%	90%	9%
Legal aid services	1%	89%	10%
Post incarceration transition issues	1%	91%	8%
Unplanned pregnancy	<1%	93%	7%
Affordable childcare	0%	92%	8%
Electric, gas, or water bills	0%	93%	7%

Education

- Tuscarawas County adults reported that they or an immediate family member had the following literacy needs: learning computer skills (12%); reading and understanding instructions (7%); reading a map, signs, food ingredients; and labels, etc. (3%); and completing a job application (2%).
- Eighty-six percent (86%) of Tuscarawas County adults 25 years and over had a high school diploma or higher (Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-year Estimates).
- Seventeen percent (17%) of Tuscarawas County adults 25 years and over had at least a bachelor's degree (Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-year Estimates).

Social and Community Context

- Tuscarawas County adults reported the following top health concerns in their community: substance/drug abuse (26%), obesity (11%), accidents/injuries (5%), alcohol use (4%), child abuse/neglect (2%), opiates (2%), tobacco use (2%), lack of recreation facilities or fitness opportunities (1%), diabetes or similar chronic disease (1%), lack of access to good dental care (1%), other mental illness (1%), domestic violence (1%), food insecurity (1%), and other concerns (19%).
- Tuscarawas County adults experienced the following in the past 12 months: death of a family member or close friend (34%); a close family member went to the hospital (30%); a decline in their own health (14%); someone close to them had a problem with drinking or drugs (9%); they were a caregiver (9%); moved to a new address (7%); had bills they could not pay (6%); had their household income reduce by 50% (5%); someone in their household lost their job or had their hours at work reduced (5%); their child was abused by someone physically, emotionally, sexually or verbally (2%); knew someone who lived in a hotel (2%); their family was at risk for losing their home (1%); they witnessed someone in their family being hit or slapped (<1%); separated or divorced (<1%); had someone homeless living with them (<1%); and were homeless (<1%).
- Tuscarawas County adults experienced the following adverse childhood experiences (ACEs):
 - Their parents became separated or were divorced (22%)
 - A parent or adult in their home swore at, insulted, or put them down (21%)
 - Lived with someone who was a problem drinker or alcoholic (18%)
 - Lived with someone who was depressed, mentally ill, or suicidal (16%)
 - A parent or adult in their home hit, beat, kicked, or physically hurt them (12%)
 - Someone at least 5 years older than them or an adult touched them sexually (9%)
 - Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (8%)
 - Lived with someone who used illegal stress drugs, or who abused prescription medications (7%)
 - Lived with someone who served time or was sentenced to serve time in prison, jail or correctional facility (6%)
 - Someone at least 5 years older than them or an adult tried to make them touch them sexually (6%)
 - They didn't have enough to eat, had to wear dirty clothing, and had no one to protect them (5%)
 - Their parents were not married (4%)
 - Their family did not look out for each other, feel close to each other, or support each other (3%)
 - Someone at least 5 years older than them or an adult forced them to have sex (1%)
- Fourteen percent (14%) of adults experienced four or more adverse childhood experiences (ACEs).
- Three percent (3%) of Tuscarawas County adults were abused in the past year including physical, sexual, emotional, or financial and verbal abuse. They were abused by the following: a spouse or partner (43%), someone else (43%), their child (29%), their parent (14%), another family member living in their household (14%), and another person from outside the home (14%).
- Tuscarawas County adults who reported being abused in the past year were abused in the following ways: emotionally (83%), verbally (67%), and sexually (17%).
- No adults reported they were forced or manipulated (tricked) to sell sex and give part or all of the money to someone else, and 1% reported they did not know if they were manipulated into selling sex.

The table below indicates correlations between those who experienced 4 or more ACEs in their lifetime and participating in risky behaviors, as well as other experiences. Examples of how to interpret the information include: 53% of those who experienced 4 or more ACEs had an episode of binge drinking in the past 30 days, compared to 25% of those who did not experience any ACEs.

Behaviors of Tuscarawas County Adults
*Experienced 4 or More ACEs vs. Did Not Experience Any ACEs**

Adult Behaviors	Experienced 4 or More ACEs	Did Not Experience Any ACEs
Binge drinker (drank five or more drinks for males and 4 or more for females on an occasion in the past 30 days)	53%	25%
Current drinker (had at least one alcoholic beverage in the past 30 days)	59%	39%
Current smoker (currently smoke on some or all days)	21%	15%
Had two or more sexual partners (in the past 12 months)	3%	1%
Seriously contemplated suicide (in the past 12 months)	0%	2%
Misused prescription drugs (used prescription drugs either not prescribed to them or used them to get high or feel more alert in the past 6 months)	0%	4%

**"ACEs" indicate adults who self-reported having experienced four or more adverse childhood experiences in their lifetime.
 Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.*

Adverse Childhood Experiences (ACEs)

- Adverse childhood experiences (ACEs) are preventable, potentially traumatic experiences that occur in childhood (0-17 years). Examples of ACEs include:
 - Physical abuse
 - Sexual abuse
 - Parent treated violently
 - Physical/emotional neglect
 - Emotional abuse
 - Household mental illness
 - Parental separation or divorce
 - Incarcerated household member
 - Substance abuse within household
- While some degree of stress and adversity is normal and an essential part of human development, exposure to frequent and prolonged adversity can result in toxic stress. Research indicates that toxic stress during childhood can harm the most basic levels of the nervous, endocrine, and immune systems and that such exposures can even alter the physical structure of DNA. Changes to the brain from toxic stress can affect such things as attention, impulsive behavior, decision-making, learning, emotion, and response to stress.
- Children growing up under these conditions often struggle to learn and complete schooling, are often at an increased risk of becoming involved in crime and violence, and are more likely to engage in health risk behaviors such as using alcohol or drugs. Children growing up with toxic stress may have difficulty forming healthy and stable relationships. They may also have unstable work histories as adults and struggle with finances, family, jobs, and depression throughout life—the effects of which can be passed on to their own children.
- Importantly, as the number of ACEs a person experiences increases, so does the risk for negative health and life outcomes. To date, ACEs have been associated with more than 40 such outcomes, including health risk behaviors, chronic health conditions, infectious diseases, limited educational and economic opportunity, and early death.

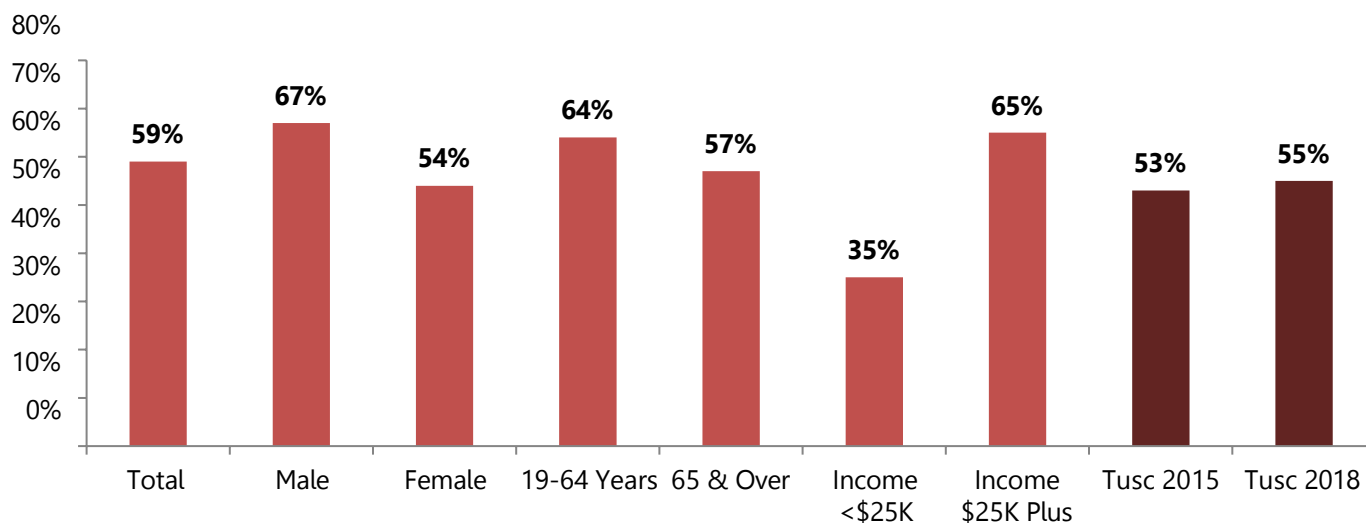
(Source: CDC, Adverse Childhood Experiences Prevention Strategy FY2021-FY2024, Updated September 2020)

Neighborhood and Built Environment

- More than one-quarter (37%) of Tuscarawas County adults reported that their neighborhood was extremely safe, 54% reported it to be quite safe, 5% reported it to be slightly safe, and 2% reported it to be not safe at all. Two percent (2%) reported that they did not know how safe from crime their neighborhood was.
- Eleven percent (11%) of Tuscarawas County adults reported the following transportation issues: could not afford gas (4%), no car (3%), other car issues/expenses (2%), suspended/no driver's license (2%), did not feel safe to drive (2%), disabled (1%), limited public transportation available or accessible (1%), no public transportation available or accessible (1%), and no car insurance (1%). Three percent (3%) of adults reported having more than one transportation issue.
- Tuscarawas County adults indicated they regularly used the following forms of transportation: vehicle or family vehicle (93%), walking (11%), ride from a friend or family member (9%), bike (5%), buggy (3%), public transportation (1%), and other (1%).
- Sixty-nine percent (69%) of adults reported the following reasons for not engaging in active transportation, such as walking or biking:
 - Not enough time (21%)
 - Laziness (10%)
 - Incomplete sidewalk network (9%)
 - Too tired/no energy (9%)
 - No on-street bike lanes (9%)
 - Already get enough physical activity (9%)
 - Pain/discomfort (8%)
 - Weather (6%)
 - No sidewalks (6%)
 - Poorly maintained sidewalks (6%)
 - Self-motivation or will power (5%)
 - Ill or otherwise physically unable (4%)
 - No barrier-protected bike lanes (4%)
 - Did not enjoy being active (4%)
 - Afraid of injury (2%)
 - Other (16%)
- Tuscarawas County adults reported doing the following while driving: talking on hands-free cell phone (35%); eating (32%); talking on hand-held cell phone (29%); texting (15%); not wearing a seatbelt (7%); using internet on their cell phone (6%); being under the influence of alcohol (2%); being under the influence of prescription drugs (2%); reading (2%); being under the influence of recreational drugs (<1%); and other activities (such as applying makeup, shaving, etc.) (1%). Of adult drivers, 32% had more than one distraction. Five percent (5%) of adults reported they did not drive.
- Nearly three-fifths (59%) of Tuscarawas County adults kept a firearm in or around their home. Nine percent (9%) of adults reported that their firearms were unlocked and loaded.

The following graph shows the percentage of Tuscarawas County adults that have a firearm in or around the home. An example of how to interpret the information includes: 59% of all Tuscarawas County adults had a firearm in or around the home, including 67% of males, and 64% of those under age 65.

Tuscarawas County Adults With a Firearm in the Home



Victims of Gun Violence in America

- On average, 115,551 people are shot in murders, assaults, suicides & suicide attempts, accidents, or by police intervention in America every year.
 - 38,826 people die from gun violence and 76,725 people survive gun injuries.
- Every day, an average of 316 people are shot in America. Of those 316 people, 106 people die and 210 are shot, but survive.
 - Of the 316 people who are shot every day, an average of 22 are children and teens.
 - Of the 106 people who die from being shot, 64 are determined suicides, 39 are murdered, 1 is killed unintentionally, 1 is killed with an unknown intent, and 1 is killed by legal intervention.
 - Of the 210 people who are shot but survive, 95 are from assault, 90 are shot accidentally, 12 are unknown intent, 10 are suicide attempts, and 4 are police interventions.

(Source: Brady Campaign to Prevent Gun Violence, "There Are Too Many Victims of Gun Violence" Fact Sheet, Updated on January 2021)

Social Conditions: Environmental Conditions

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

Adults indicated that insects (20%), mold (6%), air quality (3%), and unsafe water supply/wells (3%) threatened their health in the past year.

13,948 adults reported that insects threatened their or a family member's health in the past year.

Environmental Health

- Tuscarawas County adults thought the following threatened their health in the past year:
 - Insects (20%)
 - Mold (6%)
 - Air quality (3%)
 - Unsafe water supply/wells (3%)
 - Chemicals found in products (2%)
 - Sewage/wastewater problems (2%)
 - Temperature regulation (2%)
 - Agricultural chemicals (1%)
 - Bed bugs (<1%)
 - Plumbing problems (<1%)

Social Conditions: COVID-19

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

Adults indicated the top reasons COVID-19 negatively affected them and their families in the following ways: change in mental health (17%), change in physical health (15%), and not seeking health care (13%).

COVID-19

- Tuscarawas County adults and their families were negatively affected by the COVID-19 pandemic in the following ways:
 - Change in mental health (17%)
 - Change in physical health (15%)
 - Not seeking health care (13%)
 - Educational challenges (i.e., children transitioned to online academics or home-schooling, or adults unable to pursue further education) (11%)
 - Not seeking dental care (10%)
 - Financial instability (9%)
 - Increased alcohol use (9%)
 - Death or serious illness of loved one(s) (8%)
 - Loss of household income (7%)
 - Changes to employment status (7%)
 - Lack of childcare (5%)
 - Increased drug use (2%)
 - Housing instability (2%)
 - Lack of Internet access (2%)
 - Unable to afford food (2%)
 - Unable to afford basic needs, such as personal, household, or baby care (2%)
 - Unable to afford medicine (1%)
 - Other (3%)

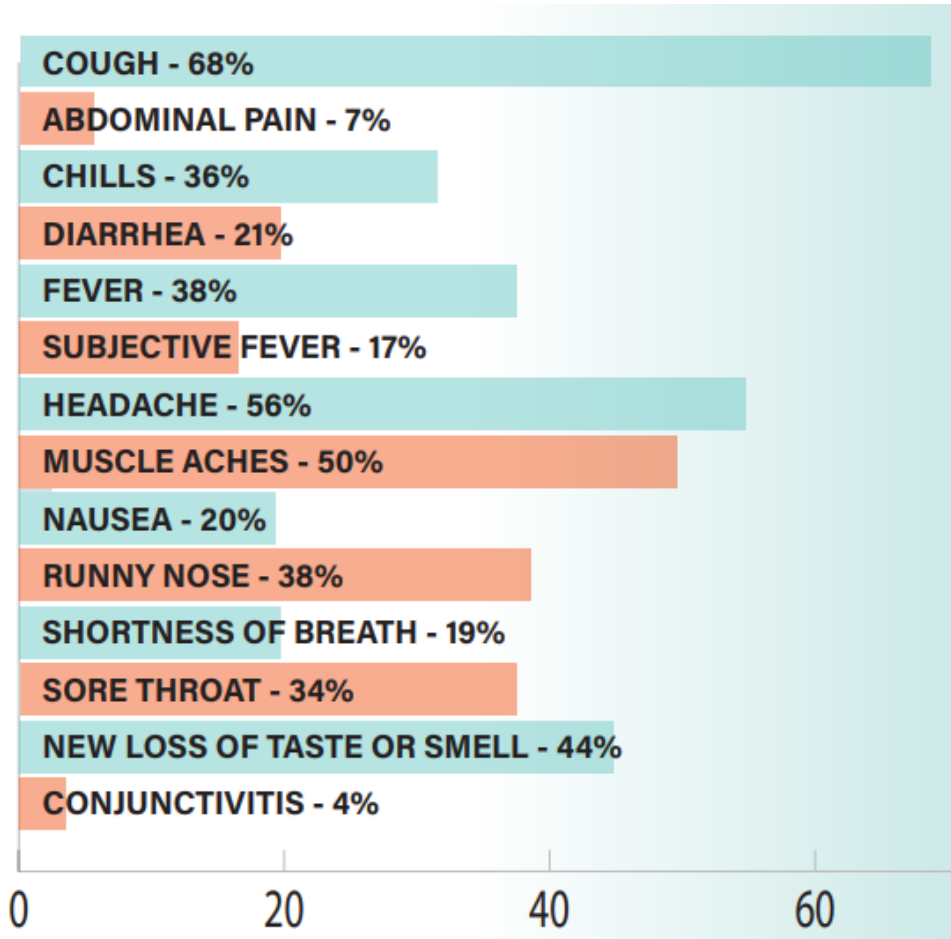
Case Fatality Rate COVID-19 in Tuscarawas County January through December 2021

Age Group	Tuscarawas County	Ohio	United States
0-19	0%	0%	0%
20-29*	0%	0%	0.1%
30-39	0.1%	0.1%	0.2%
40-49	0.7%	0.3%	0.5%
50-59	1.0%	0.8%	1.1%
60-69	3.0%	2.4%	3.1%
70-79	8.7%	6.5%	8.1%
80+	20.1%	16.2%	20.5%

**Two County residents between the ages of 20-29 experienced a COVID-19 related death, but the number was not high enough to equal a percentage of the total deaths.*

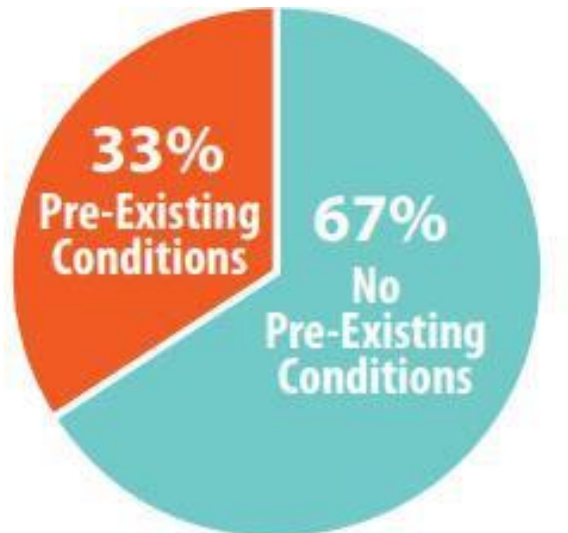
(Source: 2021 Tuscarawas County Health Department Annual Report)

COVID-19 Signs and Symptoms Tuscarawas County, 2020-2021



(Source: 2021 Tuscarawas County Health Department Annual Report)

COVID-19 Cases with Pre-Existing Conditions Tuscarawas County, 2020-2021



January 2020 through December 2021

(Source: 2021 Tuscarawas County Health Department Annual Report)

Social Conditions: Parenting

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

More than three-fifths (61%) of parents discussed bullying with their 6-to-17-year-old in the past year. Eighty-eight percent (88%) of parents reported their child had received all recommended immunizations.

Parenting

- Parents put their child to sleep in the following places as an infant: crib/bassinet (no bumper, blankets, stuffed animals) (100%); pack n' play (53%); in bed with parent or another person (37%); swing (23%); crib/bassinet (with bumper, blankets, stuffed animals) (10%); couch or chair (7%); car seat (7%); and floor (7%).
- When asked how parents put their child to sleep as an infant, 80% said on their back, 30% said in bed with them or another person, 7% said on their side, and 7% said on their stomach.
- Mothers who had a child in the past 5 years breastfed their child: more than 9 months (44%), 6-to-9 months (31%), 4-to-6 months (3%), still breastfeeding (6%), and never breastfed (16%). No mothers reported breastfeeding their child for 2 weeks or less, 3-to-6 weeks, or 7 weeks to 3 months.
- Eighty-eight percent (88%) of parents reported their child had received all recommended immunization shots.
- Reasons for not receiving all recommended immunization shots included the following: cost (2%), personal beliefs (2%), fear of immunizations (2%), religious beliefs (2%), and fear of getting sick (2%).
- Tuscarawas County parents reported how long it had been since their child last saw a dentist: within the past year (71%), within the past 2 years (12%), and never (4%). Thirteen percent (13%) of adults reported that their child was not old enough to go to the dentist.
- Parents discussed the following health topics with their 6-to-17-year-old in the past year:
 - Bullying (61%)
 - Career plan/post-secondary education (51%)
 - Dating and relationships (51%)
 - Weight status (46%)
 - Refusal skills/peer pressure (44%)
 - Negative effects of alcohol, tobacco, illegal drugs, or misusing prescription drugs (41%)
 - Volunteering (41%)
 - Social media issues (37%)
 - Body image (37%)
 - Depression/anxiety/suicide (32%)
 - Abstinence and how to refuse sex (29%)
 - Energy drinks (27%)
 - School/legal consequences of using tobacco/alcohol/other drugs (24%)
 - Birth control/condom use/safer sex/STD prevention (17%)

Social Conditions: Maternal and Child Health

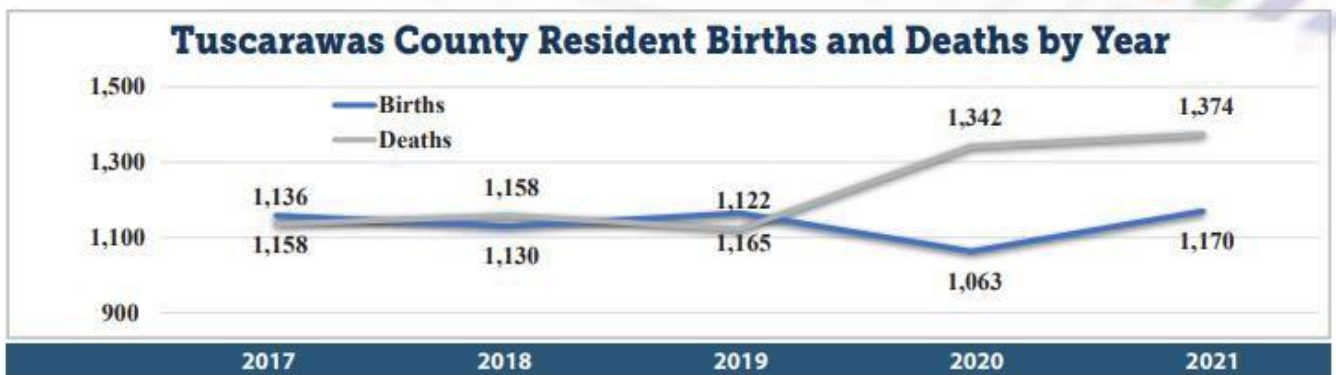
**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

***Data in this section is from the 2021 Tuscarawas County Health Department Annual Report*

2021 Tuscarawas County Vital Statistics**

2021 Tuscarawas County Vital Statistics	
	TOTAL
Registered Births	1,170
Registered Deaths	1,374
Birth Certificates Issued	2,986
Death Certificates Issued	2,925

Tuscarawas County Births and Deaths, 2017-2021**



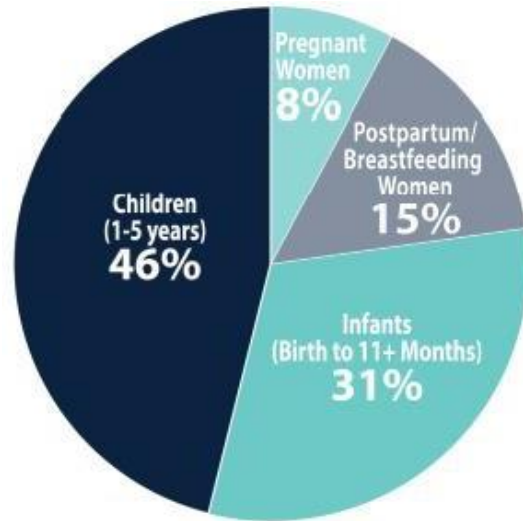
WIC Program**

- WIC is a special supplemental nutrition program for Women, Infants, and Children (WIC). The program helps income-eligible pregnant and breastfeeding women as well as infants and children up to five years of age who are at risk for health problems due to inadequate nutrition.

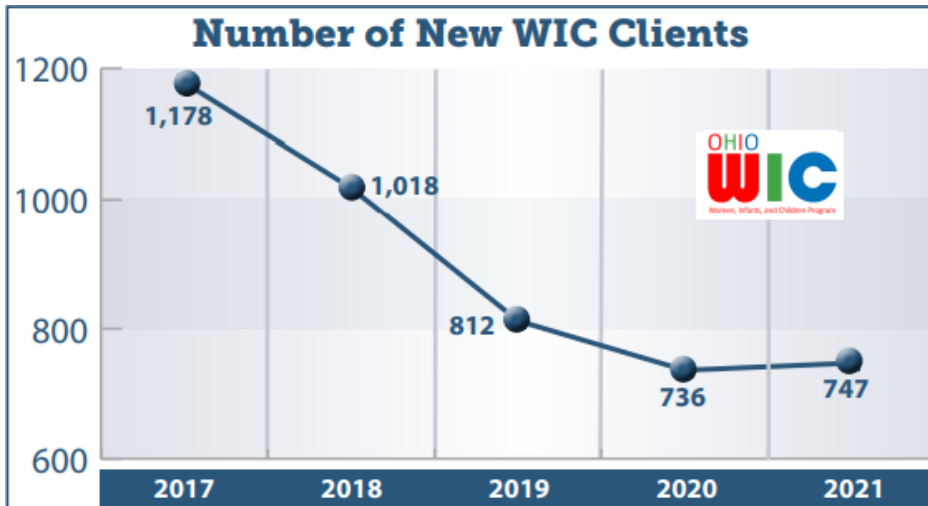
2021 WIC Statistics**



2021 WIC Participants by Category**

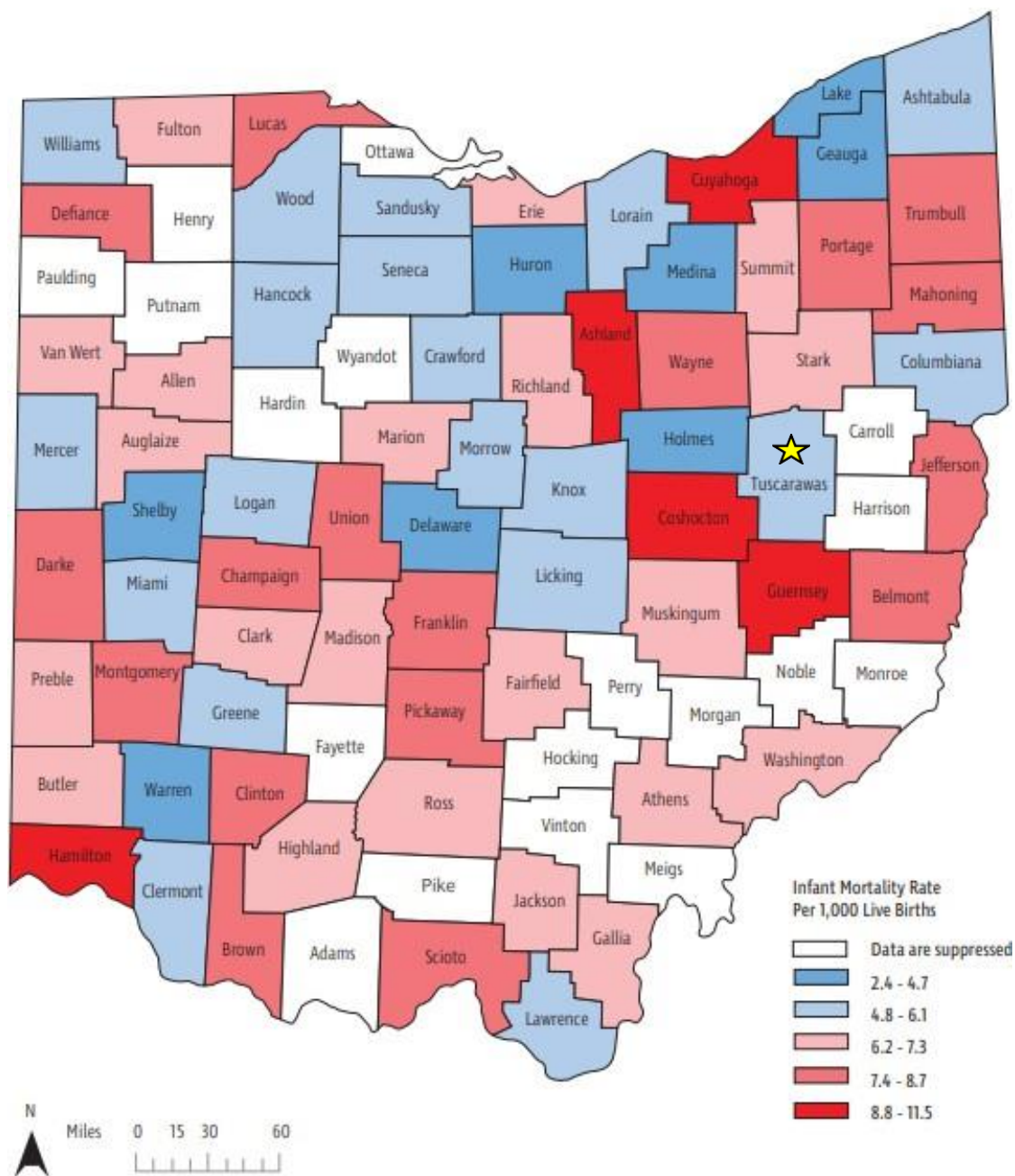


WIC Clients from 2017-2021**



Ohio Five-Year Average Infant Mortality Rate by County

Figure 5: Five-Year Infant Mortality Rate by County, Ohio (2015–2019)



Data Source: Resident Birth and Mortality Files from the Ohio Department of Health Bureau of Vital Statistics.

(Source: Ohio Department of Health, 2019 Infant Mortality Annual Report)

Quarterly Infant Mortality Scorecard for Ohio and Rural Counties, July 2020-June 2021

Ohio Scorecard

July 1, 2020, through June 30, 2021

	Race or Ethnicity			
	All Races	White Race	Black Race	Hispanic Ethnicity
Infants				
Infant mortality rate	6.5	5.0	13.0	5.8
Neonatal mortality rate	4.4	3.5	8.3	4.3
Post-neonatal mortality rate	2.1	1.5	4.7	1.5
Fetal mortality rate	5.7	4.8	9.6	5.1
Perinatal mortality rate (definition 1)	6.3	5.1	11.6	6.3
Perinatal mortality rate (definition 2)	10.1	8.2	17.8	9.3
SUID mortality rate	1.1	0.7	2.9	**
Preterm birth percentage	10.4	9.5	14.4	9.9
Late preterm birth percentage	7.5	7.1	9.7	7.4
Early preterm birth percentage	2.9	2.5	4.7	2.5
Extreme preterm birth percentage	1.7	1.4	3.1	1.6
Early term birth percentage	28.3	27.4	31.7	29.5
Low birth weight birth percentage	8.5	7.1	14.0	7.3
Moderately low birth weight birth percentage	7.1	6.0	11.4	6.0
Very low birth weight birth percentage	1.4	1.1	2.6	1.3
Mothers				
Interpregnancy interval less than 18 months percentage	25.3	26.1	24.3	22.6
Prenatal care received in first trimester percentage	74.1	76.6	66.8	64.0
Adequacy of prenatal care percentage	78.4	81.2	69.5	67.6
Mother's smoking abstinence third trimester percentage	91.4	90.1	94.1	96.7
Mother's alcohol abstinence third trimester percentage	99.7	99.7	99.6	99.8
Mother had breastfed baby at discharge percentage	75.3	76.4	68.9	76.0
Normal weight pre-pregnancy percentage	39.0	40.3	31.3	34.1
Obese weight pre-pregnancy percentage	31.9	30.9	39.8	33.0
Appropriate weight gain during pregnancy percentage	27.0	27.3	23.9	27.6

** Data are suppressed due to low numbers.

Data last updated November 9, 2021.

(Source: Ohio Department of Health, Quarterly Infant Mortality Scorecard for Ohio, January 2022)

Rural Counties Scorecard

July 1, 2020, through June 30, 2021

	Race or Ethnicity			
	All Races	White Race	Black Race	Hispanic Ethnicity
Infants				
Infant mortality rate	5.8	5.4	**	**
Neonatal mortality rate	3.4	3.2	**	**
Post-neonatal mortality rate	2.4	2.1	**	**
Fetal mortality rate	5.5	5.4	**	**
Perinatal mortality rate (definition 1)	5.6	5.3	**	**
Perinatal mortality rate (definition 2)	9.0	8.6	**	**
SUID mortality rate	0.8	**	**	**
Preterm birth percentage	10.2	10.1	15.1	9.3
Late preterm birth percentage	7.6	7.6	9.8	7.3
Early preterm birth percentage	2.6	2.6	5.3	**
Extreme preterm birth percentage	1.5	1.4	3.8	**
Early term birth percentage	28.0	27.8	34.0	28.4
Low birth weight birth percentage	6.9	6.8	11.7	6.8
Moderately low birth weight birth percentage	5.9	5.9	9.0	6.2
Very low birth weight birth percentage	1.0	0.9	**	**
Mothers				
Interpregnancy interval less than 18 months percentage	28.5	28.6	26.9	22.9
Prenatal care received in first trimester percentage	73.8	73.9	74.8	71.5
Adequacy of prenatal care percentage	80.3	80.6	76.4	77.7
Mother's smoking abstinence third trimester percentage	87.6	87.6	82.1	94.1
Mother's alcohol abstinence third trimester percentage	99.8	99.8	100.0	100.0
Mother had breastfed baby at discharge percentage	72.6	72.7	65.1	70.6
Normal weight pre-pregnancy percentage	36.4	36.5	31.4	30.1
Obese weight pre-pregnancy percentage	34.8	34.7	40.8	40.1
Appropriate weight gain during pregnancy percentage	26.7	26.7	20.7	27.6

** Data are suppressed due to low numbers.

Data last updated November 9, 2021.

(Source: Ohio Department of Health, Quarterly Infant Mortality Scorecard for Ohio, January 2022)

Quarterly Infant Mortality Scorecard for Ohio and Rural Counties for Medicaid by Race or Ethnicity, October 2019-September 2020

Ohio Scorecard for Medicaid by Race or Ethnicity

October 1, 2019 through September 31, 2020

	Race or Ethnicity			
	All Races	White Race	Black Race	Hispanic Ethnicity
Medicaid-Covered Infants				
Infant mortality rate	8.1	6.1	12.6	5.7
Neonatal mortality rate	4.9	3.8	7.5	3.9
Post-neonatal mortality rate	3.2	2.3	5.1	1.8
Fetal mortality rate	6.2	5.2	8.4	3.4
Perinatal mortality rate (definition 1)	7.1	5.7	10.5	5.7
Perinatal mortality rate (definition 2)	11.0	9.0	15.8	7.3
SUID mortality rate	1.8	1.3	3.1	**
Preterm birth percentage	12.9	12.1	14.9	10.6
Late preterm birth percentage	8.8	8.4	10.0	7.7
Early preterm birth percentage	4.1	3.7	4.9	2.9
Extreme preterm birth percentage	2.6	2.3	3.2	1.8
Early term birth percentage	30.0	29.1	32.0	29.8
Low birth weight birth percentage	11.1	9.7	14.5	8.1
Moderately low birth weight birth percentage	9.1	8.0	11.8	6.6
Very low birth weight birth percentage	2.1	1.8	2.8	1.5
Medicaid-Covered Mothers				
Interpregnancy interval less than 18 months percentage	26.0	26.8	25.7	22.8
Prenatal care received in first trimester percentage	67.3	69.7	64.9	60.7
Adequacy of prenatal care percentage	71.8	75.2	67.1	64.1
Mother's smoking abstinence third trimester percentage	85.1	79.6	93.3	95.6
Mother's alcohol abstinence third trimester percentage	99.7	99.7	99.6	99.8
Mother had breastfed baby at discharge percentage	64.2	62.4	66.0	71.7
Normal weight pre-pregnancy percentage	34.4	35.1	31.9	32.1
Obese weight pre-pregnancy percentage	36.2	35.8	39.5	34.6
Appropriate weight gain during pregnancy percentage	24.7	24.6	23.7	27.2

** Data are suppressed due to low numbers.

Data last updated November 12, 2021.

(Source: Ohio Department of Health, Quarterly Infant Mortality Scorecard for Ohio, January 2022)

Rural Counties Scorecard for Medicaid by Race or Ethnicity

October 1, 2019 through September 31, 2020

	Race or Ethnicity			
	All Races	White Race	Black Race	Hispanic Ethnicity
Medicaid-Covered Infants				
Infant mortality rate	5.2	4.6	**	**
Neonatal mortality rate	2.3	2.3	**	**
Post-neonatal mortality rate	2.9	2.3	**	**
Fetal mortality rate	4.9	4.9	**	**
Perinatal mortality rate (definition 1)	4.5	4.5	**	**
Perinatal mortality rate (definition 2)	7.3	7.2	**	**
SUID mortality rate	**	**	**	**
Preterm birth percentage	12.2	12.1	16.1	8.5
Late preterm birth percentage	8.8	8.8	10.4	5.6
Early preterm birth percentage	3.5	3.4	5.7	**
Extreme preterm birth percentage	2.1	2.0	**	**
Early term birth percentage	29.8	29.7	34.1	27.9
Low birth weight birth percentage	9.1	9.0	12.3	7.2
Moderately low birth weight birth percentage	7.7	7.7	9.4	6.6
Very low birth weight birth percentage	1.3	1.3	**	**
Medicaid-Covered Mothers				
Interpregnancy interval less than 18 months percentage	28.6	28.7	25.4	24.0
Prenatal care received in first trimester percentage	72.7	73.0	73.9	68.7
Adequacy of prenatal care percentage	79.8	80.1	76.5	77.0
Mother's smoking abstinence third trimester percentage	77.6	77.2	79.5	91.9
Mother's alcohol abstinence third trimester percentage	99.8	99.8	100.0	100.0
Mother had breastfed baby at discharge percentage	59.6	59.4	61.3	66.7
Normal weight pre-pregnancy percentage	33.4	33.5	29.6	27.9
Obese weight pre-pregnancy percentage	38.7	38.5	43.3	39.1
Appropriate weight gain during pregnancy percentage	24.3	24.4	20.4	24.5

** Data are suppressed due to low numbers.

Data last updated November 12, 2021.

(Source: Ohio Department of Health, Quarterly Infant Mortality Scorecard for Ohio, January 2022)

Social Conditions: Motor Vehicle Crashes

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

- During 2021, the Ohio State Highway Patrol reported a total of 2,355 vehicle crashes investigated in Tuscarawas County. Of these crashes, Tuscarawas County experienced 11 fatal crashes with 13 crash fatalities. Of the passenger vehicle occupants killed in Tuscarawas County crashes during 2021, 78% were not buckled at the time of the crash and 64% of the total fatal crashes involved some type of impairment (drugs and/or alcohol). Additional fatal crash variables included mature drivers (55%), youthful drivers (45%), and speed (45%). In 2020, Tuscarawas County experienced a total of 11 fatal crashes with 14 fatalities.
- The Safe Communities Coalition of Tuscarawas County is funded by a grant from the Ohio Traffic Safety Office that is administered by the Tuscarawas County Health Department. Safe Communities and its partners from numerous county organizations conduct traffic safety media campaigns, coordinates events and activities, distributes educational materials year-round, and works with many of the local high schools to educate youth about the importance of safe driving. The Coalition is comprised of partners from various agencies and organizations in Tuscarawas County and holds quarterly meetings to review the traffic fatalities from the previous quarter to identify any trends or measures that can be taken to prevent future traffic fatalities in Tuscarawas County.
- Traffic Safety Messages include Click it or Ticket; Drive Sober or Get Pulled Over, Look Out for Motorcycles, and Stay Alive, Don't Text & Drive.

The following table shows New Philadelphia City, Tuscarawas County, and Ohio motor vehicle accident statistics. The table shows:

- In 2020, 5.4% of the total crashes in Tuscarawas County were alcohol-related, compared to 4.2% for Ohio.
- Over one-quarter (29%) of all fatal crashes in Tuscarawas County involved an alcohol-impaired driver, compared to 33% for Ohio in 2020.
- Of the total number of alcohol-related crashes (114) in Tuscarawas County in 2020, 59% were property damage only, 38% were non-fatal injury, and 3% were fatal injury.

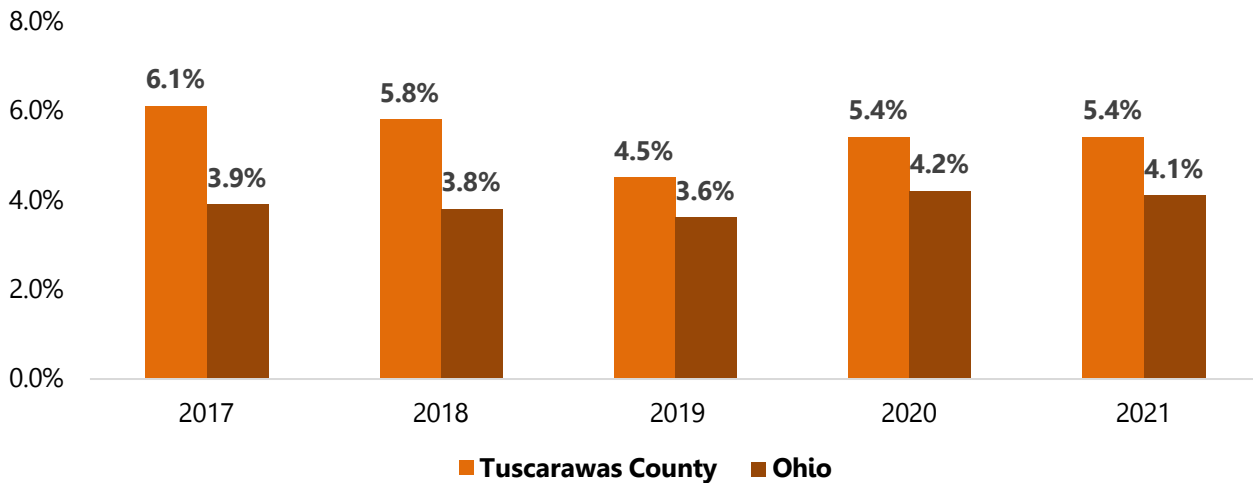
	New Philadelphia City 2020	Tuscarawas County 2020	Ohio 2020
Crash Severities			
Property Damage Only Crashes	1,313	1,650	180,720
Injury Crashes (suspected minor, suspected serious, & possible)	356	436	64,410
Fatal Crashes	10	11	1,166
Total Crashes	1,679	2,097	246,296
Person Injuries			
Property Damage Only Crashes	2,831	3,674	428,962
Injury Crashes (suspected minor, suspected serious, & possible)	493	596	92,344
Fatal Crashes	13	14	1,243
Total Injuries	3,392	4,360	538,811
Person Types			
Total Drivers in Crashes	2,412	3,111	406,309
Total Passengers in Crashes	972	1,231	129,819
Total Pedestrians in Crashes	8	18	2,683
Alcohol-Related			
Property Damage Only Crashes	48	67	5,650
Injury (non-fatal) Crashes	35	44	4,231
Fatal Crashes	2	3	387
Total Alcohol-Related Crashes	85	114	10,268
Total Impaired Drivers	85	114	10,198
Total Alcohol-Related Deaths	3	4	409

(Source: Ohio Department of Public Safety, Crash Reports, Traffic Crash Facts, Updated 6/15/2022)

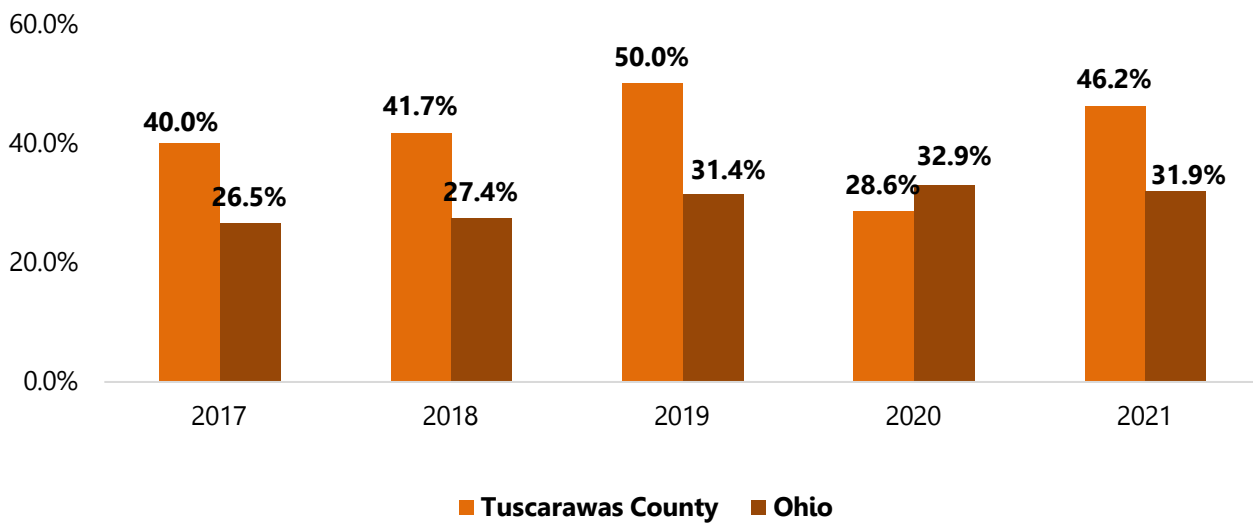
The following charts show the percentage of crashes involving alcohol, as well as the percentage of fatal crashes involving alcohol, in Tuscarawas County and the state of Ohio. The charts show:

- The percentage of crashes involving alcohol in Tuscarawas County was higher compared to the state of Ohio between the years of 2017-2021.
- From 2017-2021, there was a slight overall decline in crashes involving alcohol in Tuscarawas County.
- The percentage of fatal crashes involving alcohol in Tuscarawas County was higher compared to the state of Ohio nearly every year between 2017-2021.
- From 2017-2021, the percentage of alcohol related fatal crashes fluctuated in Tuscarawas County, ranging from a low of 28.6% in 2020 to a high of 50.0% in 2019.

Percent of Crashes Involving Alcohol



Percent of Fatal Crashes Involving Alcohol



(Source for graphs: Ohio Department of Public Safety, Crash Reports, Traffic Crash Facts, Updated 6/15/2022)

Youth Health: Weight Status

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

Over one-fourth (27%) of Tuscarawas County youth were obese, according to Body Mass Index (BMI) by age. Seventy-seven percent (77%) of youth exercised for 60 minutes on 3 or more days per week.

Youth Weight Status

- BMI for children is calculated differently from adults. The CDC uses BMI-for-age, which is gender and age specific as children's body fat changes over the years as they grow. In children and teens, BMI is used to assess underweight, normal, overweight, and obese.
- Over one-fourth (27%) of Tuscarawas County youth were classified as obese by Body Mass Index (BMI) calculations, 21% of youth were classified as overweight, 51% were normal weight, and 1% were underweight.

Nutrition

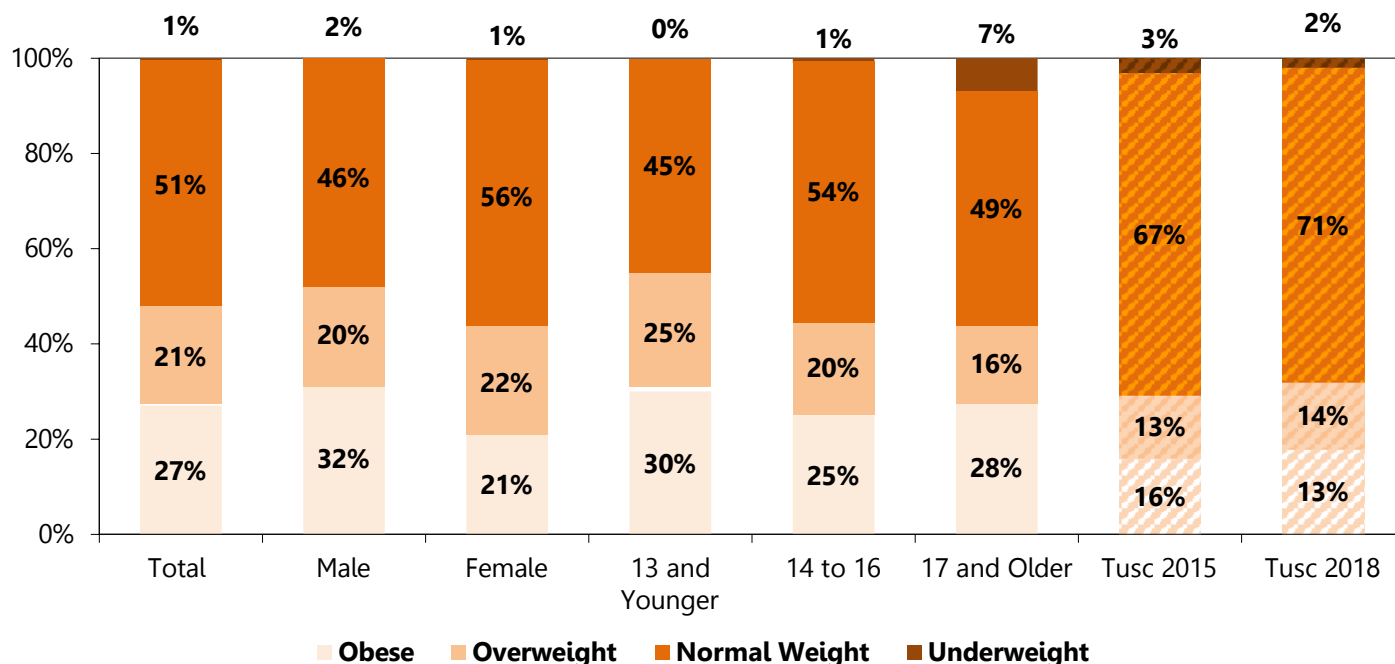
- During the past week, youth reported eating fruits and vegetables at the following frequencies per day: 1 to 4 servings (78%); 5 or more servings (12%); 0 servings because they did not like fruits or vegetables (7%); 0 serving, they could not afford fruits or vegetables (1%); and 0 servings because they did not have access to fruits or vegetables (2%).
- During the past week, youth reported drinking a can, bottle, or glass of soda or pop at the following frequencies: 1 to 3 times during the past week (43%), 4 to 6 times during the past week (11%), 1 time per day (9%), 2 times per day, (6%), 3 times per day (2%), and 4 or more times per day (4%). One-quarter (25%) of youth reported they did not drink soda or pop during the past week.
- During the past week, youth reported eating breakfast:
 - 0 days (22%)
 - 1 day (13%)
 - 2 days (9%)
 - 3 days (7%)
 - 4 days (9%)
 - 5 days (7%)
 - 6 days (6%)
 - 7 days (27%)

Physical Activity

- Seventy-seven percent (77%) of youth participated in at least 60 minutes of physical activity on 3 or more days in the past week, 56% did so on 5 or more days in the past week, and 33% did so every day in the past week. Ten percent (10%) of youth did not participate in at least 60 minutes of physical activity on any day in the past week.
- The CDC recommends that children and adolescents participate in at least 60 minutes of physical activity per day. Aerobic activity, muscle strengthening, and bone strengthening are three distinct types of physical activity that children should engage in, appropriate to their age. Children should participate in each of these types of activity on at least three days per week (CDC, 2021).

The following graph shows the percentage of Tuscarawas County youth who were classified as obese, overweight, normal weight or underweight according to Body Mass Index (BMI) by age. Examples of how to interpret the information in the graph include: 51% of all Tuscarawas County youth were classified as normal weight, 27% were obese, 21% were overweight, and 1% were underweight for their age and gender.

Tuscarawas County Youth BMI Classifications



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Childhood Obesity Causes and Consequences

Obesity during childhood can harm the body in a variety of ways. Children who have obesity are more likely to have:

Immediate health risks:

- High blood pressure and high cholesterol, which are risk factors for cardiovascular disease
- Increased risk of impaired glucose tolerance, insulin resistance, and type 2 diabetes.
- Breathing problems, such as asthma and sleep apnea
- Joint problems and musculoskeletal discomfort
- Fatty liver disease, gallstones, and gastro-esophageal reflux (i.e., heartburn)

Future health effects:

- More likely to become adults with obesity. Adult obesity is associated with increased risk of several serious health conditions including heart disease, type 2 diabetes, and cancer.
- Obesity and disease risk factors in adulthood are likely to be more severe.

Childhood obesity is also related to psychological problems such as anxiety and depression, low self-esteem and lower self-reported quality of life, and social problems such as bullying and stigma.

(Sources: CDC, *Childhood Overweight and Obesity, Updated: March 19, 2021*)

Healthy People 2030
Nutrition and Weight Status (NWS)

Objective	Tuscarawas County 2021 OHYES	Ohio 2019	U.S. 2019	Healthy People 2030 Target
NWS-04 Reduce the proportion of children and adolescents with obesity	27% (7-12 Grade) 24% (9-12 Grade)	17% (9-12 Grade)	16% (9-12 Grade)	16%* (Youth 2-19 years)

**Note: The Healthy People 2030 target is for children and youth aged 2-19 years.
(Sources: Healthy People 2030 Objectives, 2019 YRBS, 2021 Tuscarawas County OHYES)*

Youth Comparisons	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2018 (6 th -12 th)	Tuscarawas County 2021 OHYES (7 th - 12 th)	Tuscarawas County 2021 OHYES (9 th - 12 th)	Ohio 2019 (9 th -12 th)	U.S. 2019 (9 th -12 th)
Obese	16%	18%	27%	24%	17%	16%
Overweight	13%	14%	21%	20%	12%	16%
Physically active at least 60 minutes per day on every day in past week	35%	28%	33%	32%	24%	23%
Physically active at least 60 minutes per day on 5 or more days in past week	56%	54%	57%	57%	43%	44%
Did not participate in at least 60 minutes of physical activity on any day in past week	9%	9%	9%	9%	21%	17%

N/A – Not Available

Youth Health: Tobacco Use

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

Three percent (3%) of Tuscarawas County youth were current smokers. Almost one-fifth (19%) of youth had used an electronic vapor product in their life.

Youth Tobacco Use Behaviors

- Three percent (3%) of youth had smoked all or part of a cigarette within the past 30 days.
- Three percent (3%) of youth were current smokers, having smoked sometime time in the past 30 days.
- Of those who smoked in the past 30 days, youth reported getting their cigarettes from the following:
 - Took them from a family member (60%)
 - Borrowed (bummed) them from someone else (33%)
 - A person 18 years or older gave them (28%)
 - Gave someone else money to buy them (13%)
 - Some other way (27%)
- One percent (1%) of Tuscarawas County youth had smoked cigars, cigarillos, or little cigars in the past 30 days.
- Two percent (2%) of youth in Tuscarawas County had used chewing tobacco, snuff, dip, snus or dissolvable tobacco products in the past 30 days.
- Almost one-fifth (19%) of youth had used an electronic vapor product in their life.
- Twelve percent (12%) had used an electronic vapor product in the past 30 days.
- Of those who obtained electronic vapor products in the past 30 days, youth reported obtaining them following ways:
 - Borrow (bummed) them from someone else (78%)
 - Bought them from a vape shop or tobacco shop (28%)
 - Gave someone else money to buy them (26%)
 - Bought them in a convenience store, supermarket, discount store, gas station, or vape store (8%)
 - Bought them on the Internet (6%)
 - Stole them from a store or person (3%)
 - Some other way (42%)
- Youth reported the following as main reasons for using electronic vapor products:
 - Friend used them (52%)
 - Family member used them (21%)
 - Boredom (20%)
 - Available in flavors, such as mint, candy, fruit, or chocolate (16%)
 - Their friends pressured them (12%)
 - Less harmful than other forms of tobacco (8%)
 - Easier to get than other tobacco products (8%)
 - They tried to quit using other tobacco products (4%)
 - Some other reasons (43%)

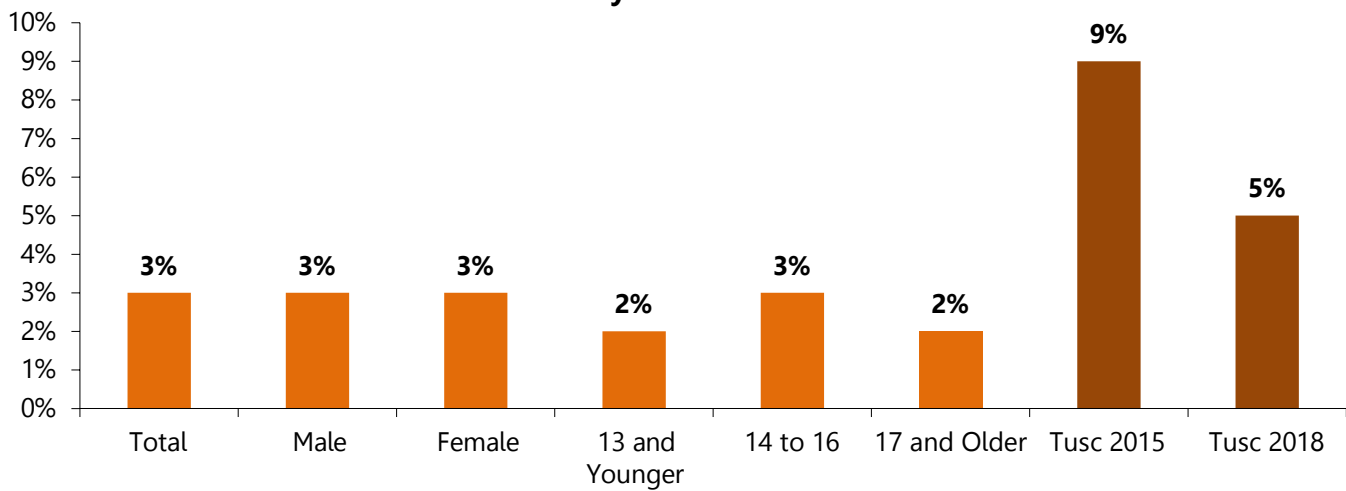
The table below indicates the frequency in which youth in Tuscarawas County used the following tobacco and electronic vapor products among current users.

Frequency of Tobacco/Electronic Vapor Product Use Among Current Tuscarawas Users

Tobacco/Vapor Product	0 days	1 or 2 days	3 to 5 days	6 to 9 days	10 to 19 days	20 to 29 days	All 30 days
Cigarettes	0%	47%	27%	0%	13%	6%	7%
Electronic vapor products	38%	23%	9%	9%	7%	4%	10%

The following graph shows the percentage of Tuscarawas County youth who were current smokers. Examples of how to interpret the information include: 3% of all Tuscarawas County youth were current smokers, including 3% of males and females.

Tuscarawas County Youth Who Are Current Smokers



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

Youth and Tobacco Use

Youth use of tobacco products in any form is unsafe.

- If cigarette smoking continues at the current rate among youth in this country, 5.6 million of today's Americans younger than 18 will die early from a smoking-related illness. That's about 1 of every 13 Americans aged 17 years or younger who are alive today.

Preventing tobacco product use among youth is critical to ending the tobacco epidemic in the United States.

- Nearly 9 out of 10 adults who smoke cigarettes daily first try smoking by age 18, and 99% first try smoking by age 26.
- Flavorings in tobacco products can make them more appealing to youth.

Current use of tobacco products decreased among middle and high school students during 2019-2020.

- In 2019, nearly 1 of every 4 middle school students (24.3%) and over half (53.3%) of high school students said they had ever tried a tobacco product. In 2020, nearly 7 of every 100 middle school students (6.7%) and about 23 of every 100 high school students (23.6%) reported current use of a tobacco product.
- From 2011 to 2020, current (past 30 day) cigarette smoking went down among middle and high school students. Nearly 2 of every 100 middle school students (1.6%) reported in 2020 that they smoked cigarettes in the past 30 days—a decrease from 4.3% in 2011. Nearly 5 of every 100 high school students (4.6%) reported in 2020 that they smoked cigarettes in the past 30 days—a decrease from 15.8% in 2011.
- E-cigarettes have been the most commonly used tobacco product among youth since 2014. After increasing between 2017 and 2019, current (past 30 day) use of e-cigarettes went down among middle and high school students from 2019 to 2020.

Youth who use multiple tobacco products are at higher risk for developing nicotine dependence and might be more likely to continue using tobacco into adulthood.

- In 2019, about 12 of every 100 middle school students (11.5%) and about 30 of every 100 high school students (29.9%) said they had ever tried two or more tobacco products.
- In 2020, Nearly 3 of every 100 middle school students (2.8%) and about 8 of every 100 high school students (8.2%) reported current use of two or more tobacco products in the past 30 days.

(Source: CDC, Youth and Tobacco Use, Updated December 16, 2020)

Healthy People 2030 Tobacco Use (TU)

Objective	Tuscarawas County 2021 OHYES	Ohio 2019	U.S. 2019	Healthy People 2030 Target
TU-06 Reduce current cigarette smoking in adolescents (in the past month)	3% (7-12 Grade) 2% (9-12 Grade)	5% (9-12 Grade)	6% (9-12 Grade)	3% (6-12 Grade)

(Sources: Healthy People 2030 Objectives, 2019 Ohio YRBS, 2019 U.S. YRBS, 2021 Tuscarawas County OHYES)

Youth Comparisons	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2018 (6 th -12 th)	Tuscarawas County 2021 OHYES (7 th – 12 th)	Tuscarawas County 2021 OHYES (9 th – 12 th)	Ohio 2019 (9 th -12 th)	U.S. 2019 (9 th -12 th)
Current smoker (smoked on at least 1 day during the past 30 days)	9%	5%	3%	2%	5%	6%

N/A – Not Available

**YRBS data is for those who ever tried cigarette smoking before the age of 13*

Youth Health: Alcohol Consumption

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

Eight percent (8%) of youth had at least one drink in the past 30 days, defining them as a current drinker. During the past 30 days, 8% of all Tuscarawas County youth had ridden in a car driven by someone who has been drinking alcohol.

Youth Alcohol Consumption

- Of all youth, 11% had their first drink of alcohol before the age of 13.
- Over two-fifths (44%) of youth who reported drinking at some time in their life had their first drink at 12 years old or younger, 33% took their first drink between the ages of 13 and 14, 21% took their first drink between the ages of 15 and 16, and 2% started drinking at the age of 17 or older.
- Eight percent (8%) of youth had at least one drink of alcohol in the past 30 days, increasing to 25% of those ages 17 and older.
- Among current youth drinkers, Tuscarawas County youth reported drinking at the following frequencies within the past 30 days:
 - 1 or 2 days (60%)
 - 3 to 5 days (30%)
 - 6 to 9 days (10%)
- Based on all youth surveyed, 3% had five or more alcoholic drinks (males) or four or more alcoholic drinks (females) on an occasion in the last 30 days and would be considered binge drinkers, increasing to 14% of those ages 17 and older.
- Youth drinkers reported they got their alcohol from the following: someone gave it to them (45%); gave someone else money to buy it for them (28%); a friend's parent gave it to them (23%); a parent gave it to them (20%); took it from a store or family member (8%); bought it at a public event (3%); and some other way (50%). No one reported buying it in a liquor store, convenience store, supermarket, discount store, or gas station.
- Seven percent (7%) of Tuscarawas County youth reported drinking alcohol on the weekends.
- During the past 30 days, 8% of all Tuscarawas County youth had ridden in a car driven by someone who had been drinking alcohol.
- In the past 30 days, 1% of youth drivers had driven a car after they had been drinking alcohol.

Underage Drinking in the U.S.

Alcohol is the most commonly used substance among young people in the U.S. Rates of current and binge drinking among high school students have generally been declining in recent decades. Although males historically had higher rates, in 2019, female high school students were more likely to drink alcohol and binge drink than male high school students.

Underage drinking is a significant public health problem in the U.S. Excessive drinking is responsible for more than 3,500 deaths and 210,000 years of potential life lost among people under age 21 each year. Underage drinking cost the U.S. \$24 billion in 2010. There were approximately 119,000 emergency rooms visits by persons aged 12 to 21 for injuries and other conditions linked to alcohol in 2013.

Youth who drink alcohol are more likely to experience:

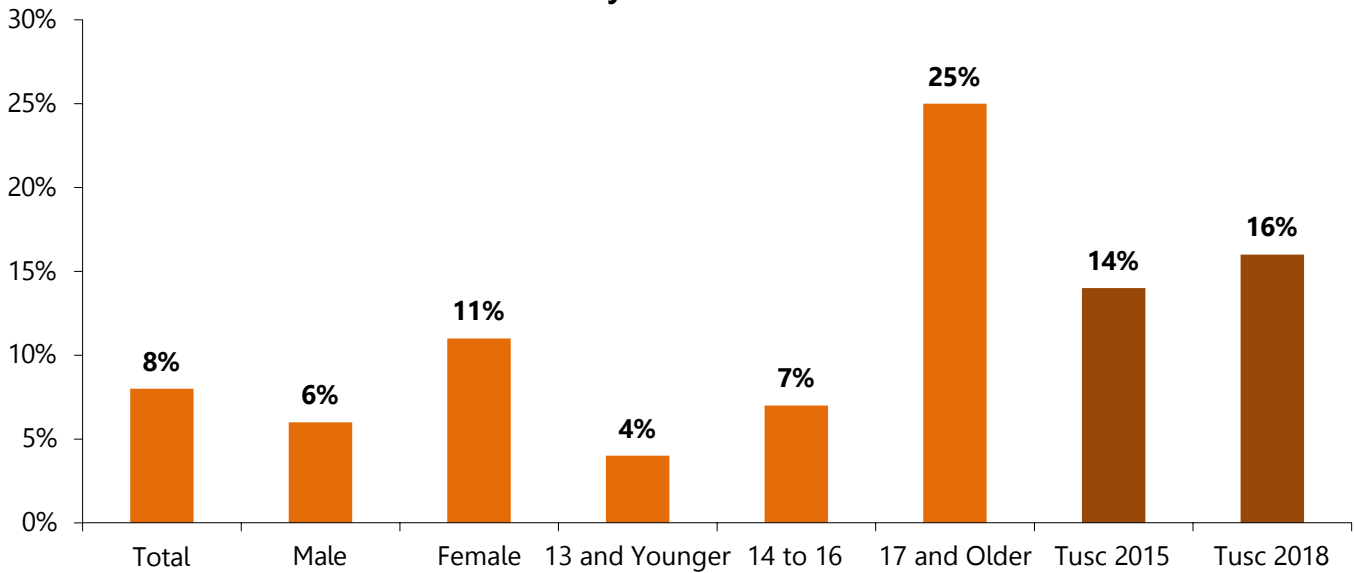
- School problems, such as higher rates of absences or lower grades.
- Social problems, such as fighting or lack of participation in youth activities.
- Legal problems, such as arrest for driving or physically hurting someone while drunk.
- Physical problems, such as hangovers or illnesses.
- Unwanted, unplanned, and unprotected sexual activity.
- Disruption of normal growth or sexual development.
- Physical and sexual violence.
- Increased risk of suicide and homicide.
- Alcohol-related motor vehicle crashes and other unintentional injuries, such as burns, falls, or drowning.
- Memory problems.
- Misuse of other substances.
- Changes in brain development that may have life-long effects.
- Alcohol poisoning.

In general, the risk of youth experiencing these problems is greater for those who binge drink than for those who do not binge drink. Early initiation of drinking is associated with development of an alcohol use disorder later in life.

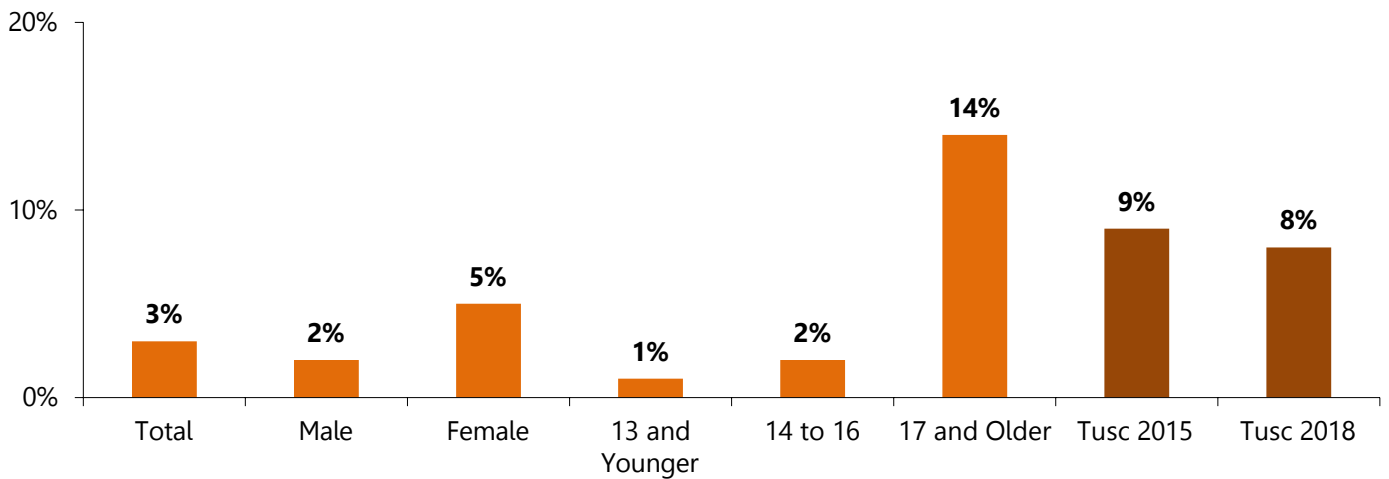
(Source: CDC, Alcohol and Public Health, updated on October 23, 2020)

The following graphs show the percentage of Tuscarawas County youth who were current drinkers and youth who binge drank in the past month. Examples of how to interpret the information include: 8% of youth binge drank in the past month, including 6% of males and 11% of females.

Tuscarawas County Youth Who Were Current Drinkers



Tuscarawas County Youth Binge Drinking in Past Month



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Healthy People 2030 Substance Use (SU)

Objective	Tuscarawas County 2021 OHYES	Ohio 2019	U.S. 2019	Healthy People 2030 Target
SU-04 Reduce the proportion of adolescents who drank alcohol in the past month	8% (7-12 Grade) 12% (9-12 Grade)	26% (9-12 Grade)	29% (9-12 Grade)	6%*

*Note: The Healthy People 2030 target is for youth aged 12-17 years.
(Sources: Healthy People 2030 Objectives, 2019 Ohio YRBS, 2019 U.S. YRBS, 2021 Tuscarawas County OHYES)*

Youth Comparisons	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2018 (6 th -12 th)	Tuscarawas County 2021 OHYES (7 th - 12 th)	Tuscarawas County 2021 OHYES (9 th - 12 th)	Ohio 2019 (9 th -12 th)	U.S. 2019 (9 th -12 th)
Ever drank alcohol (at least one drink of alcohol on at least 1 day during their life)	44%	35%	26%	32%	N/A	N/A
Current drinker (at least one drink of alcohol on at least 1 day during the past 30 days)	14%	16%	8%	12%	26%	29%
Binge drinker (drank 5 or more drinks within a couple of hours on at least 1 day during the past 30 days)	9%	8%	3%	6%	13%	14%
Drank for the first time before age 13 (of all youth)	13%	8%	11%	8%	16%	15%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on 1 or more occasion during the past 30 days)	16%	11%	8%	7%	N/A	17%
Obtained the alcohol they drank by someone giving it to them (of youth drinkers)	36%	41%	45%	49%	N/A	6%

N/A-Not Available

Youth Health: Drug Use

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

In 2021, 5% of Tuscarawas County youth had used marijuana at least once in the past 30 days, increasing to 14% of those ages 17 and older. One percent (1%) of youth used prescription drugs not prescribed for them in the past month.

Marijuana Use

- Five percent (5%) of all Tuscarawas County youth had used marijuana at least once in the past 30 days, increasing to 14% of those age 17 and older.
- Among those who tried marijuana, 41% of youth used marijuana or hashish in the past 30 days.
- Among current marijuana users, youth reported using marijuana in the following ways:
 - Smoked it in a joint, bong, pipe, or blunt (52%)
 - Vaporized it (40%)
 - Some other way (8%)
- Among current marijuana users, youth reported using marijuana at the following times:
 - Weekends (58%)
 - After school (21%)
 - Weeknights (13%)
 - Before school (8%)
- Twenty-four percent (24%) of youth who tried marijuana did so by the age of 13.
- Three percent (3%) of youth in Tuscarawas County reported using marijuana 3 or more times in the past month, increasing to 68% of current youth marijuana users.

Prescription Drug Misuse and Abuse

- Four percent (4%) of youth in Tuscarawas County reported ever using prescription drugs (e.g., OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription or differently than how a doctor told them in their lifetime.
- In the past 30 days, 1% of all youth reported using prescriptions drugs not prescribed for them, increasing to 14% of youth who had ever used prescription drugs without a doctor's prescription or differently than how a doctor instructed.
- Two percent (2%) of youth in Tuscarawas County reported ever using prescription pain medicine (e.g., codeine, Vicodin, OxyContin, Hydrocodone, and Percocet) without a doctor's prescription or differently than how a doctor told them in their lifetime.
- Less than one percent (<1%) reported using prescription pain medicine not prescribed for them or differently than how the doctor instructed in the past 30 days.

- Youth used the following types of prescription drugs without a doctor's prescription or differently than how a doctor told them how to use it:
 - Pain relievers or painkillers (e.g., OxyContin, Percocet, Vicodin, Lortab, or codeine) (27%)
 - Tranquilizers or anti-anxiety drugs (e.g., Xanax or Valium) (9%)
 - Sleeping pills, sedatives, or other depressants (e.g., Ambien or phenobarbital) (9%)
- Youth reported using prescription drugs at the following times:
 - After school (43%)
 - Weekends (36%)
 - Before school (21%)

Other Drug Use

- Tuscarawas County youth had used the following in their life:
 - Hallucinogenic drugs (2%)
 - Inhalants (1%)
 - Ecstasy/MDMA/Molly (1%)
 - Synthetic marijuana (1%)
 - Cocaine (<1%)
 - Steroids without a doctor's prescription (<1%)
- Tuscarawas County youth had used the following in the 12 months:
 - Hallucinogenic drugs (1%)
 - Inhalants (<1%)
 - Synthetic marijuana (<1%)
 - Ecstasy/MDMA/Molly (<1%)
 - Steroids without a doctor's prescription (<1%)
- Seven percent (7%) of youth in Tuscarawas County reported ever using over-the-counter medications such as cold medicines, allergy medicine, or pain relievers to get high in their lifetime.
- During the past 12 months, 4% of all Tuscarawas County youth reported that someone had offered, sold, or given them an illegal drug on school property. Other places reported by youth included in their neighborhood (4%), at a friend's house (3%), and on the school bus (1%).
- Sixty-seven percent (67%) of youth recalled hearing, reading, or watching an advertisement about the prevention of substance use in the past 12 months.
- Almost half (49%) of youth reported they had talked with at least one parent about the dangers of tobacco, alcohol, or drug use in the past 12 months.

The table below indicates the frequency in which youth in Tuscarawas County misused prescription drugs.

Frequency of Youth Lifetime Medication Misuse and Abuse

Drug	0 times	1 or 2 times	3 to 9 times	10 to 19 times	20 to 39 times	40 or more times
Prescription drugs without a doctor's prescription or differently than how a doctor instructed	96%	2%	1%	<1%	<1%	<1%
Prescription pain medication without a doctor's prescription or differently than how a doctor instructed	98%	1%	<1%	<1%	<1%	<1%
Over-the-counter medications such as cold medicine, allergy medicine, or pain reliever to get high	93%	2%	2%	1%	<1%	1%

Youth High-Risk Drug Use

High-risk drug use refers to any use by adolescents of drugs with a high risk of adverse outcomes, such as injury, criminal justice involvement, school dropout, and loss of life. This includes:

- Misuse of prescription drugs
- Use of illegal drugs like cocaine, heroin, methamphetamines, inhalants, hallucinogens, or ecstasy
- Use of injection drugs, which have a high risk of transmitting HIV and hepatitis

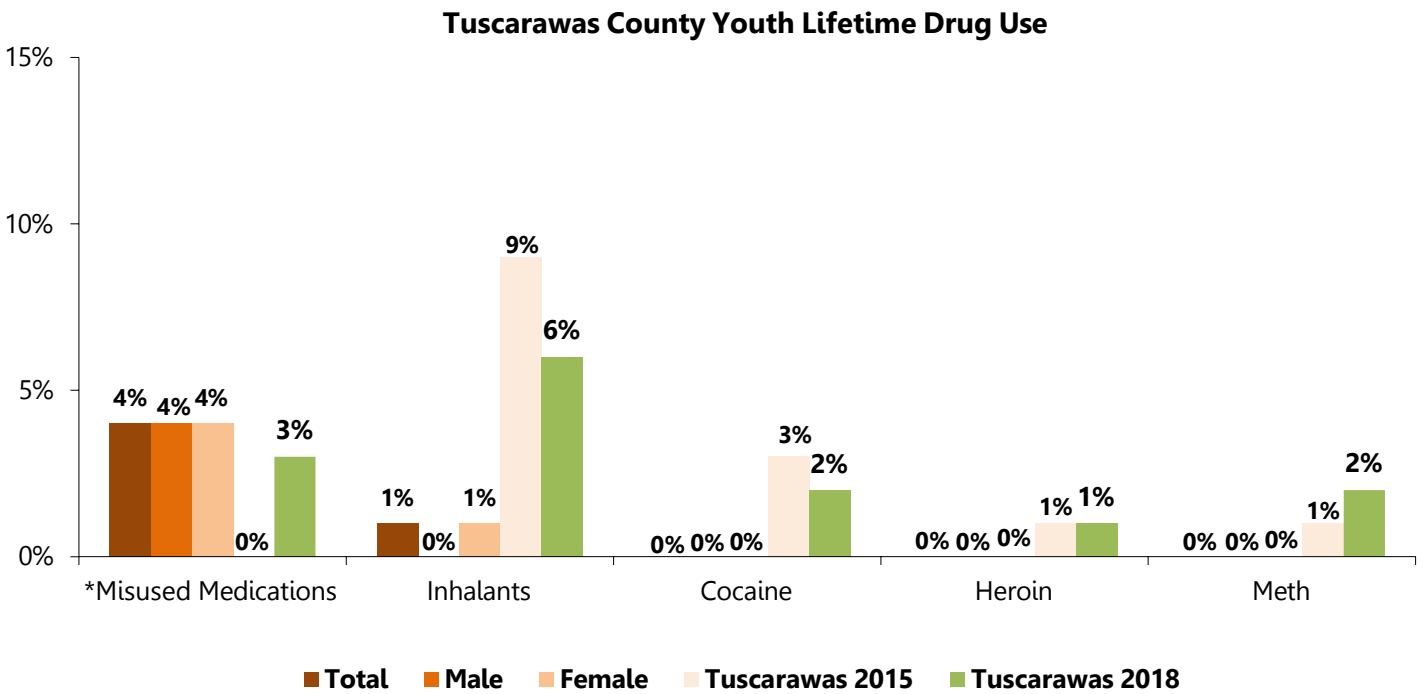
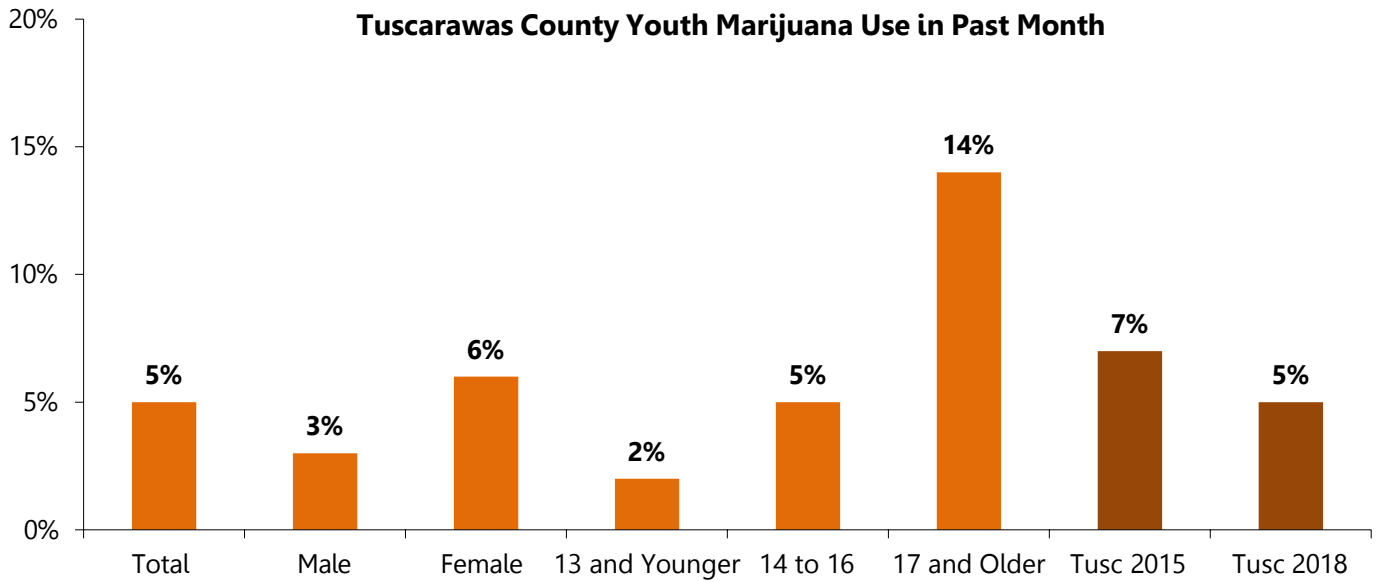
Youth who use high-risk drugs are more likely to also:

- Engage in risky sexual behaviors (not using a condom, multiple partners)
- Experience violence, such as physical and sexual dating violence, and being bullied, threatened, or injured
- Be at greater risk for mental health problems and suicide

These health risk behaviors and experiences put youth at greater risk for sexually transmitted infections, like HIV and other STDs, and unintended pregnancy.⁴ Some of these behaviors, like drug use and having sex at an early age, are also consistently linked to poor grades, test scores, and lower educational attainment.

(Source: CDC, High-Risk Substance Use Among Youth, updated on November 6, 2020)

The following graphs indicate youth marijuana use in the past 30 days and youth lifetime drug use. Examples of how to interpret the information include: 5% of youth have used marijuana in the past 30 days, including 6% of females and 14% of those 17 years of age and older.



*Referring to prescription drugs without a doctor's prescription for 2021 total, males, and females

Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Comparisons	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2018 (6 th -12 th)	Tuscarawas County 2021 OHYES (7 th - 12 th)	Tuscarawas County 2021 OHYES (9 th - 12 th)	Ohio 2019 (9 th -12 th)	U.S. 2019 (9 th -12 th)
Used marijuana in the past month	7%	5%	5%	7%	16%	22%
Ever used methamphetamines (in their lifetime)	1%	2%	0%	0%	N/A	2%
Ever used cocaine (in their lifetime)	3%	2%	<1%	1%	4%	4%
Ever used heroin (in their lifetime)	1%	1%	0%	0%	2%	2%
Ever used inhalants (in their lifetime)	9%	6%	1%	1%	8%	6%
Ever took steroids without a doctor's prescription (in their lifetime)	5%	2%	<1%	0%	N/A	2%
Ever used ecstasy (also called MDMA in their lifetime)	2%	1%	2%	3%	N/A	4%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	7%	4%	4%	5%	15%*	22%*

N/A-Not Available

**YRBS is for youth who were ever offered, sold, or given an illegal drugs on school property*

Youth Health: Mental Health

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

Thirteen percent (13%) of youth had seriously considered attempting suicide in the past year, and 6% attempted suicide in the past 12 months. Among all youth in Tuscarawas County, 38% had ever visited a doctor, nurse, therapist, social worker, or counselor for a mental health problem.

Youth Mental Health

- Almost one-quarter (23%) of Tuscarawas County youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, increasing to 31% of females.
- Thirteen percent (13%) of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 21% of youth ages 17 and older.
- In the past 12 months, 6% of youth had attempted suicide.
- Of all youth who had attempted suicide, 2% reported their suicide attempt resulted in injury, poisoning, or overdose that had to be treated by a doctor or nurse.
- Among youth who had attempted suicide in the past year, 25% reported their suicide attempt resulted in injury, poisoning, or overdose that had to be treated by a doctor or nurse.
- Youth in Tuscarawas County reported being bothered nearly every day within the past 2 weeks by the following: feeling nervous, anxious, or on edge (15%), feeling down, depressed, or hopeless (8%), not being able to stop or control worrying (8%), and having little interest or pleasure in doing things (7%).
- Youth reported the following ways of dealing with stress: physical activity (45%); avoid people who create drama (39%); express oneself through the arts and literature (28%); participate in hobbies or community service (24%); get support from others (23%); limit exposure to social media (14%); and meditate, pray, or use relaxation techniques (13%). Twenty-one percent (21%) of youth reported they did not have stress.
- More than one-third (38%) of youth in Tuscarawas County reported they had ever visited a doctor, nurse, therapist, social worker, or counselor for a mental health problem. Twenty-nine percent (29%) of youth had visited a mental health provider within the past 12 months, and 6% had visited more than a year ago.

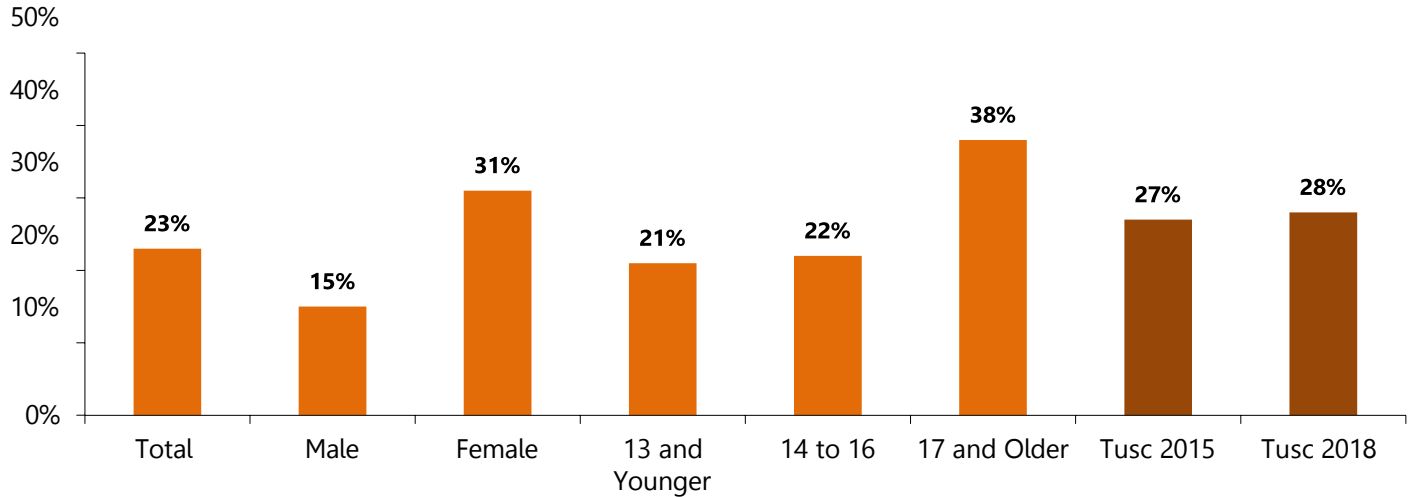
Mental Health Impacts

Tuscarawas County youth reported they were bothered by the following within the past 2 weeks:

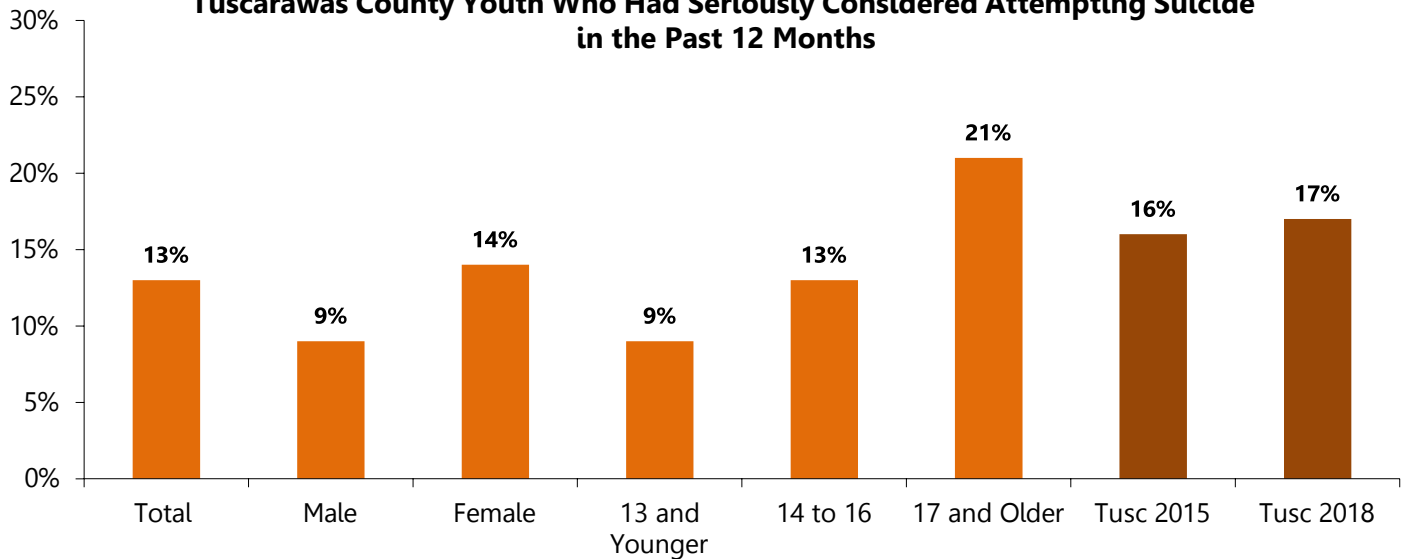
Mental Health	Not at All	Several Days	More Days Than Not	Nearly Every Day
Feeling nervous, anxious, or on edge	46%	27%	12%	15%
Not being able to stop or control worrying	61%	21%	10%	8%
Feeling down, depressed, or hopeless	63%	21%	8%	8%
Little interest or pleasure in doing things	68%	20%	5%	7%

The following graphs shows Tuscarawas County youth who felt sad or hopeless almost every day for two weeks or more in a row and those who had seriously considered attempting suicide in the past year. Examples of how to interpret the information include: 23% of youth felt sad or hopeless almost every day for two weeks or more in a row, including 15% of males and 31% of females.

Tuscarawas County Youth Who Felt Sad or Hopeless for Two or More Weeks in a Row

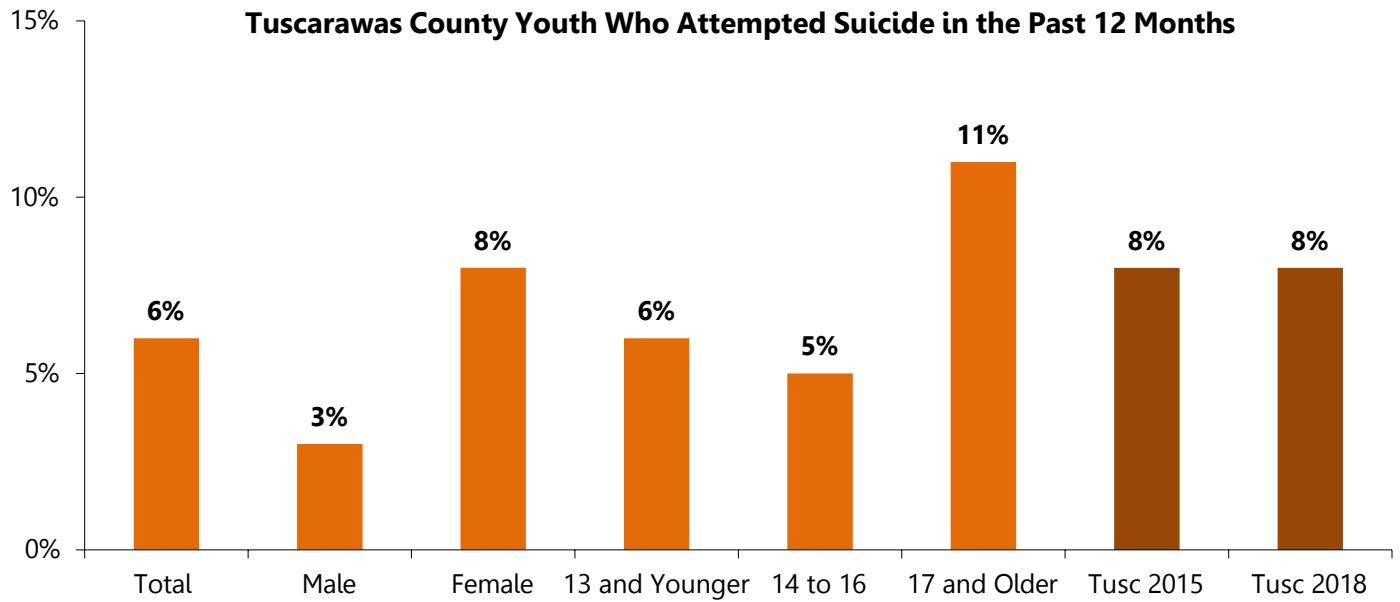


Tuscarawas County Youth Who Had Seriously Considered Attempting Suicide in the Past 12 Months



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graph shows Tuscarawas County youth who had attempted suicide in the past year. Examples of how to interpret the information include: 13% of youth seriously considered attempting suicide in the past year, including 3% of males and 11% of those ages 17 and older.



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Comparisons	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2018 (6 th -12 th)	Tuscarawas County 2021 OHYES (7 th - 12 th)	Tuscarawas County 2021 OHYES (9 th - 12 th)	Ohio 2019 (9 th -12 th)	U.S. 2019 (9 th -12 th)
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	27%	28%	23%	26%	33%	37%
Seriously considered attempting suicide (in the past 12 months)	16%	17%	13%	15%	16%	19%
Attempted suicide (in the past 12 months)	8%	8%	6%	6%	7%	9%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (in the past 12 months)	3%	3%	2%	2%	N/A	N/A

N/A – Not Available

Youth Health: Social Determinants of Health

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

Over one-fifth (21%) of youth had three or more adverse childhood experiences (ACEs). Ten percent (10%) of Tuscarawas County youth drivers had texted while driving in the past 30 days.

Personal Health

- Over half (52%) of Tuscarawas County youth had visited the doctor or nurse for a check-up. Nine percent (9%) of youth reported visiting a doctor or nurse between 12-24 months ago, and 5% reported last visiting a doctor over 2 years ago. Nine percent (9%) of youth said they had never been to the doctor or nurse for a routine check-up.
- Seven percent (7%) of youth reported that they had a disability or long-term health problem that prevented them from doing everyday activities.
- Ten percent (10%) of youth had been told by a doctor, nurse, or parent they that had a disability or long-term health problem that prevented them from doing everyday activities.
- Youth last saw a dentist for a check-up, exam, teeth cleaning, or other dental work at the following frequencies: less than a year ago (62%), 1 to 2 years ago (13%), more than 2 years ago (8%), never (3%), and do not know (14%).
- Tuscarawas County youth reported they got the following amounts of sleep on an average school night: four hours or less (11%), five hours (13%), six hours (19%), seven hours (27%), eight hours (21%), nine hours (7%) and ten hours or more (2%).
- Youth reported their parents limited the times of day or length of time they used their electronic devices for non-school related purposes at the following frequencies: never (47%), rarely (25%), sometimes (16%), and often (12%).

Personal Safety

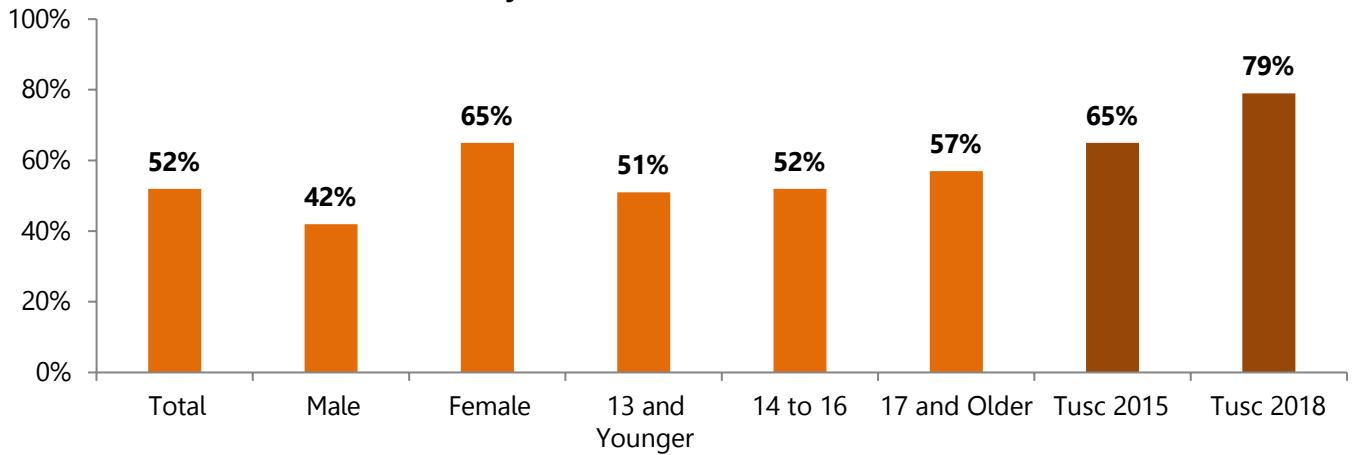
- In the past 30 days, 10% of youth drivers reported they had texted or emailed on at least one day while driving a car or other vehicle. Two percent (2%) of youth drivers reported texting or emailing on 10-29 days in the past month, and 3% reported doing so on all 30 days.
- Seven percent (7%) youth had a concussion in the past year from playing a sport or being physically active, increasing to 10% of males. Five percent (5%) of youth reported having more than one concussion in the past 12 months.

Neighborhood and Built Environment

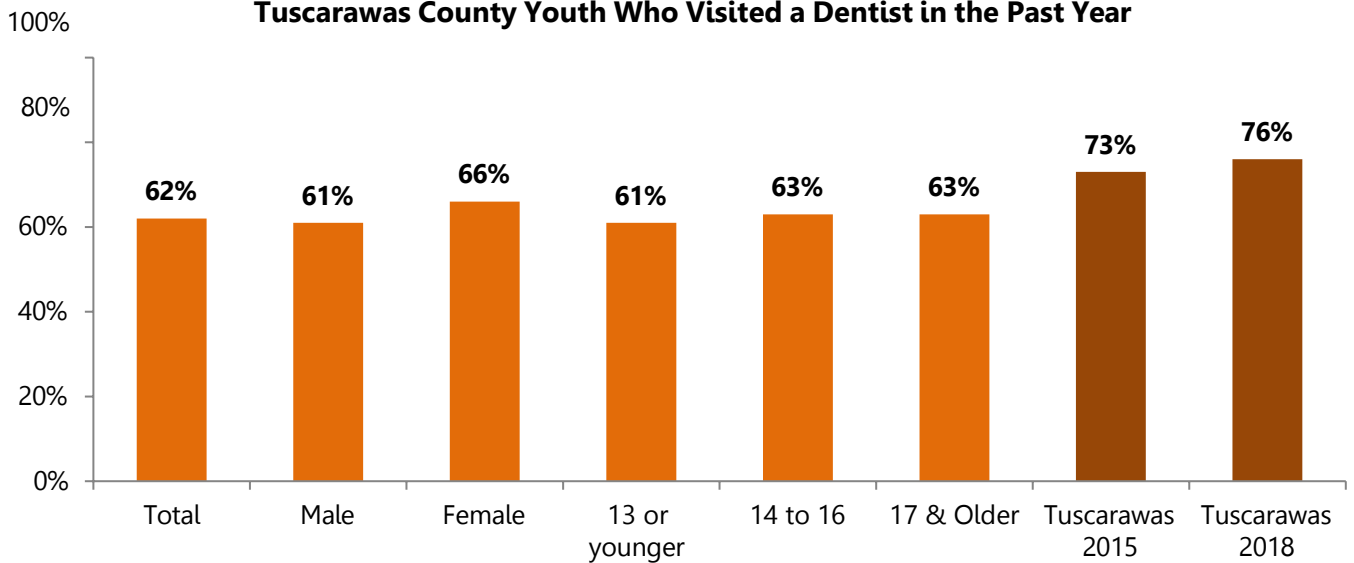
- Thirteen percent (13%) of youth reported they did not feel safe in their neighborhood.
- Over half (53%) of youth in Tuscarawas County reported there were a lot of adults in their neighborhood that they could talk to about something important.
- Youth in Tuscarawas County reported they had ever moved to a new address at the following frequencies:
 - 0 times (23%)
 - 1 time (23%)
 - 2 times (11%)
 - 3 times (15%)
 - 4 or more times (28%)

The following graphs show Tuscarawas County youth who visited a doctor and who visited a dentist in the past year. Examples of how to interpret the information include: 52% of youth had visited a doctor in the past year, including 42% of males and 65% of females.

Tuscarawas County Youth Who Visited a Doctor Within the Past Year



Tuscarawas County Youth Who Visited a Dentist in the Past Year



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Comparisons	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2018 (6 th -12 th)	Tuscarawas County 2021 OHYES (7 th - 12 th)	Tuscarawas County 2021 OHYES (9 th - 12 th)	Ohio 2019 (9 th - 12 th)	U.S. 2019 (9 th - 12 th)
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	73%	76%	63%	64%	N/A	N/A
Visited a doctor for a routine checkup in the past year	65%	79%	52%	53%	N/A	N/A

N/A-Not Available

Social and Community Context

- Over one-third (35%) of youth reported the following adverse childhood experiences (ACEs): parents became separated or divorced (40%); parents or adults in home swore at them, insulted them or put them down (25%); lived with someone who was depressed, mentally ill or suicidal (24%); parents were not married (17%); lived with someone who was a problem drinker or alcoholic (16%); lived with someone who served time or was sentenced to serve time in a prison, jail, or other correctional facility (15%); lived with someone who used illegal street drugs or who abused prescription medication (12%); parents or adults in the home slapped, hit, kicked, punched, or beat each other up (10%); and parents or adults in home hit, beat, kicked, or physical hurt them (7%).
- Over one-fifth (21%) of youth had experienced three or more ACEs.

Education

- In the past year, Tuscarawas County youth described their grades in school as the following:
 - Mostly A's (51%)
 - Mostly B's (28%)
 - Mostly C's (10%)
 - Mostly D's (3%)
 - Mostly F's (2%)
- Tuscarawas County youth reported they agreed or strongly agreed with the following statements about school:
 - My parents push me to work hard in school (77%)
 - My parents talk to me about what I do in school (65%)
 - I can go to adults at my school for help if I needed it (58%)
 - My school provides various opportunities to learn about and appreciate different culture and ways of life (51%)
 - I feel like I belong at my school (42%)
 - I enjoy coming to school (30%)
- In the past year, youth reported their parents checked whether they had done their homework at the following frequencies: never or almost never (16%), sometimes (22%), often (22%), and all the time (40%).

School Perceptions

Tuscarawas County youth reported the following about school:

Perceptions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I enjoy coming to school	11%	14%	45%	23%	7%
I feel like I belong at my school	9%	13%	36%	32%	10%
I can go to adults at my school for help if I needed it	8%	10%	24%	40%	18%
My school provides various opportunities to learn about and appreciate different cultures and ways of life	5%	13%	31%	38%	13%
My parents talk to me about what I do in school	4%	9%	22%	44%	21%
My parents push me to work hard in school	2%	4%	17%	36%	41%

Gambling

- In the past 12 months, 12% of youth in Tuscarawas County reported gambling money or things while playing cards, betting on personal skills or sports teams, buying lottery tickets or scratch-offs, or in internet gaming.
- Among youth who had gambled in the past 12 months, youth reported gambling at the following frequencies: less than once a month (48%), about once a month (18%), about once a week (18%), and daily (16%).
- Youth gamblers experienced the following in the past 12 months: gambled more than they planned to (31%), felt bad about the amount they bet, or about what happened when they bet on money or things (21%), and hid from family or friends any betting slips, I.O.U.s, lottery tickets, money or things they won, or other signs of gambling (7%).
- Twenty-three percent (23%) of youth gamblers reported they had ever lied to important people in their lives about how much they gamble.

Youth Health: Violence

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

Fifteen percent (15%) of youth had been involved in a physical fight, increasing to 20% of males. Thirty-one percent (31%) of youth had been bullied in the past year.

Violence-Related Behaviors

- Tuscarawas County youth reported they felt safe and secure at school at the following frequencies: never (2%), rarely (3%), sometimes (15%), most of the time (45%), and all of the time (35%).
- Ten percent (10%) of youth did not go to school on one or more days because they did not feel safe at school or on their way to or from school.
- Four percent (4%) of youth were threatened or injured with a weapon on school property in the past year.

Physical Violence

- In the past 12 months, 15% of youth had been involved in a physical fight, increasing to 20% of males.
- In the past 12 months, 5% of youth had been involved in a physical fight on school property, increasing to 8% of males.
- Of those who had been in a physical fight on school property, 37% had been in a fight on more than one occasion.
- In the past 12 months, 5% of youth in Tuscarawas County reported they had been physically hurt by someone they were dating.

Bullying

- Thirty-one percent (31%) of youth had been bullied in the past year. The following types of bullying were reported:
 - 22% of youth were verbally bullied (teased, taunted or called harmful names)
 - 18% of youth were indirectly bullied (spread mean rumors about them or kept them out of a "group")
 - 8% of youth were physically bullied (were hit, kicked, punched or people took their belongings)
 - 5% of youth were cyber bullied (teased, taunted or threatened by e-mail, cell phone or other electronic methods)
 - 3% of youth were sexually bullied (used nude or semi-nude pictures to pressure someone to have sex that did not want to, blackmail, intimidate, or exploit another person)
- Thirteen percent (13%) of youth reported they had ever been electronically bullied through email, cell phone, or other electronic methods.
- Of those who had been bullied in the past 12 months, 44% had been electronically bullied.
- In the past 12 months, 18% of youth had been bullied on school property.
- Of those who had been bullied in the past 12 months, 60% had been bullied on school property.

Types of Bullying Tuscarawas County Youth Experienced in Past Year

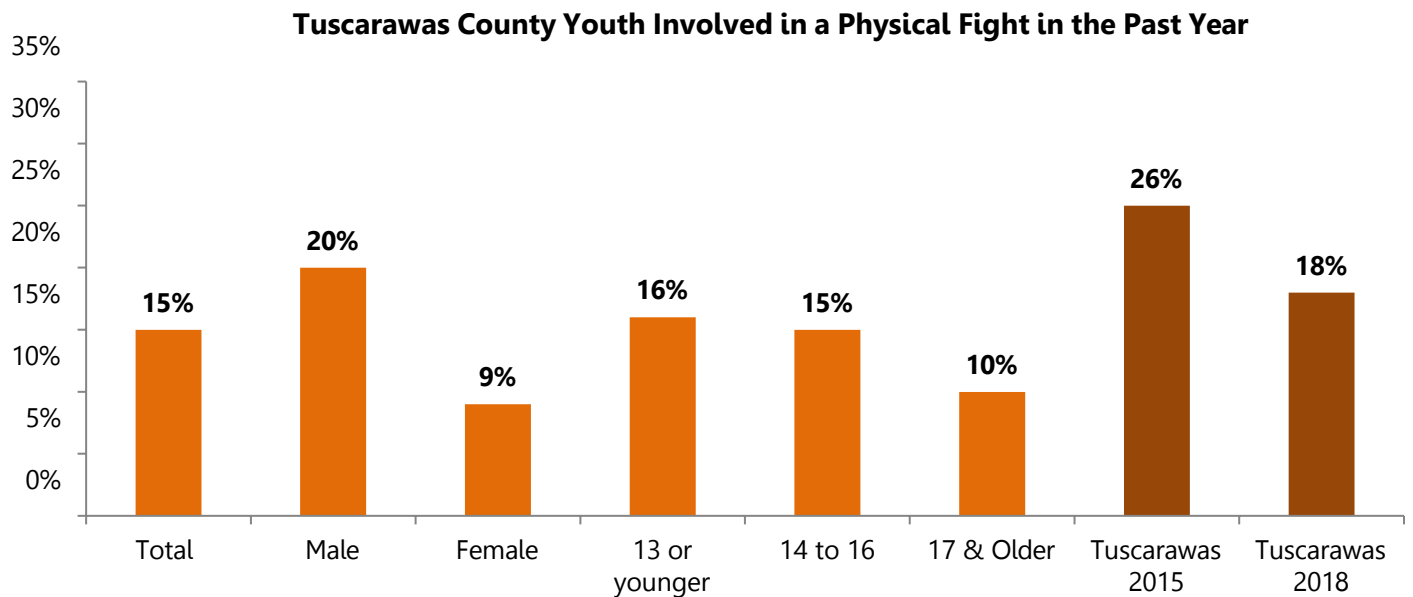
Youth Behaviors	Total	Male	Female	13 or younger	14-16 Years old	17 and older
Verbally Bullied	22%	18%	25%	23%	21%	27%
Indirectly Bullied	18%	9%	27%	16%	16%	33%
Cyber Bullied	5%	3%	7%	3%	6%	8%
Physically Bullied	8%	8%	8%	9%	7%	8%
Sexually Bullied	3%	1%	5%	2%	3%	5%

Healthy People 2030 Injury and Violence Prevention (IVP)

Objective	Tuscarawas County 2021 OHYES	Ohio 2019	U.S. 2019	Healthy People 2030 Target
IVP-11 Reduce physical fighting among adolescents	14% (7-12 Grade) 14% (9-12 Grade)	19% (9-12 Grade)	22% (9-12 Grade)	21% (9-12 grade)

(Sources: Healthy People 2030 Objectives, 2019 Ohio YRBS, 2019 U.S. YRBS, 2021 Tuscarawas County OHYES)

The following graph shows Tuscarawas County youth who were involved in a physical fight in the past year. Examples of how to interpret the information include: 15% of youth had been in a fight in the past year, including 20% of males and 9% of females.



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Comparisons	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2018 (6 th -12 th)	Tuscarawas County 2021 OHYES (7 th - 12 th)	Tuscarawas County 2021 OHYES (9 th - 12 th)	Ohio 2019 (9 th -12 th)	U.S. 2019 (9 th -12 th)
Were in a physical fight (in the past 12 months)	25%	18%	14%	14%	19%	22%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	5%	13%	9%	10%	N/A	9%
Threatened or injured with a weapon on school property (in the past 12 months)	7%	6%	4%	3%	N/A	7%
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months)	4%	2%	6%	6%	10%	8%
Electronically bullied (in the past year)	9%	10%	13%	13%	13%	16%
Were bullied on school property (during the past 12 months)	N/A	N/A	18%	16%	14%	20%
Bullied (in the past year)	48%	35%	31%	30%	N/A	N/A

N/A – Not Available

Youth Health: Perceptions

**Data collection occurred during the COVID-19 pandemic. Therefore, all primary data throughout this report may not provide a complete understanding of the health status of Tuscarawas County adult and youth residents. Additional details can be found in the Executive Summary on pg. 12.*

Key Findings

In 2021, 23% of youth thought that there was no risk in harming themselves physically or in other ways if they smoke marijuana once or twice a week. Sixty-six percent (66%) of youth reported their parents would feel it was very wrong for them to have one or two drinks of an alcoholic beverage nearly every day.

Perceived Risk of Drug Use

- Almost one-quarter (24%) of youth thought there was a great risk in harming themselves physically or in other ways in they had five or more drinks of an alcoholic beverage once or twice a week. Fifteen percent (15%) thought that there was no risk if they had five or more drinks of an alcoholic beverage once or twice a week.
- Almost half (45%) of youth thought there was a great risk in harming themselves physically or in other ways in they smoked one or more packs of cigarettes per day. Thirteen percent (13%) thought there was no risk if they smoked one or more packs of cigarettes per day.
- Thirty-two percent (32%) of youth thought there was a great risk in harming themselves physically or in other ways if they used electronic vapor products every day. Fourteen percent (14%) thought there was no risk if they used electronic vapor products every day.
- One-quarter (25%) of youth thought there was great risk in harming themselves physically or in other ways if they smoked marijuana once or twice a week. Twenty-three percent (23%) of youth thought that there was no risk if they smoked marijuana once or twice a week.
- Over half (53%) of youth thought there was a great risk in harming themselves physically or in other ways if they used prescription drugs that were not prescribed for them. Ten percent (10%) of youth thought that there was no risk in misusing prescription drugs.

Degree of Disapproval of Use by Parents

- Sixty-six percent (66%) of youth reported their parents would feel it was very wrong for them to have one or two drinks of an alcoholic beverage nearly every day.
- Over three-fourths (79%) of Tuscarawas County youth reported their parents would feel it was very wrong for them to smoke tobacco.
- Almost three-fourths (73%) of Tuscarawas County youth reported their parents would feel it was very wrong for them to use electronic vapor products.
- Over three-fourths (76%) of youth reported their parents would feel it was very wrong for them to smoke marijuana.
- Eighty-two percent (82%) of youth reported their parents would feel it was very wrong for them to misuse prescription medications.

Degree of Disapproval of Use by Friends

- Forty-two percent (42%) of youth reported their friends would feel it was very wrong for them to have one or two drinks of an alcoholic beverage nearly every day.
- Almost half (47%) of Tuscarawas County youth reported their friends would feel it was very wrong for them to smoke tobacco.
- Forty percent (40%) of youth reported their friends would feel it was very wrong for them to use electronic vapor products.
- Over half (51%) of youth reported their friends would feel it was very wrong for them to smoke marijuana.
- Sixty-one percent (61%) of youth reported their friends would feel it was very wrong for them to misuse prescription medications.

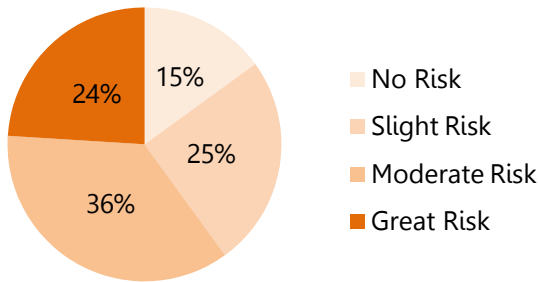
Degree of Disapproval of Use by Youth

- Three-fourths (75%) of Tuscarawas County youth reported they somewhat or strongly disapproved of someone their age trying marijuana or hashish once or twice.
- Seventy-four percent (74%) of youth reported they somewhat or strongly disapproved of someone their age using marijuana once a month or more.
- Eighty-four percent (84%) of youth reported they somewhat or strongly disapproved of someone their age having one or two drinks of an alcoholic beverage nearly every day.

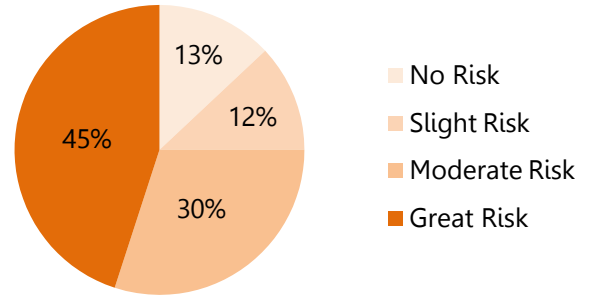
Perceived Risk of Drug Use by Surveyed Youth

How much do you think people risk harming themselves if they:

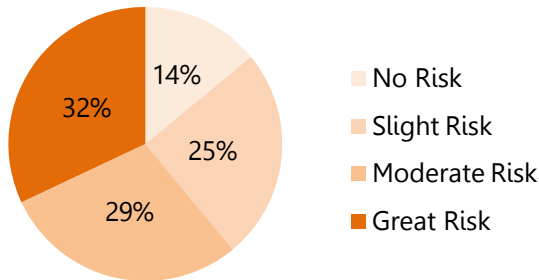
Have five or more drinks of an alcoholic beverage per day



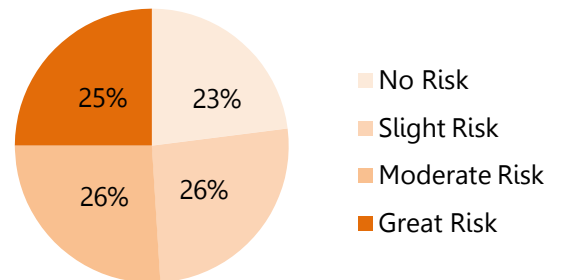
Smoke tobacco every day



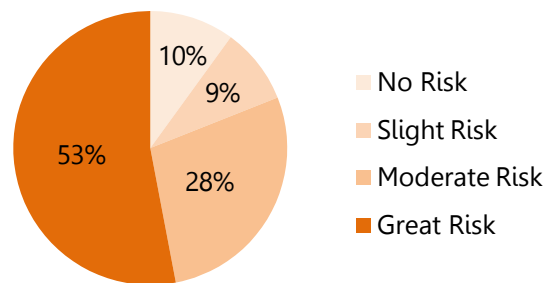
Use electronic vapor products every day



Smoke marijuana once or twice a week



Misuse prescription drugs



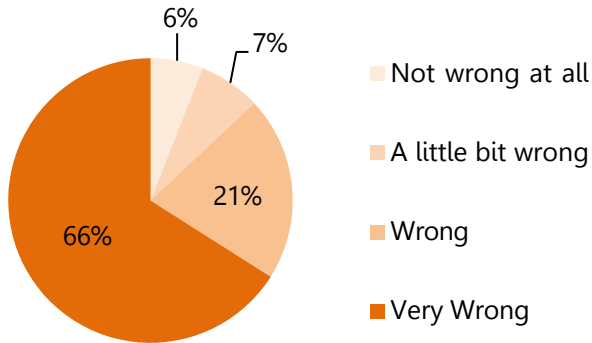
Perceived Great Risk of Substance Use

How much do you think people risk harming themselves if they:	Total	Male	Female	13 or younger	14-16 years old	17 or older
Have five or more alcoholic beverages once or twice a week	24%	17%	32%	28%	20%	25%
Smoke one or more pack of cigarettes per day	45%	42%	46%	44%	45%	42%
Use electronic vapor products every day	32%	31%	35%	39%	27%	31%
Smoke marijuana once or twice a week	25%	26%	25%	38%	18%	8%
Misuse prescription drugs	53%	48%	58%	54%	52%	50%

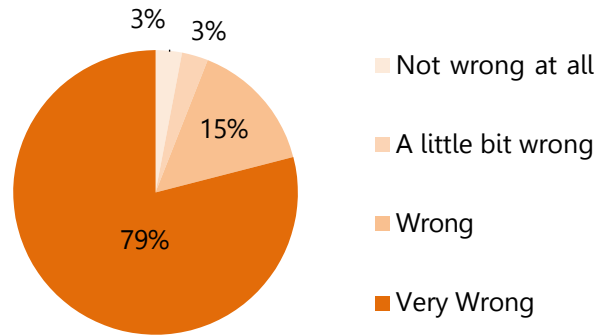
Surveyed Youth Perceptions of Degree of Disapproval by Parents

How wrong do your parents feel it would be for you to do the following:

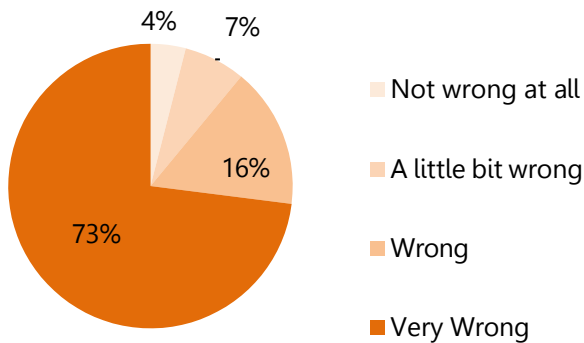
Have one or two drinks of an alcoholic beverage bearly every day



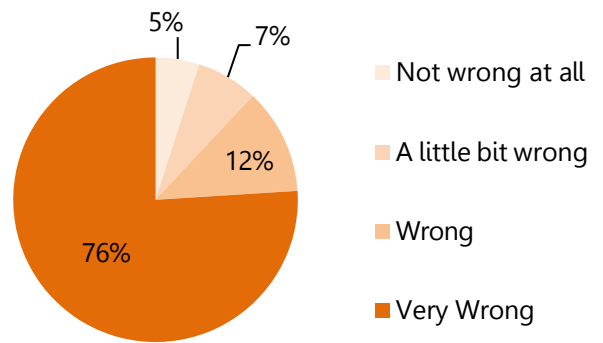
Smoke tobacco



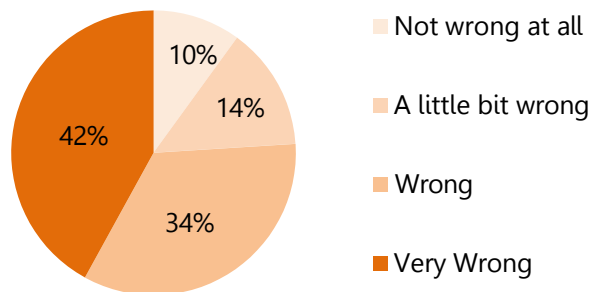
Use electronic vapor products



Smoke marijuana



Misuse prescription drugs



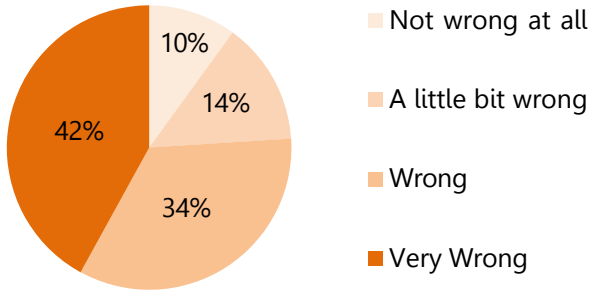
Perceived Degree of Great Disapproval by Parents

Parents feel it would be <u>very wrong</u> for you to do the following:	Total	Male	Female	13 or younger	14-16 years old	17 or older
Have one or two drinks of an alcoholic beverage nearly every day	66%	60%	73%	70%	66%	54%
Smoke tobacco	79%	74%	85%	81%	76%	80%
Use electronic vapor products	73%	69%	79%	79%	69%	72%
Smoke marijuana	76%	71%	82%	85%	71%	66%
Misuse prescription drugs	82%	79%	87%	80%	83%	84%

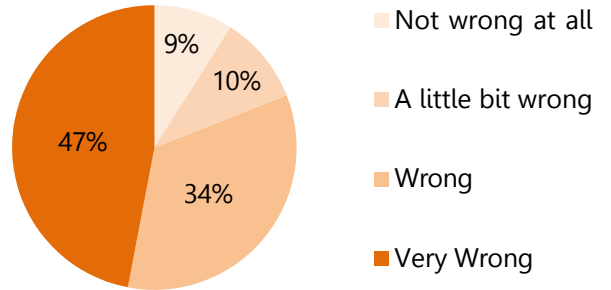
Surveyed Youth Perceptions of the Degree of Disapproval by Friends

How wrong do your friends feel it would be for you to do the following:

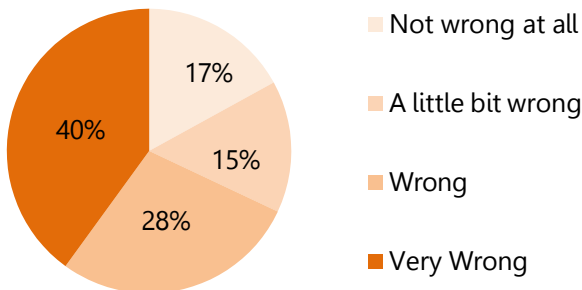
Have one or two drinks of an alcoholic beverage nearly every day



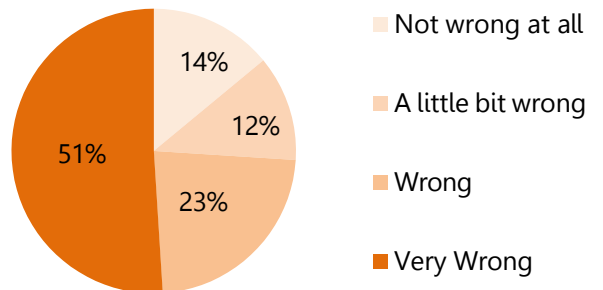
Smoke tobacco



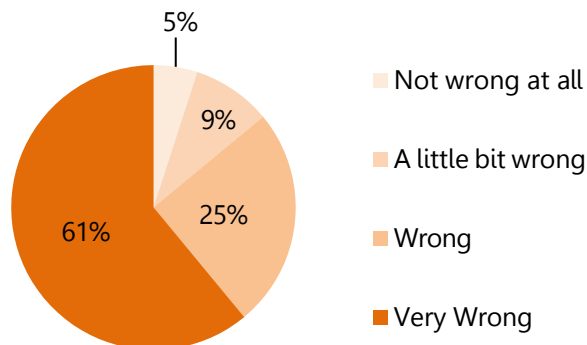
Use electronic vapor products



Smoke marijuana



Misuse prescription drugs



Perceived Degree of Great Disapproval by Friends

Friends feel it would be <u>very wrong</u> for you to do the following:	Total	Male	Female	13 or younger	14-16 years old	17 or older
Have one or two drinks of an alcoholic beverage nearly every day	42%	39%	45%	51%	40%	22%
Smoke tobacco	47%	46%	50%	59%	41%	30%
Use electronic vapor products	40%	42%	38%	53%	33%	23%
Smoke marijuana	51%	52%	50%	70%	42%	24%
Misuse prescription drugs	61%	60%	63%	64%	59%	59%

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
American Cancer Society	<ul style="list-style-type: none"> 2021 Cancer Facts, Figures, and Estimates 	https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2021.html
	<ul style="list-style-type: none"> Health Benefits of Quitting Smoking Over Time 	https://www.cancer.org/healthy/stay-away-from-tobacco/benefits-of-quitting-smoking-over-time.html
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul style="list-style-type: none"> 2018-2020 Adult Ohio and U.S. Correlating Statistics 	https://www.cdc.gov/brfss/index.html
Brady Campaign to Prevent Gun Violence	<ul style="list-style-type: none"> Victims of Gun Violence 	https://www.bradyunited.org/factsheets
Bureau of Economic Analysis (BEA)	<ul style="list-style-type: none"> Per Capita Personal Income (PCPI) Figures 	https://apps.bea.gov/iTable/index_regional.cfm
CDC, Arthritis	<ul style="list-style-type: none"> Key Public Health Messages 	https://www.cdc.gov/arthritis/about/key-messages.htm
	<ul style="list-style-type: none"> Risk Factors 	https://www.cdc.gov/arthritis/basics/risk-factors.htm
CDC, Asthma	<ul style="list-style-type: none"> Learn How to Control Asthma 	https://www.cdc.gov/asthma/faqs.htm
CDC, Diabetes	<ul style="list-style-type: none"> Types of Diabetes 	https://www.cdc.gov/diabetes/basics/diabetes.html
CDC; Healthy Weight, Nutrition, & Physical Activity	<ul style="list-style-type: none"> About Adult BMI 	https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html
CDC, Immunization Schedules	<ul style="list-style-type: none"> Recommended Adult Immunization Schedule by Age Group 	https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf
CDC, Influenza	<ul style="list-style-type: none"> Who Should & Who Should Not Get Vaccinated 	https://www.cdc.gov/flu/prevent/who-should-vax.htm
CDC, National Center for Health Statistics	<ul style="list-style-type: none"> Contraceptive Use 	https://www.cdc.gov/nchs/fastats/contraceptive.htm
	<ul style="list-style-type: none"> Men's Health, Fast Stats 	https://www.cdc.gov/nchs/fastats/mens-health.htm
	<ul style="list-style-type: none"> Symptoms of Depression Among Adults: United States, 2019 	https://www.cdc.gov/nchs/products/databriefs/db379.htm
	<ul style="list-style-type: none"> Women's Health, Fast Stats 	https://www.cdc.gov/nchs/fastats/womens-health.htm
CDC, National Center of Injury Prevention & Control	<ul style="list-style-type: none"> Adverse Childhood Experiences Prevention Strategy 	https://www.cdc.gov/injury/pdfs/priority/ACEs-Strategic-Plan_Final_508.pdf
CDC, Oral Health	<ul style="list-style-type: none"> Adult Oral Health 	https://www.cdc.gov/oralhealth/basics/adult-oral-health/index.html
CDC, Prostate Cancer	<ul style="list-style-type: none"> Prostate Cancer Awareness & Screening 	https://www.cdc.gov/cancer/prostate/basic_info/screening.htm

Source	Data Used	Website
CDC, Sexually Transmitted Disease Surveillance 2019	<ul style="list-style-type: none"> National Overview, Disparities in STDs, 2019 	https://www.cdc.gov/std/statistics/2019/overview.htm#:~:text=As%20in%20past%20years%2C%20there,adults%20aged%2015%2D24%20years
CDC, Smoking & Tobacco Use	<ul style="list-style-type: none"> Health Effects of Cigarette Smoking 	https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm
CDC, Wonder	<ul style="list-style-type: none"> About Underlying Cause of Death, 2017-2019 U.S. Leading Causes of Death, 2017-2019 	http://wonder.cdc.gov/ucd-icd10.html
CDC, Youth	<ul style="list-style-type: none"> Childhood Obesity Causes and Consequences High-Risk Substance Use Among Youth Preventing Teen Drinking and Driving Tobacco Use 	https://www.cdc.gov/obesity/childhood/causes https://www.cdc.gov/healthyyouth/substance-use/index.htm https://www.cdc.gov/vitalsigns/mobile-test/index.htm https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm
County Health Rankings, 2021	<ul style="list-style-type: none"> County Health Rankings 	https://www.countyhealthrankings.org/
Healthy People 2030: U.S. Department of Health & Human Services	<ul style="list-style-type: none"> All Healthy People 2030 Target Data Points Some U.S. Baseline Statistics 	https://health.gov/healthypeople
	<ul style="list-style-type: none"> Social Determinants of Health 	https://health.gov/healthypeople/objectives-and-data/social-determinants-health
Henry Kaiser Family Foundation	<ul style="list-style-type: none"> Key Facts about the Uninsured Population 	https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/#:~:text=Although%20only%202.8%25%20of%20uninsured,to%20coverage%20through%20their%20job.
National Association of County and City Health Officials (NACCHO)	<ul style="list-style-type: none"> Mobilizing Action through Partnerships and Planning (MAPP) process 	https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp
Ohio Automated Rx Reporting System (OARRS)	<ul style="list-style-type: none"> Tuscarawas County Number of Opiate and Pain Reliever Doses Per Patient Ohio Number of Opiate and Pain Reliever Doses Per Patient 	https://www.ohiopmp.gov/
	<ul style="list-style-type: none"> What is OARRS? 	https://www.ohiopmp.gov/About.aspx

Source	Data Used	Website
Ohio Department of Health	<ul style="list-style-type: none"> 2019 Ohio Drug Overdose Data: General Findings 	https://odh.ohio.gov/know-our-programs/violence-injury-prevention-program/media/2019+ohio+drug+overdose+report
	<ul style="list-style-type: none"> Sexually Transmitted Diseases Data & Statistics, 2016 - 2020 	https://odh.ohio.gov/know-our-programs/std-surveillance/data-and-statistics/sexually-transmitted-diseases-data-and-statistics
Ohio Department of Health, Public Health Data Warehouse	<ul style="list-style-type: none"> Tuscarawas County and Ohio Birth Statistics Tuscarawas County and Ohio Mortality Statistics Tuscarawas County Cancer Incidence Statistics 	https://publicapps.odh.ohio.gov/EDW/DataCatalog
Ohio Department of Job & Family Services, Office of Workforce Development: Bureau of Labor Market Information	<ul style="list-style-type: none"> Tuscarawas County and Ohio Employment Statistics 	https://ohiolmi.com/_docs/LAUS/OhioCivilianLaborForceEstimates1021.pdf
Ohio Department of Public Safety	<ul style="list-style-type: none"> 2020 Tuscarawas County and Ohio Crash Statistics 	https://ohtrafficdata.dps.ohio.gov/crashstatistics/home
Ohio State Health Assessment, 2019	<ul style="list-style-type: none"> Components of the 2019 State Health Assessment 	https://odh.ohio.gov/about-us/sha-ship/
Tuscarawas County Health Department Annual Report, 2021	<ul style="list-style-type: none"> Tuscarawas County Health Department Annual Report, 2021 	https://www.tchdnow.org/annual-reports-1940-present.html
U.S. Department of Agriculture Food Environment Atlas, County Health Rankings	<ul style="list-style-type: none"> Food Environment Index 	https://www.countyhealthrankings.org/
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> American Community Survey 5-year estimates, 2015-2019 Estimates Poverty Status in 2019 Federal Poverty Thresholds Ohio and Tuscarawas County 2019 Census Demographic Information Small Area Income and Poverty Estimates 	https://data.census.gov/cedsci/

Appendix II: Acronyms and Terms

AHS	Access to Health Services , Topic of Healthy People 2030 objectives
Adult	Defined as 19 years of age and older.
Age-Adjusted Mortality Rates	Death rate per 100,000 adjusted for the age distribution of the population.
Adult Binge Drinking	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
AOCBC	Arthritis, Osteoporosis, and Chronic Back Conditions
BMI	Body Mass Index is defined as the contrasting measurement/relationship of weight to height.
BRFSS	Behavior Risk Factor Surveillance System , an adult survey conducted by the CDC.
CDC	Centers for Disease Control and Prevention .
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
CY	Calendar Year
FY	Fiscal Year
HCNO	Hospital Council of Northwest Ohio
HDS	Heart Disease and Stroke , Topic of Healthy People 2030 objectives
HP 2030	Healthy People 2030 , a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
Health Indicator	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
High Blood Cholesterol	240 mg/dL and above
High Blood Pressure	Systolic \geq 140 and Diastolic \geq 90
IID	Immunizations and Infectious Diseases , Topic of Healthy People 2030 objectives
N/A	Data is not available.
NSCH	National Survey of Children's Health
ODH	Ohio Department of Health
OSHP	Ohio State Highway Patrol
OHYES!	Ohio Healthy Youth Environments Survey
Race/Ethnicity	Census 2010: U.S. Census data consider race and Hispanic origin separately. Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race." Data are presented as "Hispanic or Latino" and "Not Hispanic or Latino." Census 2010 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, "White alone" or "Black alone", means the respondents reported only one race.
Weapon	Defined in the YRBS as "a weapon such as a gun, knife, or club"
Youth	Defined as 12 through 18 years of age

YPLL/65

Years of Potential Life Lost before age 65. Indicator of premature death.

**Youth BMI
Classifications**

Underweight is defined as BMI-for-age \leq 5th percentile

Overweight is defined as BMI-for-age 85th percentile to $<$ 95th percentile.

Obese is defined as \geq 95th percentile.

YRBS

Youth Risk Behavior Survey, a youth survey conducted by the CDC

Appendix III: Methods for Weighting the 2021 Tuscarawas County Health Assessment Data

Data from sample surveys have the potential for bias if there are different rates of response for different segments of the population. In other words, some subgroups of the population may be more represented in the completed surveys than they are in the population from which those surveys are sampled. If a sample has 25% of its respondents being male and 75% being female, then the sample is biased towards the views of females (if females respond differently than males). This same phenomenon holds true for any possible characteristic that may alter how an individual responds to the survey items.

In some cases, the procedures of the survey methods may purposefully over-sample a segment of the population in order to gain an appropriate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2021 Tuscarawas County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Tuscarawas County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (White, Non-White), Age (8 different age categories), and income (7 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Tuscarawas County within the specific category and dividing that by the percent of the sample within that same specific category. Using sex as an example, the following represents the data from the 2021 Tuscarawas County Survey and the 2019 Census estimates.

2021 Tuscarawas Survey			2019 Census Estimates		Weight
<u>Sex</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	90	43.47826	45,476	49.25110	1.13278
Female	117	56.52174	46,859	50.74890	0.89787

In this example, it shows that there was a smaller portion of males in the sample compared to the actual portion in Tuscarawas County. The weighting for males was calculated by taking the percent of males in Tuscarawas County (based on Census information) (49.25110%) and dividing that by the percent found in the 2021 Tuscarawas County sample (43.47826%) [$49.25110 / 43.47826 =$ weighting of 1.13278 for males]. The same was done for females [$50.74890 / 56.52174 =$ weighting of 0.89787 for females]. Thus, males' responses are weighted greater by a factor of 1.13278 and females' responses weighted less by a factor of 0.89787.

This same thing was done for each of the 19 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the \$50-\$75k category would have an individual weighting of 1.18477 [0.897865 (weight for females) \times 1.00808 (weight for White) \times 1.50210 (weight for age 35-44) \times 0.87142 (weight for income \$50-\$75k)]. Thus, each individual in the 2018 Tuscarawas County sample has their own individual weighting based on their combination of age, race, sex, and income. See next page for each specific weighting and the numbers from which they were calculated.

Multiple sets of weightings were created and used in the statistical software package (SPSS 27.0) when calculating frequencies. For analyses done for the entire sample and analyses done based on subgroups other than age, race, sex, or income – the weightings that were calculated based on the product of the four weighting variables (age, race, sex, income) for each individual. When analyses were done comparing groups within one of the four weighting variables (e.g., smoking status by race/ethnicity), that specific variable was not used in the weighting score that was applied in the software package. In the example smoking status by race, the weighting score that was applied during analysis included only age, sex, and income. Thus, a total of eight weighting scores for each individual were created and applied depending on the analysis conducted. The weight categories were as follows:

1. **Total weight** (product of 4 weights) – for all analyses that did not separate age, race, sex, or income.
2. **Weight without sex** (product of age, race, and income weights) – used when analyzing by sex.
3. **Weight without age** (product of sex, race, and income weights) – used when analyzing by age.
4. **Weight without race** (product of age, sex, and income weights) – used when analyzing by race.
5. **Weight without income** (product of age, race, and sex weights) – used when analyzing by income.
6. **Weight without sex or age** (product of race and income weights) – used when analyzing by sex and age.
7. **Weight without sex or race** (product of age and income weights) – used when analyzing by sex and race.
8. **Weight without sex or income** (product of age and race weights) – used when analyzing by sex and income.

Category	Tuscarawas Sample	%	Tusc 2019 Census*	%	Weighting Value
Sex:					
Male	90	43.47826	45,476	49.25110	1.132775
Female	117	56.52174	46,859	50.74890	0.897865
Age:					
20 to 34 years	17	8.80829	15,972	23.05427	2.61734
35 to 44 years	20	10.36269	10,784	15.56582	1.50210
45 to 54 years	23	11.91710	11,579	16.71334	1.40247
55 to 59 years	14	7.25389	7,124	10.28291	1.41757
60 to 64 years	29	15.02591	6,067	8.75722	0.58281
65 to 74 years	63	32.64249	9,909	14.30283	0.43817
75 to 84 years	22	11.39896	5,341	7.70930	0.67632
85+ years	5	2.59067	2,504	3.61432	1.39513
Race:					
White	194	93.71981	87,235	94.47663	1.00808
Non-White	13	6.28019	5,100	5.52337	0.87949
Household Income:					
Less than \$25k	41	21.69312	7,796	21.30637	0.98217
\$25k to \$35k	18	9.52381	3,854	10.53293	1.10596
\$35k to \$50k	33	17.46032	5,608	15.32659	0.87780
\$50k to \$75k	44	23.28042	7,423	20.28696	0.87142
\$75k to \$100k	21	11.11111	5,250	14.34818	1.29134
\$100k to \$150k	13	6.87831	4,501	12.30118	1.78840
\$150k or more	19	10.05291	2,158	5.89779	0.58667
<p>Note: The weighting ratios are calculated by taking the ratio of the proportion of the population of Tuscarawas County in each subcategory by the proportion of the sample in the Tuscarawas County survey for that same category.</p> <p>*Tuscarawas County population figures taken from the 2019 Census estimates.</p>					

Appendix IV: Tuscarawas County Sample Demographic Profile*

Adult Variable	2021 Adult Survey Sample	2018 Adult Survey Sample	Tuscarawas County Census 2015-2019 (5-year estimate)
Age			
20-29	1.9%	12.6%	11.6%
30-39	9.1%	21.3%	12.3%
40-49	13.5%	13.1%	11.1%
50-59	11.1%	19.3%	14.2%
60 plus	57.2%	30.3%	25.8%
Gender			
Male	56.3%	47.6%	49.3%
Female	43.3%	52.4%	50.7%
Race/Ethnicity			
White	96.6%	95.6%	96.6%
Black or African American	0.5%	0.2%	0.7%
American Indian or Alaskan Native	4.3%	3.4%	0.2%
Native Hawaiian/Other Pacific Islander	0.2%	0.2%	0.0%
Asian	0.5%	0.4%	0.4%
Other	0.5%	1.6%	0.1%
Hispanic Origin (may be of any race)	0.5%	0.8%	2.8%
Marital Status†			
Married	55.8%	61.4%	54.1%
Never been married/member of an unmarried couple	10.1%	15.7%	25.7%
Divorced/Separated	17.8%	14.0%	13.0%
Widowed	15.4%	8.8%	7.2%
Education†			
Less than High School Diploma	8.6%	6.0%	14.1%
High School Diploma	34.1%	35.9%	44.7%
Some college/College graduate	56.3%	58.2%	41.3%
Income (Families)			
\$14,999 and less	5.2%	17.7%	5.3%
\$15,000 to \$24,999	14.5%	3.8%	7.7%
\$25,000 to \$49,999	24.6%	22.7%	23.5%
\$50,000 to \$74,999	21.2%	19.7%	21.9%
\$75,000 or more	21.2%	28.1%	41.8%

*The percents reported are the actual percent within each category who responded to the survey. The data contained within the report however are based on weighted data (weighted by age, race, sex, and income). Percents may not add to 100% due to missing data (non-responses) or multiple responses.

†The Ohio and Tuscarawas County Census percentages are slightly different than the percent who responded to the survey. Marital status is calculated for those individuals 15 years and older. Education is calculated for those 25 years and older.

Adult Variable	2021 Adult Survey Sample	2018 Adult Survey Sample	2015 Adult Survey Sample
Zip Codes			
43804	2.4%	N/A	N/A
43832	8.3%	8.4%	N/A
43837	3.4%	3.0%	N/A
43840	1.0%	N/A	N/A
43845	N/A	0.2%	N/A
44612	3.9%	4.9%	N/A
44613	N/A	0.2%	N/A
44621	8.7%	6.8%	N/A
44622	30.1%	21.1%	N/A
44629	1.5%	1.3%	N/A
44656	3.9%	3.4%	N/A
44663	15.0%	27.0%	N/A
44670	N/A	0.0%	N/A
44671	0.5%	0.4%	N/A
44675	N/A	4.2%	N/A
44680	5.3%	6.3%	N/A
44681	5.8%	N/A	N/A
44682	0.0%	1.1%	N/A
44683	5.8%	7.8%	N/A
44695	N/A	1.5%	N/A
44699	0.0%	0.2%	N/A

N/A – Not Available

**The percents reported are the actual percent within each category who responded to the survey. The data contained within the report however are based on weighted data (weighted by age, race, sex, and income). Percents may not add to 100% due to missing data (non-responses) or multiple responses.*

TUSCARAWAS COUNTY PROFILE

(Source: U.S. Census Bureau, 2019)
2015-2019 ACS estimates

General Demographic Characteristics

	Number	Percent (%)
Total Population		
2019 Total Population	92,335	100%
Largest City – New Philadelphia		
2019 Total Population	17,446	100%
Population by Race/Ethnicity		
Total Population	92,335	100%
White	90,851	98.4%
African American	1,789	1.9%
American Indian and Alaska Native	547	0.6%
Asian	536	0.6%
Native Hawaiian/Other Pacific Islander	69	0.1%
Some other race	460	0.5%
Two or more races	1,826	2.0%
Hispanic or Latino (of any race)	2,612	2.8%
Population by Age		
Under 5 years	5,767	6.2%
5 to 14 years	11,534	12.5%
15 to 24 years	10,991	11.9%
25 to 44 years	21,519	23.3%
45 to 59 years	18,703	20.2%
65 years and over	17,754	19.2%
Median age (years)	41.0	N/A
Household by Type		
Total households	36,631	100%
Households with own children <18 years	9,647	26.3%
Married-couple family household	19,418	53.0%
Married-couple family household with children <18 years	6,898	18.8%
Female householder, no spouse present	3,339	9.1%
Female householder, no spouse present with children <18 years	1,862	5.1%
Nonfamily household (single person) living alone	10,186	27.8%
Nonfamily household (single person) 65 years and over	5,099	13.9%
Households with one or more people <18 years	10,952	29.9%
Households with one or more people 60 years and >	16,081	43.9%
Average household size	2.49 people	N/A
Average family size	3.04 people	N/A

General Demographic Characteristics, Continued

Housing Occupancy		
Median value of owner-occupied units	\$132,100	N/A
Median housing units with a mortgage	\$1,122	N/A
Median housing units without a mortgage	\$421	N/A
Median value of occupied units paying rent	\$772	N/A
Median rooms per total housing unit	5.9	N/A
Total occupied housing units	36,631	100%
No telephone service available	778	2.1%
Lacking complete kitchen facilities	570	1.6%
Lacking complete plumbing facilities	109	0.3%
Total household with a computer	31,024	84.7%
Total households with a broadband internet subscription	27,573	75.3%

Selected Social Characteristics

School Enrollment		
Population 3 years and over enrolled in school	18,898	100%
Nursery & preschool	1,050	5.6%
Kindergarten	903	4.8%
Elementary School (Grades 1-8)	9,323	49.3%
High School (Grades 9-12)	4,554	24.1%
College or Graduate School	3,068	16.3%
Educational Attainment		
Population 25 years and over	64,043	100%
< 9 th grade education	3,640	5.7%
9 th to 12 th grade, no diploma	5,353	8.4%
High school graduate (includes equivalency)	28,618	44.7%
Some college, no degree	10,783	16.8%
Associate degree	4,536	7.1%
Bachelor's degree	7,142	11.2%
Graduate or professional degree	3,971	6.2%
High school graduate or higher	55,050	86.0%
Bachelor's degree or higher	7,142	11.2%
Marital Status		
Population 15 years and over	75,034	100%
Now married, excluding separated	40,593	54.1%
Never married	19,283	25.7%
Divorced	8,779	11.7%
Divorced females	4,952	6.6%
Widowed	5,402	7.2%
Widowed females	3,954	5.3%
Separated	975	1.3%
Language Spoken at Home		
Population 5 years and over	86,568	100%
Only English	79,908	92.3%
Language other than English	6,660	7.7%
Other Indo-European languages	4,587	5.3%
Spanish	1,894	2.2%
Asian and Pacific Island languages	79	0.1%
Other languages	100	0.1%

Selected Social Characteristics, Continued

Veteran Status		
Civilian population 18 years and over	71,211	100%
Veterans 18 years and over	5,858	8.2%
Disability Status of the Civilian Non-Institutionalized Population		
Total civilian noninstitutionalized population	91,336	100%
Civilian with a disability	13,158	14.4%
Under 18 years	21,054	100%
Under 18 years with a disability	850	4.0%
18 to 64 years	53,214	100%
18 to 64 years with a disability	6,611	12.4%
65 Years and over	17,098	100%
65 Years and over with a disability	5,697	33.3%

Selected Economic Characteristics

Employment Status		
Population 16 years and over	73,768	100%
16 years and over in labor force	45,983	62.3%
16 years and over not in labor force	27,785	37.7%
Females 16 years and over	37,824	--
Females 16 years and over in labor force	21,014	55.6%
Population living with own children <6 years	6,365	--
All parents in family in labor force	3,912	61.5%
Population living with own children 6-to-17 years	13,421	--
All parents in family in labor force	8,898	66.3%
Class of Worker		
Civilian employed population 16 years and over	44,023	100%
Private wage and salary workers	37,209	84.5%
Government workers	4,317	9.8%
Self-employed in own not incorporated business workers and unpaid family workers	2,497	5.6%
Occupations		
Employed civilian population 16 years and over	44,023	100%
Management, business, science, and art occupations	12,166	27.6%
Sales and office occupations	8,306	18.9%
Service occupations	7,561	17.2%
Natural resources, construction, and maintenance occupations	4,581	10.7%
Production, transportation, and material moving occupations	4,378	9.9%

Selected Economic Characteristics, Continued

Leading Industries		
Employed civilian population 16 years and over	44,023	100%
Manufacturing	10,461	23.8%
Educational services, health care, and social assistance	9,367	21.3%
Retail trade	4,923	11.2%
Arts, entertainment, recreation, accommodation, and food services	3,757	8.5%
Professional, scientific, management, administrative, and waste management services	2,938	6.7%
Construction	2,695	6.1%
Transportation and warehousing, and utilities	2,226	5.1%
Other services (except public administration)	1,952	4.4%
Finance, insurance, real estate and rental and leasing	1,483	3.4%
Agriculture, forestry, fishing and hunting, and mining	1,396	3.2%
Public administration	1,321	3.0%
Wholesale trade	918	2.1%
Information	586	1.3%
Income In 2019		
Households	36,788	100%
< \$10,000	2,200	6.0%
\$10,000 to \$14,999	1,497	4.1%
\$15,000 to \$24,999	3,768	10.2%
\$25,000 to \$34,999	4,324	11.8%
\$35,000 to \$49,999	5,065	13.8%
\$50,000 to \$74,999	8,250	22.4%
\$75,000 to \$99,999	5,306	14.4%
\$100,000 to \$149,999	4,739	12.9%
\$150,000 to \$199,999	715	1.9%
\$200,000 or more	924	2.5%
Median household income (dollars)	\$53,616	N/A
Income in 2019		
Families	23,917	100%
< \$10,000	1,041	4.4%
\$10,000 to \$14,999	165	0.7%
\$15,000 to \$24,999	1,449	6.1%
\$25,000 to \$34,999	2,059	8.6%
\$35,000 to \$49,999	3,823	16.0%
\$50,000 to \$74,999	6,209	26.0%
\$75,000 to \$99,999	4,310	18.0%
\$100,000 to \$149,999	3,408	14.2%
\$150,000 to \$199,999	765	3.2%
\$200,000 or more	688	2.9%
Median family income (dollars)	\$64,420	N/A
Per capita income (dollars)	\$27,251	N/A
Poverty Status in 2019		
All families	N/A	7.8%
All people	N/A	11.7%

(Source: U.S. Census Bureau, 2019)

Bureau of Economic Analysis (BEA) Per Capita Personal Income (PCPI) Figures

	Income	Rank of Ohio Counties
BEA Per Capita Personal Income 2020	\$47,937	39 th of 88 counties
BEA Per Capita Personal Income 2019	\$45,039	36 th of 88 counties
BEA Per Capita Personal Income 2018	\$43,952	37 th of 88 counties
BEA Per Capita Personal Income 2017	\$41,863	36 th of 88 counties
BEA Per Capita Personal Income 2016	\$40,362	36 th of 88 counties

(Source: Bureau of Economic Analysis, https://apps.bea.gov/iTable/index_regional.cfm)

Note: BEA PCPI figures are greater than Census figures for comparable years due to deductions for retirement, Medicaid, Medicare payments, and the value of food stamps, among other things

Poverty Rates, 2015-2019 5-year averages

Category	Tuscarawas County	Ohio
Population in poverty	12.8%	14.0%
< 125% FPL (%)	17.7%	17.7%
< 150% FPL (%)	21.7%	21.8%
< 200% FPL (%)	33.5%	30.3%

(Source: U.S. Census Bureau, 2015-2019 ACS 5-year estimates)

Employment Statistics

Category	Tuscarawas County	Ohio
Labor Force	43,000	5,681,800
Employed	41,600	5,485,600
Unemployed	1,400	196,200
Unemployment Rate* in November 2021	3.3	3.5
Unemployment Rate* in October 2021	3.7	3.8
Unemployment Rate* in November 2020	4.1	4.9

*Rate equals unemployment divided by labor force.

(Source: Ohio Department of Job and Family Services, February 2021, <https://ohiolmi.com/Home/RateMapArchive>)

Estimated Poverty Status in 2019

Age Groups	Number	90% Lower Confidence Interval	90% Upper Confidence Interval	Percent	90% Lower Confidence Interval	90% Upper Confidence Interval
Tuscarawas County						
All ages in poverty	10,162	8,261	12,063	11.2%	9.1	13.3
Ages 0-17 in poverty	3,225	2,413	4,037	15.8%	11.8	19.8
Ages 5-17 in families in poverty	2,046	1,404	2,688	13.9%	9.5	18.3
Median household income	\$54,150	\$50,954	\$57,347			
Ohio						
All ages in poverty	1,474,285	1,449,452	1,499,118	13.0	12.8	13.2
Ages 0-17 in poverty	458,134	443,797	472,471	18.1	17.5	18.7
Ages 5-17 in families in poverty	306,068	293,671	318,465	16.6	15.9	17.3
Median household income	\$58,704	\$58,147	\$59,261			
United States						
All ages in poverty	39,490,096	39,248,096	39,732,096	12.3	12.2	12.4
Ages 0-17 in poverty	12,000,470	11,865,995	12,134,945	16.8	16.6	17.0
Ages 5-17 in families in poverty	8,258,906	8,160,650	8,357,162	15.8	15.6	16.0
Median household income	\$65,712	\$65,594	\$65,830			

(Source: U.S. Census Bureau, 2019 Poverty and Median Income Estimates, <https://www.census.gov/data/datasets/2019/demo/saipe/2019-state-and-county.html>)

Federal Poverty Thresholds in 2020 by Size of Family and Number of Related Children Under 18 Years of Age

Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children
1 Person <65 years	\$ 13,465					
1 Person 65 and >	\$ 12,413					
2 people Householder < 65 years	\$ 17,331	\$17,839				
2 People Householder 65 and >	\$15,644	\$17,771				
3 People	\$20,244	\$20,832	\$20,852			
4 People	\$26,695	\$27,131	\$26,246	\$26,338		
5 People	\$32,193	\$32,661	\$31,661	\$30,887	\$30,414	
6 People	\$37,027	\$37,174	\$36,408	\$35,674	\$34,582	\$33,935
7 People	\$42,605	\$42,871	\$41,954	\$41,314	\$40,124	\$38,734
8 People	\$47,650	\$48,071	\$47,205	\$46,447	\$45,371	\$44,006
9 People or >	\$57,319	\$57,597	\$56,831	\$56,188	\$55,132	\$53,679

(Source: U. S. Census Bureau, Poverty Thresholds 2020, <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>)

Appendix VI: 2021 County Health Rankings

	Tuscarawas County	Ohio	U.S.
Health Outcomes			
Premature death. Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2017-2019)	7,500	8,500	6,900
Overall health. Percentage of adults reporting fair or poor health (age-adjusted) (2018)	20%	18%	17%
Physical health. Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2018)	4.3	4.1	3.7
Mental health. Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2018)	4.8	4.8	4.1
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2013-2019)	7%	9%	8%
Health Behaviors			
Tobacco. Percentage of adults who are current smokers (2018)	25%	21%	17%
Obesity. Percentage of adults that report a BMI of 30 or more (2017)	35%	34%	30%
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2015 & 2018)	7.6	6.8	7.8
Physical inactivity. Percentage of adults aged 20 and over reporting no leisure-time physical activity (2017)	26%	26%	23%
Active living environment. Percentage of population with adequate access to locations for physical activity (2010 & 2019)	70%	84%	84%
Excessive drinking. Percentage of adults reporting binge or heavy drinking (2018)	20%	18%	19%
Drug and alcohol abuse and injury. Percentage of driving deaths with alcohol involvement (2015-2019)	35%	32%	27%
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2018)	287.1	542.3	539.9
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19 (2013-2019)	31	22	21

(Source: 2021 County Health Rankings for Tuscarawas County, Ohio and U.S. data)

	Tuscarawas County	Ohio	U. S.
Clinical Care			
Coverage and affordability. Percentage of population under age 65 without health insurance (2018)	9%	8%	10%
Access to health care/medical care. Ratio of population to primary care physicians (2018)	2,490:1	1,300:1	1,320:1
Access to dental care. Ratio of population to dentists (2019)	2,360:1	1,560:1	1,400:1
Access to behavioral health care. Ratio of population to mental health providers (2020)	630:1	380:1	380:1
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2018)	4,341	4,901	4,236
Mammography screening. Percentage of female Medicare enrollees ages 67-69 that receive mammography screening (2018)	38%	43%	42%
Flu vaccinations. Percentage of Medicare enrollees that had an annual flu vaccination (2018)	42%	51%	48%
Social and Economic Environment			
Education. Percentage of ninth-grade cohort that graduates in four years (2015-2019)	86%	90%	88%
Education. Percentage of adults ages 25-44 years with some post-secondary education (2015-2019)	49%	66%	66%
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work (2019)	4.3%	4.1%	3.7%
Employment, poverty, and income. Percentage of children under age 18 in poverty (2019)	16%	18%	17%
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile (2015-2019)	4.1	4.7	4.9
Family and social support. Percentage of children that live in a household headed by single parent (2015-2019)	17%	27%	26%
Family and social support. Number of membership associations per 10,000 population (2018)	17.5	11.0	9.3
Violence. Number of reported violent crime offenses per 100,000 population (2014 & 2016)	47	293	386
Injury. Number of deaths due to injury per 100,000 population (2015-2019)	75	91	72

(Source: 2021 County Health Rankings for Tuscarawas County, Ohio and U.S. data)

	Tuscarawas County	Ohio	U.S.
Physical Environment			
Air, water, and toxic substances. Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2016)	9.4	9.0	7.2
Air, water, and toxic substances. Indicator of the presence of health-related drinking water violations. Yes - indicates the presence of a violation, No - indicates no violation (2019)	No	N/A	N/A
Housing. Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (2013-2017)	12%	14%	18%
Transportation. Percentage of the workforce that drives alone to work (2015-2019)	84%	83%	76%
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2015-2019)	27%	31%	37%

*(Source: 2021 County Health Rankings for Tuscarawas County, Ohio and U.S. data)
N/A – Data is not available*

Appendix VII: 2022 County Health Rankings

2022 County Health Rankings Tuscarawas County



Public Health
PREVENT. PROMOTE. PROTECT.

Tuscarawas County Health Department

The Rankings help us understand what influences how long and how well we live.

Health Outcomes Overall Rank

Tuscarawas County

34 out of 88 counties

Top 5 Ohio Counties

1. Delaware
2. Warren
3. Geauga
4. Medina
5. Putnam

Health Factors Overall Rank

Tuscarawas County

42 out of 88 counties

Top 5 Ohio Counties

1. Delaware
2. Warren
3. Union
4. Medina
5. Putnam

What are Health Outcomes?

- **Length of Life**
 - Premature death (years of potential life lost before age 75)
- **Quality of Life**
 - Self-reported health status
 - Percent of low-birth-weight newborns

Health Outcome Rank	2022	2021	2020	2019	2018
Tuscarawas County	34	26	18	23	28

The 5-year average health outcomes rank for Tuscarawas County is 25.8.

The 2022 ranking of 34 is the **worst** ranking received by Tuscarawas County for health outcomes in the last 5 years.

No significant long-term trend was found in Tuscarawas County for premature deaths; however, the trend has worsened in recent years.

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

What are Health Factors?

- **Health Behaviors**
 - Tobacco use
 - Diet & exercise
 - Alcohol & drug use
 - Sexual activity
- **Clinical Care**
 - Access to care
 - Quality of care
- **Social & Economic Factors**
 - Education
 - Employment & income
 - Family & social support
 - Community safety
- **Physical Environment**
 - Air & water quality
 - Housing & transit

Health Factors Rank	2022	2021	2020	2019	2018
Tuscarawas County	42	46	42	48	49

The 5-year average health factor rank for Tuscarawas County is 45.4.

The 2022 ranking of 42 is one of the **best** rankings received by Tuscarawas County in health factors in the last 5 years.

2022 Health Outcomes Data for Tuscarawas County

	Tuscarawas County	Ohio	Local Trend
Life Expectancy	76.6	76.5	No significant trend changes

2022 Health Factors Data for Tuscarawas County

	Tuscarawas County	Ohio	Local Trend
Health Behaviors			
Adult Smoking	24%	22%	Unable to compare data
Adult Obesity	38%	35%	No significant trend changes
Alcohol Impaired Driving Deaths	37%	33%	No significant trend changes
Sexually Transmitted Infections	288.1 (Rate per 100,000)	559.4 (Rate per 100,000)	Local trend is worsening
Clinical Care			
Uninsured	10%	8%	The long-term trend is getting better; however, the trend has worsened in recent years.
Primary Care Physicians	2,630:1 (Ratio of population to every 1 physician)	1,290:1 (Ratio of population to every 1 physician)	Local trend is worsening
Dentist	2,350:1 (Ratio of population to every 1 dentist)	1,570:1 (Ratio of population to every 1 dentist)	Local trend is improving
Mental Health Providers	570:1 (Ratio of population to every 1 provider)	350:1 (Ratio of population to every 1 provider)	Unable to compare data
Flu Vaccinations	41%	51%	Local trend is improving
Social & Economic Factors			
Children in Poverty	14%	17%	No significant long-term trend was found, but the trend has improved in recent years.
Unemployment	7.6%	8.1%	No significant trend changes
Physical Environment			
Air Pollution - particulate matter	9.0	9.0	Local trend is improving
Severe Housing Problems	12%	13%	Unable to compare data

More information can be found at: www.countyhealthrankings.org

Appendix VIII: Tuscarawas County Resource Inventory

Key resources to address the community health needs will be sourced from the following Tuscarawas County organizations that include private, non-profit, and public sector organizations and programs as well as informal coalitions:

- Access Transit & Bridges to Wellness HUB
- Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board
- Allied Machine and Engineering
- Cleveland Clinic Union Hospital
- Community Hospice
- COMPASS
- East Central Ohio Educational Service Center
- Empower Tusc
- Friends of the Homeless of Tuscarawas County
- Healthy Tusc
- New Philadelphia City Health Department
- Ohio Guidestone
- Ohio Mid-Eastern Governments Association
- OSU Extension
- Puentes (formerly known as Latino ONE)
- SpringVale Health Centers
- T4C
- TUFF Bags
- Tuscarawas Area Counselor Association
- Tuscarawas Clinic for the Working Uninsured
- Tuscarawas County Commissioners
- Tuscarawas County Convention and Visitors Bureau
- Tuscarawas County Economic Development Corporation
- Tuscarawas County Health Department
- Tuscarawas County Homeland Security & Emergency Management Agency
- Tuscarawas County Senior Center
- Tuscarawas County Sheriff's Office
- Tuscarawas County YMCA
- Tuscarawas Valley Farmers Market
- Twin City Medical Center
- United Way of Tuscarawas County

Appendix IX: 2021/22 Community Stakeholder Perceptions

In May 2022, Healthy Tusc released the 2021 Tuscarawas County Community Health Needs Assessment (CHNA) to the public through release in the media in Tuscarawas County. The data was released through placement on social media pages for Healthy Tusc member organizations, through YouTube, and through reaching out to Tuscarawas County employers and leaders from all major sectors. Respondents to the community perceptions survey and the community health improvement plan survey include representatives from the following sectors:

- Access Tusc
- ADAMHS Board of Tuscarawas and Carroll Counties
- Child/maternal health sector
- Chiropractic physician
- Cleveland Clinic Union Hospital
- Community organizer
- County Commissioner
- Dental care sector
- Education sector
- Environmental health sector
- Finance sector
- Health care sector
- New Philadelphia City Health Department
- Non-profit sector
- OhioGuidestone
- PUENTES (formerly known as Latino ONE)
- Public health sector
- SpringVale Health Center
- Transportation sector
- Twin City Medical Center
- Tuscarawas Clinic for the Working Uninsured
- Tuscarawas County Convention & Visitors Bureau
- Tuscarawas County Economic Development Corporation
- Tuscarawas County Health Department
- Tuscarawas County Mobility Management
- Tuscarawas County YMCA
- Tuscarawas Valley Farmers Markets
- Tusco Display
- United Way of Tuscarawas County

Those who viewed the report and/or video presentation were directed to submit feedback via an electronic survey platform – SurveyMonkey. Results of the participant feedback are included below:

1) What surprised you the most?

- Low responses to survey (2)
- Large gap in health disparities based on income.
- The number of children offered drugs on school property. That so many illnesses and diseases are higher in incomes less than \$25,000.
- In general, some of the statistics in the county were higher than the state or national averages.
- How many parents and peers aren't disapproving of tobacco, alcohol, etc use by teens.
- Overall, it seems the statistics are better than I might have expected.
- I expected drug use numbers and mental health numbers to be higher.
- Routine dental health visits despite having insurance for such services; the low percentage of school participation/input; insurance restrictions for local services at 12%; 19% seeking services elsewhere because of dissatisfaction.
- That Tusc Co numbers were lower than the state and national average.
- Gambling numbers seem high.
- The rate of overweight/obese adults. It is surprising so many adults are overweight/ obese but yet a majority of the youth population is not.
- Demographics and type of community services available locally.
- The percentage of youth that vape.
- That there are 13 % of adults that do not have health insurance.
- That heart disease, obesity, and diabetes remain the highest illnesses in the county.
- The women's health numbers were so low.
- The number of girls who use alcohol.
- Obesity rates.
- Communicable diseases.
- Sexually transmitted infections.

2) What would you like to see covered in the report next time?

- More women's health data.
- Percentage of drug use.
- COVID-19.
- Sexual behavior.
- Increase in participation.
- Stroke data.
- Spine related issues.
- Dental.
- Need more participation by the schools to better access youth health or at least determine the barriers to their participation; start assessing the amount of sleep residents are getting.
- Attitudes about Public Health.
- Numbers from JFS regarding abuse of school aged children.
- More food insecurity questions.
- Community goals and improvements.

3) What will your organization do with this data?

- Create a community health improvement plan
- Provide more information in the areas of most need to the community we serve
- Revisit the youth statistics for their impact on our work.
- 19% seeking healthcare outside of Tuscarawas County due to dissatisfaction is very concerning. 46% say they rely on or seek out doctor's office when concerned about their health. I know the ratio of physician/licensed independent practitioner to # of residents have improved but is there a connection between the 46% and the 19%?
- Plan programs.
- We would look at the gaps in service and look to provide funding for programs to meet these needs.
- Provide nursing care to the community and know our audience/census.
- The data will help us know what areas we need to further educate the public and assist them.
- This data is essential to address the needs of the community we serve. This data is also used to support grant requests and plan initiatives.
- Provide screening services and programs to help with decreasing the number of community members who develop these conditions.
- Work with leadership to enhance women's services.
- Better understanding of the awareness and issues.

4) Based on the Community Health Needs Assessment, what health topics do you see as the most important? Please list 2 or more choices.

- Obesity/overweight (10)
- Smoking (8)
- Mental health (6)
- Drugs (6)
- Alcohol consumption (4)
- Diabetes (3)
- Cardiovascular/heart disease/hypertension (3)
- Access to affordable health care (2)
- Dental care
- Women's health
- Food insecurity
- Nutrition
- Infection prevention
- Screenings
- Vaping
- Exercise levels
- Vaccinations
- Bullying among youth
- More support and services for low-income individuals
- Abusive data (i.e., sexual, domestic, substance)

5) Are there any groups or agencies you think would be valuable resources or partners to work towards the above health issues you identified?

- Health department (4)
- Hospitals (3)
- Mental Health facilities (2)
- ADAMHS board
- Healthy Tusc
- Schools
- Local doctors' offices
- Weight Watchers
- Anti-tobacco coalition
- The Working Uninsured
- There are plenty of community agencies that can provide mental health and suicide prevention resources.
- Rehab facilities
- Employers who provide insurance coverage would be good partners because they want healthy employees to decrease their costs
- The backpack food programs and food pantries. A very of partners-- law and school officials, social service providers
- Union hospital teaching diet education classes, or at the YMCA of Health department
- We need cardiology services besides consultation in this county - we need a cath lab

6) What are some barriers that your community organization may face regarding the issues you identified?

- Individual desire to change behaviors to increase their health.
- Lack of funding and staff to offer additional supports and services.
- Health and dental insurance.
- Perceived negative stigma can be issues with accessing mental health and suicide. prevention services. False science claims and politicization are huge issues with vaccines.
- Funding and trained staff.
- No sense of urgency to change amongst residents.
- Distrust of public health.
- Adults still believe that kids should just get over it (whatever it is) instead of discussing today's issues/problems.
- Findings programs to help provide the services.
- Language barrier, mostly in school with those speaking Spanish.
- People struggle with low incomes, and they don't have a good support group.
- Patient engagement in these activities.
- Change in the behaviors of the high-risk groups.
- Monetary.
- Have enough counselors, either school based or clinal based, to deal with the issues.
- Oral hygiene.

7) In your opinion, what is the best way to communicate the information for the Community Health Needs Assessment to the rest of the public?

- Social media (10)
- Mailers (3)
- Websites/internet (3)
- Newspaper (3)
- Radio (2)
- Town hall style meetings (2)
- Surveys to people's homes
- Times reporter
- Email
- News media

8) Were you and/or your family affected by the COVID-19 pandemic? If so, how? Please provide specific examples.

- Family members became ill with COVID
- Yes - my children's education was affected, loss of senior memorable moments, loss of my own college graduation.
- Yes - isolation, scarcity of available products, social interaction and anxiety over the unknown
- Yes - we lost 3 close family members.
- I am a frontline healthcare provider and COVID is part of every shift I work with exposure and transmission risks. Disruption in education location and format affected my family.
- Yes. My entire family had COVID prior to the vaccine coming out. I had a daughter that was in the class of 2020 and missed out on so much. It put added stress on me as a parent to try to make up for things she was missing out on. My son was laid off due to lack of orders. I had to navigate a family hospital stay and funeral with visitation and funeral rules (death not COVID related). I work in the healthcare field, and I honestly do not know how I managed the last two years.
- Yes - family members hospitalized for over 6 weeks. No loss of employment. Family members had educational experience moved to online for a period of time.
- Yes - my mom and I both had COVID. She had COVID that affected her breathing.
- Some of my family temporarily got their hours reduced at work, but everything is back to normal now.
- Yes - still going through some hard times. With everything in daily life going up in price it makes us struggle to provide for ourselves and our kids.
- One family member had a mild COVID case (was vaccinated and boosted). Economic impact was severe.
- Schools and colleges with restrictions
- Health care demands
- Yes - of course - as a bedside provider that has moved into health management there are very few segments of my life that were unaffected.
- Forced to get a vaccine to travel last summer, then became infected with the virus last year. Other than that, no other afflictions.
- Work related.

9) Please indicate your industry/vocation (e.g., finance, education, community volunteer, etc.)

- Health care (10)
- Education (5)
- Finance
- Community organizer
- Chiropractic physician
- Dental care
- Environmental health
- Non-profit
- Child/maternal health
- Transportation
- Public health

10) Other comments or concerns:

- Statistics prove that the overall health of county residents is directly related to income. Therefore, a strong economy is vital to our well-being.
- That is a wealth of data and quite a lot to process. Thank you.
- Prevention is the key to health & longevity, but such strategies are overlooked, underfunded and ignored until health is in crisis in the U.S. Tusc. County is at higher risk for health in crisis because of lower socioeconomic and education

Appendix X: 2022-2025 Community Health Improvement Plan (CHIP) - Key Issues

Healthy Tusc reviewed the 2021 Tuscarawas County Health Needs Assessment. Healthy Tusc and its member organizations, including Cleveland Clinic Union Hospital and Twin City Medical Center, solicited and took into account input from all of the following when prioritizing the needs for the Tuscarawas County community: Tuscarawas County Health Department, New Philadelphia City Health Department, all Healthy Tusc member organizations as cited on page two of this report, and members and representatives of medically underserved, low-income and minority populations. The detailed primary data for each individual priority area can be found in the section it corresponds to. Each organization completed an “Identifying Key Issues and Concerns” worksheet. The following tables were the group results.

What are the most significant health issues or concerns identified in the 2021 health needs assessment report? Examples of how to interpret the information include: 13% of adults were uninsured, increasing to 15% of those ages 19-64 years old.

Adult Key Issues

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Adult Mental Health (11 votes)			
Adults who felt sad or hopeless for 2 or more weeks in a row in the past 12 months	8%	Age: 19-64 (9%) Income: <\$25K (11%)	Females (10%)
Adults who seriously considered attempting suicide in the past 12 months	1%	N/A	N/A
Adults who made a plan about attempting suicide in the past 12 months	2%	N/A	N/A
Adult Weight Status (10 votes)			
Adults identified as obese (includes severely and morbidly obese, BMI of 30.0 and above)	43%	Age: 19-64 (48%) Income: <\$25K (46%)	Females & Males (43%)
Adults identified as overweight (BMI of 25.0-29.9)	26%	Age: 65+ (45%) Income: \$25K+ (29%)	Males (35%)
Uninsured Adults (7 votes)			
Adults who were without health care coverage in 2021	13%	Age: 19-64 (15%) Income: <25K (13%)	Females (14%)
Adult Cardiovascular Disease (7 votes)			
Adults reported they had survived a heart attack	5%	Age: 65+ (14%) Income: N/A	N/A
Adults reported they had survived a stroke	3%	Age: 65+ (7%) Income: <\$25K (11%)	N/A
Adults reported they had angina or coronary heart disease	2%	Age: 65+ (8%) Income: N/A	N/A
Adults reported they had congestive heart failure	2%	Age: 65+ (4%) Income: <\$25K (6%)	N/A
Adults diagnosed with high blood cholesterol	38%	Age: 65+ (60%) Income: <\$25K (51%)	Males (44%)
Adults diagnosed with high blood pressure	41%	Age: 65+ (61%) Income: <25K (74%)	Males (49%)

N/A – Not Available

Adult Key Issues

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Adult Diabetes (5 votes)			
Adults diagnosed with diabetes	14%	Age: 65+ (24%) Income: <\$25K (33%)	Males (19%)
Adult Alcohol Consumption (4 votes)			
Adult current drinkers (drank alcohol at least once in the past month)	46%	Age: N/A Income: \$25K+ (55%)	N/A
Average number of drinks adults consumed per drinking occasion	2.6	Age: 19-64 (2.6) Income: <\$25K (2.9)	Females (2.8)
Adult binge drinkers (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	17%	N/A	N/A
Adult Drug Use (4 votes)			
Adults who used recreational marijuana in the past 6 months	4%	Age: 19-64 (7%) Income: \$25K+ (4%)	Males (7%)
Adult prescription medication misuse in the past 6 months	5%	Age: 65 & older (6%) Income: <\$25K (14%)	Males (5%)
Overdose deaths – 2020, 2021, 2022 totals (<i>Tuscarawas County Coroner's Office</i>)	65 total	10 since Jan-Apr in 2022 25 in 2021 30 in 2020	N/A
Adult Cancer (3 votes)			
Adults who were diagnosed with cancer at some point in their lives	16%	Age: 65+ (37%)	N/A
Lung and Bronchus cancer (<i>ODH 2014-2018</i>)	423 cases	N/A	N/A
Adult Tobacco Use (3 votes)			
Adult current smokers	16%	Age: 19-64 (18%) Income: <\$25K (24%)	Males (21%)
Adult Quality of Life (3 votes)			
Adults who were limited in some way because of a physical, mental, or emotional problem	24%	Age: N/A Income: <\$25K (43%)	N/A
Adults who were limited by arthritis/rheumatism	60%	N/A	N/A
Adults who were limited by back or neck problems	54%	N/A	N/A
Adult Social Determinants of Health (2 votes)			
Adults who experienced 4 or more ACEs	14%	N/A	N/A
Adults who were considered binge drinkers and experienced 4 or more ACEs	53%	N/A	N/A

N/A – Not Available

Adult Key Issues

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Adult Arthritis (2 votes)			
Adults diagnosed with arthritis	39%	Age: 65+ (67%) Income: <\$25K (76%)	Males (43%)
Adult Oral Health (2 votes)			
Adults who visited the dentist/dental clinic in the past 12 months	64%	Age: 19-64 (61%) Income: <\$25K (42%)	Males (64%)
Adult Preventive Medicine (2 votes)			
Adults who got the flu vaccine during the past 12 months	50%	Age: 19-64 (47%) Income: \$25K+ (50%)	Females (47%)
Adults who have had a pneumonia shot in their life	30%	N/A	N/A
Women's Health (1 vote)			
Women ages 40 and older who had a mammogram in the past 2 years	71%	N/A	N/A
Women ages 40 and older who had a clinical breast exams (CBEs) in the past 2 years	70%	N/A	N/A
Women who had a Pap smear in the past 3 years	63%	N/A	N/A

N/A – Not Available

Youth Key Issues

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Youth Mental Health (11 votes)			
Youth who felt sad or hopeless for 2 or more weeks in a row in the past 12 months	23%	Age: 17 & older (38%) 14-16 (22%)	Females (31%)
Youth who had seriously considered attempting suicide in the past 12 months	13%	Age: 17 & older (21%) 14-16 (13%)	Females (14%)
Youth reported being bothered nearly every day within the past 2 weeks by – feeling nervous, anxious, or on edge	15%	N/A	N/A
Youth Weight Status (6 votes)			
Youth identified as obese	27%	Age: 13 & younger (30%)	Males (32%)
Youth identified as overweight	21%	Age: 13 & younger (25%)	Females (22%)
Youth Drug Use (2 votes)			
Youth who used marijuana in the past 30 days	5%	Age: 17 & older (14%) 14-16 (5%)	Females (6%)
Among those who tried marijuana – youth used marijuana in the past 30 days	41%	N/A	N/A
Youth Alcohol Consumption (2 votes)			
Youth current drinkers (individuals who have had at least one alcoholic drink in the past 30 days)	8%	Age: 17 & older (25%) 14-16 (7%)	Females (11%)
Youth Violence and Bullying (1 vote)			
Youth who were bullied in the past 12 months	31%	N/A	N/A
Perceived Risk of Drug Use (1 vote)			
Use electronic vapor products every day – no risk	14%	N/A	N/A
Smoke marijuana one or twice a week – no risk	23%	N/A	N/A

N/A – Not Available



Appendix XI: 2022-2025 Community Health Improvement Plan (CHIP) - Priorities Chosen

Based on the 2021 Tuscarawas County Health Needs Assessment, key issues were identified for adults and youth. Overall, there were 21 key issues identified by the Healthy Tusc members. The Healthy Tusc members then voted and came to a consensus on the priority areas Tuscarawas County will focus on over the next three years. The key issues and their corresponding votes are described in the table below.


Key Issues	Votes
1. Adult Mental Health	11
2. Youth Mental Health	11
3. Adult Weight Status	10
4. Uninsured Adults	7
5. Adult Cardiovascular Health	7
6. Youth Weight Status	6
7. Adult Diabetes	5
8. Adult Alcohol Consumption	4
9. Adult Drug Use	4
10. Adult Cancer	3
11. Adult Tobacco Use	3
12. Adult Quality of Life	3
13. Adult Social Determinants of Health	2
14. Adult Arthritis	2
15. Adult Oral Health	2
16. Adult Preventive Medicine	2
17. Youth Drug Use	2
18. Youth Alcohol Consumption	2
19. Women's Health	1
20. Youth Violence and Bullying	1
21. Perceived Risk of Drug Use	1

Tuscarawas County will focus on the following three priority areas over the next three years:

Priority Factor(s):

- 1) Health Behaviors 
- 2) Access to Care 

Priority Health Outcome(s):

- 1) Mental Health and Addiction 

Impact Evaluation

The CHNA process should be viewed as a three-year cycle to evaluate the impact of actions taken to address

Actions Taken Since Previous CHNA

Union Hospital's previous Implementation Strategy Report (ISR) outlined a plan for addressing the following priorities identified in the 2019 CHNA: Access to Affordable Health Care, Addiction, Chronic Disease, Infant Mortality, Mental Health, and Socioeconomic Concerns.

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. 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.
- b. Provided walk-in care at Express Care Clinics and offer evening and weekend hours
- c. Supported the Tuscarawas Clinic for the Working Uninsured.
- d. 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.

Addiction

Actions and Highlighted Impacts:

- a. In addition to direct patient care, Cleveland Clinic's Opioid Awareness Center provides 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. Through the Opioid Awareness Center, and in collaboration with the Tuscarawas County Anti-Drug Coalition, provided preventative education and shared evidence-based practices.
- c. Through the Healthy Tusc collaborative hospital initiative, created an Overdose Fatality Review Board.
- d. Collected unused medications through community-based “Drug Takeback” events.

Chronic Disease

Actions and Highlighted Impacts:

- a. Improve management of chronic conditions through Chronic Care Clinics employing a specialized model of care and providing disease education, medication review, and nutrition counseling.
 - COVID 19 created a delay in treatment for many community members. We 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. For example, 1,700 precancerous lesions of the colon have been detected earlier as a result — a key part of preventing colon cancer.
 - Many in-person community programs were paused by COVID-19. When COVID-19 vaccines became available, we co-led a nationwide campaign to encourage adults to get vaccinated. The coalition of 60 top hospitals and healthcare institutions communicated the vaccines’ safety and effectiveness through diverse digital and traditional media. Throughout the years, our health experts explained and advocated the benefits of vaccination at every opportunity, from patient visits to national media appearances. In late 2021, when cases of the omicron variant surged and hospitals filled with unvaccinated patients, we joined with five other Ohio hospital systems in an advertising campaign urging the public to get vaccinated and take other precautions.
- b. Implemented health promotion messaging, health education, and outreach programs related to reducing behavioral risk factors, for example, nutrition and physical activity.
- c. Conducted low-cost screenings for cholesterol and hemoglobin A1c at locations throughout Tuscarawas County on a monthly basis.
- d. Participated in partnership with local civic clubs to provide low-cost blood screening events at the hospital serving hundreds of participants.

Infant Mortality

Actions and Highlighted Impacts:

- a. Provided expanded evidence-based health education to expecting mothers and families.
 - Cleveland Clinic 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. Supported the Access Tusc Pathways Community HUB Model and enrolled pregnant women for services.
- c. Union’s employed OB/GYN practice referred eligible, expectant mothers to the federal Women, Infant and Children’s (WIC) service program administered by the Tuscarawas County Health Department.

Mental Health

Actions and Highlighted Impacts:

- a. Provided education, assistance, and resources to Cleveland Clinic caregivers, patients, and their families to prevent violence and help individuals heal from trauma.
- b. Cleveland Clinic developed suicide and self-harm policies procedures and screening tools for patients in a variety of care settings.
- c. Supported the creation of Pathways Community HUB model.

Socioeconomic Concerns

Actions and Highlighted Impacts:

- a. 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. Implemented a common community referral data platform to coordinate services and ensure optimal communication.
 - Cleveland Clinic collaborated with Unite Ohio to build a coordinated care network of health and social service providers. Cleveland Clinic went live on the platform on July 2021 and has sent nearly 2,000 referrals with a gap closure of 44%.
- c. Cleveland Clinic piloted patient navigation programming within a partnership pathway HUB model using community health workers and/or the co-location of community organizations with hospital facilities.
- d. In partnership with Healthy Tusc, engaged in anti-hunger initiatives including food preparation for Mobile Meals of Dover-New Phila, Inc. and the Tuscarawas YMCA Youth Hunger Program, area soup kitchen programs, student food bag distributions, participation in the Tuscarawas County Farmers Market, and collaborations with the Akron-Canton Regional Food Bank
- e. In partnership with area school districts, provided support for reading programs.

Community Feedback

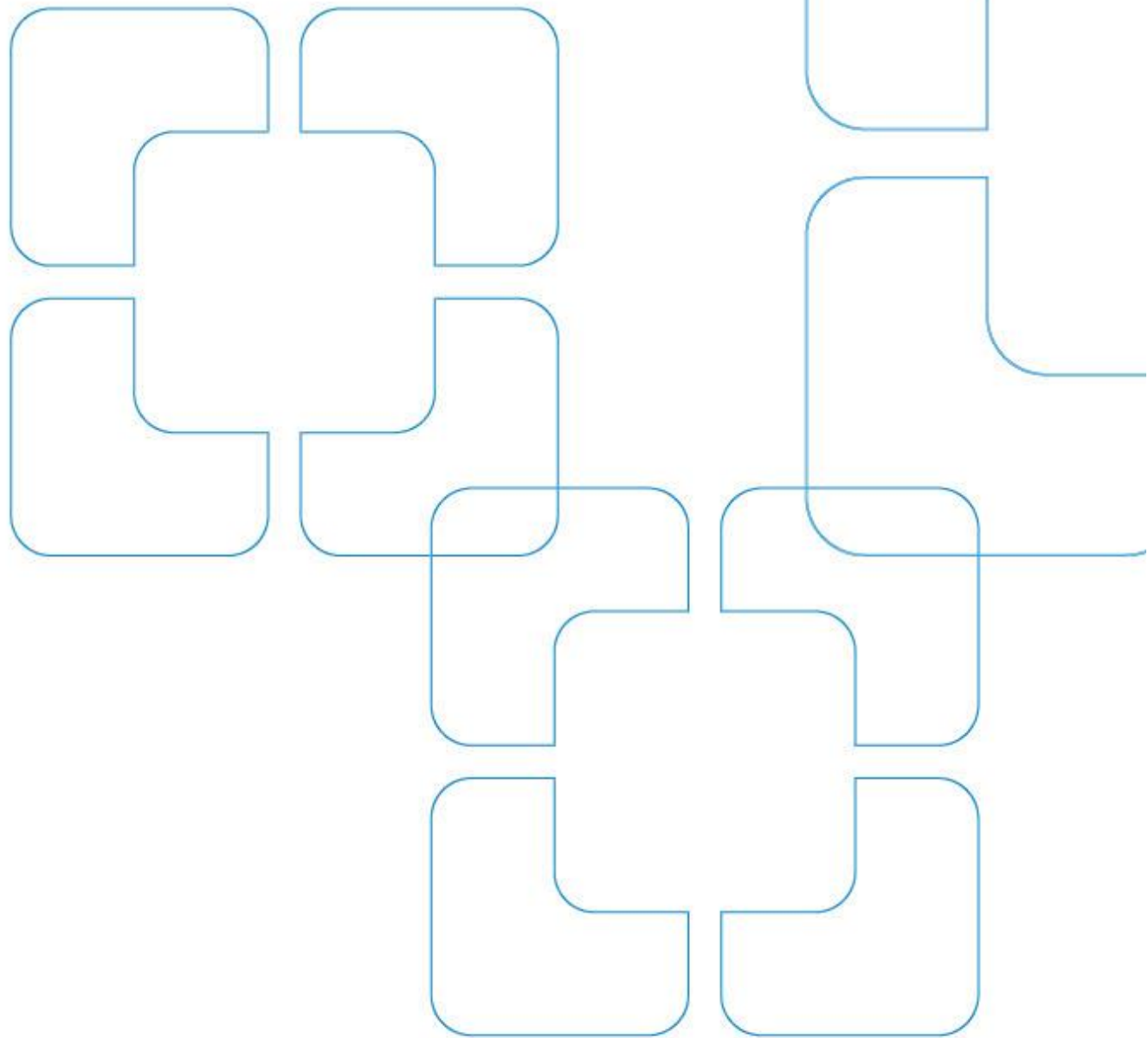
Community Health Needs Assessment reports from 2019 were published on the Union Hospital website. No community feedback has been received as of the drafting of this report. For more information regarding Cleveland Clinic Community Health Needs Assessments and Implementations Strategy reports, please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



Cleveland Clinic
Union Hospital

Implementation Strategy Report

2022



CLEVELAND CLINIC UNION HOSPITAL
2022 IMPLEMENTATION STRATEGY REPORT
2022 Community Health Needs Assessment
Implementation Strategy Report for Years 2023 – 2025

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CLEVELAND CLINIC UNION 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 Union 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 Union Hospital, located in Dover, Ohio, is a community hospital with 96 staffed⁸ beds. Union Hospital has more than 300 providers on our medical staff and employs more than 1,000 caregivers. Union Hospital was founded more than a century ago on the premise that our focus must be on quality healthcare for all patients, not the financial profits of a few investors. And today, we continue that mission, providing the same excellent care to all patients, regardless of ability to pay. Over the years, Union Hospital has expanded to become the centerpiece of a 25-acre medical campus. Surrounding the hospital are physician office buildings, outpatient rehabilitation and sports medicine center, and a mental healthcare agency. Off-campus facilities include multiple physician offices, WorkWell Occupational Medicine Center, and FirstCare urgent care center. The hospital also has its own hospital-employed physician network with primary and specialty providers in various locations in Tuscarawas County.

Cleveland Clinic Union Hospital is committed to providing the region with quality care, close to home. And this is reflected in their ongoing quest for improved and expanded services as well as the many quality awards we have received over the years. Additional information on the hospital and its services is available at: <https://my.clevelandclinic.org/locations/union-hospital>.

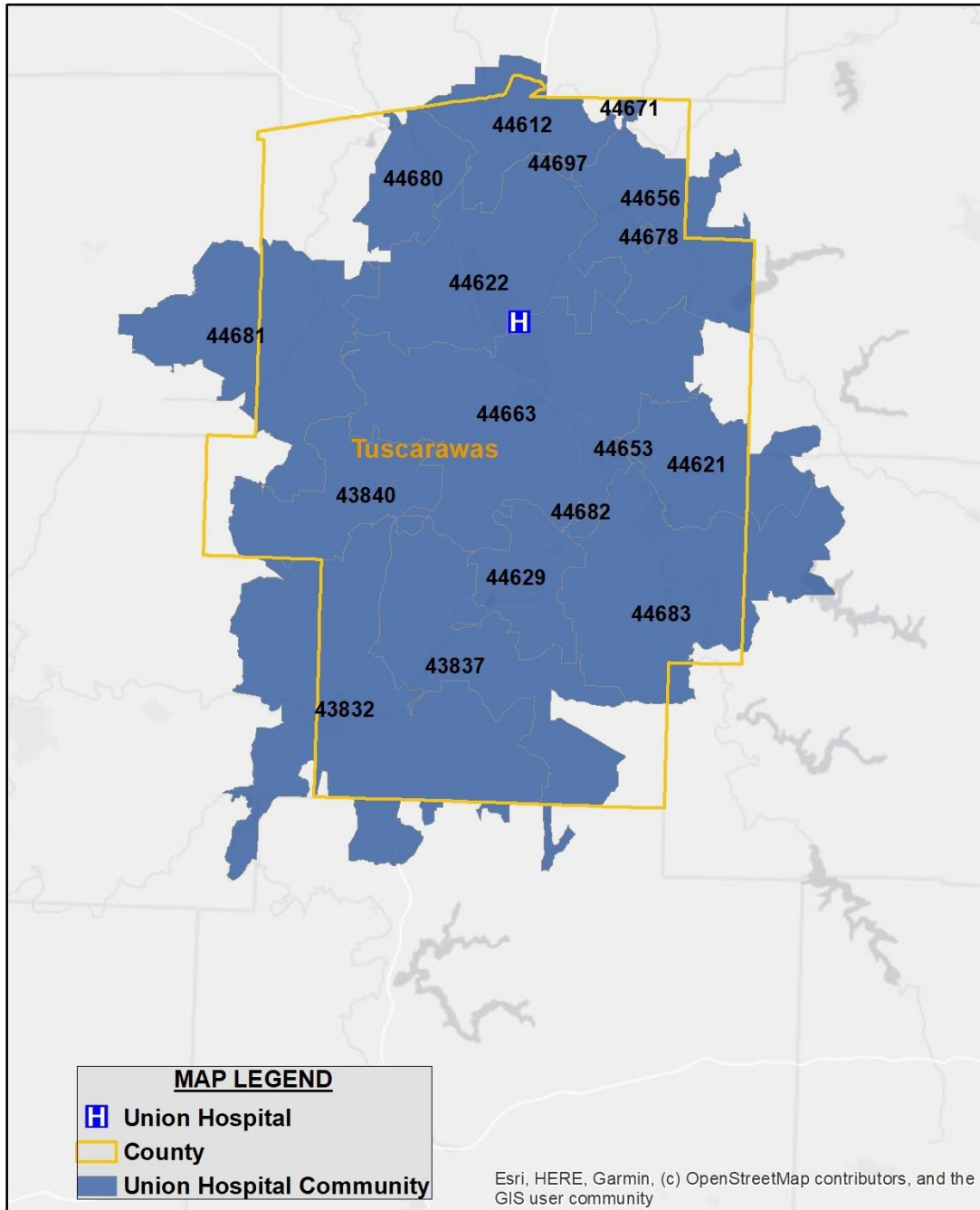
The hospital is part of the Cleveland Clinic health system, which includes an academic medical center near downtown Cleveland, fourteen regional hospitals in northeast Ohio, a children's hospital, a children's rehabilitation hospital, five southeast Florida hospitals, and several other facilities and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

II. COMMUNITY DEFINITION

Union Hospital serves patients from throughout Eastern Ohio (including the counties of Tuscarawas, Stark, Coshocton, Holmes, Guernsey, Harrison and Carroll). Patient and discharge data shows that the vast majority of patients (more than 80 percent) reside in Tuscarawas County. For the purposes of the CHNA, Union Hospital defines the community it serves as Tuscarawas County (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: Union Hospital Community Definition



III. HOW IMPLEMENTATION STRATEGY WAS DEVELOPED

Union Hospital is a member of “Healthy Tusc”, a collaboration of healthcare and community-based agencies. For the 2022 Implementation Strategy Report, “Healthy Tusc” conducted a collaborative joint report outlining the action steps for years 2023 – 2025. Members of leadership at Union Hospital participated in the strategic planning. The complete “Healthy Tusc” Community Health Improvement Plan (CHIP) is described later in this report. These strategies are in alignment with priority health needs for the Cleveland Clinic health system, as well as the State of Ohio. Leadership at Union 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

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

- Health Behaviors
- Access to Care
- Mental Health and Addiction

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 Union 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.

Summary of Efforts

While this ISR outlines specific strategies and programs identified to address the 2022 CHNA prioritized areas, it does not reflect all the work being done by Union 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 Union Hospital to build stronger community collaborations, and make smarter, more targeted investments to improve the health of the people in the communities they serve.

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

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.

2022-2025

Tuscarawas County

Community Health Improvement Plan



Building a Healthier Community **Together**

Adopted on: October 14th, 2022

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Note: Throughout the report, hyperlinks will be highlighted in bold, gold text. If using a hard copy of this report, please see Appendix I for links to websites.

Executive Summary

Introduction

A community health improvement plan (CHIP) is a community-driven, long-term, systematic plan to address issues identified in a community health assessment (CHA). The purpose of the CHIP is to describe how hospitals, health departments, and other community stakeholders will work to improve the health of the county. A CHIP is designed to set priorities, direct the use of resources, and develop and implement projects, programs, and policies. The CHIP is more comprehensive than the roles and responsibilities of health organizations alone, and the plan's development must include participation of a broad set of community stakeholders and partners. This CHIP reflects the results of a collaborative planning process that includes significant involvement by a variety of community sectors.

Healthy Tusc has been conducting CHAs since 2015 to measure community health status. The most recent Tuscarawas County CHA was cross-sectional in nature and included a written survey of adults and adolescents within Tuscarawas County. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention (CDC) for their national and state Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS). This has allowed Tuscarawas County to compare their CHA data to national, state and local health trends. Community stakeholders were actively engaged in the early phases of CHA planning and helped define the content, scope, and sequence of the project.

Healthy Tusc contracted with the Hospital Council of Northwest Ohio (HCNO), a neutral, regional, nonprofit hospital association, to facilitate the CHA and CHIP. Healthy Tusc then invited various community stakeholders to participate in community health improvement process. Data from the most recent CHA were carefully considered and categorized into community priorities with accompanying strategies. This was done using the National Association of County and City Health Officials' (NACCHO) national framework, Mobilizing for Action through Planning and Partnerships (MAPP). Over the next three years, these priorities and strategies will be implemented at the county-level with the hope to improve population health and create lasting, sustainable change. It is the hope of Healthy Tusc that each agency in the county will tie their internal strategic plan to at least one strategy in the CHIP.

Hospital Requirements

Internal Revenue Services (IRS)

The Tuscarawas County CHA and CHIP fulfills national mandated requirements for hospitals in the county. The H.R. 3590 Patient Protection and Affordable Care Act (ACA), enacted in March 2010, added new requirements in Part V, Section B, on 501 (c)(3) organizations that operate one or more hospital facilities. Each 501 (c)(3) hospital organization must conduct a CHNA and adopt an implementation strategy at least once every three years in order to maintain tax-exempt status. To meet these requirements, Cleveland Clinic Union Hospital, Trinity Health System Twin City Medical Center shifted their definition of "community" to encompass the entire county, and collaboratively completed the CHA and CHIP, compliant with IRS requirements. This will result in increased collaboration, less duplication, and sharing of resources. This report serves as the implementation strategy for Tuscarawas County Hospitals and documents the hospitals efforts to address the community health needs identified in CHA.

Hospital Mission Statements

Cleveland Clinic Union Hospital Mission Statement: Caring for life, researching for health, educating those who serve.

Trinity Health System Twin City Medical Center Mission Statement: As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Community Served by the Hospitals

The community has been defined as Tuscarawas County. Cleveland Clinic Union Hospital, Trinity Health System Twin City Medical Center collaborate with multiple stakeholders, most of which provide services at the county-level. For this reason, the county was defined as the community served by the hospital.

Public Health Accreditation Board (PHAB) Requirements

National Public Health Accreditation status through the Public Health Accreditation Board (PHAB) is the measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards. The goal of the national accreditation program is to improve and protect the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments. PHAB requires that CHIPs be completed at least every five years, however, Ohio state law (ORC 3701.981) requires that health departments and hospitals collaborate to create a CHIP every three years. Additionally, PHAB is a voluntary national accreditation program, however the State of Ohio requires that all local health departments become accredited by 2020, making it imperative that all PHAB requirements are met.

PHAB standards also require that a community health improvement model is utilized when planning CHIPs. This CHIP was completed using NACCHO's MAPP process. MAPP is a national, community-driven planning process for improving community health. This process was facilitated by HCNO in collaboration with various local agencies representing a variety of sectors.

Inclusion of Vulnerable Populations (Health Disparities)

Approximately 12.8% of Tuscarawas County residents were below the poverty line, according to the 2015-2019 American Community Survey 5 year estimates. For this reason, data is broken down by income (less than \$25,000 and greater than \$25,000) throughout the report to show disparities.

Mobilizing for Action through Planning and Partnerships (MAPP)

NACCHO's strategic planning tool, MAPP, guided this community health improvement process. The MAPP framework includes six phases which are listed below:

1. Organizing for success and partnership development
2. Visioning
3. The four assessments
4. Identifying strategic issues
5. Formulate goals and strategies
6. Action cycle

The MAPP process includes four assessments: community themes and strengths, forces of change, local public health system assessment, and the community health status assessment. These four assessments were used by the Tuscarawas County Healthy Tusc Partners to prioritize specific health issues and population groups which are the foundation of this plan. Figure 1.1 illustrate how each of the four assessments contributes to the MAPP process.

Figure 1.1 The MAPP model



Alignment with National and State Standards

The 2022-2025 Tuscarawas County Community Health Improvement Plan priorities align perfectly with regional, state and national priorities. Tuscarawas County will be addressing the following priority health factors: *health behaviors and access to care*. Tuscarawas County will be addressing the following priority health outcome: *mental health and addiction*.

Healthy People 2030

Tuscarawas County's priorities also fit specific Healthy People 2030 goals. For example:

- Health Care Access and Quality (AHS) – 01: Increase the proportion of people with health insurance
- Mental Health and Mental Disorder (MHMD) – 02: Reduce suicide attempts by adolescents

Please visit [Healthy People 2030](#) for a complete list of goals and objectives.

Ohio State Health Improvement Plan (SHIP)

The 2020-2022 SHIP serves as a strategic menu of priorities, objectives, and evidence-based strategies to be implemented by state agencies, local health departments, hospitals and other community partners and sectors beyond health including education, housing, employers, and regional planning.

The SHIP includes a strategic set of measurable outcomes that the state will monitor on an annual basis. Given that the overall goal of the SHIP is to ensure all Ohioans achieve their full health potential, the state will track the following health indicators: self-reported health status (reduce the percent of Ohio adults who report fair or poor health) and premature death (reduce the rate of deaths before age 75).

The SHIP also takes a comprehensive approach to improving Ohio's greatest health priorities by identifying 3 priority factors (community conditions, health behaviors, and access to care) that impact the 3 priority health outcomes (mental health and addiction, chronic disease, and maternal and infant health).



The three priority factors include the following:

1. **Community Conditions** (includes housing affordability and quality, poverty, K-12 student success, and adverse childhood experiences)
2. **Health Behaviors** (includes tobacco/nicotine use, nutrition, and physical activity)
3. **Access to Care** (includes health insurance coverage, local access to healthcare providers, and unmet needs for mental health care)

The three priority health outcomes include the following:

1. **Mental Health and Addiction** (includes depression, suicide, youth drug use, and drug overdose deaths)
2. **Chronic Disease** (includes conditions such as heart disease, diabetes and childhood conditions [asthma and lead])
3. **Maternal and Infant Health** (includes infant and maternal mortality and preterm births)

The Tuscarawas County CHIP was required to select at least 1 priority factor, 1 priority health outcome, 1 indicator for each identified priority, and 1 strategy for each selected priority to align with the 2020-2022 SHIP.

Note: This symbol  will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2020-2022 SHIP. Whenever possible, the Tuscarawas County CHIP identifies strategies likely to reduce disparities and inequities. This symbol  will be used throughout the report when a strategy is identified as likely to reduce disparities and inequities. Throughout the report, hyperlinks will be highlighted in **bold, gold text**.

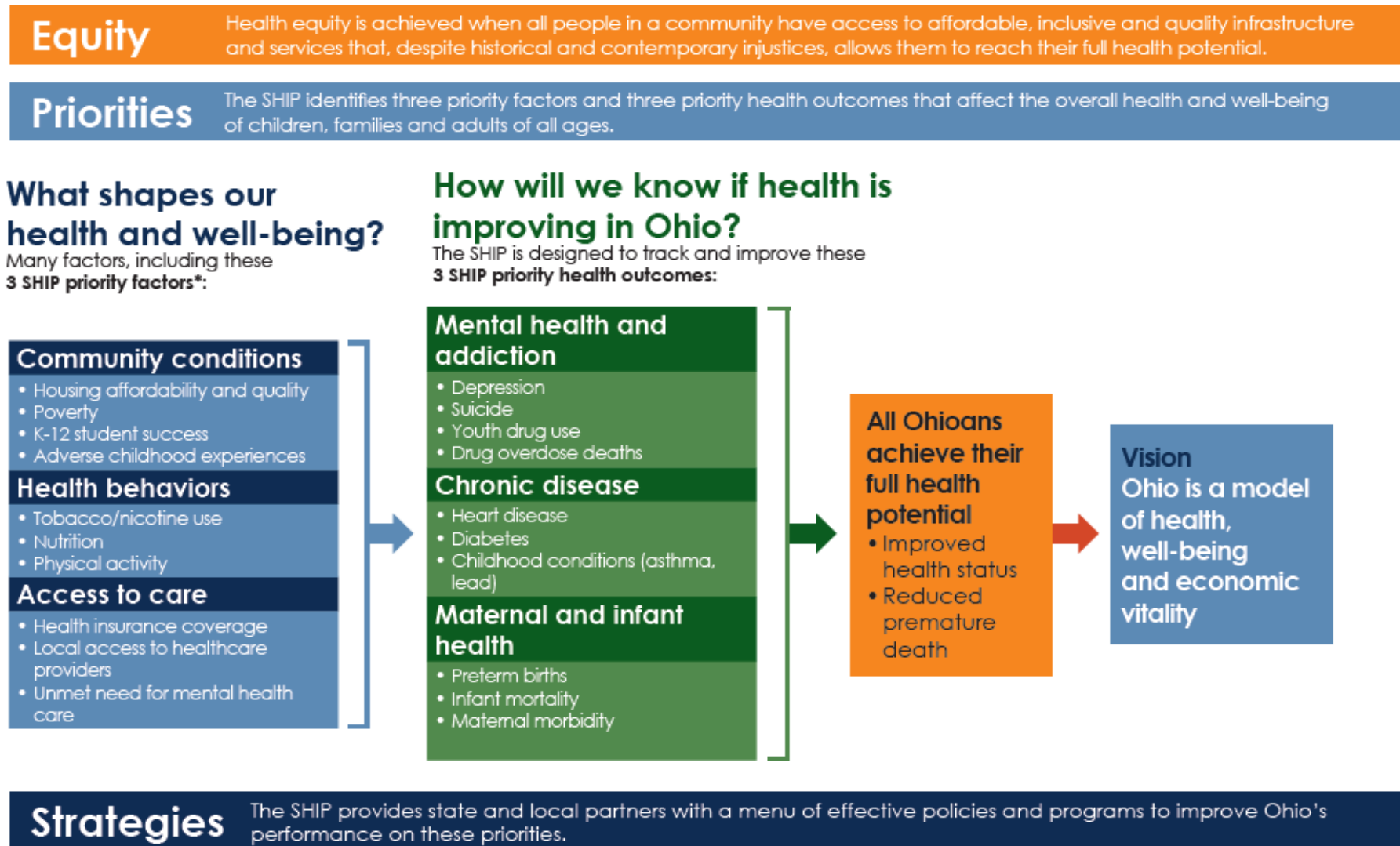
The following Tuscarawas County priority factors, priority indicators, and strategies very closely align with the 2020-2022 SHIP:

Figure 1.2 2022-2025 Tuscarawas CHIP Alignment with the 2020-2022 SHIP

Priority Factors	Priority Indicators	Strategies to Impact Priority Indicators	Additional Aligned Strategies
Health Behaviors	<ul style="list-style-type: none"> • Adult physical inactivity • Adult smoking 	<ul style="list-style-type: none"> • Community-wide physical activity campaign • Policies for smoke free environments for tobacco/nicotine/vaping/smokeless tobacco (Smoke-free policies for indoor/outdoor areas) • Access to cessation for tobacco/nicotine/vaping/smokeless tobacco (Tobacco cessation therapy affordability) • Licensure for retailers for tobacco/nicotine/vaping/smokeless tobacco 	<ul style="list-style-type: none"> • Youth physical inactivity • Youth all-tobacco/nicotine use
Access to Care	<ul style="list-style-type: none"> • Primary care health professional shortage areas • Mental health professional shortages areas 	<ul style="list-style-type: none"> • School-based health centers (SBHCs) • Community resource guide • Expand broadband Internet access to rural areas • Community health workers 	<ul style="list-style-type: none"> • Number of community resource guides printed and disseminated • Number of community resource guides distributed among disparate populations (low-income, Latino, etc.) • Number of community members who lack access to Internet
Priority Health Outcomes	Priority Indicators	Strategies to Impact Priority Indicators	Additional Aligned Strategies
Mental Health and Addiction	<ul style="list-style-type: none"> • Youth suicide deaths • Adult depression • Adult suicide deaths 	<ul style="list-style-type: none"> • Universal school-based suicide awareness and education programs • Collaborate with schools to support implementation of Social Emotional Learning (SEL) standards and ongoing Behavioral Health (BH) support (Implement school-based social and emotional instructions) • Mental health first aid (MHFA) • Increase County awareness of signs and symptoms of alcohol addiction and local resources 	<ul style="list-style-type: none"> • Youth depression • Adult binge drinking

Alignment with National and State Standards, continued

Figure 1.3 2020-2022 State Health Improvement Plan (SHIP) Overview



Vision and Mission

Vision statements define a mental picture of what a community wants to achieve over time while the mission statement identifies why an organization/coalition exists and outlines what it does, who it does it for, and how it does what it does.

The Vision of Tuscarawas County:

The Healthy Tusc Task Force was intended to serve as a catalyst for action in Tuscarawas County and to promote pioneering a healthier community. The task force will provide support to existing efforts by encouraging participation through public information and communications. The task force has provided leadership in the area of obesity prevention by promoting the development of public policies that support healthier lifestyles.

The Mission of Tuscarawas County:

Improve the health and wellness of Tuscarawas County residents through programming, community awareness and advocacy aimed at improving health and quality of life.

Community Partners

The CHIP was planned by various agencies and service-providers within Tuscarawas County. From May 2022 to August 2022, Healthy Tusc reviewed many data sources concerning the health and social challenges that Tuscarawas County residents are facing. They determined priority issues which, if addressed, could improve future outcomes; determined gaps in current programming and policies; examined best practices and solutions; and determined specific strategies to address identified priority issues. We would like to recognize these individuals and thank them for their dedication to this process:

Healthy Tusc Members:

The Community Health Improvement Plan was made possible through the work of 38 professionals representing the following organizations:

- Access Tusc
- ADAMHS Board
- Aultman Health Foundation
- Cleveland Clinic Foundation
- Cleveland Clinic Union Hospital
- Community Hospice
- Community Volunteer
- Compass
- East Central Ohio Educational Service Center
- Friends of the Homeless of Tuscarawas County
- New Philadelphia City Health Department
- Ohio Guidestone, Empower Tusc
- Ohio Mid-Eastern Government Association
- Ohio RISE/Aetna
- ProVia
- Puentes Group
- SpringVale Health Center
- Trinity Health System Twin City Medical Center
- Twin City Medical Center Vibrant Living
- Tuscarawas Clinic for the Working Uninsured
- Tuscarawas County Addiction Task Force
- Tuscarawas County Commissioners
- Tuscarawas County Economic Development Council
- Tuscarawas County Emergency Management Agency
- Tuscarawas County Health Department
- Tuscarawas County Senior Center
- Tuscarawas County Senior Center Mobility Management
- Tuscarawas County Convention and Visitors Bureau
- Tuscarawas County Council for Church & Community
- Tuscarawas County Family & Children First Council
- Tuscarawas Valley Farmers Market
- Tusco Display
- United Way of Tuscarawas County
- YMCA

Acknowledgements of Support

Funding for the CHIP was provided by the Tuscarawas County Commissioners:

- Chris Abbuhl, County Commissioner
- Kerry Metzger, County Commissioner
- Joe Sciaretti, County Commissioner
- Al Landis, County Commissioner

The East Central Ohio Educational Service Center provided meeting space and virtual meeting technology for the CHIP process.

Hospital Council of Northwest Ohio (HCNO)

The community health improvement process was facilitated by Gabrielle (Gabbey) Mackinnon, Community Health Improvement Manager, from HCNO.

Community Health Improvement Process

Beginning in May 2022, the Tuscarawas County Community Partners met four (4) times and completed the following planning steps:

1. Initial Meeting
 - Review the process and timeline
 - Finalize committee members
 - Create or review vision
2. Choose Priorities
 - Use of quantitative and qualitative data to prioritize target impact areas
3. Rank Priorities
 - Rank health problems based on magnitude, seriousness of consequences, and feasibility of correcting
4. Community Themes and Strengths Assessment
 - Open-ended questions for committee on community themes and strengths
5. Forces of Change Assessment
 - Open-ended questions for committee on forces of change
6. Local Public Health Assessment
 - Review the Local Public Health System Assessment with committee
7. Gap Analysis
 - Determine discrepancies between community needs and viable community resources to address local priorities
 - Identify strengths, weaknesses, and evaluation strategies
8. Quality of Life Survey
 - Review results of the Quality-of-Life Survey with committee
9. Strategic Action Identification
 - Identification of evidence-based strategies to address health priorities
10. Best Practices
 - Review of best practices, proven strategies, evidence continuum, and feasibility continuum
11. Resource Assessment
 - Determine existing programs, services, and activities in the community that address specific strategies
12. Draft Plan
 - Review of all steps taken
 - Action step recommendations based on one or more of the following: enhancing existing efforts, implementing new programs or services, building infrastructure, implementing evidence-based practices, and feasibility of implementation

Community Health Status Assessment

Phase 3 of the MAPP process, the Community Health Status Assessment, or CHA, is a 100+ page report that includes primary data with over 100 indicators and hundreds of data points related health and well-being, including social determinants of health. Over 50 sources of secondary data are also included throughout the report. The CHA serves as the baseline data in determining key issues that lead to priority selection. The full report can be found at www.tchdnow.org/. Below is a summary of county primary data and the respective state and national benchmarks.

Adult Trend Summary

Adult Variables	Tuscarawas County 2015	Tuscarawas County 2018	Tuscarawas County 2021	Ohio 2020	U.S. 2020
Health Status					
Rated general health as good, very good or excellent	85%	85%	86%	85%	86%
Rated general health as excellent or very good	50%	50%	45%	55%	57%
Rated general health as fair or poor	15%	15%	14%	16%	13%
Average number of days that physical health was not good (in the past 30 days)	3.2	4.3	4.0	4.1*	3.7*
Rated physical health as not good on four or more days (in the past 30 days)	18%	29%	24%	24%**	23%**
Average number of days that mental health was not good (in the past 30 days)	3.9	5.2	4.2	4.8*	4.1*
Rated their mental health as not good on four or more days (in the past 30 days)	24%	35%	29%	29%**	26%**
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	22%	31%	28%	N/A	N/A
Health Care Coverage, Access, and Utilization					
Uninsured	14%	9%	13%	9%	11%
Primary source of health care coverage was Medicaid or medical assistance	6%	8%	7%	N/A	N/A
Had at least one person they thought of as their personal doctor or healthcare provider	82%	79%	90%	79%	77%
Visited a doctor for a routine checkup (in the past 12 months)	65%	68%	77%	77%	76%
Unable to see a doctor due to cost	9%	8%	3%	9%	10%
Arthritis, Asthma, & Diabetes					
Ever been told by a doctor that they have diabetes (not pregnancy-related)	9%	12%	14%	12%	11%
Ever been diagnosed with arthritis	35%	33%	39%	31%	25%
Ever been diagnosed with asthma	10%	15%	13%	14%	14%
Cardiovascular Health					
Ever diagnosed with angina or coronary heart disease	8%	5%	2%	5%	4%
Had a heart attack	6%	7%	5%	5%	4%
Had a stroke	3%	2%	3%	4%	3%
Had been told they had high blood pressure	40%	39%	41%	35%***	33%***
Had been diagnosed with high blood cholesterol	36%	40%	38%	33%***	33%***
Had blood cholesterol checked within the past 5 years	76%	77%	86%	85%***	87%***




N/A – Not Available

*2018 BRFSS Data as compiled by 2021 County Health Rankings

**2019 BRFSS


***2019 Ohio and U.S. BRFSS

👉 Indicates alignment with the Ohio State Health Assessment




Adult Variables	Tuscarawas County 2015	Tuscarawas County 2018	Tuscarawas County 2021	Ohio 2020	U.S. 2020
Weight Status					
Overweight (BMI of 25.0 – 29.9)	37%	36%	26%	34%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above) 	36%	37%	43%	36%	32%
Alcohol Consumption					
Current drinker (drank alcohol at least once in the past month)	41%	50%	46%	51%	53%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days) 	16%	18%	17%	16%	16%
Tobacco Use					
Current smoker (currently smoke some or all days) 	14%	20%	16%	19%	16%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	27%	26%	18%	24%	25%
Drug Use					
Adults who used marijuana in the past 6 months	5%	3%	4%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	10%	7%	5%	N/A	N/A
Preventive Medicine					
Had a pneumonia vaccine in lifetime (age 65 and older)	68%	66%	63%	72%	72%
Had a flu vaccine in the past year (ages 65 and over)	55%	65%	70%	65%	68%
Had a clinical breast exam in the past two years (age 40 and older)	66%	66%	70%	N/A	N/A
Had a mammogram in the past two years (age 40 and older)	68%	67%	71%	71%	72%
Had a pap smear in the past three years	68%	60%	63%	77%*	78%*
Had a PSA test in within the past two years (age 40 and over)	60%	56%	61%	32%	32%
Had a digital rectal exam within the past year	20%	16%	9%	N/A	N/A
Quality of Life					
Limited in some way because of physical, mental or emotional problem	18%	26%	24%	N/A	N/A
Mental Health					
Felt sad or hopeless for two or more weeks in a row in the past year	9%	12%	8%	N/A	N/A
Seriously considered attempting suicide in the past year	2%	7%	1%	N/A	N/A
Attempted suicide in the past year	<1%	<1%	0%	N/A	N/A
Sexual Behavior					
Had more than one sexual partner in past year	4%	4%	2%	N/A	N/A
Oral Health					
Adults who had visited the dentist in the past year	58%	59%	64%	65%	67%

N/A – Not Available

*2020 Ohio and U.S. BRFSS reports women ages 21-65

 Indicates alignment with the Ohio State Health Assessment

Youth Trend Summary

Youth Variables	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2018 (6 th -12 th)	Tuscarawas County 2021 OHYES (7 th -12 th)	Tuscarawas County 2021 OHYES (9 th -12 th)	Ohio 2019 (9 th -12 th)	U.S. 2019 (9 th -12 th)
Weight Control						
Obese 	16%	18%	27%	24%	17%	16%
Overweight	13%	14%	21%	20%	12%	16%
Physically active at least 60 minutes per day on every day in past week	35%	28%	33%	32%	24%	23%
Physically active at least 60 minutes per day on 5 or more days in past week	56%	54%	57%	57%	43%	44%
Did not participate in at least 60 minutes of physical activity on any day in past week	9%	9%	9%	9%	21%	17%
Unintentional Injuries and Violence						
Were in a physical fight (in the past 12 months)	25%	18%	14%	14%	19%	22%
Threatened or injured with a weapon on school property (in the past 12 months)	7%	6%	4%	3%	N/A	7%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	5%	13%	9%	10%	N/A	9%
Bullied (in past year) 	48%	35%	31%	30%	N/A	N/A
Electronically bullied (in past year)	9%	10%	13%	13%	13%	16%
Were bullied on school property (during the past 12 months)	N/A	N/A	18%	16%	14%	20%
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months)	4%	2%	6%	6%	10%	8%
Mental Health						
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	27%	28%	23%	26%	33%	37%
Seriously considered attempting suicide (in the past 12 months)	16%	17%	13%	15%	16%	19%
Attempted suicide (in the past 12 months)	8%	8%	6%	6%	7%	9%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (in the past 12 months)	3%	3%	2%	2%	N/A	N/A
Social Determinants of Health						
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	73%	76%	63%	64%	N/A	N/A
Visited a doctor for a routine checkup in the past year	65%	79%	52%	53%	N/A	N/A
Tobacco Use						
Current smoker (smoked on at least 1 day during the past 30 days) 	9%	5%	3%	2%	5%	6%

N/A – Not Available

 Indicates alignment with the Ohio State Health Assessment (SHA)

Youth Variables	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2018 (6 th -12 th)	Tuscarawas County 2021 OHYES (7 th -12 th)	Tuscarawas County 2021 OHYES (9 th -12 th)	Ohio 2019 (9 th -12 th)	U.S. 2019 (9 th -12 th)
Alcohol Consumption						
Ever drank alcohol (at least one drink of alcohol on at least 1 day during their life)	44%	35%	26%	32%	N/A	N/A
Current Drinker (at least one drink of alcohol on at least 1 day during the past 30 days)	14%	16%	8%	12%	26%	29%
Binge drinker (drank 5 or more drinks within a couple of hours on at least 1 day during the past 30 days)	9%	8%	3%	6%	13%	14%
Drank for the first time before age 13 (of all youth)	13%	8%	11%	8%	16%	15%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on 1 or more occasion during the past 30 days)	16%	11%	8%	7%	N/A	17%
Obtained the alcohol they drank by someone giving it to them (of current drinkers)	36%	41%	45%	49%	N/A	6%
Drug Use						
Currently used marijuana (in the past 30 days)	7%	5%	5%	7%	16%	20%
Ever used methamphetamines (in their lifetime)	1%	2%	0%	0%	N/A	2%
Ever used cocaine (in their lifetime)	3%	2%	<1%	1%	4%	4%
Ever used heroin (in their lifetime)	1%	1%	0%	0%	2%	2%
Ever used inhalants (in their lifetime)	9%	6%	1%	1%	8%	6%
Ever took steroids without a doctor's prescription (in their lifetime)	5%	2%	<1%	0%	N/A	2%
Ever used ecstasy (also called MDMA in their lifetime)	2%	1%	2%	3%	N/A	4%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	7%	4%	4%	5%	15%*	22%*

N/A – Not Available

*YRBS is for youth who were ever offered, sold, or given illegal drugs on school property

■ Indicates alignment with the Ohio State Health Assessment (SHA)

Key Issues

Healthy Tusc reviewed the 2021 Tuscarawas County Health Needs Assessment. The detailed primary data for each individual priority area can be found in the section it corresponds to. Each organization completed an "Identifying Key Issues and Concerns" worksheet. The following tables were the group results.

What are the most significant health issues or concerns identified in the 2021 health needs assessment report? Examples of how to interpret the information include: 13% of adults were uninsured, increasing to 15% of those ages 19-64 years old.

Adult Key Issues

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Adult Mental Health (11 votes)			
Adults who felt sad or hopeless for 2 or more weeks in a row in the past 12 months	8%	Age: 19-64 (9%) Income: <\$25K (11%)	Females (10%)
Adults who seriously considered attempting suicide in the past 12 months	1%	N/A	N/A
Adults who made a plan about attempting suicide in the past 12 months	2%	N/A	N/A
Average number of days mental health was not good in the past 30 days	4.2 days	N/A	N/A
Adult Weight Status (10 votes)			
Adults identified as obese (includes severely and morbidly obese, BMI of 30.0 and above)	43%	Age: 19-64 (48%) Income: <\$25K (46%)	Females & Males (43%)
Adults identified as overweight (BMI of 25.0-29.9)	26%	Age: 65+ (45%) Income: \$25K+ (29%)	Males (35%)
Adults who did not participate in any physical activity in the past week	18%	N/A	N/A
Uninsured Adults (7 votes)			
Adults who were without health care coverage in 2021	13%	Age: 19-64 (15%) Income: <25K (13%)	Females (14%)
Adult Cardiovascular Disease (7 votes)			
Adults reported they had survived a heart attack	5%	Age: 65+ (14%) Income: N/A	N/A
Adults reported they had survived a stroke	3%	Age: 65+ (7%) Income: <\$25K (11%)	N/A
Adults reported they had angina or coronary heart disease	2%	Age: 65+ (8%) Income: N/A	N/A
Adults reported they had congestive heart failure	2%	Age: 65+ (4%) Income: <\$25K (6%)	N/A
Adults diagnosed with high blood cholesterol	38%	Age: 65+ (60%) Income: <\$25K (51%)	Males (44%)
Adults diagnosed with high blood pressure	41%	Age: 65+ (61%) Income: <25K (74%)	Males (49%)

N/A- Not Available

Adult Key Issues

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Adult Diabetes (5 votes)			
Adults diagnosed with diabetes	14%	Age: 65+ (24%) Income: <\$25K (33%)	Males (19%)
Adult Alcohol Consumption (4 votes)			
Adult current drinkers (drank alcohol at least once in the past month)	46%	Age: N/A Income: \$25K+ (55%)	N/A
Average number of drinks adults consumed per drinking occasion	2.6	Age: 19-64 (2.6) Income: <\$25K (2.9)	Females (2.8)
Adult binge drinkers (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	17%	N/A	N/A
Adult Drug Use (4 votes)			
Adults who used recreational marijuana in the past 6 months	4%	Age: 19-64 (7%) Income: \$25K+ (4%)	Males (7%)
Adult prescription medication misuse in the past 6 months	5%	Age: 65 & older (6%) Income: <\$25K (14%)	Males (5%)
Overdose deaths – 2020, 2021, 2022 totals (<i>Tuscarawas County Coroner's Office</i>)	65 total	10 since Jan-Apr in 2022 25 in 2021 30 in 2020	N/A
Adult Cancer (3 votes)			
Adults who were diagnosed with cancer at some point in their lives	16%	Age: 65+ (37%)	N/A
Lung and Bronchus cancer (<i>ODH 2014-2018</i>)	423 cases	N/A	N/A
Adult Tobacco Use (3 votes)			
Adult current smokers	16%	Age: 19-64 (18%) Income: <\$25K (24%)	Males (21%)
Adult Quality of Life (3 votes)			
Adults who were limited in some way because of a physical, mental, or emotional problem	24%	Age: N/A Income: <\$25K (43%)	N/A
Adults who were limited by arthritis/rheumatism	60%	N/A	N/A
Adults who were limited by back or neck problems	54%	N/A	N/A

N/A- Not Available

Adult Key Issues

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Adult Social Determinants of Health (2 votes)			
Adults who experienced 4 or more ACEs	14%	N/A	N/A
Adults who were considered binge drinkers and experienced 4 or more ACEs	53%	N/A	N/A
Adult Arthritis (2 votes)			
Adults diagnosed with arthritis	39%	Age: 65+ (67%) Income: <\$25K (76%)	Males (43%)
Adult Oral Health (2 votes)			
Adults who visited the dentist/dental clinic in the past 12 months	64%	Age: 19-64 (61%) Income: <\$25K (42%)	Males (64%)
Adult Preventive Medicine (2 votes)			
Adults who got the flu vaccine during the past 12 months	50%	Age: 19-64 (47%) Income: \$25K+ (50%)	Females (47%)
Adults who have had a pneumonia shot in their life	30%	N/A	N/A
Women's Health (1 vote)			
Women ages 40 and older who had a mammogram in the past 2 years	71%	N/A	N/A
Women ages 40 and older who had a clinical breast exams (CBEs) in the past 2 years	70%	N/A	N/A
Women who had a Pap smear in the past 3 years	63%	N/A	N/A
Primary Care Physicians and Mental Health Providers (1 vote)			
Ratio of population to primary care physicians (2022 County Health Rankings)	2,630:1	N/A	N/A
Ratio of population to mental health providers (2022 County Health Rankings)	570:1	N/A	N/A

N/A- Not Available

Youth Key Issues

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Youth Mental Health (11 votes)			
Youth who felt sad or hopeless for 2 or more weeks in a row in the past 12 months	23%	Age: 17 & older (38%) 14-16 (22%)	Females (31%)
Youth who had seriously considered attempting suicide in the past 12 months	13%	Age: 17 & older (21%) 14-16 (13%)	Females (14%)
Youth who attempted suicide in the past 12 months	6%	N/A	N/A
Youth reported being bothered nearly every day within the past 2 weeks by – feeling nervous, anxious, or on edge	15%	N/A	N/A
Youth Weight Status (6 votes)			
Youth identified as obese	27%	Age: 13 & younger (30%)	Males (32%)
Youth identified as overweight	21%	Age: 13 & younger (25%)	Females (22%)
Youth did not participate in at least 60 minutes of any physical activity on any day in the past week	10%	N/A	N/A
Youth Drug Use (2 votes)			
Youth who used marijuana in the past 30 days	5%	Age: 17 & older (14%) 14-16 (5%)	Females (6%)
Among those who tried marijuana – youth used marijuana in the past 30 days	41%	N/A	N/A
Youth Alcohol Consumption (2 votes)			
Youth current drinkers (individuals who have had at least one alcoholic drink in the past 30 days)	8%	Age: 17 & older (25%) 14-16 (7%)	Females (11%)
Youth Violence and Bullying (1 vote)			
Youth who were bullied in the past 12 months	31%	N/A	N/A
Perceived Risk of Drug Use (1 vote)			
Use electronic vapor products every day – no risk	14%	N/A	N/A
Smoke marijuana one or twice a week – no risk	23%	N/A	N/A
Youth Smoking (1 vote)			
Youth current smokers (smoked in the past 30 days)	3%	N/A	N/A
Youth who used electronic vapor product (in the past 30 days)	12%	N/A	N/A

N/A- Not Available



Priorities Chosen

Based on the 2021 Tuscarawas County Health Needs Assessment, key issues were identified for adults and youth. Overall, there were 23 key issues identified by the Healthy Tusc members. The Healthy Tusc members then voted and came to a consensus on the priority areas Tuscarawas County will focus on over the next three years. The key issues and their corresponding votes are described in the table below.


Key Issues	Votes
1. Adult Mental Health	11
2. Youth Mental Health	11
3. Adult Weight Status	10
4. Uninsured Adults	7
5. Adult Cardiovascular Health	7
6. Youth Weight Status	6
7. Adult Diabetes	5
8. Adult Alcohol Consumption	4
9. Adult Drug Use	4
10. Adult Cancer	3
11. Adult Tobacco Use	3
12. Adult Quality of Life	3
13. Adult Social Determinants of Health	2
14. Adult Arthritis	2
15. Adult Oral Health	2
16. Adult Preventive Medicine	2
17. Youth Drug Use	2
18. Youth Alcohol Consumption	2
19. Women's Health	1
20. Youth Violence and Bullying	1
21. Perceived Risk of Drug Use	1
22. Youth Smoking	1
23. Primary Care Physicians and Mental Health Providers	1

Tuscarawas County will focus on the following three priority areas over the next three years:

Priority Factor(s):

- 1) Health Behaviors 
- 2) Access to Care 

Priority Health Outcome(s):

- 1) Mental Health and Addiction 

Community Themes and Strengths Assessment (CTSA)

The Community Themes and Strengths Assessment (CTSA) provides a deep understanding of the issues that residents felt were important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" The CTSA consisted of two parts: open-ended questions to the committee and the Quality-of-Life Survey. Below are the results:

Open-ended Questions to the Committee

1. What do you believe are the 2-3 most important characteristics of a healthy community?

- Access to affordable health care (10)
- Access to healthy low costs foods (5)
- High employment rates (3)
- Access to parks, walking trails, exercise opportunities (3)
- Safety (2)
- Affordable housing (2)
- Support and well-being (2)
- Access to preventative services (2)
- Physically active community members (2)
- Inclusion
- Education
- Low crime
- Walkability
- Mental well-being
- Acknowledgement
- Community collaboration
- Low homeless population
- Promotion of healthy lifestyle
- Sense of family and belonging
- Declining use of tobacco products
- Appropriate interactions with all people
- Supporting the most vulnerable population
- Multiple and diverse natural and created quality of life features
- Decrease in obesity incidences - i.e., Type 2 diabetes, stroke/heart attack
- Outreach and educations for community's health challenges and concerns

2. What makes you most proud of our community?

- Community collaboration (9)
- Family orientated (2)
- Supportive of non-profit organizations (2)
- Work ethic
- Compassion
- Philanthropy
- Tuscarawas YMCA
- Tourism destinations
- Warm and welcoming
- Growing local manufacturing base
- Dedicated and passionate members
- Giving of time and financial resources
- Natural resources – woods, hills, rivers
- Leadership and support for the younger population
- Not "hiding" from challenges but to recognize them and work to address them
- Strength of local schools (i.e., graduation rates, post-secondary education access, levy support, facility upgrades)

3. What are some specific examples of people or groups working together to improve the health and quality of life in our community?

- Healthy Tusc – CHA/CHIP (7)
- Access Tusc – Bridges to Wellness (6)
- Tuscarawas YMCA (5)
- County Health Departments (5)
- Empower Tusc (3)
- Tuscarawas Clinic for the Working Uninsured (3)
- Tuscarawas County Council for Church & Community (T4C) (2)
- Cleveland Clinic Union Hospital (2)
- Rotary Club (2)
- Food pantry (2)
- School system (2)
- Farmers Markets (2)
- TUFF Bags Program (2)
- County ministerial associations (2)
- Regional Tech Park development by Tuscarawas County Commissioners (2)
- Safe Communities Coalition
- Addiction Task Force
- Camp Tuscazoar
- Ernie's bike shop
- Rt. 250 Health & Fitness
- OhioGuidestone
- Non-profit organizations
- Job & Family Services
- Big Brothers, Big Sisters
- Puentes
- Helping neighbors with various tasks
- Leadership Tuscarawas
- Economic development
- Kent State University Tuscarawas & Buckeye Career Center
- United Way
- Twin City Medical Center
- Cleveland Clinic Union Hospital
- ADAMHS Board
- Society for Equal Access
- Salvation Army
- Tusc Against Trafficking
- Newsymom
- OSU Extension Programs
- RTY
- Senior Center
- Convention and Visitors Bureau
- Rick Arredondo's efforts in downtown New Philadelphia
- Tuscarawas County Convention & Visitors Bureau – working to attract tourists & support attractions
- People working to impact the physical activity and behavioral health of the community

4. What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in our community?

- Mental health care and addiction (7)
- Access to health care (6)
- Obesity (2)
- Diabetes (2)
- Education (2)
- Transportation options (2)
- Increased housing assistance (2)
- Better utilization of preventative services
- Reconnecting individuals together for mutual support & encouragement
- Continue to create outdoor activities – bike trails and paths
- Rapid access for substance using individuals
- Options for health care – dental, OB, specialty care
- Education on already available resources
- Workplace wellness initiatives
- Reducing abuse of services
- Awareness of the cost increases associated with abuse
- Mentorship programs in schools
- Vaccine resistance
- Being aware of programs out in the community
- Addressing ACEs which lead to both physical and behavioral health issues
- Drug culture and use
- Foster care programs
- Outreach and access to services to minority populations - Latinos. Low-income, LGBTQ+
- Health promotion and disease prevention programs
- Broadband access
- Workforce shortages
- Social Determinants of Health

5. What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?

- Funding (6)
- Lack of health care access (4)
- Resources - mental health care services and addiction/recovery services (3)
- Stigma (2)
- Politics (2)
- Lack of education (2)
- Transportation issues (2)
- Apathy of the community (2)
- Lack of initiative to change (2)
- Fear
- Misinformation
- Fast pace societal change
- Fast pace of work
- Mental health “scars” from pandemic challenges & losses
- Workforce
- Poor paying jobs
- Insurance issues or no insurance
- Communication
- Increased cost and decreased availability of goods and services
- Lack of knowledge regarding ACEs
- Ignorance
- Resistance and resolute behaviors that will not consider reviewing facts, advice, and guidance
- Lack of interest by the residents

6. What actions, policy, or funding priorities would you support to build a healthier community?

- Public transportation (3)
- General/reduced price health screenings and health education events (2)
- More support groups for mental health and addiction services (2)
- Development of more bike trails/paths
- New mental health care facilities in the community
- Well-being days/fairs
- Public events promoting healthy living
- Rewarding responsible healthy choices
- Advocate for work permits for undocumented workers
- Education
- Affordable insurance
- Evaluation of assistance programs
- ACEs implementation
- Work with teams that have the same common goal and get communication out to community for awareness
- Clearly-defined opportunities to engage retirees, business leaders, educators, and families
- Support for community health programming at local health departments and hospitals
- Tobacco use policies
- Policies around safer communities and gun violence
- Outreach to the growing Central American immigrant population to build support and utilization and social services
- Childcare
- Grant projects

7. What would excite you enough to become involved (or more involved) in improving our community?

- Support and engagement of the entire community (2)
- Trying new things
- ACEs implementation
- Addressing mental health stigma
- More community leaders involved
- Development of more bike trails/paths
- Not continuing things as they have been for years
- Seeing people's lives be changed and get healthier
- Progress made in the past several years and the support of non-healthcare agencies and officials such as Tuscarawas County Commissioners.
- Seeing results and improvements through improved health indicators, health outcomes, and quality of life. Results should be seen through data and testimonials and stories

Quality of Life Survey

Healthy Tusc urged community members to fill out a short Quality of Life Survey via SurveyMonkey. There were **578** Tuscarawas County community members who completed the survey. The table below incorporate responses from the previous Tuscarawas County CHIP for comparison purposes. The anchored Likert scale responses were converted to numeric values ranging from 1 to 5, with 1 being lowest and 5 being highest. For example, an anchored Likert scale of "Very Satisfied" = 5, "Satisfied" = 4, "Neither Satisfied or Dissatisfied" = 3, "Dissatisfied" = 2, and "Very Dissatisfied" = 1. For all responses of "Don't Know," or when a respondent left a response blank, the choice was a non-response and was assigned a value of 0 (zero). The non-response was not used in averaging response or calculating descriptive statistics.

Quality of Life Questions	Likert Scale Average Response		
	'16 -'19 (n=670)	'19 -'22 (n=594)	'22 -'25 (n=578)
1. Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.) [IOM, 1997]	3.72	3.76	3.72*
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	3.38	3.21	3.20*
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	4.00	3.93	3.83*
4. Is this community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.)	3.78	3.72	3.57*
5. Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)	2.90	3.12	3.13*
6. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, and the mall. Do neighbors know and trust one another? Do they look out for one another?)	3.72	3.79	3.78*
7. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, or organizations) during times of stress and need?	3.65	3.63	3.62*
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.51	3.44	3.43*
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	3.23	3.24	3.17*
10. Are community assets broad-based and multi-sectoral? (There are a variety of resources and activities available county-wide)	3.23	3.23	3.18*
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	3.25	3.27	3.19*
12. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments? (Are citizens working towards the betterment of their community to improve life for all citizens?)	3.24	3.24	3.17*

**Results of this assessment were collected during the COVID-19 pandemic*

Forces of Change Assessment

The Forces of Change Assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This assessment answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" The Healthy Tusc members were asked to identify positive and negative forces which could impact community health improvement and overall health of this community over the next three years. This group discussion covered many local, state, and national issues and change agents which could be factors in Tuscarawas County in the future. The table below summarizes the forces of change agent and its potential impacts:

Force of Change	Threats Posed	Opportunities Created
1. Economic shifts/inflation (11)	<ul style="list-style-type: none"> • Housing/utility insecurity (5) • Food insecurity (4) • Increased cost of gas and health care (4) • Increased anxiety and depression (3) • Nutrition issues (2) • Increased risk of suicide (2) • Increased unemployment (2) • Increased interest rates to slow inflation • Utility shut off for vulnerable populations • Working to live • Local small businesses struggling • Less savings • Increase in obesity rates • Tough for parents to drive kids to fitness and athletic events • More domestic violence 	<ul style="list-style-type: none"> • Opportunity to bring needed programming to the community (3) • Grant opportunities (2) • Collaboratives to help address food and financial insecurities (2) • Community outreach • Increased community assistance • Increased participation in 'free' community events • Budgeting/financial management trainings • Farmers markets • Local meats and produce • Spotlight on local whole food • More local fitness and athletic programming • More mental health programming • Families spending more time together – use of outdoor activities and parks

Force of Change	Threats Posed	Opportunities Created
<p>2. COVID-19 pandemic (11)</p>	<ul style="list-style-type: none"> • Economic strain (4) • Sickness (2) • Delayed care (2) • Increased deaths (2) • Depression and suicide (2) • Distrust of medical experts (2) • Continued community spread of the virus due to unvaccinated (2) • Strain on public health and health care (2) • Increased hospitalizations • Increased health care costs • PTSD • Increased anti-vaxxers • Lost educational years • Long term health problems • Unable to work • Increased chronic conditions • Increase in disease diagnosis • Distrust in government and public health • Chain of supply decreased 	<ul style="list-style-type: none"> • Community partnerships (4) • Virtual events (2) • Better understanding of the importance of public health (2) • Increased awareness and rates for all types of preventative vaccinations (2) • Focus on emergency preparedness • More mental health programs, education, and events • Group counseling • Education and prevention of COVID-19 • Positive health care messages to the community • Community resilience/adaptability • More free services • Telehealth
<p>3. Mental health issues (5)</p>	<ul style="list-style-type: none"> • Lack of resources (2) • Lack of psychiatrists (2) • Lack of affordable insurance (2) • Lack of mental health care professionals (2) • Rising drug/alcohol usage • Depression • Suicide • Increased strain on law enforcement and legal services 	<ul style="list-style-type: none"> • Increased access to mental health services (2) • Need for inpatient/outpatient services (2) • Need for trained professionals • Schools/programs • Long term research & solutions • Better federal & state legislation • Enforce laws

Force of Change	Threats Posed	Opportunities Created
4. Rising prices of goods - gas/grocery (5)	<ul style="list-style-type: none"> • Lack of traveling including not to receive care (2) • Food insecurity (2) 	<ul style="list-style-type: none"> • Public transportation (2) • Food availability • Education on managing expenses better • Ride share programs • Active mobility opportunities
5. Ease of access to dangerous drugs (5)	<ul style="list-style-type: none"> • Poverty (2) • Addiction • Overdoses • Crime • Youth exposed to drug usage • Lack of adult role models • Lack of parental support-engagement 	<ul style="list-style-type: none"> • Awareness • Decreasing ease of access • Better federal & state legislation • Support law enforcement • Youth programming – Empower Tusc • Afterschool programming • Wellness programs
6. Growing Hispanic population (4)	<ul style="list-style-type: none"> • Impact on housing stock • Limited outreach without bilingual workers • Lack of insurance and ability to pay bills • Communication/language barriers • Failure of community to welcome and embrace 	<ul style="list-style-type: none"> • Train and hire bilingual providers (3) • Improve access of care (2) • Development of programs and services (2)
7. Obesity rates – adult and youth (3)	<ul style="list-style-type: none"> • Diabetes (2) • Heart disease (2) • Weight gain • High cholesterol • Decreased quality of life 	<ul style="list-style-type: none"> • Wellness and nutrition programming (2) • Walking groups • More focus on whole food, less processed food • Girls on the run implementation programming • Fit for life

N/A – Not available

Force of Change	Threats Posed	Opportunities Created
8. Political climate (3)	<ul style="list-style-type: none"> • Funding channels for improvement efforts may decrease and health policies may change (2) • Lack of trust • Increased community divide • Refusal to follow best practices with regard to pandemic • Changes in health care coverage 	<ul style="list-style-type: none"> • New elected leaders could retain or increase funding support for improvement efforts (2) • Community reunification • New beneficial health policies and projects could be initiated
9. Community workforce shortages (3)	<ul style="list-style-type: none"> • Not enough staff to serve population (2) • Access to care will not be timely • Cost of childcare • Lower household incomes 	<ul style="list-style-type: none"> • Redesign services • Daycare program improvements and availability • Support groups for working parents • Affordable education opportunities • Increased employment benefits
10. Loss of health care workers to provide services (2)	<ul style="list-style-type: none"> • Lack of experts and resources to meet community improvement goals • Longer wait times for tests and care 	<ul style="list-style-type: none"> • Recruiting new workers • Opportunity to partner with schools and colleges to increase interest in health and public health careers
11. Increase in aging population (2)	<ul style="list-style-type: none"> • Lack of affordable housing • Stress on elder care organizations 	<ul style="list-style-type: none"> • Creation of new non-single resident housing options • Expansion of elder care facilities & providers
12. Lack of communication/ misinformation	<ul style="list-style-type: none"> • Communication rapidly changing • Mistrust • Population not adhering to health recommendations that are based on science/research, listening to social media instead 	<ul style="list-style-type: none"> • Better research, planning, and organization • Ability to work to develop trust in our local experts as trusted advisors
13. Cost of living increase	<ul style="list-style-type: none"> • Paying for health care 	<ul style="list-style-type: none"> • More funding for health screenings

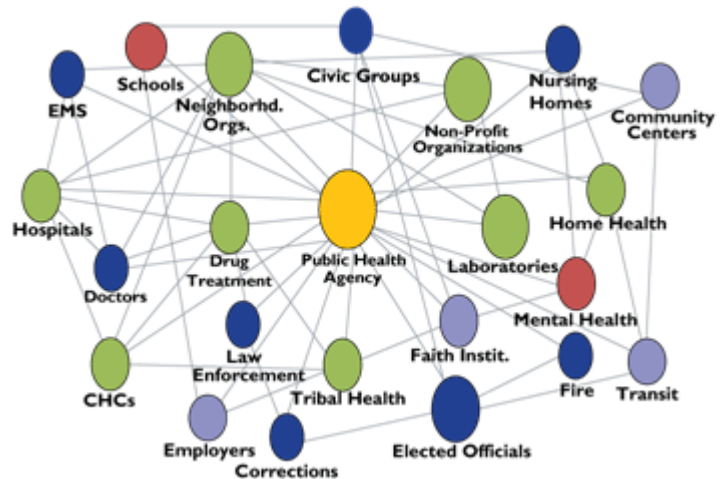
Force of Change	Threats Posed	Opportunities Created
14. Housing market price increases	<ul style="list-style-type: none"> • Lower inventory of homes available for sale • Higher property values causing increase in rent • Mortgage interest rates on the rise • Increase in homeless population 	<ul style="list-style-type: none"> • Housing affordability programs • Public housing program changes • Employee housing programs
15. Hospital/medical organization consolidations	<ul style="list-style-type: none"> • Loss of input/control • Transient medical service providers 	<ul style="list-style-type: none"> • Establish local board to influence local decisions • Access to greater care resources
16. Legalization efforts around recreational marijuana use	<ul style="list-style-type: none"> • Decreased perception of harm resulting in an increased youth use 	<ul style="list-style-type: none"> • Become educated and informed about this issue • Communities create policies to protect their communities and vulnerable populations
17. Increasing health care costs	<ul style="list-style-type: none"> • Decreased access to care 	<ul style="list-style-type: none"> • Awareness and efforts to address unfair health care practices
18. Increased screen time/tech toys	<ul style="list-style-type: none"> • Lack of social interactions/skills • Increased BMI • Online vulnerability 	<ul style="list-style-type: none"> • Digital wellness activities – tracking steps • Geocaching
19. Vaping	<ul style="list-style-type: none"> • Health problems • Increased teen smoking 	<ul style="list-style-type: none"> • Increased communication efforts • Social media efforts
20. Increased wait time for BCI process confiscated substances	<ul style="list-style-type: none"> • Increased risk of overdose and deaths 	<ul style="list-style-type: none"> • Alternative options for unknown substances • Reprieve from existing timeframes attached to filing charges and hearings
21. Language access	<ul style="list-style-type: none"> • Miscommunication of critical information 	<ul style="list-style-type: none"> • Train and maintain multi-lingual personnel • Mentor bi-cultural students to get a higher education
22. Peer pressure/social media influence	<ul style="list-style-type: none"> • Gender identities 	<ul style="list-style-type: none"> • Education and counseling opportunities
23. Shopping mall	<ul style="list-style-type: none"> • Empty • Anchor stores have left • Low foot traffic 	<ul style="list-style-type: none"> • Community event center – farmer’s market

Force of Change	Threats Posed	Opportunities Created
24. Local hospitals have less control due to systemization	<ul style="list-style-type: none"> • Hospitals may be unable to enact • Delayed programming for community health improvement 	<ul style="list-style-type: none"> • Hospitals have access to more potential resources from the larger hospitals and larger pool of experts within their hospital systems
25. Decrease in family values, morals, and family model	<ul style="list-style-type: none"> • Increased crime, addiction, and entitlement • Cycle of poverty 	<ul style="list-style-type: none"> • Opportunity for reform with judicial and penal system
26. The war in Ukraine	<ul style="list-style-type: none"> • Shortages of supplies • Government aiding/funding to Ukraine • Resource shortages nationally and globally 	<ul style="list-style-type: none"> • Creating plants and workforces here to combat shortages
27. Payor reimbursement	<ul style="list-style-type: none"> • Service level • Staffing 	<ul style="list-style-type: none"> • Better ability to service the community

Local Public Health System Assessment

The Local Public Health System

Public health systems are commonly defined as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.” This concept ensures that all entities’ contributions to the health and well-being of the community or state are recognized in assessing the provision of public health services.



The public health system includes:

- Public health agencies at state and local levels
- Healthcare providers
- Public safety agencies
- Human service and charity organizations
- Education and youth development organizations
- Recreation and arts-related organizations
- Economic and philanthropic organizations
- Environmental agencies and organizations

The 10 Essential Public Health Services

The 10 Essential Public Health Services describe the public health activities that all communities should undertake and serve as the framework for the NPHPS instruments.

Public health systems should:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

(Source: **Centers for Disease Control; National Public Health Performance Standards; The Public Health System and the 10 Essential Public Health Services**)

The Local Public Health System Assessment (LPHSA)

The LPHSA answers the questions, "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"

This assessment involves the use of a nationally recognized tool called the **National Public Health Performance Standards Local Instrument**.

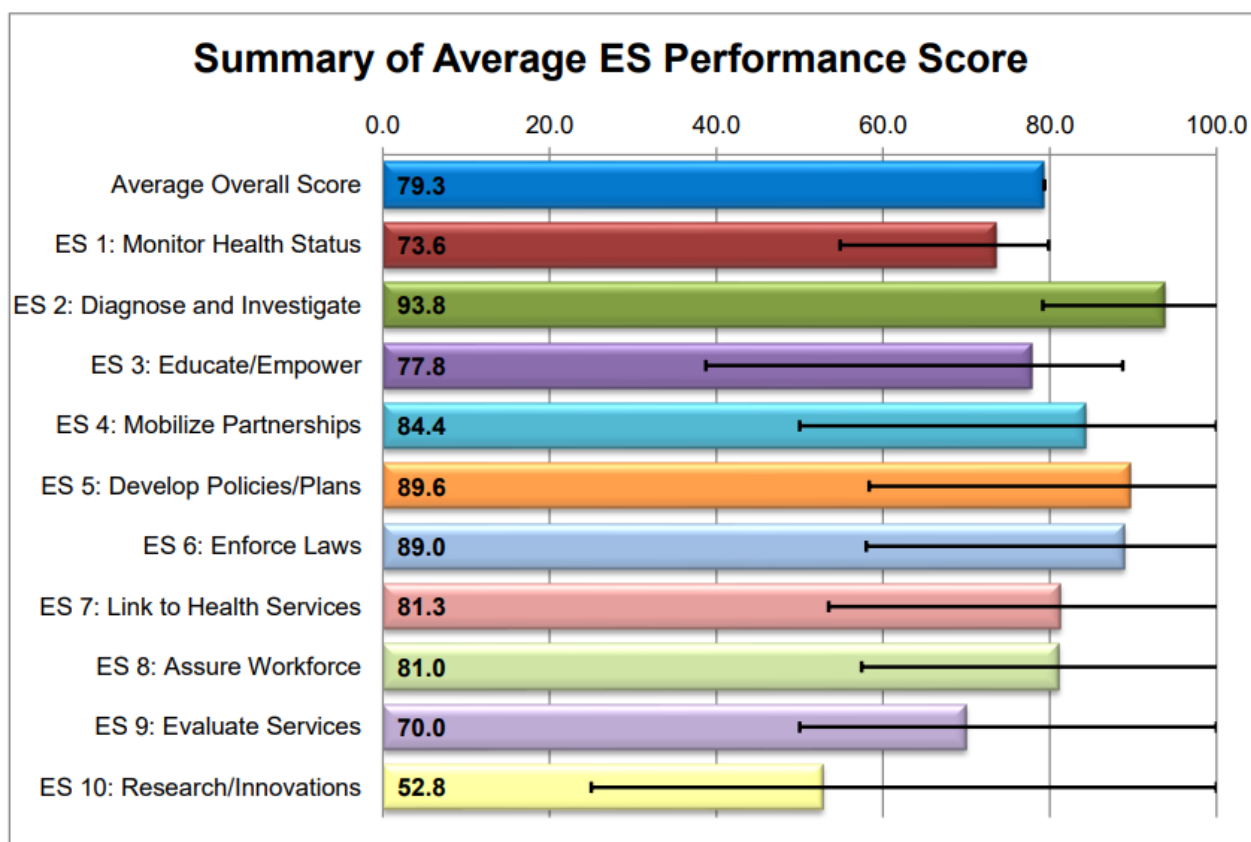
Members of Healthy Tusc completed the performance measures instrument. The LPHSA results were then presented to the committee for discussion. The 10 Essential Public Health Services and how they are being provided within the community as well as each model standard was discussed, and the group came to a consensus on responses for all questions. The challenges and opportunities that were discussed were used in the action planning process.

The Healthy Tusc members identified 0 indicators that had a status of "no activity" and 0 indicator that had a status of "minimal". The remaining indicators were all moderate or significant.

As part of minimum standards, local health departments are required to complete this assessment at least once every five years.

To view the full results of the LPHSA, please contact the New Philadelphia City Health Department at 330-364-4491 ext. 1208 or the Tuscarawas County Health Department at 330-343-5555 ext. 100.

Tuscarawas County Local Public Health System Assessment 2022 Summary



Note: The black bars identify the range of reported performance score responses within each Essential Service

Gap Analysis, Strategy Selection, Evidence-Based Practices, and Resources

Gaps Analysis

A gap is an area where the community needs to expand its efforts to reduce a risk, enhance an effort, or address another target for change. A strategy is an action the community will take to fill the gap. Evidence is information that supports the linkages between a strategy, outcome, and targeted impact area. The Healthy Tusc members were asked to determine gaps in relation to each priority area, consider potential or existing resources, and brainstorm potential evidence-based strategies that could address those gaps. To view the completed gap analysis exercise, please view Appendix I.

Strategy Selection

Based on the chosen priorities, the Healthy Tusc members were asked to identify strategies for each priority area. Considering all previous assessments, including but not limited to the CHA, CTSA, quality of life survey and gap analysis, committee members determined strategies that best suited the needs of their community. Members referenced a list of evidence-based strategies recommended by the Ohio SHIP, as well as brainstormed for other impactful strategies. Each resource inventory can be found with its corresponding priority area.

Evidence-Based Practices

As part of the gap analysis and strategy selection, the Healthy Tusc members considered a wide range of evidence-based practices, including best practices. An evidence-based practice has compelling evidence of effectiveness. Participant success can be attributed to the program itself and have evidence that the approach will work for others in a different environment. A best practice is a program that has been implemented and evaluation has been conducted. While the data supporting the program is promising, its scientific rigor is insufficient. Each evidence-based practice can be found with its corresponding strategy.

Resource Inventory

Based on the chosen priorities, the Healthy Tusc members were asked to identify resources for each strategy. The resource inventory allowed the committee to identify existing community resources, such as programs, policies, services, and more. The Tuscarawas County Healthy Tusc Partners was then asked to determine whether a policy, program or service was evidence-based, a best practice, or had no evidence indicated. Each resource inventory can be found with its corresponding strategy.

Priority #1: Health Behaviors

Strategic Plan of Action

To work toward improving health behaviors, the following strategies are recommended:

Physical Activity/Nutrition Strategies:

Priority #1: Health Behaviors				
Strategy 1: Community-wide physical activity campaign				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Create a community-wide physical activity campaign.</p> <p>Recruit at least five agencies who are working to improve and promote Tuscarawas County's physical activity opportunities. Determine the goals and objectives of the physical activity campaign.</p> <p>Engage community agencies that coordinate a unified message to increase awareness of Tuscarawas County physical activity opportunities and create a culture of health.</p> <p>Brand the campaign and explore the feasibility of creating a county physical activity resource that houses information about all physical activity opportunities.</p>	August 13, 2023	Adults and Youth	<p>Adult physical inactivity. Percent of adults, age 18 and older, reporting no leisure time physical activity (BRFSS)</p> <p>Youth physical inactivity.</p>	<p>Tuscarawas County YMCA</p> <p>New Philadelphia City Health Department</p>
<p>Year 2: Continue efforts of year 1.</p> <p>Using the coordinated message, all participating agencies will increase awareness of physical activity opportunities and promote the use of them at least twice a month. Provide non-participating community agencies with materials to support the campaign, such as social media messages, website information, infographics, maps, flyers, etc.</p> <p>Continue to build upon the trail system in Tuscarawas County parks. Collaborate with local partners to promote local parks, playgrounds, trails, and other green space.</p>	August 13, 2024			<p>Tuscarawas County Health Department</p> <p>Trinity Health System Twin City Medical Center</p>
<p>Year 3: Continue efforts of years 1 and 2.</p> <p>Work with partner to promote Sports Closet locations.</p>	August 13, 2025			
<p>Strategy identified as likely to decrease disparities?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified</p>				
<p>Resources to address strategy:</p> <p>Tuscarawas County Parks Department, Cleveland Clinic Union Hospital, Trinity Health System Twin City Medical Center, Tuscarawas County Convention and Visitors Bureau, Tuscarawas County Parks, OSU Extension, Kiwanis Clubs, Tuscarawas County Libraries, Tuscarawas County School Districts, Healthy Tusc Members, Leadership Tusc, Tuscarawas Valley Farmers Market</p>				
<p>Outcome:</p> <p>Increase physical activity among adults and youth in Tuscarawas County</p>				

Tobacco Strategies:

Priority #1: Health Behaviors				
Strategy 2: Policies for smoke free environments for tobacco/nicotine/vaping/smokeless tobacco (Smoke-free policies for indoor/outdoor areas)				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Conduct Policy Scan. Identify areas not 100% smoke free. Work with stakeholders to pass ordinance or create policy to be smoke free.	August 13, 2023	Adults	Adult smoking. Percent of adults, ages 18 and older, that are current smokers (BRFSS)	Tuscarawas County Health Department Empower Tusc
Year 2: Conduct annual Policy Scan. Identify areas not 100% smoke free. Work with stakeholders to pass 1 new ordinance or create policy to be smoke free.	August 13, 2024		Youth all-tobacco/nicotine use. Percent of high school students who have used cigarettes, smokeless tobacco (i.e. chewing tobacco, snuff or dip), cigars, pipe tobacco, hookah, bidis, e-cigarettes or other vaping products during the past 30 days (OYTS)	
Year 3: Conduct annual Policy Scan. Identify areas not 100% smoke free. Work with stakeholders to pass 1 new ordinance or create policy to be smoke free.	August 13, 2025			
Strategy identified as likely to decrease disparities? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified				
Resources to address strategy: Healthy Tusc Members, New Philadelphia City Health Department, Empower Tusc Tobacco Prevention & Cessation Committee Member, Cleveland Clinic Union Hospital, Trinity Health System Twin City Medical Center				
Outcome: Increase the number of smoke-free facilities in Tuscarawas County				

Priority #1: Health Behaviors

Strategy 3: Access to cessation for tobacco/nicotine/vaping/smokeless tobacco (Tobacco cessation therapy affordability)

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Quit Line Referrals/Quit Attempts. Health Care provider reminder systems.</p> <p>Conduct outreach with community members, agencies, groups, organizations this can be done via trainings, presentations, or community events.</p>	August 13, 2023	Adults and Youth	Adult smoking. Percent of adults, ages 18 and older, that are current smokers (BRFSS)	Tuscarawas County Health Department Empower Tusc
<p>Year 2: Youth screening for nicotine use and quit attempts.</p> <p>Work with school districts to get 1 school district to implement an alternative to suspension for nicotine use at school.</p> <p>Adult online Quit Line Referrals and Quit Attempts.</p> <p>Train organizations on AAR/AAP.</p> <p>Conduct outreach with community members, agencies, groups, organizations this can be done via trainings, presentations, or community events.</p>	August 13, 2024		Youth all-tobacco/nicotine use. Percent of high school students who have used cigarettes, smokeless tobacco (i.e. chewing tobacco, snuff or dip), cigars, pipe tobacco, hookah, bidis, e-cigarettes or other vaping products during the past 30 days (OYTS)	
<p>Year 3: Youth screening for nicotine use and quit attempts.</p> <p>Adult online Quit Line Referrals and Quit Attempts.</p> <p>Increase youth cessation offerings.</p> <p>Promote county youth and adult cessation offerings at outreach event.</p>	August 13, 2025			

Strategy identified as likely to decrease disparities?
 Yes No Not SHIP Identified

Resources to address strategy:
 Healthy Tusc Members, New Philadelphia City Health Department, Empower Tusc Tobacco Prevention & Cessation Committee Members, Trinity Health System Twin City Medical Center, Cleveland Clinic Union Hospital

Outcome:
 Increase the number of smoking-related cessation offerings in Tuscarawas County

Priority #1: Health Behaviors 

Strategy 4: Licensure for retailers for tobacco/nicotine/vaping/smokeless tobacco

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Groundwork for Tobacco Retailer License (TRL): <ul style="list-style-type: none"> • SWOT Analysis • Identify decision makers and gather information on probable positions of potential decision makers • Create Implementation Plan • Compile list of retailers 	August 13, 2023	Adults and Youth	Adult smoking. Percent of adults, ages 18 and older, that are current smokers (BRFSS)	Tuscarawas County Health Department Empower Tusc
Year 2: Groundwork for Tobacco Retailer License (TRL): <ul style="list-style-type: none"> • Promote TRL at community • Educate retailers on TRL and requirements • Collaborate with TCHD environmental health and local law enforcement 	August 13, 2024		Youth all-tobacco/nicotine use. Percent of high school students who have used cigarettes, smokeless tobacco (i.e. chewing tobacco, snuff or dip), cigars, pipe tobacco, hookah, bidis, e-cigarettes or other vaping products during the past 30 days (OYTS)	
Year 3: Groundwork for Tobacco Retailer License (TRL): <ul style="list-style-type: none"> • Work with stakeholders to promote and pass TRL • Retailer enrollment and issuing of licenses • Conduct compliance checks and site visits for TRL 	August 13, 2025			
Strategy identified as likely to decrease disparities? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not SHIP Identified				
Resources to address strategy: Healthy Tusc Members, New Philadelphia City Health Department, Empower Tusc Tobacco Prevention & Cessation Committee Members				
Outcome: Promotion and implementation of Tobacco Retail License (TRL) in Tuscarawas County				

Priority #2: Access to Care

Strategic Plan of Action

To work toward improving access to care, the following strategies are recommended:

Priority #2: Access to Care				
Strategy 1: School-based health centers (SBHCs)				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Gather community leaders, stakeholders, local qualified healthcare providers (such as nurse practitioners), and mental health providers to discuss and assess the need for a school-based health center and determine the type of services it will be provide to the students that follow state standards.</p> <p>Research and secure funding through the state, county health department, federally qualified heath centers (FQHC), local businesses, community providers, grants, and another fundraising.</p> <p>Open 2 school-based health clinics in Tuscarawas County.</p>	August 13, 2023	Youth	<p>Primary care health professional shortage areas. Percent of Ohioans living in a primary care health professional shortage area* (HRSA, as compiled by KFF)</p> <p>Mental health professional shortage areas. Percent of Ohioans living in a mental health professional shortage area* (HRSA, as compiled by KFF)</p>	Aultman Health Foundation
<p>Year 2: Continue efforts to sustain funding. Add behavioral health services to school-based health clinics.</p> <p>Become a School-Based Health Alliance member and complete the trainings and resource guides.</p> <p>Find additional funding to secure the school nurse resources at each school.</p> <p>Work with schools to locate any onsite clinic space that could be utilized for well visits/physicals/vaccinations/etc.</p> <p>Aim to hire 2 additional mental health or acute/primary medical staff professionals either in-person or through telehealth.</p>	August 13, 2024			
<p>Year 3: Continue efforts of year 2.</p> <p>Start to plan to open one new school-based health center.</p>	August 13, 2025			
<p>Strategy identified as likely to decrease disparities?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not SHIP Identified</p>				
<p>Resources to address strategy:</p> <p>Tuscarawas County Health Department, Claymont Local Schools, Tusky Valley Local Schools, Educational Service Center of East Central Ohio, The Village Network, Healthy Tusc Members, SpringVale Health Centers, Tuscarawas County School Districts, Cleveland Clinic Union Hospital, Access Tusc, New Philadelphia City Health Department, OhioGuidestone</p>				
<p>Outcome:</p> <p>Expand the number of school-based health centers in Tuscarawas County</p>				

Priority #2: Access to Care

Strategy 2: Community resource guide

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Review old community resource guide and update information as needed.</p> <p>Promote/share guide through various outlets (i.e., social media, newspaper, bulletins, and radio) and provide print copies throughout county.</p>	August 13, 2023	Adults and Youth	Number of community resource guides printed and disseminated	<p>Access Tuscarawas</p> <p>Tuscarawas County Family & Children First Council</p>
<p>Year 2: Continue efforts from year 1.</p> <p>Create a Spanish version of the community resource guide and promote/shared the guide through the county.</p>	August 13, 2024		Number of community resource guides distributed among disparate populations (low-income, Latino, etc.)	
<p>Year 3: Continue efforts from years 1 and 2.</p>	August 13, 2025			

Strategy identified as likely to decrease disparities?

Yes
 No
 Not SHIP Identified

Resources to address strategy:

East Central Ohio Educational Service Center, Healthy Tusc Members, Tuscarawas County Libraries, Tuscarawas County Social Service Agencies, Tuscarawas County Medical Offices, Tuscarawas County School Districts, Cleveland Clinic Union Hospital, Tuscarawas Valley Farmers Market, Tuscarawas County Health Department, New Philadelphia City Health Department, Mediwise Pharmacy, Homeless Shelter, Trinity Health System Twin City Medical Center, Access Tusc Transit, Tuscarawas County Clinic for the Working Uninsured, United Way of Tuscarawas County

Outcome:

Increase awareness about the services offered in Tuscarawas County

Priority #2: Access to Care

Strategy 3: Expand broadband Internet access to rural areas

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Collect baseline data on the number of community members who lack access to Internet in rural areas.</p> <p>Share information with various community stakeholders and review current contract(s) with broadband company(ies).</p> <p>Work with stakeholders and broadband company(ies) to create a plan for extending services to rural areas.</p>	August 13, 2023	Adults and Youth	Number of community members who lack access to Internet	Tuscarawas County Economic Development Corporation (Broadband Ohio Accelerator Program)
<p>Year 2: Continue efforts from year 1.</p>	August 13, 2024			
<p>Year 3: Continue efforts from years 1 and 2.</p>	August 13, 2025			

Strategy identified as likely to decrease disparities?

Yes
 No
 Not SHIP Identified

Resources to address strategy:

Tuscarawas County Commissioners, Healthy Tusc Members

Outcome:

Expand broadband Internet access to rural areas in Tuscarawas County

Priority #2: Access to Care

Strategy 4: Community health workers

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Increase number of Community Health Workers (CHW) and/or improve CHW community engagement.	August 13, 2023	Adults and Youth	Primary care health professional shortage areas. Percent of Ohioans living in a primary care health professional shortage area* (HRSA, as compiled by KFF)	Access Tuscarawas Bridges to Wellness Pathways Community HUB
Year 2: Increase number of Tuscarawas residents served by Pathways Community HUB - this enrollment addresses any of 21 Pathways specifically designed to remove social determinant of health barrier (including access to healthcare, mental health and health insurance specifically measurable).	August 13, 2024			
Year 3: Over 50% pathway completion rate for enrolled members. Over 50% completion rate directly correlates to successful community referrals to Tuscarawas County health and social service-related organizations.	August 13, 2025			
<p>Strategy identified as likely to decrease disparities? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not SHIP Identified</p>				
<p>Resources to address strategy: City of New Philadelphia, Tuscarawas County Health Department, Tuscarawas County Senior Center, Healthy Tusc Members, Tuscarawas County Family & Children First Council, Trinity Health System Twin City Medical Center</p>				
<p>Outcome: Increase residents' access to care by decreasing social determinants and improving disparities in Tuscarawas County</p>				

Priority #3: Mental Health and Addiction

Strategic Plan of Action

To work toward improving mental health and addiction outcomes, the following strategies are recommended:

Priority #3: Mental Health and Addiction				
Strategy 1: Universal school-based suicide awareness and education programs				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Introduce school-based suicide awareness and education program (i.e., Signs of Suicide (SOS), Question, Persuade, Refer (QPR), Hope Squad Peer Support, and Mental Health First Aid) along with supporting data, to all school districts and engage interesting districts in a planning process.	August 13, 2023	Youth	Youth suicide deaths. Number of deaths due to suicide for youth, ages 8-17, per 100,000 population (ODH Vital Statistics)	East Central Ohio Educational Service Center (ECOESC) Empower Tusc/Suicide Coalition
Year 2: Continue efforts from year 1. Implement the program(s) in 1-2 school districts in select grade levels.	August 13, 2024			
Year 3: Continue efforts from years 1 and 2. Expand program service area to 1-2 additional school districts.	August 13, 2025			
Strategy identified as likely to decrease disparities? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified				
Resources to address strategy: OhioGuidestone, SpringVale Health Center, Survivors of Suicide support group, NAMI, School Guidance Counselors, Tuscarawas Area Counselors Association (TACA), Healthy Tusc Members, ADAMHS Board, Tuscarawas County School Districts, Empower Tusc/Suicide Coalition Members, Cleveland Clinic Union Hospital Behavioral Health				
Outcome: Increase awareness of suicide among youth in Tuscarawas County				

Priority #3: Mental Health and Addiction

Strategy 2: Collaborate with schools to support the implementation of Social Emotional Learning (SEL) standards and ongoing Behavioral Health (BH) support (Implement school-based social and emotional instruction)

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Work with schools to determine areas of need as well as opportunities to partner behavioral health resources and trainings in districts that are willing.	August 13, 2023	Youth	Youth depression (major depressive episode). Percent of youth, ages 12-17, who experienced a major depressive episode within the past year (NSDUH)	Tuscarawas County Family and Children First Council ECOESC ADAMHS Board of Tuscarawas and Carroll Counties
Year 2: Work with interested schools to determine areas of intervention both from a diagnostic/symptomatic lens as well as determining which groups to target, i.e. teaches; PTO; admin; coaches. etc.	August 13, 2024			
Year 3: Initiate a behavioral health-focused plan in the interested school districts to address need, decrease depressive symptoms, and increase resiliency.	August 13, 2025			

Strategy identified as likely to decrease disparities?

Yes No Not SHIP Identified

Resources to address strategy:

Good Neighbor Project/Buddy Bench, SpringVale Health Center, OhioGuidestone, Early Childhood Mental Health Consultants, Pre-School Interventionalists, Tuscarawas Area Counselors Association (TACA), Healthy Tusc Members, Tuscarawas County School Districts, Cleveland Clinic Union Hospital Behavioral Health

Outcome:

Improve social competence, behavior, and resiliency in youth in Tuscarawas County

Priority #3: Mental Health and Addiction

Strategy 3: Mental health first aid

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Obtain baseline data on the number of Mental Health First Aid (MHFA) trainings that have taken place in the Tuscarawas County.</p> <p>Market the training to local churches, schools, rotary clubs, law enforcement, chambers of commerce, city councils, college students, etc.</p> <p>Provide at least two MHFA trainings.</p>	August 13, 2023	Adult	Adult depression (major depressive episode). Percent of adults, ages 18 and older, who experienced a major depressive episode within the past year (NSDUH)	Empower Tusc Tuscarawas County Farm Bureau
<p>Year 2: Continue efforts from year 1. Provide at least three additional trainings and continue marketing the training.</p>	August 13, 2024		Adult suicide deaths. Number of deaths due to suicide for adults, ages 18 and older, per 100,000 population (ODH Vital Statistics)	
<p>Year 3: Continue efforts from years 1 and 2.</p>	August 13, 2025			

Strategy identified as likely to decrease disparities?
 Yes No Not SHIP Identified

Resources to address strategy:
 Empower Tusc, Suicide Coalition Members, ADAMHS Board of Tuscarawas & Carroll Counties, TACA, Tuscarawas County Council for Church & Community (T4C), Healthy Tusc Members, Tuscarawas County Churches, Tuscarawas County Civic Clubs, Tuscarawas County Libraries, Tuscarawas County Chambers of Commerce, Tuscarawas County Local Businesses, Tuscarawas County Senior Centers, Tuscarawas County Local Farmers, Cleveland Clinic Union Hospital, OhioGuidestone, Trinity Health System Twin City Medical Center

Outcome:
 Increase the number of mental health trainings being offered in Tuscarawas County

Priority #3: Mental Health and Addiction

Strategy 4: Increase County awareness of signs and symptoms of alcohol addiction and local resources

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Review existing awareness campaigns related to alcohol addiction and determine which would have the most impact in the county.</p> <p>Ensure campaign includes connection to local resources as well as ease of engagement in services.</p> <p>Develop a roll-out plan for campaign.</p>	August 13, 2023	Adult	Adult binge drinking	<p>Tuscarawas County Addiction Task Force</p> <p>OhioGuidestone</p> <p>ADAMHS Board</p>
<p>Year 2: Initiate roll-out of alcohol addiction awareness campaign.</p> <p>Monitor calls to Hope Line and diagnoses following assessment to determine impact</p>	August 13, 2024		Adult depression (major depressive episode). Percent of adults, ages 18 and older, who experienced a major depressive episode within the past year (NSDUH)	
<p>Year 3: Review impact of efforts from years 1 and 2 and if necessary, plan for changes in year 3</p>	August 13, 2025		Adult suicide deaths. Number of deaths due to suicide for adults, ages 18 and older, per 100,000 population (ODH Vital Statistics)	

Strategy identified as likely to decrease disparities?

Yes
 No
 Not SHIP Identified

Resources to address strategy:


Next Level, Recovery Community, Recovery-Focused Churches, ADAMHS Board, Tuscarawas County Addiction Task Force Members, OhioGuidestone, New Philadelphia City Health Department, Tuscarawas County Health Department, SpringVale Health Center, Trinity Health System Twin City Medical Center, Healthy Tusc Members, Tuscarawas County Libraries, Tuscarawas County Local Businesses

Outcome:

Tuscarawas County will receive awareness information about alcohol addiction and where to seek services

Progress and Measuring Outcomes

Progress will be monitored with measurable indicators identified for each strategy. Most indicators align directly with the SHIP. The individuals or agencies that are working on strategies will meet on an as-needed basis. The Healthy Tusc Task Force will meet at least quarterly to report progress and will create a plan to disseminate the CHIP to the community. Strategies, responsible agencies, and timelines will be reviewed at the end of each year by the Healthy Tusc Task Force. As this CHIP is a living document, edits and revisions will be made accordingly.

Tuscarawas County will continue facilitating CHAs every three years to collect data and determine trends. Primary data will be collected for adults and secondary data will be analyzed for youth using national sets of questions to not only compare trends in Tuscarawas County, but also be able to compare to the state and nation. This data will serve as measurable outcomes for each priority area. Indicators have already been defined throughout this report and are identified with the  icon.

In addition to outcome evaluation, process evaluation will also be used on a continuous basis to focus on the success of the strategies. Areas of process evaluation that the Healthy Tusc Task Force will monitor include the following: number of participants, location(s) where services are provided, number of policies implemented, economic status and racial/ethnic background of those receiving services (when applicable), and intervention delivery (quantity and fidelity).

Furthermore, all strategies have been incorporated into a "Progress Report" template that can be completed at all future meetings, keeping the committee on task and accountable. This progress report may also serve as meeting minutes.

Contact Us

For more information about any of the agencies, programs, and services described in this report, please contact:

Tuscarawas County Health Department

897 East Iron Avenue
Dover, Ohio 44622
(330) 343-5555 x 100

New Philadelphia City Health Department

150 E. High Avenue
New Philadelphia, Ohio 44663
(330) 364-4491 x 1208

Appendix I: Gaps and Strategies

The following tables indicate health behaviors, access to care, mental health and addiction, and potential strategies that were compiled by the Healthy Tusc.

Priority Factors: Health Behaviors

Gaps	Potential Strategies
1. Obesity – adults & youth (7)	<ul style="list-style-type: none"> • Fruit and vegetable incentive programs ✓ 🇺🇸 (2) • Shared use agreements ✓ 🇺🇸 • Community fitness programs 🇺🇸 (2) • Fruit and vegetable taste testing 🇺🇸 (2) • Community-wide physical activity campaign * 🇺🇸 • Active recess 🇺🇸 • Physically active classrooms 🇺🇸 • Safe Routes to School programs 🇺🇸 • Education regarding health lifestyles • Increase enrollment in Fit for Life program • Bike and pedestrian master plan • Community health screenings • Installation of outdoor exercise equipment at County parks
2. Nicotine/tobacco use (4)	<ul style="list-style-type: none"> • Tobacco cessation therapy affordability ✓ 🇺🇸 (3) • Smoke-free policies for outdoor areas 🇺🇸 • Mass media campaigns against tobacco use 🇺🇸 • Smoke-free work and school settings • Tobacco retail license
3. Physical activity – adult, youth, children (4)	<ul style="list-style-type: none"> • Active recess 🇺🇸 • Increased awareness of physical activity opportunities (2) • Central online location that is a warehouse for all camps, activities, etc. • Increase awareness of new parks, walking/bike paths, Tuscarawas River WaterTrail • Increased use of the #activetusc hashtag to link exercise opportunities across the county • Secure funding and create confidential funding requests to cover the cost of shoes, equipment, for families that can't afford sports • "Sports" closets
4. Poor nutrition - adults & youth	<ul style="list-style-type: none"> • Healthy school lunch initiatives ✓ 🇺🇸 • Healthy local food retailers

🇺🇸 = Ohio SHIP supported strategy

✓ = likely to decrease disparities

* Aligned with 2019-2022 CHIP

Priority Health Outcomes: Access to Care















Gaps	Potential Strategies
1. Uninsured adults, youth, and children (4)	<ul style="list-style-type: none"> Community health workers ✓ 🇺🇸 (2) Health insurance enrollment outreach and support ✓ 🇺🇸 (2) Federally qualified health centers – FQHCs ✓ 🇺🇸 School-based health centers - SBHCs ✓ 🇺🇸
2. Primary care shortages (3)	<ul style="list-style-type: none"> Federally qualified health centers – FQHCs ✓ 🇺🇸 Increase awareness of rural health clinics Provide community information to health care provider recruiters so the medical professionals are aware of the great quality of life Tuscarawas County provides
3. Adult preventive medicine (2)	<ul style="list-style-type: none"> Public transportation systems ✓ 🇺🇸 Vaccine clinics Community health screenings
4. Women (40+) mammogram in the past 2 years (2)	<ul style="list-style-type: none"> Public transportation systems ✓ 🇺🇸 Financial incentives to recruit and retain health professionals in rural and underserved areas ✓ 🇺🇸
5. Women pap smears in the last 3 years (2)	<ul style="list-style-type: none"> Public transportation systems ✓ 🇺🇸 Community based training for health professions in rural and underserved areas
6. Specialty services moving away from Tuscarawas County area	<ul style="list-style-type: none"> Telemedicine ✓ 🇺🇸 Bring/keep specialty providers to Tuscarawas County and into Twin Cities area
7. Lack of access or long wait for specialty appointments	<ul style="list-style-type: none"> Advocating with health care systems to bring more specialists to area
8. Health insurance misinformation	<ul style="list-style-type: none"> General education courses for the public on health insurance and assistance with enrollment
9. Access to primary care due to language barrier and insurance	<ul style="list-style-type: none"> Community resource guide in English & Spanish Payment plans available for self-pay Require providers to have online interpreters
10. Fear of receiving care	<ul style="list-style-type: none"> Education on benefits of primary care and preventative care Discounted health screenings in the community
11. Access to low-cost health screenings	<ul style="list-style-type: none"> Provide screenings at low/no cost: HbgA1c, lipid panel, blood pressure, blood sugar


🇺🇸 = Ohio SHIP supported strategy


✓ = likely to decrease disparities

* Aligned with 2019-2022 CHIP

Priority Health Outcomes: Mental Health and Addiction

Gaps	Potential Strategies
1. Depression – adult and youth (5)	<ul style="list-style-type: none"> School-based social and emotional instruction *  (2) Mental health first aid  (2) Search and hire bilingual mental health providers Continue to provide empowering information at youth leadership summit
2. Suicide awareness and screening – adults and youth (4)	<ul style="list-style-type: none"> Telemental health services   (2) Universal school-based suicide awareness and education program *   (2) Question Persuade Refer training – QPR 
3. Marijuana use (2)	<ul style="list-style-type: none"> Higher educational financial incentives for health professionals underserved serving areas   Better education of facts of marijuana use Ban vaping and access to THC oils
4. Stigma around seeking help for mental health and addiction (2)	<ul style="list-style-type: none"> Reduce stigma * Education to community regarding benefits of receiving care Access to support groups and marketing support groups information to the community members County-wide mental health stigma reduction campaign lead by leaders outside of the mental health system to show that community leaders support counseling and mental wellness
5. Overdose deaths	<ul style="list-style-type: none"> Naloxone education and distribution programs   Certified recovery housing  Harm reduction services
6. Use electronic vape products every day	<ul style="list-style-type: none"> Telemental health services  
7. Lack of ability to navigate the behavioral health care system	<ul style="list-style-type: none"> Increase availability of case workers Access to care and regular check-ins LSW and community health workers who can ensure follow-up
8. Lack of integration between behavioral health services into primary care	<ul style="list-style-type: none"> Increase mental health appointment availability in primary health care settings
9. Lack of support for behavioral health patients	<ul style="list-style-type: none"> Leverage telehealth opportunities Partner with community mental health to serve patients and keep patients in community Bring more mental health programs and support groups to the area
10. Appalachian suicide rates – youth	<ul style="list-style-type: none"> Bring back Bridges Out of Poverty training Targeted strategies at our schools that focus on Appalachian population
11. Education about drug and alcohol misuse	<ul style="list-style-type: none"> Increase awareness of existing services

 = Ohio SHIP supported strategy

 = likely to decrease disparities

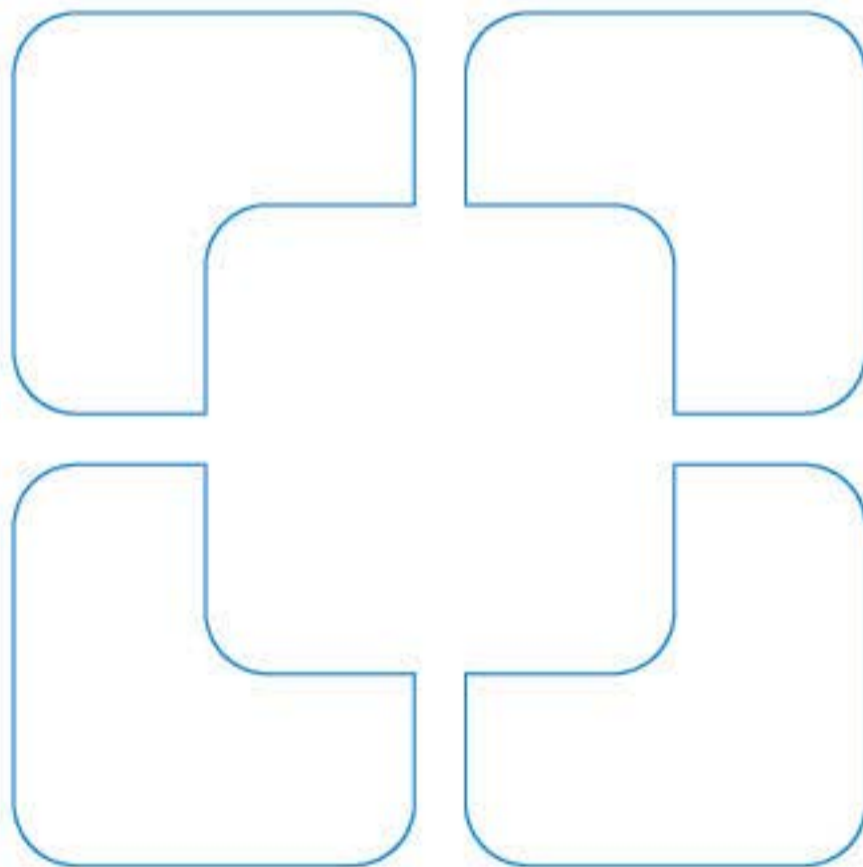
* Aligned with 2019-2022 CHIP

Priority: Other

Gaps	Potential Strategies
1. Risky sexual activity	<ul style="list-style-type: none">• Increase screening and treatment• Promotion of "safer sex" practices
2. Increased rates of diabetes in the Latino population	<ul style="list-style-type: none">• Free screenings at workplace

Appendix II: Links to Websites

Title of Link	Website URL
Centers for Disease Control; National Public Health Performance Standards; The Public Health System and the 10 Essential Public Health Services	http://www.cdc.gov/nphpsp/essentialservices.html
Hope Squad Peer Support	https://hopesquad.com/
Mental Health First Aid (MHFA)	https://www.mentalhealthfirstaid.org/
Question, Persuade, Refer (QPR)	https://qprinstitute.com/
School-Based Health Alliance	https://www.sbh4all.org/
Signs of Suicide (SOS)	https://sosignsofsuicide.org/parent/signs-suicide-program



clevelandclinic.org/CHNAreports