

2016 Community Health Needs Assessment



MERCY
MEDICAL CENTER

A Ministry of the Sisters of Charity Health System



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Introduction and Executive Summary

Mercy Medical Center embraced a comprehensive, collaborative process in development of our Community Health Needs Assessment. Our deeply-rooted mission calls us to continually enhance our services and programs that improve patient care and outcomes, and equally important, to work collaboratively and proactively with other organizations in our community to address the needs of the underserved and vulnerable in our community. Our longstanding approach to Community Benefit has been driven by this mission. We were guided by this mission in the development of our CHNA.

The United Way Compass Project, an ongoing community assessment and community building tool, was the most recent assessment process utilized in Stark County. The Compass project ended in 2010. At the same time, President Obama signed into law the Patient Protection and Affordable Care Act that requires charitable hospitals to conduct a community health needs assessment and adopt strategies to meet community health needs identified through the assessment. Soon after passage of the Act, Mercy joined with the other two not-for-profit hospitals located in Stark County, Ohio, the Stark County Health Department, Canton City Health Department, Alliance City Health Department, Mental Health and Recovery Services Board of Stark County and numerous other agencies to begin the process of developing a comprehensive Community Health Needs Assessment. An Advisory Committee was formed. The Stark County Health Department agreed to chair the committee and the CHNA process in 2011. In 2015, the project was repeated. Extensive work on the Stark County Community Health Needs Assessment was conducted in 2015 by The Center for Marketing and Opinion Research (CMOR) on behalf of the Advisory Committee. The three local hospitals, including Mercy Medical Center, Canton City Health Department, Stark County Health Department, and the United Way of Greater Stark County paid for the services of CMOR.

The first phase of the project consisted of a random sample telephone survey of Stark County households. Telephone interviews were utilized in order to ensure representativeness of the population. This method also ensured that the correct number of interviews was completed to meet the targeted margin of error for statistical validity. The final sample size was 800 which resulted in an overall sampling error of +/- 3.5% within a 95% confidence level. An oversample of approximately 160 African-American residents and 105 Canton residents was conducted in addition to the 800 interviews in order to attain enough cases of this population to be able to draw conclusions that were statistically valid.

The second phase of the project consisted of reviewing and analyzing secondary data sources to identify priority areas of concern when analyzed alongside survey data. CMOR gathered and compiled health and demographic data from various sources. The third phase of the study consisted of a web survey of community leaders who were knowledgeable about public health. A total of 70 community leaders completed the web survey.

Following the initial study, Mercy Medical Center continued a leadership role with the Advisory Committee in convening a Health Improvement Summit in February 2016 of concerned agencies and organizations to seek their input, and to inform and mobilize our community to create and implement a health improvement plan for Stark County – efforts that are now ongoing and focus on three areas from the identified health needs: access to health insurance coverage and health care services; mental health



wellness, and infant mortality (Prescription drug abuse was integrated into the mental health wellness category, and access to dental care was integrated into the access to health care services category.)

After gathering the data, CMOR compiled the information, by source. In addition to the report narrative, data was visually displayed with charts and tables. When available, data was compared to previous year's information as well as other geographic areas such as Ohio or the United States as a whole. Analysis included survey data in conjunction with health and demographic data. Using all data available, CMOR identified priorities for the county.

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



CHNA Timeline



Process for Identifying Community Needs

Analysis included survey data in conjunction with health and demographic data. Using all data available, CMOR identified priorities for the county. The data is included in this document.



The top five health-related issues identified as part of this CHNA listed in alphabetical order:

1. ACCESS TO HEALTH CARE INCLUDING DENTAL SERVICES
2. HEROIN/OPIATE USE
3. INFANT MORTALITY
4. LARGE NEED FOR MENTAL HEALTH SERVICES
5. OBESITY AND LACK OF HEALTHY LIFESTYLE CHOICES



THE COMMUNITY HEALTH NEEDS ASSESSMENT ADVISORY COMMITTEE

The Stark County Community Health Needs Assessment (CHNA) Advisory Committee is made up of a variety of health and social services agencies and volunteers in the community. The following agencies have been involved in the CHNA process: Access Health Stark County; Alliance Community Hospital; Alliance City Health Department; Aultman Hospital; Canton City Health Department; Health Foundation; Mercy Medical Center; Massillon City Health Department; OSU Extension Office; Pegasus Farm; Prescriptions Assistance Network of Stark County; Sisters of Charity; Stark County Health Department; Stark County Medical Society; Stark County Community Action Agency; Stark County Mental Health & Recovery Services Board; Stark Parks; Summa Health; and United Way of Greater Stark County.

A listing of participants in Mercy Medical Center's CHNA process is found at the end of this document.



Contributing Causes of Health Challenges

There are a great many factors that affect the health of a community. Stark County is unique in its makeup in that it includes multiple urban areas (Canton, Massillon, and Alliance) as well as several extremely rural communities. The residents who live in the county's urban communities experience higher rates of stress-related illnesses due to the faster pace of their lives than those who live in rural communities. According to the community survey of county residents, 68% of urban residents rated their health favorably compared to 80% of residents of the other areas of the county. The survey also showed significantly higher self-reported rates for urban residents for several health conditions that were included in the assessment including chronic pain, dental health, and diabetes. On the other hand, residents of the county's rural areas generally do not have access to the same quality or selection of health care providers as those who live in an urban setting.

Income is another contributing cause to the county's health challenges. Generally speaking, residents in the community with the lowest income levels also have the poorest health and the most difficulty in gaining access to health care. According to the community survey of county residents, 55% of county residents with an income under \$25,000 rated their health favorably compared to 94% of residents with an income over \$100,000 a year. The survey also showed significantly higher self-reported rates for lower income individuals for almost every health condition that was included in the assessment including high blood pressure, anxiety, lung disease, diabetes and heart disease. The point of entry into the health care system for most Americans is the family doctor. The economically disadvantaged seldom have a family doctor. For them, the point of entry is the local hospital emergency department. According to the community survey of county residents, 66% of county residents with an income under \$25,000 receive healthcare from a primary care doctor most often compared to 90% of residents with an income over \$100,000 a year.

In Stark County, race is also a contributing factor to the county's health challenges. White county residents are much more likely than black residents to receive healthcare from a primary care doctor most often at a rate of 77% compared to 63% (*source: community survey*). The survey also showed significant differences in self-reported diagnoses in several conditions according to race. The self-reported rate for heart disease was twice as high for white respondents (13.8%) than black respondents (6.7%). On the other hand, self-reported diabetes rates were significantly higher for black respondents (22.5%) than white respondents (13.5%). In terms of pregnancy and birth, white women tend to begin prenatal care earlier in their pregnancy than white women. Whereas 72% of white women started prenatal care during their first trimester, only 60% of black women did the same (*Source: Stark County Health Department*). In addition, there continues to be a significant gap in infant mortality rates in Stark County with the infant mortality rate for black babies (20.2) being more than three-time that of the infant mortality rate of white babies (6.7) (*Source: Stark County Health Department*).



About Mercy Medical Center

As a Catholic health care organization, our mission at Mercy Medical Center is to continue Christ's healing ministry by providing quality, compassionate, accessible and affordable care for the whole person.

Mercy Medical Center is a ministry of the Sisters of Charity Health System (www.sistersofcharityhealth.org), a system devoted to healing and addressing the unmet needs of individuals, families, and communities through a network of innovative services including health care, foundations, and human services. Another ministry of the Health System serving Mercy's community is the Sisters of Charity Foundation of Canton, who have partnered with Mercy in addressing health care access for the poor and underserved through impactful, innovative programs.

Founded in 1908 in Canton, Ohio, by the Sisters of Charity of St. Augustine, Mercy has remained true to its mission in service to our community since the Sisters opened the doors of Mercy Hospital to a growing, diverse community to provide quality health care to all, regardless of race, religion, nationality and ability to pay.

We have grown into a nationally recognized health care organization that includes our main campus hospital in Canton; Mercy Dental Residency Program and Dental Services on the main campus and at Mercy St. Paul Square; ten community health centers that provide services in Alliance, Jackson Township, Massillon, North Canton, Plain Township, Lake Township, Louisville, Carroll County, and Tuscarawas County. In addition, Mercy Primary Care - St. Paul Square medical home was opened in 2012 in the medically underserved Northeast section of Canton. This medical home model provides primary care to pediatric and adult patients and is a satellite office of Mercy Dental Services; at this site we also collaborate with Community Services of Stark County to provide mental health services.

Approximately 650 physicians and dentists are on Mercy's medical staff. Mercy employs approximately 2500 people, including Mercy Professional Care Corporation network of physicians. Mercy is a teaching hospital affiliated with Northeast Ohio Medical University (NEOMED). Our hospital has 475 licensed adult beds, a Level II Trauma Center and Emergency Department that treated over 68,000 patient visits last year; an accredited Emergency Chest Pain Center (ECPC) with a dedicated, state-of-the-art heart catheterization laboratory located right in the ECPC.

Centers of excellence include Mercy Heart Center, Mercy Cancer Center, Mercy Robotic Surgery Center, Mercy Orthopedic Center, Mercy Dental Center and.

Recent achievements and awards include:

Centers of excellence include Mercy Heart Center, Mercy Cancer Center, Surgery Center, Regional Rehabilitation Center, Primary Stroke Program, and Breast Care Center. Recent achievements and awards include:

- In 2016, Mercy was awarded the EPA's **ENERGY STAR** certification for the 8th consecutive year – one of only four hospitals in the United States, and the only one in Ohio, to earn this designation. Each year Mercy, a facility of one million square feet that's a blend of old and new construction,



saves approximately \$1,062,000 in energy costs, for a total of nearly \$8.5 million since receiving its first ENERGY STAR in 2009.

- Mercy Heart Center received **full heart failure reaccreditation** status from the Society of Cardiovascular Patient Care (SCPC) in 2016. Mercy demonstrated its expertise and commitment to quality patient care by meeting or exceeding an array of stringent criteria and undergoing a comprehensive onsite review by a team of SCPC's accreditation review specialists. Hospitals that receive SCPC's HF Accreditation status employ an evidence-based, protocol-driven and systematic approach to patient management. This allows clinicians to reduce time to treatment and to better risk stratify patients while also reducing length-of-stay.
- The American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) again **certified Mercy Cardiac Rehabilitation and Mercy Pulmonary Rehabilitation** in 2016. After undergoing the AACVPR's rigorous review of policies, practices, and outcomes, Mercy was awarded recertification for its results in improving patient quality of life through high standards of care. In 2007, Mercy was the first in Stark County to earn the AACVPR certification.
- Mercy received **accreditation for its Postgraduate Year One (PGY1) Pharmacy residency** program from the American Society of Healthy-Systems Pharmacists (ASHP) Commission on Credentialing.
- In 2016, the College of American Pathologists (CAP) awarded Mercy Pathology and Laboratory Medicine its **CAP 15189 reaccreditation** based on the quality standards outlined by the International Organization for Standardization (ISO). This accreditation focuses on improved patient safety and risk reduction, outlining standards for quality and competence particular to medical laboratories. Mercy was the first hospital in northeast Ohio to earn this designation in 2011.
- Mercy again received the **2016 Mission: Lifeline® Receiving Center GOLD PLUS Recognition Award** for implementing specific quality improvement measures outlined by the American Heart Association for the treatment of patients who suffer severe heart attacks. Mercy is part of an elite group of hospitals recognized by the American Heart Association/American Stroke Association for quality heart attack care as demonstrated through ACTION Registry®-GWTG™ data. Mercy received Mission: Lifeline Silver Receiving Quality Achievement Award in 2011, Mission: Lifeline Gold in 2012 and 2013, and Mission: Lifeline GOLD PLUS in 2014 and 2015.
- Mercy received the American Heart Association/American Stroke Association's **Get With The Guidelines®-Stroke Gold Plus Quality Achievement Award with Target: StrokeSM Honor Roll** in 2016. The award recognizes the hospital's commitment to providing the most appropriate stroke treatment according to nationally recognized, research-based guidelines based on the latest scientific evidence. Mercy received the Get With The Guidelines®-Stroke Gold-Plus Quality Achievement Award in 2014.
- Blue Cross and Blue Shield (BCBS) designated Mercy as a **Blue Distinction® Center** for maternity care, hip and knee replacement, and spine surgery in 2016. This national designation program recognizes health care facilities that demonstrate expertise in delivering quality specialty care.
- Mercy's **Emergency Chest Pain Center (ECPC) received full, three-year Cycle V accreditation with PCI** (percutaneous coronary interventions), or angioplasty, from the Society of Chest Pain Centers. Mercy ECPC was home to the nation's first accredited chest pain center and first fully functioning cardiac catheterization lab in an emergency department.
- The Ohio Department of Health (ODH) and the Healthy Ohio Business Council (HOBC) recognized Mercy as one of 68 Ohio employers for healthy worksite practices during the 12th annual Healthy Ohio Healthy Worksite Awards in 2016. Mercy was one of just 12 Ohio employers to earn the **Healthy Worksite Gold Level Award** in the large business category. Mercy has been honored with



gold, bronze, and silver awards each year since 2008 for its commitment to employee health through comprehensive worksite health promotion and wellness programs. Mercy was awarded its first gold-level award in 2015.

- Mercy was recognized as a **Gold-Level Fit-Friendly Worksite** for the seventh year in a row by the American Heart Association in 2016 for helping employees eat better and move more. Mercy is among an elite group of awardees for this important initiative. Mercy's employee-health program fosters a culture to educate, provide opportunities, and support employee's desires to make health lifestyle choices.
- In 2015, Mercy Cancer Center was presented with the **2014 Outstanding Achievement Award by the Commission on Cancer (CoC)** of the American College of Surgeons (ACS). Mercy is one of a select group of only 75 U.S. health care facilities with accredited cancer programs to receive this national honor for surveys performed last year. The award acknowledges cancer programs that achieve excellence in providing quality care to cancer patients. This is the third consecutive time Mercy has received this award. The cancer center also earned the American Cancer Society Corporate Excellence Award in 2012. This award honors a company that supports the society's mission in a variety of ways, including corporate and employee giving and customer engagement and volunteerism, while demonstrating a commitment to the promotion of employee health and wellness benefits, policies and programs.
- Mercy received the **Achievement Award and Special Award** in 2015 from the BWC Division of Safety & Hygiene at the Stark County Safety Council's annual awards banquet. The award is presented to each company that decreases its incident rate by at least 25 percent from the previous year. The special award is given to each company that accumulates at least 500,000 hours and works at least six months without a lost-time injury.
- The hospital was recognized in 2015 as a **Committed to Opportunity Award** recipient from the Opportunities for Ohioans with Disabilities. The award recognizes companies who have a proven track record of integrating individuals with disabilities into their workforce. Individuals, their families and their communities are stronger today because of the opportunities for employment companies across Ohio have provided.
- **Mercy Regional Rehabilitation Center again achieved its three-year reaccreditation** in 2015 its adult hospital inpatient rehabilitation and adult hospital inpatient rehabilitation stroke specialty programs by the Commission on Accreditation of Rehabilitation Facilities (CARF). This accreditation decision represents the highest level of accreditation that can be awarded to an organization and shows the organization's substantial conformance to the CARF standards.
- Mercy became the first Stark County hospital to earn **The Joint Commission's Gold Seal of Approval® for its total joint replacement program** for hips and knees in 2013. After undergoing a rigorous on-site review in 2015, Mercy once again earned certification. The Gold Seal of Approval is a symbol of quality that reflects an organization's commitment to providing safe and effective patient care. Joint Commission experts evaluated Mercy for compliance with standards of care specific to the needs of patients and families, including infection prevention and control, leadership and medication management.
- **Mercy Pulmonary Function Lab received full accreditation** in 2015 from the American Thoracic Society (ATS), the largest pulmonary organization in North America. The ATS has a strong background in writing standards and establishing networks at the state and national levels. Our registration with the ATS ensures that we maintain quality standards in our lab.
- The Trauma Center at Mercy was again verified in 2015 as a **Level II Trauma Center** by the Verification Review Committee (VRC), an ad hoc committee of the Committee on Trauma (COT)



of the American College of Surgeons (ACS). This achievement recognizes the trauma center's dedication to providing optimal care for injured patients 24 hours a day, seven days a week. The trauma center undergoes verification every two years.

- Mercy Heart Center received the **Get With The Guidelines® – Heart Failure Silver-Plus Quality Achievement Award** in 2015 for implementing specific quality improvement measures outlined by the American Heart Association/American College of Cardiology Foundation's secondary prevention guidelines for patients with heart failure. Mercy received the Get With The Guidelines®–Heart Failure Bronze Quality Achievement Award in 2014.
- Mercy was again a recipient of the **ACTION Registry-GWTG Platinum Performance Achievement Award** in 2014. The NCDR Platinum Performance Achievement Award recognizes ACTION Registry-GWTG Premier participating hospitals that have sustained performance measure score composites of 90% or better in the treatment of acute myocardial infarction patients for eight consecutive quarters, ending quarter four 2014. Mercy Medical Center received ACTION Registry–GWTG Gold Performance Achievement in 2011 and ACTION Registry–GWTG Platinum from 2012 to 2014.
- Mercy received the **American Heart Association Worksite Innovation Award** in 2014 for its Go Red Employee Challenge. This award is given to worksites that achieve all the criteria for gold-level recognition and creatively implement programs to promote physical activity in the workplace.
- Mercy's team of eight employees won ArtsinStark's first annual **Genius Awards** in 2014. This unique competition was designed to highlight innovation in Stark County.
- Mercy was granted **AABB reaccreditation** in 2014 for its blood bank and transfusion services. Accreditation followed an intensive onsite assessment by specially trained AABB assessors and established that the level of technical and administrative performance within the facility met or exceeded the standards set by AABB.
- Mercy was honored to receive the **Legacy Award** at Coming Together Stark County's 15th Anniversary Awards Gala in 2014. Coming Together Stark County promotes diversity, inclusion and dignity for all people in Stark County.
- Mercy received its renewal for the **ADA (American Diabetes Association) Recognition** for the period of January 31, 2014 through January 31, 2018. The American Diabetes Association Education Recognition program has grown to become the leading quality assurance mechanism for diabetes self-management education programs across the country.
- In 2013, Nick Bagnolo, vice president of Sisters of Charity Health System Construction and administrative director of Mercy Plant Engineering, and Todd Reibenstein, manager of Mercy Plant Engineering, were both recognized as recipients of the **Ohio Hospital Association (OHA) Excellence in Energy Management Award**. OHA's Energy Team recognizes hospitals that have outstanding energy management programs as measured by current ENERGY STAR awards, active participation in investor-owned utility rebate programs, and leadership in energy management.
- In 2013, Mercy Medical Center was a recipient of **United Way of Greater Stark County 2013 Annual Campaign of the Year Award**, central division (more than 500 employees category). This award recognizes a company that has established a strong United Way culture through corporate gifts and sponsorship, workplace campaigns, and special events.
- In 2013, Mercy received a **2013 Quality Award for its palliative care model** for community hospitals from the Supportive Care Coalition, an organization dedicated to advancing excellence in palliative care. The hospital was awarded for the strides it has made to improve the delivery of palliative medicine in a diverse care setting.



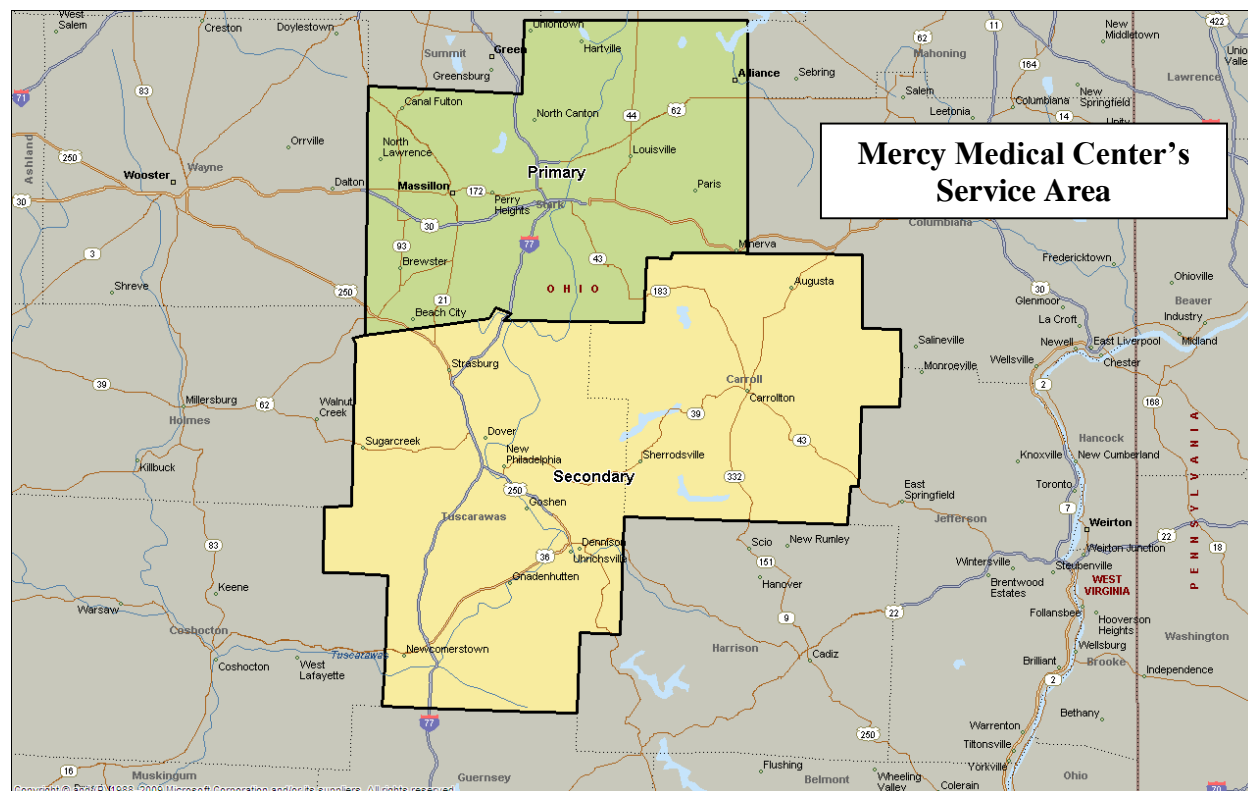
- In 2013, Mercy Vascular Lab was granted a **three-year term of accreditation in vascular testing** in the areas of peripheral arterial, extracranial cerebrovascular, visceral vascular, and peripheral venous testing by the Intersocietal Accreditation Commission (IAC). Accreditation by the IAC means that Mercy Vascular Lab has undergone a thorough review of its operational and technical components by a panel of experts. The IAC grants accreditation only to those facilities that are found to be providing quality patient care, in compliance with national standards through a comprehensive application process including detailed case study review.
- In 2013, Mercy was the recipient of **Healthgrades 2013 Women's Health Excellence Award**. This honor places Mercy among the top 10 percent in the nation for superior performance in women's health, based on superior clinical outcomes across 15 conditions and procedures affecting women.
- In 2013, Mercy STATCARE immediate care center at Mercy Health Center of Jackson received the **Readers Choice** award for urgent care from The Repository.
- In 2013, Mercy Medical Center was named one of the **top hospitals in Healthcare IT News' 2013 Where to Work: BEST Hospital IT Departments**. There are 25 employees in the department. Profiles of all the winners with photos were in the October 2013 issue of Healthcare IT News.

Learn more at www.cantonmercy.org



Mercy Medical Center's Community

Our primary market comprises 44 zip codes in Stark County, Ohio. Our secondary markets comprise 20 zip codes in Tuscarawas County and 8 zip codes in Carroll County.



Mercy Medical Center Service Area (all in Ohio)

Zip	Area Code	City	County	Zip	Area Code	City	County
44601	330	ALLIANCE	STARK	44718	330	CANTON	STARK
44608	330	BEACH CITY	STARK	44720	330	NORTH CANTON	STARK
44613	330	BREWSTER	STARK	44721	330	CANTON	STARK
44614	330	CANAL FULTON	STARK	44730	330	EAST CANTON	STARK
44626	330	EAST SPARTA	STARK	44735	330	CANTON	STARK
44630	330	GREENTOWN	STARK	44750	330	CANTON	STARK
44632	330	HARTVILLE	STARK	44767	330	CANTON	STARK
44640	330	LIMAVILLE	STARK	44799	330	CANTON	STARK
44641	330	LOUISVILLE	STARK	43804	330	BALTIC	TUSCARAWAS
44643	330	MAGNOLIA	STARK	43832	740	NEWCOMERSTOWN	TUSCARAWAS
44646	330	MASSILLON	STARK	43837	740	PORT WASHINGTON	TUSCARAWAS
44647	234/330	MASSILLON	STARK	43840	330	STONE CREEK	TUSCARAWAS
44648	330	MASSILLON	STARK	44612	330	BOLIVAR	TUSCARAWAS
44650	330	MAXIMO	STARK	44621	740	DENNISON	TUSCARAWAS
44652	330	MIDDLEBRANCH	STARK	44622	330	DOVER	TUSCARAWAS


Mercy Medical Center Service Area (all in Ohio)

Zip	Area Code	City	County	Zip	Area Code	City	County
44657	330	MINERVA	STARK	44624	330	DUNDEE	TUSCARAWAS
44662	330	NAVARRE	STARK	44629	740	GNADENHUTTEN	TUSCARAWAS
44666	330	NORTH LAWRENCE	STARK	44653	330	MIDVALE	TUSCARAWAS
44669	330	PARIS	STARK	44656	330	MINERAL CITY	TUSCARAWAS
44670	330	ROBERTSVILLE	STARK	44663	330	NEW PHILADELPHIA	TUSCARAWAS
44685	330	UNIONTOWN	STARK	44671	330	SANDYVILLE	TUSCARAWAS
44688	330	WAYNESBURG	STARK	44678	330	SOMERDALE	TUSCARAWAS
44689	330	WILMOT	STARK	44679	740	STILLWATER	TUSCARAWAS
44701	330	CANTON	STARK	44680	330	STRASBURG	TUSCARAWAS
44702	330	CANTON	STARK	44681	330	SUGARCREEK	TUSCARAWAS
44703	330	CANTON	STARK	44682	740	TUSCARAWAS	TUSCARAWAS
44704	330	CANTON	STARK	44683	740	UHRICHSVILLE	TUSCARAWAS
44705	330	CANTON	STARK	44697	330	ZOAR	TUSCARAWAS
44706	330	CANTON	STARK	44607	330	AUGUSTA	CARROLL
44707	330	CANTON	STARK	44615	330	CARROLLTON	CARROLL
44708	330	CANTON	STARK	44620	330	DELLROY	CARROLL
44709	330	CANTON	STARK	44631	330	HARLEM SPRINGS	CARROLL
44710	330	CANTON	STARK	44639	740	LEESVILLE	CARROLL
44711	330	CANTON	STARK	44644	330	MALVERN	CARROLL
44712	330	CANTON	STARK	44651	330	MECHANICSTOWN	CARROLL
44714	330	CANTON	STARK	44675	740	SHERRODSVILLE	CARROLL



2016 Priority Health Issues

This section presents a summary of the priority health issues for Stark County. For each area, data is given to support the identified issue. In many cases there were significant differences between demographic groups. The demographic characteristics that had the largest impact were race, income, and age. The areas were chosen because they were common themes that appeared throughout the multiple sources of data, and through careful deliberation by the many community and Mercy Medical Center thought leaders involved in the process.

ACCESS TO HEALTH AND DENTAL CARE

ISSUE: A large portion of county residents still do not have access to basic health and/or dental care services

- Community Health Leaders ranked 'Access to Health Care' as the most important health related issue in the county (*Community Health Leader Web Survey*).
- Lack of affordable insurance/health care was identified as the most important health issue by Stark County residents, with 27.9% of survey respondents citing this to be the case (*Community Survey*).
- 36.7% of community survey respondents were aware of where they could get routine screenings for free or low cost. The demographic groups most likely to need access to free or reduced cost screenings were least likely to be aware that they were available- those with a high school diploma or less education and those with an annual income under \$25,000 (*Community Survey*).
- 25.0% of community survey respondents receive health care most often from a place other than a primary care or family doctor. This includes 8.3% who receive health care most often at the emergency room and 6.5% at an urgent care center. Groups of respondents most likely to use a place other than a primary care doctor for health care include unemployed respondents, urban residents, those ages 18 to 44, minorities and those with an annual income under \$50,000 (*Community Survey*).
- 26.9% of community survey respondents needed a medical specialist that they were unable to find locally. Orthopedic doctors and Dermatologists were the two specialist types needed most often (*Community Survey*).
- 73% of community health leaders reported that community residents have difficulty getting needed medical services. The most common barriers to getting needed medical care were transportation, cost, and lack of understanding/knowledge of available services and programs (*Community Health Leader Web Survey*).
- In Stark County, there is 1 Primary Care Doctor for every 1,279 residents (*County Health Ranking. Original Source: HRSA Area Resource File*)
- 12% of Stark County residents reported not being able to see a doctor because of cost in the past year (*County Health Ranking. Original Source: Behavioral Risk Factor Surveillance System, 2006-2012*).
- Only 64% of Stark County residents had seen a dentist in the past year. A notable portion, 16%, had not seen a dentist in more than 5 years. Groups of respondents most likely to have not seen a dentist within the past year were urban residents, retired or unemployed respondents, those



with a high school diploma or less education, renters, respondents 65 and over, and non-white respondents (*Community Survey*).

- Nearly one-sixth of survey respondents, 14.7%, reported being diagnosed with dental health problems while 13.0% of respondents indicated that an immediate family member was diagnosed with dental health problems. Groups of respondents more likely to be diagnosed with dental health problems include urban residents, respondents who are unemployed, those with some high school or less education, renters, respondents who are not married, and those with an annual income of \$25,000 or less (*Community Survey*).
- When Community Health Leaders were asked what additional programs, resources, or services that they thought were needed in the community that are not currently available, the most common responses given by community health leaders were more dental services/clinics and additional mental health services/facilities (*Community Health Leader Web Survey*).

MENTAL HEALTH

ISSUE: The need for mental health treatment and intervention continues to increase, especially for youth. High diagnosis rates for depression as well as high percentage of youth with suicidal thoughts substantiate this issue.

- Community Health Leaders ranked 'Mental Health Issues' as the second most important health related issue in the county (*Community Health Leader Web Survey*).
- More than two-thirds, 69%, of community health leaders felt that people with mental illness are not being adequately served by local health services (*Community Health Leader Web Survey*).
- When asked what additional programs, resources, or services that they thought were needed in the community that are not currently available, the second most common responses given by community health leaders was additional mental health services/facilities (*Community Health Leader Web Survey*).
- Stigma, lack of mental health providers, and transportation were identified as the top 3 barriers that prevent residents from receiving needed mental health services (*Community Health Leader Web Survey*).
- There are 6.7 Psychiatrists per 100,000 residents in Stark County (*U.S. Department of Health and Human Services, Health Resources and Service Administration, County Comparison Tool*)
- In 2014, there was 1 mental health provider (including child psychiatrists, psychiatrists, and psychologists active in patient care) for every 582 Stark County residents (*County Health Ranking. Original Source: HRSA Area Resource File*).

HEROIN/OPIATE USE

ISSUE: A highly addictive opioid drug, heroin use has been steadily rising nationally, statewide and in Stark County.

- Community Health Leaders ranked 'Opiate Use' as the fourth most important health related issue in the county (*Community Health Leader Web Survey*).
- In 2014, the number of people seeking opiate treatment since 2006 has increased more than 200% in Stark County. Southern Stark has shown as much as a 583% increase in people seeking help (*Stark County Mental Health and Recovery Services Board*).



- Illegal drugs/improper use of legal drugs was identified as the fourth most important health issue by Stark County residents, with 7.6% of survey respondents citing this to be the case (*Community Survey*).
- 15.3% of community survey respondents know someone who has taken OxyContin or another prescription drug to get high (*Community Survey*).
- 92.6% of community survey respondents felt that heroin was a serious problem in Stark County (*Community Survey*).
- 14.3% of community survey respondents know someone who uses heroin regularly. Of these respondents, 65.8% knows someone who has overdosed from heroin (*Community Survey*).
- 98% of community health leaders reported that heroin is a serious problem in Stark County (*Community Health Leader Web Survey*).
- The number of unintentional drug overdose deaths in Stark County has sharply increase from 10 in 2003 to 59 in 2014. That is an increase of 490% (Ohio increased 277% over the same time period) (*2014 Ohio Drug Overdose Preliminary Data: General Findings*)
- From 2003 to 2011, the Heroin Poisoning Death Rate in Stark County raised from 0.0 to 3.5, an increase of 3500% (*Ohio Department of Health, National Drug Intelligence Center and Ohio Department of Alcohol and Drug Addiction Services*)
- From 2003 to 2011, the Opiate Related Poisoning Death Rate in Stark County raised from 1.3 to 8.5, an increase of 554% (*Ohio Department of Health, National Drug Intelligence Center and Ohio Department of Alcohol and Drug Addiction Services*)
- Between 2006 and 2014, there was a 210% increase in the number of opiate/heroin users in Stark County who sought treatment from a MHRSB-funded contract service provider (*Mental Health and Recovery Services Board of Stark County, Heartland East Services to Clients That Received an Opiate Diagnosis in SFY2006-2014*)
- In Stark County, between 2007 and 2014, there has been a 136% increase in the number of unintentional overdose deaths (25 to 56), a 2600% increase in the number of unintended overdose deaths in which heroin was mentioned on the death certificate (0 to 26), and a 940% increase in the number of unintended overdose deaths in which opiates were mentioned on the death certificate (5 to 52).

INFANT MORTALITY

ISSUE: Infant mortality rates in Ohio are very high and not getting better. The situation is even more serious when you consider the disparity in infant mortality between white and black babies. Stark County has one of the highest disparity in birth outcomes of any large urban center in Ohio.

- Community Health Leaders ranked 'Infant Mortality' as the fifth most important health related issue in the county (*Community Health Leader Web Survey*).
- Currently Ohio ranks 48th in the nation in overall infant mortality and 49th in infant mortality for African American babies. The disparity in infant mortality between white infants and black infants in Ohio is among the worst in the nation (*Stark County Equity Institute on Infant Mortality, Canton City Board of Health*)
- Of the community survey respondents who have a child or care for a child under the age of 1, only 67.6% reported never sleeping in the same bed as the baby (*Community Survey*).



- 10.4% of community survey respondent reported that either they or an immediate family member had a child that had low birthweight (*Community Survey*).
- 16.3% of community survey respondent reported that either they or an immediate family member experienced the death of a child before the age 1 (*Community Survey*).
- 17.3% of community survey respondent reported that either they or an immediate family member had a child that was born prematurely (*Community Survey*).
- In 2013, 7.0% of births in Stark County were low birthweight (less than 5 pounds, 8 ounces), 1.7% were very low birthweight (less than 3 pounds, 3 ounces). Low birthweight births were nearly double for black babies than white babies at a rate of 11.6% to 6.4% (*Ohio Department of Health Data Warehouse*).
- In 2012, the Stark County Infant Mortality Rate was 9.8 compared to 7.6 for the state of Ohio. The Infant Mortality Rate in Stark County is more than twice as high for black babies compared to white babies- 19.7 compared to 8.5 (*Ohio Department of Health*).

OBESITY AND HEALTHY LIFESTYLE CHOICES

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

- Community Health Leaders ranked 'Obesity and Lack of Healthy Lifestyle Choices' as the third most important health related issue in the county (*Community Health Leader Web Survey*).
- Obesity was identified as the second most important health issue by Stark County residents, with 12.1% of survey respondents citing this to be the case (*Community Survey*).
- 92.0% of community survey respondents felt that it was at least somewhat important to have weight loss programs available in Stark County.
- 17.0% of community survey respondents reported that they have not exercised in the past month. Groups of respondents more likely not to exercise in the past month include unemployed respondents, those with a high school diploma or less education, and respondents with an annual income under \$25,000 (*Community Survey*).
- 46.5% of community survey respondents described themselves as overweight (CS).
- 36.3% of community survey respondents report eating fresh fruits and vegetables less than once a day (*Community Survey*).
- 29.6% of community survey respondents reported using tobacco at least occasionally (CS).
- 27% of Stark County Adults are physically inactive (no leisure time physical activity) (*County Health Ranking. Original Source: National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation*)
- 19% of Stark County residents do not have adequate access to physical activity (*County Health Ranking. Original Source: Business Analyst, Delorme map data, ESRI, & US Census Tigerline File*)
- 7% of Stark County residents have limited access to healthy foods, which captures the proportion of the population who are low income and do not live close to a grocery store (*County Health Ranking. Original Source: USDA Food Environment Atlas*).



Progress Made Since Last CHNA

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

1. Access to dental care
2. Access to health insurance coverage and health care
3. High infant mortality
4. Large need for mental health services
5. Obesity and lack of healthy lifestyles
6. Prescription drug abuse

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

ACCESS TO DENTAL CARE

ISSUE: A significant portion of county residents do not have access to routine dental care.

- Mercy Dental Services offers adults and children of Stark County accessible and affordable oral health care for uninsured and underinsured.
- An ancillary office at Mercy St. Paul Square expands the outreach of this service to an underserved area with no other providers located in the zip codes (Designated HPSA).
- The number of dental patient visits in 2015: St. Paul's Square: **2,138** Main Campus: **8,168**
- Mercy launched an Age 1 Dental Exam education campaign. All new mothers are given an Age 1 kit with educational materials encouraging a check -up by the first birthday. The initiative also included screenings and community education.
- Hosted the Ohio Dental Association Give Kids a Smile state-wide kick -off event and has participated in the yearly GKAS program, providing hundreds of oral screenings to students in Canton City Schools.
- Continues to provide yearly oral health assemblies to Canton City Schools and provide dental health bags to each student.

ACCESS TO HEALTH INSURANCE COVERAGE AND HEALTH CARE

ISSUE: A large portion of county residents do not have health insurance and lack access to basic healthcare services

- Mercy OBGYN Clinic and Medical Clinics provide care to uninsured and underinsured patients.
- Mercy St. Paul Square provides medical care to adults and children using a medical home model to residents in a designated HPSA area.
- Completed a newly renovated and expanded Emergency Department to provide accessible care to residents.
- Continues to expand the number of providers that are part of the Mercy Primary Care Physician group.
- Mercy financial counselors and patient accounts staff provide referrals and assistance to patients seeking affordable health plans as part of the Health Insurance Exchange.
- Participates with Ohio Department of Insurance as the Stark County Ohio Sr. Health Insurance (SHIIP) site. Offers Medicare counseling to area senior citizens.
- Mercy actively participated in and lobbied for the Medicaid Expansion efforts for the State of Ohio, including co-chairing the local Stark-Summit Medicaid Expansion group.



HIGH INFANT MORTALITY RATE

ISSUE: Stark County's infant mortality rate is unacceptably high, and an alarming disparity exists between white and black infant mortality.

- Spearheaded the initiation of local county wide efforts on this issue.
- Mercy continues to participate in the THRIVE County wide infant mortality initiative.
- Received Ohio Dept. of Minority Health grants for education programs in NE and SE Canton.
- Continued to present long standing baby shower program for underserved moms.
- Distributes Safe Sleep information packets and sleep sacks to all new mothers in Mercy Maternity Services.
- Continues feasibility planning to offer Centering Pregnancy at Mercy and Mercy St. Paul Square.

HIGH NEED FOR MENTAL HEALTH SERVICES

ISSUE: The need for mental health treatment and intervention continues to increase, especially for youth. High diagnosis rates for depression as well as high percentage of youth with suicidal thoughts substantiate this issue.

- Continues to collaborate with Stark Mental Health & Addiction Recovery Services to address the medical needs for mental health patients in our community.

OBESITY AND HEALTHY LIFESTYLE CHOICES

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

- Ongoing health education programs are provide at Mercy St. Paul Square for both patients and are residents on topics such as diabetes education, healthy eating, etc.
- Low-cost blood screenings are offered at each Mercy Health Center on a monthly basis.
- Ongoing partnership and sponsor with StarkFresh to offer healthy eating choices and fresh produce through the local Farmers Market.
- Ongoing collaborative partnership with Canton City Schools and Holy Cross Catholic Schools to offer health and wellness education to students through several different programs, including Well Women and Healthy 4 Life.
- Offered year-long Walk with A Doc walking program to community.
- Partnered with the Canton Rotary to offer semi-annual community screening and health fair events.
- Participated in over 100 health fairs in the community providing screenings and educational materials on various topics.
- Provided numerous minority health education programs on healthy choices and how they affect the risk for heart, cancer, hypertension, etc. risks.

PRESCRIPTION DRUG USE

ISSUE: A growing problem in Stark County is the use of prescription medication in ways other than prescribed, particularly among youth.

- Continues to Work with local drug addiction and government agencies to identify ways to assist with the local heroin and opiod abuse issues.
- Has convened an internal task force to investigate the feasibility of distributing Narcan/Naloxone kits to heroin overdose patients in Mercy ED.



Community Survey Results

The Stark County Health Needs Advisory Committee contracted the Center for Marketing and Opinion Research (CMOR) to conduct a community telephone survey of Stark County residents. The questions focused on the following areas: overall needs and health, health care programs and services, access to care, immunizations, smoking and tobacco use, alcohol consumption, prescription medication abuse, OxyContin and Heroin use, care for children and safe sleep guidelines, obesity and access to healthy food, exercise, diagnosis of medical conditions, public transportation and texting while driving. Where possible, comparative data from the 2011 CHNA were included throughout the analysis.

Overall Needs and Health

Summary: Overall Needs and Health			
		2011	2015
Most important health issue (<i>open ended, Top 3</i>)	Lack of affordable insurance/health care	*	27.9%
	Obesity	*	12.1%
	Cancer	*	10.6%
Are there health services or programs needed	Yes	35.1%	49.5%
	No	64.9%	50.5%
Services/Programs needed (top 3)	Affordable health care/Insurance	*	12.3%
	More Free Clinics	*	11.9%
	Rehab for drugs and alcohol	*	9.7%
Health related information sources (top 3)	Internet	49.9%	58.5%
	Doctor/Pharmacist/Nurse	32.6%	41.9%
	Friends/Family/Word of Mouth	42.2%	32.2%
How would you rate your health	Excellent/Good	76.7%	74.4%
	Fair	17.1%	20.6%
	Poor/Very Poor	6.2%	5.0%

The first section of the survey focused on unmet health care needs, additional health care services that respondents would like to see, and health care related information sources.

Health Care Needs

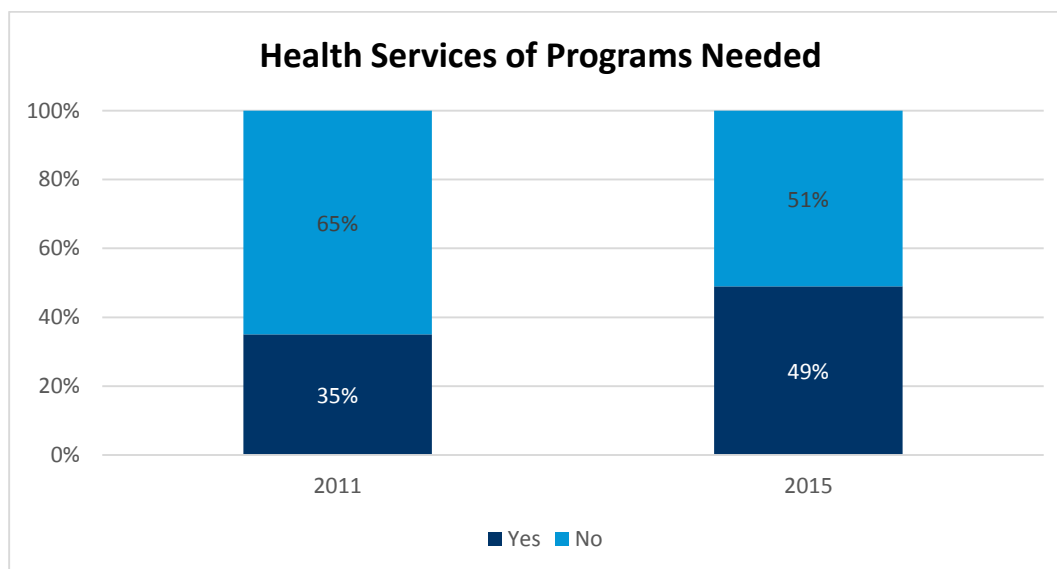
First, all respondents were asked what they thought was the most important health issue in Stark County. This was an open ended question in which the respondent could give one answer. A large percentage of respondents, 24.3%, were unable to answer the question. Of those who were able to answer the question, more than one-quarter, 27.9%, felt that the lack of affordable insurance/health care was the most important health issue in the county. The second largest health issues was obesity, given by 12.1% of respondents. Slightly fewer, 10.6% of respondents thought cancer was the greatest health issue. Other health issues, in order of importance, include illegal drugs (7.6% of respondents), Diabetes (3.3%), food/nutrition issues (3.1%), senior citizen care (3.0%) and pollution (3.0%).



Most Important Health Issue		
	# of Responses	% of Responses
Lack of affordable insurance/health care	169	27.9%
Obesity	73	12.1%
Cancer	64	10.6%
Illegal drugs/improper use of legal drugs	46	7.6%
Diabetes	20	3.3%
Food/Nutrition issues	19	3.1%
Senior citizen care	18	3.0%
Pollution	18	3.0%
Heart-related illness	14	2.3%
Obamacare/Government Intrusion	14	2.3%
Doctor/Hospital availability	13	2.1%
Mental Health issues	13	2.1%
Smoking	8	1.3%
Difficulty obtaining prescriptions	7	1.2%
Illness (general)	7	1.2%
STDs/Venereal diseases	6	1.0%
Health care quality	5	0.8%
Lack of Preventative care	5	0.8%
Alzheimer's disease	5	0.8%
High BP/Hypertension	5	0.8%
Medicare/Medicaid issues	4	0.7%
Tort-happy society/Malpractice	4	0.7%
lack of dental coverage	3	0.5%
Limited insurance coverage	3	0.5%
Lack of understanding of current health care issues	3	0.5%
Lack of specialists	2	0.3%
Patient transportation	2	0.3%
Lack of disease prevention programs	2	0.3%
Prenatal care	2	0.3%
Child Poverty	2	0.3%
Home health care issues	2	0.3%
Antibiotic overuse	2	0.3%
Arthritis/bone health/osteoporosis	2	0.3%
Immunizations/vaccinations/lack of getting	2	0.3%
Bed bugs	2	0.3%
MISCELLANEOUS	39	6.4%
Total	605	(n=605)
<i>Question: What do you think is the MOST important HEALTH issue facing your community?</i>		



Next, respondents were asked if there are any health services or programs that are needed in the community. Nearly half, 49.5%, of respondents indicated that there were health services or programs they would like to see in their community, an increase from 35% in 2011.



The 49.5% of respondents who indicated they would like to see additional health services or programs in their community were asked what programs and services they would like to see. This was an open ended question in which the respondent could give multiple responses. In total, there were 424 programs and services named by 310 service naming respondents. The program/service that was named most frequently was affordable health care and insurance. This response was given by 12.3% of answering respondents. Slightly less, 11.9%, of answering respondents wanted to see free and preventative care clinics in their community. Other services and programs the respondents wanted to see in their community, in order of importance, include rehab for drugs and alcohol (9.7%), mental health services and programs (9.4%), education/care for the elderly (6.8%), affordable medication programs (6.5%), and dental programs (6.5%).



Services/Programs Needed					
	# of 1 st Responses	% of 1 st Responses	# of all Responses	% of Answering Respondent	% of all Respondent
Affordable health care/Insurance	29	9.4%	38	12.3%	4.8%
More Free Clinics	35	11.3%	37	11.9%	4.6%
Rehab for drugs and alcohol/Drug programs	21	6.8%	30	9.7%	3.8%
Mental Health Services/Programs	23	7.4%	29	9.4%	3.6%
Education/Care for elderly	17	5.5%	21	6.8%	2.6%
Affordable Medication programs	13	4.2%	20	6.5%	2.5%
Dental care	12	3.9%	20	6.5%	2.5%
General Health/Wellness checks/Preventative	13	4.2%	16	5.2%	2.0%
Homeless care programs	10	3.2%	16	5.2%	2.0%
Cancer screenings/research	7	2.3%	14	4.5%	1.8%
More Doctors/Good Doctors	10	3.2%	11	3.5%	1.4%
More health care facilities/Longer hours	5	1.6%	10	3.2%	1.3%
Weight loss programs/Nutrition education	5	1.6%	10	3.2%	1.3%
Support Groups	6	1.9%	8	2.6%	1.0%
Exercise/Fitness programs	6	1.9%	7	2.3%	0.9%
Veteran services/clinics	6	1.9%	7	2.3%	0.9%
More DD services/Don't shut down workshops	5	1.6%	7	2.3%	0.9%
Home nursing	6	1.9%	6	1.9%	0.8%
Educational programs (general)	4	1.3%	6	1.9%	0.8%
Diabetic education/Screenings	3	1.0%	6	1.9%	0.8%
Heart-health programs	3	1.0%	6	1.9%	0.8%
Vision Care/treatment	1	0.3%	6	1.9%	0.8%
More access for Medicare/Medicaid recipients	4	1.3%	4	1.3%	0.5%
Pain management programs	3	1.0%	4	1.3%	0.5%
Transportation	3	1.0%	4	1.3%	0.5%
More stringent hospital/care regulations	1	0.3%	4	1.3%	0.5%
Medicare improvements	3	1.0%	3	1.0%	0.4%
More programs for children	3	1.0%	3	1.0%	0.4%
Services for pregnant women	2	0.6%	3	1.0%	0.4%
Accept more providers/insurers	2	0.6%	2	0.6%	0.3%
More physical therapy services	2	0.6%	2	0.6%	0.3%
Stop smoking programs	2	0.6%	2	0.6%	0.3%
Trauma centers	2	0.6%	2	0.6%	0.3%
Alzheimer program	1	0.3%	2	0.6%	0.3%
Immunizations/vaccinations for kids	1	0.3%	2	0.6%	0.3%
Neurological care for youth	1	0.3%	2	0.6%	0.3%
STD Awareness and Screenings	1	0.3%	2	0.6%	0.3%
MISCELLANEOUS	39	12.6%	52	16.8%	6.5%
Total	310	(n=310)	424	(n=310)	(n=800)
Questions: Do you think that there are any health services or programs that are needed in your community?					



Health Related Information

All respondents were asked what two sources of information they find most useful when looking for health related information such as information about doctors, diseases or available services. This was an open ended question. The most common response, given by more than half of all respondents, 58.5%, was the internet. The second most common source of health related information was doctor, pharmacist or nurse. This response was given by 41.9% of respondents. Nearly a third of respondents, 32.2%, felt that family or friend was the most important source of health related information. Other sources of health related information include, in order of importance, books or magazines (8.4%), phone/phonebook (7.3%), television (4.5%), and insurance resources (4.0%).

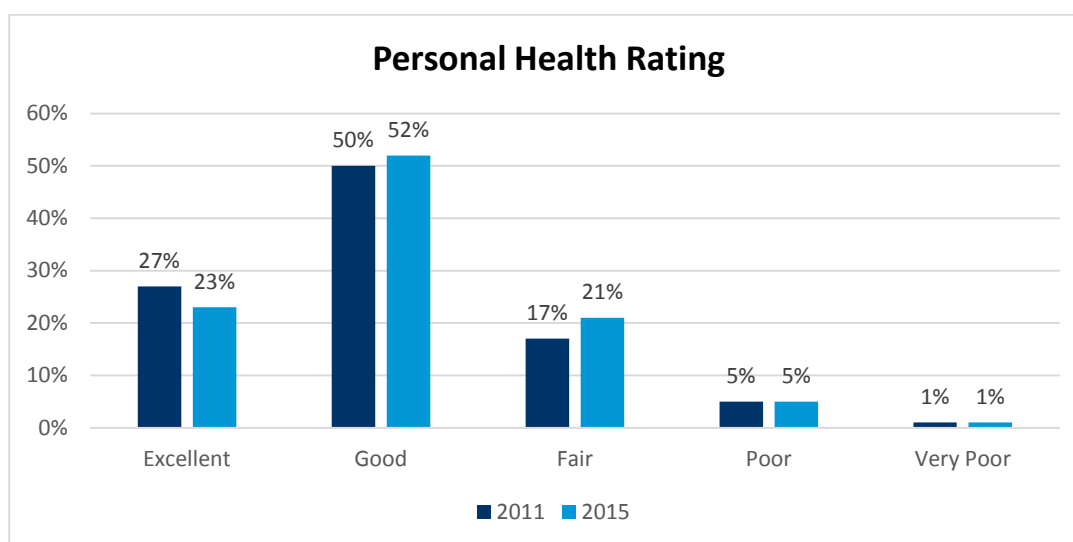
Main Sources of Health Information				
	# of 1st Responses	% of 1st Responses	# of all Responses	% of Answering Respondent
Internet	343	45.5%	441	58.5%
Doctor/Pharmacist/Nurse	184	24.4%	316	41.9%
Friends/Family/Word of Mouth	105	13.9%	243	32.2%
Books/Magazines	24	3.2%	63	8.4%
Phone/phonebook	25	3.3%	55	7.3%
Television	16	2.1%	34	4.5%
Current Insurance provider/health care provider	20	2.7%	30	4.0%
Newspaper	6	0.8%	25	3.3%
Hospital Publications	7	0.9%	17	2.3%
At work	7	0.9%	15	2.0%
Hospital/medical facility	2	0.3%	9	1.2%
Employer	2	0.3%	4	0.5%
The VA	4	0.5%	4	0.5%
Urgent care center	2	0.3%	3	0.4%
Advertisements (general)	0	0.0%	2	0.3%
Case manager	1	0.1%	2	0.3%
Health Department	1	0.1%	2	0.3%
Mail	1	0.1%	2	0.3%
Government office	0	0.0%	1	0.1%
School	1	0.1%	1	0.1%
Seminars/classes	0	0.0%	1	0.1%
MISCELLANEOUS	3	0.4%	6	0.8%
Total	754	(n=754)	1276	(n=754)
Question: When looking for health related information such as information about doctors or diseases or available services, which TWO sources of information do you find most useful?				



General Health

All respondents were asked to describe their health on a five-point scale: excellent, good, fair, poor or very poor. Nearly one-quarter of respondents, 22.6%, rated their health as excellent. Another half of respondents, 51.8%, rated their health as good. Combined, 74.4% had a favorable rating of their health. Another 20.6% of respondents rated their health as fair. Only a small percentage of respondents, 5.0%, had an unfavorable rating of their health, with 4.5% rating their health as poor and 0.5% as very poor.

Residents of the county's urban areas, employed respondents, homeowners, younger respondents, those who are married, and respondents with an annual income of \$50,000 or more were much more likely to report being healthy than residents of the county's urban areas, the unemployed, those with a high school diploma or less education, respondents ages 45 to 64, and those with an annual income of under \$25,000.





Personal Health Rating by Selected Demographics				
		Excellent/ Good	Fair	Poor/Very Poor
All respondents		74.4%	20.6%	5.0%
Group	Subgroup			
General Location*	Alliance/Canton/Massillon	67.5%	25.3%	7.2%
	Suburbia	79.6%	17.2%	3.3%
Employment Status*	Employed full-time	85.5%	14.5%	
	Employed part-time	84.0%	11.7%	4.3%
	Retired	68.9%	25.3%	5.8%
	Unemployed	40.9%	38.6%	20.5%
	Other	72.3%	21.5%	6.2%
Educational Attainment*	High school grad or less	62.0%	31.1%	6.9%
	Some college	78.3%	15.9%	5.8%
	College graduate	86.5%	12.1%	1.4%
Home ownership*	Own	78.7%	18.2%	3.1%
	Rent/Other	67.3%	24.6%	8.1%
Gender	Male	76.1%	19.3%	4.6%
	Female	72.8%	21.8%	5.4%
Age*	18-24	87.2%	11.5%	1.3%
	25-44	79.8%	16.5%	3.7%
	45-64	66.8%	25.5%	7.7%
	65 and over	74.8%	21.3%	3.9%
Marital Status*	Married	77.7%	19.0%	3.2%
	Not Married	71.5%	21.9%	6.6%
Race	White	75.3%	19.9%	4.9%
	Non-white	66.3%	27.0%	6.7%
Income*	Under \$25,000	54.6%	31.4%	14.0%
	\$25-\$49,999	74.9%	23.7%	1.4%
	\$50-\$74,999	85.5%	12.3%	2.2%
	\$75-\$99,999	87.9%	10.6%	1.5%
	Over \$100,000	93.7%	5.3%	1.1%
Question: Generally, how would you describe your health: excellent, good, fair, poor or very poor?				



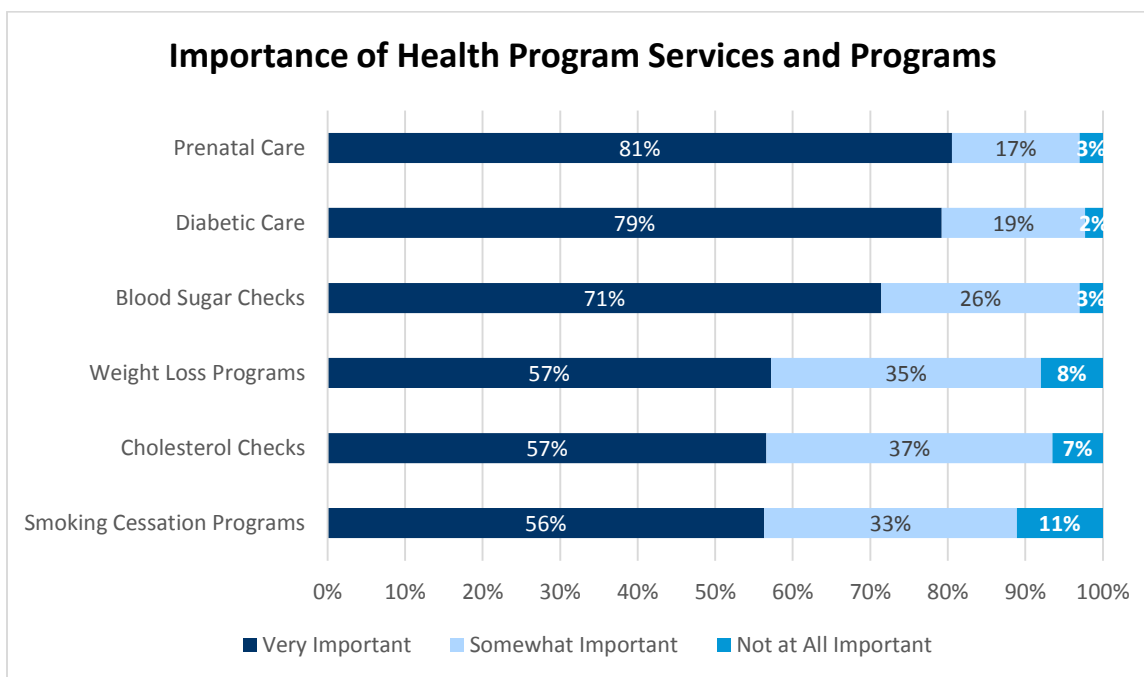
Health Care Programs or Services

Summary: Importance of Having Program/Service Available			
	<i>Very Important</i>	<i>Somewhat Important</i>	<i>Not at All Important</i>
Prenatal Care	80.6%	16.5%	3.0%
Diabetic Care	79.2%	18.5%	2.3%
Blood Sugar Checks	71.4%	25.6%	3.0%
Weight Loss Programs	57.2%	34.8%	8.0%
Cholesterol Checks	56.6%	36.9%	6.5%
Smoking Cessation Programs	56.3%	32.6%	11.1%

Summary: Interest in Free Program			
		%	N
Interest in free programs on various health topics	Very Interested	35.4%	794
	Somewhat Interested	42.4%	
	Not at all Interested	22.2%	
Interest in attending program if located in neighborhood	Very Interested	45.1%	788
	Somewhat Interested	35.5%	
	Not at all Interested	19.4%	
Health topics most interested in (top 3)	Diabetes/Blood sugar control	34.5%	537
	Weight Loss/management/Obesity	24.8%	
	Cardiovascular/Heart Health	19.6%	



Importance of Having Program/Services Available



Prenatal Care

The majority of respondents, 80.6%, thought it was very important to have prenatal care available in their community and an additional 16.5% thought it was somewhat important (combined importance of 97.0%). Groups more likely to think prenatal care was very important include females and renters.

Diabetic Care

More than three-quarters, 79.2%, thought it was very important to have diabetic care available in their community and an additional 18.5% thought it was somewhat important (combined importance of 97.7%). Groups more likely to think diabetic care was very important include urban residents, renters, and those with an annual income of under \$25,000.

Blood Sugar Checks

Less than three-quarters of respondents, 71.4%, thought it was very important to have blood sugar checks available in their community and an additional 25.6% thought it was somewhat important (combined importance of 97.0%). Groups of respondents that were more likely to think blood sugar checks were very important include urban residents, those who are unemployed or retired, females, respondents ages 65 and over, non-white respondents, and those with an annual income under \$25,000 a year.

Weight Loss Programs

More than half of respondents, 57.2%, thought it was very important to have weight loss programs available in their community and an additional 34.8% thought it was somewhat important (combined importance of 92.0%). There were no statistically significant demographic differences on who thought it was important to have weight loss programs in the community.

**Cholesterol Checks**

Slightly fewer, 56.6%, thought it was very important to have cholesterol checks available in their community and an additional 36.9% thought it was somewhat important (combined importance of 93.5%). Groups more likely to think cholesterol checks were very important include unemployed respondents, renters, and those who are not married.

Smoking Cessation

More than half of respondents, 56.3%, thought it was very important to have smoking cessation programs available in their community and an additional 32.6% thought it was somewhat important (combined importance of 88.9%). There were no statistically significant demographic differences on who thought it was important to have smoking cessation in the community.

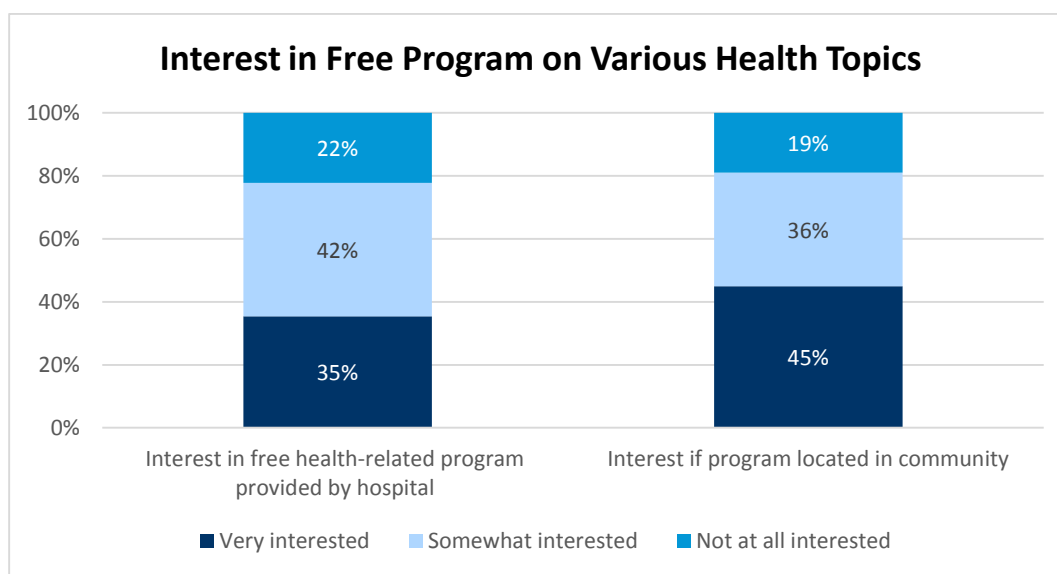


Interest in Free Program

More than three-quarters of respondents, 77.8%, reported that they would be interested if a local hospital provided free programs on various health topics that were important to their health, with 35% indicating that they would be very interested and 42% saying that they would be somewhat interested. When asked how interested they would be if the program were located in their neighborhood or community, the percentage of people who stated they were very interested increased from 35% to 45%.

Groups of respondents who were more likely to be interested in attending the free programs include residents of the county's urban areas, those who rent their current residence, females, non-white residents, and those with an annual income of less than \$49,999.

Respondents who indicated that they were somewhat or very interested in the free health-related programs were asked what health-related topics they were most interested in. This was an open-ended question in which the respondent could select multiple responses. The topics that respondents were most interested in were diabetes/blood sugar control, weight loss/management or obesity, cardiovascular or heart health, cancer-related topics, and dieting and nutrition.





Interest in Free Programs by Selected Demographics				
		Very Interested	Somewhat Interested	Not at all Interested
All respondents		35.4%	42.4%	22.2%
Group	Subgroup			
General Location*	Alliance/Canton/Massillon	40.2%	42.0%	17.8%
	Suburbia	31.9%	42.6%	25.5%
Employment Status*	Employed full-time	30.9%	44.1%	25.1%
	Employed part-time	40.7%	47.3%	12.1%
	Retired	32.2%	41.4%	26.4%
	Unemployed	59.1%	31.8%	9.1%
	Other	29.7%	45.3%	25.0%
Educational Attainment*	High school grad or less	35.5%	37.5%	27.0%
	Some college	38.7%	42.3%	19.0%
	College graduate	30.5%	50.2%	19.2%
Home ownership*	Own	31.0%	43.6%	25.4%
	Rent/Other	43.6%	40.1%	16.3%
Gender*	Male	31.0%	43.1%	25.9%
	Female	39.2%	41.8%	18.9%
Age*	18-24	28.6%	55.8%	15.6%
	25-44	38.7%	44.6%	16.7%
	45-64	38.3%	37.9%	23.8%
	65 and over	30.4%	42.7%	26.9%
Marital Status	Married	32.3%	45.0%	22.6%
	Not Married	38.0%	40.4%	21.6%
Race*	White	33.4%	44.0%	22.6%
	Non-white	53.9%	34.8%	11.2%
Income*	Under \$25,000	43.9%	35.6%	20.5%
	\$25-\$49,999	39.0%	42.2%	18.8%
	\$50-\$74,999	27.0%	51.8%	21.2%
	\$75-\$99,999	30.8%	43.1%	26.2%
	Over \$100,000	26.3%	48.4%	25.3%
Question: If a local hospital provided free programs on various health related topics that were important to your health, how interested would you be in attending the program?				



Health-Related Topics of Interest					
	# of 1 st Responses	% of 1 st Responses	# of all Responses	% of Answering Respondent	% of all Respondent
Diabetes/Blood sugar control	80	14.9%	185	34.5%	23.1%
Weight Loss/management/Obesity	83	15.5%	151	24.8%	16.6%
Cardiovascular/Heart Health	41	7.6%	105	19.6%	13.1%
Cancer- Treatment/Research/Screenings	30	5.6%	75	14.0%	9.4%
Dieting/Nutrition	35	6.5%	74	13.8%	9.3%
Smoking cessation	37	6.9%	63	11.7%	7.9%
Cholesterol control	14	2.6%	50	9.3%	6.3%
Blood Pressure/Hypo/Hypertension	21	3.9%	49	9.1%	6.1%
Exercise/Fitness (general)	22	4.1%	46	8.6%	5.8%
Mental Illness (general)	10	1.9%	34	6.3%	4.3%
Prenatal care/Infant health/Pregnancy	11	2.0%	27	5.0%	3.4%
Preventative care/wellness (general)	11	2.0%	24	4.5%	3.0%
Substance Abuse/Alcoholism/Drug Abuse	11	2.0%	23	4.3%	2.9%
Respiratory issues- Asthma/COPD/Emphysema	10	1.9%	21	3.9%	2.6%
Osteoporosis/Arthritis/Bone Health	10	1.9%	20	3.7%	2.5%
Aging/Geriatrics	10	1.9%	18	3.4%	2.3%
Pediatric Health	5	0.9%	17	3.2%	2.1%
Alzheimer's care/prevention	8	1.5%	15	2.8%	1.9%
Health Insurance information/Rights	10	1.9%	14	2.6%	1.8%
Aneurisms/Stroke	6	1.1%	12	2.2%	1.5%
Vision care/treatment	3	0.6%	10	1.9%	1.3%
Dev disabilities/where to get help for	2	0.4%	10	1.9%	1.3%
Pain Management/cessation	6	1.1%	9	1.7%	1.1%
OBGYN/Mammogram/Women's health	4	0.7%	9	1.7%	1.1%
Infectious disease care/information	5	0.9%	8	1.5%	1.0%
Dental care (general)	3	0.6%	8	1.5%	1.0%
Gastrointestinal disease/Crohn's	5	0.9%	7	1.3%	0.9%
Venereal disease/STD	5	0.9%	7	1.3%	0.9%
Urinary system disease	3	0.0%	6	0.6%	0.4%
Musculoskeletal health	0	0.0%	6	1.1%	0.8%
Parenting/Child rearing courses	4	0.7%	5	0.9%	0.6%
Brain issues/neurology	2	0.4%	5	0.9%	0.6%
Assisted living facilities/Nursing Homes	1	0.2%	5	0.9%	0.6%
Endocrine/Hormone issues	3	0.6%	4	0.7%	0.5%
Medication information/tips	1	0.2%	4	0.7%	0.5%
Multiple Sclerosis	1	0.2%	4	0.7%	0.5%
Fibromyalgia	2	0.4%	3	0.6%	0.4%
Home Health care/Home Health aides/nurses	2	0.4%	3	0.6%	0.4%
Kidney Issues	2	0.4%	3	0.6%	0.4%
MISCELLANEOUS	17	3.2%	34	6.4%	4.3%
Total	537	(n=537)	1076	(n=537)	(n=800)



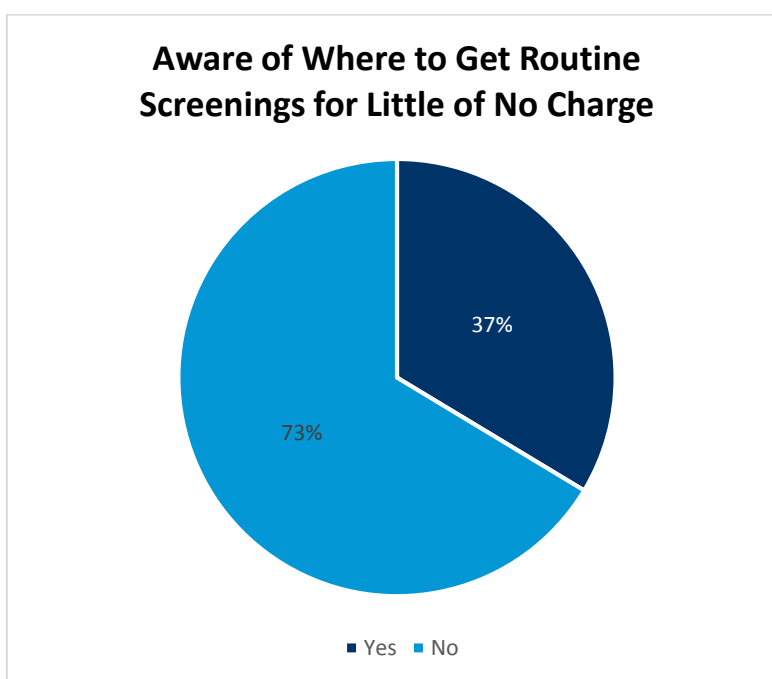
Access to Care

Summary: Access to Care			
		2011	2015
Aware where to get free routine screenings	Yes	*	36.7%
	No	*	63.3%
Insurance coverage	Not Insured	13.3%	4.8%
	Employer Paid	46.4%	38.5%
	Private Insurance	14.1%	11.9%
	Medicare/Medicaid	26.3%	42.9%
Where receive health care most often	Primary care or family doctor	71.4%	75.0%
	The emergency room	8.4%	8.3%
	A hospital clinic	7.7%	3.6%
	An urgent care center	6.3%	6.5%
	A VA hospital or clinic	2.3%	2.3%
	A free clinic	1.1%	0.9%
	A public health department or clinic	0.4%	0.4%
	Something else	2.4%	3.0%
Have primary care provider	Yes	*	84.4%
	No	*	15.6%
Last routine physical exam	Within the past year	*	75.6%
	Within the past 2 years	*	8.9%
	Within the past 5 years	*	6.6%
	5 or more years	*	8.9%
Last dental visit	Within the past year	*	63.9%
	Within the past 2 years	*	11.2%
	Within the past 5 years	*	9.0%
	5 or more years	*	15.9%
Needed specialist unable to find locally	Yes	*	26.9%
	No	*	73.1%
Follow-up: Specialist unable to find (top 3)	Orthopedic surgeon/doctor	*	18.8%
	Dermatologist	*	17.3%
	Neurologist	*	11.5%



Awareness and Importance of Health Events and Screenings

When respondents were asked if they were aware of any events or services in their community where people can get routine screenings done for little or no charge, more than one-third, 37%, indicated they were aware. There were several significant demographic differences between those who were more likely to have heard of these events and services and who was less likely. For example, females were much more likely than males to have heard of these events/services. Whereas 43% of females reported being aware of events/services in their community where people can get routine screenings done, only 30% of males were aware. Other groups of respondents more likely to be aware of events/services in their community where people can get routine screenings done include college graduates, homeowners, married respondents, and those with an annual income of \$75,000 or more.





Aware of Routine Screenings by Selected Demographics				
		Aware	Not Aware	Valid Responses
All respondents		36.7%	73.3%	788
Group	Subgroup			
General Location	Alliance/Canton/Massillon	37.9%	62.1%	781
	Suburbia	36.3%	63.7%	
Employment Status	Employed full-time	35.6%	64.4%	787
	Employed part-time	41.3%	58.7%	
	Retired	39.7%	60.3%	
	Unemployed	27.4%	72.6%	
	Other	36.9%	63.1%	
Educational Attainment*	High school grad or less	31.2%	68.8%	785
	Some college	37.7%	62.3%	
	College graduate	43.1%	56.9%	
Home ownership*	Own	41.1%	58.9%	783
	Rent/Other	29.2%	70.8%	
Gender*	Male	29.8%	70.2%	788
	Female	42.7%	57.3%	
Age	18-24	26.9%	73.1%	782
	25-44	35.1%	64.9%	
	45-64	37.7%	62.3%	
	65 and over	39.2%	60.8%	
Marital Status*	Married	43.5%	56.5%	786
	Not Married	30.9%	69.1%	
Race	White	36.0%	64.0%	773
	Non-white	40.7%	59.3%	
Income*	Under \$25,000	30.2%	69.8%	715
	\$25-\$49,999	38.8%	61.2%	
	\$50-\$74,999	31.9%	68.1%	
	\$75-\$99,999	47.6%	52.4%	
	Over \$100,000	41.9%	58.1%	
Question: Are you aware of any events or services in your community where you can get routine screenings done for little or no charge?				

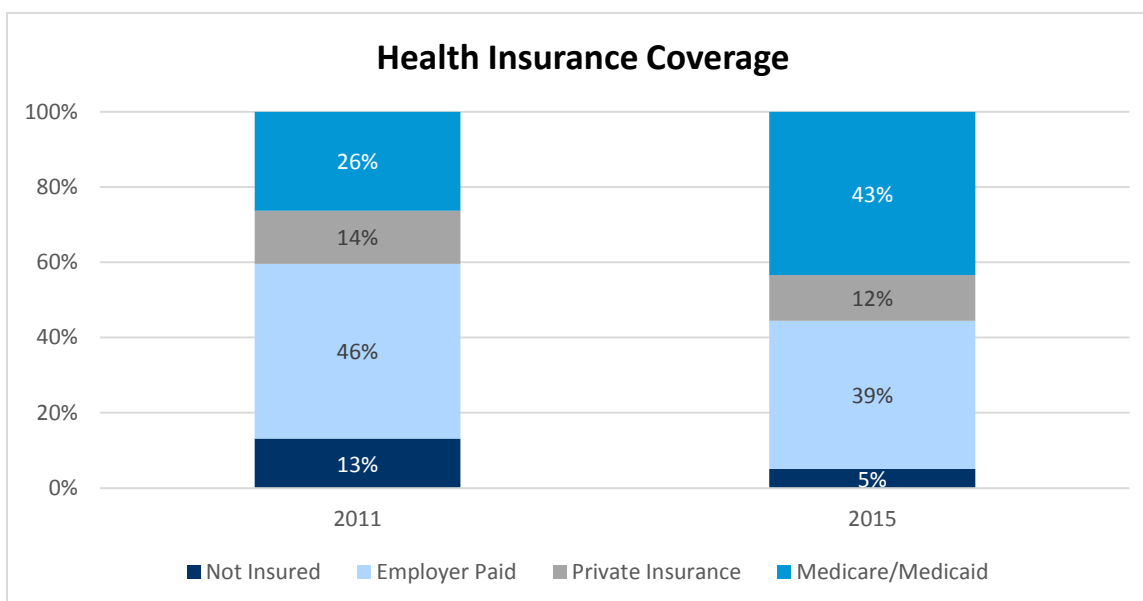


Insurance Coverage

All respondents were asked if they had health insurance coverage. A small portion, 4.8% did not have health insurance, this is a significant decrease from 2011 when 13.3% of respondents reported not having health insurance. More than a third, 38.5% were covered by employer paid plans, 11.9% were covered by private insurance and 42.9% reported being covered by Medicare or Medicaid.

The 11.9% of respondents who have private insurance were asked if their plan was obtained through healthcare.gov or the health insurance marketplace or exchange. More than a third, 36.9%, of respondents with private insurance purchased their insurance using this portal, 3.9% of all respondents.

All respondents were asked if they felt that the amount that they have spent on health care over the last year was more than they expected, about what they expected or less than they expected. About half of respondents, 45.3%, indicated that the amount they spent was about what they expected. More than a third, 39.0%, reported that they spent more than they were anticipating while the remaining 15.7% said that they spent less than they thought they would.



Whether or not a given respondent has health insurance coverage varied according to several demographic and other identifying characteristics. Relatively older respondents, especially those ages 65 and older, were more likely to have health insurance coverage. Employment status and level of educational attainment were also key factors influencing whether or not a given individual currently had health insurance coverage. In general, the more education a person had, the more likely they were to have health insurance coverage. Conversely, the less education a person had, the more likely they were to not have health insurance. In terms of employment status, those employed on a full-time basis or retirees were more likely to have health insurance, while part-time employees and the unemployed were less likely to have health insurance. Household income played a role in health insurance coverage as well. In general, respondents from households with progressively more income were more likely to have health insurance, while those from households with progressively less income were less likely to have health insurance. Marital status also had an impact on whether or not a person had health insurance coverage. Married persons were more likely than unmarried persons to have health insurance.



Health Insurance Coverage by Selected Demographics					
		Not insured	Employer paid	Private insurance	Medicare or Medicaid
All respondents		4.8%	38.5%	11.9%	42.9%
Group	Subgroup				
General Location*	Alliance/Canton/Massillon	5.5%	30.9%	11.6%	52.0%
	Suburbia	4.3%	45.3%	12.1%	38.3%
Employment Status*	Employed full-time	6.6%	71.6%	10.6%	11.2%
	Employed part-time	4.4%	32.2%	17.8%	45.6%
	Retired	.8%	11.0%	14.8%	73.4%
	Unemployed	10.2%	11.4%	5.7%	72.7%
	Other	4.8%	37.1%	11.3%	46.8%
Educational Attainment*	High school grad or less	6.7%	29.8%	8.4%	55.2%
	Some college	5.9%	37.4%	15.9%	40.7%
	College graduate	1.0%	54.1%	12.9%	32.1%
Home ownership*	Own	2.4%	45.9%	13.3%	38.4%
	Rent/Other	8.6%	27.2%	10.4%	53.8%
Gender*	Male	7.2%	41.3%	11.8%	39.7%
	Female	2.9%	37.1%	12.4%	47.6%
Age*	18-24	5.5%	43.8%	19.2%	31.5%
	25-44	5.4%	57.1%	7.1%	30.4%
	45-64	7.5%	49.0%	14.7%	28.8%
	65 and over	.9%	9.7%	11.1%	78.3%
Marital Status*	Married	2.8%	50.1%	13.0%	34.1%
	Not Married	6.7%	29.4%	11.5%	52.4%
Race*	White	4.3%	40.9%	11.8%	43.1%
	Non-white	9.0%	27.0%	13.5%	50.6%
Income*	Under \$25,000	7.3%	10.2%	6.3%	76.1%
	\$25-\$49,999	6.1%	34.3%	15.5%	44.1%
	\$50-\$74,999	2.9%	51.1%	19.0%	27.0%
	\$75-\$99,999	3.2%	71.4%	4.8%	20.6%
	Over \$100,000	1.1%	80.4%	13.0%	5.4%
Question: Do you currently have health insurance? IF YES: Which one of the following categories best describes your current health insurance plan?					



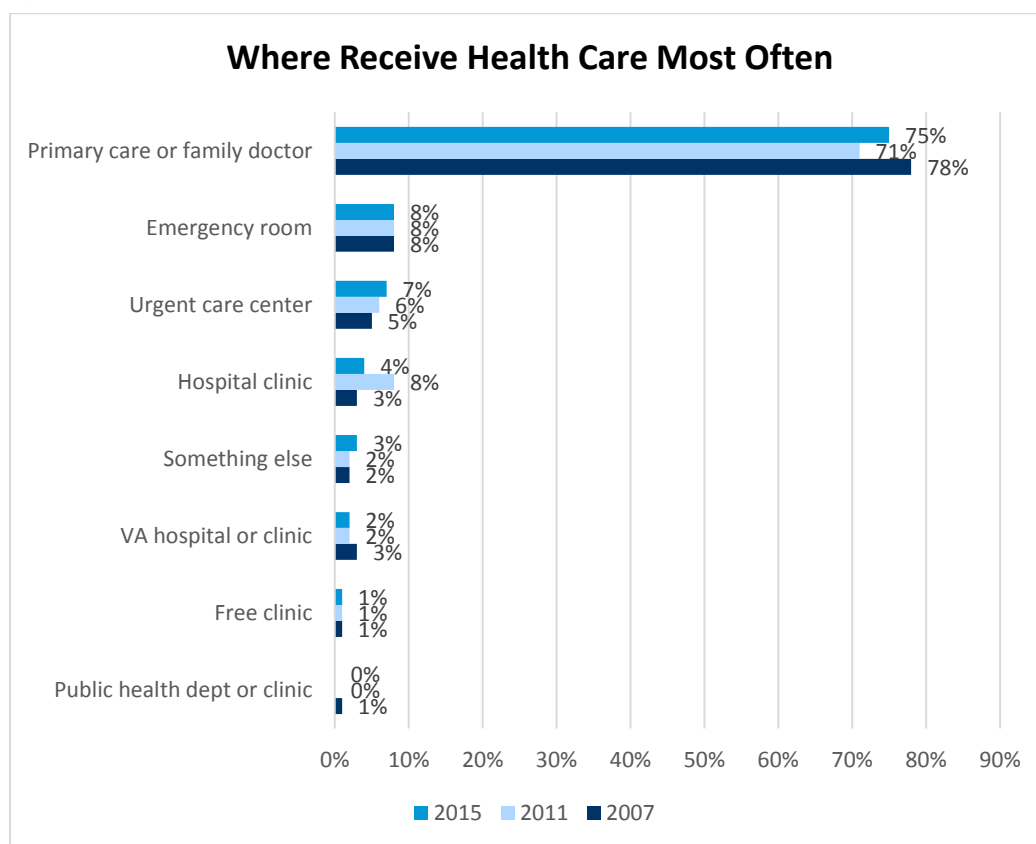
Access to Care

Next, respondents were asked when they receive health care, where do they receive it most often: a primary care or family doctor, the emergency room, an urgent care center, a hospital clinic, a public health department or clinic, a VA hospital or clinic, a free clinic, or somewhere else.

The leading source of health care for respondents was a primary care doctor. Three-quarters or 75.0% of respondents indicated they receive their health care most often from a primary care doctor; this was an increase from 71.4% of respondents in 2011. On the other hand, more than one-quarter or 25.0% of respondents relied on other sources for health care. For instance, 8.3% of respondents relied on emergency rooms as their primary source of health care, while another 6.5% relied on an urgent care center. The other sources of health care were used much more infrequently.

Whether or not a respondent relied on sources for health care other than a primary care doctor, such as emergency rooms or clinics, varied according to several demographics or other identifying characteristics. For instance, non-white persons were more likely to rely on other sources for their health care compared to Caucasians. In terms of marital status, those who are not married were more likely to rely on other sources for health care. Income and education also played a role. Respondents from households with progressively less income were more likely to rely on other sources for health care. The less education a person had, the more likely they were to rely on other sources for health care.

Location also influenced whether or not someone relied on other sources for health care. Residents of urban areas were more likely to rely on other sources of health care compared to residents of other communities. Age was also a factor; the younger the person, the more likely they were to rely on other sources for health care.



Where Receive Health Care Most Often			
	2007	2011	2015
Primary care or family doctor	77.7%	71.4%	75.0%
The emergency room	8.3%	8.4%	8.3%
A hospital clinic	2.6%	7.7%	3.6%
An urgent care center	4.6%	6.3%	6.5%
A VA hospital or clinic	2.6%	2.3%	2.3%
A free clinic	1.3%	1.1%	0.9%
A public health department or clinic	0.5%	0.4%	0.4%
Something else	1.6%	2.4%	3.0%

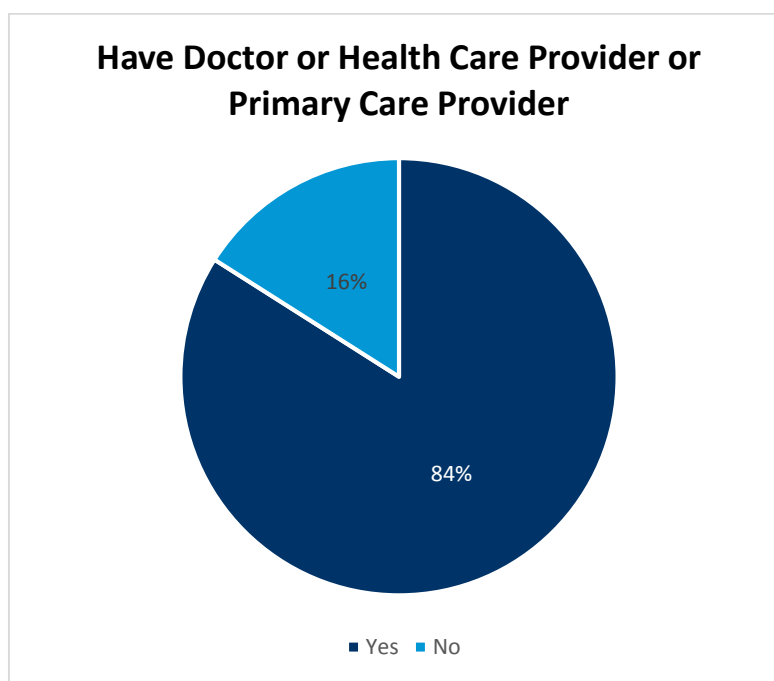


Where Receive Health Care by Selected Demographics				
		Primary Care Doctor	Something Else	Valid Responses
All respondents		75.0%	25.0%	795
Group	Subgroup			
General Location*	Alliance/Canton/Massillon	67.6%	32.4%	787
	Suburbia	80.1%	19.9%	
Employment Status*	Employed full-time	74.5%	25.5%	794
	Employed part-time	68.1%	31.9%	
	Retired	83.7%	16.3%	
	Unemployed	59.3%	40.7%	
	Other	75.4%	24.6%	
Educational Attainment*	High school grad or less	71.0%	29.0%	792
	Some college	72.8%	27.2%	
	College graduate	83.1%	16.9%	
Home ownership*	Own	81.3%	18.7%	790
	Rent/Other	64.2%	35.8%	
Gender	Male	68.1%	31.9%	795
	Female	80.9%	19.1%	
Age*	18-24	62.8%	37.2%	789
	25-44	62.6%	37.4%	
	45-64	79.4%	20.6%	
	65 and over	83.3%	16.7%	
Marital Status*	Married	81.9%	18.1%	793
	Not Married	68.8%	31.2%	
Race*	White	76.7%	23.3%	779
	Non-white	62.9%	37.1%	
Income*	Under \$25,000	66.3%	33.7%	720
	\$25-\$49,999	68.5%	31.5%	
	\$50-\$74,999	82.4%	17.6%	
	\$75-\$99,999	81.5%	18.5%	
	Over \$100,000	89.5%	10.5%	
Question: When you are in need of health care, where do you receive it MOST often?				



Primary Care Provider

The majority of respondents, 84.4%, reported having one person or group that they think of as their doctor or health care provider. There were many demographic differences between who had a primary doctor or health care provider and who did not. Groups of respondents more likely to have a primary care doctor or health care provider include females, those ages 65 and over, married respondents, those with an annual income of \$100,000 or more, retired respondents, and college graduates. Groups of respondents more likely to not have a primary care doctor or health care provider include males, respondents ages 44 and under, those who are not married, respondents with an annual income of \$25,000 or less, and those who are unemployed.



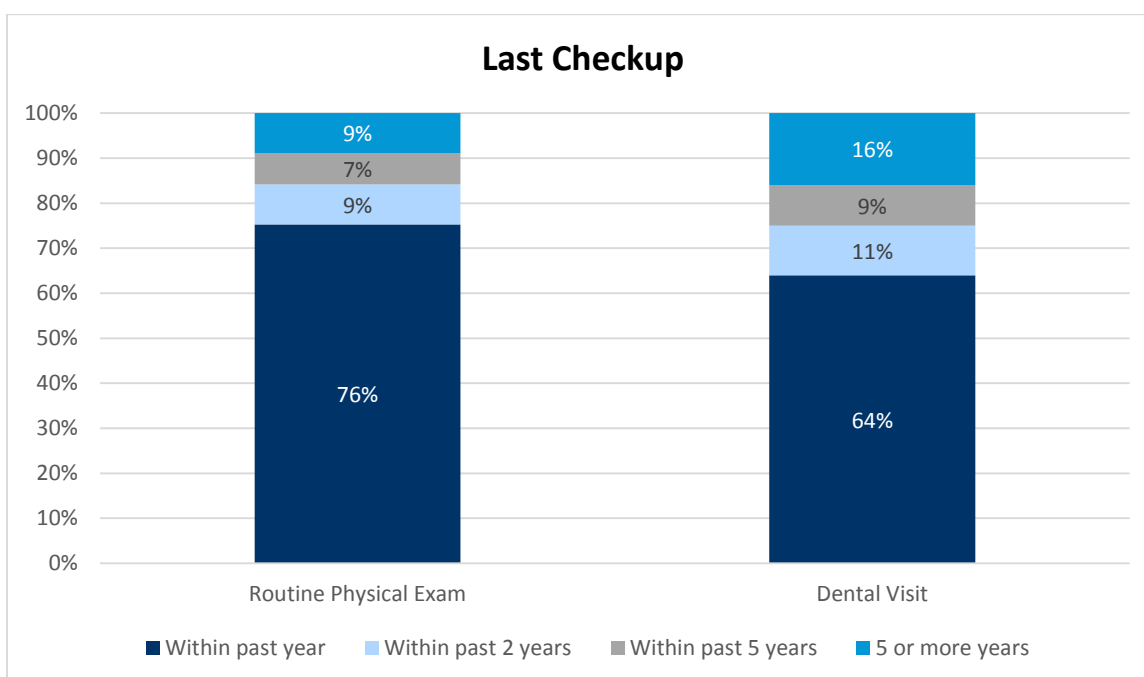


Have Primary Care Doctor by Selected Demographics				
		Yes	No	Valid Responses
All respondents		84.4%	15.6%	789
Group	Subgroup			
General Location*	Alliance/Canton/Massillon	81.1%	18.9%	782
	Suburbia	87.0%	13.0%	
Employment Status*	Employed full-time	80.5%	19.5%	788
	Employed part-time	79.6%	20.4%	
	Retired	93.2%	6.8%	
	Unemployed	76.5%	23.5%	
	Other	87.7%	12.3%	
Educational Attainment*	High school grad or less	79.9%	20.1%	786
	Some college	84.6%	15.4%	
	College graduate	90.2%	9.8%	
Home ownership*	Own	90.1%	9.9%	784
	Rent/Other	74.8%	25.2%	
Gender*	Male	78.5%	21.5%	789
	Female	89.5%	10.5%	
Age*	18-24	67.9%	32.1%	784
	25-44	74.1%	25.9%	
	45-64	88.4%	11.6%	
	65 and over	93.4%	6.6%	
Marital Status*	Married	90.5%	9.5%	787
	Not Married	78.9%	21.1%	
Race	White	85.2%	14.8%	774
	Non-white	79.3%	20.7%	
Income*	Under \$25,000	78.3%	21.7%	716
	\$25-\$49,999	83.3%	16.7%	
	\$50-\$74,999	87.0%	13.0%	
	\$75-\$99,999	87.5%	12.5%	
	Over \$100,000	92.6%	7.4%	
Question: Do you have one person or group you think of as your doctor or health care provider or care provider?				



Routine Checkups

The next set of questions asked respondents how long it has been since they visited a doctor for a routine check-up and how long since they have last seen a dentist for any reason. More than three-quarters of respondents, 75.6%, had received a routine checkup in the past year. An additional 8.9% had received a routine check-up in the past two years and 6.6% in the last five years. Nearly one in ten respondents, 8.9%, has not had a routine checkup in 5 or more years. As far as seeing a dentist, nearly two-thirds, 63.9%, had seen a dentist in the past year. An additional 11.2% had seen a dentist in the past two years and 9.0% in the last five years. Nearly one in six respondents, 15.9%, has not seen a dentist in 5 or more years.



How long it had been since their last checkup varied according to several demographic or other identifying characteristics of respondents. Groups of respondents most likely to have had a routine checkup in the past year include retired respondents, homeowners, females, and respondents ages 65 and over. Groups of respondents most likely to have not had a routine checkup in the past five years include unemployed respondents, respondents ages 25 to 44, renters, and males.



Last Routine Checkup by Selected Demographics					
		Within 1 year	Within 2 years	Within 5 years	5 or more years
All respondents		75.6%	8.9%	6.6%	8.9%
Group	Subgroup				
General Location	Alliance/Canton/Massillon	72.3%	9.3%	7.5%	10.8%
	Suburbia	78.0%	8.7%	6.1%	7.2%
Employment Status*	Employed full-time	67.1%	11.3%	9.4%	12.3%
	Employed part-time	74.5%	9.6%	6.4%	9.6%
	Retired	90.9%	4.6%	1.2%	3.3%
	Unemployed	67.0%	11.4%	8.0%	13.6%
	Other	72.3%	9.2%	12.3%	6.2%
Educational Attainment	High school grad or less	77.3%	8.9%	3.9%	9.9%
	Some college	73.3%	8.7%	9.4%	8.7%
	College graduate	76.3%	8.8%	7.0%	7.9%
Home ownership*	Own	80.8%	7.5%	5.9%	5.9%
	Rent/Other	66.9%	11.3%	8.1%	13.7%
Gender*	Male	68.5%	9.7%	9.4%	12.4%
	Female	81.7%	8.2%	4.2%	5.9%
Age*	18-24	61.5%	17.9%	14.1%	6.4%
	25-44	60.4%	12.8%	10.7%	16.0%
	45-64	76.2%	7.7%	5.7%	10.4%
	65 and over	91.7%	3.9%	2.2%	2.2%
Marital Status	Married	76.7%	9.9%	5.4%	8.0%
	Not Married	74.5%	8.0%	7.8%	9.7%
Race	White	74.8%	9.1%	6.9%	9.2%
	Non-white	79.8%	9.0%	4.5%	6.7%
Income	Under \$25,000	78.3%	6.8%	4.8%	10.1%
	\$25-\$49,999	73.5%	9.6%	7.8%	9.1%
	\$50-\$74,999	71.0%	11.6%	7.2%	10.1%
	\$75-\$99,999	67.7%	13.8%	10.8%	7.7%
	Over \$100,000	73.7%	7.4%	7.4%	11.6%
Question: About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.					



How long it had been since their last dental visit also varied according to several demographic or other identifying characteristics of respondents. Groups of respondents most likely to have had a dental visit in the past year include retired respondents, homeowners, females, and respondents ages 65 and over. Groups of respondents most likely to have not had a dental visit in the past five years include unemployed respondents, respondents ages 25 to 44, renters, and males.

Last Dental Visit by Selected Demographics					
		Within 1 year	Within 2 years	Within 5 years	5 or more years
All respondents		63.9%	11.2%	9.0%	15.9%
Group	Subgroup				
General Location*	Alliance/Canton/Massillon	55.0%	13.3%	10.6%	21.1%
	Suburbia	70.1%	9.8%	7.9%	12.2%
Employment Status*	Employed full-time	71.6%	10.0%	8.1%	10.3%
	Employed part-time	76.6%	7.4%	7.4%	8.5%
	Retired	56.5%	9.6%	10.9%	23.0%
	Unemployed	40.9%	23.9%	9.1%	26.1%
	Other	66.2%	10.8%	9.2%	13.8%
Educational Attainment*	High school grad or less	54.5%	11.9%	11.2%	22.4%
	Some college	62.1%	12.6%	9.4%	15.9%
	College graduate	79.5%	8.4%	5.6%	6.5%
Home ownership*	Own	71.1%	9.3%	7.3%	12.4%
	Rent/Other	51.8%	14.8%	12.0%	21.5%
Gender	Male	62.5%	11.5%	9.1%	16.9%
	Female	65.1%	10.8%	9.0%	15.1%
Age*	18-24	69.2%	16.7%	10.3%	3.8%
	25-44	67.6%	10.6%	6.9%	14.9%
	45-64	63.0%	12.5%	9.8%	14.8%
	65 and over	59.6%	8.3%	9.6%	22.4%
Marital Status*	Married	71.2%	7.0%	9.2%	12.7%
	Not Married	57.3%	14.9%	9.0%	18.9%
Race*	White	65.3%	11.0%	8.7%	15.0%
	Non-white	50.6%	14.6%	11.2%	23.6%
Income*	Under \$25,000	45.6%	17.0%	8.7%	28.6%
	\$25-\$49,999	60.3%	12.8%	10.5%	16.4%
	\$50-\$74,999	72.5%	5.8%	10.1%	11.6%
	\$75-\$99,999	73.8%	10.8%	6.2%	9.2%
	Over \$100,000	88.3%	5.3%	4.3%	2.1%
Question: How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.					



Needed Specialists or Doctor Unable to Find Locally

Next, all respondents were asked if in the past two years they or a member of their family needed to see a specialist or a doctor that they were unable to find locally or had to wait more than 30 days to schedule an appointment. More than a quarter, 26.9%, reported that they were unable to see a doctor or specialist that they needed locally or within a reasonable time frame. Income was the only demographic characteristic that was statistically significant in this area.

The 26.9% of respondents who were unable to find a needed specialist or doctor locally or in a reasonable time frame were asked what specialist or doctor they needed. The specialist needed most often was a Dermatologist, given by 13.6% of answering respondents. Other needed specialists or doctors include, in order of importance, orthopedic doctor (18.8%), Dermatologist (17.3%), Neurologist (11.5%), Gastroenterologist (6.7%), a Dentist/Oral Surgeon (5.8%) and a Cardiologist (5.3%).

Type of Specialist Needed		
	# of Responses	% of Responses
Orthopedic surgeon/doctor	39	18.8%
Dermatologist	36	17.3%
Neurologist	24	11.5%
Gastroenterologist	14	6.7%
Dentist/Oral Surgeon	12	5.8%
Cardiologist	11	5.3%
Pediatric physician/surgeon	7	3.4%
Family Physician	6	2.9%
Oncologist	6	2.9%
Pulmonologist	5	2.4%
Urologist	5	2.4%
Endocrinologist	4	1.9%
Ophthalmologist	4	1.9%
Otolaryngologist	4	1.9%
Surgery (general)	4	1.9%
Psychiatrist	4	1.9%
OBGYN	3	1.4%
Pain management specialist	3	1.4%
Podiatrist	2	1.0%
Rheumatology	2	1.0%
Geneticist	1	0.5%
Transplant Specialist	1	0.5%
Neurology Epilogist	1	0.5%
Optometrist	1	0.5%
Internal Medical specialist	1	0.5%
MISCELLANEOUS	8	3.8%
Total	208	(n=208)



Unable to See Specialist Locally by Selected Demographics				
		Yes	No	Valid Responses
All respondents		26.9%	73.1%	793
Group	Subgroup			
General Location	Alliance/Canton/Massillon	29.2%	70.8%	785
	Suburbia	25.2%	74.8%	
Employment Status*	Employed full-time	28.4%	71.6%	792
	Employed part-time	30.4%	69.6%	
	Retired	20.0%	80.0%	
	Unemployed	36.0%	64.0%	
	Other	28.1%	71.9%	
Educational Attainment	High school grad or less	22.5%	77.5%	790
	Some college	29.2%	70.8%	
	College graduate	30.4%	69.6%	
Home ownership	Own	25.7%	74.3%	788
	Rent/Other	29.0%	71.0%	
Gender	Male	24.5%	75.5%	793
	Female	28.9%	71.1%	
Age*	18-24	35.1%	64.9%	787
	25-44	29.9%	70.1%	
	45-64	30.6%	69.4%	
	65 and over	17.0%	83.0%	
Marital Status	Married	25.3%	74.7%	791
	Not Married	28.3%	71.7%	
Race	White	27.1%	72.9%	778
	Non-white	28.4%	71.6%	
Income	Under \$25,000	30.4%	69.6%	721
	\$25-\$49,999	25.1%	74.9%	
	\$50-\$74,999	32.6%	67.4%	
	\$75-\$99,999	23.1%	76.9%	
	Over \$100,000	27.4%	72.6%	
Question: In the past two years, have you or a family member needed to see a specialist or doctor were unable to find locally or had to wait more than 30 days to schedule appointment?				



Smoking/Tobacco, Alcohol, and Prescription Drug Use

Summary: Smoking and Tobacco, Alcohol, and Prescription Use			
		2011	2015
Tobacco use	Everyday	20.0%	22.0%
	Some days	7.9%	7.6%
	Not at all	72.1%	70.4%
Interested in hospital smoking cessation program	Very Interested	*	16.7%
	Somewhat Interested	*	31.8%
	Not at all Interested	*	51.5%
Interested in hospital smoking cessation program in neighborhood	Very Interested	*	23.2%
	Somewhat Interested	*	30.0%
	Not at all Interested	*	46.8%
Alcohol use	Everyday	2.4%	2.6%
	Some days	46.7%	48.5%
	Not at all	50.9%	48.9%
	Average number of alcoholic drinks per week	4.2	4.1
Taking	Prescription medications (currently)	*	67.0%
	Over the counter medication	*	47.4%
	Herbal supplements	*	24.0%
	Vitamins	*	57.9%
	Prescriptions in past year, but not currently	*	13.8%
	Average number prescriptions prescribed in past year		5.9
Use medication off label in past year	Yes	*	2.0%
	No	*	98.0%
How typically get rid of unused prescription medication	Flush down toilet	*	12.7%
	Throw them in trash	*	15.5%
	At a Take Back Center	*	16.4%
	Give them to someone else who needs them	*	1.0%
	Keep them in case I need them in future	*	21.6%
	Something else	*	8.0%
	Take all medication/no unused medication	*	24.9%

Smoking and Tobacco Use

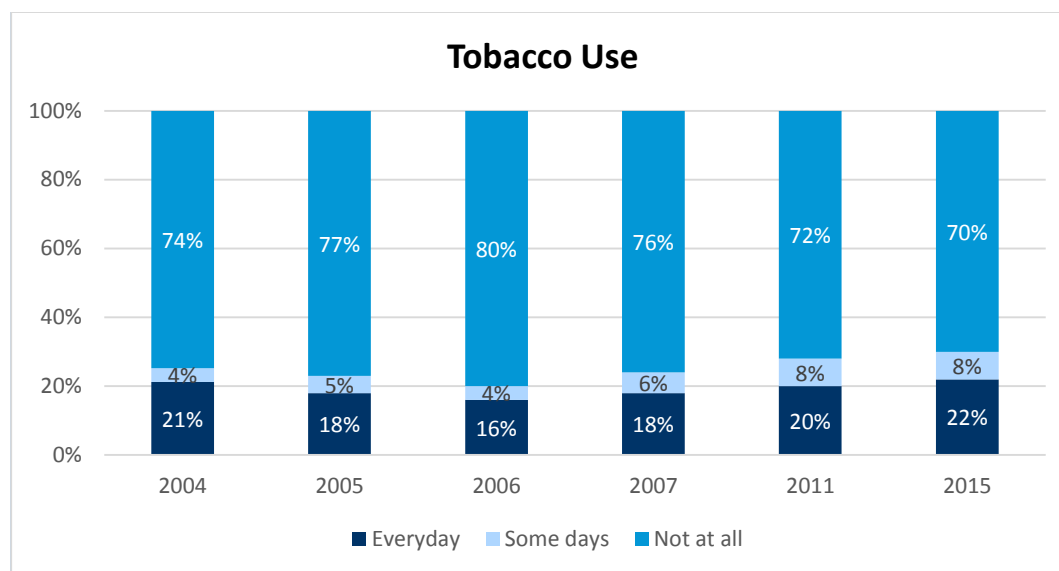
All respondents were asked how often they currently smoke cigarettes or use tobacco products: every day, some days, or not at all. More than one quarter or 29.6% of respondents indicated they currently smoke cigarettes or use tobacco. **Every day users** amounted to 22.0% of all respondents. The remaining proportion of tobacco users indicated they smoke cigarettes or use tobacco less frequently or only **some days**, amounting to 7.6% of all respondents. Nearly three quarters, 70.4%, of respondents reported that they **do not use tobacco at all**.

Tobacco use varied according to various demographics or other identifying characteristics of respondents. For instance, residents of the three core urban cities in the county were more likely to indicate they



currently use tobacco compared to the remaining communities; 35.2% of urban residents reported they currently use tobacco compared to only 25.2% of suburban residents. In terms of employment status, the unemployed were much more likely to use tobacco, while retirees were much less likely to use tobacco. Homeownership status was also related to smoking activity. Those who rent their home were twice as likely as homeowners to smoke cigarettes or use tobacco.

Other groups of respondents that were more likely to smoke or use tobacco include those with a high school diploma or less education, respondents who are not married and non-white respondents.





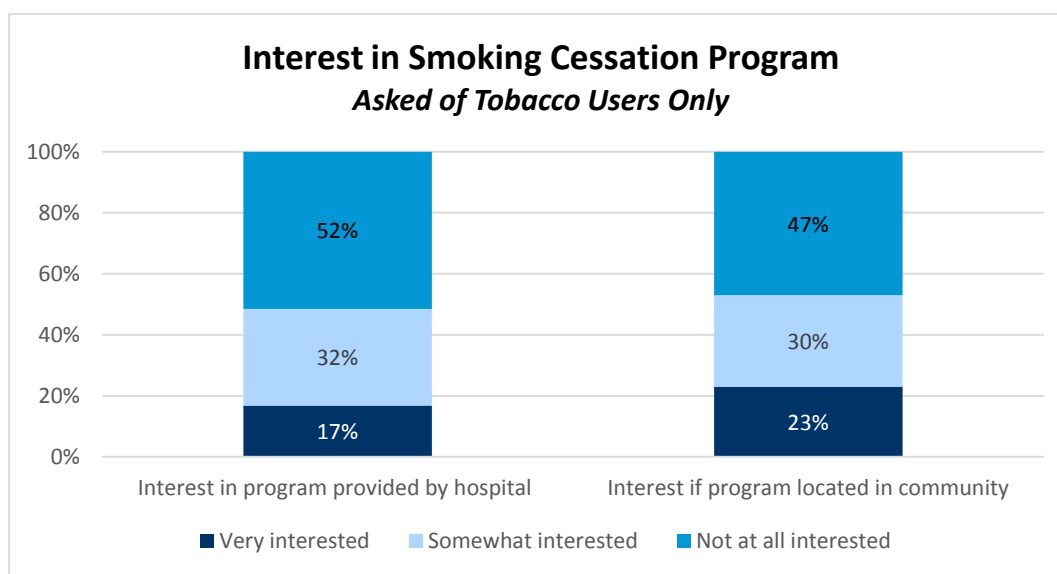
Tobacco Use by Selected Demographics				
		Everyday	Some days	Not at all
All respondents		22.0%	7.6%	70.4%
Group	Subgroup			
General Location*	Alliance/Canton/Massillon	27.4%	7.8%	64.8%
	Suburbia	17.8%	7.4%	74.8%
Employment Status*	Employed full-time	28.0%	9.0%	63.0%
	Employed part-time	16.0%	5.3%	78.7%
	Retired	13.7%	4.6%	81.7%
	Unemployed	29.5%	12.5%	58.0%
	Other	23.1%	9.2%	67.7%
Educational Attainment*	High school grad or less	25.9%	7.5%	66.6%
	Some college	24.5%	9.4%	66.1%
	College graduate	13.0%	5.6%	81.4%
Home ownership*	Own	16.6%	5.5%	77.9%
	Rent/Other	31.3%	11.3%	57.4%
Gender*	Male	26.5%	9.1%	64.3%
	Female	18.0%	6.3%	75.6%
Age*	18-24	23.1%	11.5%	65.4%
	25-44	36.7%	11.7%	51.6%
	45-64	21.8%	7.4%	70.8%
	65 and over	10.0%	3.5%	86.5%
Marital Status*	Married	15.8%	7.0%	77.2%
	Not Married	27.5%	8.2%	64.2%
Race	White	23.0%	7.3%	69.6%
	Non-white	16.9%	11.2%	71.9%
Income*	Under \$25,000	28.5%	8.7%	62.8%
	\$25-\$49,999	23.7%	8.2%	68.0%
	\$50-\$74,999	18.1%	8.7%	73.2%
	\$75-\$99,999	25.8%	9.1%	65.2%
	Over \$100,000	5.3%	6.3%	88.4%
Question: Do you smoke cigarettes or use tobacco products every day, some days, or not at all?				



Interest in Smoking Cessation Program

Less than half of tobacco-using respondents, 48.5%, reported that they would be interested in attending a smoking cessation program at a local hospital, with 16.7% indicating that they would be very interested and 31.8% saying that they would be somewhat interested. When asked how interested they would be if the program were located in their neighborhood or community, the percentage of people who stated they were very interested increased from 16.7% to 23.2%.

Tobacco users who were not interested in the Smoking Cessation Program were asked why they were not interested. The most common reasons were that they don't want to quit or don't think the timing is right (35.4%) and that they can quit on their own without a program (16.2%). Additional reasons for not being interested in the smoking cessation program are listed in the table below.





Reason Not Interested in Smoking Cessation Program		
	# of Responses	% of Responses
I don't have the desire to quit/Time isn't right	35	35.4%
I don't need a program to quit/Can quit on my own	16	16.2%
I don't smoke	9	9.1%
I enjoy smoking	8	8.1%
Smoking alleviates stress/my only vice	4	4.0%
I don't smoke often	4	4.0%
Program won't work until I'm ready/I'm not ready	2	2.0%
I've had no health issue due to my smoking	2	2.0%
Smoking is a habit	2	2.0%
I don't like people/don't want to be around people	2	2.0%
Due to my disability	2	2.0%
Would have to change my entire lifestyle	1	1.0%
I've already planned a date to quit	1	1.0%
People will smoke regardless of cessation program	1	1.0%
No program available near me	1	1.0%
Terminally ill, wants to enjoy	1	1.0%
Already in a cessation program	1	1.0%
Smoking cessation programs don't work	1	1.0%
I don't have the time	1	1.0%
I need to smoke	1	1.0%
Don't like being told what to do	1	1.0%
I don't go out in public	1	1.0%
MISCELLANEOUS	2	2.0%
Total	99	(n=99)

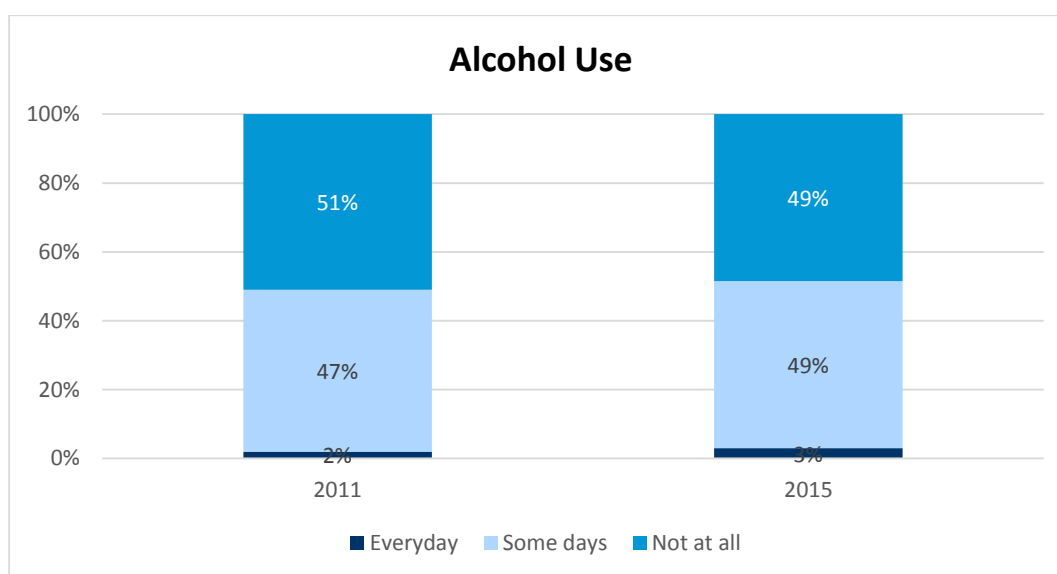


Alcoholic Beverages

Next, all respondents were asked if they drink alcoholic beverages such as beer, wine, malt beverages, or liquor every day, some days, or not at all. Slightly more than half or 51.1% of respondents indicated they drink alcohol. **Every day user's** amounted to just 2.6% of all respondents. The remaining proportion of alcohol drinkers indicated that they drink less frequently or only **some days**, amounting to 48.5% of all respondents. Less than half, 48.9%, of respondents reported that they **do not drink alcohol at all**.

The 51.1% of respondents who drink alcohol were asked how many alcoholic drinks they consume each week on average. The responses ranged from 0 to 42, with an average of 4.1 drinks a week. The average number of alcoholic drinks a respondent consumed varied greatly by whether or not the respondent indicated that they drink some days or every day. Respondents who consume alcoholic beverages **some days** consume an average of 2.9 alcoholic beverages per week, whereas **every day** consumers drink an average of 15.7 alcoholic beverages per week.

Alcohol consumption varied according to various demographics or other identifying characteristics of respondents. However, the demographic differences were significantly different from the groups of respondents that used tobacco. For instance, while residents of the three core urban cities in the county were more likely to indicate they currently use tobacco compared to the suburban communities in the county, suburban residents were more likely than urban residents to consume alcoholic beverages. More than half, 55.0% of suburban residents reported that they currently consume alcohol compared to 45.8% of urban residents. Other groups of respondents that were more likely to consume alcoholic beverages include those who are employed full-time, college graduates, males, respondents ages 18-44, and those with an annual income of \$75-\$100,000.



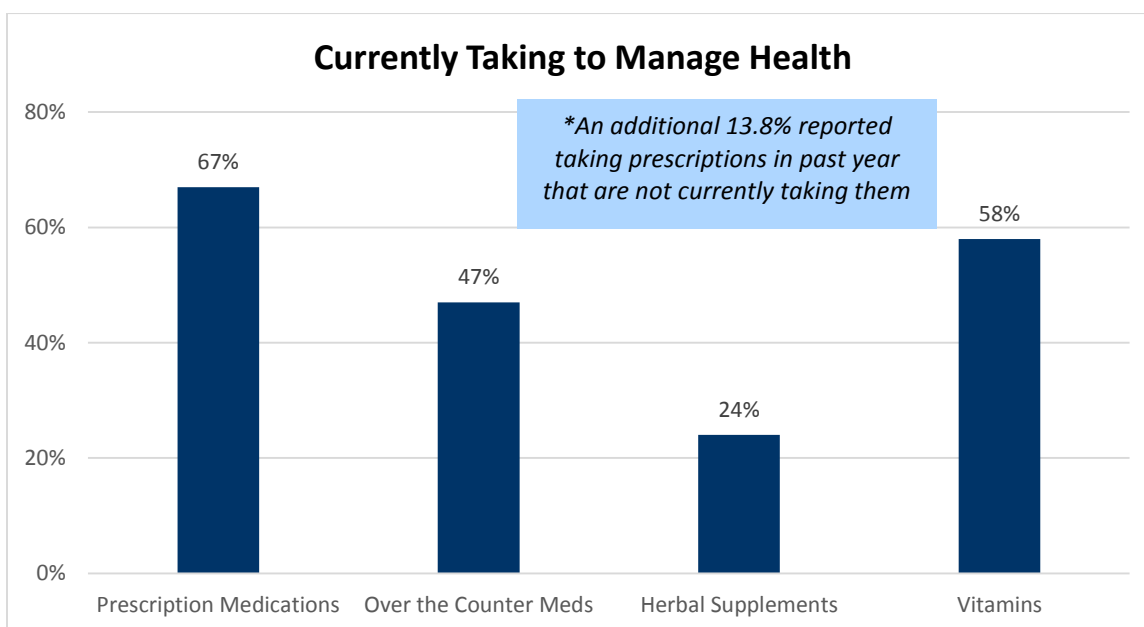


Alcohol Use by Selected Demographics				
		Everyday	Some days	Not at all
All respondents		2.6%	48.5%	48.9%
Group	Subgroup			
General Location*	Alliance/Canton/Massillon	1.5%	44.3%	54.2%
	Suburbia	3.0%	52.0%	45.0%
Employment Status*	Employed full-time	2.3%	63.3%	34.4%
	Employed part-time	1.1%	48.9%	50.0%
	Retired	4.6%	33.6%	61.8%
	Unemployed	1.1%	37.5%	61.4%
	Other	1.5%	47.7%	50.8%
Educational Attainment*	High school grad or less	3.0%	38.7%	58.4%
	Some college	2.2%	50.5%	47.3%
	College graduate	2.8%	60.0%	37.2%
Home ownership	Own	3.1%	46.6%	50.3%
	Rent/Other	1.1%	52.1%	46.8%
Gender*	Male	4.6%	53.6%	41.8%
	Female	.9%	44.0%	55.0%
Age*	18-24	1.3%	64.1%	34.6%
	25-44	1.1%	63.3%	35.6%
	45-64	4.4%	47.0%	48.7%
	65 and over	2.2%	33.9%	63.9%
Marital Status	Married	2.9%	46.9%	50.1%
	Not Married	2.4%	49.9%	47.8%
Race	White	2.6%	49.4%	48.1%
	Non-white	3.4%	48.3%	48.3%
Income*	Under \$25,000	1.9%	35.7%	62.3%
	\$25-\$49,999	1.8%	53.4%	44.7%
	\$50-\$74,999	2.2%	52.2%	45.7%
	\$75-\$99,999	6.1%	54.5%	39.4%
	Over \$100,000	4.2%	63.2%	32.6%
Question: Do you drink alcoholic beverages such as beer, wine, malt beverages or liquor every day, some days, or not at all?				



Prescription Medications

Next, all respondents were asked if they take a list of items to help manage their health. More than half of respondents, 57.9%, reported taking vitamins to help manage their health. Retired respondents, homeowners, females, and those ages 65 and over for most likely to report taking vitamins. Less than half, 47.4%, reported taking over the counter medication. Residents from the county's suburban areas, retired respondents, homeowners, females, those ages 65 and over, and white respondents were most likely to report taking over the counter medications. Less than a quarter, 24.0%, reported taking herbal supplements to help manage their health. Two thirds of respondents, 67.0%, reported that they are currently taking a prescription medication while an additional 13.8% reported taking a prescription medication in the past year, but are not currently on a prescription. Respondents have taken an average of 5.9 prescriptions in the past year. Groups of respondents who were more likely to be taking prescription medications include retired respondents, those with a high school diploma or less education, females, those ages 65 and over, white respondents, and respondents with an annual income under \$25,000.



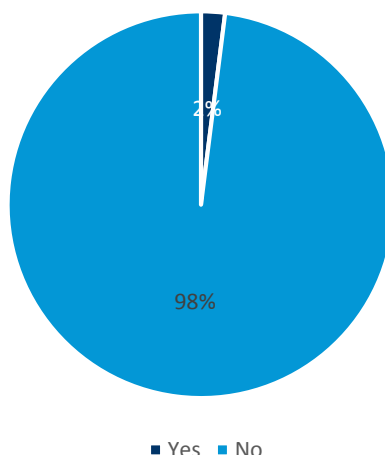


Used to Manage Health by Selected Demographics					
		Prescriptions	Over the Counter	Herbal Supplements	Vitamins
All respondents		67.0%	47.4%	24.0%	57.9%
Group	Subgroup				
General Location	Alliance/Canton/Massillon	67.5%	42.5%*	22.6%	58.4%
	Suburbia	67.0%	51.1%*	25.0%	57.2%
Employment Status	Employed full-time	47.6%*	37.9%*	21.5%	51.4%*
	Employed part-time	57.4%*	51.1%*	30.9%	57.4%*
	Retired	92.1%*	60.6%*	24.5%	68.0%*
	Unemployed	83.0%*	39.8%*	21.6%	55.7%*
	Other	60.0%*	49.2%*	27.7%	53.8%*
Educational Attainment	High school grad or less	71.1%*	43.0%	22.6%	56.1%
	Some college	68.6%*	48.0%	26.7%	58.1%
	College graduate	59.1%*	52.6%	22.8%	60.0%
Home ownership	Own	68.7%	51.9%*	26.4%*	61.8%*
	Rent/Other	64.1%	40.1%*	19.7%*	51.4%*
Gender	Male	59.2%*	41.0%*	20.4%*	50.1%*
	Female	73.8%*	52.9%*	27.2%*	64.6%*
Age	18-24	32.1%*	39.7%*	23.1%	48.7%*
	25-44	47.9%*	36.7%*	21.8%	46.3%*
	45-64	69.8%*	49.7%*	24.2%	58.4%*
	65 and over	91.3%*	56.1%*	25.7%	69.6%*
Marital Status	Married	66.2%	48.5%	25.2%	57.6%
	Not Married	67.5%	46.4%	23.1%	58.1%
Race	White	68.5%*	49.2%*	24.7%	57.1%
	Non-white	58.4%*	36.0%*	20.2%	64.0%
Income	Under \$25,000	77.8%*	44.4%	25.1%	59.4%
	\$25-\$49,999	66.7%*	47.0%	24.2%	55.3%
	\$50-\$74,999	59.4%*	47.1%	23.9%	59.4%
	\$75-\$99,999	56.1%*	45.5%	30.3%	53.0%
	Over \$100,000	58.9%*	53.7%	17.9%	51.6%
Question: Are you taking any of the following types of medicines to manage your health?					

Only a small percentage of respondents, 2%, reported that they use prescription medication differently than prescribed. These respondents were asked why they took prescriptions differently than prescribed. The most common reasons were for aches and pains (27.3%) and they wanted to get high or alter their mindset (27.3%). These respondents were also read three statements and asked which one best described their view on using prescription medication differently than prescribed. None of these respondents picked the statement *"It is not as much of a problem as everyone makes it out to be"*. More than half, 58.3%, reported that *"They know that it goes against medical advice, but they plan to continue doing it."* The remaining, 41.7%, reported that *"They know it is not advised and don't plan to do it again."*

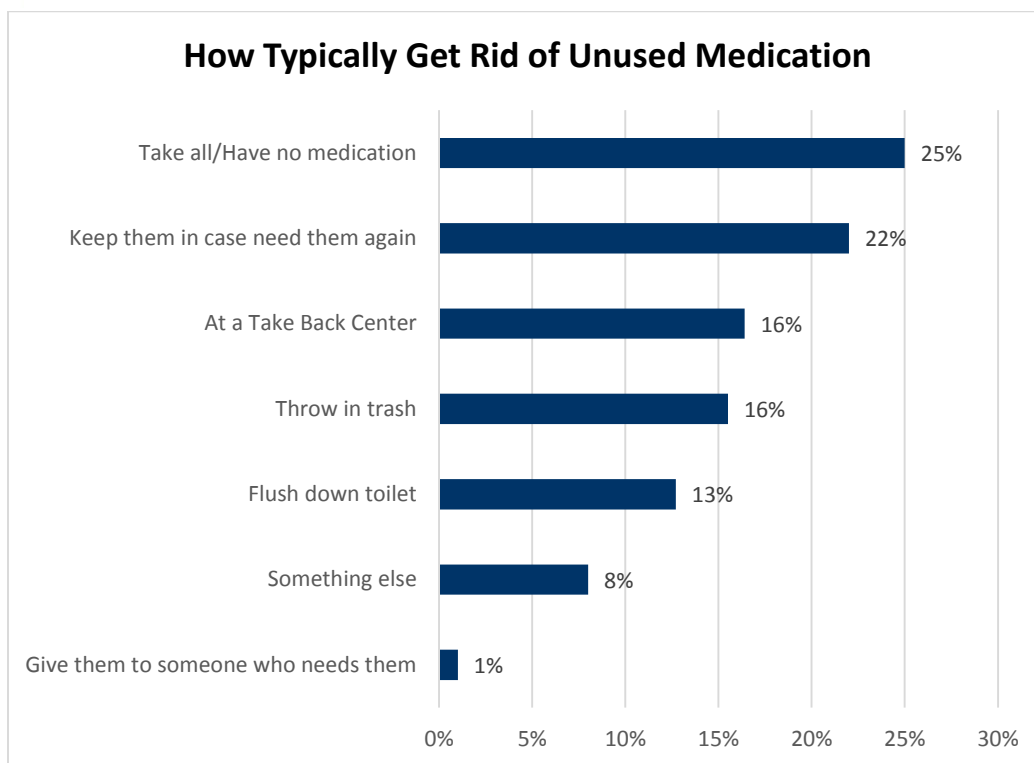


Used Medication Off Label in Past Year



Reasons for Off-Label Prescription Use				
	# of 1 st Responses	% of 1 st Responses	# of all Responses	% of Answering Respondent
Pain/Aches	3	27.3%	3	27.3%
Getting high/Wanted to alter mindset	2	18.2%	3	27.3%
Needed/wanted meds to last longer	2	18.2%	2	18.2%
Anxiety/depression	1	9.1%	1	9.1%
Breathing	1	9.1%	1	9.1%
Meds weren't working	1	9.1%	1	9.1%
Current dosage wasn't enough	0	0.0%	1	9.1%
MISCELLANEOUS	1	9.1%	1	9.1%
Total	11	(n=11)	13	(n=11)

The last question in this section asked all respondents how they typically get rid of unused medication. A quarter of respondents, 24.9%, reported that they use all of their medication or don't have any unused medication. Slightly fewer, 21.6%, reported that they keep unused medication in case they need it again. Other ways of disposing of medication include, in order of importance, take medication to a Take Back Center (16.4%), throw them in the trash (15.5%), flush them down the toilet (12.7%), and give them to someone who needs them (1%).



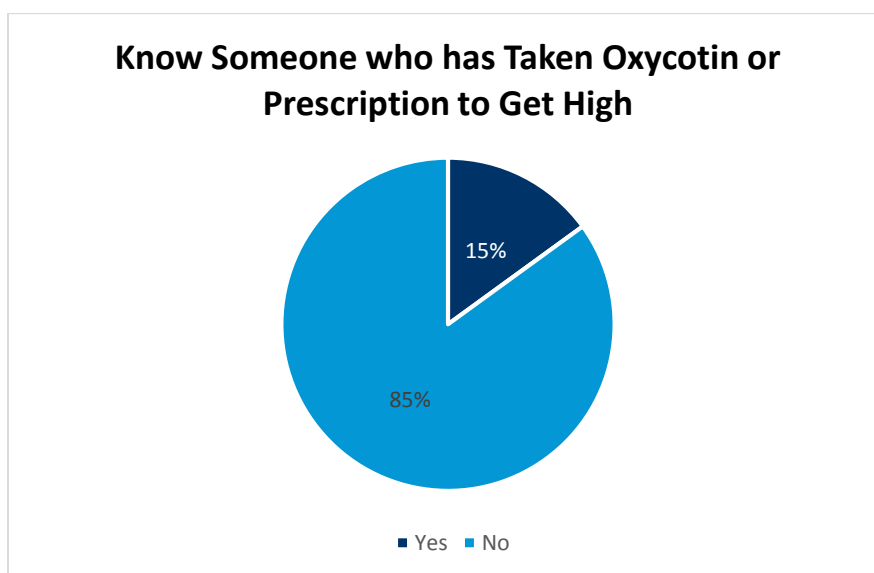


OxyContin and Heroin Use

Summary: OxyContin and Heroin Use			
		%	N
Know someone who has taken OxyContin or prescription to get high	Yes	15.3%	797
	No	84.7%	
How serious of a problem is heroin in Stark County	Very serious	74.1%	680
	Moderately serious	18.5%	
	Not too serious	3.8%	
	Not really a problem at all	3.5%	
Know someone who uses heroin regularly	Yes	14.3%	795
	No	85.7%	
Know someone who overdosed from heroin	Yes	65.8%	114
	No	34.2%	

OxyContin/Prescriptions to Get High

Less than one-sixth of respondents, 15.3%, reported that they know someone who has taken OxyContin or another prescription medication to get high. Groups of respondents who were more likely to know someone who took OxyContin or another prescription to get high include residents of the county's urban areas, those who are employed full-time, renters, respondents ages 44 and under, and those with an annual income of \$75,000 or more.





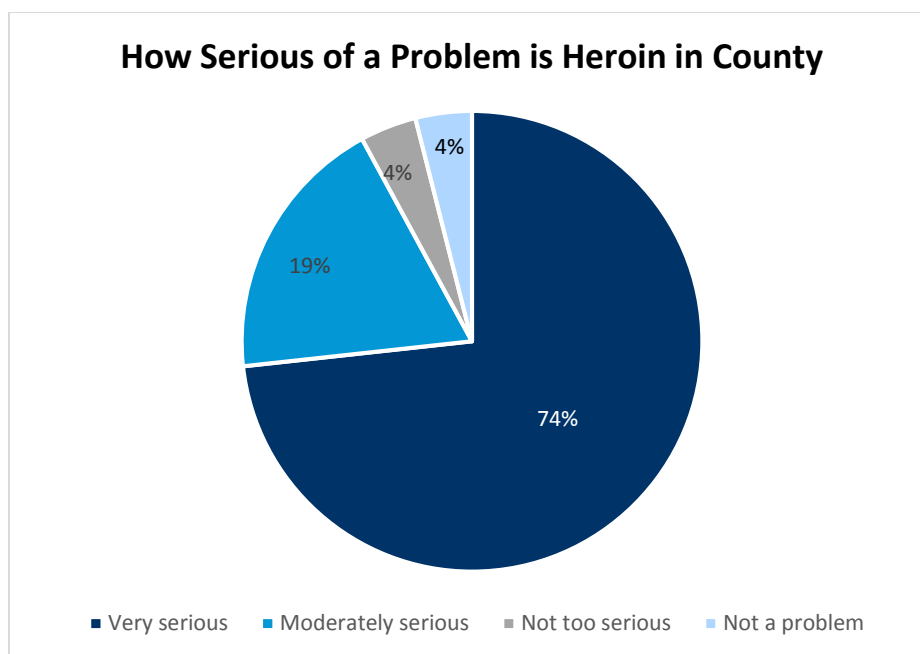
Know Someone who has Taken Prescriptions to Get High by Selected Demographics				
		Yes	No	Valid Responses
All respondents		15.3%	84.7%	797
Group	Subgroup			
General Location*	Alliance/Canton/Massillon	17.9%	82.1%	789
	Suburbia	13.5%	86.5%	
Employment Status*	Employed full-time	22.2%	77.8%	796
	Employed part-time	13.8%	86.2%	
	Retired	5.9%	94.1%	
	Unemployed	14.9%	85.1%	
	Other	20.0%	80.0%	
Educational Attainment	High school grad or less	14.5%	85.5%	794
	Some college	17.3%	82.7%	
	College graduate	14.0%	86.0%	
Home ownership*	Own	13.5%	86.5%	792
	Rent/Other	18.5%	81.5%	
Gender*	Male	18.3%	81.7%	797
	Female	12.7%	87.3%	
Age*	18-24	25.6%	74.4%	791
	25-44	23.4%	76.6%	
	45-64	15.2%	84.8%	
	65 and over	5.7%	94.3%	
Marital Status	Married	13.7%	86.3%	795
	Not Married	16.8%	83.2%	
Race	White	15.4%	84.6%	781
	Non-white	17.0%	83.0%	
Income*	Under \$25,000	16.6%	83.4%	723
	\$25-\$49,999	13.2%	86.8%	
	\$50-\$74,999	13.0%	87.0%	
	\$75-\$99,999	21.2%	78.8%	
	Over \$100,000	25.3%	74.7%	
Question: Do you know someone who has taken OxyContin or another prescription medication to get high?				



Heroin Use

The majority of respondents, 92.6%, feel that heroin is a serious problem in Stark County with 74.1% saying that it is a very serious problem and 18.5% indicating that it is a moderately serious problem. Only a small percentage, 3.5%, felt that heroin was not a problem at all in the county.

Less than one-sixth of respondents, 14.3%, know someone who uses heroin regularly. Groups of respondents more likely to know someone who take heroin include those who are employed full-time, renters, and respondents ages 44 and under. Of those who know someone who uses heroin regularly, 65.8% know someone who has overdosed from heroin, this amounts to 9% of all respondents.

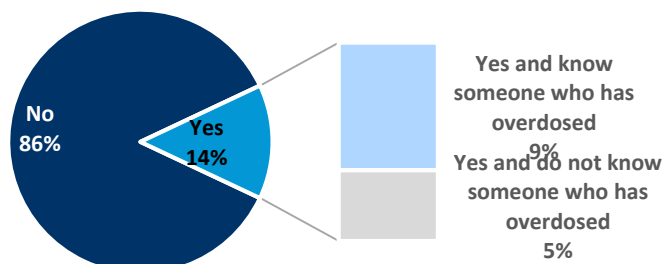




How Serious of Problem is Heroin by Selected Demographics					
		Very Serious	Moderately Serious	Not too Serious	Not a Problem
All respondents		74.1%	18.5%	3.8%	3.5%
Group	Subgroup				
General Location	Alliance/Canton/Massillon	75.1%	18.5%	3.2%	3.2%
	Suburbia	73.4%	18.5%	4.3%	3.8%
Employment Status	Employed full-time	74.0%	16.6%	5.7%	3.8%
	Employed part-time	65.0%	28.8%	3.8%	2.5%
	Retired	75.5%	18.3%	3.4%	2.9%
	Unemployed	78.7%	16.0%		5.3%
	Other	76.5%	17.6%	2.0%	3.9%
Educational Attainment*	High school grad or less	80.1%	13.0%	2.7%	4.2%
	Some college	73.6%	19.6%	3.8%	3.0%
	College graduate	65.9%	25.3%	5.5%	3.3%
Home ownership	Own	74.1%	18.2%	4.5%	3.2%
	Rent/Other	73.9%	19.3%	2.5%	4.2%
Gender*	Male	71.3%	18.5%	4.6%	5.6%
	Female	76.7%	18.5%	3.1%	1.7%
Age	18-24	57.1%	25.7%	5.7%	11.4%
	25-44	69.9%	18.6%	7.7%	3.8%
	45-64	82.1%	13.5%	2.0%	2.4%
	65 and over	73.4%	22.1%	2.5%	2.0%
Marital Status	Married	77.6%	15.5%	4.3%	2.5%
	Not Married	70.8%	21.3%	3.4%	4.5%
Race	White	73.2%	19.2%	4.2%	3.3%
	Non-white	78.6%	15.7%	1.4%	4.3%
Income	Under \$25,000	76.6%	17.1%	4.0%	2.3%
	\$25-\$49,999	73.7%	20.0%	1.6%	4.7%
	\$50-\$74,999	71.6%	21.6%	3.4%	3.4%
	\$75-\$99,999	74.6%	13.6%	6.8%	5.1%
	Over \$100,000	72.4%	20.7%	5.7%	1.1%
Question: Would you say the use of heroin is a very serious problem in Stark County today, a moderately serious problem, not too serious, or not really a problem at all?					



Know Someone Who Uses Heroin Regularly



Know Someone who Takes Heroin by Selected Demographics				
		Yes	No	#
All respondents		14.3%	85.7%	795
Group	Subgroup			
General Location	Alliance/Canton/Massillon	14.0%	86.0%	787
	Suburbia	14.6%	85.4%	
Employment Status*	Employed full-time	19.4%	80.6%	794
	Employed part-time	12.8%	87.2%	
	Retired	7.1%	92.9%	
	Unemployed	15.1%	84.9%	
	Other	18.5%	81.5%	
Educational Attainment	High school grad or less	13.9%	86.1%	792
	Some college	14.5%	85.5%	
	College graduate	15.0%	85.0%	
Home ownership*	Own	12.0%	88.0%	790
	Rent/Other	18.5%	81.5%	
Gender	Male	14.1%	85.9%	795
	Female	14.6%	85.4%	
Age*	18-24	28.2%	71.8%	789
	25-44	20.5%	79.5%	
	45-64	13.8%	86.2%	
	65 and over	5.7%	94.3%	
Race	White	14.6%	85.4%	780
	Non-white	12.5%	87.5%	
Income	Under \$25,000	16.0%	84.0%	722
	\$25-\$49,999	14.2%	85.8%	
	\$50-\$74,999	19.0%	81.0%	
	\$75-\$99,999	16.7%	83.3%	
	Over \$100,000	10.6%	89.4%	
Question: Do you personally know anyone who uses heroin regularly?				



Care for Children and Safe Sleep Guidelines

Summary: Care for Children and Safe Sleep Guidelines			
		%	N
Children in household	Have children	25.3%	800
	Have children under 1	1.8%	
	Care for child under age of 1	3.0%	
How often sleep in same bed as baby	Never	67.6%	37
	Rarely	8.1%	
	Sometimes	13.5%	
	Often	2.7%	
	Always	8.1%	
Familiarity with sleep guidelines (% very familiar)	Always put baby in crib alone	81.6%	38
	Always put baby to sleep on their back	76.3%	
	Firm mattress and fitted sheet only in crib	81.6%	
When started prenatal care	Months 1-3	81.8%	11
	Months 4-6	18.2%	
	Months 7-9	0.0%	
Have you or immediate family member	Had a child that had low birthweight	10.4%	798
	Had child that was born prematurely	17.3%	791
	Experienced death of child before 1	16.3%	800

Safe Sleep Guidelines

Only a small percentage of respondents have children under the age of 1 (1.8%) or care for a child under the age of 1 (3.0%). More than two-thirds of these individuals, 67.6%, report that they never sleep in the same bed as the baby. Less than a quarter, 21.6%, occasionally sleep in the same bed as the baby, with 8.1% reporting to do it rarely and 13.5% saying that they sometimes sleep in the same bed as the baby. About one-in-ten respondents who care for a child under the age of one regularly sleep in the same bed as them with 2.7% saying they do it often and another 8.1% saying they always sleep in the same bed as the baby.

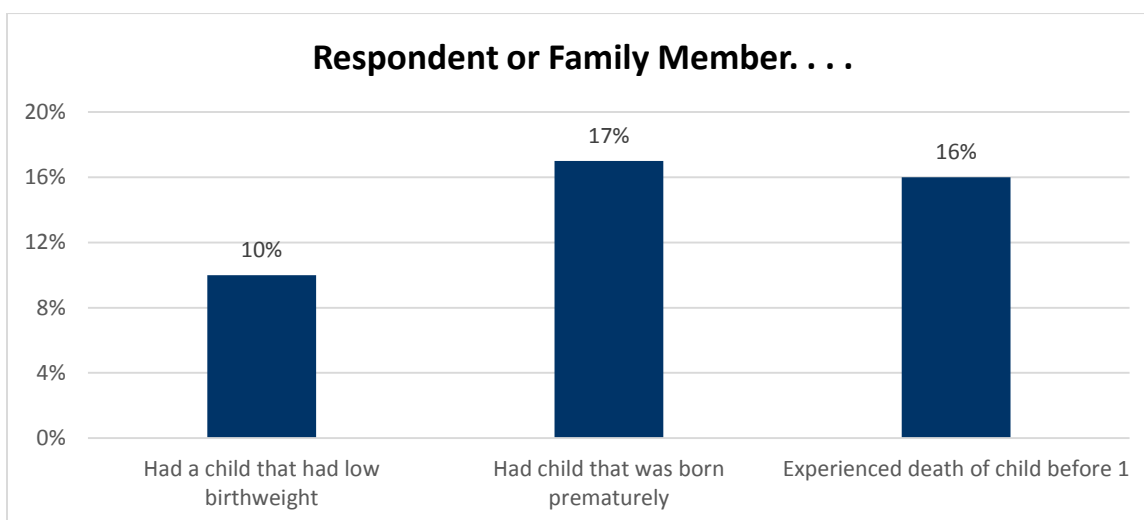
The majority of respondents who have or care for children under the age of 1 were very familiar with safe sleep guidelines for newborns. Most, 81.6%, were very familiar that you *'should always put the baby in the crib alone'* and that *'the only thing that should be in the crib is a firm mattress and a fitted sheet'*. Slightly fewer, 76.3%, were very familiar that you *'should always put a baby to sleep on their back'*.



Low Birthweight, Premature Birth, Early Death

All respondents were asked if they or a member of their immediate family had a child that was born with a low birthweight, was born prematurely, or had a child that died before the age of 1. About one-tenth, 10.4%, of respondents reported that they or a member of their immediate family had a child that was born at low birthweight (defined as 3 pounds, 4 ounces or less). Groups of respondents more likely to have had a low birthweight baby include those with a high school diploma or less education, females, and respondents with an annual income of less than \$25,000.

Around one-sixth of respondents, 17.3%, had a child that was born prematurely, at less than 37 weeks. Groups of respondents more likely to have had a premature baby include unemployed respondents and females. Slightly fewer respondents, 16.3%, reported that they or a member of their immediate family experienced the death of a child before the age of 1. Groups of respondents more likely to have had a baby pass away before the age of 1 include respondents with an annual income less than \$25,000.





Respondent or Family Experiences by Selected Demographics				
		Low Birthweight child	Premature Child	Death of child before age 1
All respondents		10.4%	17.3%	16.3%
Group	Subgroup			
General Location	Alliance/Canton/Massillon	12.0%	19.1%	16.3%
	Suburbia	9.4%	16.3%	16.3%
Employment Status	Employed full-time	10.0%	14.6%*	12.9%
	Employed part-time	11.7%	20.2%*	17.0%
	Retired	8.8%	14.6%*	18.7%
	Unemployed	12.5%	23.5%*	23.9%
	Other	13.8%	28.1%*	12.3%
Educational Attainment	High school grad or less	14.1%*	17.8%	18.0%
	Some college	8.3%*	17.5%	17.3%
	College graduate	7.9%*	16.7%	12.6%
Home ownership	Own	9.8%	17.4%	15.7%
	Rent/Other	11.7%	17.2%	17.3%
Gender	Male	7.5%*	9.0%*	15.5%
	Female	12.9%*	24.5%*	16.9%
Age	18-24	16.7%	14.1%	19.2%
	25-44	10.2%	19.9%	12.8%
	45-64	10.4%	19.0%	15.4%
	65 and over	8.7%	14.5%	19.1%
Marital Status	Married	9.7%	18.4%	14.7%
	Not Married	11.1%	16.4%	17.6%
Race	White	9.8%	16.6%	15.5%
	Non-white	15.7%	21.3%	21.3%
Income	Under \$25,000	15.0%*	20.0%	21.7%*
	\$25-\$49,999	9.2%*	16.8%	16.4%*
	\$50-\$74,999	5.1%*	10.9%	14.5%*
	\$75-\$99,999	15.2%*	23.1%	19.7%*
	Over \$100,000	13.7%*	20.0%	7.4%*
Question: Have you or an immediate family member had. . . .				

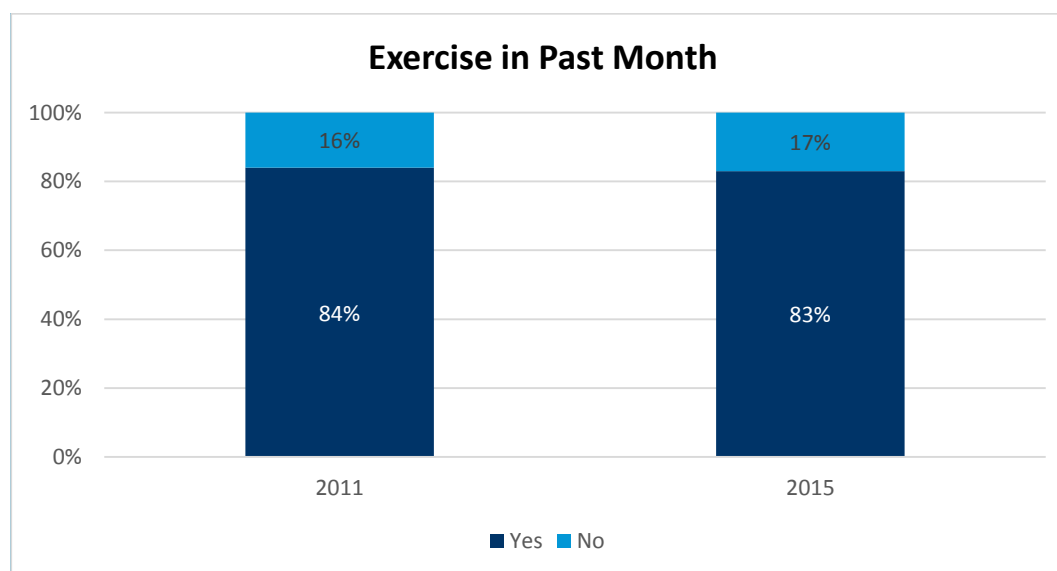


Exercise

Summary: Exercise			
		2011	2015
Exercise in past month	Yes	*	83.0%
	No	*	17.0%
How often exercise per week	Not at all	15.7%	10.5%
	Once in awhile	10.6%	15.0%
	1-2 times	20.2%	21.8%
	3-4 times	30.0%	27.6%
	5-7 times	23.5%	25.2%
Follow-up: What's making it difficult to exercise (top 3)	Physical limitations	49.2%	58.0%
	Laziness/Procrastination	10.6%	21.0%
	Too busy/no time	26.8%	19.8%

Next, respondents were asked if they participated in any physical activity or exercise such as walking, running, lifting weights, team sports, golf or gardening for exercise in the last month. The majority of respondents, 83.0%, had exercised in the past month; the remaining 17.0% did not exercise.

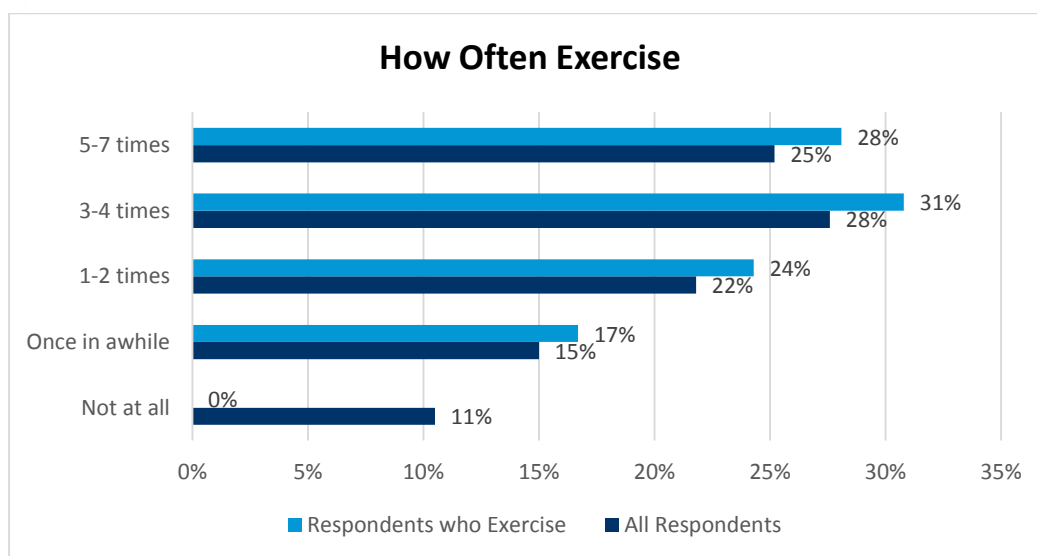
Whether or not a respondent exercised in the past month varied according to several demographics or other identifying characteristics. Groups of respondents more likely to exercise included respondents who are employed, college graduates, those ages 18 to 44, married respondents, and those with an annual income of \$50,000 or more.





Exercise in Past Month by Selected Demographics				
		Yes	No	Valid Responses
All respondents		83.0%	17.0%	799
Group	Subgroup			
General Location*	Alliance/Canton/Massillon	80.1%	19.9%	791
	Suburbia	84.8%	15.2%	
Employment Status*	Employed full-time	91.3%	8.7%	798
	Employed part-time	89.4%	10.6%	
	Retired	73.9%	26.1%	
	Unemployed	72.4%	27.6%	
	Other	81.5%	18.5%	
Educational Attainment*	High school grad or less	76.4%	23.6%	796
	Some college	84.1%	15.9%	
	College graduate	90.7%	9.3%	
Home ownership	Own	83.2%	16.8%	794
	Rent/Other	82.7%	17.3%	
Gender	Male	85.0%	15.0%	799
	Female	81.2%	18.8%	
Age*	18-24	94.9%	5.1%	793
	25-44	91.0%	9.0%	
	45-64	81.5%	18.5%	
	65 and over	73.9%	26.1%	
Marital Status*	Married	83.1%	16.9%	797
	Not Married	82.8%	17.2%	
Race	White	83.3%	16.7%	783
	Non-white	82.0%	18.0%	
Income*	Under \$25,000	73.3%	26.7%	724
	\$25-\$49,999	83.1%	16.9%	
	\$50-\$74,999	90.6%	9.4%	
	\$75-\$99,999	89.4%	10.6%	
	Over \$100,000	91.6%	8.4%	
Question: During the past month, other than your regular job, did you participate in any physical activity or exercise such as walking, running, lifting weights, team sports, golf or gardening for exercise?				

All respondents, regardless of whether or not they exercised in the past month were asked how often they exercise in an average week. Of those who exercise, 16.7% only exercise once in a while (15.0% of all respondents). Nearly one-quarter of respondents, 24.3%, exercise one to two times a week (21.8% of all respondents). Another 30.8% of exercising respondents exercise 3 to 4 times per week (27.6% of all respondents), and 28.1% exercise 5 to 7 times a week (25.2% of all respondents).



How Often Exercise per Week

	All Respondents	Respondents who Exercise
Not at all	10.5%	*
Once in awhile	15.0%	16.7%
1-2 times	21.8%	24.3%
3-4 times	27.6%	30.8%
5-7 times	25.2%	28.1%

The 10.5% of respondents who do not exercise on a regular basis were asked for some of the reasons that make exercise difficult. The most common response, given by more than half, 58.0%, of all respondents who don't regularly exercise, was that they had a physical limitation that prevented them from exercising. The second most common reason, given by 21.0% of respondents, was that they were lazy. Other reasons that exercise was difficult include, in order of importance, too busy/no time (19.8%), age (8.6%), and pain (4.9%).

Reasons Exercising Is Difficult				
	# of 1 st Responses	% of 1 st Responses	# of all Responses	% of Answering Respondent
Physical limitations	34	42.0%	47	58.0%
Laziness/Procrastination	13	16.0%	17	21.0%
Too busy/No time	14	17.3%	16	19.8%
Age	6	7.4%	7	8.6%
Pain	3	3.7%	4	4.9%
Physical job	3	3.7%	3	3.7%
Gym costs	2	2.5%	3	3.7%
In good shape already	2	2.5%	3	3.7%
I don't like exercise/physical activity	1	1.2%	2	2.5%
Breathing	1	1.2%	1	1.2%
Finding a gym/facility	1	1.2%	1	1.2%
Total	81	(n=81)	104	(n=81)

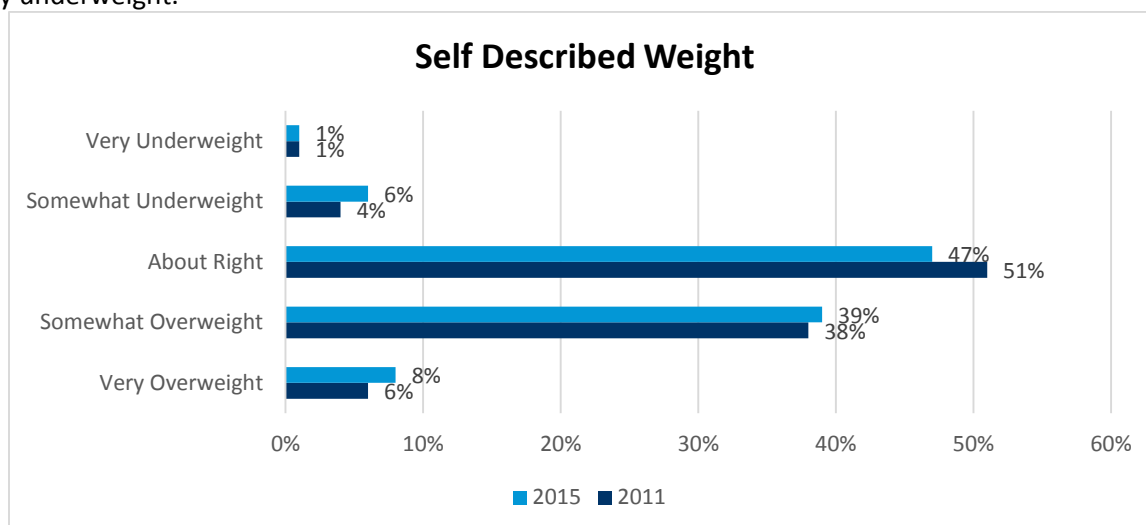


Obesity and Access to Healthy Food

Summary: Obesity and Access to Healthy Food			
		2011	2015
Self-described weight	Overweight	44.2%	46.5%
	About right	51.2%	46.7%
	Underweight	4.6%	6.7%
Main problem getting needed food	Cost of food	*	39.0%
	Quality of food	*	26.1%
	Time for shopping	*	26.3%
	Safety	*	8.1%
	Distance from the store	*	10.0%
	Something else	*	5.4%
How difficult to get fresh food and vegetables in neighborhood	Very difficult	*	4.9%
	Somewhat difficult	*	13.0%
	Not at all difficult	*	82.1%
How often eat fresh fruits and vegetables	0-1 times/week	*	6.7%
	2-4 times/week	*	29.6%
	Once a day	*	33.4%
	2-4 times a day	*	27.0%
	5 or more times a day	*	3.4%

Obesity

All respondents were asked to describe their personal weight using a 5-point scale: very underweight, somewhat underweight, about right, somewhat overweight, or very overweight. Nearly half of the respondents, 46.7%, reported that their weight is about right. Slightly fewer, 46.5%, reported being overweight with 38.8% being somewhat overweight and 7.8% being very overweight. Just a small percentage, 6.7%, reported being underweight, with 6.1% being somewhat underweight and 0.6% being very underweight.





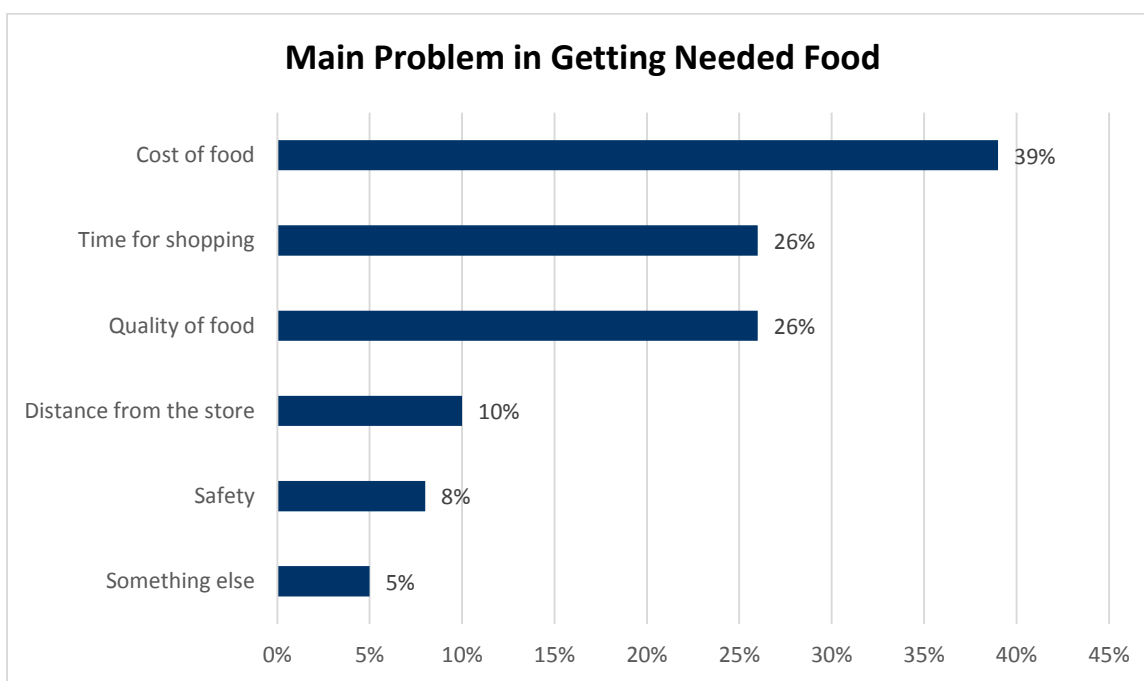
Self-Described Weight by Selected Demographics				
		Overweight	About Right	Underweight
All respondents		46.5%	46.7%	6.7%
Group	Subgroup			
General Location	Alliance/Canton/Massillon	48.0%	45.6%	6.3%
	Suburbia	45.9%	47.2%	7.0%
Employment Status*	Employed full-time	40.8%	55.0%	4.2%
	Employed part-time	50.0%	39.4%	10.6%
	Retired	50.0%	44.5%	5.5%
	Unemployed	53.4%	35.2%	11.4%
	Other	46.2%	41.5%	12.3%
Educational Attainment	High school grad or less	47.0%	45.4%	7.6%
	Some college	47.7%	44.4%	7.9%
	College graduate	44.1%	51.6%	4.2%
Home ownership	Own	48.5%	45.4%	6.1%
	Rent/Other	42.8%	49.1%	8.1%
Gender*	Male	39.7%	53.0%	7.3%
	Female	52.5%	41.2%	6.3%
Age*	18-24	14.1%	71.8%	14.1%
	25-44	43.1%	50.5%	6.4%
	45-64	56.4%	37.2%	6.4%
	65 and over	47.1%	47.6%	5.3%
Marital Status*	Married	49.6%	46.6%	3.8%
	Not Married	43.9%	46.7%	9.4%
Race	White	46.6%	46.5%	6.9%
	Non-white	48.3%	46.1%	5.6%
Income	Under \$25,000	53.6%	38.2%	8.2%
	\$25-\$49,999	44.5%	50.0%	5.5%
	\$50-\$74,999	47.1%	46.4%	6.5%
	\$75-\$99,999	40.9%	54.5%	4.5%
	Over \$100,000	43.6%	52.1%	4.3%
Question: How would you describe your own personal weight situation right now -- very overweight, somewhat overweight, about right, somewhat underweight, or very underweight?				



Healthy Food

All respondents were given a list and asked if any items on the list were problems in getting the food that they need. The most common problem getting needed food was cost. This response was given by 39.0% of respondents. Groups of respondents more likely to have difficulty getting the food they need due to cost include urban residents, the unemployed, those with some college education, females, respondents ages 18-44, those who are not married, non-white respondents, and those with an annual income of less than \$25,000.

Over a quarter of respondents had difficulty getting the food they needed because of time (26.3%) and the quality of food (26.1%). Groups of respondents more likely to have difficulty getting the food they need due to time include respondents who are employed full-time, renters, females, and those ages 18-44. Groups of respondents more likely to have difficulty getting the food they need due to the quality of food include urban residents, the unemployed, renters, those ages 18-44, non-white respondents, and those with an annual income of less than \$25,000. Other reasons for having difficulty accessing food were much less common. Only 10.0% of respondents reported that distance was an issue in getting the food they needed. Slightly fewer, 8.1%, indicated that safety was an issue in getting needed food.



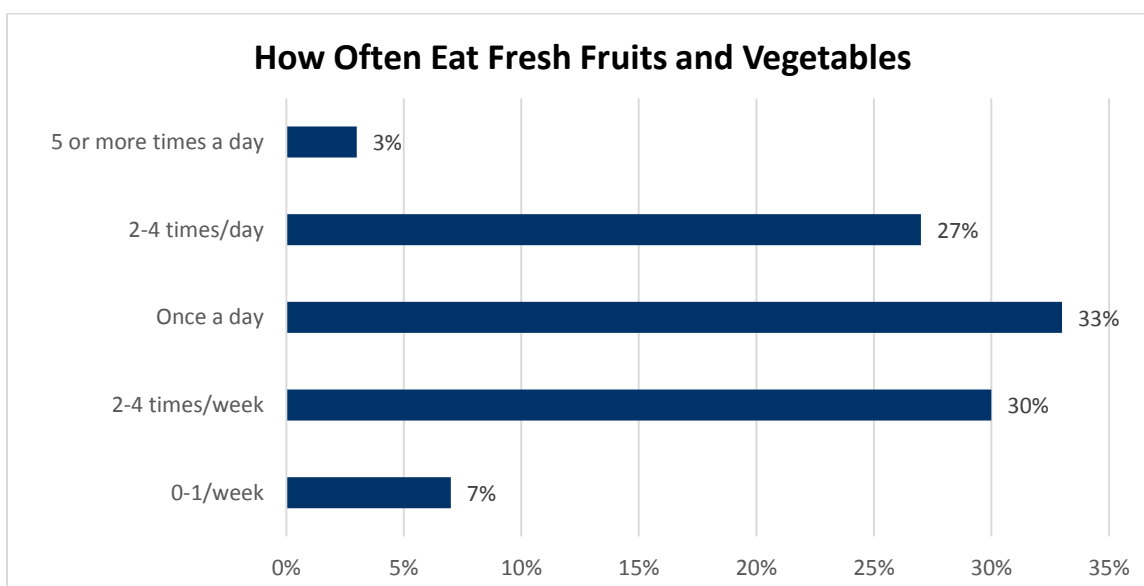
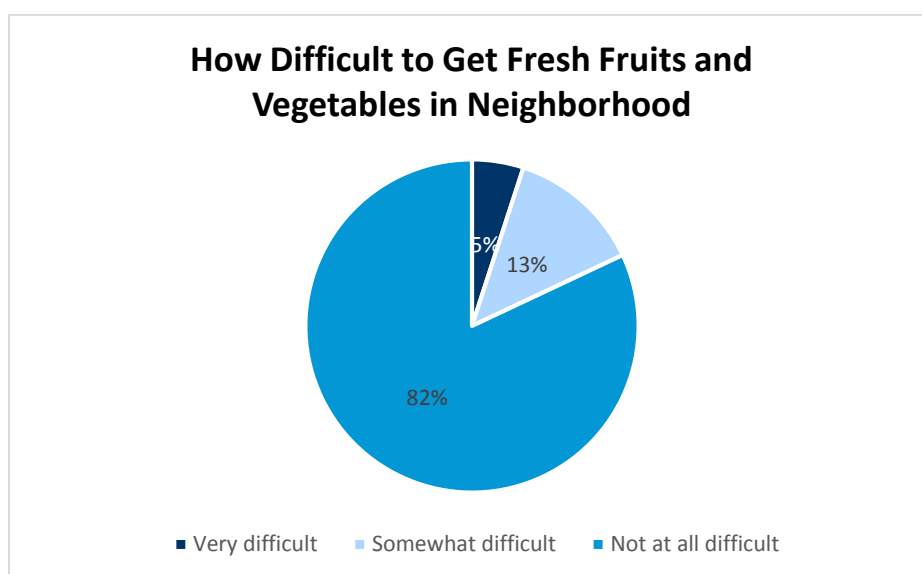


Main Problem Getting Food by Selected Demographics						
		Cost	Quality	Time	Safety	Distance
All respondents		39.0%	26.1%	26.3%	8.1%	10.0%
Group	Subgroup					
General Location	Alliance/Canton/Massillon	47.0%*	31.9%*	26.2%	12.3%*	11.1%
	Suburbia	33.3%*	22.2%*	26.1%	5.2%*	9.1%
Employment Status	Employed full-time	39.9%*	28.6%*	38.9%*	3.5%*	8.0%*
	Employed part-time	43.6%*	22.3%*	28.7%*	9.6%*	6.4%*
	Retired	25.3%*	17.4%*	12.0%*	7.9%*	7.9%*
	Unemployed	60.2%*	39.8%*	22.7%*	22.7%*	20.5%*
	Other	50.8%*	32.3%*	18.5%*	9.2%*	18.5%*
Educational Attainment	High school grad or less	40.7%*	27.2%	24.9%	11.8%*	10.2%
	Some college	43.7%*	26.7%	25.6%	6.5%*	9.0%
	College graduate	30.7%*	24.2%	29.3%	5.1%*	11.2%
Home ownership	Own	30.9%*	23.3%*	23.7%*	5.9%*	7.6%*
	Rent/Other	53.2%*	31.3%*	30.6%*	12.0%*	14.1%*
Gender	Male	35.9%*	26.8%	22.8%*	6.7%	8.0%*
	Female	41.7%*	25.5%	29.3%*	9.4%	11.7%*
Age	18-24	51.3%*	42.3%*	34.6%*	11.5%	11.5%
	25-44	53.7%*	33.0%*	43.1%*	9.0%	11.7%
	45-64	41.6%*	26.8%*	23.2%*	6.4%	11.4%
	65 and over	19.6%*	14.8%*	13.5%*	8.7%	6.5%
Marital Status	Married	34.3%*	22.5%*	24.1%	6.2%*	7.2%*
	Not Married	42.8%*	29.4%*	28.0%	9.9%*	12.2%*
Race	White	36.8%*	25.0%*	25.3%	7.5%	8.1%*
	Non-white	55.1%*	33.7%*	32.6%	12.4%	21.3%*
Income	Under \$25,000	56.0%*	34.3%*	21.7%	13.5%*	16.9%*
	\$25-\$49,999	42.0%*	24.7%*	27.4%	11.0%*	9.6%*
	\$50-\$74,999	37.0%*	26.1%*	23.9%	2.2%*	5.8%*
	\$75-\$99,999	27.3%*	25.8%*	31.8%	4.5%*	4.5%*
	Over \$100,000	16.8%*	16.8%*	32.6%	2.1%*	4.2%*
Question: What are the main problems in getting the foods you need?						



Next, respondents were asked how difficult it was for them to get fresh fruits and vegetables in their neighborhood. Less than one-fifth of respondents, 17.9%, reported having difficulty getting fresh fruits and vegetables in their neighborhood, with 4.9% saying it was very difficult and 13.0% saying it was somewhat difficult. Groups of respondents who were more likely to have difficulty getting fresh fruits and vegetables in their neighborhood include urban residents, the unemployed, renters, respondents ages 18-24, those who are not married, non-white respondents, and those with an annual income of less than \$25,000.

Lastly, respondents were asked how often they eat fresh fruit and vegetables. A small percentage of respondents, 6.7%, eat fresh fruits and vegetables 0-1 times a week. Nearly a third of respondents, 29.6%, eat fresh fruits and vegetables 2 to 4 times a week, while slightly more, 33.4%, eat fresh fruits and vegetables once a day. Nearly a third of respondents, 30.4%, eat fresh fruits or vegetables 2 or more times a day.





Difficulty Getting Fresh Fruits and Vegetables by Selected Demographics				
		Very	Somewhat	Not at all
All respondents		4.9%	13.0%	82.1%
Group	Subgroup			
General Location*	Alliance/Canton/Massillon	7.9%	17.9%	74.2%
	Suburbia	2.8%	9.8%	87.4%
Employment Status*	Employed full-time	3.9%	10.4%	85.8%
	Employed part-time	2.1%	14.9%	83.0%
	Retired	3.8%	11.3%	85.0%
	Unemployed	14.8%	21.6%	63.6%
	Other	4.6%	18.5%	76.9%
Educational Attainment	High school grad or less	6.3%	12.5%	81.3%
	Some college	4.7%	15.9%	79.3%
	College graduate	3.3%	10.3%	86.4%
Home ownership*	Own	3.5%	11.4%	85.1%
	Rent/Other	7.4%	16.3%	76.3%
Gender	Male	4.6%	11.8%	83.6%
	Female	5.2%	14.1%	80.7%
Age*	18-24	2.6%	19.2%	78.2%
	25-44	5.9%	13.3%	80.9%
	45-64	7.1%	13.5%	79.4%
	65 and over	2.2%	9.6%	88.2%
Marital Status*	Married	1.4%	12.7%	85.9%
	Not Married	8.0%	13.2%	78.8%
Race*	White	4.0%	11.4%	84.5%
	Non-white	12.4%	24.7%	62.9%
Income*	Under \$25,000	11.6%	17.4%	71.0%
	\$25-\$49,999	3.2%	12.8%	83.9%
	\$50-\$74,999	2.2%	11.8%	86.0%
	\$75-\$99,999	1.5%	9.1%	89.4%
	Over \$100,000	1.1%	4.2%	94.7%
Question: How difficult is it for you to get fresh fruits and vegetables in your neighborhood?				



Immunizations

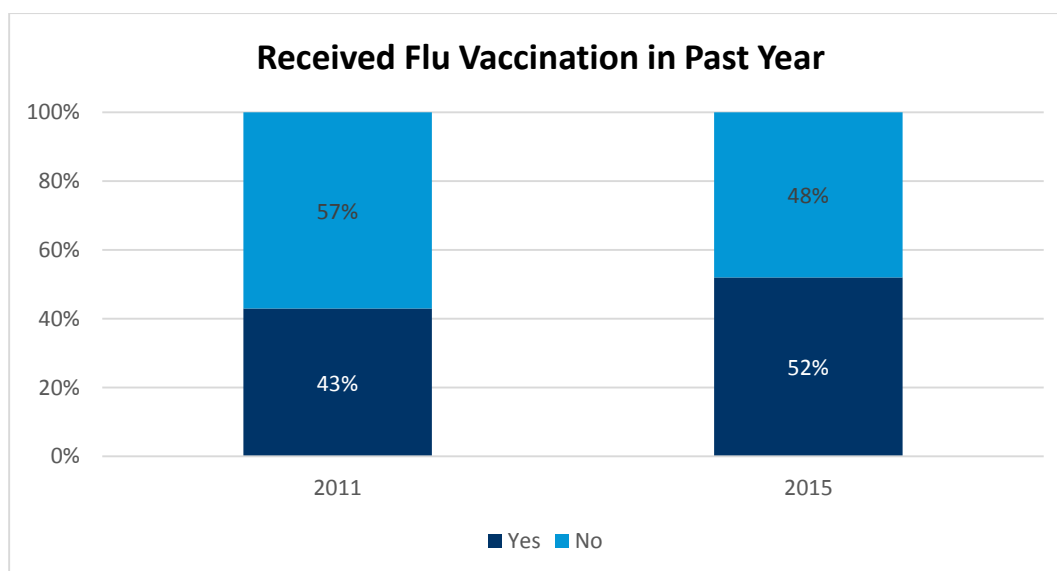
Summary: Immunizations			
		2011	2015
Get flu vaccination in past year	Yes	43.3%	52.3%
	No	56.7%	47.7%
Child had flu vaccination in past year	Yes	*	56.4%
	No	*	43.6%
Children's vaccinations up to date	Yes	*	96.5%
	No	*	3.5%

Adult Immunizations

Next, respondents were asked if they got a flu vaccination in the last year. More than half, 52.3%, indicated that they did get a flu shot in the last year, an increase from 43.3% in 2011. The remaining 47.7% did not get a flu shot.

Whether or not a person received a flu vaccination in the last year varied according to various demographics or other identifying characteristics of respondents. Age was perhaps the largest indicator as to whether or not a person received a flu shot. The age group that was most likely to have gotten a flu vaccination in the past year was respondents ages 65 and over. Nearly three-quarter, 71.2%, of respondents in this age group reported getting a flu vaccination in the past year. Considerably fewer respondents, 31.6%, ages 18 to 34 reported getting the flu vaccination.

Other groups of respondents that were more likely to have received the flu vaccination include retired respondents, homeowners, and females.





The 47.7% of respondents who did not get a flu vaccination in the past year were asked a follow-up question as to why they did not get the vaccine. This was an open ended question in which respondents could give one answer. The most common reason for not getting the flu vaccination was that the respondent doesn't get sick or doesn't see the need. This response was given by 21.6% of respondents who did not get the flu vaccine, or 9.9% of all respondents. Another one-quarter of respondents who did not get vaccinated, 20.3%, did not get the vaccination because the vaccination made them or someone they knew sick (9.3% of all respondents). Other reasons for not receiving the flu vaccination include, in order of importance, they didn't want one (11.8%), don't believe in flu shots (9.9%), and they forgot or never got around to it (9.0%).

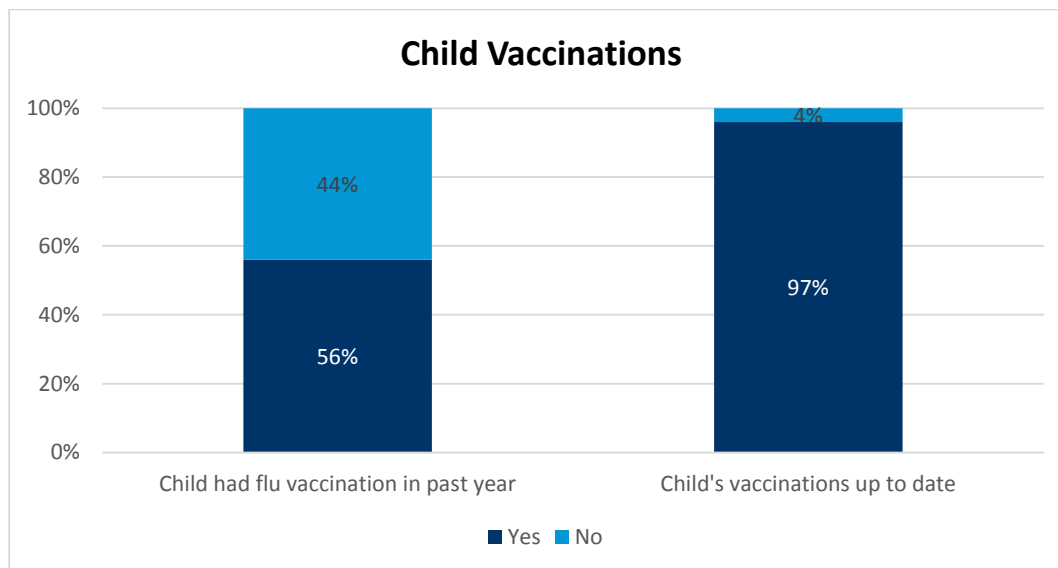
Why Not Get Flu Vaccination			
	# of Responses	% of Responses	% of ALL respondents
I don't get sick/Didn't see the need	79	21.6%	9.9%
The vaccination makes me/others sick	74	20.3%	9.3%
I didn't want one	43	11.8%	5.4%
I don't believe in flu shots	36	9.9%	4.5%
Forget/Didn't get around to it	33	9.0%	4.1%
Fear of Flu vaccination/Lack of trust in vaccination	15	4.1%	1.9%
Allergy	11	3.0%	1.4%
Fear of needles/Hate shots	10	2.7%	1.3%
Personal preference/choice	8	2.2%	1.0%
Cost	7	1.9%	0.9%
Flu vaccine can't protect from all flu strains	7	1.9%	0.9%
I've never had one before	7	1.9%	0.9%
Couldn't get one due to interactions with current	5	1.4%	0.6%
I don't believe in vaccinations of any kind	4	1.1%	0.5%
Received one in previous year	4	1.1%	0.5%
No insurance	3	0.8%	0.4%
No transportation to get on	3	0.8%	0.4%
Would rather take chances	2	0.5%	0.3%
MISCELLANEOUS	14	3.8%	1.8%
Total	365	(n=365)	(n=800)



Child Immunizations

More than half of respondents with children, 56.4%, reported that their child had received a flu vaccination in the past year. Parents who were more likely to have gotten their children the flu vaccine include residents of the county's urban areas, those who are not married, non-white respondents, and those with an annual income under \$25,000.

The vast majority of parents, 96.5%, reported that their children are up to date on their vaccinations.





Immunizations by Selected Demographics				
		Respondent Got Flu Shot	Child Had Flu Vaccination	Child Vac. Up to Date
All respondents		52.3%	56.4%	96.5%
Group	Subgroup			
General Location	Alliance/Canton/Massillon	49.5%	63.5%*	96.6%
	Suburbia	54.6%	50.0%*	96.3%
Employment Status	Employed full-time	40.6%*	57.3%	97.4%
	Employed part-time	49.5%*	55.2%	93.1%
	Retired	71.3%*	45.5%	90.0%
	Unemployed	55.7%*	66.7%	95.5%
	Other	38.5%*	47.8%	100.0%
Educational Attainment	High school grad or less	52.8%	59.3%	98.3%
	Some college	49.3%	56.8%	96.1%
	College graduate	54.9%	53.2%	95.4%
Home ownership	Own	56.4%*	51.6%	96.0%
	Rent/Other	45.2%*	63.9%	97.4%
Gender	Male	49.2%*	57.1%	95.1%
	Female	55.0%*	55.9%	97.5%
Age	18-24	31.6%*	70.6%	94.7%
	25-44	38.3%*	59.5%	96.5%
	45-64	51.0%*	49.1%	98.3%
	65 and over	71.2%*	40.0%	88.9%
Marital Status	Married	55.0%	49.1%*	97.4%
	Not Married	50.0%	65.5%*	95.3%
Race	White	53.2%	52.8%*	97.0%
	Non-white	48.3%	79.3%*	93.1%
Income	Under \$25,000	57.0%	70.5%*	95.3%
	\$25-\$49,999	47.0%	56.1%*	93.2%
	\$50-\$74,999	52.2%	50.0%*	100.0%
	\$75-\$99,999	44.6%	29.4%*	94.4%
	Over \$100,000	56.4%	58.3%*	100.0%
<ul style="list-style-type: none"> • Question: Did you get a flu vaccination in the past year? • (PARENTS) Has your child had a flu vaccination in the past year? • (PARENTS) Are your children up to date on their vaccinations? 				



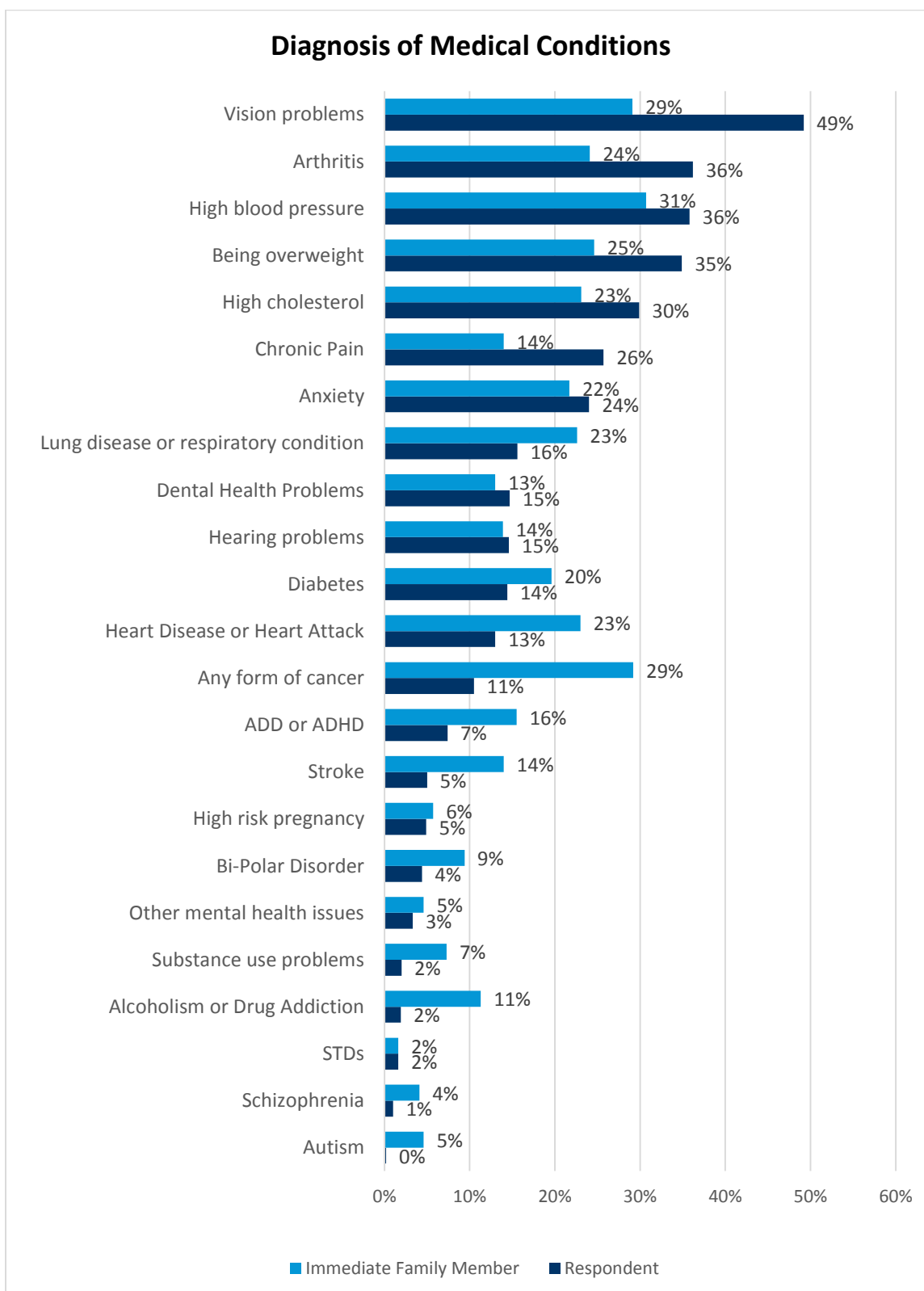
Diagnosis of Medical Condition

Summary: Diagnosis of Medical Condition		
	<i>Respondent</i>	<i>Immediate Family Member</i>
Vision problems	49.2%	29.1%
Arthritis	36.2%	24.1%
High blood pressure	35.8%	30.7%
Being overweight	34.9%	24.6%
High cholesterol	29.9%	23.1%
Chronic Pain	25.7%	14.0%
Anxiety	24.0%	21.7%
Lung disease or respiratory condition	15.6%	22.6%
Dental Health Problems	14.7%	13.0%
Hearing problems	14.6%	13.9%
Diabetes	14.4%	19.6%
Heart Disease or Heart Attack	13.0%	23.0%
Any form of cancer	10.5%	29.2%
Attention deficit or hyperactivity disorder	7.4%	15.5%
Stroke	5.0%	14.0%
High risk pregnancy	4.9%	5.7%
Bi-Polar Disorder	4.4%	9.4%
Other mental health issues	3.3%	4.6%
Substance use problems	2.0%	7.3%
Alcoholism or Drug Addiction	1.9%	11.3%
STDs	1.6%	1.6%
Schizophrenia	1.0%	4.1%
Autism	0.2%	4.6%

Summary: Tests					
	<i>Never had test</i>	<i>Within past year</i>	<i>Within past 2 years</i>	<i>Within past 5 years</i>	<i>5 or more years ago</i>
Mammogram*	20.2%	48.6%	11.5%	11.0%	8.7%
PSA Test^	53.8%	25.8%	7.6%	10.1%	2.8%
Colonoscopy	51.6%	13.1%	9.3%	16.4%	9.7%
Skin Cancer Check	72.6%	11.2%	5.4%	6.2%	4.5%
Blood Cholesterol Check	14.6%	66.6%	9.1%	5.6%	4.1%
Blood Pressure Check	1.8%	92.4%	3.3%	0.9%	1.8%
<i>*Asked of females only, ^Asked of males only</i>					



Medical Conditions





Vision Problems

Nearly half of all respondents, 49.2%, reported being diagnosed with vision problems while 29.1% of respondents indicated that an immediate family member was diagnosed with vision problems. Groups of respondents more likely to be diagnosed with vision problems include urban residents, those who are retired or unemployed, females, respondents ages 65 and over, non-white respondents, and those with an annual income under \$25,000.

Arthritis

More than a third of respondents, 36.2%, reported being diagnosed with arthritis while 24.1% of respondents indicated that an immediate family member was diagnosed with arthritis. Groups of respondents more likely to be diagnosed with arthritis include respondents who are retired or unemployed, those with a high school diploma or less education, respondents ages 65 and over, and those with an annual income under \$25,000.

High blood pressure

More than a third of respondents, 35.8%, reported being diagnosed with high blood pressure while 30.7% of respondents indicated that an immediate family member was diagnosed with high blood pressure. Groups of respondents more likely to be diagnosed with high blood pressure include respondents who are retired or unemployed, those with a high school diploma or less education, respondents ages 45 and over, and those with an annual income under \$25,000.

Being overweight

More than a third of respondents, 34.9%, reported being diagnosed with being overweight while 24.6% of respondents indicated that an immediate family member was diagnosed with being overweight. Groups of respondents more likely to be diagnosed with being overweight include respondents who are retired or unemployed, females and respondents ages 45 to 64.

High cholesterol

Less than a third of respondents, 29.9%, reported being diagnosed with high cholesterol while 23.1% of respondents indicated that an immediate family member was diagnosed with high cholesterol. Groups of respondents more likely to be diagnosed with high cholesterol include respondents who are retired or unemployed, homeowners, and respondents ages 45 and over.

Chronic pain

A quarter of respondents, 25.7%, reported being diagnosed with chronic pain while 14.0% of respondents indicated that an immediate family member was diagnosed with chronic pain. Groups of respondents more likely to be diagnosed with chronic pain include urban residents, respondents who are retired or unemployed, those with some high school or less education, renters, respondents ages 45 and over, those who are not married, and those with an annual income of \$25,000 or less.

Depression/Anxiety

Less than a quarter of respondents, 24.0%, reported being diagnosed with depression or anxiety while 21.7% of respondents indicated that an immediate family member was diagnosed with depression or anxiety. Groups of respondents more likely to be diagnosed with depression or anxiety include



respondents who are unemployed, those with some college education, renters, females, respondents ages 25 to 64, and those with an annual income of \$25,000 or less.

Lung disease or respiratory condition

Less than one-sixth of respondents, 15.6%, reported being diagnosed with lung disease or respiratory condition while 22.6% of respondents indicated that an immediate family member was diagnosed with lung disease or respiratory condition. Groups of respondents more likely to be diagnosed with lung disease or respiratory condition include respondents who are unemployed, those with some college or less education, renters, females, and those with an annual income of \$25,000 or less.

Dental health problems

Less than one-sixth of respondents, 14.7%, reported being diagnosed with dental health problems while 13.0% of respondents indicated that an immediate family member was diagnosed with dental health problems. Groups of respondents more likely to be diagnosed with dental health problems include urban residents, respondents who are unemployed, those with some high school or less education, renters, respondents who are not married, and those with an annual income of \$25,000 or less.

Hearing problems

Less than one-sixth of respondents, 14.6%, reported being diagnosed with hearing problems while 13.9% of respondents indicated that an immediate family member was diagnosed with hearing problems. Groups of respondents more likely to be diagnosed with hearing problems include respondents who are unemployed, those with some high school or less education, males, and white respondents.

Diabetes

Less than one-sixth of respondents, 14.4%, reported being diagnosed with diabetes while 19.6% of respondents indicated that an immediate family member was diagnosed with diabetes. Groups of respondents more likely to be diagnosed with diabetes include urban residents, respondents who are retired or unemployed, respondents ages 65 and over, non-white respondents, and those with an annual income of \$25,000 or less.

Heart disease or heart attack

Less than one-sixth of respondents, 13.0%, reported being diagnosed with heart disease or heart attack while 23.0% of respondents indicated that an immediate family member was diagnosed with heart disease or heart attack. Groups of respondents more likely to be diagnosed with heart disease or heart attack include respondents who are retired or unemployed, those with some high school or less education, males, respondents ages 65 and over, white respondents, and those with an annual income of \$25,000 or less.

Any form of cancer

One tenth of respondents, 10.5%, reported being diagnosed with any form of cancer while 29.2% of respondents indicated that an immediate family member was diagnosed with any form of cancer. Groups of respondents more likely to be diagnosed with any form of cancer include respondents who are retired, those ages 65 and over, white respondents, and those who are married.

Attention deficit or hyperactivity disorder



Less than one-tenth of respondents, 7.4%, reported being diagnosed with attention deficit or hyperactivity disorder while 15.5% of respondents indicated that an immediate family member was diagnosed with attention deficit or hyperactivity disorder. Groups of respondents more likely to be diagnosed with attention deficit or hyperactivity disorder include urban residents, respondents who are unemployed, those with some college education, renters, those ages 18 to 44, non-white respondents, and those with an annual income of less than \$25,000.

Stroke

A small percentage of respondents, 5.0%, reported being diagnosed with stroke while 14.0% of respondents indicated that an immediate family member was diagnosed with stroke. Groups of respondents more likely to be diagnosed with stroke include respondents who are unemployed, those ages 45 and over, and white respondents.

High risk pregnancy

A small percentage of respondents, 4.9%, reported being diagnosed with a high risk pregnancy while 5.7% of respondents indicated that an immediate family member was diagnosed with a high risk pregnancy. Groups of respondents more likely to be diagnosed with a high risk pregnancy include respondents who are unemployed, females, those ages 25 to 44, non-white respondents, and those with an annual income of less than \$25,000.

Bi-polar disorder

A small percentage of respondents, 4.4%, reported being diagnosed with bi-polar disorder while 9.4% of respondents indicated that an immediate family member was diagnosed with bi-polar disorder. Groups of respondents more likely to be diagnosed with bi-polar disorder include urban residents, respondents who are unemployed, those with some high school or less education, those ages 18 to 24, non-white respondents, and those with an annual income of less than \$25,000.

Other mental health issues

A small percentage of respondents, 3.3%, reported being diagnosed with other mental health issues while 4.6% of respondents indicated that an immediate family member was diagnosed with other mental health issues. Groups of respondents more likely to be diagnosed with other mental health issues include respondents who are unemployed, those ages 18 to 44, respondents who are not married, and those with an annual income of less than \$25,000.

Substance use problems

A small percentage of respondents, 2.0%, reported being diagnosed with other substance use issues while 7.3% of respondents indicated that an immediate family member was diagnosed with substance use issues. Groups of respondents more likely to be diagnosed with substance use issues include respondents who are unemployed, those ages 25 to 44, respondents who are not married, and non-white respondents.

Alcoholism or drug addiction

A small percentage of respondents, 1.9%, reported being diagnosed with alcoholism or drug addiction while 11.3% of respondents indicated that an immediate family member was diagnosed alcoholism or drug addiction. Groups of respondents more likely to be diagnosed with alcoholism or drug addiction



include respondents who are unemployed, males, those ages 25 to 44, and respondents who are not married.

STDs

A small percentage of respondents, 1.6%, reported being diagnosed with a STD while 1.6% of respondents indicated that an immediate family member was diagnosed with a STD. Groups of respondents more likely to be diagnosed with a STD include renters, those ages 25 to 44, and respondents who are not married.

Schizophrenia

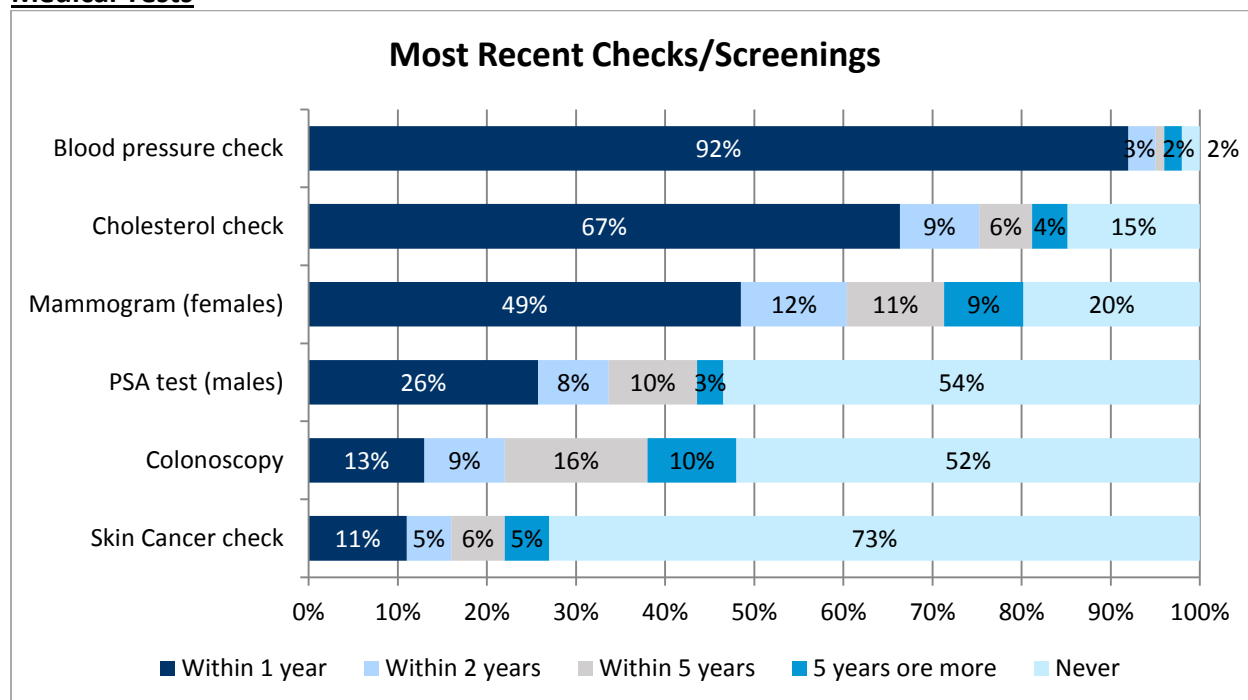
A small percentage of respondents, 1.0%, reported being diagnosed with schizophrenia while 4.1% of respondents indicated that an immediate family member was diagnosed with schizophrenia. Groups of respondents more likely to be diagnosed with schizophrenia include, those ages 18 to 24 and respondents who are not married.

Autism

Only a small percentage of respondents, 0.2%, reported being diagnosed with Autism while 4.6% of respondents indicated that an immediate family member was diagnosed Autism. Groups of respondents more likely to be diagnosed with Autism include those ages 18 to 24.



Medical Tests



Summary: Tests					
	Never had test	Within past year	Within past 2 years	Within past 5 years	5 or more years ago
Blood Pressure Check	1.8%	92.4%	3.3%	0.9%	1.8%
Blood Cholesterol Check	14.6%	66.6%	9.1%	5.6%	4.1%
Mammogram*	20.2%	48.6%	11.5%	11.0%	8.7%
PSA Test^	53.8%	25.8%	7.6%	10.1%	2.8%
Colonoscopy	51.6%	13.1%	9.3%	16.4%	9.7%
Skin Cancer Check	72.6%	11.2%	5.4%	6.2%	4.5%
*Asked of females only, ^Asked of males only					

Blood Pressure Checks

Nearly all respondents, 98.2%, had received a blood pressure check sometime in the past. The majority of respondents, 92.4%, had a blood pressure check in the past year, 4.1% had the check one to five years ago, and 1.8% had the check 5 or more years ago. Respondents ages 65 and over were more likely to have had a blood pressure check in the past year. Renters and respondents ages 18 to 24 were most likely to have never had a blood pressure check.

Blood Cholesterol Check

The majority of respondents, 85.4%, had received a blood cholesterol check sometime in the past. Two-thirds, 66.6% had a blood cholesterol check in the past year, 14.7% had the check one to five years ago, and 4.1% had the check 5 or more years ago. Respondents ages 45 and over, married respondents,



homeowners, and retired respondents were more likely to have had a blood cholesterol check in the past year. Employed respondents, renters, males, respondents ages 44 and under, and those who are not married were most likely to have never had a blood cholesterol check.

Mammogram

More than three-quarters of the female respondents, 79.8%, had received a mammogram in the past. Nearly half of females, 48.6%, had a mammogram in the past year, 22.5% had the exam one to five years ago, and 8.7% had the exam 5 or more years ago. Respondents ages 45 and over, retired respondents, homeowners, and those with an annual income over \$100,000 were more likely to have had a mammogram in the past year. Employed respondents, those with some college education, renters, and respondents ages 44 and under were most likely to have never had a mammogram.

PSA Test

Less than half of the male respondents, 46.2% had received a PSA Test in the past. Approximately one-quarter of males, 25.8%, had a PSA test in the past year, 17.6% had the test one to five years ago, and 2.8% had the test 5 or more years ago. Respondents ages 45 and over, married respondents, homeowners, college graduates, and retired and part-time employed respondents were more likely to have had a PSA test in the past year. Respondents ages 44 and under, respondents who are not married, those with some college education, renters, and unemployed respondents were most likely to have never had a PSA test.

Colonoscopy

Less than half of respondents, 48.4%, had received a colonoscopy in the past. Less than one-sixth of respondents, 13.1%, had a colonoscopy in the past year, 25.6% had the test one to five years ago, and 9.7% had the test 5 or more years ago. Respondents ages 45 and over, married respondents, and retired respondents, were more likely to have had a colonoscopy in the past year. Respondents ages 44 and under, renters, respondents who are not married, and those who are employed were most likely to have never had a colonoscopy.

Skin Cancer Screening

More than a quarter of respondents, 27.4%, had received a skin cancer screening in the past. More than one-tenth of respondents, 11.2%, had a skin cancer screening in the past year, 11.6% had the test one to five years ago, and 4.5% had the test 5 or more years ago. Retired respondents, homeowners, those ages 65 and over, college graduates and respondents with an annual income of \$50,000 to \$75,000 were more likely to have had a skin cancer screening in the past year. Urban residents, employed respondents, respondents who are not married, renters, respondents with an annual income less than \$25,000 and those with some college or less education were most likely to have never had a skin cancer screening.

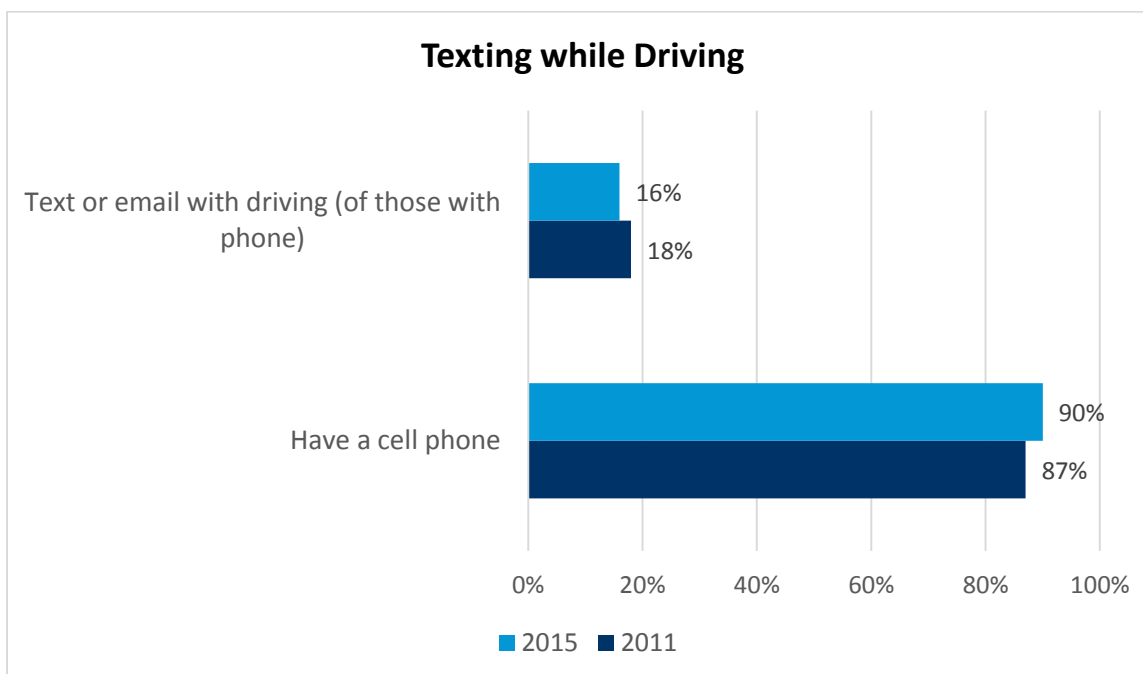


Texting and Driving

Summary: Texting			
		2011	2015
Have a cell phone	Yes	87.2%	89.5%
	No	12.8%	10.5%
Text or email while driving	Yes	17.7%	15.5%
	No	82.3%	84.5%

Respondents were asked a series of questions about texting and driving. First, all respondents were asked if they had a cell phone. The majority of respondents, 89.5%, indicated that they had a cell phone. Respondents who had a cell phone were then asked if they text or email while driving. Less than one-sixth, 15.5%, indicated that they had sent or received text messages or emails while driving, accounting for 13.9% of all respondents.

Whether or not a person has a cell phone or texts/emails when they drive varied according to several demographic or other identifying characteristics of respondents. Groups that were more likely to have a cell phone include employed respondents, those with some college education, respondents ages 18 to 44, married respondents, and those with an annual income of \$50,000 or more. Groups of respondents that were more likely to text or e-mail while driving include those who are employed, renters, college graduates, males, respondents ages 18 to 44 (especially those ages 18 to 24), and those with an annual income of \$50,000 or more.





Have Cell Phone and Text/Email while Driving by Selected Demographics			
		Has cell phone	Text/email while driving
All respondents		89.5%	15.5%
Group	Subgroup		
General Location	Alliance/Canton/Massillon	87.3%*	14.5%
	Suburbia	91.5%*	16.2%
Employment Status	Employed full-time	97.7%*	23.7%*
	Employed part-time	93.6%*	21.6%*
	Retired	78.4%*	2.1%*
	Unemployed	81.8%*	12.5%*
	Other	95.4%*	11.3%*
Educational Attainment	High school grad or less	85.6%*	8.8%*
	Some college	93.1%*	18.6%*
	College graduate	90.7%*	20.0%*
Home ownership	Own	90.6%	13.4%*
	Rent/Other	87.7%	19.3%*
Gender	Male	89.5%	20.1%*
	Female	89.5%	11.5%*
Age	18-24	98.7%*	40.3%*
	25-44	96.8%*	23.1%*
	45-64	89.9%*	11.9%*
	65 and over	80.0%*	2.7%*
Marital Status	Married	93.0%*	13.5%
	Not Married	86.4%*	17.4%
Race	White	89.4%	15.3%
	Non-white	89.9%	18.8%
Income	Under \$25,000	81.6%*	9.5%*
	\$25-\$49,999	90.0%*	12.7%*
	\$50-\$74,999	94.2%*	20.8%*
	\$75-\$99,999	98.5%*	24.6%*
	Over \$100,000	98.9%*	23.4%*
Question: Do you have a cell phone? ○ (If yes) Do you ever send or read text messages or emails while driving?			

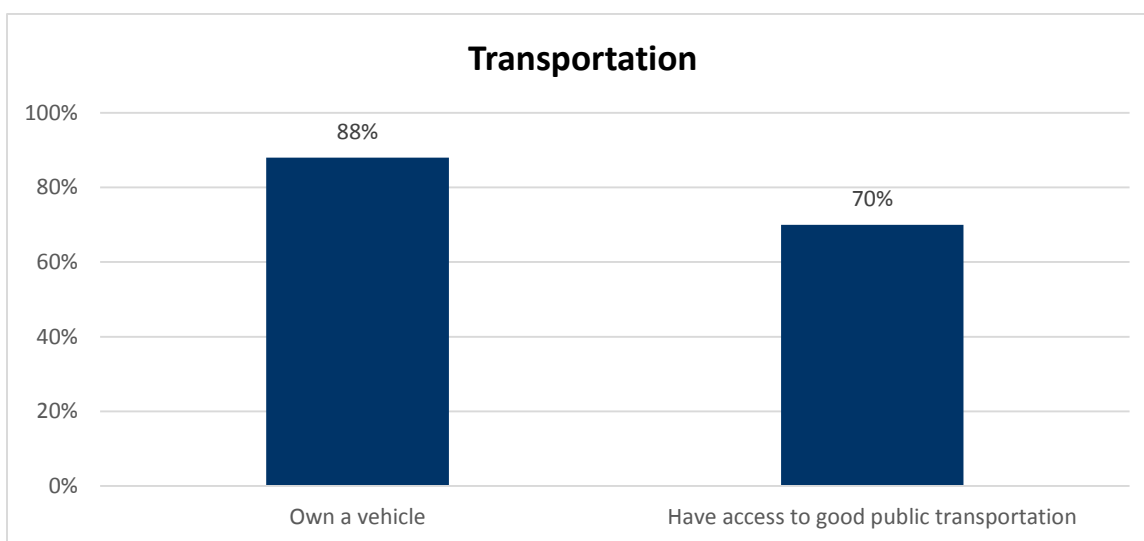


Public Transportation

Summary: Public Transportation			
		%	N
Own a vehicle	Yes	87.5%	799
	No	12.5%	
Have access to good public transportation	Yes	69.6%	731
	No	30.4%	

Respondents were asked a couple of questions about transportation. First, all respondents were asked if they owned a vehicle. The majority of respondents, 87.5%, indicated that they owned a vehicle. Respondents who were more likely NOT to have a vehicle include urban residents, unemployed respondents, renters, those who are not married, non-white respondents, and those with an annual income under \$25,000.

Next, respondents were asked if they had access to good public transportation. More than two-thirds of respondents, 69.6%, indicated that they had access to good public transportation. Respondents who were more likely NOT to have access to good public transportation include suburban residents, retired respondents, college graduates, homeowners, those ages 65 and over, married respondents, and those with an annual income of \$100,000 or more.





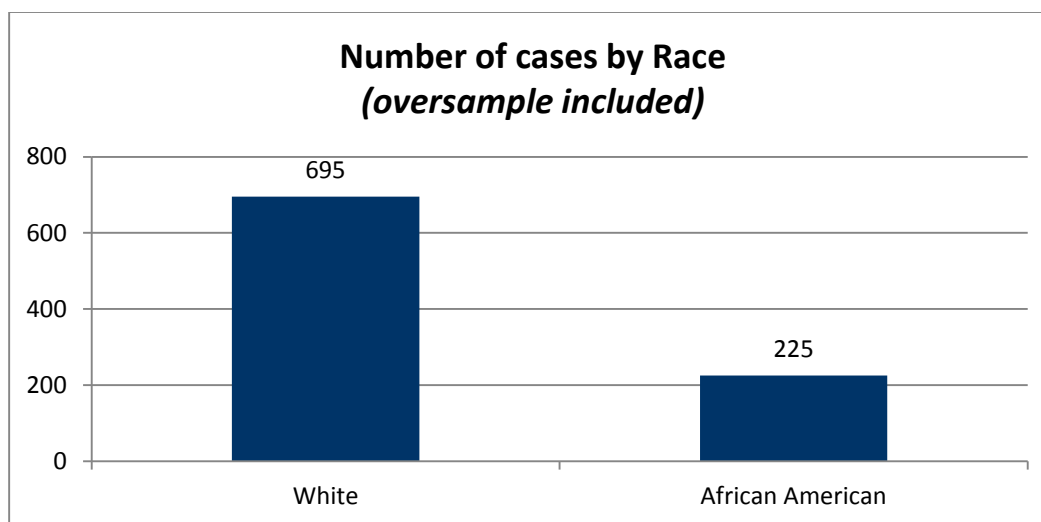
Transportation by Selected Demographics			
		Has vehicle	Access to public transportation
All respondents		87.5%	69.6%
Group	Subgroup		
General Location	Alliance/Canton/Massillon	77.9%*	84.6%*
	Suburbia	94.6%*	58.2%*
Employment Status	Employed full-time	96.5%*	69.8%*
	Employed part-time	84.0%*	71.6%*
	Retired	87.1%*	64.4%*
	Unemployed	62.5%*	82.1%*
	Other	84.6%*	66.1%*
Educational Attainment	High school grad or less	79.6%*	73.4%*
	Some college	90.3%*	71.3%*
	College graduate	95.3%*	62.0%*
Home ownership	Own	94.3%*	63.8%*
	Rent/Other	75.6%*	79.5%*
Gender	Male	89.8%*	71.1%
	Female	85.5%*	68.4%
Age	18-24	80.8%	83.8%*
	25-44	87.8%	74.7%*
	45-64	86.9%	69.9%*
	65 and over	90.0%	59.5%*
Marital Status	Married	95.7%*	62.1%*
	Not Married	80.2%*	76.2%*
Race	White	89.5%*	68.1%*
	Non-white	69.3%*	83.7%*
Income	Under \$25,000	70.4%*	78.6%*
	\$25-\$49,999	93.2%*	71.1%*
	\$50-\$74,999	96.4%*	66.7%*
	\$75-\$99,999	98.5%*	66.7%*
	Over \$100,000	97.9%*	58.8%*
Question: Do you own a vehicle? Would you say you have good access to public transportation when you need it?			



SURVEY RESULTS BY RACE

An oversample was conducted in order to collect responses from additional African American respondents. The results below include 695 surveys completed with white respondents and 225 surveys completed with African American respondents. The general population statistics derived from the sample size provide a precision level of plus or minus 6.5% within a 95% confidence interval for African Americans.

As you will see throughout this appendix, there are significant differences in response choices based on race. The tables below show the survey results by race. Race was divided as white and African American. Questions that had statistically significant differences based on race are marked with a *.





Overall Needs and Health

Summary: Overall Needs and Health			
		White	African American
Most important health issue <i>(open ended, Top 3)*</i>	Lack of affordable insurance/health care	27.9%	17.9%
	Obesity	11.8%	4.8%
	Cancer	10.2%	14.3%
Are there health services or programs needed*	Yes	48.0%	64.0%
	No	52.0%	36.0%
How would you rate your health	Excellent/Good	75.3%	69.2%
	Fair	19.9%	23.1%
	Poor/Very Poor	4.9%	7.7%

Health Care Programs or Services

Summary: Average Importance of Having Program/Service Available		
	White	African American
Prenatal Care	1.51	1.33
Diabetic Care	1.34	1.16
Blood Sugar Checks	1.56	1.40
Weight Loss Programs	1.51	1.41
Cholesterol Checks	1.24	1.12
Smoking Cessation Programs	1.22	1.22
Scale- 1= Very Important to 3= Not at all Important, the closer to 1 the average is, the more important the program		

Summary: Interest in Free Program			
		White	African American
Interest in free programs on various health topics*	Very Interested	33.4%	54.0%
	Somewhat Interested	44.0%	33.5%
	Not at all Interested	22.6%	12.5%
Interest in attending program if located in neighborhood	Very Interested	43.0%	64.3%
	Somewhat Interested	36.9%	26.7%
	Not at all Interested	20.1%	9.0%



Access to Care

Summary: Access to Care			
		White	African American
Aware where can get free routine screenings	Yes	36.0%	37.7%
	No	64.0%	62.3%
Insurance coverage	Not Insured	4.3%	6.2%
	Employer Paid	40.9%	26.2%
	Private Insurance	11.8%	13.8%
	Medicare/Medicaid	43.1%	53.8%
Where receive health care most often*	Primary care or family doctor	76.7%	74.9%
	The emergency room	7.2%	9.9%
	A hospital clinic	6.5%	3.1%
	An urgent care center	3.3%	7.6%
	A VA hospital or clinic	.3%	.4%
	A free clinic	2.3%	1.8%
	A public health department or clinic	.6%	1.8%
	Something else	3.0%	.4%
Have primary care provider	Yes	85.2%	83.6%
	No	14.8%	16.4%
Last routine physical exam*	Within the past year	74.8%	88.9%
	Within the past 2 years	9.1%	4.9%
	Within the past 5 years	6.9%	4.4%
	5 or more years	9.2%	1.8%
Last dental visit*	Within the past year	65.3%	52.2%
	Within the past 2 years	11.0%	17.0%
	Within the past 5 years	8.7%	10.3%
	5 or more years	15.0%	20.5%
Needed specialist unable to find locally*	Yes	27.1%	21.1%
	No	72.9%	78.9%



Smoking/Tobacco, Alcohol, and Prescription Drug Use

Summary: Smoking and Tobacco, Alcohol, and Prescription Use			
		White	African American
Tobacco use	Everyday	23.0%	17.3%
	Some days	7.3%	9.8%
	Not at all	69.6%	72.9%
Interested in hospital smoking cessation program*	Very Interested	15.9%	30.0%
	Somewhat Interested	31.7%	33.3%
	Not at all Interested	52.4%	36.7%
Interested in smoking cessation program in neighborhood	Very Interested	22.2%	38.3%
	Somewhat Interested	30.9%	23.3%
	Not at all Interested	46.9%	38.3%
Alcohol use	Everyday	2.6%	1.8%
	Some days	49.4%	39.6%
	Not at all	48.1%	58.7%
	Average number of alcoholic drinks per week	3.59	2.76
Taking	Prescription medications (currently)	68.5%	74.2%
	Over the counter medication*	49.2%	36.4%
	Herbal supplements*	24.7%	19.1%
	Vitamins	57.1%	60.9%
	Prescriptions in past year, but not currently	41.6%	46.6%
	Average # prescriptions prescribed in past year	5.76	5.77
Use medication off label in past year	Yes	2.1%	3.1%
	No	97.9%	96.9%
How typically get rid of unused prescription medication*	Flush down toilet	12.7%	13.2%
	Throw them in trash	15.2%	18.2%
	At a Take Back Center	16.8%	14.1%
	Give them to someone else who needs them	1.0%	1.8%
	Keep them in case I need them in future	21.7%	15.5%
	Something else	8.6%	4.1%
	Take all medication/no unused medication	24.1%	33.2%



OxyContin and Heroin Use

Summary: OxyContin and Heroin Use			
		White	African American
Know someone who has taken OxyContin or prescription to get high*	Yes	15.4%	8.9%
	No	84.6%	91.1%
How serious of a problem is heroin in Stark County	Very serious	73.2%	76.5%
	Moderately serious	19.2%	17.3%
	Not too serious	4.2%	1.7%
	Not really a problem at all	3.3%	4.5%
Know someone who uses heroin regularly*	Yes	14.6%	10.0%
	No	85.4%	90.0%
Know someone who overdosed from heroin	Yes	65.3%	68.2%
	No	34.7%	31.8%

Care for Children and Safe Sleep Guidelines

Summary: Care for Children and Safe Sleep Guidelines			
		White	African American
Children in household	Have children*	24.2%	18.3%
	Have children under 1	7.1%	7.3%
	Care for child under age of 1*	2.2%	5.9%
How often sleep in same bed as baby	Never	65.4%	68.8%
	Rarely	7.7%	12.5%
	Sometimes	15.4%	12.5%
	Often		6.3%
	Always	11.5%	
Familiarity with sleep guidelines (% very familiar)	Always put baby in crib alone	77.8%	80.0%
	Always put baby to sleep on their back	74.1%	73.3%
	Firm mattress and fitted sheet only in crib	88.9%	62.5%
Have you or immediate family member	Had a child that had low birthweight*	9.8%	16.7%
	Had child that was born prematurely	16.6%	18.0%
	Experienced death of child before 1*	15.5%	22.2%



Exercise

Summary: Exercise			
		White	African American
Exercise in past month	Yes	83.3%	71.6%
	No	16.7%	28.4%
How often exercise per week	1-2 times	25.4%	23.8%
	3-4 times	30.0%	31.7%
	5-7 times	28.5%	23.3%
	Every once in awhile	16.0%	21.2%

Obesity and Access to Healthy Food

Summary: Obesity and Access to Healthy Food			
		White	African American
Self-described weight	Overweight	46.6%	47.7%
	About right	46.5%	44.6%
	Underweight	6.9%	7.7%
Main problem getting needed food	Cost of food*	36.8%	43.6%
	Quality of food*	25.0%	31.1%
	Time for shopping	25.3%	25.8%
	Safety*	7.5%	13.3%
	Distance from the store*	8.1%	17.8%
	Something else	5.0%	4.0%
How difficult to get fresh food and vegetables in neighborhood*	Very difficult	4.0%	12.2%
	Somewhat difficult	11.4%	21.6%
	Not at all difficult	84.5%	66.2%
How often eat fresh fruits and vegetables*	0-1 times/week	6.1%	11.3%
	2-4 times/week	28.4%	33.8%
	Once a day	35.2%	27.9%
	2-4 times a day	27.5%	22.1%
	5 or more times a day	2.9%	5.0%



Immunization

Summary: Immunization			
		White	African American
Get flu vaccination in past year	Yes	53.2%	52.9%
	No	46.8%	47.1%
Child had flu vaccination in past year*	Yes	52.8%	68.4%
	No	47.2%	31.6%
Children's vaccinations up to date	Yes	97.0%	92.5%
	No	3.0%	7.5%

Diagnosis of Medical Condition

Summary: Diagnosis of Medical Condition				
	Respondent		Family Member	
	White	African American	White	African American
Vision problems	48.3%	53.6%	30.4%*	21.9%*
Arthritis	36.8%*	46.9%*	24.6%	20.5%
High blood pressure	36.0%*	52.2%*	31.7%	28.6%
Being overweight	34.9%	29.8%	24.9%*	19.6%*
High cholesterol	30.9%	35.0%	24.2%*	13.9%*
Chronic Pain	26.4%	30.2%	14.0%	9.8%
Anxiety or depression	24.4%*	18.7%*	22.8%*	11.6%*
Lung disease or respiratory condition	15.9%	16.4%	22.2%	21.8%
Dental Health Problems	14.0%	16.9%	13.0%	8.9%
Hearing problems	15.7%	14.2%	14.4%*	6.2%*
Diabetes	13.5%*	24.0%*	20.1%	23.6%
Heart Disease or Heart Attack	13.8%	12.6%	22.5%	17.5%
Any form of cancer	10.5%	8.9%	30.0%*	18.7%*
Attention deficit or hyperactivity disorder	6.6%	3.6%	15.8%*	10.3%*
Stroke	5.6%	4.9%	13.2%	16.9%
High risk pregnancy	4.3%	3.1%	5.8%	5.8%
Bi-Polar Disorder	3.9%	5.4%	9.0%	7.2%
Other mental health issues	3.2%	2.2%	4.5%	3.6%
Substance use problems	1.5%	2.7%	7.4%	8.0%
Alcoholism or Drug Addiction	2.0%	1.3%	11.1%	9.8%
STDs	1.5%	1.4%	1.4%	1.8%
Schizophrenia	.9%	1.8%	3.9%	4.4%
Autism	0.3%		4.3%	3.6%



Summary: Tests						
	White			African American		
	Never had test	Within 0-5 years	5 or more years ago	Never had test	Within 0-5 years	5 or more years ago
Mammogram~*	21.3%	69.4%	9.3%	8.3%	88.5%	3.2%
PSA Test^	52.2%	44.9%	2.9%	39.7%	53.0%	7.4%
Colonoscopy	50.1%	40.3%	9.7%	43.6%	46.8%	9.5%
Skin Cancer Check*	71.0%	24.1%	4.9%	86.9%	10.4%	2.7%
Blood Cholesterol Check	14.1%	82.1%	3.7%	12.4%	84.7%	2.8%
Blood Pressure Check	1.7%	96.4%	1.9%	2.2%	97.8%	0.0%
~Asked of females only, ^Asked of males only						

Texting and Driving

Summary: Texting			
		White	African American
Have a cell phone*	Yes	89.4%	75.6%
	No	10.6%	24.4%
Text or email while driving	Yes	15.3%	12.9%
	No	84.7%	87.1%

Public Transportation

Summary: Public Transportation			
		White	African American
Own a vehicle*	Yes	89.5%	70.0%
	No	10.5%	30.0%
Have access to good public transportation*	Yes	68.1%	89.3%
	No	31.9%	10.7%



SURVEY RESULTS BY LOCATION

An oversample was conducted in order to collect responses from additional Canton respondents. The results below include 486 surveys completed with suburban respondents, 293 surveys completed with Canton respondents, and 170 surveys completed with respondents from the county's other urban areas (Alliance and Massillon).

Overall Needs and Health

Summary: Overall Needs and Health				
		<i>Suburban</i>	<i>Canton</i>	<i>Other Urban</i>
Most important health issue (open ended, Top 3)	Lack of affordable insurance/health care	28.4%	21.9%	24.0%
	Obesity	11.5%	9.6%	7.2%
	Cancer	11.0%	8.7%	14.4%
Are there health services or programs needed*	Yes	45.9%	58.8%	55.1%
	No	54.1%	41.2%	44.9%
How would you rate your health *	Excellent/Good	79.6%	64.9%	70.8%
	Fair	17.2%	28.2%	21.5%
	Poor/Very Poor	3.3%	6.9%	7.6%

Health Care Programs or Services

Summary: Average Importance of Having Program/Service Available			
	<i>Suburban</i>	<i>Canton</i>	<i>Other Urban</i>
Prenatal Care	1.52	1.43	1.36
Diabetic Care	1.36	1.24	1.18
Blood Sugar Checks	1.53	1.54	1.48
Weight Loss Programs	1.50	1.44	1.48
Cholesterol Checks	1.27	1.15	1.15
Smoking Cessation Programs	1.25	1.21	1.19
Scale- 1= Very Important to 3= Not at all Important, the closer to 1 the average is, the more important the program			

Summary: Interest in Free Program				
		<i>Suburban</i>	<i>Canton</i>	<i>Other Urban</i>
Interest in free programs on various health topics*	Very Interested	33.1%	44.5%	42.9%
	Somewhat Interested	41.6%	38.4%	42.4%
	Not at all Interested	25.4%	17.1%	14.7%
Interest in attending program if located in neighborhood*	Very Interested	42.7%	55.0%	51.8%
	Somewhat Interested	37.9%	27.7%	32.1%
	Not at all Interested	19.5%	17.3%	16.1%



Access to Care

Summary: Access to Care				
		<i>Suburban</i>	<i>Canton</i>	<i>Other Urban</i>
Aware where can get free routine screenings	Yes	36.3%	39.5%	37.3%
	No	63.8%	60.5%	62.7%
Insurance coverage*	Not Insured	4.3%	5.9%	5.0%
	Employer Paid	45.3%	30.6%	31.2%
	Private Insurance	12.1%	12.4%	10.6%
	Medicare/Medicaid	38.3%	51.1%	53.2%
Where receive health care most often*	Primary care or family doctor	79.7%	68.4%	76.8%
	The emergency room	4.6%	12.4%	9.5%
	A hospital clinic	7.5%	3.4%	5.4%
	An urgent care center	3.3%	8.6%	1.2%
	A VA hospital or clinic	.2%	.3%	.6%
	A free clinic	1.9%	3.1%	1.2%
	A public health department or clinic	1.0%	1.4%	.6%
	Something else	1.9%	2.4%	4.8%
Have primary care provider	Yes	86.3%	83.0%	83.1%
	No	13.8%	17.0%	16.9%
Last routine physical exam	Within the past year	77.7%	82.6%	71.8%
	Within the past 2 years	8.7%	5.8%	10.0%
	Within the past 5 years	6.6%	4.8%	8.2%
	5 or more years	7.0%	6.8%	10.0%
Last dental visit*	Within the past year	69.6%	51.2%	58.2%
	Within the past 2 years	9.7%	17.2%	11.2%
	Within the past 5 years	8.1%	11.7%	8.8%
	5 or more years	12.6%	19.9%	21.8%
Needed specialist unable to find locally*	Yes	24.7%	21.7%	33.7%
	No	75.3%	78.3%	66.3%



Smoking/Tobacco, Alcohol, and Prescription Drug Use

Summary: Smoking and Tobacco, Alcohol, and Prescription Use

		<i>Suburban</i>	<i>Canton</i>	<i>Other Urban</i>
Tobacco use	Everyday	17.5%	24.6%	24.1%
	Some days	7.4%	8.9%	8.2%
	Not at all	75.1%	66.6%	67.6%
Interested in hospital smoking cessation program	Very Interested	12.7%	22.7%	25.5%
	Somewhat Interested	31.4%	32.0%	30.9%
	Not at all Interested	55.9%	45.4%	43.6%
Interested in smoking cessation program in neighborhood	Very Interested	23.5%	28.1%	25.9%
	Somewhat Interested	25.2%	29.2%	35.2%
	Not at all Interested	51.3%	42.7%	38.9%
Alcohol use*	Everyday	2.9%	2.0%	.6%
	Some days	51.0%	42.0%	41.2%
	Not at all	46.1%	56.0%	58.2%
	Average number of alcoholic drinks per week	3.53	3.65	2.63
Taking	Prescription medications (currently)	66.5%	71.3%	72.9%
	Over the counter medication	49.4%	41.0%	43.5%
	Herbal supplements	25.5%	20.5%	21.8%
	Vitamins	57.8%	57.3%	60.0%
	Prescriptions in past year, but not currently	44.8%	41.7%	34.8%
	Average # prescriptions prescribed in past year	4.90	7.13	6.42
Use medication off label in past year	Yes	2.5%	2.0%	1.4%
	No	97.5%	98.0%	98.6%
How typically get rid of unused prescription medication	Flush down toilet	12.7%	14.0%	12.4%
	Throw them in trash	16.2%	14.7%	17.2%
	At a Take Back Center	16.4%	12.6%	19.5%
	Give them to someone else who needs them	1.0%	1.4%	1.2%
	Keep them in case I need them in future	20.6%	19.6%	17.8%
	Something else	9.6%	4.2%	7.1%
	Take all medication/no unused medication	23.5%	33.3%	24.9%



OxyContin and Heroin Use

Summary: OxyContin and Heroin Use				
		<i>Suburban</i>	<i>Canton</i>	<i>Other Urban</i>
Know someone who has taken OxyContin or prescription to get high	Yes	13.4%	14.0%	14.3%
	No	86.6%	86.0%	85.7%
How serious of a problem is heroin in Stark County	Very serious	73.6%	74.6%	75.7%
	Moderately serious	18.8%	18.2%	18.8%
	Not too serious	4.1%	2.1%	4.2%
	Not really a problem at all	3.6%	5.1%	1.4%
Know someone who uses heroin regularly	Yes	14.8%	11.7%	13.3%
	No	85.2%	88.3%	86.7%
Know someone who overdosed from heroin	Yes	63.9%	64.7%	72.7%
	No	36.1%	35.3%	27.3%

Care for Children and Safe Sleep Guidelines

Summary: Care for Children and Safe Sleep Guidelines				
		<i>Suburban</i>	<i>Canton</i>	<i>Other Urban</i>
Children in household	Have children	23.3%	21.2%	26.5%
	Have children under 1	6.2%	6.5%	8.9%
	Care for child under age of 1	3.6%	3.5%	1.2%
How often sleep in same bed as baby	Never	65.2%	78.6%	50.0%
	Rarely	4.3%	7.1%	33.3%
	Sometimes	21.7%	7.1%	
	Often		7.1%	
	Always	8.7%		16.7%
Familiarity with sleep guidelines (% very familiar)	Always put baby in crib alone	83.3%	76.9%	66.7%
	Always put baby to sleep on their back	75.0%	76.9%	66.7%
	Firm mattress and fitted sheet only in crib	91.7%	64.3%	66.7%
Have you or immediate family member	Had a child that had low birthweight	9.5%	13.7%	13.6%
	Had child that was born prematurely	16.3%	17.9%	19.3%
	Experienced death of child before 1	16.3%	18.4%	18.8%



Exercise

Summary: Exercise				
		<i>Suburban</i>	<i>Canton</i>	<i>Other Urban</i>
Exercise in past month*	Yes	84.2%	71.2%	85.3%
	No	15.8%	28.8%	14.7%
How often exercise per week	1-2 times	25.6%	23.6%	21.9%
	3-4 times	32.4%	30.1%	26.5%
	5-7 times	28.2%	25.6%	28.4%
	Every once in while	13.8%	20.7%	23.2%

Obesity and Access to Healthy Food

Summary: Obesity and Access to Healthy Food				
		<i>Suburban</i>	<i>Canton</i>	<i>Other Urban</i>
Self-described weight	Overweight	45.9%	51.6%	43.4%
	About right	47.2%	43.1%	49.0%
	Underweight	7.0%	5.3%	7.7%
Main problem getting needed food	Cost of food*	32.9%	44.0%	45.9%
	Quality of food*	23.3%	30.4%	31.2%
	Time for shopping	26.7%	22.2%	28.2%
	Safety*	6.0%	11.9%	11.8%
	Distance from the store	9.3%	14.0%	9.4%
	Something else	4.3%	5.5%	5.3%
How difficult to get fresh food and vegetables in neighborhood*	Very difficult	3.5%	10.7%	5.3%
	Somewhat difficult	10.3%	18.0%	18.9%
	Not at all difficult	86.2%	71.3%	75.7%
How often eat fresh fruits and vegetables*	0-1 times/week	5.4%	10.7%	8.3%
	2-4 times/week	26.1%	33.6%	32.5%
	Once a day	35.2%	30.1%	30.8%
	2-4 times a day	29.6%	21.8%	24.9%
	5 or more times a day	3.7%	3.8%	3.6%



Immunization

Summary: Immunization				
		Suburban	Canton	Other Urban
Get flu vaccination in past year	Yes	53.7%	49.5%	55.6%
	No	46.3%	50.5%	44.4%
Child had flu vaccination in past year	Yes	50.9%	64.9%	55.8%
	No	49.1%	35.1%	44.2%
Children's vaccinations up to date	Yes	96.4%	93.4%	97.8%
	No	3.6%	6.6%	2.2%

Diagnosis of Medical Condition

Summary: Diagnosis of Medical Condition						
	Respondent			Immediate Family Member		
	Suburban	Canton	Other Urban	Suburban	Canton	Other Urban
Vision problems	46.2%*	48.8%*	58.0%*	28.5%	25.9%	29.6%
Arthritis	34.5%*	46.2%*	39.1%*	21.7%	24.7%	26.6%
High blood pressure	37.5%	45.1%	38.7%	30.0%	31.1%	32.1%
Being overweight	34.0%	35.8%	29.4%	22.9%	23.2%	26.5%
High cholesterol	30.2%	34.1%	31.9%	23.3%	18.3%	22.3%
Chronic Pain	21.9%*	33.4%*	29.4%*	11.2%*	13.3%*	18.8%*
Anxiety or depression	21.9%	26.3%	22.9%	20.4%	19.5%	21.2%
Lung disease or respiratory condition	14.0%*	20.5%*	14.1%*	19.6%	26.6%	22.9%
Dental Health Problems	13.2%*	19.5%*	12.9%*	14.2%	10.2%	10.0%
Hearing problems	16.1%	14.7%	12.4%	12.6%	13.3%	12.9%
Diabetes	12.2%*	21.2%*	20.0%*	17.2%*	25.6%*	24.1%*
Heart Disease or Heart Attack	13.0%	16.4%	11.2%	20.9%	23.3%	20.0%
Any form of cancer	12.0%	9.2%	8.3%	28.7%	26.6%	25.4%
Attention deficit or hyperactivity disorder	5.6%	8.2%	7.1%	15.3%	14.4%	13.5%
Stroke	5.0%	4.8%	7.7%	13.4%	17.1%	13.0%
High risk pregnancy	3.7%	5.1%	5.9%	6.9%	4.8%	3.5%
Bi-Polar Disorder	3.3%	4.8%	6.0%	8.5%	11.0%	7.2%
Other mental health issues	3.1%	3.1%	3.6%	5.2%	3.4%	3.6%
Substance use problems	1.2%	2.1%	3.6%	7.3%	9.6%	5.9%
Alcoholism or Drug Addiction	1.6%	1.4%	2.4%	11.3%	11.9%	8.8%
STDs	1.1%	2.5%	1.3%	2.0%	1.8%	.6%
Schizophrenia	1.0%	1.0%	1.2%	3.9%	4.8%	4.2%
Autism	0.4%	0.0%	0.0%	3.7%	5.2%	6.0%



Summary: Tests

	<i>Suburban</i>			<i>Canton</i>			<i>Other Urban</i>		
	<i>Never had test</i>	<i>Within 0-5 years</i>	<i>5 or more years ago</i>	<i>Never had test</i>	<i>Within 0-5 years</i>	<i>5 or more years ago</i>	<i>Never had test</i>	<i>Within 0-5 years</i>	<i>5 or more years ago</i>
Mammogram~	20.1%	73.1%	6.8%	13.7%	79.8%	6.6%	16.2%	74.3%	9.5%
PSA Test^	52.7%	46.0%	1.3%	43.4%	49.1%	7.5%	57.8%	39.0%	3.1%
Colonoscopy	47.7%	42.8%	9.5%	49.1%	41.5%	9.3%	52.1%	36.6%	11.4%
Skin Cancer Check*	67.4%	28.4%	4.1%	83.0%	12.4%	4.5%	81.7%	13.6%	4.7%
Blood Cholesterol Check	12.6%	83.7%	3.8%	16.1%	80.3%	3.5%	12.2%	84.2%	3.7%
Blood Pressure Check	1.4%	97.1%	1.4%	2.0%	95.9%	2.0%	2.4%	97.0%	0.6%

~Asked of females only, ^Asked of males only

Texting and Driving

Summary: Texting

		<i>Suburban</i>	<i>Canton</i>	<i>Other Urban</i>
Have a cell phone*	Yes	91.2%	81.6%	83.5%
	No	8.8%	18.4%	16.5%
Text or email while driving	Yes	16.0%	14.2%	11.3%
	No	84.0%	85.8%	88.7%

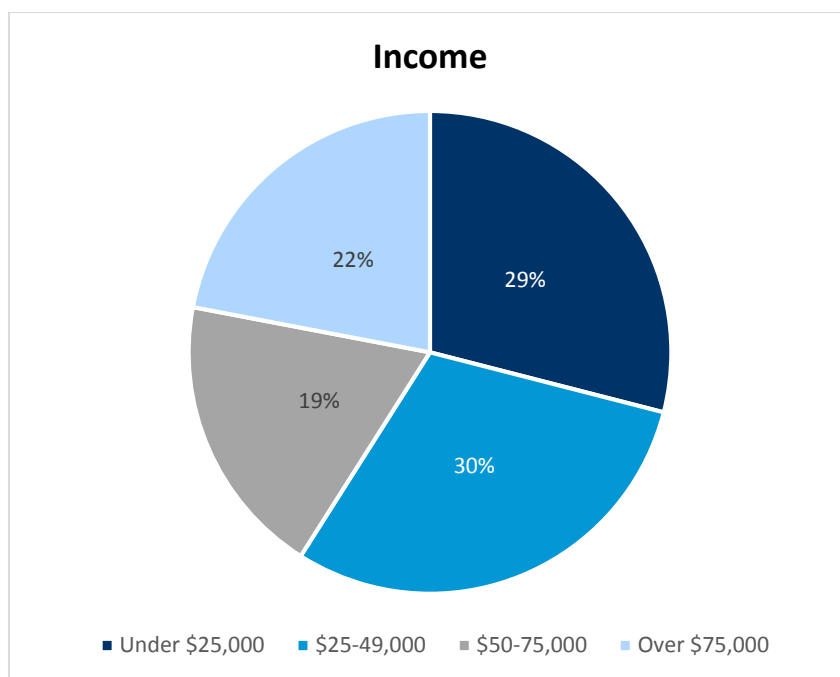
Public Transportation

Summary: Public Transportation

		<i>Suburban</i>	<i>Canton</i>	<i>Other Urban</i>
Own a vehicle*	Yes	93.6%	72.9%	79.9%
	No	6.4%	27.1%	20.1%
Have access to good public transportation*	Yes	60.2%	89.4%	81.8%
	No	39.8%	10.6%	18.2%



SURVEY RESULTS BY INCOME



Overall Needs and Health

Summary: Overall Needs and Health					
		<i>Under \$25,000</i>	<i>\$25- 49,000</i>	<i>\$50- 75,000</i>	<i>Over \$75,000</i>
Most important health issue* (<i>open ended, Top 3</i>)	Lack of affordable insurance/health care	23.1%	28.2%	32.4%	26.7%
	Obesity	6.3%	10.0%	13.3%	19.1%
	Cancer	11.2%	10.6%	12.4%	8.4%
Are there health services or programs needed*	Yes	56.4%	51.5%	45.0%	42.8%
	No	43.6%	48.5%	55.0%	57.2%
How would you rate your health *	Excellent/Good	54.6%	74.9%	85.5%	91.3%
	Fair	31.4%	23.7%	12.3%	7.5%
	Poor/Very Poor	14.0%	1.4%	2.2%	1.2%



Health Care Programs or Services

Summary: Average Importance of Having Program/Service Available				
	<i>Under \$25,000</i>	<i>\$25-49,000</i>	<i>\$50-75,000</i>	<i>Over \$75,000</i>
Prenatal Care	1.21	1.22	1.26	1.21
Diabetic Care	1.16	1.20	1.26	1.32
Blood Sugar Checks	1.20	1.27	1.43	1.41
Weight Loss Programs	1.52	1.48	1.49	1.50
Cholesterol Checks	1.46	1.45	1.56	1.53
Smoking Cessation Programs	1.49	1.57	1.59	1.54
Scale- 1= <i>Very Important</i> to 3= <i>Not at all Important</i> , the closer to 1 the average is, the more important the program				

Summary: Interest in Free Program					
		<i>Under \$25,000</i>	<i>\$25-49,000</i>	<i>\$50-75,000</i>	<i>Over \$75,000</i>
Interest in free programs on various health topics*	Very Interested	43.9%	39.0%	27.0%	28.1%
	Somewhat Interested	35.6%	42.2%	51.8%	46.3%
	Not at all Interested	20.5%	18.8%	21.2%	25.6%
Interest in attending program if located in neighborhood	Very Interested	49.8%	48.2%	39.0%	43.4%
	Somewhat Interested	30.3%	34.4%	41.2%	37.7%
	Not at all Interested	19.9%	17.4%	19.9%	18.9%



Access to Care

Summary: Access to Care

		<i>Under \$25,000</i>	<i>\$25- 49,000</i>	<i>\$50- 75,000</i>	<i>Over \$75,000</i>
Aware where can get free routine screenings*	Yes	30.2%	38.8%	31.9%	44.2%
	No	69.8%	61.2%	68.1%	55.8%
Insurance coverage*	Not Insured	7.3%	6.1%	2.9%	1.9%
	Employer Paid	10.2%	34.3%	51.1%	76.8%
	Private Insurance	6.3%	15.5%	19.0%	9.7%
	Medicare/Medicaid	76.1%	44.1%	27.0%	11.6%
Where receive health care most often*	Primary care or family doctor	66.3%	68.5%	82.4%	86.3%
	The emergency room	13.2%	11.0%	3.7%	3.8%
	A hospital clinic	4.4%	8.2%	8.8%	6.3%
	An urgent care center	5.4%	4.1%	1.5%	1.9%
	A VA hospital or clinic	.5%	.5%		
	A free clinic	3.4%	4.1%		.6%
	A public health department or clinic	1.5%	1.4%	.7%	
	Something else	5.4%	2.3%	2.9%	1.3%
Have primary care provider*	Yes	78.3%	83.3%	87.0%	90.6%
	No	21.7%	16.7%	13.0%	9.4%
Last routine physical exam	Within the past year	78.3%	73.5%	71.0%	71.3%
	Within the past 2 years	6.8%	9.6%	11.6%	10.0%
	Within the past 5 years	4.8%	7.8%	7.2%	8.8%
	5 or more years	10.1%	9.1%	10.1%	10.0%
Last dental visit*	Within the past year	45.6%	60.3%	72.5%	82.4%
	Within the past 2 years	17.0%	12.8%	5.8%	7.5%
	Within the past 5 years	8.7%	10.5%	10.1%	5.0%
	5 or more years	28.6%	16.4%	11.6%	5.0%
Needed specialist unable to find locally	Yes	30.4%	25.1%	32.6%	25.6%
	No	69.6%	74.9%	67.4%	74.4%



Summary: Smoking and Tobacco, Alcohol, and Prescription Use					
		<i>Under \$25,000</i>	<i>\$25- 49,000</i>	<i>\$50- 75,000</i>	<i>Over \$75,000</i>
Tobacco use*	Everyday	28.5%	23.7%	18.1%	13.7%
	Some days	8.7%	8.2%	8.7%	7.5%
	Not at all	62.8%	68.0%	73.2%	78.9%
Interested in hospital smoking cessation program	Very Interested	17.1%	16.2%	19.4%	20.6%
	Somewhat Interested	31.6%	30.9%	38.9%	20.6%
	Not at all Interested	51.3%	52.9%	41.7%	58.8%
Interested in smoking cessation program in neighborhood	Very Interested	24.0%	22.9%	27.8%	23.5%
	Somewhat Interested	26.7%	30.0%	30.6%	29.4%
	Not at all Interested	49.3%	47.1%	41.7%	47.1%
Alcohol use	Everyday	1.9%	1.8%	2.2%	5.0%
	Some days	35.7%	53.4%	52.2%	59.6%
	Not at all	62.3%	44.7%	45.7%	35.4%
	<i>Average number of alcoholic drinks per week</i>	3.64	3.40	3.16	3.64
Taking	Prescription medications (currently)*	77.8%	66.7%	59.4%	57.8%
	Over the counter medication	44.4%	47.0%	47.1%	50.3%
	Herbal supplements	25.1%	24.2%	23.9%	23.0%
	Vitamins	59.4%	55.3%	59.4%	52.2%
	Prescriptions in past year, but not currently	47.8%	38.4%	33.9%	48.5%
	<i>Average # prescriptions prescribed in past year</i>	8.29	6.07	4.17	3.17
Use medication off label in past year	Yes	3.8%	1.1%	2.0%	1.6%
	No	96.2%	98.9%	98.0%	98.4%
How typically get rid of unused prescription medication*	Flush down toilet	17.4%	7.9%	17.0%	9.6%
	Throw them in trash	11.1%	20.4%	15.6%	15.3%
	At a Take Back Center	16.4%	17.6%	10.4%	21.0%
	Give them to someone else who needs them	.5%	1.4%	.7%	.6%
	Keep them in case I need them in future	19.3%	20.4%	23.7%	26.1%
	Something else	9.2%	4.2%	9.6%	7.6%
	Take all medication/no unused medication	26.1%	28.2%	23.0%	19.7%



OxyContin and Heroin Use

Summary: OxyContin and Heroin Use

		<i>Under \$25,000</i>	<i>\$25- 49,000</i>	<i>\$50- 75,000</i>	<i>Over \$75,000</i>
Know someone who has taken OxyContin or prescription to get high*	Yes	16.6%	13.2%	13.0%	23.6%
	No	83.4%	86.8%	87.0%	76.4%
How serious of a problem is heroin in Stark County	Very serious	76.6%	73.7%	71.6%	73.3%
	Moderately serious	17.1%	20.0%	21.6%	17.8%
	Not too serious	4.0%	1.6%	3.4%	6.2%
	Not really a problem at all	2.3%	4.7%	3.4%	2.7%
Know someone who uses heroin regularly	Yes	16.0%	14.2%	19.0%	13.1%
	No	84.0%	85.8%	81.0%	86.9%
Know someone who overdosed from heroin*	Yes	81.8%	61.3%	50.0%	76.2%
	No	18.2%	38.7%	50.0%	23.8%

Care for Children and Safe Sleep Guidelines

Summary: Care for Children and Safe Sleep Guidelines

		<i>Under \$25,000</i>	<i>\$25- 49,000</i>	<i>\$50- 75,000</i>	<i>Over \$75,000</i>
Children in household	Have children	21.3%	26.9%	22.5%	34.8%
	Have children under 1	2.3%	11.9%	12.9%	3.6%
	Care for child under age of 1	3.9%	2.8%	3.0%	2.5%
How often sleep in same bed as baby	Never	88.9%	69.2%	75.0%	33.3%
	Rarely	11.1%			33.3%
	Sometimes		15.4%	12.5%	33.3%
	Often		7.7%		
	Always		7.7%	12.5%	
Familiarity with sleep guidelines (% very familiar)	Always put baby in crib alone	88.9%	84.6%	87.5%	66.7%
	Always put baby to sleep on their back	77.8%	69.2%	87.5%	66.7%
	Firm mattress and fitted sheet only in crib	88.9%	69.2%	100.0%	66.7%
Have you or immediate family member	Had a child that had low birthweight*	15.0%	9.2%	5.1%	14.3%
	Had child that was born prematurely	20.0%	16.8%	10.9%	21.3%
	Experienced death of child before 1	21.7%	16.4%	14.5%	12.4%



Exercise

Summary: Exercise					
		<i>Under \$25,000</i>	<i>\$25-49,000</i>	<i>\$50-75,000</i>	<i>Over \$75,000</i>
Exercise in past month*	Yes	73.3%	83.1%	90.6%	90.7%
	No	26.7%	16.9%	9.4%	9.3%
How often exercise per week*	1-2 times	19.8%	25.3%	29.8%	23.3%
	3-4 times	30.2%	26.3%	37.4%	35.3%
	5-7 times	25.0%	28.4%	20.6%	34.0%
	Once in awhile	25.0%	20.1%	12.2%	7.3%

Obesity and Access to Healthy Food

Summary: Obesity and Access to Healthy Food					
		<i>Under \$25,000</i>	<i>\$25-49,000</i>	<i>\$50-75,000</i>	<i>Over \$75,000</i>
Self-described weight	Overweight	53.6%	44.5%	47.1%	42.5%
	About right	38.2%	50.0%	46.4%	53.1%
	Underweight	8.2%	5.5%	6.5%	4.4%
Main problem getting needed food	Cost of food*	56.0%	42.0%	37.0%	21.1%
	Quality of food*	34.3%	24.7%	26.1%	20.5%
	Time for shopping	21.7%	27.4%	23.9%	32.3%
	Safety*	13.5%	11.0%	2.2%	3.1%
	Distance from the store*	16.9%	9.6%	5.8%	4.3%
	Something else*	10.1%	5.5%	2.2%	1.2%
How difficult to get fresh food and vegetables in neighborhood*	Very difficult	11.6%	3.2%	2.2%	1.2%
	Somewhat difficult	17.4%	12.8%	11.8%	6.2%
	Not at all difficult	71.0%	83.9%	86.0%	92.5%
How often eat fresh fruits and vegetables*	0-1 times/week	11.8%	7.3%	2.2%	3.1%
	2-4 times/week	36.0%	26.6%	29.7%	25.5%
	Once a day	29.6%	41.3%	30.4%	28.0%
	2-4 times a day	19.2%	22.0%	32.6%	39.8%
	5 or more times a day	3.4%	2.8%	5.1%	3.7%



Immunization

Summary: Immunization					
		<i>Under \$25,000</i>	<i>\$25-49,000</i>	<i>\$50-75,000</i>	<i>Over \$75,000</i>
Get flu vaccination in past year	Yes	57.0%	47.0%	52.2%	51.6%
	No	43.0%	53.0%	47.8%	48.4%
Child had flu vaccination in past year	Yes	70.5%	56.1%	50.0%	49.1%
	No	29.5%	43.9%	50.0%	50.9%
Children's vaccinations up to date	Yes	95.3%	93.2%	100.0%	98.2%
	No	4.7%	6.8%		1.8%

Diagnosis of Medical Condition

Summary: Respondent Diagnosed of Medical Condition				
	<i>Under \$25,000</i>	<i>\$25-49,000</i>	<i>\$50-75,000</i>	<i>Over \$75,000</i>
Vision problems*	60.9%	49.1%	43.5%	41.0%
Arthritis*	47.6%	38.1%	29.7%	22.5%
High blood pressure*	46.3%	37.6%	27.5%	26.1%
Being overweight	41.1%	35.8%	35.5%	28.0%
High cholesterol	35.8%	29.9%	24.6%	27.7%
Chronic Pain*	44.2%	22.0%	19.6%	12.4%
Anxiety*	37.2%	22.9%	20.3%	14.9%
Lung disease or respiratory condition*	22.7%	16.5%	11.6%	9.3%
Dental Health Problems*	22.2%	14.2%	11.6%	8.1%
Hearing problems	19.3%	13.8%	13.0%	10.6%
Diabetes*	21.0%	16.1%	10.1%	8.1%
Heart Disease or Heart Attack*	17.9%	14.7%	9.4%	7.5%
Any form of cancer	11.1%	9.2%	10.1%	8.7%
Attention deficit or hyperactivity disorder*	11.2%	6.9%	7.2%	1.9%
Stroke	6.8%	2.8%	5.8%	4.3%
High risk pregnancy*	9.3%	2.8%	5.1%	3.1%
Bi-Polar Disorder*	7.4%	3.7%	2.9%	.6%
Other mental health issues*	6.3%	1.8%	3.6%	1.2%
Substance use problems	3.9%	.9%	1.5%	1.9%
Alcoholism or Drug Addiction	2.4%	1.8%	1.4%	1.2%
STDs	2.1%	1.0%	1.5%	1.3%
Schizophrenia	2.0%	.9%		.6%
Autism	*	*	*	*



Summary: Family Member Diagnosed with Medical Condition				
	<i>Under \$25,000</i>	<i>\$25- 49,000</i>	<i>\$50- 75,000</i>	<i>Over \$75,000</i>
Vision problems	28.5%	26.1%	34.1%	32.9%
Arthritis	27.2%	24.8%	19.6%	23.1%
High blood pressure	30.2%	30.3%	29.7%	35.4%
Being overweight	22.7%	23.4%	32.6%	24.8%
High cholesterol	22.1%	23.8%	21.0%	28.3%
Chronic Pain	14.6%	16.1%	13.8%	11.2%
Anxiety	25.1%	19.7%	21.7%	24.8%
Lung disease or respiratory condition	26.1%	20.6%	21.0%	24.8%
Dental Health Problems	13.5%	13.3%	12.3%	14.3%
Hearing problems	14.0%	18.3%	10.1%	13.7%
Diabetes	6.3%	1.8%	3.6%	1.2%
Heart Disease or Heart Attack	23.2%	23.4%	20.3%	19.3%
Any form of cancer	30.4%	31.3%	26.8%	28.0%
Attention deficit or hyperactivity disorder*	19.4%	18.3%	9.4%	13.0%
Stroke	16.9%	17.6%	9.4%	11.2%
High risk pregnancy*	3.4%	8.8%	2.9%	9.4%
Bi-Polar Disorder*	15.2%	10.1%	4.3%	8.1%
Other mental health issues	5.8%	4.6%	4.3%	4.3%
Substance use problems	7.8%	7.9%	7.3%	6.8%
Alcoholism or Drug Addiction	14.0%	10.1%	10.1%	11.8%
STDs	1.6%	2.4%	2.2%	.6%
Schizophrenia	5.4%	4.1%	2.9%	5.0%
Autism	7.3%	2.3%	2.9%	5.0%

Summary: Tests						
	<i>Under \$25,000</i>			<i>\$25-49,000</i>		
	<i>Never had test</i>	<i>Within 0-5 years</i>	<i>5 or more years ago</i>	<i>Never had test</i>	<i>Within 0-5 years</i>	<i>5 or more years ago</i>
Mammogram#*	15.5%	74.4%	10.1%	22.6%	63.5%	13.9%
PSA Test^	55.3%	40.8%	3.9%	61.5%	37.5%	1.0%
Colonoscopy	50.2%	37.1%	12.7%	51.1%	40.1%	8.7%
Skin Cancer Check*	79.5%	17.1%	3.4%	74.1%	18.0%	7.9%
Blood Cholesterol Check	15.1%	79.9%	5.0%	12.6%	83.2%	4.2%
Blood Pressure Check	2.9%	94.2%	2.9%	0.5%	98.2%	1.4%
<i>#Asked of females only, ^Asked of males only</i>						



Summary: Tests

	\$50-75,000			Over \$75,000		
	Never had test	Within 0-5 years	5 or more years ago	Never had test	Within 0-5 years	5 or more years ago
Mammogram#*	15.4%	80.0%	4.6%	27.8%	68.1%	4.2%
PSA Test^	44.3%	50.0%	5.7%	50.6%	37.1%	2.3%
Colonoscopy	52.2%	38.4%	9.4%	51.6%	40.4%	8.1%
Skin Cancer Check*	67.9%	28.4%	3.6%	67.5%	30.0%	2.5%
Blood Cholesterol Check	14.7%	81.6%	3.7%	14.9%	80.1%	5.0%
Blood Pressure Check	2.9%	96.3%	0.7%	0.6%	96.9%	2.5%

#Asked of females only, ^Asked of males only

Texting and Driving

Summary: Texting

		Under \$25,000	\$25-49,000	\$50-75,000	Over \$75,000
Have a cell phone*	Yes	81.6%	90.0%	94.2%	98.8%
	No	18.4%	10.0%	5.8%	1.2%
Text or email while driving*	Yes	9.5%	12.7%	20.8%	23.9%
	No	90.5%	87.3%	79.2%	76.1%

Public Transportation

Summary: Public Transportation

		Under \$25,000	\$25-49,000	\$50-75,000	Over \$75,000
Own a vehicle*	Yes	70.4%	93.2%	96.4%	98.1%
	No	29.6%	6.8%	3.6%	1.9%
Have access to good public transportation*	Yes	78.6%	71.1%	66.7%	62.0%
	No	21.4%	28.9%	33.3%	38.0%



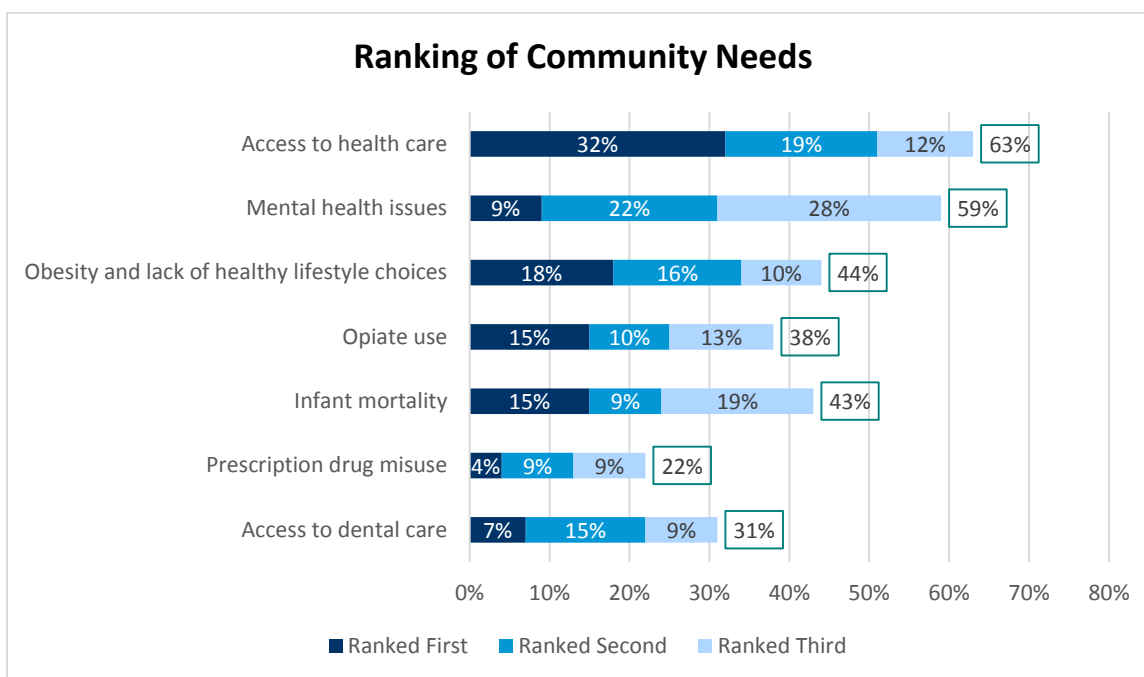
Community Leader Web Survey Results

Key Findings

- ✓ Community Health Leaders were given a list of seven health-related issues that were identified as significant as part of the community survey and asked to rank them in order of most important to least important. The most important health need identified by Community Health Leaders was access to health care followed by mental health issues and obesity and lack of healthy lifestyle choices.
- ✓ More than two-thirds, 69%, of community health leaders felt that people with mental illness are not being adequately treated by local health services. Slightly fewer, 61%, felt that the county's homeless/transient population is not being adequately served.
- ✓ Community health leaders identified services for the elderly and services for drug and alcohol abuse as emerging health needs.
- ✓ When asked what additional programs, resources, or services that they thought were needed in the community that are not currently available, the most common responses given by community health leaders were more dental services/clinics and additional mental health services/facilities.
- ✓ Nearly three quarters, 73%, of community health leaders reported that community residents have difficulty getting needed medical services. The most common barriers to getting needed medical care were transportation, cost, and lack of understanding/knowledge of available services and programs.
- ✓ Community health leaders were given a list of issues for adults and children that may impede maintaining a healthy lifestyle. For adults, the highest rated issues were daily or regular tobacco use, lack of incentives and support to control chronic health conditions, and lack of incentives and supports to get the recommended levels of exercise. For children, the highest rated issues were lack of opportunities to grow, taste and prepare fresh fruits and vegetables and secondhand smoke exposure.
- ✓ Improved access to healthy food and additional physical activity programs were rated by community health leaders as the most effective methods in reducing obesity.
- ✓ Stigma, lack of mental health providers, and transportation were identified as the top 3 barriers that prevent residents from receiving needed mental health services.
- ✓ The vast majority, 98%, of community health leaders reported that heroin is a serious problem in Stark County, with 77% stating that it was a very serious problem and 22% saying that it was a moderately serious problem.
- ✓ Focusing on prevention was identified as the most effective method for reducing drug, alcohol, and tobacco use.
- ✓ More than half of community health leaders, 57%, stated that their organization provided services or programs that they felt that the community was unaware of.
- ✓ Nearly two-thirds of community health leaders, 63%, had heard of Canton-Stark County THRIVE.
- ✓ More than half of community health leaders, 58%, felt that Stark County's infant mortality rate is worse than other counties in Ohio.



General Community Needs



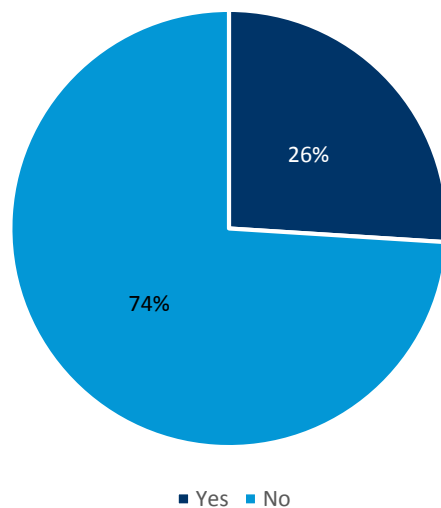
Ranking of Community Needs

Need	Rank	Average Importance
Access to health care	1	3.24
Mental health issues	2	3.29
Obesity and lack of healthy lifestyle choices	3	3.96
Opiate use	4	4.16
Infant mortality	5	4.19
Prescription drug misuse	6	4.56
Access to dental care	7	4.60

Question: The results of the Community Health Needs Survey conducted in May identify the following as top health concerns in Stark County. Please rank them in order of importance to address with 1 being 'Most Important'.



Additional Community Needs that Should be on List



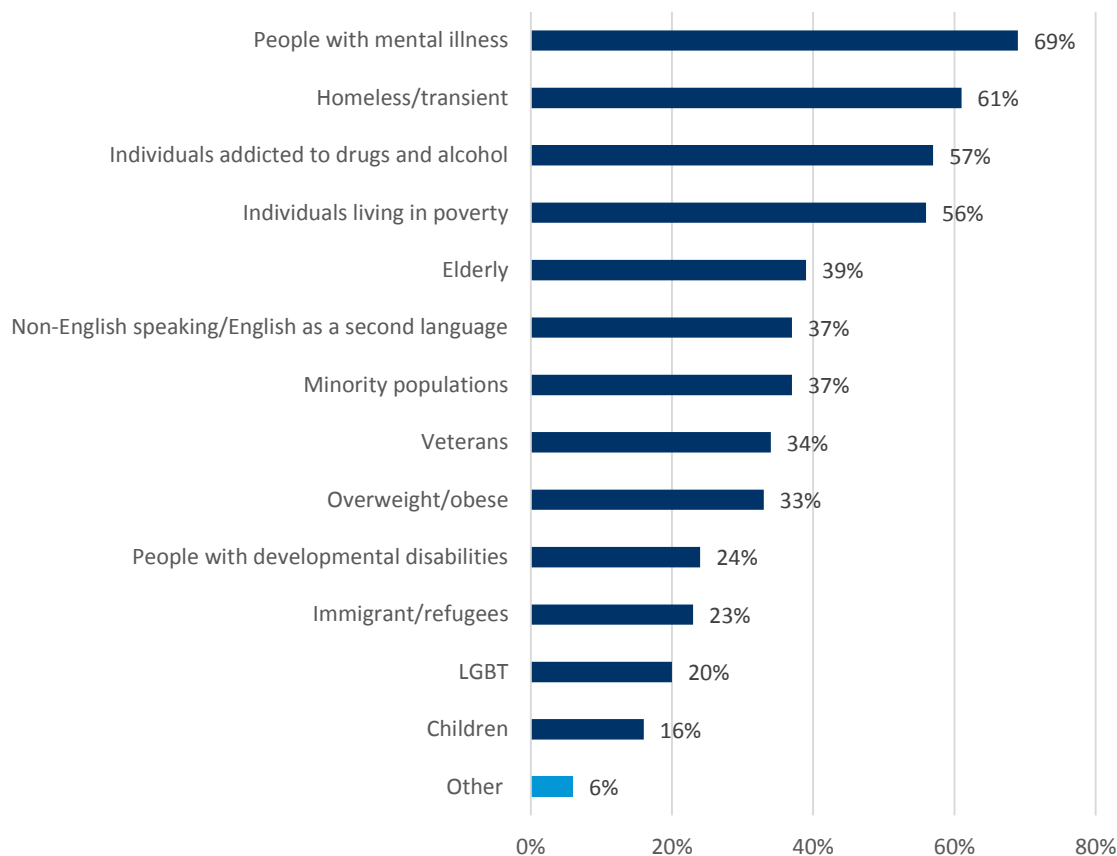
Additional Community Needs that need to be addressed

Need	#	%
Alcohol abuse	3	15.0%
Senior health and services	3	15.0%
Nutritional Education	2	10.0%
Substance abuse	2	10.0%
Diabetes management	1	5.0%
Personal Care Education	1	5.0%
Food insecurity	1	5.0%
Optical care	1	5.0%
Poverty	1	5.0%
Smoking cessation	1	5.0%
Suicide prevention	1	5.0%
Trauma recovery	1	5.0%
Understanding health care options/availability	1	5.0%
Veteran assistance	1	5.0%
	20	(n=20)

Question: Anything else that should be on this list? What would that be?



Populations Not Adequately Served by Local Health Services



Other Populations Not Adequately Served by Local Health Services

Population	#	%
Working poor	2	50.0%
African Americans	1	25.0%
Pregnant women with addictions	1	25.0%
	4	(n=4)
Question: Other (please specify)		



Additional Programs, Resources, or Services that are Needed that are Not Currently Available		
	#	%
More dental services/clinics	7	12.7%
Additional mental health services/facilities	5	9.1%
More free and low cost health clinics	4	7.3%
In-home care for seniors/Programs for seniors	4	7.3%
Nutrition-based programs.	4	7.3%
More prevention/wellness programs	3	5.5%
Halfway house/transitional housing	2	3.6%
Free or low cost eye care	2	3.6%
Services for veterans	2	3.6%
Services to meet the specific health needs of the Latino population	2	3.6%
Services for families/children in crisis	2	3.6%
Transportation assistance	2	3.6%
Health Educations Programs	1	1.8%
Access to primary care doctors	1	1.8%
Services for those with Autism/Asperger's Spectrum	1	1.8%
Programs/Services for children's developmental issues	1	1.8%
Doctors/specialist donating their time to health centers	1	1.8%
Expanded hours for health care outside of the ER	1	1.8%
Fitness facilities and programs	1	1.8%
Health resources specifically targeting males	1	1.8%
Hearing Aids	1	1.8%
Help with medical supplies and equipment	1	1.8%
Services/programs for homeless	1	1.8%
Increase in mobile units that deliver health care to underserved areas	1	1.8%
More inpatient and partial hospitalization programs for individuals with psychiatric illness and addiction issues.	1	1.8%
Prenatal care	1	1.8%
More Spanish literature for education.	1	1.8%
Parenting programs to help new parents be good parents.	1	1.8%
Enhanced drug and alcohol education and mentoring programs for teens (12-18) and college level students.	1	1.8%
Program for adults with disabilities	1	1.8%
Programs targeted to the working poor	1	1.8%
Programs/education on how to best manage chronic diseases	1	1.8%
Psychologist services for children	1	1.8%
Resources for addicts to quit, rehab facilities.	1	1.8%
	55	(n=55)
Question: What additional programs, resources, or services are needed in the community that are not currently available?		

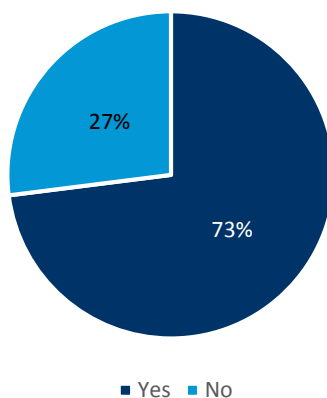


Emerging Health Needs		
	#	%
Aging services/Services for elderly	10	19.2%
Drug and alcohol abuse/Addiction	8	15.4%
Access to affordable health care	7	13.5%
Healthy food at affordable prices/Nutrition education	6	11.5%
Mental health services	4	7.7%
In-home health care	4	7.7%
Focus on prevention strategies/education	3	5.8%
Transition services for addicts, homeless, mentally ill	2	3.8%
Pain management	2	3.8%
Autism	2	3.8%
Dental care	2	3.8%
Housing in urban areas/Housing for homeless	2	3.8%
Services around obesity	2	3.8%
An increase of caring for the entire person/family-physical, emotional, spiritual needs	2	3.8%
Shortage of primary care physicians	1	1.9%
Housing for adults with mental health or substance abuse issues	1	1.9%
Children with allergy issues	1	1.9%
Children with behavioral issues	1	1.9%
Children/babies addicted to drugs	1	1.9%
Vision care	1	1.9%
Safe places to walk for exercise or getting around without a vehicle.	1	1.9%
Increased youth treatment opportunities.	1	1.9%
Increasing numbers of long term complications due to lack of chronic disease mgmt.	1	1.9%
Hospice	1	1.9%
Prescription assistance	1	1.9%
Education regarding healthy living conditions	1	1.9%
Patient advocates/guardians	1	1.9%
Services for Latino population	1	1.9%
	52 Respondents	(n=52)
Question: Are there any emerging health needs, defined as 'whatever is required for health or comfort', that you think are going to become more relevant in the next few years?		



Access to Health

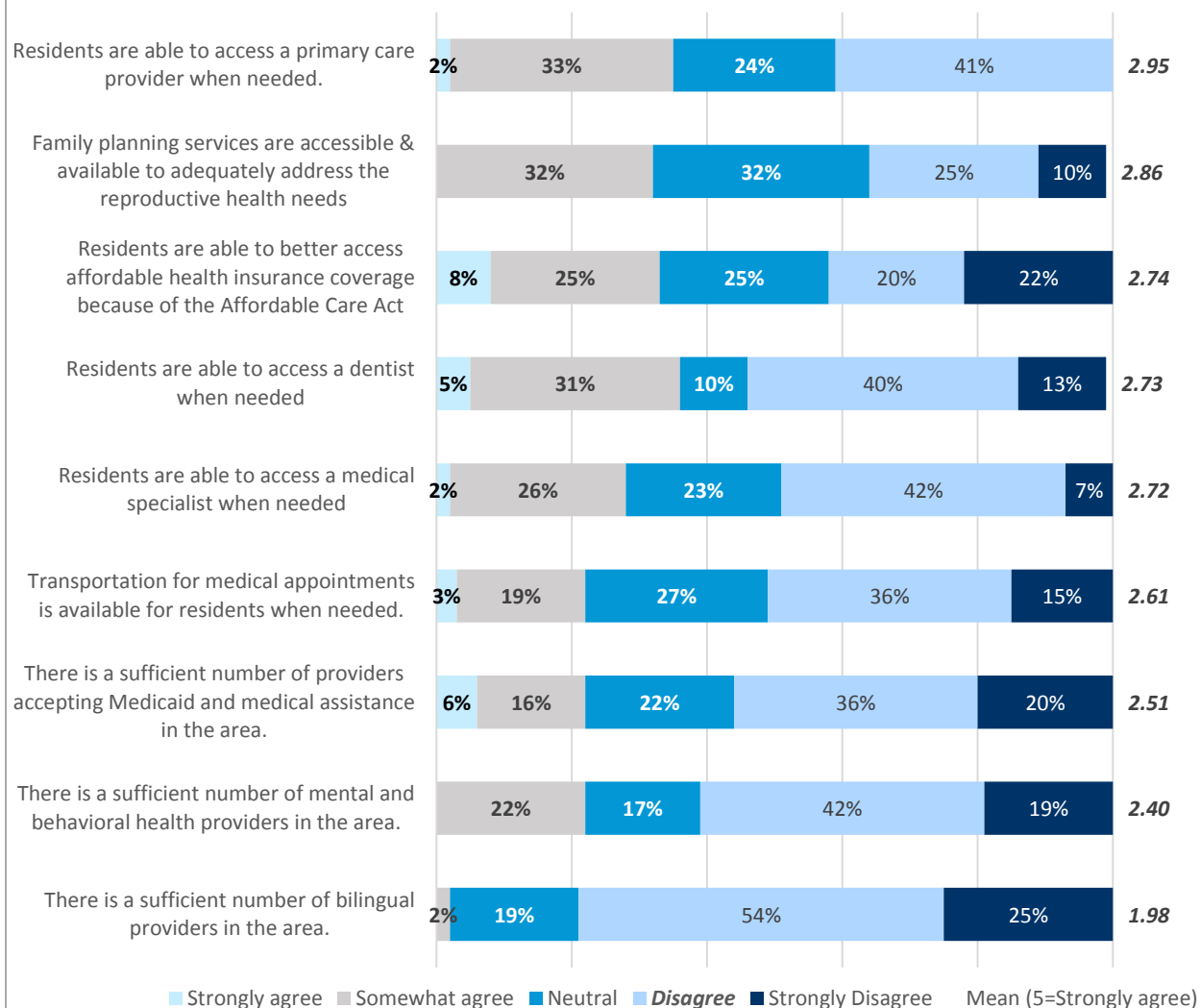
Community Residents Have Difficulty Getting Needed Medical Services



Barriers that Prevent Residents from Receiving Needed Medical Care		
	#	%
Transportation	23	46.0%
Cost	17	34.0%
Lack of understanding/knowledge of programs and services available	14	28.0%
Lack of insurance and/or insurance restrictions	7	14.0%
Doctors accepting Medicaid clients	5	10.0%
Availability of doctors/Doctors accepting new clients	5	10.0%
Lack of service availability	4	8.0%
Lack of extended hours (evenings and weekends)	2	4.0%
Lack of access in Alliance	1	2.0%
Language barriers	1	2.0%
Poor health choices as part of a culture.	1	2.0%
Not enough dentists that accept Medicaid	1	2.0%
Illiteracy	1	2.0%
Overuse of emergency departments	1	2.0%
Childcare	1	2.0%
	50	(n=50)
Question: What are some problems or barriers that prevent residents from receiving medical care they need?		



Agreement with Statements



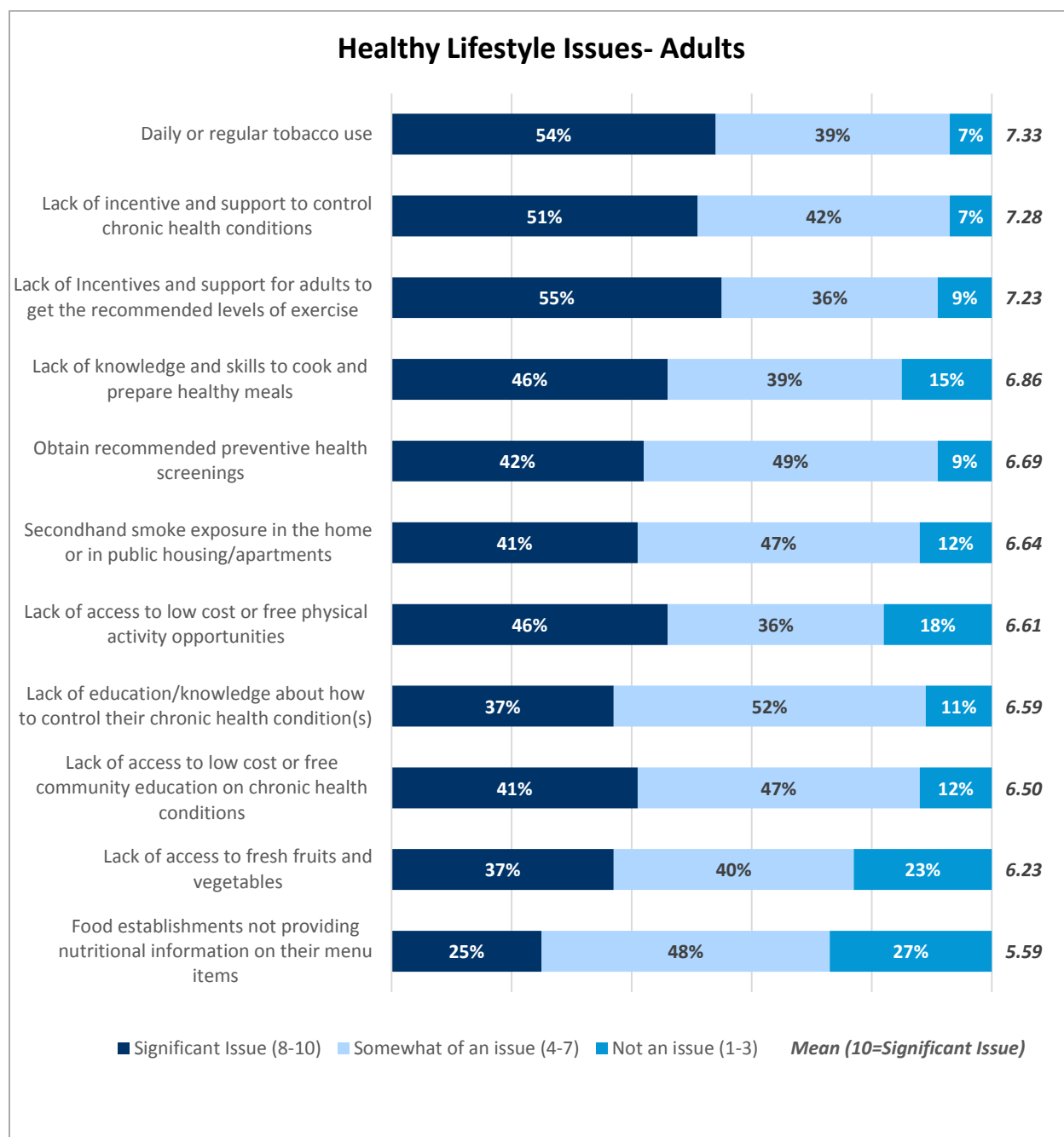
For each statement, please rate your level of agreement.



Suggestions to Improve Access to Health Care		
	#	%
More community education/info about available programs	7	14.0%
Easier/more accessible/affordable transportation.	7	14.0%
Continue to expand community based services (clinics, mobile units)	6	12.0%
Need more doctors who accept Medicaid	5	10.0%
Improve health insurance coverage/make it more affordable	4	8.0%
Expand office hours (evening and weekend)	4	8.0%
Need advocates for families/individuals to make sure they understand/follow health care orders	3	6.0%
Create programs/forms in other languages/language assistance	3	6.0%
Reduce cost/make it more affordable	3	6.0%
Shortened wait times to access specialists/more specialists	2	4.0%
Get rid of Affordable Care Act	2	4.0%
Free dental/medical screenings in underserved areas/Screen all children in schools	2	4.0%
More doctors in general	2	4.0%
Need more dentists who accept Medicaid	1	2.0%
Address inappropriate use of care.	1	2.0%
Create and fund a 'financial gap' program so that those who are just a few hundred dollars over the financial eligibility requirements may receive some help	1	2.0%
Health departments, hospitals, and stakeholders should coordinate more	1	2.0%
Improved employment opportunities that provide a living wage	1	2.0%
Increase # of specialists in county and have office hours in smaller cities outside of Canton.	1	2.0%
Providing scholarships for medical students loans attached to practicing in Stark County	1	2.0%
One payer system	1	2.0%
Prescription Assistance Services more decentralized so as to be more accessible	1	2.0%
	50	(n=50)
<i>Question: What suggestions or recommendations do you have to help improve access to health care?</i>		

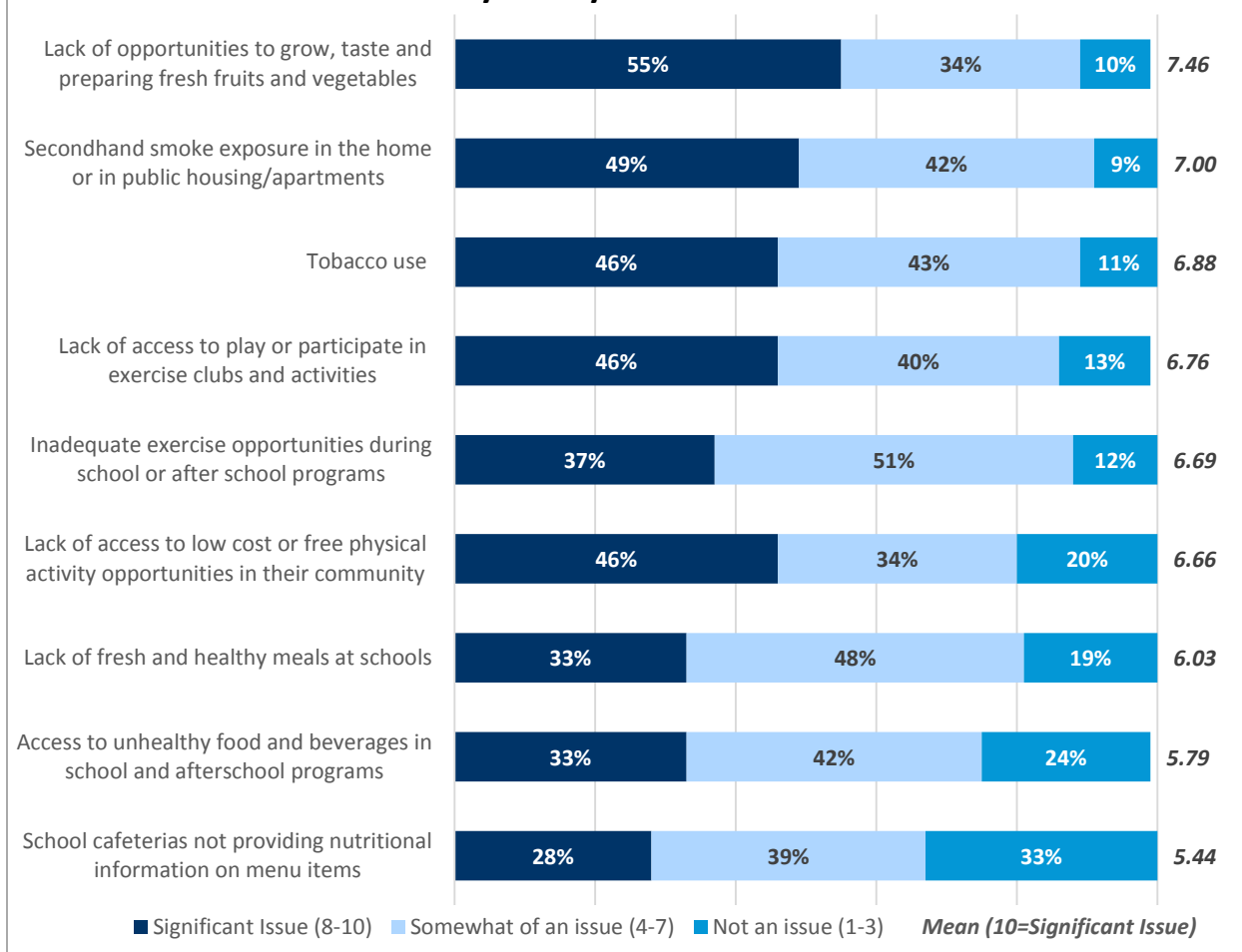


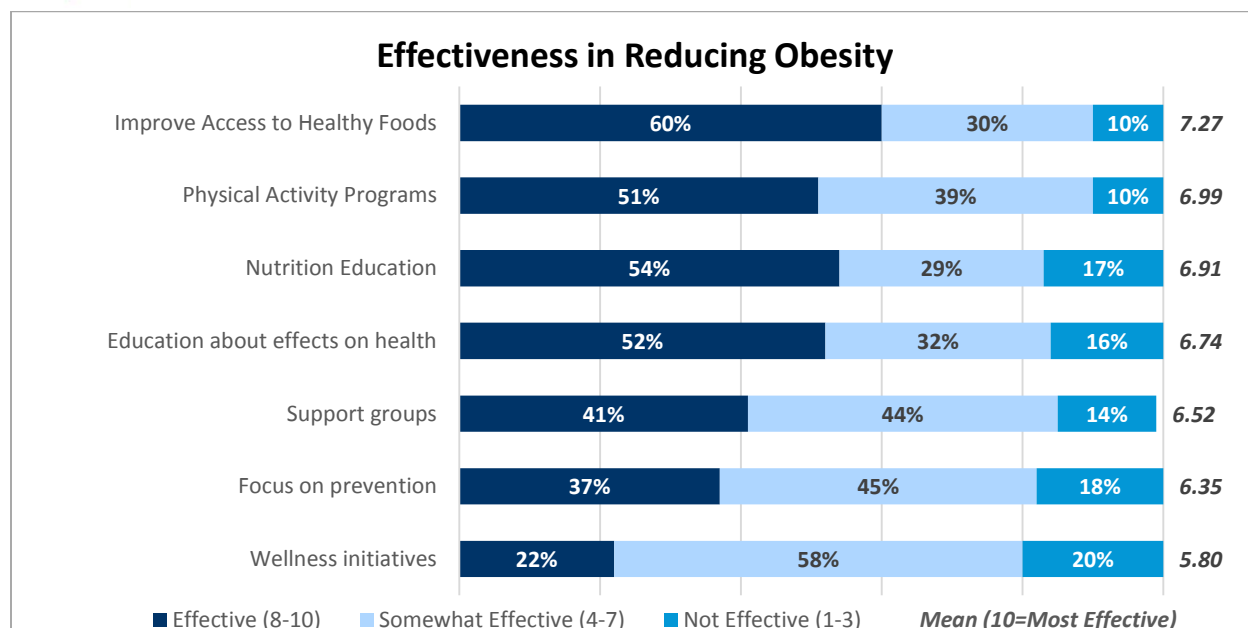
Healthy Lifestyles





Healthy Lifestyle Issues- Children





Suggestions to Improve Healthy Behaviors

	#	%
More community health education/outreach/workshops	15	28.8%
More availability of low-cost or free physical activities/exercise programs	8	15.4%
Form local support teams/groups- neighborhood or church-based for walking, exercise, healthy lifestyle activities, food clubs	7	13.5%
Improved access to healthy foods/Year-round farmers markets	6	11.5%
Low cost/Free healthy cooking classes	4	7.7%
Extend walking/biking paths/more walkable communities	4	7.7%
Provide Incentives	4	7.7%
Use local cable/newspapers as a health care station for info/Public service announcements	3	5.8%
More employee wellness programs.	2	3.8%
Organizations need to better promote the resources they have	2	3.8%
Address other concerns (i.e. mental health, jobs) so they can take better care of themselves	1	1.9%
Mentoring programs	1	1.9%
Create a task force composed of organizations that are providing education, services, resources, etc.	1	1.9%
Engage a community/neighborhood 'champion' to model positive behaviors	1	1.9%
For those on assistance, do not allow unhealthy foods an option on their food card	1	1.9%
Make it a crime to smoke in the car with your kids.	1	1.9%
Policies and structures to support healthy behaviors.	1	1.9%
Promote healthy living without shaming those who are obese.	1	1.9%
De-emphasize convenience eating	1	1.9%
	52	(n=52)

Question: What suggestions do you have to improve healthy behaviors among area residents?

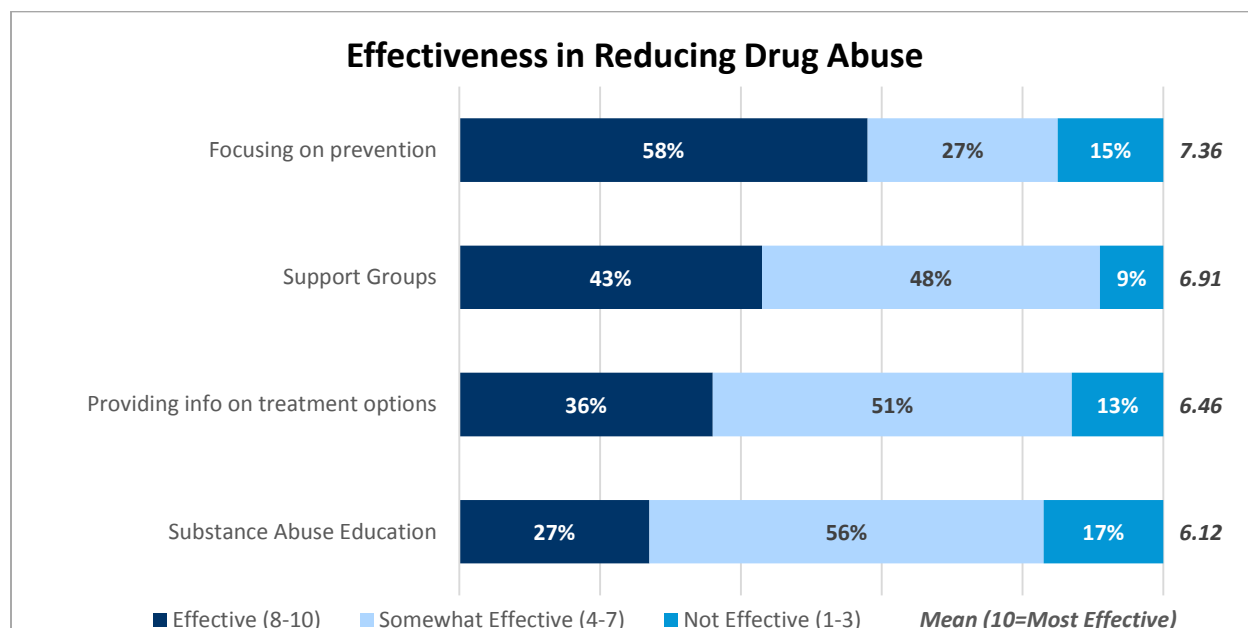
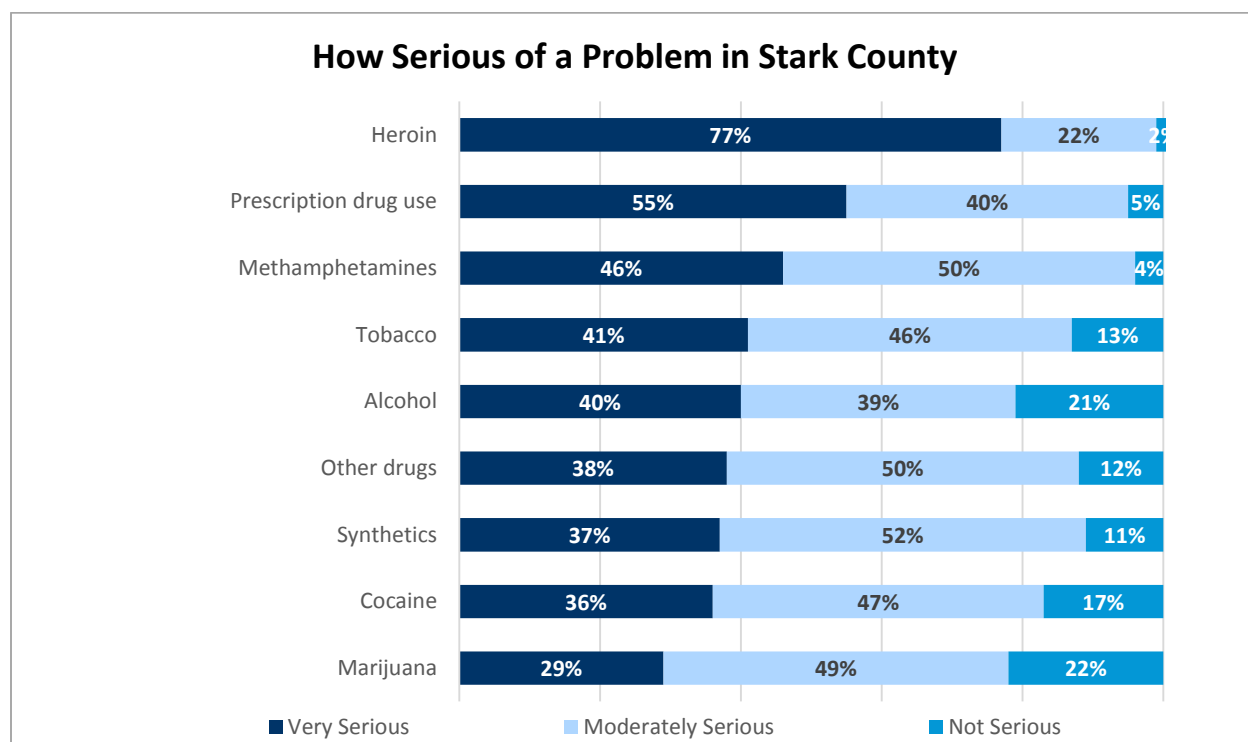


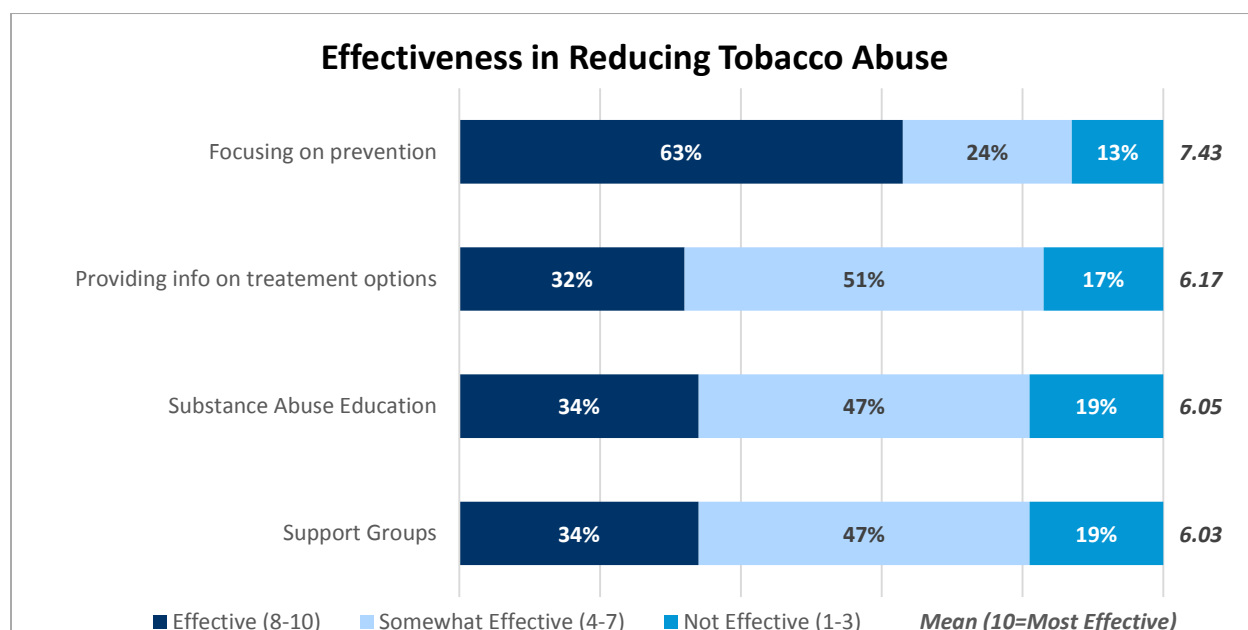
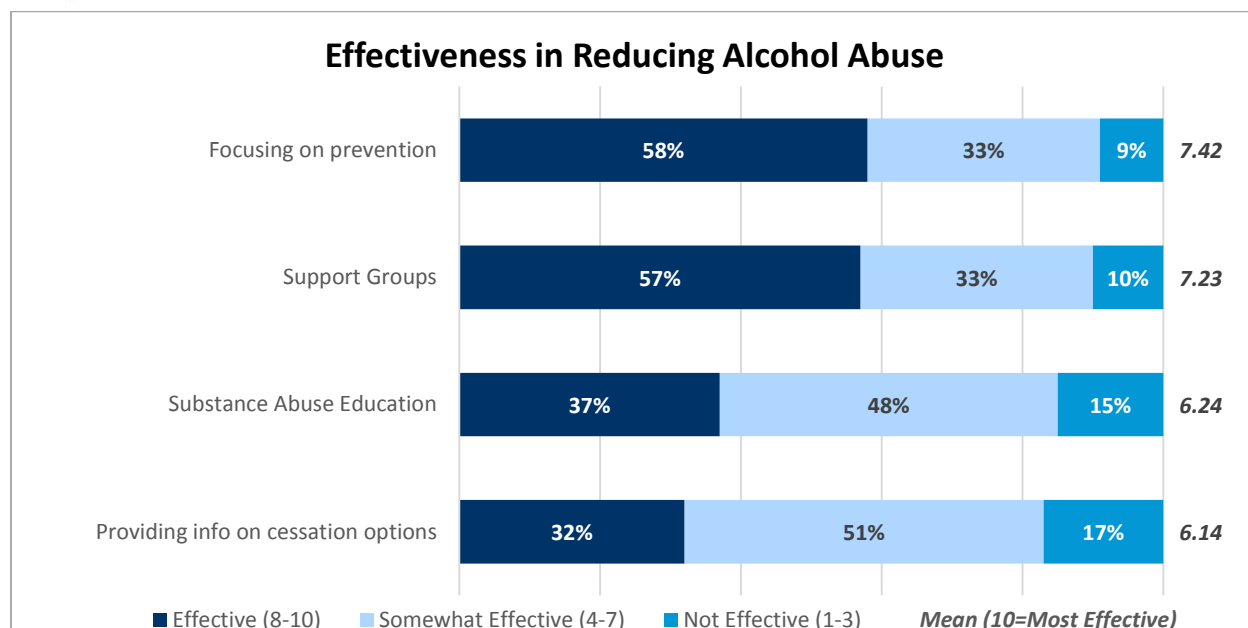
Mental Health Services

Problems or Barriers that Prevent Residents from Receiving needed Mental Health Services		
	#	%
Stigma	20	31.7%
Lack of providers	12	19.0%
Transportation	10	15.9%
Cost/Inability to pay	8	12.7%
Lack of support system	8	12.7%
People not willing to acknowledge mental health needs	8	12.7%
Insurance coverage	8	12.7%
Don't know where to go for services/not aware of available services	6	9.5%
Accessibility	5	7.9%
Public awareness/Knowledge	5	7.9%
Long waiting lists/wait times	4	6.3%
Lack of compliance with case management/service/medication	4	6.3%
Lack of clinical beds for inpatient services	3	4.8%
Not enough case workers	2	3.2%
Child care	1	1.6%
Time	1	1.6%
Lack of pediatric psychiatric services	1	1.6%
Quality of professional staff	1	1.6%
	63	(n=63)
<i>Question: What are some problems or barriers that prevent residents from receiving needed mental health services?</i>		



Opiate Use/Substance Abuse

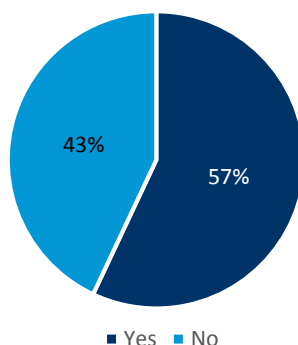






Organizational Capacity

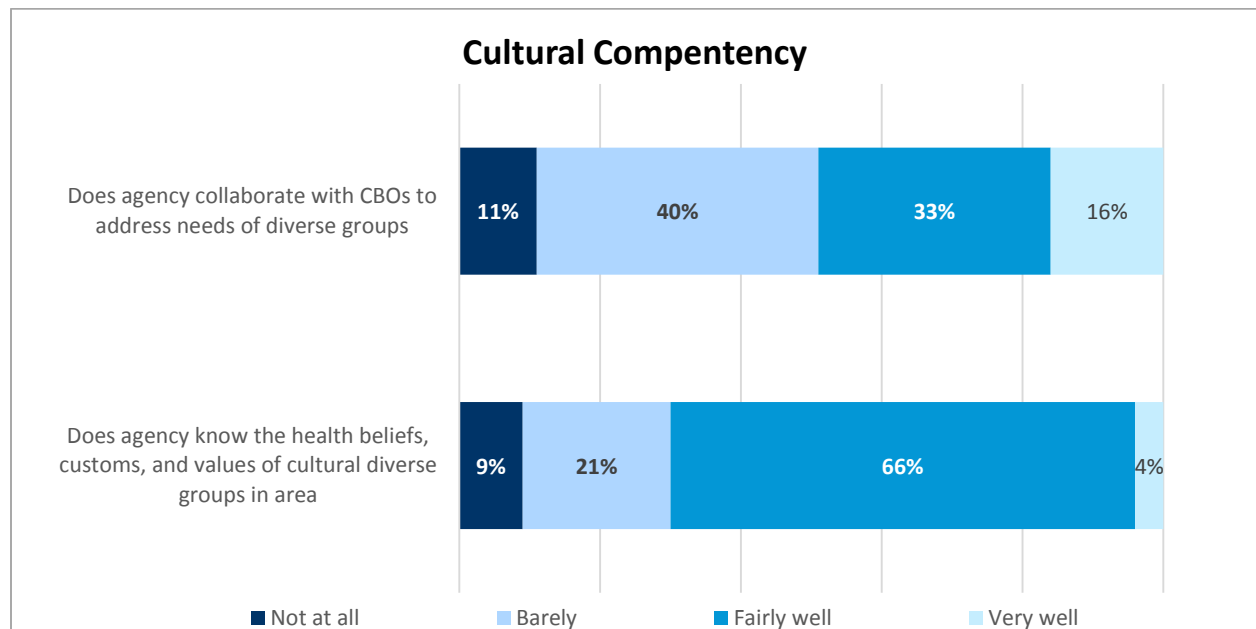
Programs and Services Community is Unaware Of



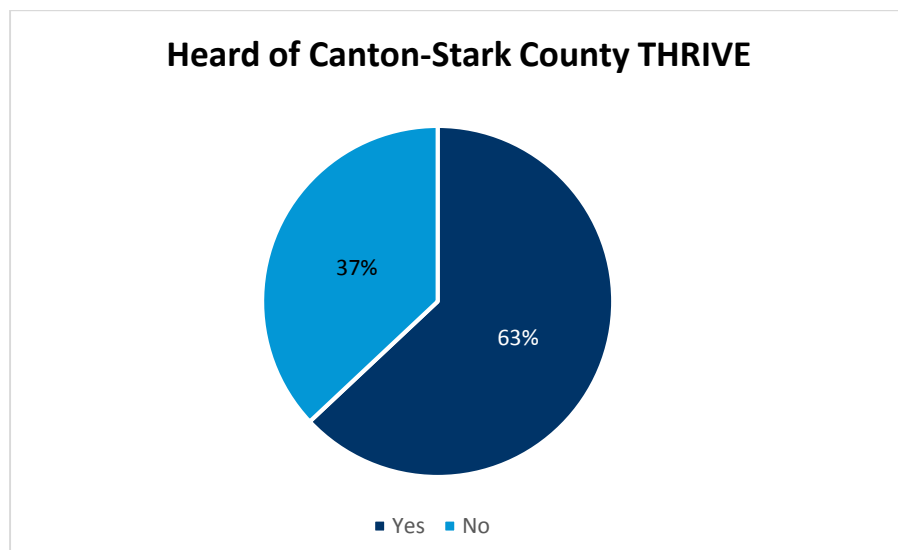
Services and Programs that Community is Unaware of		
	#	%
Smoking cessation program	3	8.6%
STD testing and treatment services	3	8.6%
Free/Reduced cost access to Nurses and/or Doctor	2	5.7%
HIV testing services/Counseling	2	5.7%
Prenatal education/services	2	5.7%
Programs/services about making health choices	2	5.7%
Project Dawn	2	5.7%
Adolescent counseling	1	2.9%
Animal oriented therapeutic activities and supports	1	2.9%
Assistance with getting a primary care provider	1	2.9%
Behavioral Health programs	1	2.9%
Case management for substance use disorders	1	2.9%
Celebrate Recovery program	1	2.9%
Childhood immunizations	1	2.9%
Dental Health	1	2.9%
Diabetes Self-Management Classes	1	2.9%
EdChoice scholarships	1	2.9%
Injury prevention for children	1	2.9%
Monthly produce give-away	1	2.9%
Safe Sleep program	1	2.9%
Safe, sober shelter for the homeless	1	2.9%
System Navigation Program	1	2.9%
Transportation assistance	1	2.9%
WIC	1	2.9%
	35	(n=35)
Question: Do you think there are programs or services that your organization offers that the community is unaware of or not fully utilizing? What are they?		



Cultural Competency

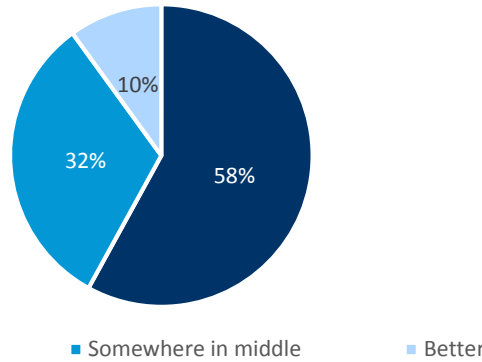


Infant Mortality

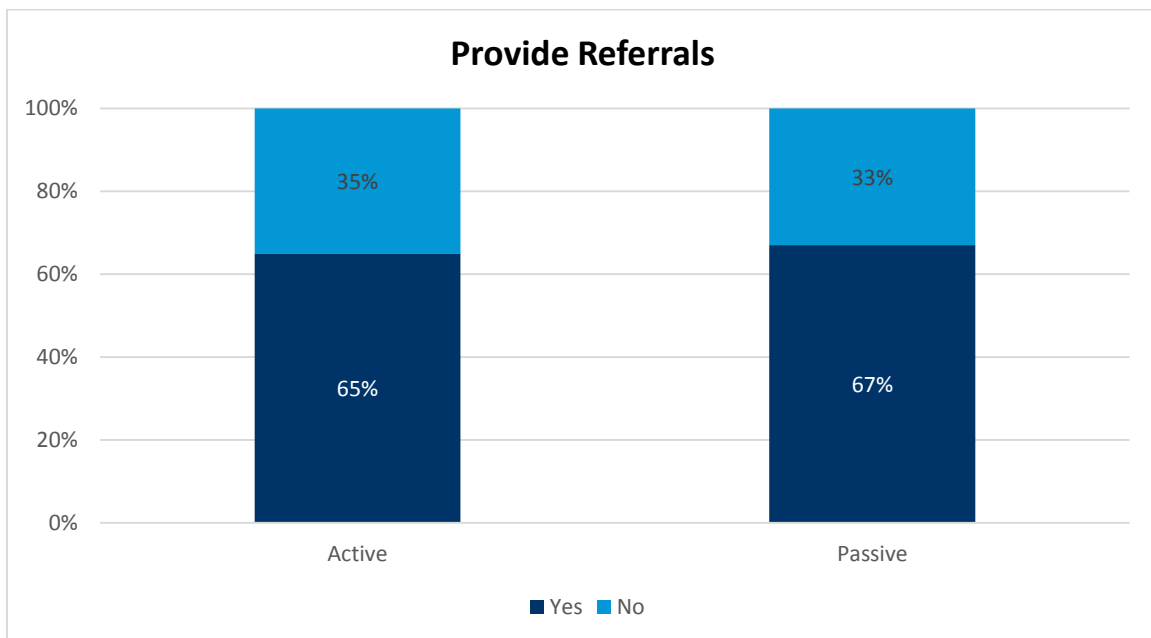




Think Stark County's Infant Mortality Rate is Compared to Other Counties



Agency Referrals





Programs/Agencies ACTIVELY Refer to Most Often		
	#	%
Mental Health/Behavioral Health agencies	13	34.2%
Housing agencies	6	15.8%
Food Assistance/Food pantries	6	15.8%
211 hot line	5	13.2%
Salvation Army	5	13.2%
Homeless shelter hotline	4	10.5%
Basic Needs programs	4	10.5%
Hospitals/Emergencies	3	7.9%
Stark County Department of Job and Family Services	3	7.9%
Local Churches	2	5.3%
Lifecare	2	5.3%
Prescription Assistance Network	2	5.3%
Free clinic	2	5.3%
Catholic Charities	2	5.3%
Community Services	2	5.3%
Goodwill	2	5.3%
Children Services	2	5.3%
Alliance Pregnancy Center	1	2.6%
Quest Recovery and Prevention Services/Addiction Agencies	2	5.3%
Canton VA	1	2.6%
Canton Veteran Service Commission	1	2.6%
EFNEP- <i>Expanded Food and Nutrition Education Program</i>	1	2.6%
SNAP	1	2.6%
WIC	1	2.6%
One Health Ohio	1	2.6%
FQHC- <i>Federally Qualified Health Center</i>	1	2.6%
Help Me Grow	1	2.6%
Community Building Partnership	1	2.6%
Legal Aid	1	2.6%
Family Court Services	1	2.6%
Planned Parenthood	1	2.6%
ABCD Inc.	1	2.6%
ODJFS	1	2.6%
Stark Social Workers Network	1	2.6%
Triad Deaf Services	1	2.6%
Sisters of Charities	1	2.6%
Stark DD	1	2.6%
	38	(n=38)
Question: Does your staff <u>actively</u> (call agency on behalf of the patient, provide a referral form to client and follow up to confirm service was received) make referrals to community resources on behalf of the people you serve? IF YES: Which programs/agencies do you refer MOST often?		



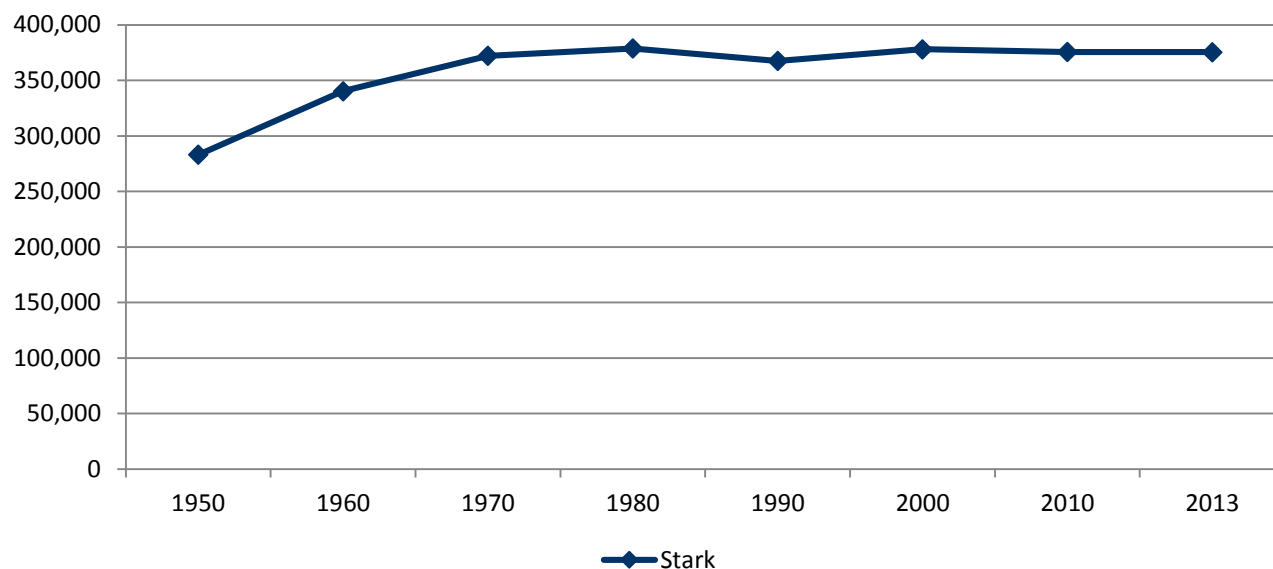
Methods Used to PASSIVELY Provide Referrals Most Often		
	#	%
Pamphlets/Brochures/Flyers	17	48.6%
List of agencies with phone numbers and addresses	8	22.9%
211 Directories	4	11.4%
Personal conversations/Word of Mouth	4	11.4%
Information tables	3	8.6%
Posters with information	1	2.9%
General mailings	1	2.9%
Updates to website	1	2.9%
Social media	1	2.9%
Health fairs	1	2.9%
Newsletters	1	2.9%
Partner with providers who offer those services	1	2.9%
Stark County Health Care Resource Guide	1	2.9%
	35	(n=35)
<i>Question: Does your staff <u>passively</u> (give list of resources, provide brochures) provide referral information to the people your serve? IF YES: What methods does your organization use to passively provide referrals MOST often?</i>		



Secondary Data

DEMOGRAPHICS

County Population Trends 1950-2013



	1950	1960	1970	1980	1990	2000	2010	2013	% Change, 1950-2013
Stark	283,194	340,345	372,210	378,823	367,585	378,098	375,586	375,432	+32.6%
Ohio	7,946,627	9,706,397	10,657,423	10,797,630	10,847,115	11,353,140	11,353,140	11,570,808	+45.6%

SOURCE: Ohio Policy Research and Strategic Planning Office, A State Affiliate of the U.S. Census Bureau



Ohio Population and Rank by County, 2013

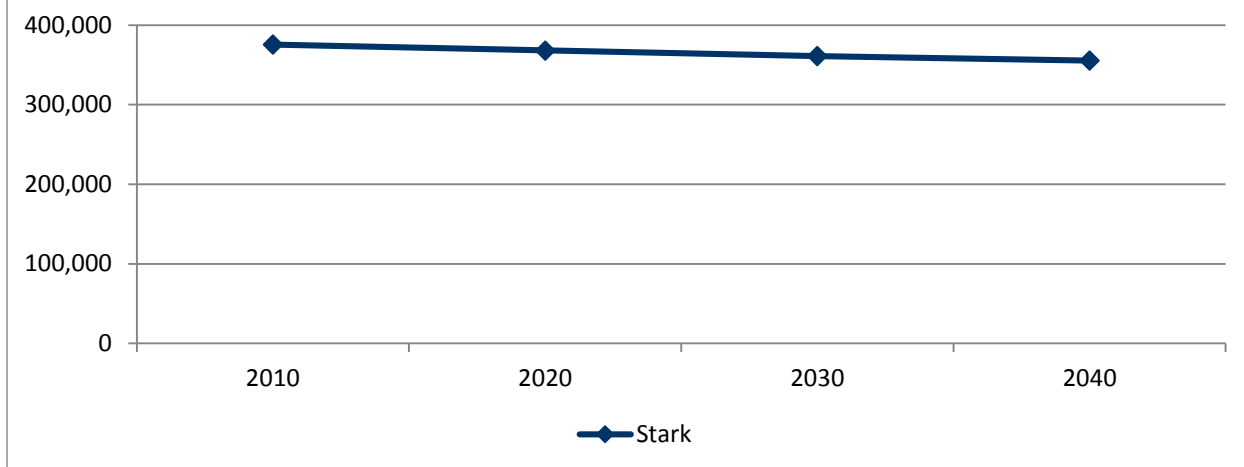
Rank 1= Highest Population to 88= Lowest Population

County	Population	Rank
Adams	28,105	79
Allen	105,298	26
Ashland	53,043	48
Ashtabula	99,811	28
Athens	64,681	39
Auglaize	45,920	51
Belmont	69,571	36
Brown	44,264	53
Butler	371,272	8
Carroll	28,275	78
Champaign	39,455	64
Clark	136,167	21
Clermont	200,218	14
Clinton	41,945	59
Columbiana	105,893	25
Coshocton	36,760	67
Crawford	42,808	57
Cuyahoga	1,263,154	1
Darke	52,376	49
Defiance	38,532	65
Delaware	184,979	15
Erie	76,048	34
Fairfield	148,867	20
Fayette	28,800	74
Franklin	1,212,263	2
Fulton	42,488	58
Gallia	30,621	73
Geauga	93,972	29
Greene	163,204	19
Guernsey	39,636	63
Hamilton	804,520	3
Hancock	75,773	35
Hardin	31,641	72
Harrison	15,622	84
Henry	28,092	80
Highland	43,299	55
Hocking	28,665	75
Holmes	43,593	54
Huron	58,889	44
Jackson	32,783	71
Jefferson	67,964	37
Knox	60,810	42
Lake	229,857	11
Lawrence	61,917	40

County	Population	Rank
Licking	168,375	17
Logan	45,481	52
Lorain	302,827	9
Lucas	436,393	6
Madison	43,277	56
Mahoning	233,869	10
Marion	65,905	38
Medina	174,915	16
Meigs	23,496	81
Mercer	40,784	62
Miami	103,439	27
Monroe	14,585	87
Montgomery	535,846	5
Morgan	14,904	85
Morrow	35,033	69
Muskingum	85,231	31
Noble	14,628	86
Ottawa	41,153	61
Paulding	19,254	83
Perry	35,997	68
Pickaway	56,304	45
Pike	28,367	77
Portage	163,862	18
Preble	41,732	60
Putnam	34,088	70
Richland	121,773	23
Ross	77,910	33
Sandusky	60,098	43
Scioto	78,153	32
Seneca	55,914	46
Shelby	49,192	50
Stark	375,432	7
Summit	541,824	4
Trumbull	206,442	13
Tuscarawas	92,672	30
Union	53,306	47
Van Wert	28,459	76
Vinton	13,276	88
Warren	219,169	12
Washington	61,310	41
Wayne	115,071	24
Williams	37,500	66
Wood	129,264	22
Wyandot	22,447	82



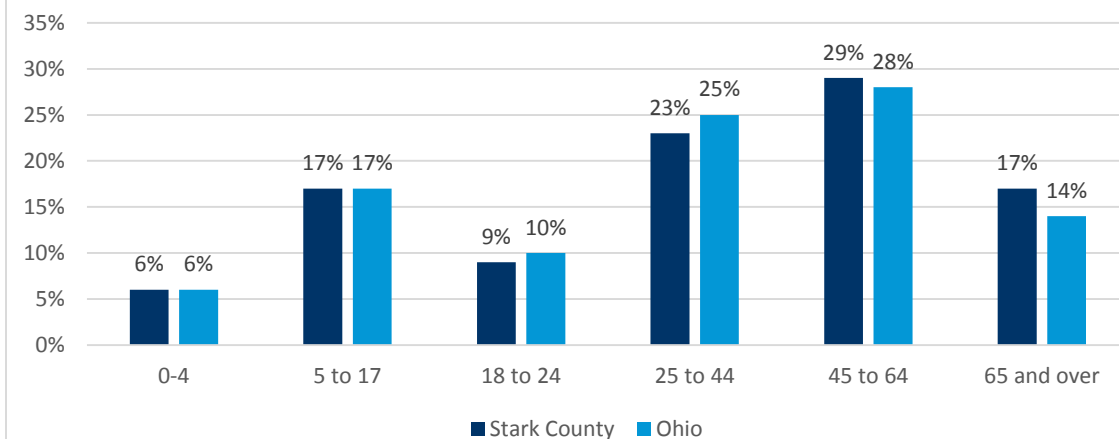
County Population Projections 2010-2040



	2010	2020	2030	2040	% Change, 2010-2040
Stark County	375,586	368,210	361,130	355,500	-5.3%
Ohio	11,356,504	11,574,870	11,615,100	11,679,010	+2.8%

SOURCE: Ohio Policy Research and Strategic Planning Office, A State Affiliate of the U.S. Census Bureau

Population Estimates by Age, 2014

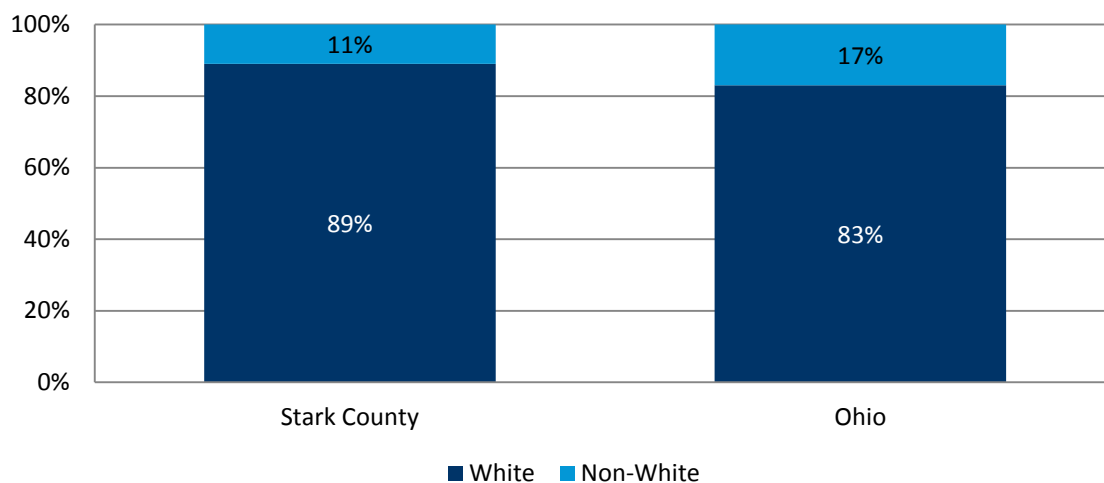


	0-4	5-17	18-24	25-44	45-64	65 +	Median Age
Stark - #	21,242	63,445	33,277	87,496	107,711	62,177	41.5
Stark- %	5.7%	16.9%	8.9%	23.3%	28.7%	16.6%	*
Ohio- #	706,439	1,989,377	1,107,254	2,884,685	3,195,189	1,666,646	39.0
Ohio- %	6.1%	17.2%	9.6%	25.0%	27.7%	14.4%	*

SOURCE: Ohio Policy Research and Strategic Planning Office, A State Affiliate of the U.S. Census Bureau



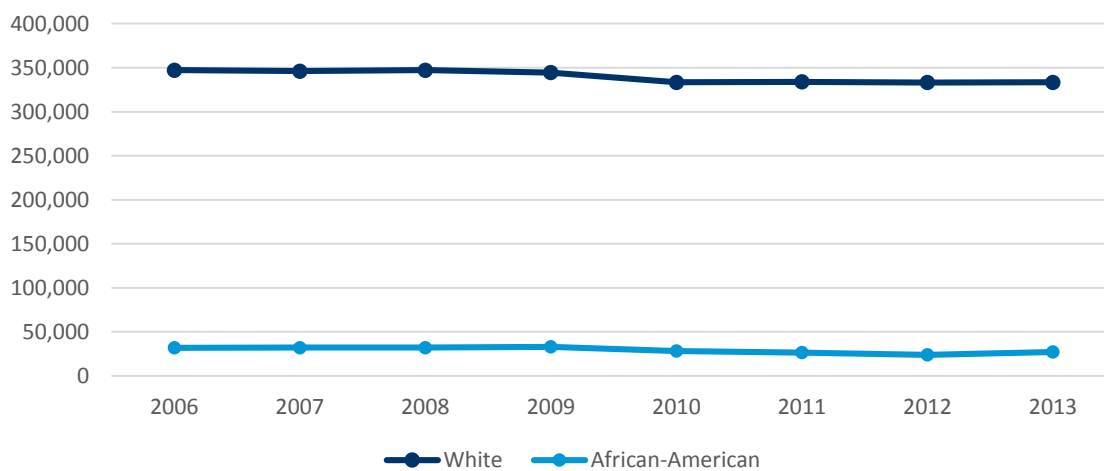
County Population by Race, 2014



	White	African American	Native American	Asian	Pacific Islander	Two or more races
Ohio	82.9%	12.1%	0.2%	1.7%	0.0%	2.2%
Stark	88.8%	7.3%	0.2%	0.8%	0.0%	2.7%

SOURCE: Ohio Policy Research and Strategic Planning Office, A State Affiliate of the U.S. Census Bureau

Stark County Population Estimates by Race

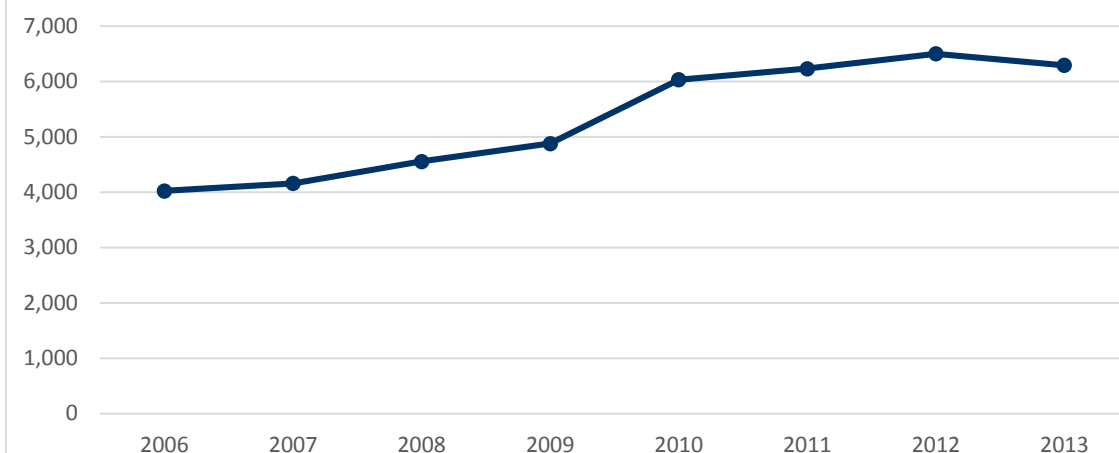


	2006	2007	2008	2009	2010	2011	2012	2013
White	347,119	346,100	347,165	344,423	333,361	333,838	333,169	333,437
African-American	31,986	32,026	32,029	33,020	28,209	26,530	23,898	27,219

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



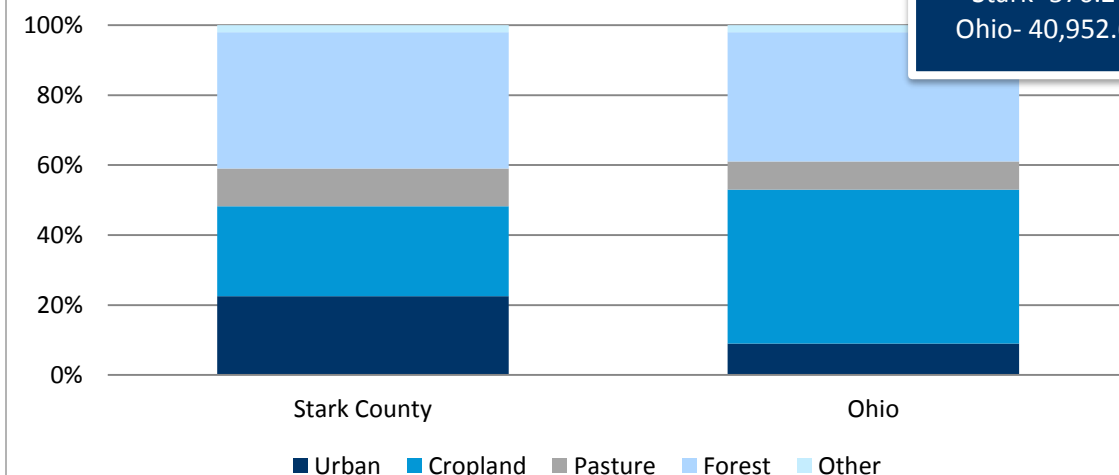
Stark County Population Estimates by Hispanic Origin



	2006	2007	2008	2009	2010	2011	2012	2013
Hispanic	4,024	4,161	4,557	4,880	6,036	6,236	6,505	6,295

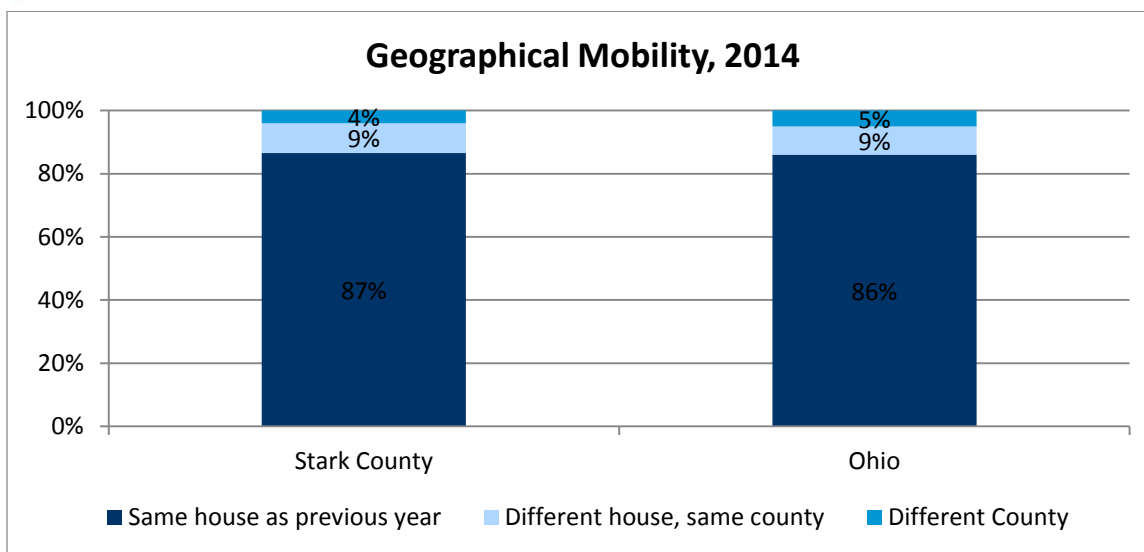
SOURCE: U.S. Census Bureau, American Community Survey

County Land Use, 2014



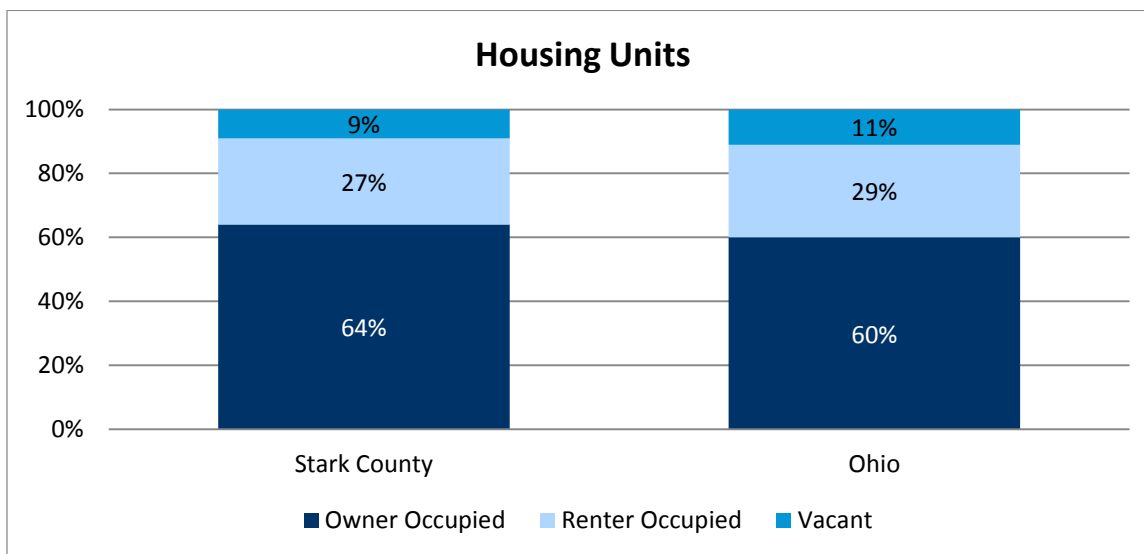
	Urban	Cropland	Pasture	Forest	Open Water	Wetlands	Bare/Mine
Stark County	22.5%	25.7%	10.8%	38.9%	0.8%	1.1%	0.3%
Ohio	9.2%	43.5%	7.8%	37.1%	0.9%	1.3%	0.2%

Source: Ohio Office of Policy, Research, and Strategic Planning, Ohio County Profiles



	Same house as previous year	Different house, same county	Different County, same state	Different state	Abroad
Stark County	87.4%	8.7%	2.6%	1.1%	0.2%
Ohio	85.5%	9.4%	3.2%	1.6%	0.3%

Source: Ohio Office of Policy, Research, and Strategic Planning, Ohio County Profiles



	% Owner Occupied	% Renter Occupied	% Vacant	Median Year Built	Median Value	Median Gross Rent	Median Monthly Owners Cost
Stark County	63.6%	27.3%	9.1%	1963	\$122,400	\$666	\$1,159
Ohio	60.0%	28.9%	11.1%	1966	\$130,800	\$718	\$1,288

Source: Ohio Office of Policy, Research, and Strategic Planning, Ohio County Profiles



HEALTH OUTCOMES

Health Outcome Ranking

Health outcomes in the *County Health Rankings* represent how healthy a county is. It measures two types of health outcomes: how long people live (mortality) and how healthy people feel while alive (morbidity).

Rank 1= Healthiest County to 88= Unhealthiest County

County	Rank	County	Rank	County	Rank
Adams	87	Hocking	53	Scioto	86
Allen	35	Holmes	6	Seneca	29
Ashland	26	Huron	34	Shelby	32
Ashtabula	69	Jackson	83	Stark	41
Athens	59	Jefferson	82	Summit	42
Auglaize	9	Knox	37	Trumbull	77
Belmont	60	Lake	19	Tuscarawas	30
Brown	67	Lawrence	88	Union	5
Butler	36	Licking	31	Van Wert	22
Carroll	50	Logan	40	Vinton	73
Champaign	46	Lorain	28	Warren	7
Clark	74	Lucas	72	Washington	33
Clermont	38	Madison	45	Wayne	13
Clinton	75	Mahoning	71	Williams	14
Columbiana	62	Marion	64	Wood	8
Coshocton	44	Medina	4	Wyandot	23
Crawford	43	Meigs	79	DESCRIPTION: To calculate the summary score for Health Outcomes, County Health Rankings (CHR) combined scores for Mortality (50%) and Morbidity (50%) to produce 100% of the Health Outcomes summary score. The weights for specific measures were assigned based on relative importance within the factor and considerations of data reliability and availability. Within morbidity, CHR assigned a higher weight to the low birthweight measure since this measure is based on a census of all live births whereas the other measures are based on a survey of a sample of the population.	
Cuyahoga	65	Mercer	11		
Darke	20	Miami	27		
Defiance	18	Monroe	47		
Delaware	1	Montgomery	70		
Erie	56	Morgan	61		
Fairfield	15	Morrow	55		
Fayette	80	Muskingum	66		
Franklin	52	Noble	25		
Fulton	21	Ottawa	16		
Gallia	84	Paulding	48		
Geauga	3	Perry	51		
Greene	12	Pickaway	57		
Guernsey	58	Pike	85		
Hamilton	63	Portage	17		
Hancock	10	Preble	49		
Hardin	68	Putnam	2		
Harrison	76	Richland	54		
Henry	24	Ross	81		
Highland	78	Sandusky	39		

SOURCE: County Health Ranking.

<http://www.countyhealthrankings.org/app/ohio/2015/rankings/outcomes/overall/by-rank>



Length of Life Ranking

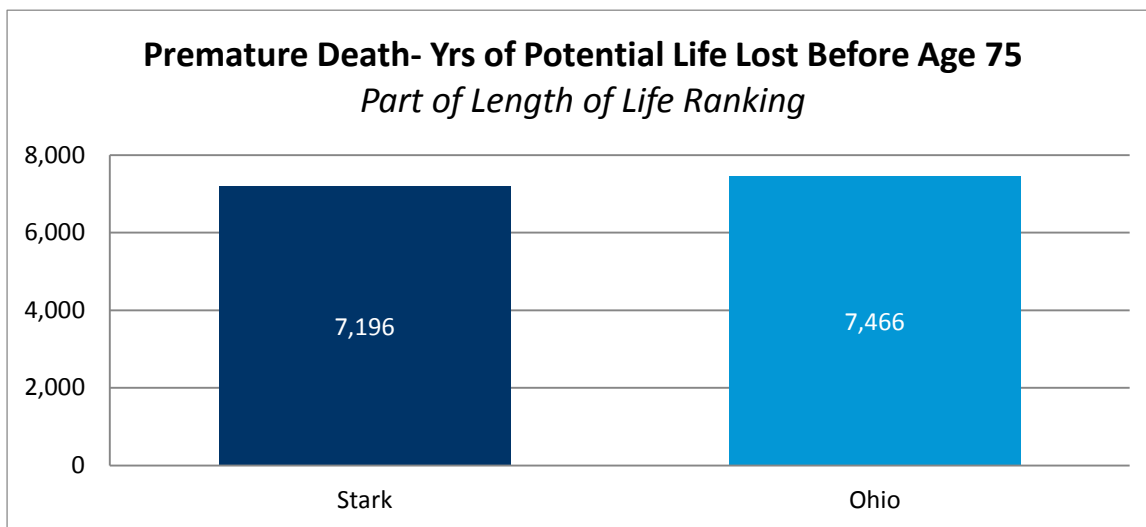
Part of the Health Outcome Ranking

Length of Life rankings in the *County Health Rankings* measure what are known as **premature deaths** (deaths before age 75). **Rank 1= Lowest ratio of premature deaths to 88= Highest ratio.**

County	Rank	County	Rank	County	Rank
Adams	88	Hocking	62	Scioto	83
Allen	32	Holmes	8	Seneca	42
Ashland	30	Huron	43	Shelby	28
Ashtabula	71	Jackson	84	Stark	39
Athens	68	Jefferson	85	Summit	40
Auglaize	12	Knox	69	Trumbull	73
Belmont	47	Lake	15	Tuscarawas	26
Brown	81	Lawrence	82	Union	2
Butler	37	Licking	29	Van Wert	10
Carroll	36	Logan	55	Vinton	60
Champaign	52	Lorain	31	Warren	5
Clark	79	Lucas	66	Washington	33
Clermont	46	Madison	53	Wayne	20
Clinton	75	Mahoning	70	Williams	17
Columbiana	65	Marion	49	Wood	6
Coshocton	44	Medina	4	Wyandot	22
Crawford	63	Meigs	77		
Cuyahoga	51	Mercer	19		
Darke	25	Miami	21		
Defiance	18	Monroe	41		
Delaware	1	Montgomery	74		
Erie	38	Morgan	45		
Fairfield	11	Morrow	35		
Fayette	76	Muskingum	64		
Franklin	50	Noble	13		
Fulton	27	Ottawa	23		
Gallia	86	Paulding	58		
Geauga	3	Perry	59		
Greene	14	Pickaway	48		
Guernsey	61	Pike	87		
Hamilton	57	Portage	16		
Hancock	9	Preble	54		
Hardin	67	Putnam	7		
Harrison	72	Richland	56		
Henry	24	Ross	78		
Highland	80	Sandusky	34		

SOURCE: County Health Ranking.

<http://www.countyhealthrankings.org/app/ohio/2015/rankings/outcomes/1/by-rank>

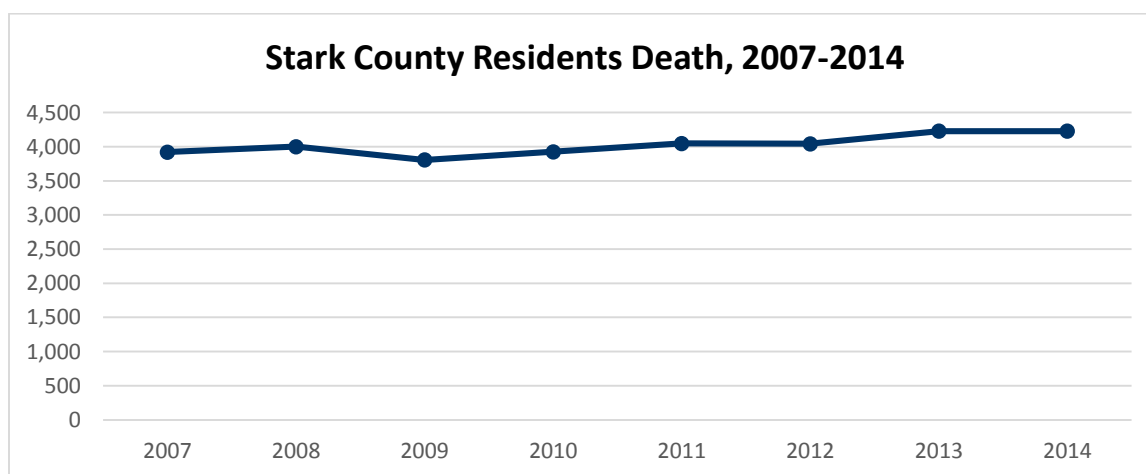


	YPLL Rate
Stark	7,196
Ohio	7,466

DESCRIPTION: Premature death is represented by the years of potential life lost before age 75 (YPLL-75). Every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost, whereas a person who dies at age 65 contributes 10 years of life lost to a county's YPLL. The YPLL measure is presented as a rate per 100,000 population and is age-adjusted to the 2000 US population.

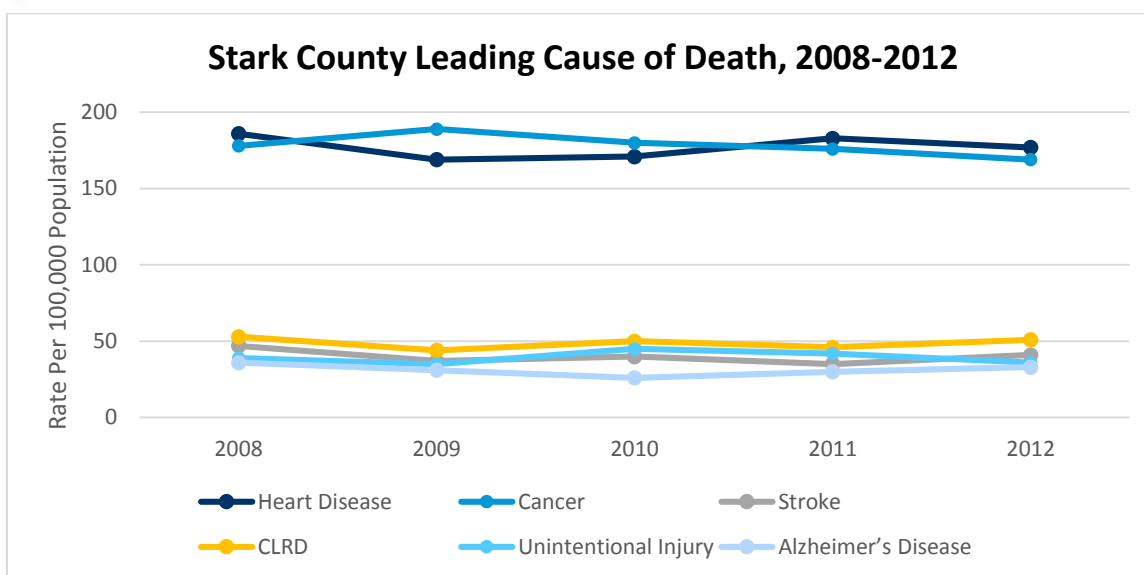
SOURCE: County Health Ranking. Original Source: Data on deaths and births were provided by NCHS and drawn from the National Vital Statistics System (NVSS)

<http://www.countyhealthrankings.org/app/ohio/2015/measure/outcomes/1/map>



	2007	2008	2009	2010	2011	2012	2013	2014
Stark County	3,922	4,002	3,808	3,927	4,048	4,044	4,229	4,228

SOURCE: Ohio Department of Health Data Warehouse, 2013 and 2014 data is from the Stark County Health Dept.



Mortality Rates for Leading Causes of Death (death per 100,000 population)										
	Stark County					Ohio				
	2008	2009	2010	2011	2012	2008	2009	2010	2011	2012
Heart Disease	186	169	171	183	177	207	193	192	192	187
Cancer	178	189	180	176	169	194	190	187	187	184
Stroke	47	37	40	35	41	45	42	42	42	41
CLRD	53	44	50	46	51	53	50	50	53	52
Unintentional Injury	39	35	45	42	36	42	39	42	43	42
Alzheimer's Disease	36	31	26	30	33	35	28	30	29	28
CLRD= Chronic Lower Respiratory Disease/SOURCE: Ohio Department of Health										
SOURCE: Ohio Department of Health Data Warehouse, 2013 and 2014 data is from the Stark County Health Dept.										



Quality of Life Ranking

Part of the Health Outcome Ranking

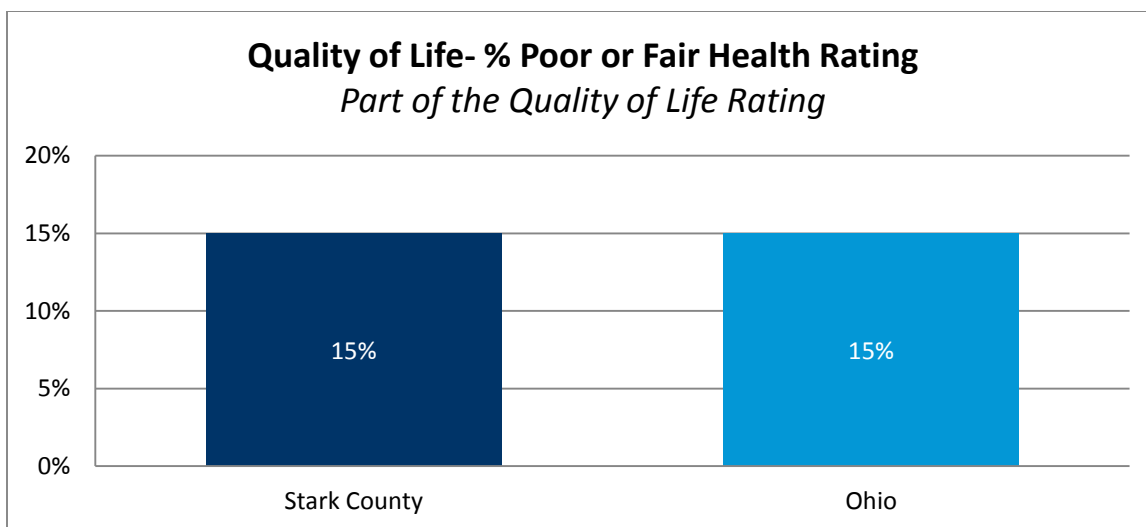
Morbidity is the term that refers to how healthy people feel while alive. Specifically, CHR reports on the measures of their health-related quality of life (their overall health, their physical health, their mental health) and at birth outcomes (in this case, babies born with a low birthweight).

Rank 1= Best QOL to 88=Worst QOL

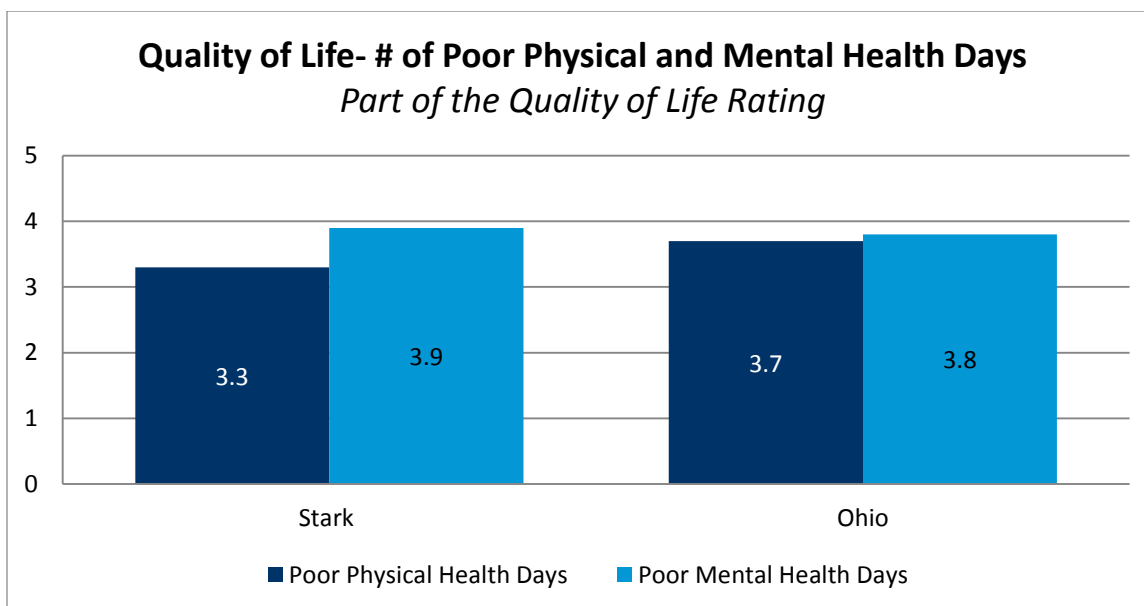
County	Rank	County	Rank	County	Rank
Adams	85	Hocking	47	Scioto	87
Allen	51	Holmes	8	Seneca	19
Ashland	24	Huron	32	Shelby	37
Ashtabula	57	Jackson	82	Stark	52
Athens	50	Jefferson	73	Summit	53
Auglaize	7	Knox	6	Trumbull	71
Belmont	70	Lake	29	Tuscarawas	34
Brown	27	Lawrence	88	Union	14
Butler	43	Licking	33	Van Wert	31
Carroll	66	Logan	26	Vinton	77
Champaign	39	Lorain	30	Warren	18
Clark	46	Lucas	69	Washington	41
Clermont	38	Madison	35	Wayne	9
Clinton	60	Mahoning	64	Williams	17
Columbiana	56	Marion	74	Wood	15
Coshocton	48	Medina	5	Wyandot	23
Crawford	25	Meigs	81		
Cuyahoga	72	Mercer	4		
Darke	12	Miami	36		
Defiance	20	Monroe	58		
Delaware	3	Montgomery	59		
Erie	79	Morgan	76		
Fairfield	21	Morrow	78		
Fayette	83	Muskingum	61		
Franklin	62	Noble	42		
Fulton	13	Ottawa	11		
Gallia	80	Paulding	40		
Geauga	2	Perry	45		
Greene	16	Pickaway	67		
Guernsey	55	Pike	84		
Hamilton	63	Portage	22		
Hancock	10	Preble	44		
Hardin	65	Putnam	1		
Harrison	68	Richland	54		
Henry	28	Ross	86		
Highland	75	Sandusky	49		

SOURCE: County Health Ranking.

<http://www.countyhealthrankings.org/app/ohio/2015/rankings/outcomes/6/by-rank>



	% Poor or fair health
Stark	15%
Ohio	15%
DESCRIPTION: Self-reported health status is a general measure of health-related quality of life (HRQoL) in a population. This measure is based on survey responses to the question: "In general, would you say that your health is excellent, very good, good, fair, or poor?" The value reported in the <i>County Health Rankings</i> is the percent of adult respondents who rate their health "fair" or "poor."	
SOURCE: County Health Ranking. Original Source: The Behavioral Risk Factor Surveillance System (BRFSS) 5http://www.countyhealthrankings.org/app/ohio/2015/measure/outcomes/2/map	



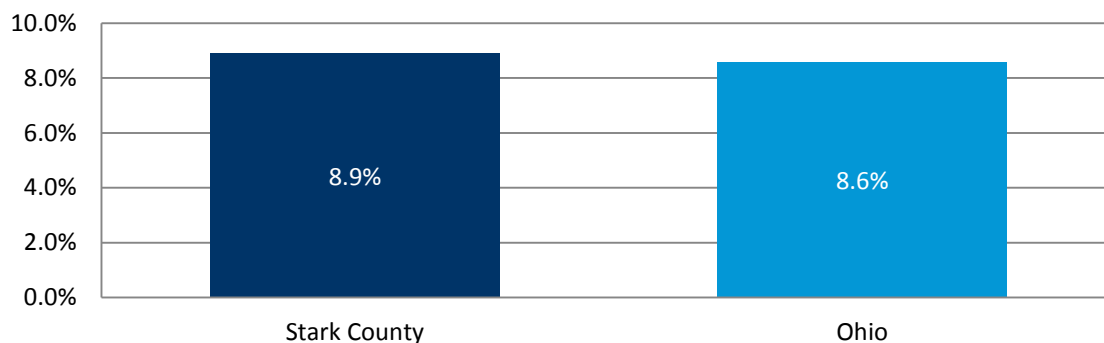
	Poor Physical Health Days	Poor Mental Health Days
Stark	3.3	3.9
Ohio	3.7	3.8

DESCRIPTION- Poor physical health days is based on survey responses to the question: “Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?” The value reported in the *County Health Rankings* is the average number of days a county’s adult respondents report that their physical health was not good. Poor mental health days is based on survey responses to the question: “Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” The value reported in the *County Health Rankings* is the average number of days a county’s adult respondents report that their mental health was not good.

SOURCE: County Health Ranking. Original Source: The Behavioral Risk Factor Surveillance System (BRFSS)
<http://www.countyhealthrankings.org/app/ohio/2015/measure/outcomes/36/map>. Data is from 2006-2012.



Poor Birth Outcomes- % of Low Birthweight Births Part of the Quality of Life Rating

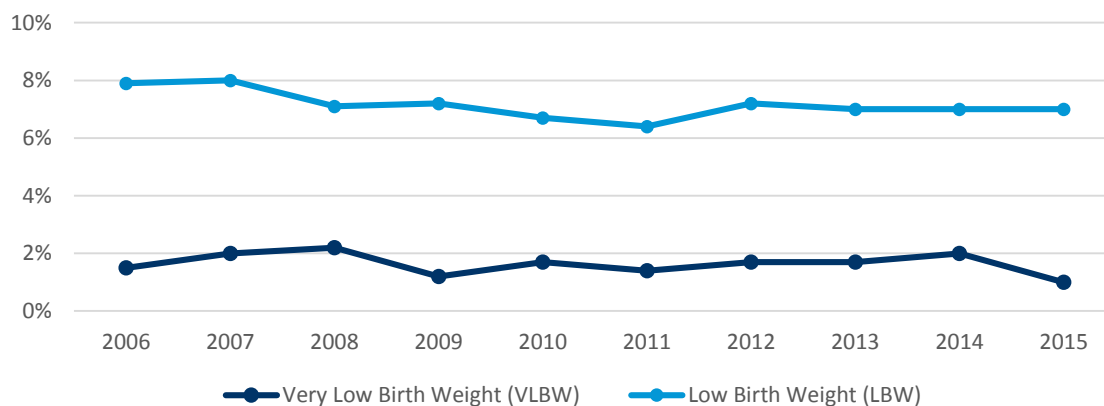


	# Low Birthweight Births	# Live Births	% Low Birthweight
Stark County	2,666	30,007	8.9%
Ohio	87,200	1,009,477	8.6%

DESCRIPTION: Low birthweight is the percent of live births for which the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.).

SOURCE: County Health Ranking. Original Source: National Center for Health Statistics
<http://www.countyhealthrankings.org/app/ohio/2015/measure/outcomes/37/map>

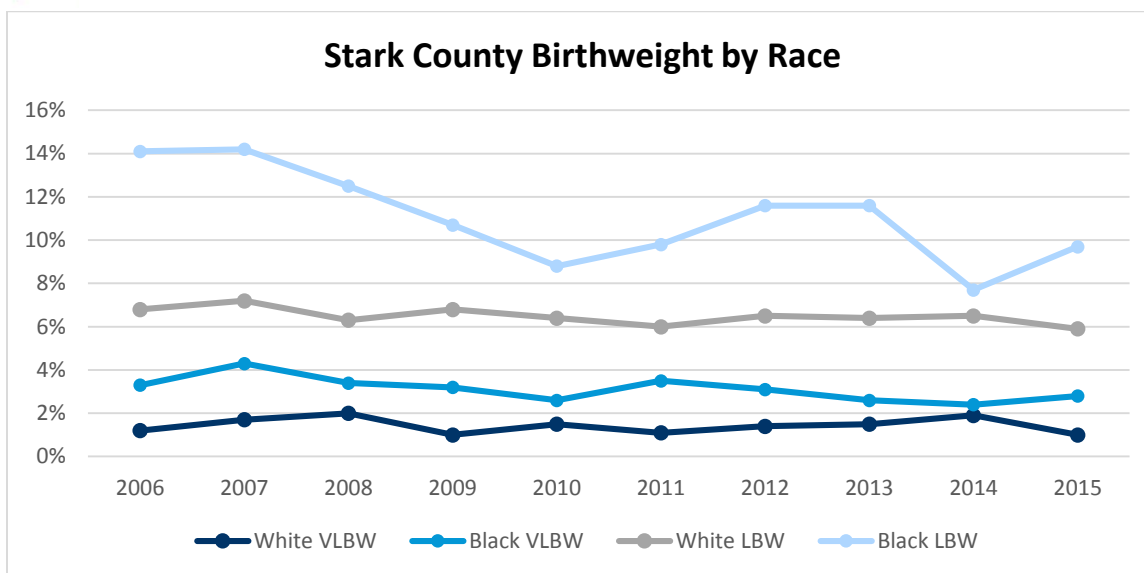
Stark County Birthweight



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Very Low Birth-weight (VLBW)	1.5%	2.0%	2.2%	1.2%	1.7%	1.4%	1.7%	1.7%	2.0%	1.3%
Low Birth-weight (LBW)	7.9%	8.0%	7.1%	7.2%	6.7%	6.4%	7.2%	7.0%	6.8%	6.5%

VLBW= Births less than 3 pounds, 3 ounces. LBW= Births less than 5 pounds, 8 ounces

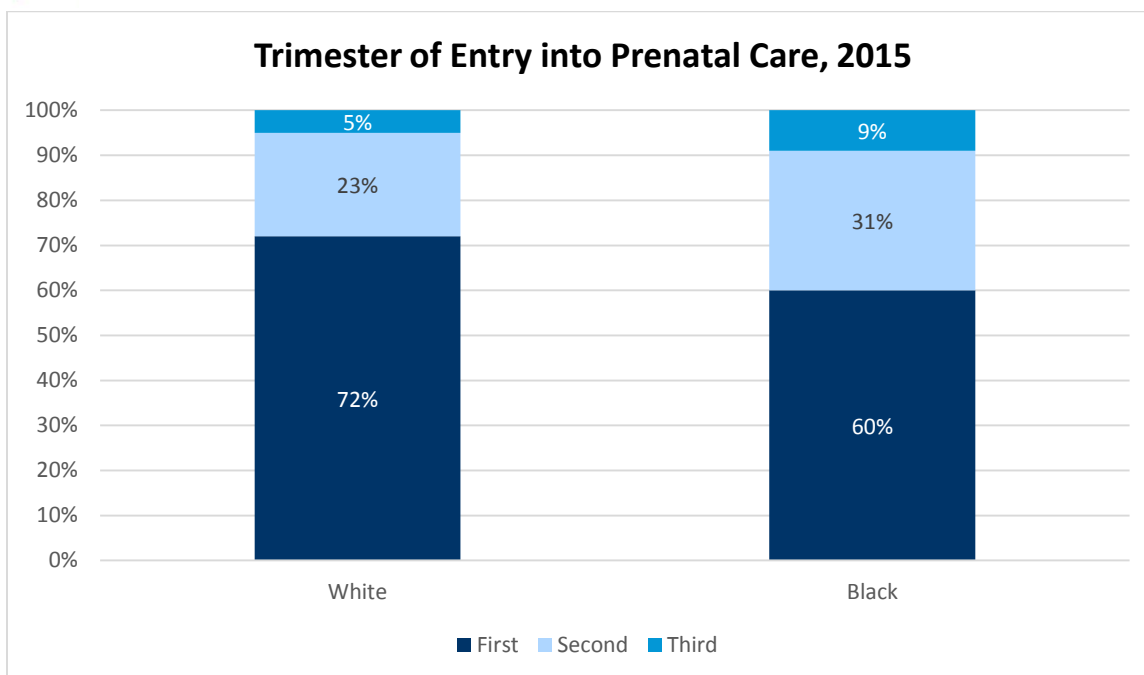
SOURCE: Ohio Department of Health Data Warehouse. 2014 and 2015 data is from the Stark County Health Dept.



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
White VLBW	1.2%	1.7%	2.0%	1.0%	1.5%	1.1%	1.4%	1.5%	1.9%	1.0%
Black VLBW	3.3%	4.3%	3.4%	3.2%	2.6%	3.5%	3.1%	2.6%	2.4%	2.8%
White LBW	6.8%	7.2%	6.3%	6.8%	6.4%	6.0%	6.5%	6.4%	6.5%	5.9%
Black LBW	14.1%	14.2%	12.5%	10.7%	8.8%	9.8%	11.6%	11.6%	7.7%	9.7%

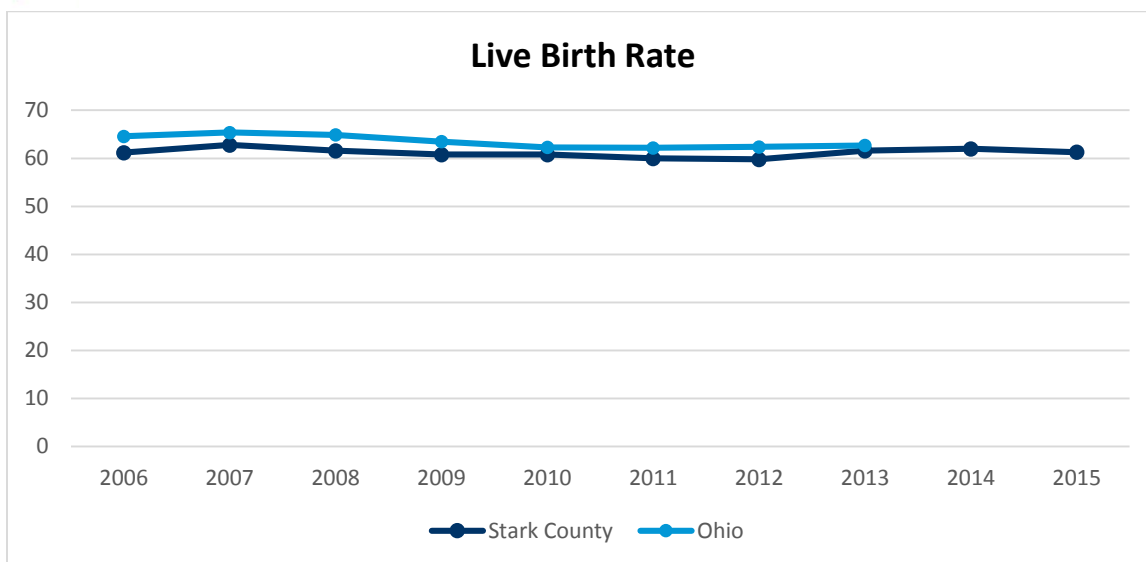
VLBW= Births less than 3 pounds, 3 ounces. LBW= Births less than 5 pounds, 8 ounces

SOURCE: Ohio Department of Health Data Warehouse. 2014 and 2015 data is from the Stark County Health Dept.



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
White 1 st Tri	77.7%	76.1%	74.8%	73.6%	76.8%	74.5%	72.6%	71.7%	73.8%	72.1%
White 2 nd Tri	19.8%	21.1%	23.0%	23.8%	21.0%	22.7%	24.3%	25.3%	22.7%	22.9%
White 3 rd Tri	2.5%	2.8%	2.2%	2.6%	2.2%	2.8%	3.2%	3.0%	3.6%	5.0%
Black 1 st Tri	63.4%	58.6%	58.3%	59.3%	67.1%	66.3%	61.9%	62.7%	58.5%	59.8%
Black 2 nd Tri	32.4%	34.6%	36.1%	35.3%	27.6%	27.4%	30.8%	30.5%	32.3%	30.7%
Black 3 rd Tri	4.1%	6.8%	5.6%	5.4%	5.3%	6.4%	7.3%	6.8%	9.2%	9.4%

SOURCE: Ohio Department of Health Data Warehouse. 2013- 2015 data is from the Stark County Health Dept.



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Stark	61.2	62.8	61.6	60.8	60.8	60.0	59.8	61.6	62.0	61.3
Ohio	64.6	65.4	64.9	63.5	62.3	62.2	62.4	62.7	na	na

Rate is of # of births per 1,000 women of childbearing age (15-44)

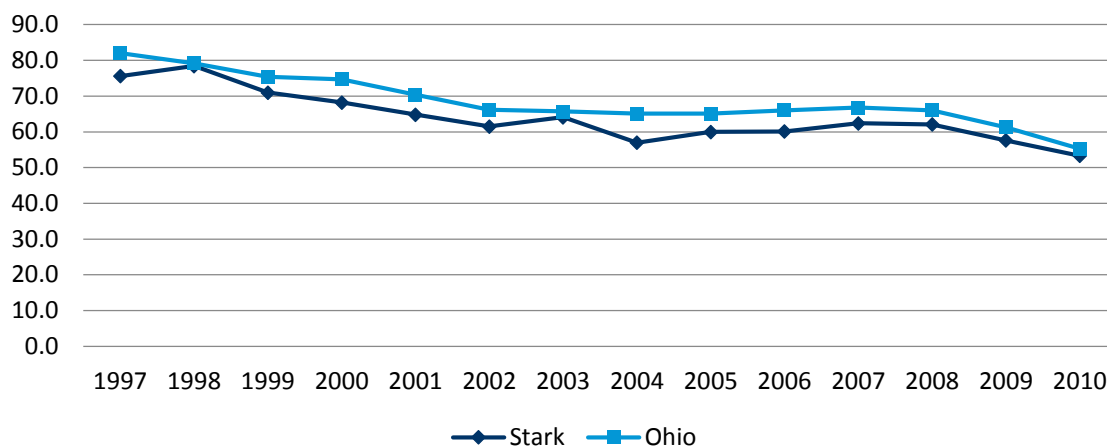
SOURCE: Ohio Department of Health Data Warehouse. 2013- 2015 data is from the Stark County Health Dept.

	Ages 10-14	Age 15-17	Age 18-19
Stark 2014 Number of Births	0	69	209

SOURCE: Stark County Health Department



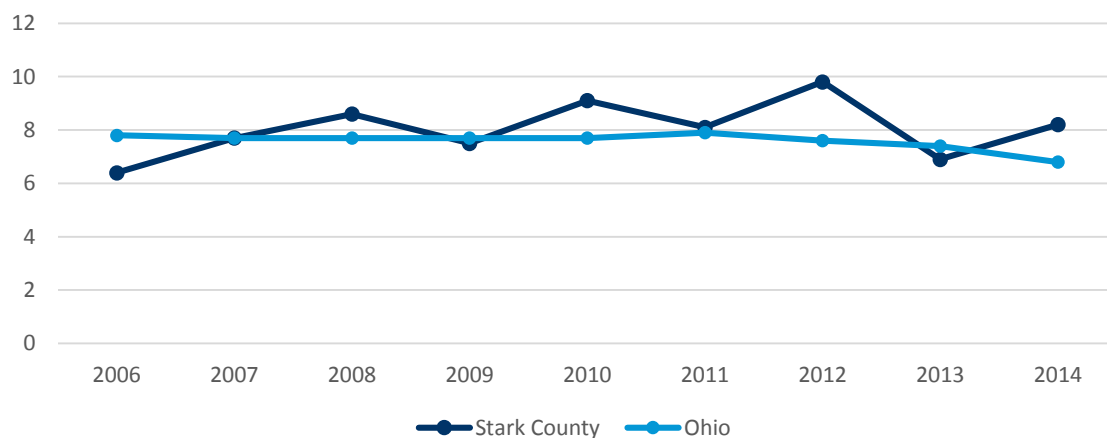
Teen Birth Rate (ages 15-19) by Year



	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Stark	75.6	78.4	71.0	68.2	64.8	61.5	64.1	57.0	60.0	60.1	62.4	62.1	57.6	53.3
Ohio	82.0	79.2	75.4	74.7	70.4	66.2	65.7	65.1	65.1	66.0	66.8	66.0	61.3	55.3

SOURCE: Ohio Department of Health, <http://www.odh.ohio.gov/healthstats/disparities/pregnancy.aspx>

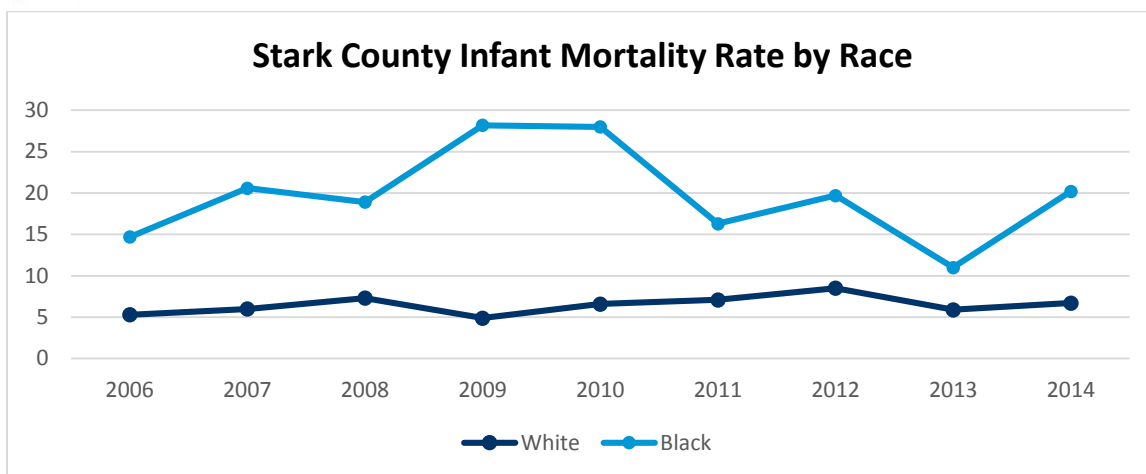
Stark County Infant Mortality Rate



	2006	2007	2008	2009	2010	2011	2012	2013	2014
Stark County	6.4	7.7	8.6	7.5	9.1	8.1	9.8	6.9	8.2
Ohio	7.8	7.7	7.7	7.7	7.7	7.9	7.6	7.4	6.8

Rate is per 1,000 births

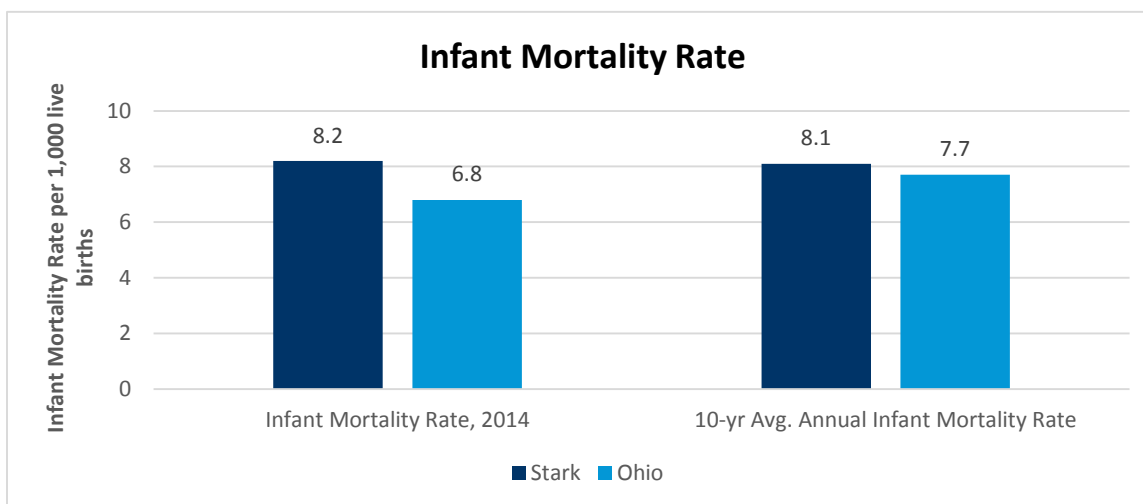
SOURCE: Ohio Department of Health, 2013 and 2014 data is from the Stark County Health Department



	2006	2007	2008	2009	2010	2011	2012	2013	2014
White	5.3	6.0	7.3	4.9	6.6	7.1	8.5	5.9	6.7
Black	14.7	20.6	18.9	28.2	28.0	16.3	19.7	11.0	20.2

Rate is per 1,000 births

SOURCE: Ohio Department of Health. 2013 and 2014 data is from the Stark County Health Department

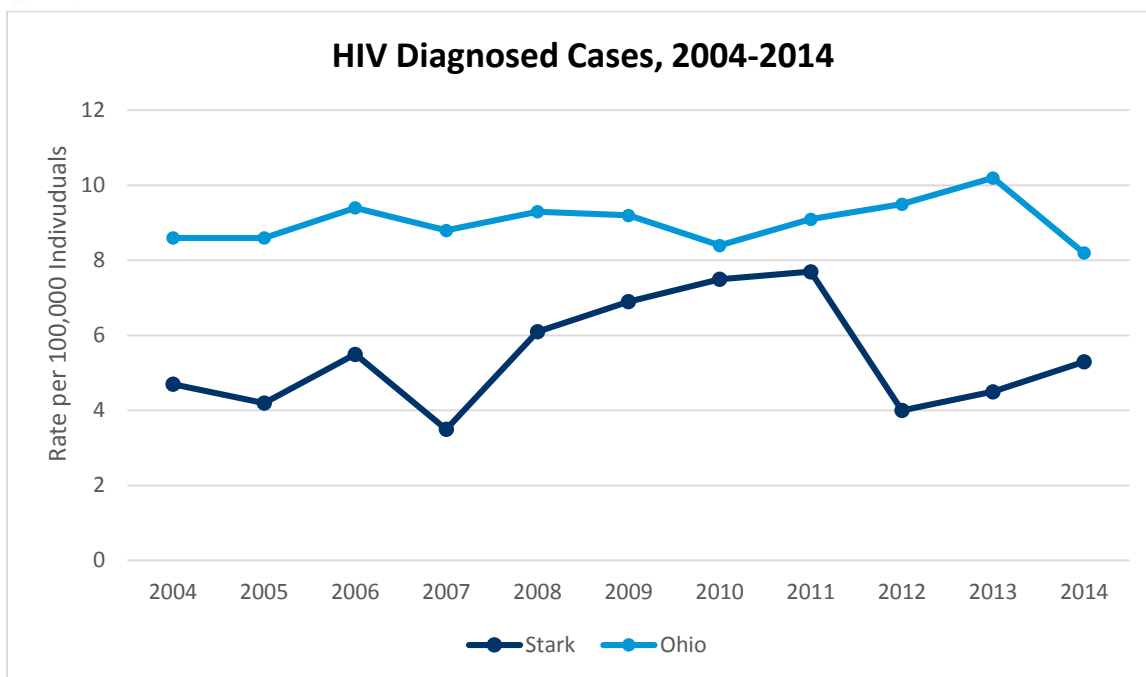


Infant Mortality Rates <1 by Race (death per 1,000 population), 2014		
	Stark	Ohio
Neonatal IM Rate, 2014	6.8	5.0
Post neonatal IM Rate, 2014	1.4	1.9
Overall IM Rate, 2014	8.2	6.8
10-yr Avg. Annual IMR, 2005-2014	8.1	7.6

****Neonatal Death — Death of live-born infant during first 28 days of life**

****Post-neonatal Death — Death of infant between 29 days and 364 days of life**

SOURCE: Ohio Department of Health



Rate per 100,000	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Stark	4.7	4.2	5.5	3.5	6.1	6.9	7.5	7.7	4	4.5	5.3
Ohio	8.6	8.6	9.4	8.8	9.3	9.2	8.4	9.1	9.5	10.2	8.2

SOURCE: Ohio Department of Health, HIV/AIDS Surveillance Program. 2013 and 2014 data is from the Stark County Health Dept.



HEALTH FACTORS

Health Factors Ranking

Health factors in the *County Health Rankings* represent what influences the health of a county. It measures four types of health factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures. A fifth set of factors that influence health (genetics and biology) is not included in the *Rankings*.

Health, Genetics and Biology is not included in the rankings.

County	Rank	County	Rank	County	Rank
Adams	85	Hocking	48	Scioto	86
Allen	57	Holmes	23	Seneca	25
Ashland	18	Huron	68	Shelby	24
Ashtabula	79	Jackson	84	Stark	37
Athens	53	Jefferson	76	Summit	36
Auglaize	8	Knox	34	Trumbull	73
Belmont	52	Lake	14	Tuscarawas	45
Brown	80	Lawrence	70	Union	7
Butler	35	Licking	32	Van Wert	17
Carroll	47	Logan	29	Vinton	83
Champaign	31	Lorain	43	Warren	2
Clark	58	Lucas	78	Washington	28
Clermont	19	Madison	39	Wayne	12
Clinton	55	Mahoning	54	Williams	22
Columbiana	62	Marion	81	Wood	6
Coshocton	61	Medina	3	Wyandot	26
Crawford	64	Meigs	87	<div>DESCRIPTION</div> <p>To calculate the summary score of health factors, weights were determined for each of the four major factors (Health behaviors, Clinical care, Social and economic factors, and the Physical environment) based on a review of the literature, expert opinion, and data analysis. The following weights were used to calculate the overall Health Factors summary score: Health behaviors (30%), Clinical care (20%), Social and economic factors (40%), and the Physical environment (10%). Like the Health Outcomes summary score, weights at each level sum to 100%.</p>	
Cuyahoga	50	Mercer	5		
Darke	21	Miami	16		
Defiance	27	Monroe	67		
Delaware	1	Montgomery	51		
Erie	30	Morgan	77		
Fairfield	13	Morrow	65		
Fayette	60	Muskingum	63		
Franklin	46	Noble	69		
Fulton	20	Ottawa	38		
Gallia	66	Paulding	41		
Geauga	4	Perry	71		
Greene	10	Pickaway	49		
Guernsey	75	Pike	88		
Hamilton	42	Portage	33		
Hancock	9	Preble	44		
Hardin	59	Putnam	11		
Harrison	74	Richland	56		
Henry	15	Ross	72		
Highland	82	Sandusky	40		

SOURCE: County Health Ranking.

<http://www.countyhealthrankings.org/app/ohio/2015/rankings/factors/overall/by-rank>



Health Behavior Ranking

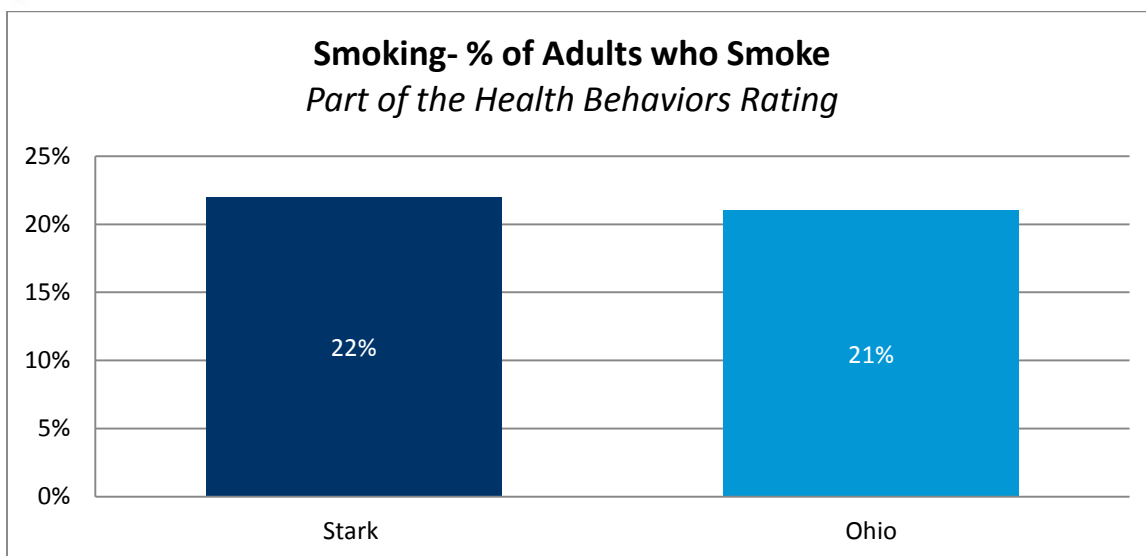
Part of the Health Factor Ranking

Health behavior includes (1) alcohol use (excessive drinking and alcohol-impaired death rates), (2) diet and exercise (adult obesity and physical inactivity), (3) sexual activity (sexually transmitted infections and teen birth rate), and (4) tobacco use (adult smoking). **Rank 1= Best future health of county to 88= Worst future health of county**

County	Rank	County	Rank	County	Rank
Adams	54	Highland	71	Ross	85
Allen	74	Hocking	39	Sandusky	72
Ashland	16	Holmes	10	Scioto	86
Ashtabula	77	Huron	84	Seneca	17
Athens	61	Jackson	81	Shelby	38
Auglaize	13	Jefferson	79	Stark	40
Belmont	57	Knox	29	Summit	21
Brown	87	Lake	9	Trumbull	70
Butler	33	Lawrence	73	Tuscarawas	56
Carroll	51	Licking	46	Union	15
Champaign	22	Logan	44	Van Wert	26
Clark	62	Lorain	37	Vinton	58
Clermont	18	Lucas	63	Warren	2
Clinton	42	Madison	52	Washington	20
Columbiana	47	Mahoning	53	Wayne	5
Coshocton	41	Marion	82	Williams	35
Crawford	83	Medina	4	Wood	7
Cuyahoga	36	Meigs	88	Wyandot	69
Darke	23	Mercer	8		
Defiance	30	Miami	11		
Delaware	1	Monroe	43		
Erie	27	Montgomery	45		
Fairfield	14	Morgan	50		
Fayette	76	Morrow	75		
Franklin	34	Muskingum	55		
Fulton	32	Noble	60		
Gallia	78	Ottawa	59		
Geauga	3	Paulding	25		
Greene	6	Perry	65		
Guernsey	80	Pickaway	49		
Hamilton	48	Pike	66		
Hancock	12	Portage	28		
Hardin	67	Preble	31		
Harrison	64	Putnam	24		
Henry	19	Richland	68		

SOURCE: County Health Ranking.

<http://www.countyhealthrankings.org/app/ohio/2015/rankings/factors/3/by-rank>



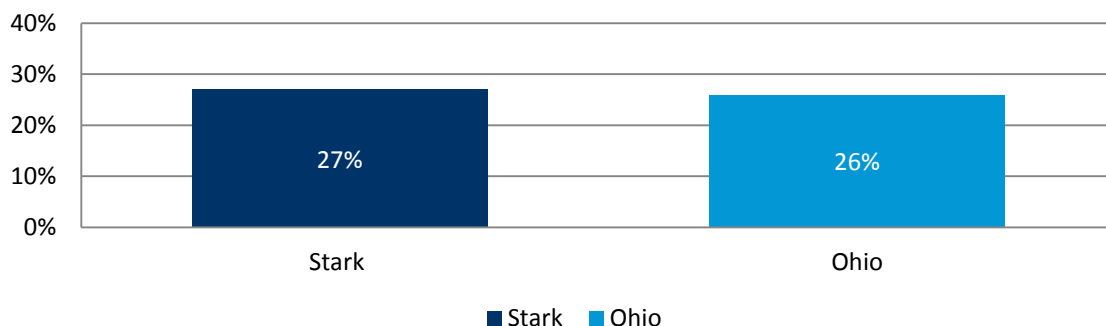
	% Smokers
Stark County	22%
Ohio	21%

DESCRIPTION: Adult smoking prevalence is the estimated percent of the adult population that currently smokes every day or “most days” and has smoked at least 100 cigarettes in their lifetime.

SOURCE: County Health Ranking. Original Source: The Behavioral Risk Factor Surveillance System (BRFSS) <http://www.countyhealthrankings.org/app/ohio/2015/measure/factors/9/map>



Diet and Exercise- Physical Inactivity Part of the Health Behavior Rating

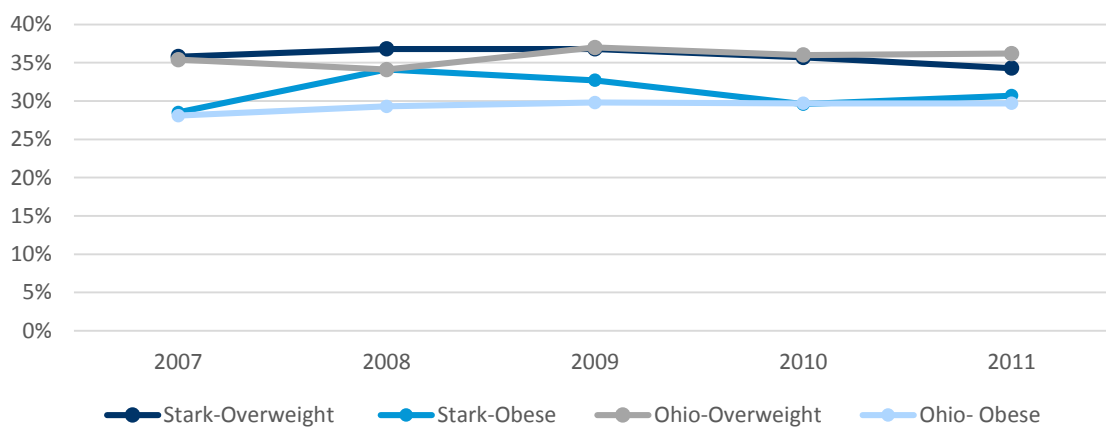


	% adults physically inactive
Stark	27%
Ohio	26%

DESCRIPTION: Physical inactivity is the estimated percent of adults aged 20 and over reporting no leisure time physical activity. **SOURCE:** County Health Ranking. Original

Source: National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation
<http://www.countyhealthrankings.org/app/ohio/2015/measure/factors/70/map>

Adult BMI- Overweight and Obese



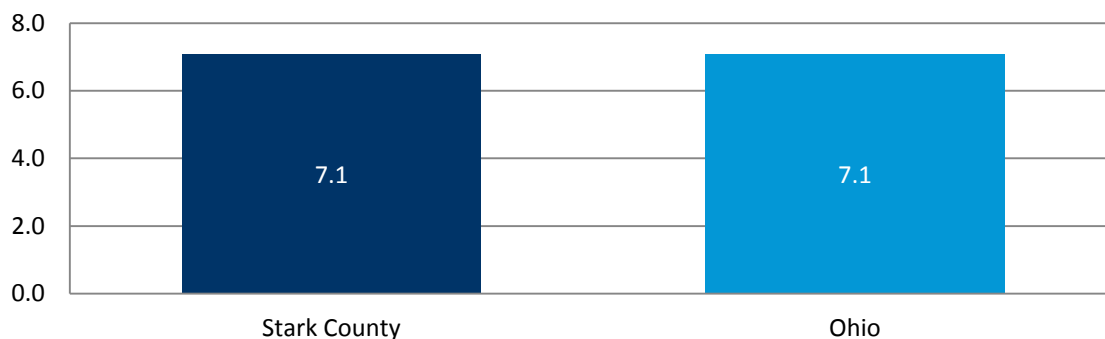
	2007	2008	2009	2010	2011
Stark-Overweight	35.8%	36.8%	36.8%	35.7%	34.3%
Stark-Obese	28.5%	34.1%	32.7%	29.6%	30.7%
Ohio-Overweight	35.4%	34.1%	37.0%	36.0%	36.2%
Ohio- Obese	28.1%	29.3%	29.8%	29.7%	29.7%

Overweight -BMI between 25.0-29.9; Obese -BMI over 30.0.

Source: Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology and Laboratory Services, Behavioral Risk Factor Surveillance System



Food Environment Index Part of the Health Behaviors Rating

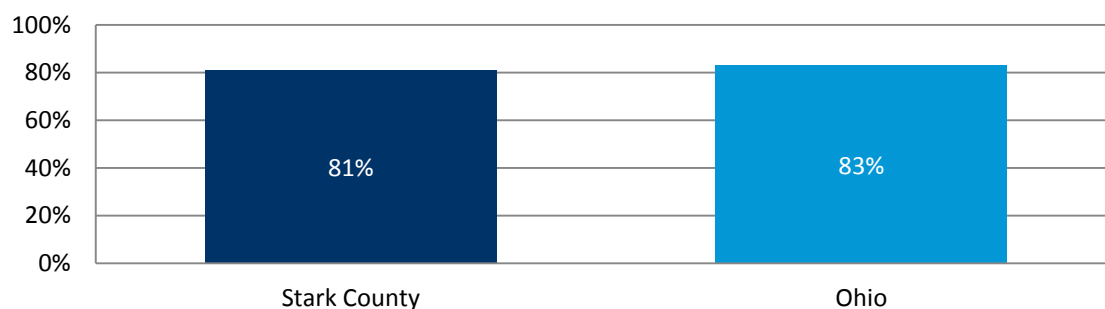


	Food Index
Stark County	7.1
Ohio	7.1

DESCRIPTION: Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best). It equally weights two indicators. 1) Limited access to healthy foods estimates the percentage of the population who are low income and do not live close to a grocery store. Living close to a grocery store is defined differently in rural and non-rural areas; in rural areas, it means living less than 10 miles from a grocery store whereas in non-rural areas, it means less than 1 mile. Low income is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size. 2) Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year.

SOURCE: County Health Ranking. Original Source: United States Department of Agriculture (USDA)
<http://www.countyhealthrankings.org/app/ohio/2015/measure/factors/133/map>

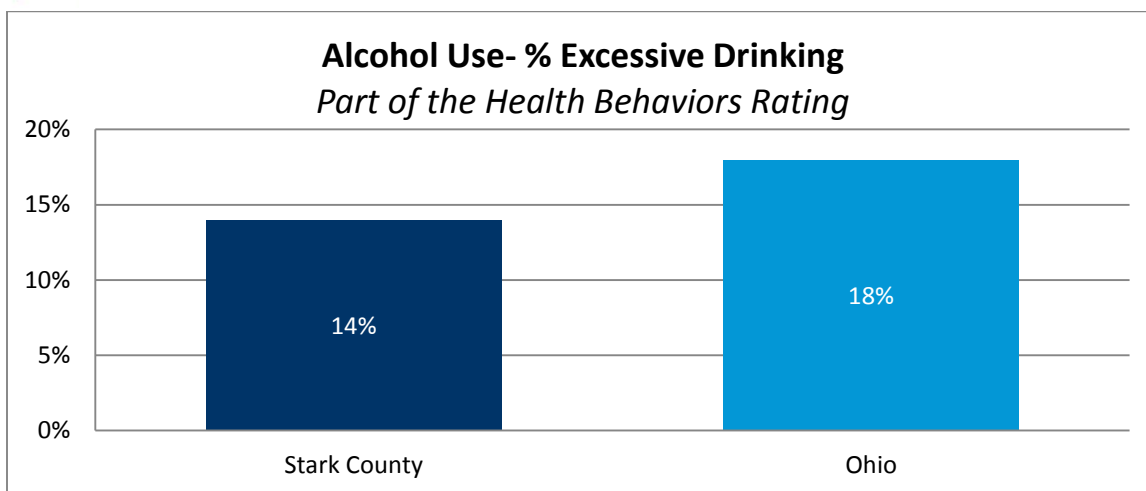
Access to Exercise Opportunities Part of the Health Behaviors Rating



	# with adequate access to physical activity	% with adequate access to physical activity
Stark County	305,454	81%
Ohio	9,566,113	83%

DESCRIPTION: Percentage of population with adequate access to locations for physical activity. Locations for physical activity are defined as parks or recreational facilities. Data is from 2010 and 2013.

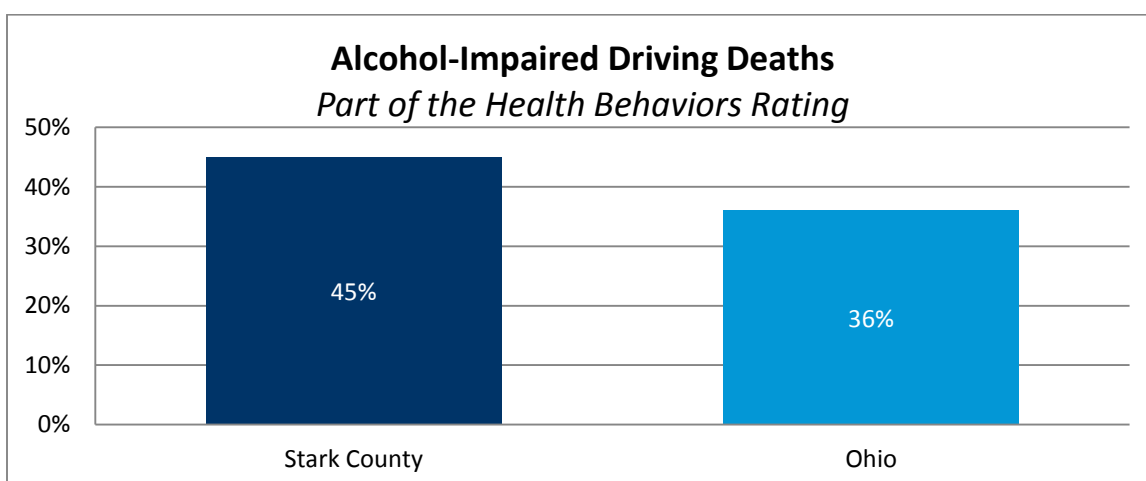
SOURCE: County Health Ranking. Original Source: Business Analyst, Delorme map data, ESRI, & US Census Tigerline File
<http://www.countyhealthrankings.org/app/ohio/2015/measure/factors/132/map>



	% Excessive Drinking
Stark County	14%
Ohio	18%

DESCRIPTION: Excessive drinking reflects the percent of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average.

SOURCE: County Health Ranking. Original Source: The Behavioral Risk Factor Surveillance System (BRFSS)
<http://www.countyhealthrankings.org/app/ohio/2015/measure/factors/49/map>



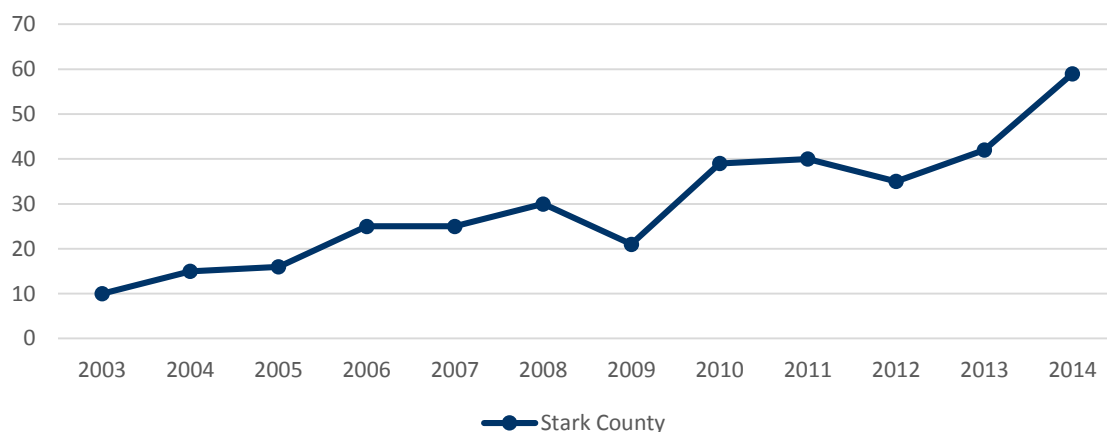
	% of driving deaths with alcohol involved
Stark County	45%
Ohio	36%

DESCRIPTION: Percentage of driving deaths with alcohol involvement. The years used in the table above are 2009 to 2013.

SOURCE: County Health Ranking. Original Source: National Center for Health Statistics
<http://www.countyhealthrankings.org/app/ohio/2015/measure/factors/39/map>



Number of Unintentional Drug Overdose Deaths, Stark



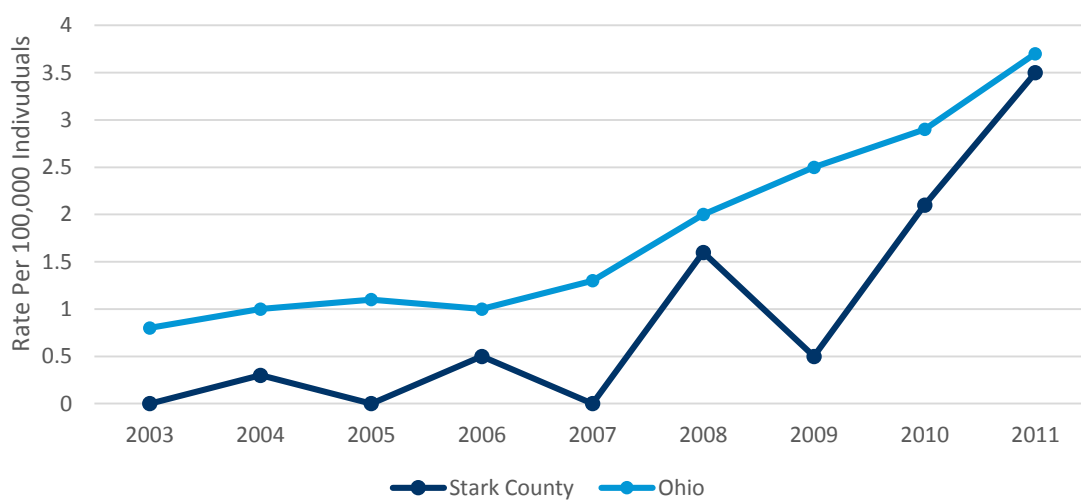
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Rate*
Stark	10	15	16	25	25	30	21	39	40	35	42	59	11.1
Ohio	658	904	1020	1261	1351	1475	1423	1544	1765	1914	2110	2482	16.9

*Rate per 100,000

Source: 2014 Ohio Drug Overdose Preliminary Data: General Findings.

http://www.dispatch.com/content/downloads/2015/09/2014_Ohio_Preliminary_Overdose_Report.pdf

Heroin Poisoning Death Rate



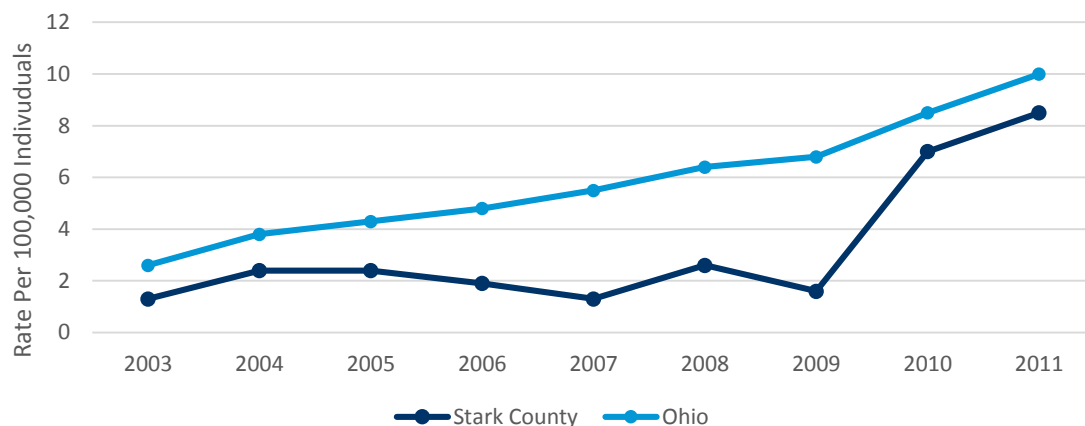
	2003	2004	2005	2006	2007	2008	2009	2010	2011
Stark	0.0	0.3	0.0	0.5	0.0	1.6	0.5	2.1	3.5
Ohio	0.8	1.0	1.1	1.0	1.3	2.0	2.5	2.9	3.7

*Rate per 100,000

Source: Ohio Department of Health, National Drug Intelligence Center and Ohio Department of Alcohol and Drug Addiction Services



Opioid Related Poisoning Death Rate

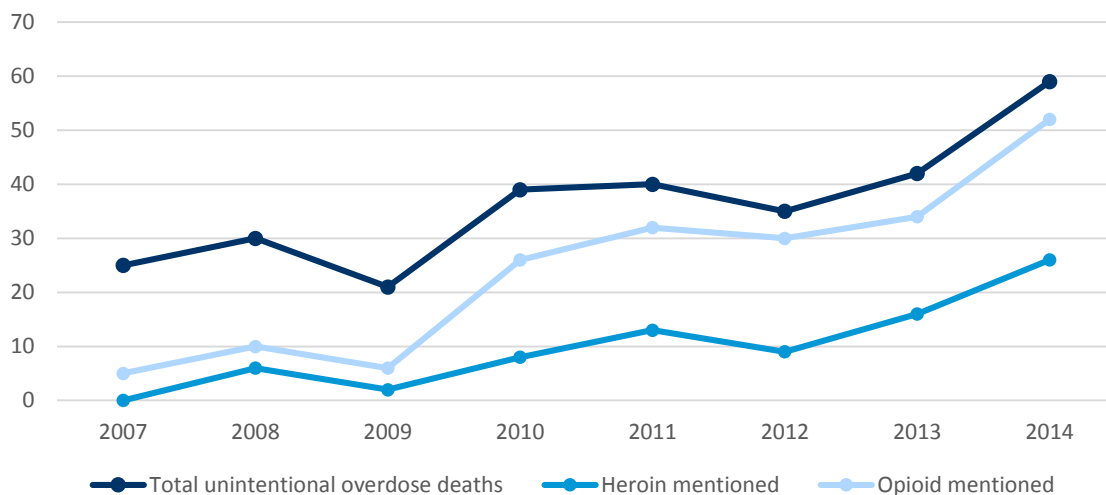


	2003	2004	2005	2006	2007	2008	2009	2010	2011
Stark	1.3	2.4	2.4	1.9	1.3	2.6	1.6	7.0	8.5
Ohio	2.6	3.8	4.3	4.8	5.5	6.4	6.8	8.5	10

**Rate per 100,000*

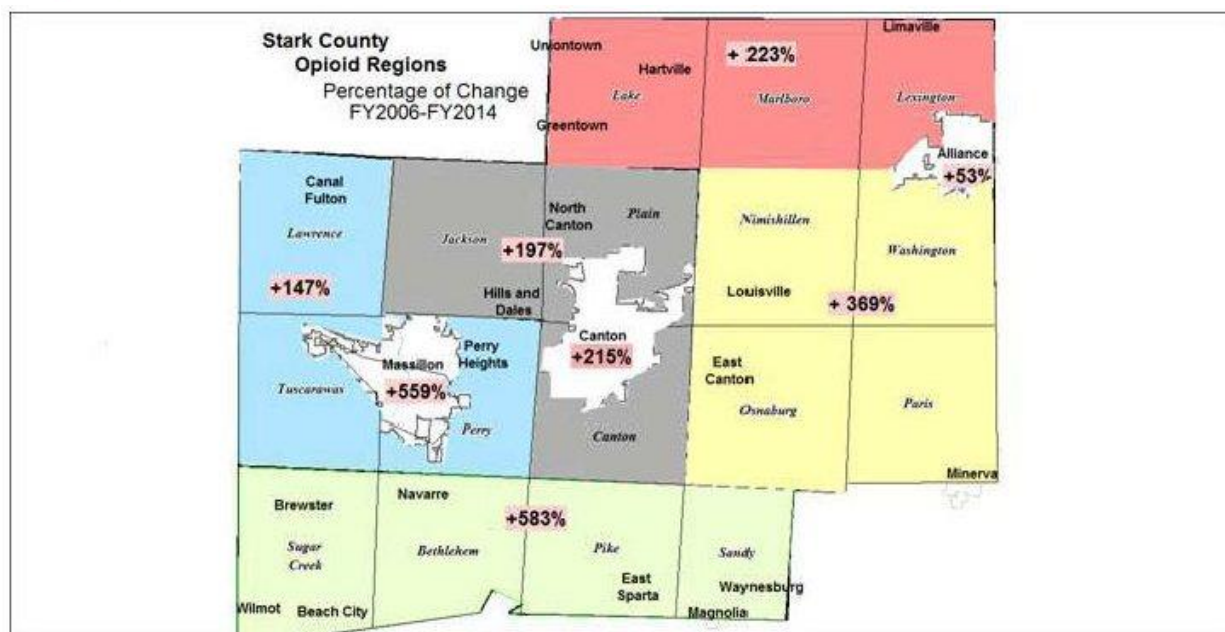
Source: Ohio Department of Health, National Drug Intelligence Center and Ohio Department of Alcohol and Drug Addiction Services

Stark County Unintentional Overdose Deaths



	2007	2008	2009	2010	2011	2012	2013	2014
Total unintentional overdose deaths	25	30	21	39	40	35	42	59
Heroin mentioned	0	6	2	8	13	9	16	26
Opioid mentioned	5	10	6	26	32	30	34	52

Source: Ohio Department of Health



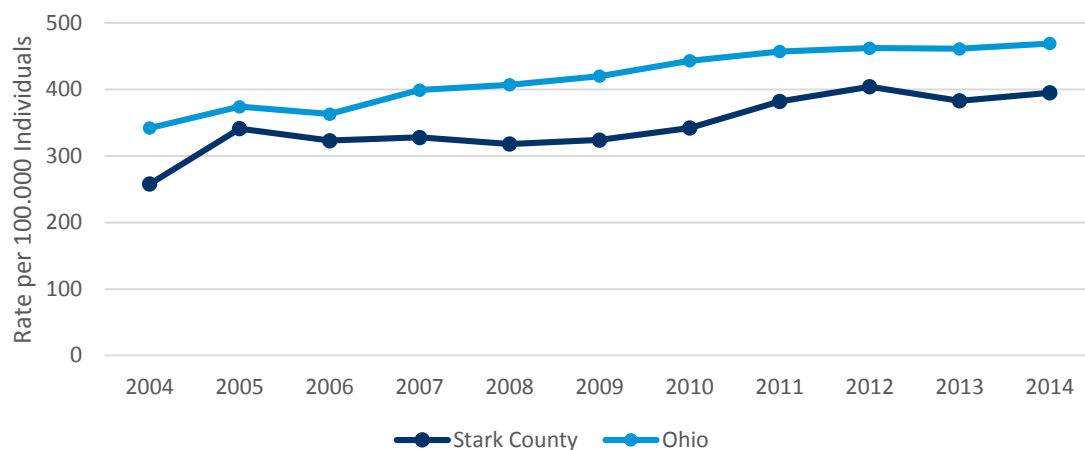
Number of Opiate/Heroin Users in Stark County who Sought Treatment from MHR SB-Funded Contract Service Providers

	FY 2006	FY 2014	% changes from 2006-2014
North	26	84	223%
South	6	41	583%
East	16	75	369%
West	43	106	147%
Central	59	175	197%
Alliance	53	81	53%
Massillon	17	112	559%
Canton	175	551	215%
Total	395	1,225	210%

Source: Mental Health and Recovery Services Board of Stark County, Heartland East Services to Clients That Received an Opiate Diagnosis in SFY2006-2014**



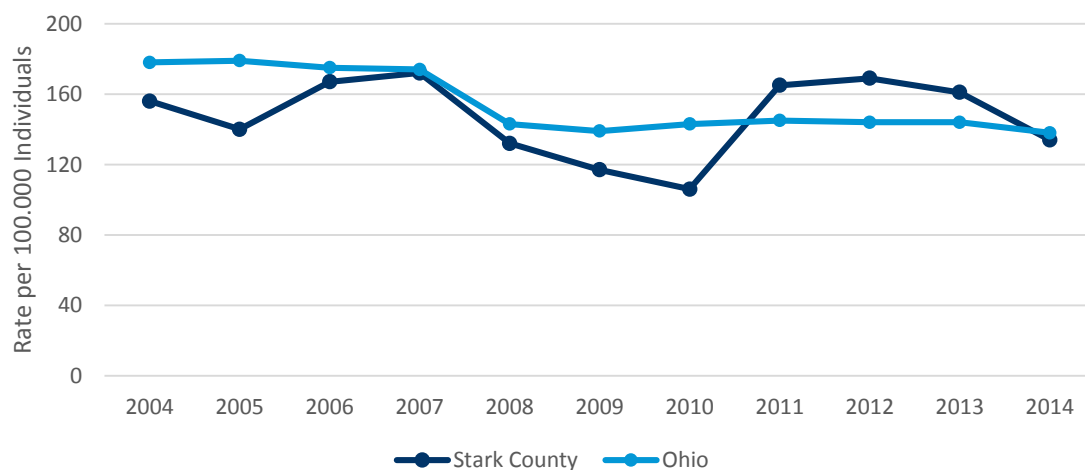
Sexual Activity- Chlamydia Rate *Part of the Health Behaviors Rating*



Rate per 100,000	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Stark County	258	341	323	328	318	324	342	382	404	383	395
Ohio	342	374	363	399	407	420	443	457	462	461	469

DESCRIPTION: The sexually transmitted infection (STI) rate is measured as chlamydia incidence (number of new cases reported) per 100,000 population.

Sexual Activity- Gonorrhea Rate



Rate per 100,000	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Stark County	156	140	167	172	132	117	106	165	169	161	134
Ohio	178	179	175	174	143	139	143	145	144	144	138

SOURCE: [Ohio Department of Health, STD Surveillance](#)



Clinical Care Ranking

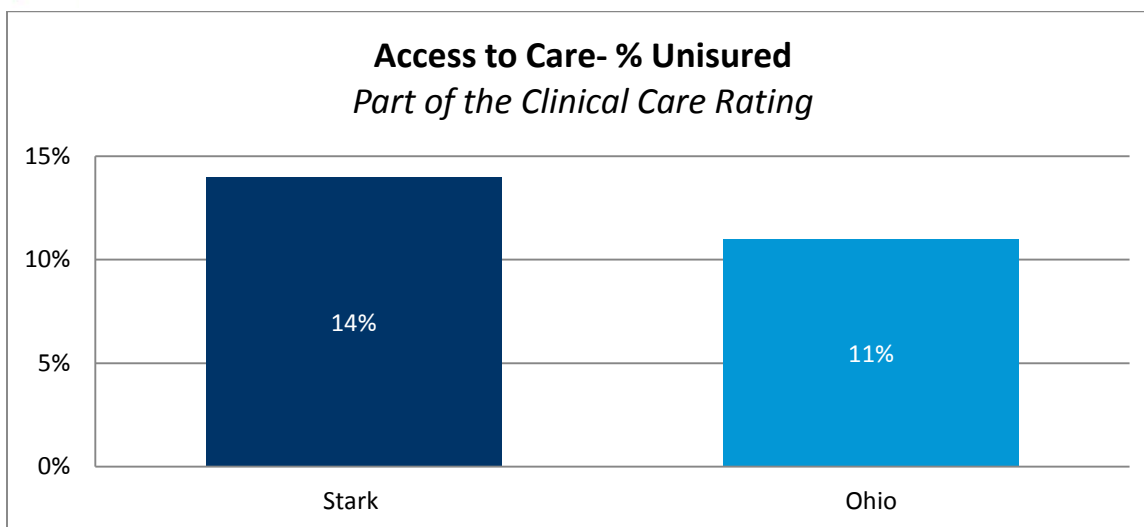
Part of the Health Factor Ranking

Clinical care includes (1) access to care (uninsured, primary care physician, and dentists) and (2) quality of care (preventable hospital stays, diabetic screenings, mammography screening). **Rank 1= Best clinical care rating to 88= Worst clinical care rating**

County	Rank	County	Rank	County	Rank
Adams	86	Huron	49	Summit	24
Allen	40	Jackson	81	Trumbull	59
Ashland	18	Jefferson	77	Tuscarawas	63
Ashtabula	67	Knox	53	Union	15
Athens	47	Lake	25	Van Wert	22
Auglaize	30	Lawrence	71	Vinton	82
Belmont	73	Licking	21	Warren	2
Brown	68	Logan	17	Washington	46
Butler	45	Lorain	31	Wayne	35
Carroll	61	Lucas	50	Williams	43
Champaign	54	Madison	41	Wood	20
Clark	58	Mahoning	14	Wyandot	23
Clermont	36	Marion	57		
Clinton	52	Medina	5		
Columbiana	62	Meigs	79		
Coshocton	74	Mercer	32		
Crawford	48	Miami	28		
Cuyahoga	6	Monroe	83		
Darke	34	Montgomery	27		
Defiance	44	Morgan	85		
Delaware	1	Morrow	84		
Erie	12	Muskingum	55		
Fairfield	7	Noble	76		
Fayette	64	Ottawa	38		
Franklin	19	Paulding	69		
Fulton	16	Perry	65		
Gallia	42	Pickaway	60		
Geauga	9	Pike	78		
Greene	8	Portage	37		
Guernsey	80	Preble	66		
Hamilton	3	Putnam	13		
Hancock	4	Richland	39		
Hardin	70	Ross	29		
Harrison	87	Sandusky	26		
Henry	11	Scioto	72		
Highland	75	Seneca	56		
Hocking	51	Shelby	33		
Holmes	88	Stark	10		

SOURCE: County Health Ranking.

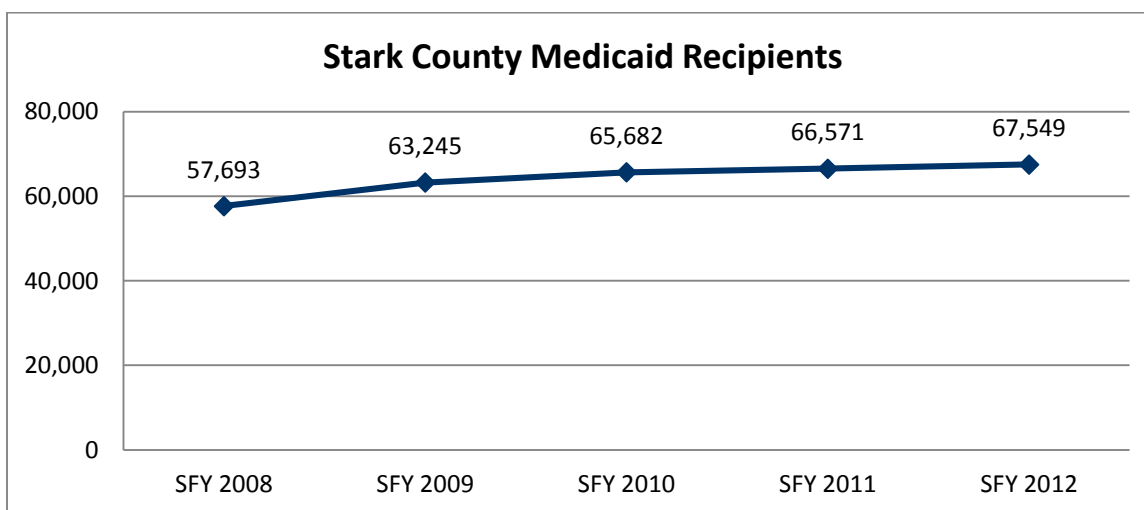
<http://www.countyhealthrankings.org/app/ohio/2015/rankings/factors/2/by-rank>



	% Uninsured
Stark County	14%
Ohio	11%

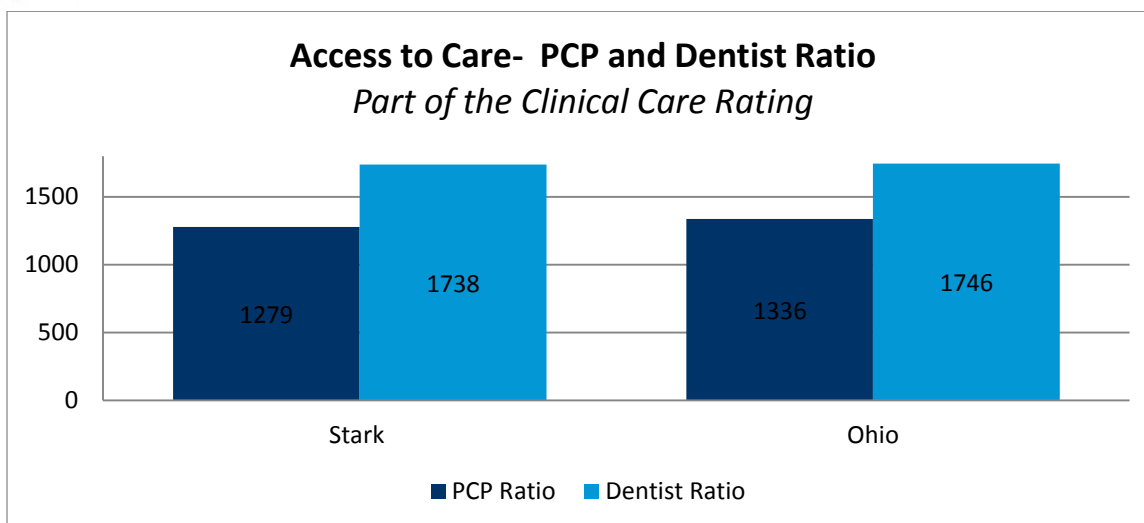
DESCRIPTION: This measure represents the estimated percent of the population under age 65 that has no health insurance coverage. Data in the table is from 2012.

SOURCE: County Health Ranking. Original Source: Small Area Health Insurance Estimates
<http://www.countyhealthrankings.org/app/ohio/2015/measure/factors/14/map>



	SFY 2008	SFY 2009	SFY 2010	SFY 2011	SFY 2012
Stark	57,693	63,245	65,682	66,571	67,549

Source: Ohio Department of Job and Family Services -BIC (Business Intelligence Channel). State Fiscal Year (SFY) -The fiscal year for the State of Ohio is July 1st through June 30th.



	Primary Care Physicians Ratio	Dentist Ratio
Stark	1279:1	1738:1
Ohio	1336:1	1746:1

DESCRIPTION: Primary care physicians include practicing physicians (M.D.'s and D.O.'s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics. The measure represents the population per physician. Dentists represents the population per dentist in the county.

SOURCE: County Health Ranking. Original Source: HRSA Area Resource File
<http://www.countyhealthrankings.org/app/ohio/2015/measure/factors/4/map>
<http://www.countyhealthrankings.org/app/ohio/2015/measure/factors/88/map>

Health Resources Summary

	Stark County	Ohio
Primary Care Physicians	295	8,925
PCP Physician/Pop*	78.6	77.1
General/Family practice	120	3,739
Gen/Fam Physician/Pop*	32.0	32.3
Internal Medicine Physicians	129	3,411
Physician/Pop*	34.4	29.5
Pediatricians	46	1,775
Pediatricians/Pop*	49.7	59.9
Obstetricians/Gynecologists	46	1,274
OB/GYN/Pop*	23.8	21.6
General surgeons	21	1,150
General Surgeons/Pop*	5.6	9.9
Psychiatrists	25	915
Psychiatrists/Pop*	6.7	7.9
Dentists	497	6,053
Physician/Pop*	132.2	52.3
*Number of doctors per 100,000 population		
SOURCE: U.S. Department of Health and Human Services, HRSA, County Comparison Tool		



Quality of Care- Preventative Hospital Stays/ACSC Rate

Part of the Clinical Care Rating



	# Medicare Enrollees	Preventable Hospital Rate
Stark County	28,504	58
Ohio	*	72

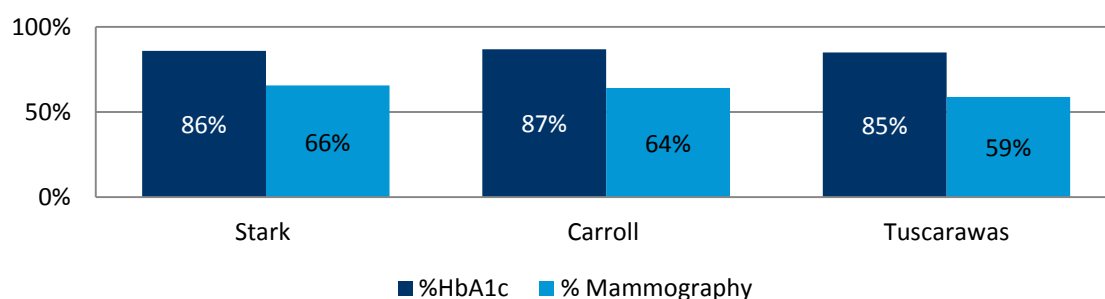
DESCRIPTION: Preventable hospital stays is measured as the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees. Ambulatory-care sensitive conditions (ACSC) are usually addressed in an outpatient setting and do not normally require hospitalization if the condition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

SOURCE: County Health Ranking. Original Source: Dartmouth Atlas of Health Care

<http://www.countyhealthrankings.org/app/ohio/2015/measure/factors/5/map>

Quality of Care- Diabetic and Mammography Screenings

Part of the Clinical Care Rating

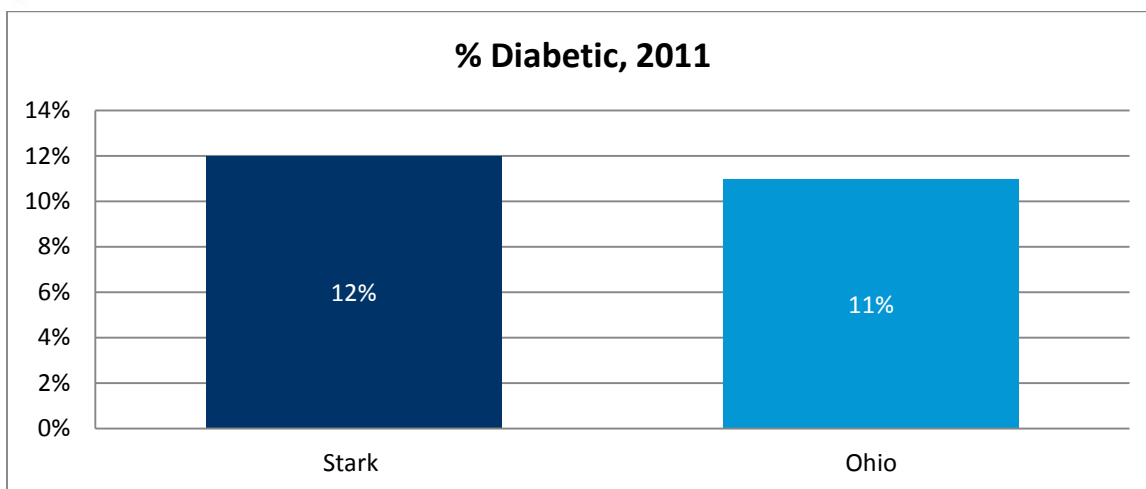


Diabetic Screenings			Mammography Screenings	
	# Diabetics	%HbA1c	# Medicare Enrollees	% Mammography
Stark County	3,205	87%	1,861	58.8%
Ohio	118,996	84%	69,110	60.3%

DESCRIPTION: Diabetic screening is calculated as the percent of diabetic Medicare patients whose blood sugar control was screened in the past year using a test of their glycated hemoglobin (HbA1c) levels. Mammography screening represents the percent of female Medicare enrollees age 67-69 that had at least one mammogram over a two-year period. Data is from 2012.

SOURCE: County Health Ranking. Original Source: Dartmouth Atlas of Health Care

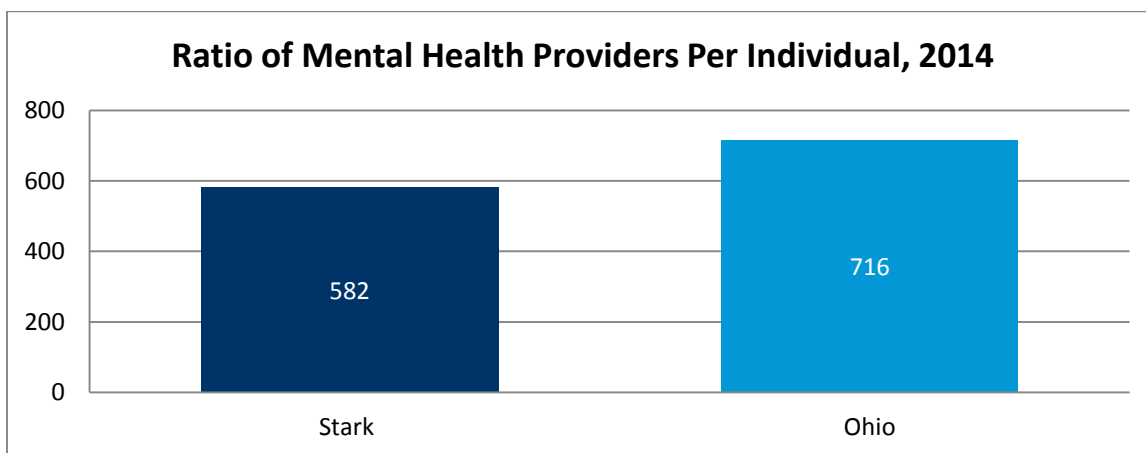
<http://www.countyhealthrankings.org/app/ohio/2015/measure/factors/7/map>



	% Diabetic
Stark	12%
Ohio	11%

DESCRIPTION- This measure represents the prevalence of diagnosed diabetes in a given county. Respondents were considered to have diagnosed diabetes if they responded "yes" to the question, "Has a doctor ever told you that you have diabetes?"

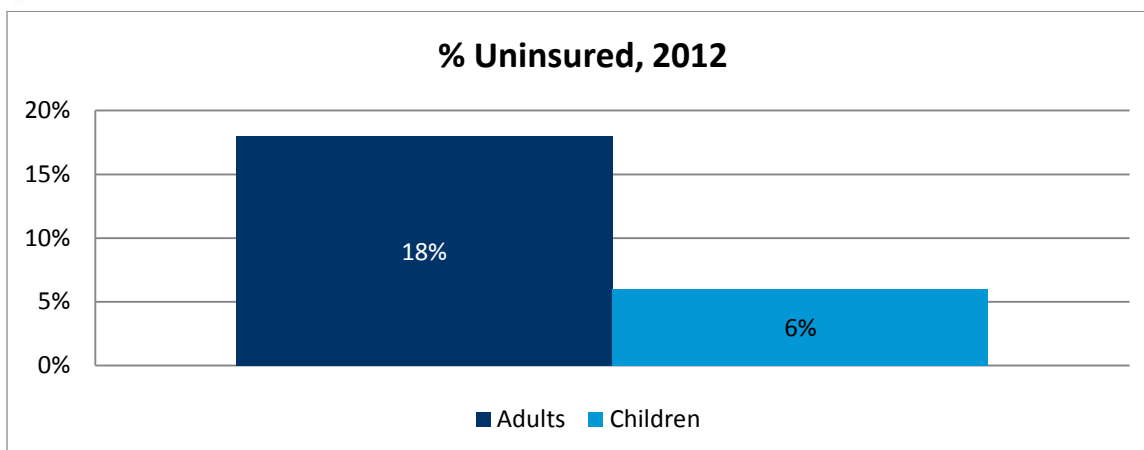
SOURCE: County Health Ranking. Original Source: National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation, 2011.



Mental Health Provider		
	Number of Providers	Ratio
Stark	645	582:1
Ohio	16,053	716:1

DESCRIPTION: This measure represents the ratio of the county population to the number of mental health providers including child psychiatrists, psychiatrists, and psychologists active in patient care in a given county. Data is from 2014.

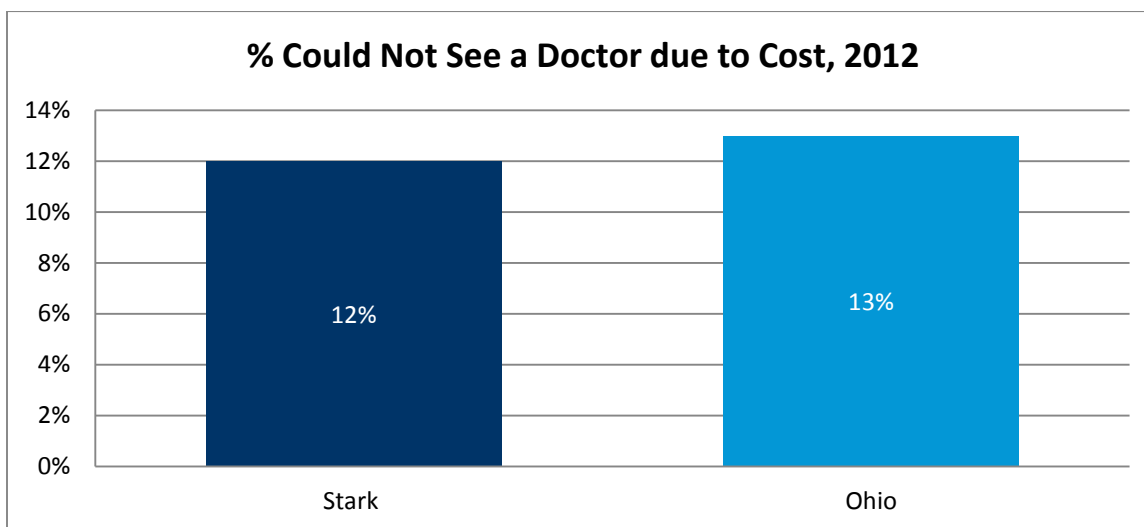
SOURCE: County Health Ranking. Original Source: HRSA Area Resource File.
<http://www.countyhealthrankings.org/app/ohio/2015/measure/additional/62/data/sort-0>



	Adults		Children	
	# Uninsured	% Uninsured	# Uninsured	% Uninsured
Stark	37,013	17%	4,969	6%
Ohio	1,156,227	17%	154,867	6%

DESCRIPTION: Uninsured adults represents the estimated percentage of the population aged 18 to 65 that has no health insurance coverage in a given county. Uninsured children represents the estimated percentage of the population under age 18 that has no health insurance coverage in a given county. Data is from 2012.

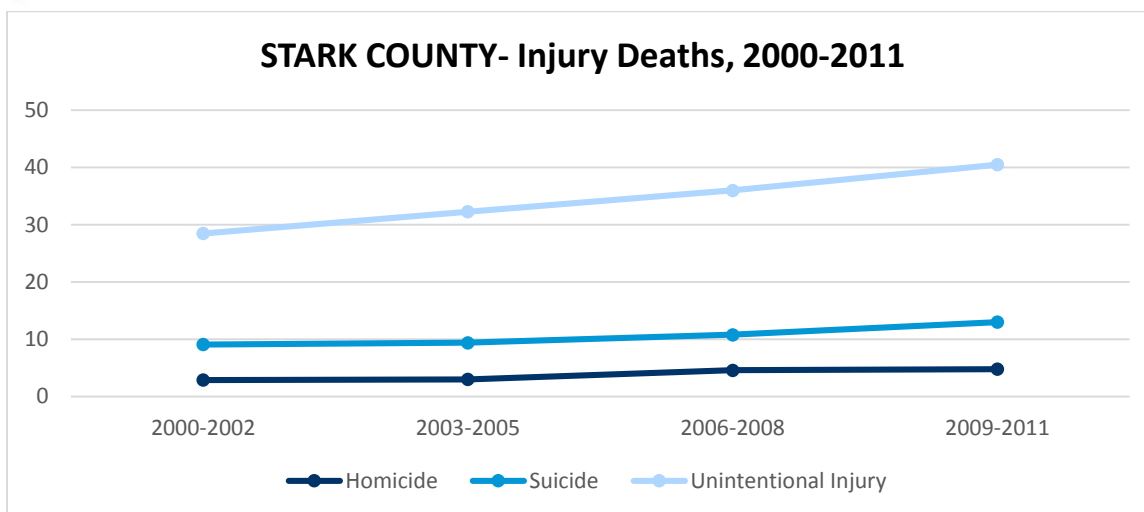
SOURCE: County Health Ranking. Original Source: U.S. Census Bureau's Small Area Health Insurance Estimates, 2012
<http://www.countyhealthrankings.org/app/ohio/2015/measure/additional/3/data/sort-0>



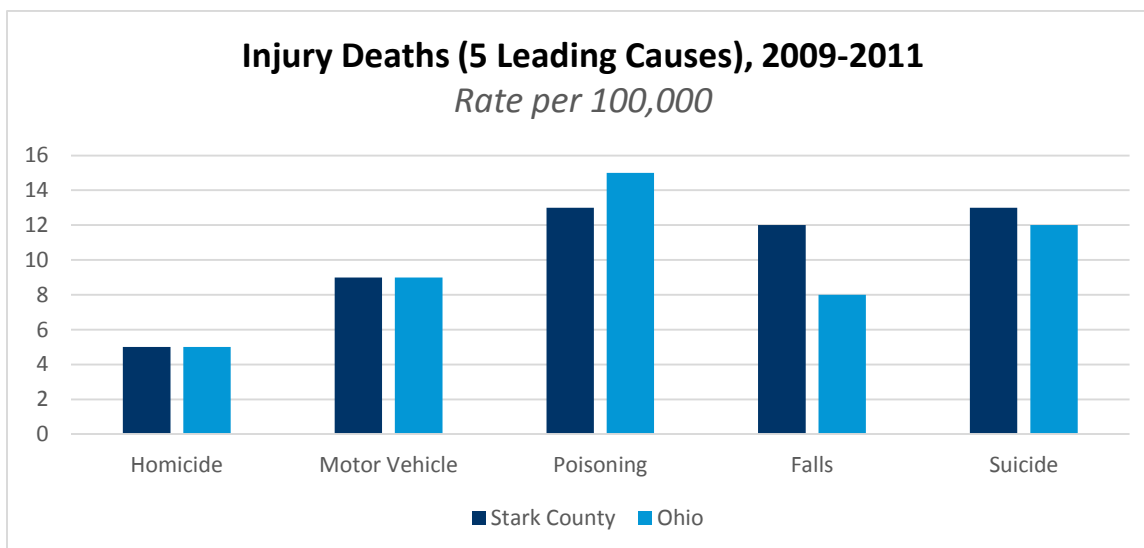
	% couldn't access
Stark	12%
Ohio	13%

DESCRIPTION: This measure represents the estimated percentage of the population who could not see a doctor because of cost in the past year.

SOURCE: County Health Ranking. Original Source: Behavioral Risk Factor Surveillance System, 2006-2012
<http://www.countyhealthrankings.org/app/ohio/2015/measure/additional/87/data/sort-0>



Rate per 100,000 people	2000-2002	2003-2005	2006-2008	2009-2011
Homicide	2.9	3.0	4.6	4.8
Suicide	9.1	9.4	10.8	13.0
Unintentional Injury	28.5	32.3	36.0	40.5

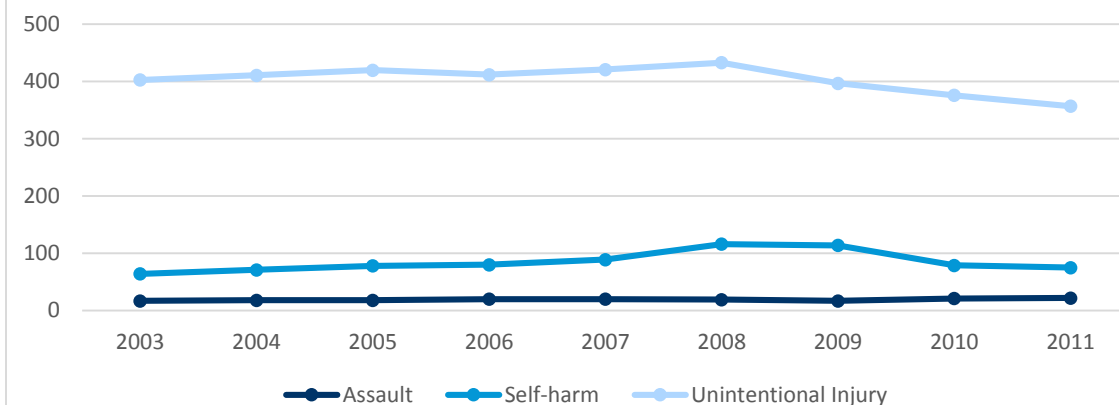


Rate per 100,000 people	Homicide	Motor Vehicle	Poisoning	Falls	Suicide
Stark County	5	9	13	12	13
Ohio	5	9	15	8	12

Source: Ohio Department of Health,
<http://www.healthy.ohio.gov/~media/HealthyOhio/ASSETS/Files/injury%20prevention/County%20Profiles%202011/Stark%20Profile%202011.pdf>



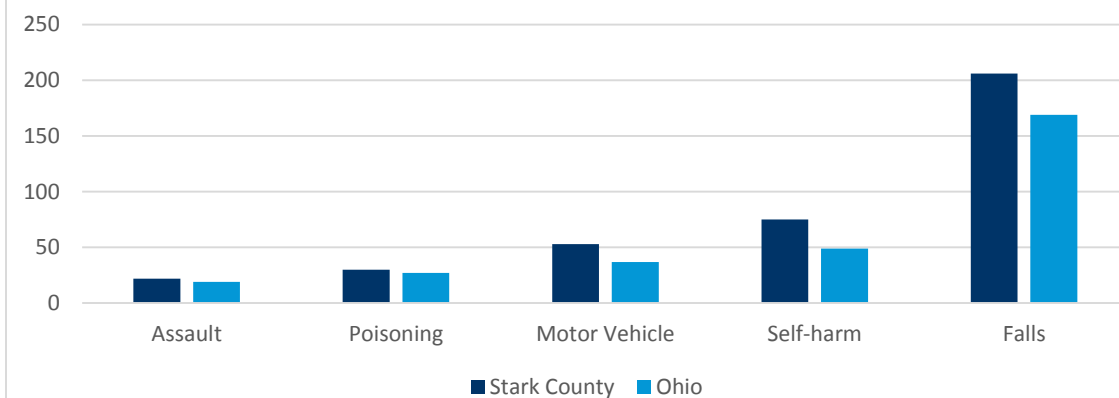
STARK COUNTY- Injury Hospitalizations, 2000-2011



Rate per 100,000 people	2003	2004	2005	2006	2007	2008	2009	2010	2011
Assault	17	18	18	20	20	19	17	21	22
Self-harm	64	71	78	80	89	116	114	79	75
Unintentional Injury	403	411	420	412	421	433	397	376	357

Injury Hospitalizations (5 Leading Causes), 2011

Rate per 100,000



Rate per 100,000 people	Assault	Poisoning	Motor Vehicle	Self-harm	Falls
Stark County	22	30	53	75	206
Ohio	19	27	37	49	169

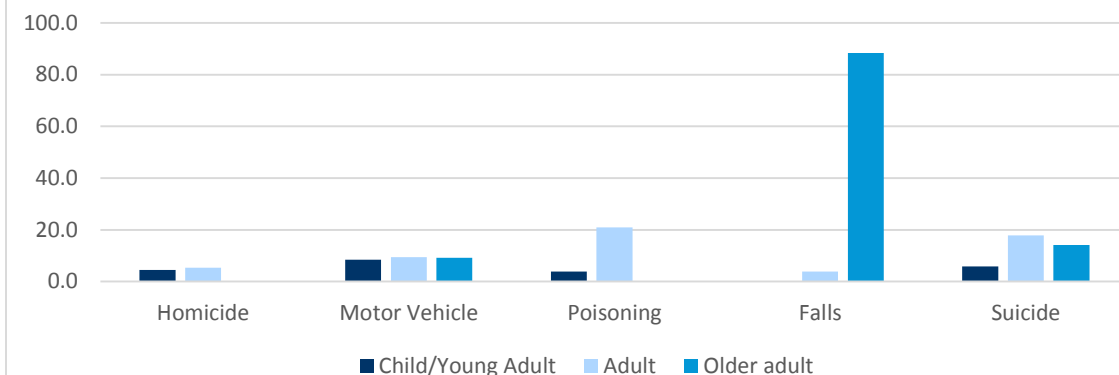
Source: Ohio Department of Health,

<http://www.healthy.ohio.gov/~media/HealthyOhio/ASSETS/Files/injury%20prevention/County%20Profiles%202011/Stark%20Profile%202011.pdf>



Stark Injury Deaths by Age (5 Leading Causes), 2009-2011

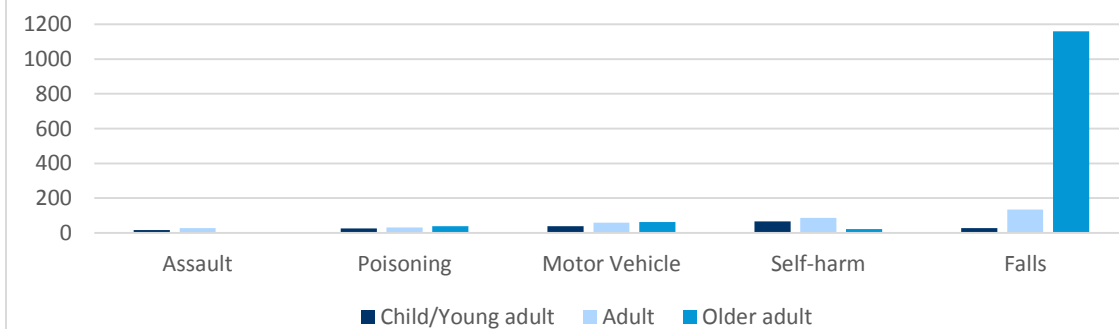
Rate per 100,000



Rate per 100,000 people	Homicide	Motor Vehicle	Poisoning	Falls	Suicide
Child/Young Adult (0-24 years)	4.5	8.4	3.9	0.0	5.9
Adult (25-64 years)	5.4	9.4	20.9	3.9	17.9
Older adult (65 and older)	-	9.2	-	88.3	14.1

Injury Hospitalizations (5 Leading Causes), 2011

Rate per 100,000



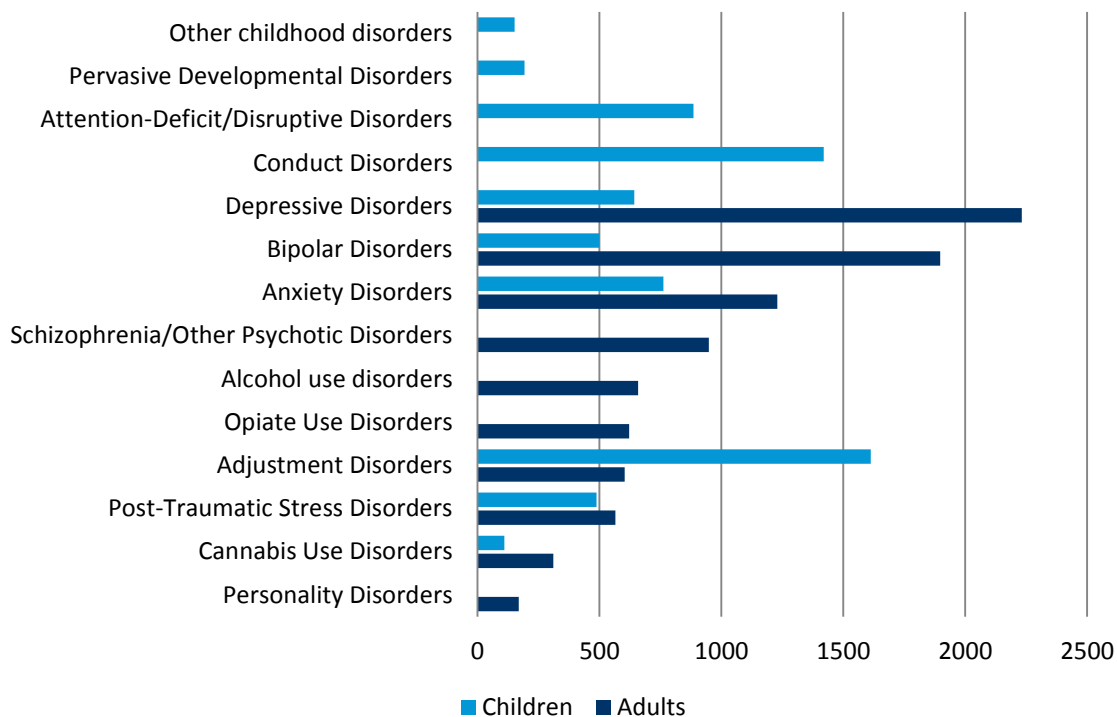
Rate per 100,000 people	Assault	Poisoning	Motor Vehicle	Self-harm	Falls
Child/Young Adult (0-24 years)	16.2	25.5	38.3	67.3	27.2
Adult (25-64 years)	28.1	30.7	58.8	86.4	135.0
Older adult (65 and older)	-	38.7	62.9	22.6	1160.2

Source: Ohio Department of Health,

<http://www.healthy.ohio.gov/~media/HealthyOhio/ASSETS/Files/injury%20prevention/County%20Profiles%202011/Stark%20Profile%202011.pdf>



Stark Top 10 Mental Health Diagnostic Groups- Medicaid Clients , SFY 2014-4/13/15



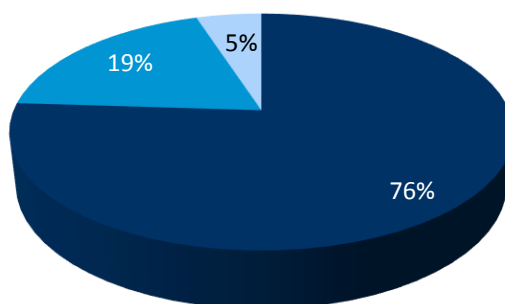
Number of Clients	Adults	Children
Depressive Disorders	2,232	642
Bipolar Disorders	1,897	499
Anxiety Disorders	1,229	762
Schizophrenia/Other Psychotic Disorders	949	*
Alcohol use disorders	658	*
Opiate Use Disorders	622	*
Adjustment Disorders	603	1,613
Post-Traumatic Stress Disorders	565	488
Cannabis Use Disorders	310	110
Personality Disorders	169	*
Conduct Disorders	*	1,419
Attention-Deficit/Disruptive Disorders	*	885
Pervasive Developmental Disorders	*	193
Other childhood disorders	*	152

Source: Mental Health and Recovery Board of Stark County



Stark County Mental Health Service MEDICAID Clients by Race, SFY 2014- 4/13/15

■ White ■ African-American ■ Other

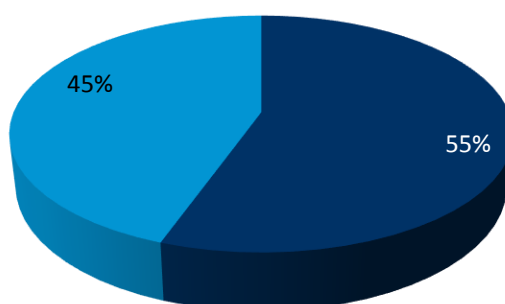


	% of Clients
White	76.4%
African-American	19.0%
Other	4.6%

Source: Mental Health and Recovery Board of Stark County

Stark County Mental Health Service MEDICAID Clients by Gender, SFY 2014- 4/13/15

■ Female ■ Male

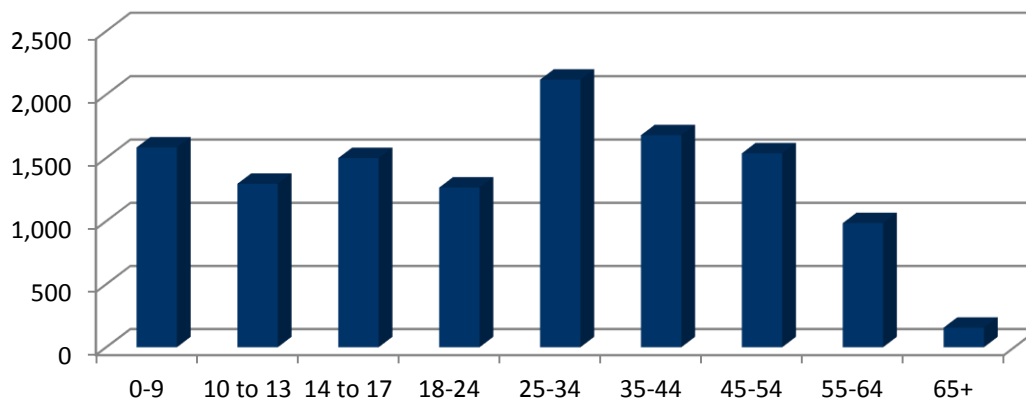


	% of Clients
Females	55.5%
Males	44.5%

Source: Mental Health and Recovery Board of Stark County



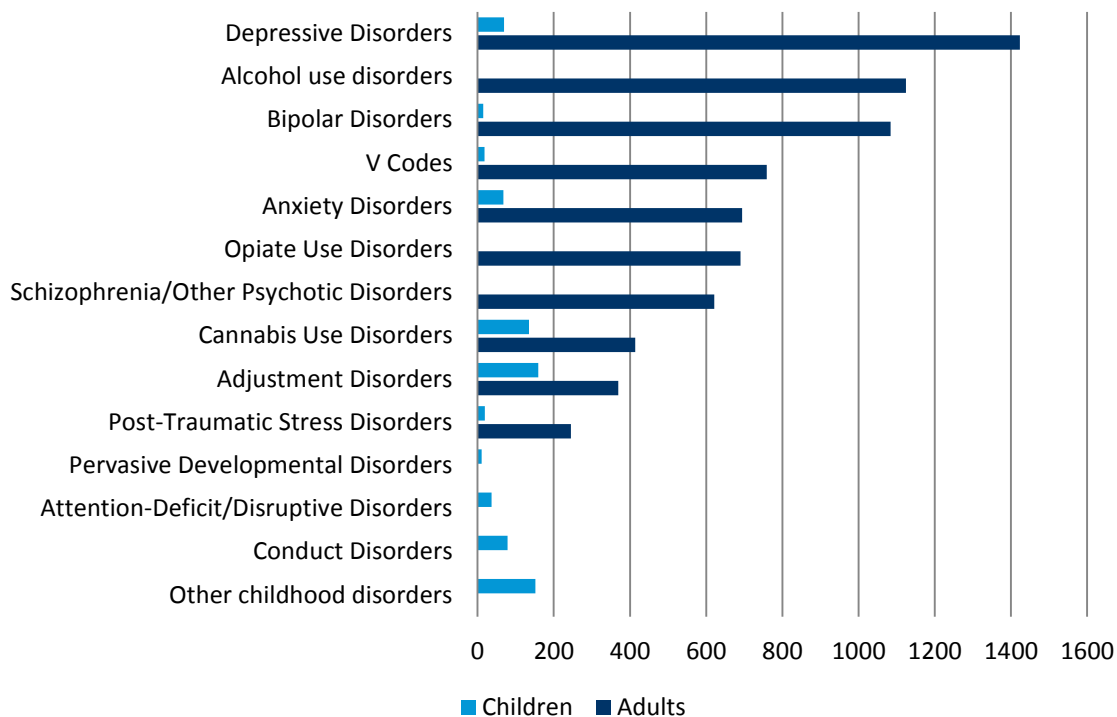
**Stark County Mental Health Service MEDICAID Clients
by Age, SFY 2014- 4/13/15**



	0-9	10-13	14-17	18-24	25-34	35-44	45-54	55-64	65+
# of Clients	1,582	1,296	1,499	1,266	2,117	1,679	1,536	984	155
Source: Mental Health and Recovery Board of Stark County									



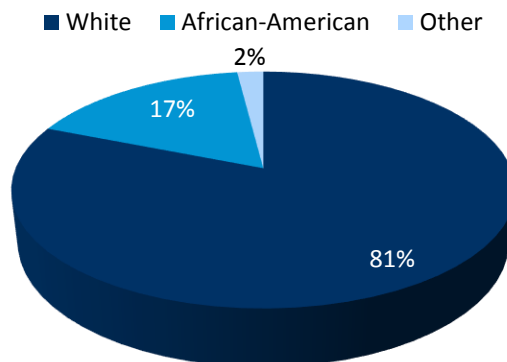
Stark Top 10 Mental Health Diagnostic Groups- Non-Medicaid Clients , SFY 2014-4/13/15



Number of Clients	Adults	Children
Depressive Disorders	1,423	69
Alcohol use disorders	1,124	
Bipolar Disorders	1,084	15
V Codes	759	18
Anxiety Disorders	694	68
Opiate Use Disorders	690	
Schizophrenia/Other Psychotic Disorders	621	
Cannabis Use Disorders	414	135
Adjustment Disorders	369	159
Post-Traumatic Stress Disorders	245	19
Conduct Disorders		79
Attention-Deficit/Disruptive Disorders		37
Pervasive Developmental Disorders		11
Source: Mental Health and Recovery Board of Stark County		

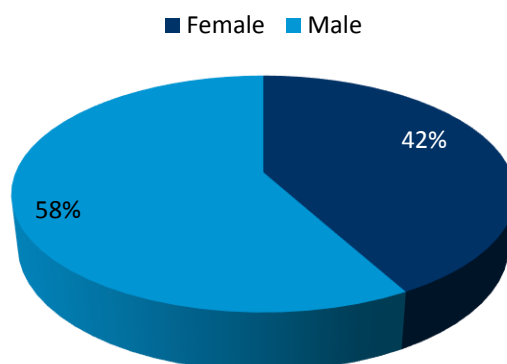


Stark County Mental Health Service Non-MEDICAID Clients by Race, SFY 2014- 4/13/15

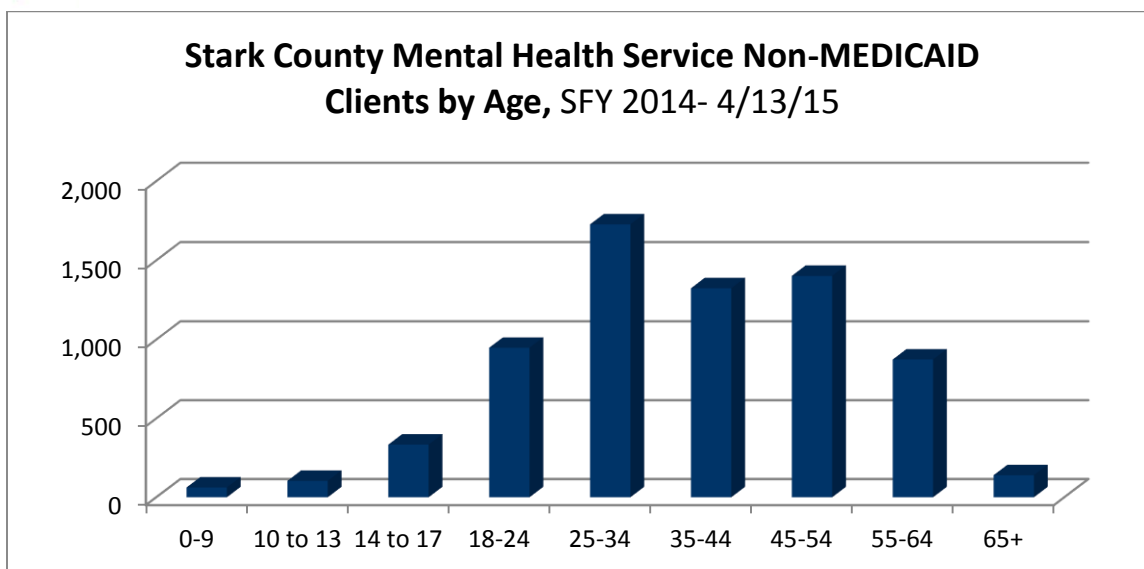


	% of Clients
White	80.8%
African-American	16.8%
Other	2.4%
Source: Mental Health and Recovery Board of Stark County	

Stark County Mental Health Service Non-MEDICAID Clients by Gender, SFY 2014- 4/13/15



	% of Clients
Females	41.9%
Males	58.1%
Source: Mental Health and Recovery Board of Stark County	



	0-9	10-13	14-17	18-24	25-34	35-44	45-54	55-64	65+
# of Clients	62	104	334	948	1,727	1,324	1,402	874	140
Source: Mental Health and Recovery Board of Stark County									



Social and Economic Factors Ranking

Part of the Health Factor Ranking

Social and economic factors include (1) community safety (violent crime rate), (2) education (high school graduation and some college), (3) employment (unemployment), (4) family and social support (inadequate social support and children in single family households), and (5) income (children in poverty)

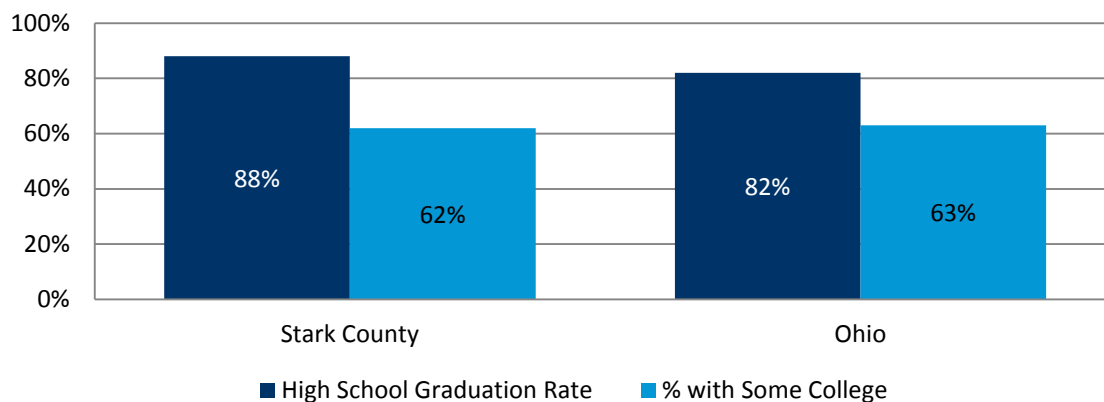
Rank 1= Best Social and Economic Rating to 88= Worst Social and Economic Rating

County	Rank	County	Rank	County	Rank
Adams	87	Jefferson	66	Van Wert	11
Allen	52	Knox	29	Vinton	85
Ashland	24	Lake	15	Warren	4
Ashtabula	77	Lawrence	63	Washington	34
Athens	56	Licking	31	Wayne	18
Auglaize	5	Logan	36	Williams	25
Belmont	46	Lorain	51	Wood	9
Brown	69	Lucas	86	Wyandot	10
Butler	40	Madison	39		
Carroll	37	Mahoning	71		
Champaign	32	Marion	81		
Clark	58	Medina	7		
Clermont	22	Meigs	84		
Clinton	65	Mercer	3		
Columbiana	62	Miami	20		
Coshocton	59	Monroe	70		
Crawford	54	Montgomery	73		
Cuyahoga	78	Morgan	82		
Darke	27	Morrow	41		
Defiance	16	Muskingum	74		
Delaware	1	Noble	61		
Erie	45	Ottawa	35		
Fairfield	13	Paulding	30		
Fayette	49	Perry	68		
Franklin	60	Pickaway	42		
Fulton	23	Pike	88		
Gallia	72	Portage	28		
Geauga	8	Preble	43		
Greene	17	Putnam	2		
Guernsey	64	Richland	55		
Hamilton	67	Ross	76		
Hancock	12	Sandusky	38		
Hardin	44	Scioto	83		
Harrison	50	Seneca	26		
Henry	21	Shelby	19		
Highland	79	Stark	47		
Hocking	53	Summit	48		
Holmes	14	Trumbull	75		
Huron	57	Tuscarawas	33		
Jackson	80	Union	6		

SOURCE: County Health Ranking.



Education: High School Graduate and Some College *Part of the Social and Economic Factors Rating*



	High School Graduation Rate	% with Some College
Stark	88%	62.0%
Ohio	82%	62.7%

DESCRIPTION: High school graduation is reported as the percent of a county's ninth-grade cohort in public schools that graduates from high school in four years. Some college represents the percent of the population ages 25-44 with some post-secondary education, such as enrollment at vocational/technical schools, junior colleges, or four-year colleges. It includes individuals who pursued education following high school but did not receive a degree.

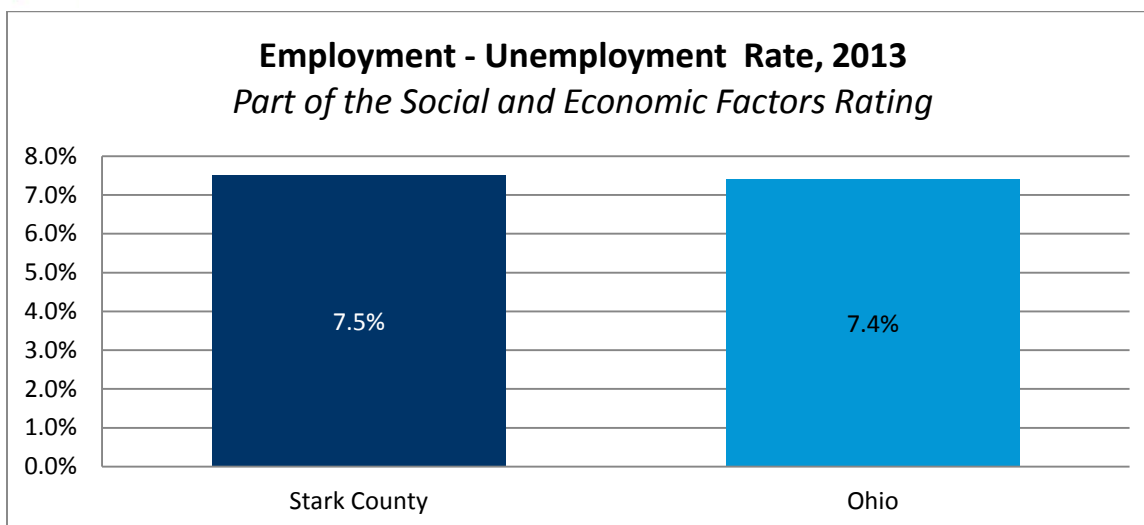
HIGH SCHOOL SOURCE: County Health Ranking. Original Source: Ohio Department of Education. Data is from 2011-2012. <http://www.countyhealthrankings.org/app/ohio/2015/measure/factors/21/map>

SOME COLLEGE SOURCE: County Health Ranking. Original Source: American Community Survey. Years of data used 2009-2013 <http://www.countyhealthrankings.org/app/ohio/2015/measure/factors/69/map>

Education Information

County Education Information	Stark	Ohio
Public school buildings	113	3,694
# public students	58,390	1,692,219
# public teachers	3,679	107,751
Expenditures per student	\$8,831	\$10,185
Graduation Rate	89.0%	82.2%
# non-public schools	22	731
# non-public students	3,765	173,791
# 4-yr public universities	0	13
# 4-year branches	1	23
# 2-year public colleges	1	38
# Private colleges and universities	3	47
Public libraries (Main/Branches)	7/13	251/483

Source: Ohio Office of Policy, Research, and Strategic Planning, Ohio County Profiles
STARK COUNTY: <http://development.ohio.gov/files/research/C1077.pdf>
OHIO: <http://development.ohio.gov/files/research/C1001.pdf>



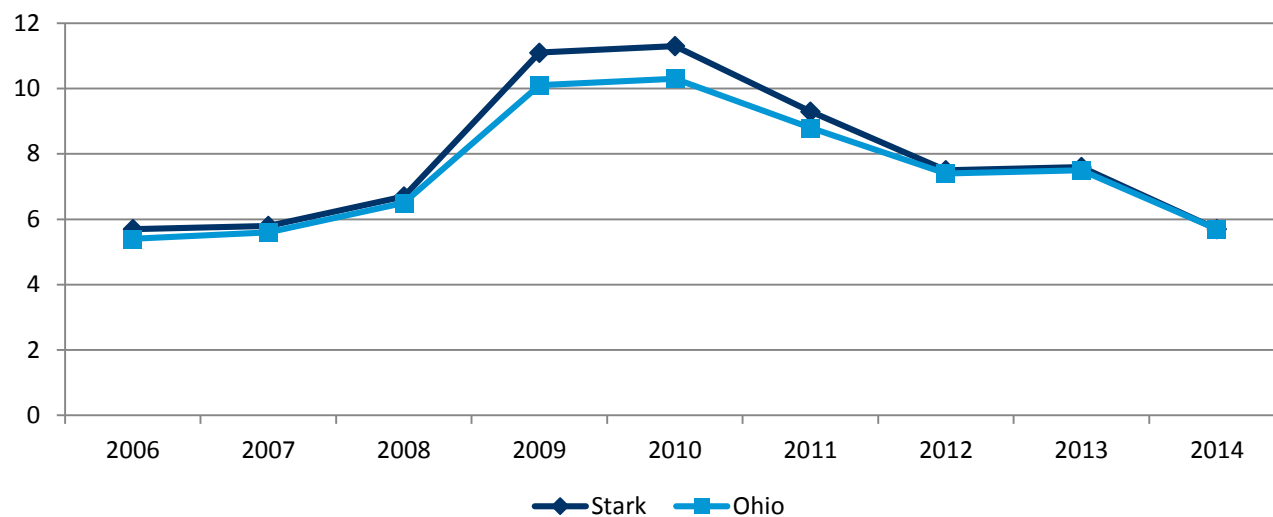
	# Unemployed	% Unemployed
Stark County	14,052	7.5%
Ohio	424,849	7.4%
DESCRIPTION: Unemployment is measured as the percent of the civilian labor force, age 16 and older, that is unemployed but seeking work.		
<i>SOURCE: County Health Ranking. Original Source: Bureau of Labor Statistics</i>		
http://www.countyhealthrankings.org/app/ohio/2015/measure/factors/23/map		

Major Employers

Stark County	
Alliance Community Hospital	Nickels Bakery
Aultman Hospital	Republic Engineered Products
Canton City Schools	Stark County Government
GE Capital	Stark State College
H.J. Heinz Company	Timken Co
Mercy Medical Center	Wal-Mart Stores
Source: Ohio Office of Policy, Research, and Strategic Planning, Ohio County Profiles	



Unemployment Rates 2006-2014



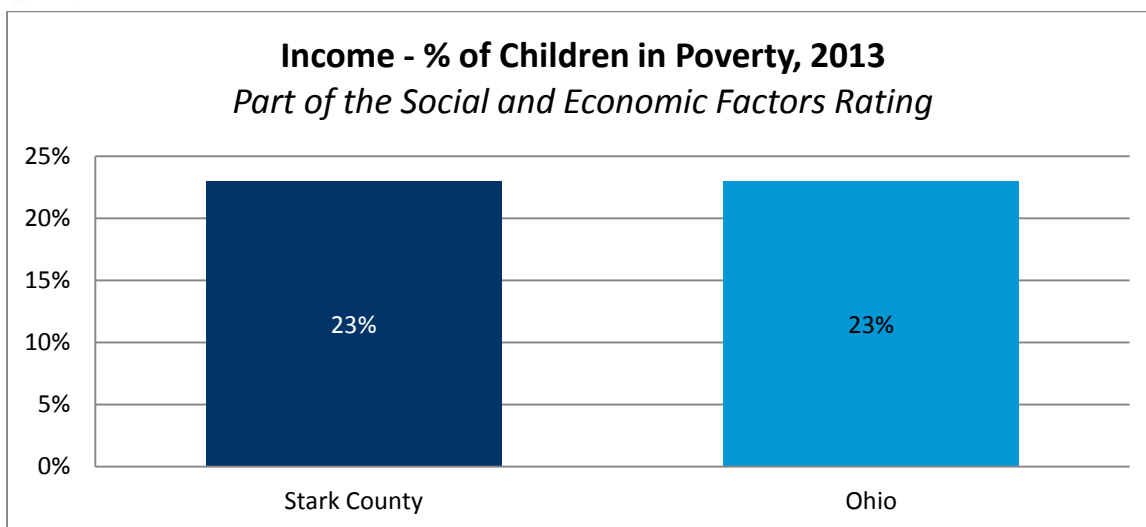
	2006	2007	2008	2009	2010	2011	2012	2013	2014
Stark County	5.7	5.8	6.7	11.1	11.3	9.3	7.5	7.6	5.7
Ohio	5.4	5.6	6.5	10.1	10.3	8.8	7.4	7.5	5.7

Source: Ohio Department of Job and Family Services, Bureau of Labor Market Information,
<http://lmi.state.oh.us/>. http://development.ohio.gov/reports/reports_countytrends_map.htm

Business Numbers

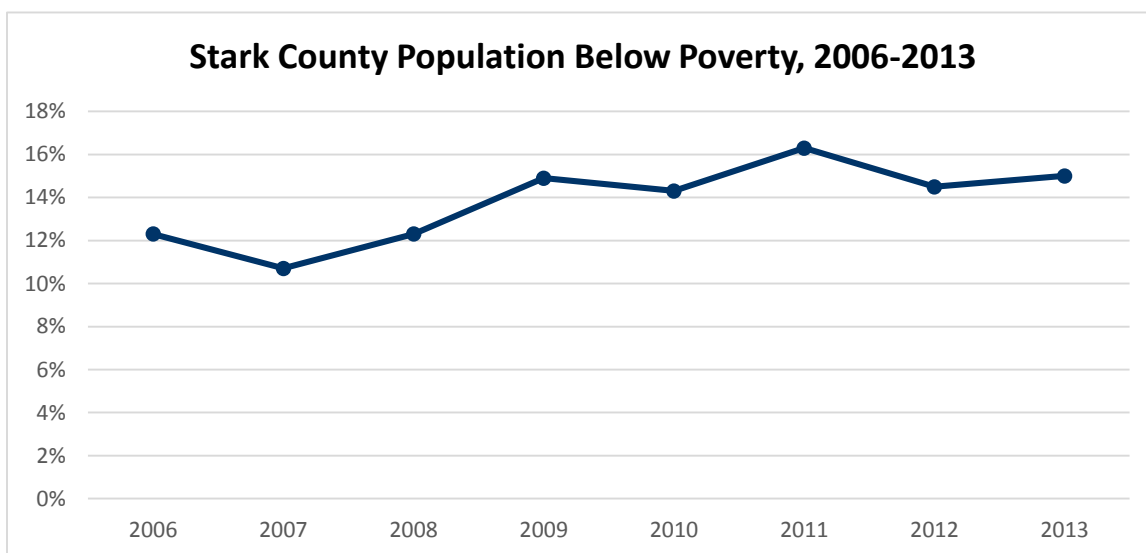
	2007	2008	2009	2010	2011	2012	2013	2014
STARK COUNTY								
Business starts	713	705	625	577	572	537	536	518
Active businesses	7,554	7,389	7,180	7,039	6,997	6,938	6,888	6,882
OHIO								
Business Starts	*	*	*	19,819	21,764	25,895	21,805	21,289
Active businesses	*	*	*	224,361	225,482	224,898	225,738	226,611

Source: Ohio Office of Policy, Research, and Strategic Planning, Ohio County Profiles



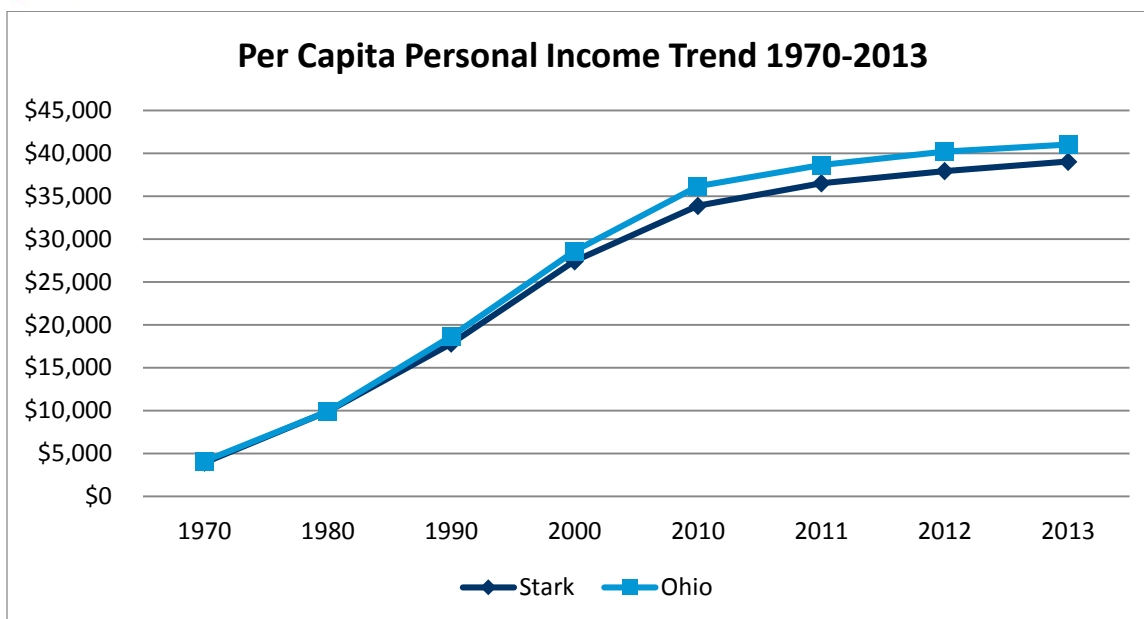
	# Children in Poverty	% Children in Poverty
Stark County	18,749	23%
Ohio	589,871	23%

DESCRIPTION: Children in poverty is the percent of children under age 18 living below the Federal Poverty Line (FPL).
SOURCE: County Health Ranking. Original Source: Small Area Income and Poverty Estimates. Data is from 2013
<http://www.countyhealthrankings.org/app/ohio/2015/measure/factors/24/map>



	2006	2007	2008	2009	2010	2011	2012	2013
Below poverty	12.3%	10.7%	12.3%	14.9%	14.3%	16.3%	14.5%	15.0%

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



	Income, 1970	Income, 1980	Income, 1990	Income, 2000	Income, 2010	Income, 2011	Income, 2012	Income, 2013	Change 1970- 2013
Stark	\$3,942	\$9,917	\$17,829	\$27,441	\$33,899	\$36,536	\$37,943	\$39,046	+890.5%
Ohio	\$4,136	\$9,907	\$18,663	\$28,620	\$36,199	\$38,631	\$40,230	\$41,049	+892.5%

Source: Ohio Department of Development. Original Source: US Bureau of Economic Analysis.
<http://development.ohio.gov/files/research/E1002.pdf>



Median Household Income by County, 2013

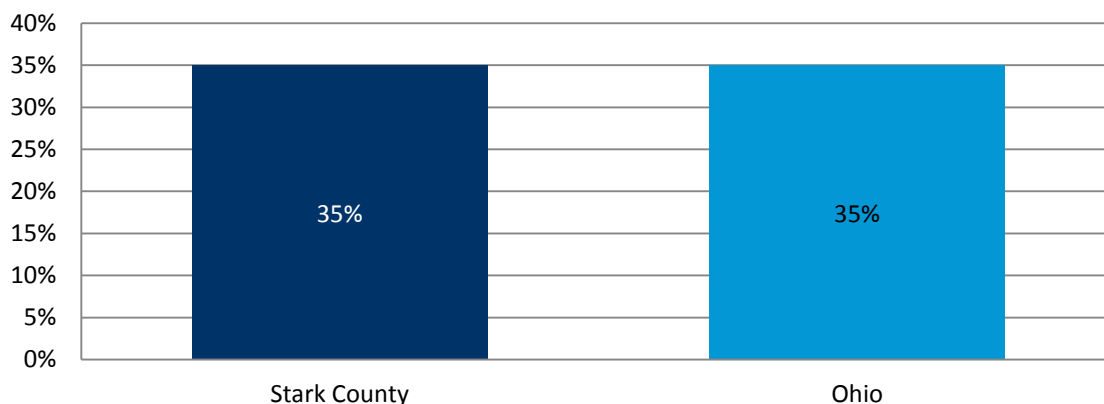
Rank 1= Highest Household Income to 88= Lowest Household Income

Area	Income	Rank	Area	Income	Rank
Ohio	\$48,071		Licking County	\$54,909	13
Adams County	\$37,259	85	Logan County	\$50,077	26
Allen County	\$43,274	53	Lorain County	\$52,762	16
Ashland County	\$48,196	34	Lucas County	\$40,751	70
Ashtabula	\$40,899	69	Madison County	\$54,039	14
Athens County	\$35,783	88	Mahoning County	\$41,076	67
Auglaize County	\$54,010	15	Marion County	\$42,862	56
Belmont County	\$39,264	80	Medina County	\$66,720	5
Brown County	\$43,050	55	Meigs County	\$40,023	76
Butler County	\$55,992	10	Mercer County	\$55,110	12
Carroll County	\$44,622	48	Miami County	\$51,892	20
Champaign	\$48,516	33	Monroe County	\$41,000	68
Clark County	\$44,029	50	Montgomery	\$43,103	54
Clermont	\$61,398	6	Morgan County	\$36,057	87
Clinton County	\$46,541	43	Morrow County	\$49,980	27
Columbiana	\$41,996	61	Muskingum	\$40,399	72
Coshocton	\$39,496	78	Noble County	\$42,425	59
Crawford County	\$38,421	81	Ottawa County	\$51,787	21
Cuyahoga	\$43,653	51	Paulding County	\$46,921	40
Darke County	\$43,465	52	Perry County	\$41,586	63
Defiance County	\$48,971	31	Pickaway County	\$52,666	17
Delaware	\$89,016	1	Pike County	\$41,092	66
Erie County	\$46,495	44	Portage County	\$52,576	19
Fairfield County	\$56,697	9	Preble County	\$47,251	35
Fayette County	\$40,031	75	Putnam County	\$60,562	7
Franklin County	\$51,456	23	Richland County	\$40,210	74
Fulton County	\$51,454	24	Ross County	\$42,730	57
Gallia County	\$39,447	79	Sandusky County	\$46,800	41
Geauga County	\$69,078	3	Scioto County	\$36,682	86
Greene County	\$60,093	8	Seneca County	\$47,121	38
Guernsey	\$39,760	77	Shelby County	\$51,529	22
Hamilton County	\$47,123	37	Stark County	\$45,199	46
Hancock County	\$48,729	32	Summit County	\$49,353	29
Hardin County	\$42,474	58	Trumbull County	\$41,951	62
Harrison County	\$40,343	73	Tuscarawas	\$44,121	49
Henry County	\$51,105	25	Union County	\$68,650	4
Highland County	\$40,419	71	Van Wert County	\$47,169	36
Holmes County	\$49,118	30	Warren County	\$75,041	2
Huron County	\$44,825	47	Washington	\$41,236	64
Jackson County	\$37,823	84	Wayne County	\$49,580	28
Jefferson County	\$38,074	82	Williams County	\$45,510	45
Knox County	\$47,053	39	Wood County	\$52,578	18
Lake County	\$55,477	11	Wyandot County	\$46,568	42
Lawrence	\$41,137	65	<i>Source: US Census Bureau</i>		



Family Support: % of Single Parent Households, 2009-2013

Part of the Social and Economic Factors Rating



	% with Inadequate Social Support	# of single-parent households	% Single Parent Households
Stark	19%	29,536	35%
Ohio	20%	930,507	35%

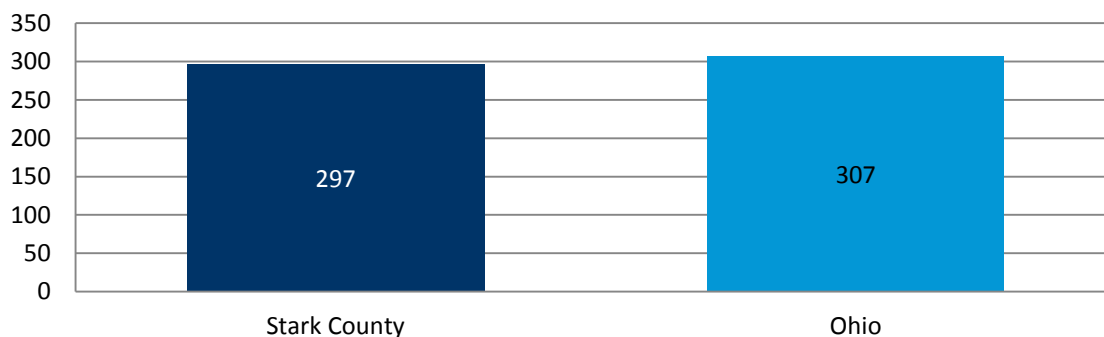
DESCRIPTION: % of single parent households is the percent of all children in family households that live in a household headed by a single parent (male or female head of household). Data is from 2009-2013.

SOURCE: County Health Ranking. Original Source: American Community Survey

<http://www.countyhealthrankings.org/app/ohio/2015/measure/factors/82/map>

Community Safety- Violent Crime Rate, 2010-2012

Part of the Social and Economic Factors Rating

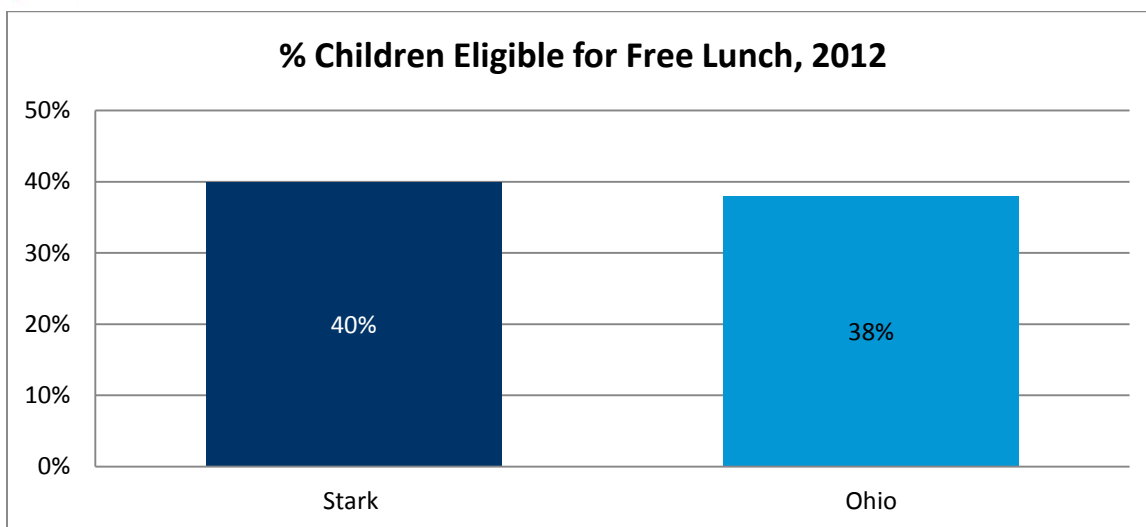


	Annual Violent Crimes	Violent Crime Rate
Stark County	1,103	297
Ohio	34,180	307

DESCRIPTION: Violent crime is represented as an annual rate per 100,000 population. Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault.

SOURCE: County Health Ranking. Original Source: Uniform Crime Reporting – FBI. Data is from 2010-2012

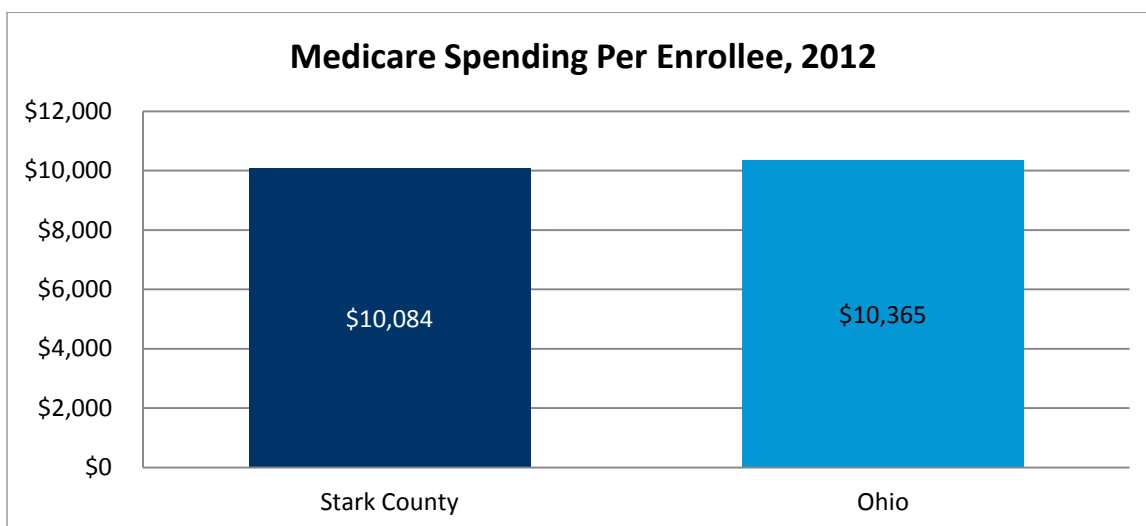
<http://www.countyhealthrankings.org/app/ohio/2015/measure/factors/43/map>



	% children eligible
Stark County	40%
Ohio	38%

DESCRIPTION: This measure represents the percentage of children enrolled in public schools eligible for free lunch in a given county. Data is from 2012.

SOURCE: County Health Ranking. Original Source: The National Center for Education Statistics (NCES). <http://www.countyhealthrankings.org/app/ohio/2015/measure/additional/65/data> NCES fulfills a Congressional mandate to collect, collate, analyze, and report complete statistics on the condition of American education; conduct and publish reports; and review and report on education activities internationally.



	Costs
Stark County	\$10,084
Ohio	\$10,365

DESCRIPTION: Health care costs represents the price-adjusted Medicare spending (Parts A and B) per enrollee

SOURCE: County Health Ranking. Original Source: Dartmouth Atlas of Health Care, 2012
<http://www.countyhealthrankings.org/app/ohio/2015/measure/additional/86/data/sort-0>



Physical Environment Ranking

Part of the Health Factor Ranking

Physical environment includes (1) environmental quality (daily fine particulate matter and drinking water safety) and (2) built environment (limited access to healthy food, access to recreational facilities, and fast food restaurants). **Rank 1= Best Physical Environment Rating to 88= Worst Physical Environment Rating**

County	Rank	County	Rank	County	Rank
Adams	9	Huron	41	Summit	47
Allen	46	Jackson	60	Trumbull	62
Ashland	66	Jefferson	65	Tuscarawas	36
Ashtabula	76	Knox	35	Union	6
Athens	27	Lake	58	Van Wert	21
Auglaize	11	Lawrence	16	Vinton	86
Belmont	43	Licking	47	Warren	2
Brown	32	Logan	15	Washington	28
Butler	44	Lorain	63	Wayne	29
Carroll	83	Lucas	84	Williams	24
Champaign	21	Madison	67	Wood	18
Clark	24	Mahoning	85	Wyandot	13
Clermont	14	Marion	64		
Clinton	71	Medina	70		
Columbiana	87	Meigs	23		
Coshocton	40	Mercer	8		
Crawford	28	Miami	30		
Cuyahoga	68	Monroe	34		
Darke	12	Montgomery	33		
Defiance	73	Morgan	25		
Delaware	55	Morrow	72		
Erie	45	Muskingum	62		
Fairfield	56	Noble	69		
Fayette	7	Ottawa	5		
Franklin	53	Paulding	77		
Fulton	48	Perry	74		
Gallia	13	Pickaway	75		
Geauga	61	Pike	86		
Greene	17	Portage	81		
Guernsey	52	Preble	29		
Hamilton	26	Putnam	59		
Hancock	4	Richland	42		
Hardin	50	Ross	22		
Harrison	88	Sandusky	3		
Henry	10	Scioto	39		
Highland	78	Seneca	18		
Hocking	38	Shelby	31		
Holmes	1	Stark	80		

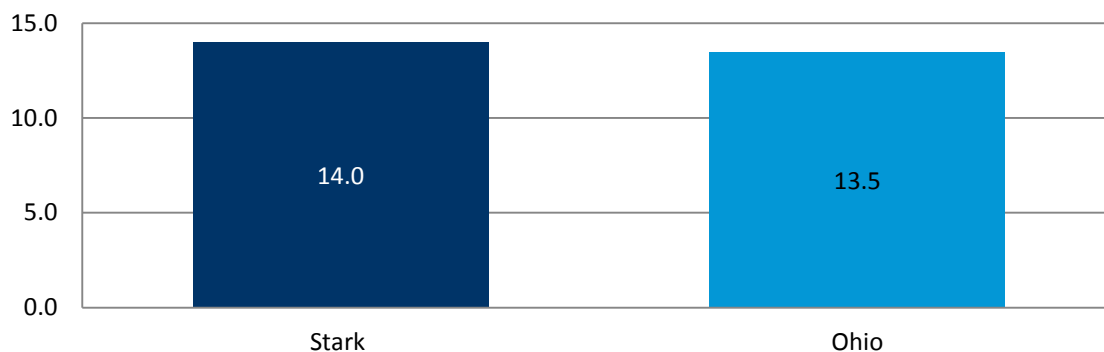
SOURCE: County Health Ranking

<http://www.countyhealthrankings.org/app/ohio/2015/rankings/factors/5>



Air Pollution- Daily Fine Particulate Matter, 2011

Part of the Physical Environment Rating



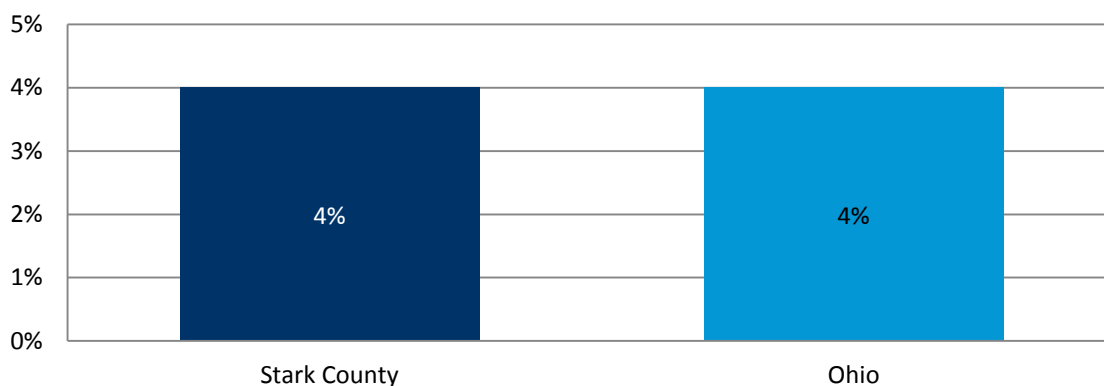
	Average Daily PM25
Stark County	14.0
Ohio	13.5

DESCRIPTION: This measure represents the average daily amount of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers. These particles can be directly emitted from sources such as forest fires, or they can form when gases emitted from power plants, industries and automobiles react in the air. Data is from 2011.

SOURCE: County Health Ranking. Original Source: CDC WONDER Environmental Data
<http://www.countyhealthrankings.org/app/ohio/2015/measure/factors/125/map>

Environmental Quality- Drinking Water Violations

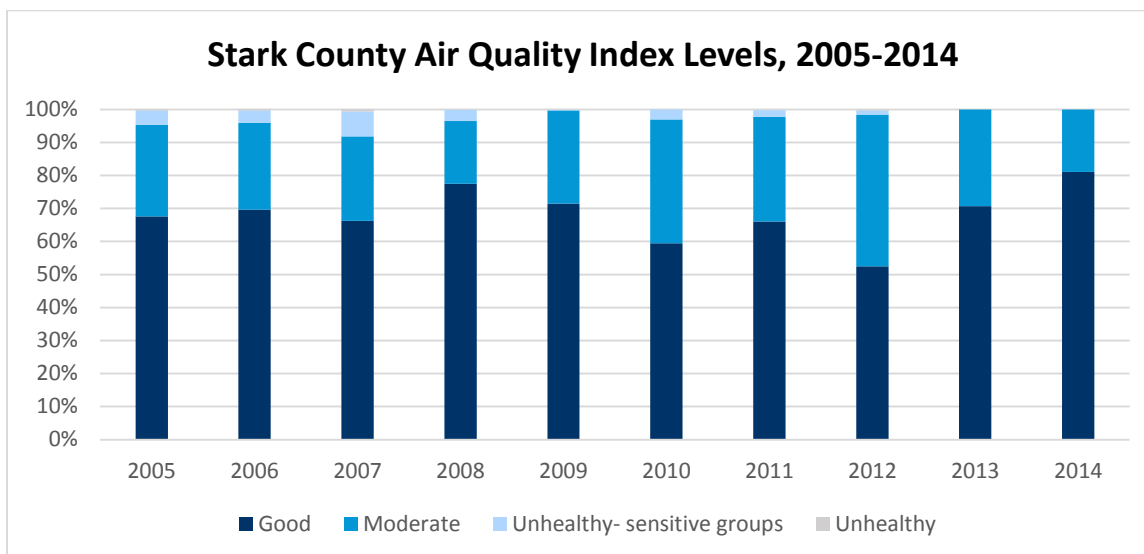
Part of the Physical Environment Rating



	% population in violation	# of population in violation
Stark County	4%	11,200
Ohio	4%	435,153

DESCRIPTION: This measure represents the percentage of population potentially exposed to water exceeding a violation limit during the past year. Data is from FY2013-FY2014.

SOURCE: County Health Ranking. Original Source: Safe Drinking Water Information System
<http://www.countyhealthrankings.org/app/ohio/2015/measure/factors/124/map>



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Good	67.6%	69.6%	66.2%	77.5%	71.5%	59.5%	66.0%	52.5%	70.7%	81.1%
Moderate	27.7%	26.3%	25.6%	19.0%	28.2%	37.5%	31.7%	45.9%	29.3%	18.9%
Unhealthy- sensitive groups	4.4%	3.8%	7.6%	3.4%	0.2%	3.0%	2.1%	1.3%	0.0%	0.0%
Unhealthy	0.3%	0.6%	0.6%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%

	AQI
Good	<=50
Moderate	51-100 AQI
Unhealthy for sensitive groups	101-150 AQI
Unhealthy	151-200 AQI
Very Unhealthy	>=201 AQI

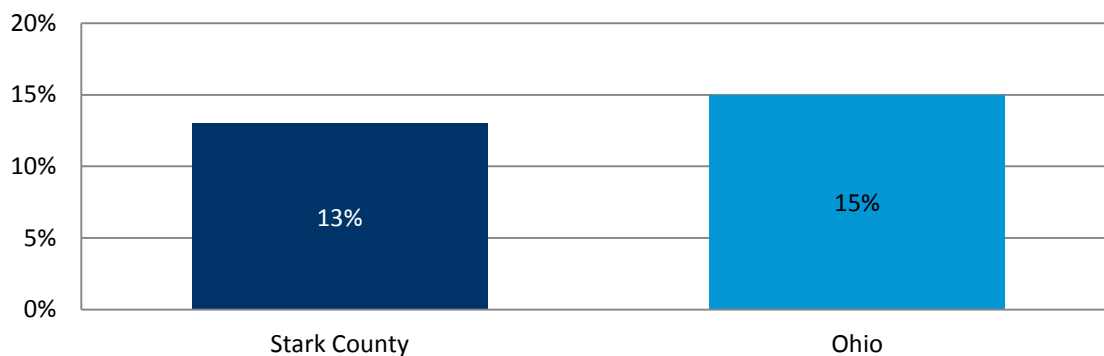
AirData reports are produced from an extract of EPA's air pollutions database. They represent the best information available to EPA from agencies on that date. However, some values may be absent due to incomplete reporting, and some values subsequently may be changed due to quality assurance activities. The AQS database is updated daily by organizations who own and submit the data.

Air Quality Index (AQI) is a standardized value for reporting daily air quality based on the measured pollutant concentration that produces the highest AQI value. Generally, an AQI value of 100 equals the national air quality standard for the pollutant, which is the level set by EPA to protect public health and is considered satisfactory. Values above 100 are considered unhealthy.

Source: US EPA - Air Data Air Quality Index Report, www.epa.gov/airdata/ad_rep_aqi.html



% of Households with Severe Housing Problems Part of the Physical Environment Rating

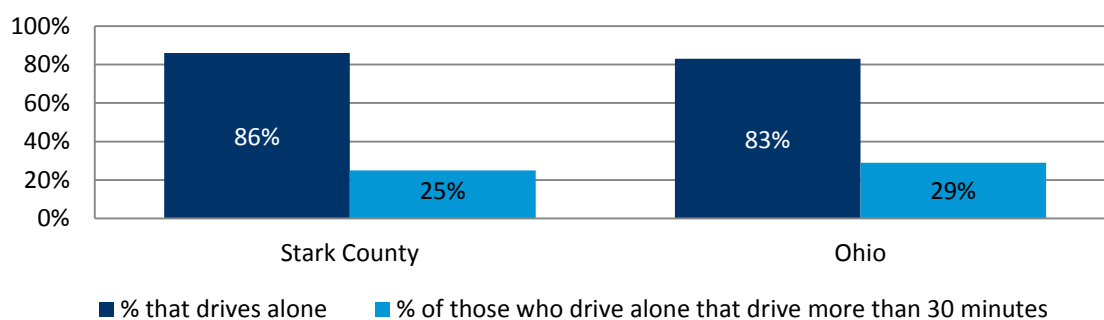


	% of households with at least 1 of 4 housing problems	# of households with severe problems
Stark County	13%	19,695
Ohio	15%	688,670

DESCRIPTION: This measure represents the percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities. Data is from 2007-2011.

SOURCE: County Health Ranking. Original Source: Comprehensive Housing Affordability Strategy
<http://www.countyhealthrankings.org/app/ohio/2015/measure/factors/136/map>

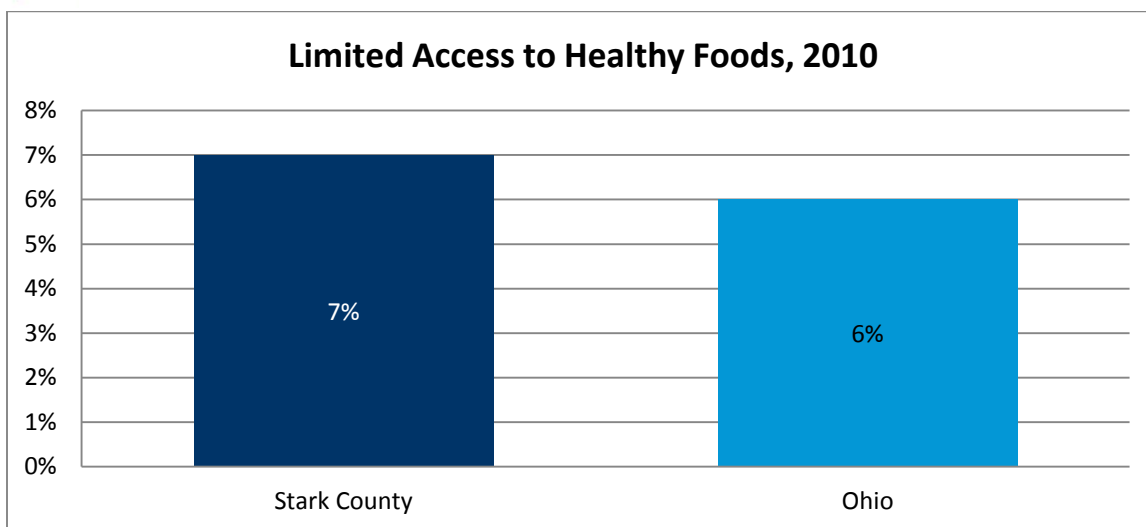
% of Workforce that Drives alone to Work Part of the Physical Environment Rating



	# that drive alone	# of workers	% of workforce that drives alone	% of workers who commute alone who drive more than 30 min.
Stark County	143,099	166,652	86%	25%
Ohio	4,306,686	5,164,077	83%	29%

DESCRIPTION: DRIVING ALONE TO WORK: This measure represents the percentage the workforce that drives alone to work. Data is from 2009-2013. LONG COMMUTE DRIVING ALONE: Among workers who commute in their car alone, the percentage that commute more than 30 minutes

SOURCE: County Health Ranking. Original Source: American Community Survey, 5-year estimates
<http://www.countyhealthrankings.org/app/ohio/2015/measure/factors/67/map>



	# Limited Access	% Limited Access
Stark County	26,165	7%
Ohio	681,165	6%

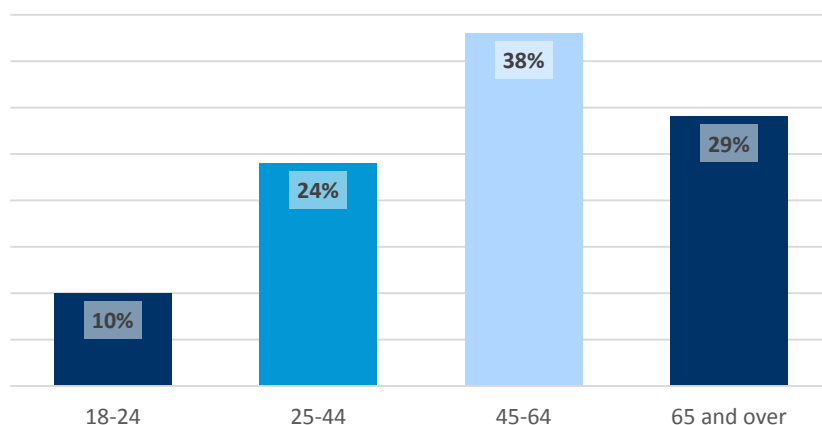
DESCRIPTION: Limited access to healthy foods captures the proportion of the population who are low income and do not live close to a grocery store. Living close to a grocery store is defined differently in rural and non-rural areas; in rural areas, it means living less than 10 miles from a grocery store whereas in non-rural areas, it means less than 1 mile. Low income is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size. Data is from 2010.

SOURCE: County Health Ranking. Original Source: USDA Food Environment Atlas
<http://www.countyhealthrankings.org/app/ohio/2015/measure/factors/83/map>



APPENDIX- Community Survey Respondent Demographics

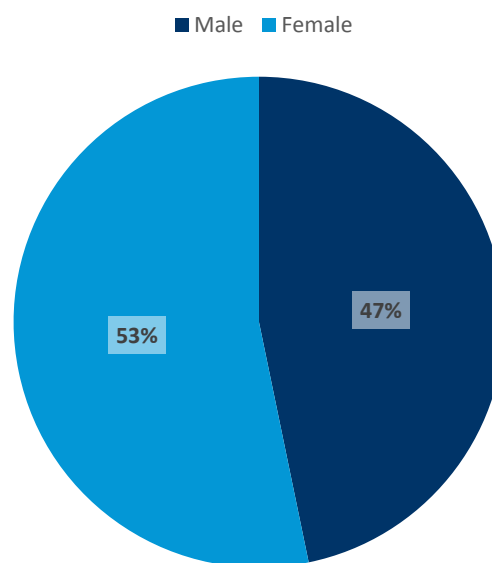
Age of Respondent



Age	#	%
18 to 24	78	9.8%
25 to 44	188	23.7%
45 to 64	298	37.5%
65 and over	230	29.0%
Total	N=794	100.0%

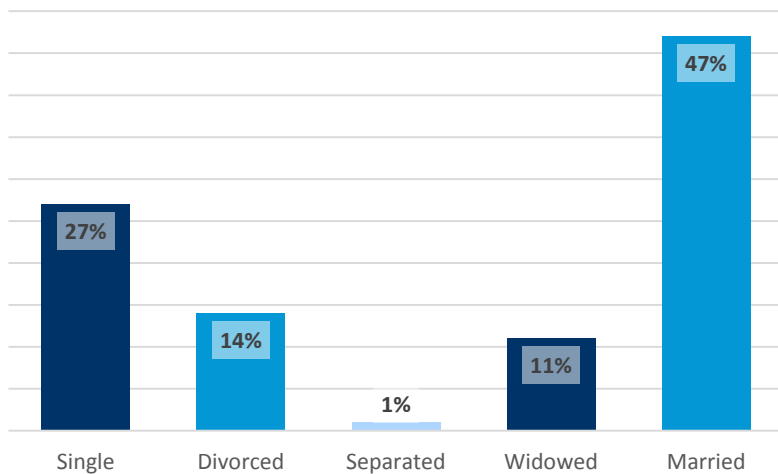
Respondent Gender

Gender	#	%
Male	373	46.6%
Female	427	53.4%
Total	N=800	100.0%





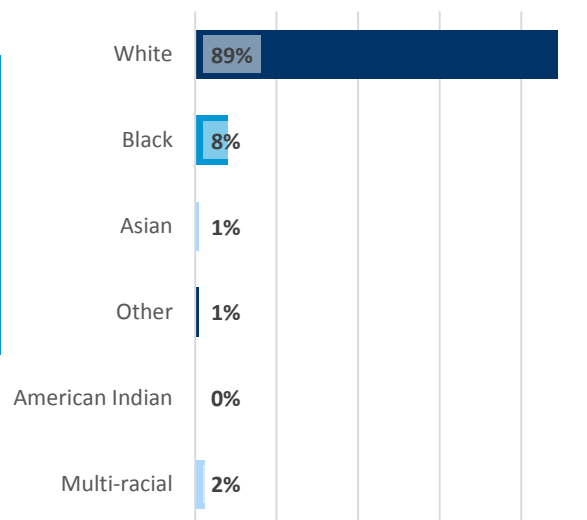
Current Marital Status



Marital Status	#	%
Single	217	27.2%
Divorced	112	14.0%
Separated	10	1.3%
Widowed	86	10.8%
Married	373	46.7%
Total	N=798	100.0%

Race of Respondent

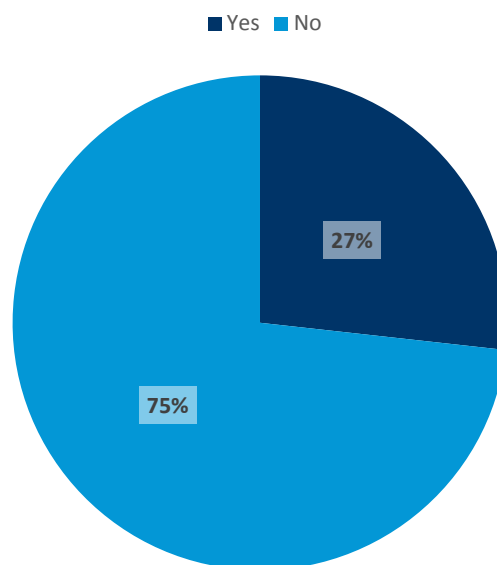
Race	#	%
White	695	88.6%
Black	65	8.3%
Asian	5	0.6%
American Indian or Alaska Native	2	0.3%
Multi-racial	13	1.7%
Other	4	0.5%
Total	N=784	100.0%



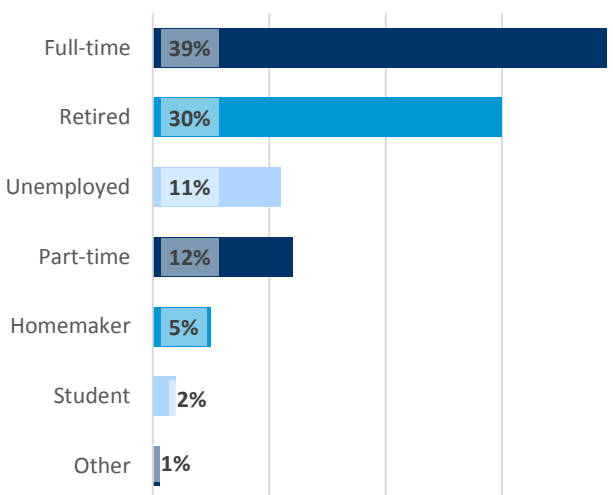


Children in Household

Has children	#	%
Yes	202	25.3%
No	598	74.8%
Total	N=800	100.0%



Employment Status

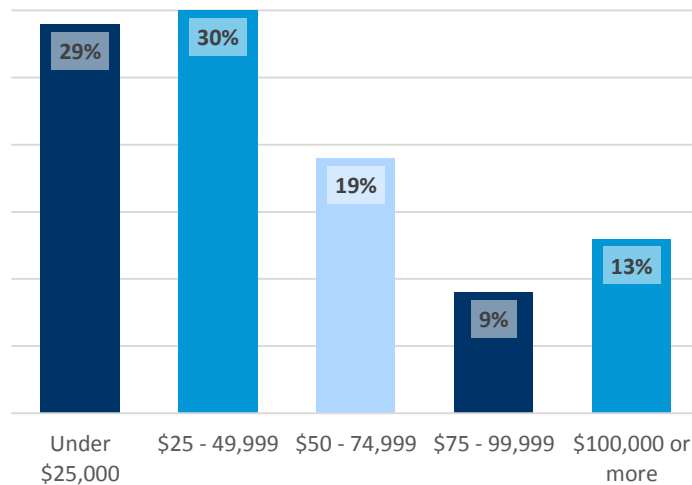


Employment	#	%
Full-time	311	38.9%
Part-time	94	11.8%
Retired	241	30.2%
Homemaker	37	4.6%
Student	15	1.9%
Unemployed	88	11.0%
Other	13	1.6%
Total	N=799	100.0%

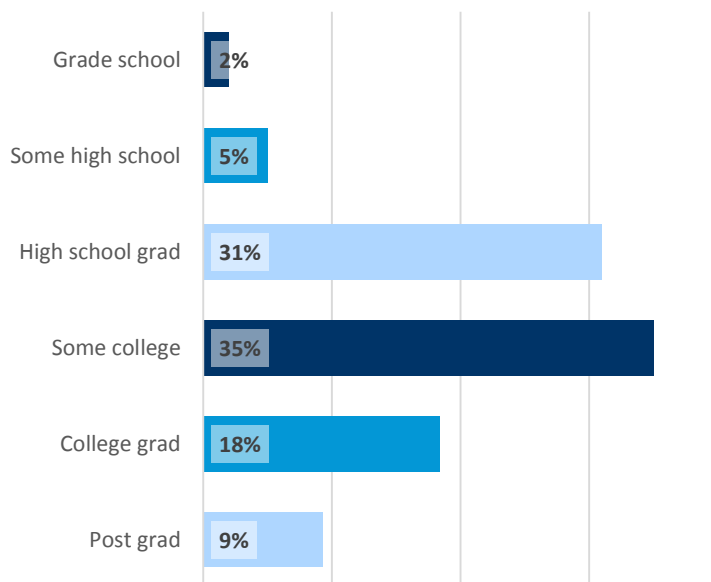


Income of Respondent

Income	#	%
Under \$25,000	207	28.6%
\$25 – 49,999	219	30.2%
\$50 – 74,999	138	19.0%
\$75 – 99,999	66	9.1%
\$100,000 or more	95	13.1%
Total	N=725	100.0%



Educational Attainment



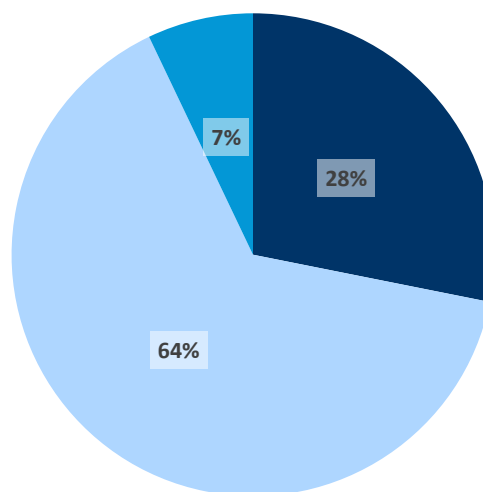
Education	#	%
Grade school	12	1.5%
Some high school	43	5.4%
High school grad	250	31.4%
Some college	277	34.8%
College grad	142	17.8%
Post grad	73	9.2%
Total	N=797	100.0%



Own or Rent

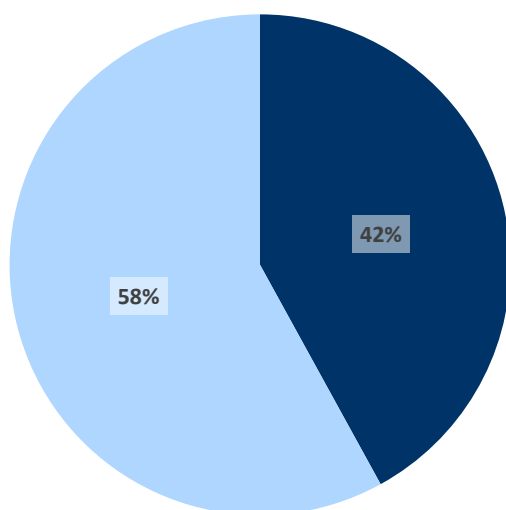
■ Rent ■ Own ■ Other

Own or Rent	#	%
Rent	224	28.3%
Own	511	64.3%
Other arrangement	59	7.4%
Total	N=795	100.0%



Location

■ Canton/Alliance/Mass. ■ Suburbia



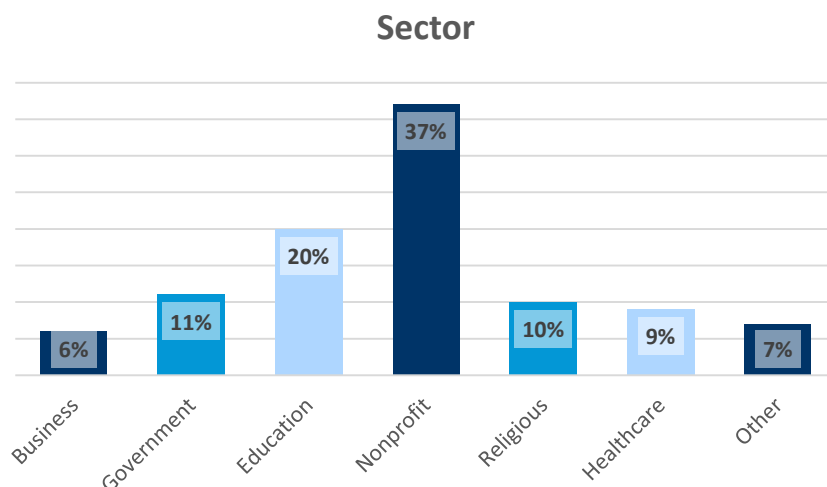
Location	#	%
Canton/Alliance/Massillon	332	41.9%
Suburbia	460	58.1%
Total	N=792	100.0%



City or Township	#	%	Zip Code	#	%
Alliance	60	7.6%	44216	1	0.1
Beach City	4	0.5%	44260	1	0.1
Brewster	1	0.1%	44601	72	9.1
Canal Fulton	16	2.0%	44608	7	0.9
Canton	188	23.7%	44613	2	0.3
East Canton	10	1.3%	44614	27	3.4
East Sparta	1	0.1%	44626	4	0.5
Greentown	1	0.1%	44630	1	0.1
Hartville	10	1.3%	44632	14	1.8
Jackson Township	65	8.2%	44634	2	0.3
Lake Township	21	2.7%	44640	3	0.4
Lawrence Township	12	1.5%	44641	42	5.3
Limaville	2	0.3%	44643	5	0.6
Louisville	26	3.3%	44646	95	12.1
Magnolia	3	0.4%	44647	32	4.1
Malvern	1	0.1%	44657	8	1.0
Massillon	84	10.6%	44662	16	2.0
Meyers Lake Village	1	0.1%	44666	1	0.1
Minerva	5	0.6%	44669	6	0.8
Navarre	9	1.1%	44685	20	2.5
North Canton	50	6.3%	44688	7	0.9
Paris Township	6	0.8%	44689	2	0.3
Perry Township	49	6.2%	44701	1	0.1
Plain Township	61	7.7%	44702	5	0.6
Tuscarawas	7	0.9%	44703	20	2.5
Uniontown	11	1.4%	44704	11	1.4
Waynesburg	8	1.0%	44705	48	6.1
Wilmot	2	0.3%	44706	34	4.3
Canton Township	34	4.3%	44707	18	2.3
Sugar Creek	3	0.4%	44708	64	8.1
Pike Township	5	0.6%	44709	38	4.8
Bethlehem	3	0.4%	44710	21	2.7
Marlboro Township	4	0.5%	44714	25	3.2
Nimishillen	13	1.6%	44718	20	2.5
Sandy Township	1	0.1%	44720	79	10.0
Lexington Township	2	0.3%	44721	19	2.4
Osnaburg Township	5	0.6%	44730	13	1.6
Washington	7	0.9%	Other	4	0.5
Total	N=792	100.0%	Total	N=784	100.0%



APPENDIX- Community Health Leader Survey Respondent Demographics

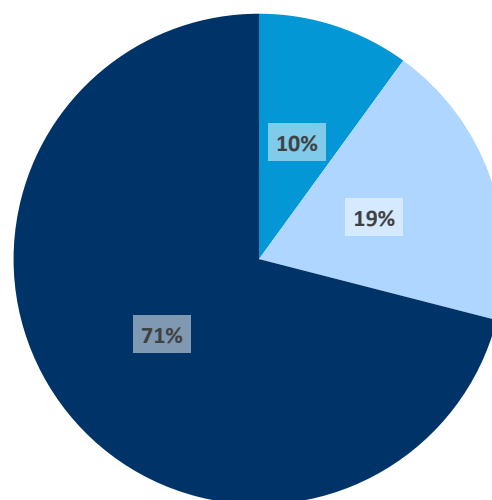


	#	%
Business	4	5.7%
Government	8	11.4%
Education	14	20.0%
Nonprofit	26	37.1%
Religious	7	10.0%
Health care	6	8.6%
Other	5	7.1%
Total	N=70	100.0%

	#	%
Adults	7	10.0%
Children	13	18.6%
Both	50	71.4%
Total	N=70	100.0%

Population Served

■ Adults ■ Children ■ Both





Primary Service Area		
	#	%
Stark County	33	49.3%
Alliance	9	13.4%
Canton	9	13.4%
Multiple Counties	6	9.0%
Western Stark County	4	6.0%
Louisville	1	1.5%
Massillon	1	1.5%
NW Stark County	1	1.5%
Perry Township	1	1.5%
Plain Local Schools	1	1.5%
South Canton	1	1.5%
Total	N=67	100.0%



Research Methodology

COMMUNITY SURVEY

The first phase of the project consisted of the collection of primary data utilizing a random sample telephone survey of Stark County households that included a representative sample of Stark County residents as well as an oversample of African-American and Canton households. Telephone interviews were utilized in order to ensure representativeness of the population. This method also ensured that the correct number of interviews would be completed to meet the targeted sampling error.

The final sample of the survey consisted of a total of 800 respondents. The general population statistics derived from the sample size provide a precision level of plus or minus 3.5% within a 95% confidence interval. Data collection began on June 1 and ended on July 10, 2015. Most calling took place between the evening hours of 5:15 pm and 9:15 pm. Some interviews were conducted during the day and on some weekends to accommodate respondent schedules. The interviews took an average of 17.57 minutes.

An oversample of approximately 160 African-American residents was conducted in addition to the 800 interviews in order to attain enough cases of this population to be able to draw conclusions that were statistically valid. Combined with cases from the original administration, a total of 249 interviews were conducted with African Americans. The general population statistics derived from the sample size provided a precision level of plus or minus 6.2% within a 95% confidence interval and allowed for CMOR to analyze this demographic group independently. An oversample of approximately 105 Canton residents was conducted in addition to the 800 interviews in order to attain enough cases of this population to be able to draw conclusions that were statistically valid. Combined with cases from the original administration, a total of 293 interviews were conducted with Canton residents. The general population statistics derived from the sample size provided a precision level of plus or minus 5.7% within a 95% confidence interval and allowed for CMOR to analyze this demographic group independently.

Data collection began on July 13 and ended on August 25, 2015. The interviews took an average of 18.7 minutes.

COMMUNITY HEALTH LEADER SURVEY

CMOR conducted a web survey of community health leaders between November 2 and November 18, 2015. The Stark County Health Department provided CMOR with a list of 602 email addresses of potential survey respondents. Of these, 476 were valid email addresses. A total of 72 surveys were completed from the email campaign; a completion rate of 15.1%. The initial email invitation with a link to complete the online survey was sent to the alumni list on September 30. Survey links were customized with an embedded unique identifying number that enabled tracking of completed surveys at the individual level.

Two reminder invitations on October 20 and October 28. Reminder invitations were not sent to email addresses that were returned as invalid or that belonged to respondents who had either completed the survey or indicated their refusal to participate. Invitations were sent at varied days of the week and times of day to facilitate a higher response rate. The design of the survey was optimized for respondents completing via computer as well as on a mobile device such as a tablet or smart phone. A total of 31.6% surveys completed via a mobile device were included in this analysis.



SECONDARY DATA

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

This report includes indicators in the following areas:

Focus Areas:

- Access to Care
- Alcohol and Drug Use
- Birth Outcomes and Prenatal Care
- Built Environment
- Community Safety
- Demographics
- Diet and Exercise
- Education
- Employment
- Environmental Quality
- Family and social support
- Health Insurance
- Income
- Medicaid
- Mental Health
- Mortality
- Morbidity
- Quality of Care
- Quality of life
- Preventative Health
- Sexual Activity
- Tobacco Uses

Sources of Data:

- ✓ Behavioral Risk Factor Surveillance System (BRFSS)
- ✓ U.S. Bureau of Labor Statistics
- ✓ Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology and Laboratory Services
- ✓ Centers for Disease Control and Prevention WONDER Environmental Data
- ✓ County Health Rankings
- ✓ Dartmouth Atlas of Health Care
- ✓ Stark County Health Department
- ✓ HRSA Area Resource File



- ✓ National Center for Health Statistics/Census Bureau
- ✓ National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation
- ✓ National Center for Education Statistics
- ✓ National Drug Intelligence Center
- ✓ National Vital Statistics System (NVSS)
- ✓ Ohio Department of Education
- ✓ Ohio Department of Health
- ✓ Ohio Department of Health Data Warehouse
- ✓ Ohio Department of Health, HIV/AIDS Surveillance Program
- ✓ Ohio Department of Health, STD Surveillance
- ✓ Ohio Department of Job and Family Services, Business Intelligence Channel
- ✓ Ohio Department of Job and Family Services, Bureau of Labor Market Information
- ✓ Ohio Policy Research and Strategic Planning Office
- ✓ Mental Health & Recovery Board of Stark County
- ✓ Uniform Crime Reporting - FBI
- ✓ US Bureau of Economic Analysis
- ✓ U.S. Census Bureau - American Community Survey
- ✓ U.S. Department of Agriculture (USDA)
- ✓ U.S. Department of Health and Human Services, Health Resources and Service Administration
- ✓ U.S. EPA - Air Data Air Quality Index Report
- ✓ 2014 Ohio Drug Overdose Preliminary Data: General Findings
- ✓ Ohio Department of Alcohol and Drug Addiction Services

About the Center for Marketing and Opinion Research

The Center for Marketing & Opinion Research (CMOR) is an Akron-based public opinion research firm providing services to colleges and universities, hospitals and healthcare organizations, and community-based organizations and government agencies. CMOR's research capabilities include telephone, web and mail surveys, field, intercept and key informant interviews, focus group administration, as well as a wide range of consulting services including secondary data compilation and analysis.

CMOR has extensive experience in working with area hospitals and healthcare organizations, including benchmarking studies, image and awareness, strategic plan research, and Community Health Needs Assessments.



Community Assets & Resources

ACCESS TO HEALTH CARE

Access Health Stark County: <http://www.accesshealthstark.org/>

Phone: 330-445-1079

The goal of Access Health Stark County is to help residents become advocates of their overall health. Access Health Stark County maintains a community-based network of physicians and other health care providers in order to simplify access to health care services, with a special focus on low-income, uninsured patients in Stark County. Access Health Stark County assists people who are uninsured sign up for Medicaid and the ACA Marketplace and helps the newly insured navigate the healthcare system.

- **Health Care Resource Guide:** <http://stark.oh.networkofcare.org/content/client/1284/STARK-COUNTY-HEALTHCARE-RESOURCE-GUIDE.pdf>.

The Stark County Health Care Resource Guide provides a listing of health services available in the county that accept patients for a variety of health and social services on a free or sliding fee scale and most that accept Medicaid and/or Medicare.

Prescription Assistance Network (PAN) of Stark County: <http://panpharmacy.org/> **Phone:** 330-445-1087

PAN provides access for the most vulnerable populations to pharmaceuticals and education through the PAN Charitable Pharmacy, and collaborates with other health care providers and community organizations to maximize resources and provide effective and efficient services.

United Way 2-1-1: <https://www.uwstark.org/unitedway2-1-1helps> **Email:** 211@uwstark.org

United Way's 2-1-1 is an easy to remember three-digit telephone number that can be used to access community resources available to Greater Stark County. By simply dialing 2-1-1, residents of Stark County can reach the Information & Referral help line and be directed to health and human service agencies and programs. The service is free, confidential and available 24 hours a day, 7 days a week.

MENTAL HEALTH

- **Health Care Resource Guide:** <http://stark.oh.networkofcare.org/content/client/1284/Mental-Health-Services-All.pdf>

Mental Health & Addiction Recovery: <http://www.starkmhrrsb.org/site/PageServer>

Phone: 330-455-6644

The Mission of Stark MHAR is for people of Stark County to have access to a state-of-the-art mental health and recovery system. Coalitions or initiatives include (at website above):

- Suicide Prevention Coalition
- Solace of Stark County
- YOUth Choose
- Bullying Prevention-The Olweus® Program



OBESITY AND HEALTHY LIFESTYLE

Live Well Stark County: www.livewellstarkcounty.org

Live Well Stark County is a coalition of community leaders working together to make Stark County, Ohio healthier by promoting policies and programs that support wellness through healthy nutrition, physical activity, and tobacco free behaviors. **Vision:** *A community in which healthy eating and exercise habit are the norm and the incidence of chronic disease resulting from poor nutrition, inactive lifestyles, and tobacco is steadily declining.*

- **Creating Healthy Communities** is a grant funded initiative, focusing on Policy, System and Environmental Changes, surrounding healthy eating, active living and tobacco free environments. The project is currently focusing efforts in Northeast Canton, Southeast Canton and Massillon.

StarkFresh: www.starkfresh.org **Phone:** 330-353-8793 **Email:** starkfreshoh@gmail.com

StarkFresh is a multi-faceted non-profit company focused on increasing people's consumption of fresh, locally sourced, healthy, and affordable foods through equal food access and educational opportunities for everyone. Programs include: Corridor Farmers Market, "Veggie Mobile" Mobile Market, Monthly Film Screening, Educational Programs, Market CSA, Growers Cooperative, Free Seed Packet Giveaway, Public Edible Parks, Urban Teaching Farm, Hoop House Food Production and Training site, Community Garden Network, and Seed Bank.

OSU Extension Expanded Food Nutrition Education Program (EFNEP):

<http://stark.osu.edu/program-areas/efnep>

EFNEP is a free nutrition education program for low-income adults with children and youth. The program utilizes interactive discussions and hands-on activities to guide participants through a series of meetings aimed at improving the total family diet and nutritional well-being. The adult program teaches participants how to make healthier food choices, manage their food resources, improve their food safety practices, and provide ideas on how to get active with their families. The youth program teaches nutrition, food preparation, food safety and physical activity during a six-week interactive program in classrooms and after-school programs/camps and summer feeding sites.

Stark County Park District: www.starkparks.com

The Park District includes: 90+ miles of trails, including 25 miles of the Ohio & Erie Canal Towpath Trail, 14 parks, 778 educational programs and events, and nearly 8,000 acres of land.

Green Alliance: <http://www.greenallianceohio.org/>

Green Alliance is a non-profit 501(c)(3) made up of a coalition of people in the Greater Alliance Area who have come together to help Alliance plan a sustainable environment for all of us now and for our children in the decades ahead. Our mission is to develop recommendations and strategies to fulfill the U. S. Mayors' Climate Protection Agreement with the City of Alliance, and to establish partnerships with various entities of government, education, business, industry and among citizens to educate and empower the greater Alliance community with the goal of developing as an environmentally, socially and economically sustainable community.



OPIATE AND HEROIN

- **Health Care Resource Guide:**
<http://stark.oh.networkofcare.org/content/client/1284/Substance-Abuse-All.pdf>

Mental Health and Addiction Recovery: <http://www.starkmhrs.org/site/PageServer>

Phone: 330-455-6644

The Mission of Stark MHAR is for people of Stark County to have access to a state-of-the-art mental health and recovery system. Coalitions or initiatives include (at website above):

- OpiatePrevention.org resources for Stark County residents
- Opiate Prevention Toolkit
- Anti-Drug Coalition
- Opiate Task Force
- Project DAWN (opiate overdose prevention kits)
- Drug Drop-Off locations (More than a dozen permanent drug collection boxes locations in the county)

INFANT MORTALITY

- **Health Care Resource Guide:**
<http://stark.oh.networkofcare.org/content/client/1284/Pregnancy-Services-All.pdf>

Stark County THRIVE: <http://cantonhealth.org/projects/?pg=319>

The Toward Health Resiliency for Infant Vitality & Equity (THRIVE) Coalition is a partnership of community agency's working to decrease the infant mortality rate in Stark County and to decrease the disparity in birth outcomes between Caucasian and African American infants.

KOBA: <http://www.starkhealth.org/nursing/koba.pdf>

Phone: 330-493-9914

Keep Our Babies Alive (KOBA) is a free, confidential home visiting program that provides education to all pregnant African American women in Stark County. The program connects the client with a Community Health Worker who makes monthly visits to assess and assist the mother with unmet needs.

Cribs for Kids: <http://www.starkhealth.org/safesleep/index-htm>

Phone: 330-493-9914

Cribs for Kids, provides safe sleep education and a Pack-N-Play to all families in need of a safe sleep environment for their infant.



Participants in the CHNA Process

Stark County Community Health Needs Assessment Advisory Committee:

- **(Chair) Kay Conley**, Stark County Health Dept
- **Amanda Archer**, Canton City Health Dept
- **Amanda Kelly**, Stark County Health Department
- **Bill James**, Alliance Community Hospital
- **Carol Lichtenwalter**, Pegasus Farm
- **Carol Risaliti**, Prescription Assistance Network
- **Cindy Hickey**, Mercy Medical Center
- **Courtney Stryffeler**, Aultman Hospital
- **Dana Hale**, Canton City Health Department
- **Dawn Miller**, Canton City HD/Sisters of Charity
- **Don Sultzbach**, Austin-Bailey Health and Wellness Foundation
- **Fran Gerbig**, Mental Health & Recovery Services Board of Stark County
- **Fran Rice**, Community Advocate
- **Howard O'Neill**, Mercy Medical Center
- **Janice Houchins**, Stark County Family Council
- **Jessica Bloss**, Alliance Community Hospital
- **Jim Adams**, Canton City Health Department
- **John McGrath**, Health Foundation of Greater Massillon
- **Kellie Johnson**, Access Health Stark County
- **Kelly Potkay**, Stark County Health Department
- **Kevin Metz**, Stark County Medical Society
- **Kimberly Douce**, United Way of Greater Stark County
- **Lisa Zellers**, The Aultman Health Foundation
- **Linda Morckel**, Canton City Health Department
- **Lynn Helscher**, Aultman Hospital
- **Melissa Warington**, Aultman Hospital
- **Neena Sharier**, Summa Health
- **Nick Morris**, Stark Parks/Live Well Stark County
- **Rodney Reasonover**, SCCAA
- **Sharon Andreani**, Alliance City Health Dept
- **Terri Argent**, Massillon City Health Dept
- **Yvette Graham**, OSU Extension Office

**February 24, 2016 Community Health Needs Assessment/Health Improvement Summit Participants:**

- Jim Adams, Canton City Health Department
- Megan Aksterowicz, United Way of Greater Stark County
- Benjamin Alderfer, Mercy Medical Center
- Megan Allen, Walsh University
- Christi Allen, Canton City Health Department
- Inese Alvarez, Molina Healthcare of Ohio
- Sharon Andreani, Alliance City Health Department
- Amanda Barna, Center for Marketing and Opinion Research
- Scott Barwick, Scott's Training Center
- Angela Barwick, Coming Together Stark County
- Christopher Beers, Buckeye Health Plan
- Kelly Blandford Bah, YMCA Canton
- Linda Brunk, Aultman Hospital
- Esther Bryant, Lighthouse Visions, Inc.
- Elaine Campbell, Mercy Medical Center
- Amy Campbell, Carroll County General Health District
- Sister Carolyn Capuano, Mercy Medical Center
- Al Carranza, Latino Business League Inc.
- Janet Chlebina, Access Health Stark County
- Joni Close, Sisters of Charity Foundation of Canton
- Beth Conley, Lifecare Family Health and Dental Center
- Kay Conley, Stark County Health Department
- Anne Covert, North Canton YMCA
- David Crawford, Stark County, Ohio State University Extension
- Julie Daugherty, North Canton YMCA
- Ginger Defilippo, United Healthcare Community Plan
- Julie Elkins, North Canton Medical Foundation
- Randall Flint, Alliance City Health Department
- Susie Frew, Carroll County General Health District
- Stacey Gardner-Buckshaw, Walsh University
- Lynn Gastin, Aultman Hospital
- Fran Gerbig, Stark Mental Health and Addiction Recovery
- Linda Griggs, Aultman Hospital
- Dana Hale, Canton City Health Department
- Lynn Helscher, Aultman Hospital
- Johanna Henderson, United Way of Greater Stark County
- Cindy Hickey, Mercy Medical Center
- Audrey Hilbert, Stark County, Ohio State University Extension
- Pam Hoalt, Malone University
- Janice Houchins, Stark County Family Council
- John Humphrey, M.D., North Canton Medical Foundation
- Bill James, Alliance Community Hospital
- Mike Johnson, Stark County Family Council
- Kellie Johnson, Access Health Stark County



- Bhavneet Kala, NEOMED
- Teresa Kaminski, StarkFresh
- Amanda Kelly, Stark County Health Department
- Peter Kopko, Austin-Bailey Health and Wellness Foundation
- Amy Krebs, Stark Community Foundation
- Sally Lavery, Canton Regional Area Health Education Center
- Carol Lichtenwalter, Pegasus Farm
- Julie Loos, Aultman Hospital
- Danielle Massey, Stark County, Ohio State University Extension
- Mary Maxwell, Stark County Community Action Agency
- John McGrath, Health Foundation of Greater Massillon
- Ryan Miller, Deli Ohio LLC
- Dawn Miller, Thrive
- Linda Morckel, Canton City Health Department
- Nick Morris, Stark Parks
- Walter Moss, CIRV
- Meg Mundy, Alliance Community Garden Committee
- Kirk Norris, Stark County Health Department
- Natatia Peterson, Stark Metropolitan Housing Authority
- Nedra Petro, Stark County Department of Job and Family Services, Children Services Division
- Tom Phillips, StarkFresh
- Kay Port, Stark County Educational Service Center
- Kelly Potkay, Stark County Health Department
- Elizabeth Pruitt, Affinity Medical Center
- Rodney Reasonover, Stark County Community Action Agency
- Richard Regula, Stark County
- Amy Renkert, Grayledge Consulting
- Shelby Riley, Mercy Medical
- Carol Risaliti, Prescription Assistance Network of Stark County
- Laura Roach, Canton City Health Department
- Amy Rohling McGee, Health Policy Institute of Ohio
- Ida Ross-Freeman, Stark County/UMADAOP
- Kay Scarp, Lifecare Family Health and Dental Center
- Lisa Seeden, Stark Metropolitan Housing Authority
- Sherry Smith, Stark County Health Department
- Lisa Smith, Gentlebrook
- Julie Sparks, ICAN Housing
- Samantha Spigos, Creating Healthy Communities
- Heather Stokes, Stark County Community Action Agency- Head Start
- Damion Strickland, ICAN Housing
- Courtney Stryffeler, Aultman Hospital
- Don Sultzbach, Austin-Bailey Health and Wellness Foundation
- John Sutton, Integrated Health Collaborative
- Patricia Thornborough, NEOMED AHEC Program Off
- Wendy Tracy, Pathway Caring for Children



- Steve Walters, Mercy Medical Center
- Gayle Walters, Access Health Stark County
- Melissa Warrington, Aultman Health Foundation
- Tracia Wellman, Mery Medical Center
- Brittany White, Aultman Medical Group
- Melinda Wiles, Aultman Hospital
- Kathy Wise, Mercy Medical Center
- Lisa Zellers, Aultman Health Foundation

Mercy Medical Center CHNA/Implementation Strategy Review Committee:

- Sister Carolyn Capuano, HM—Vice President of Mission & Ministry
- Cindy L. Hickey—Vice President of Public Relations & Marketing
- Howard O'Neill—Financial Analyst
- David Stewart—Sr. Vice President & Chief Financial Officer
- Tracia Wellman—Mission Outreach Coordinator

NOTE: Diligent effort has been made to ensure the accuracy of the above listings; our apologies for any errors or omissions that may have occurred.



MERCY MEDICAL CENTER

A Ministry of the Sisters of Charity Health System