Cleveland Clinic
Rehabilitation Hospital
In affiliation with Select Medical

Edwin Shaw

Community Health Needs Assessment

2025

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Cleveland Clinic Rehabilitation Hospital Edwin Shaw
2025 Community Health Needs Assessment

Introduction

This Community Health Needs Assessment (CHNA) was conducted by Cleveland Clinic Rehabilitation Hospital Edwin Shaw (CCRH Edwin Shaw or "the hospital") to identify significant community health needs and to inform development of an Implementation Strategy to address current needs.

CCRH Edwin Shaw is a rehabilitation hospital, offering sophisticated technology and advanced medical care within an intimate and friendly environment. Additional information on the hospital and its services is available at: my.clevelandclinic.org/locations/rehabilitation-hospital.

The hospital is a joint venture between Cleveland Clinic health system and Select Medical. As part of the broader Cleveland Clinic health system, CCRH Edwin Shaw upholds the tripartite mission of clinical care, research, and education. Cleveland Clinic is a nonprofit, multispecialty academic medical center that integrates hospital-based services with innovative research and the training of future healthcare professionals. Currently, with more than 82,000 caregivers, 23 hospitals, and 280 outpatient facilities around the world, Cleveland Clinic is recognized as one of the world's leading healthcare systems. Its collaborative, patient-centered model of care promotes improved outcomes and enhances quality of life for patients both locally and internationally.

The Cleveland Clinic health system includes its flagship academic medical center near downtown Cleveland, fifteen regional hospitals in Northeast Ohio, a children's hospital and children's rehabilitation hospital, and additional hospitals and facilities in Florida and Nevada. Each hospital, including CCRH Edwin Shaw, contributes to the system-wide advancement of clinical research and medical innovation. Patients at CCRH Edwin Shaw benefit from access to novel treatments, clinical trials, and evidence-based practices developed and shared across the Cleveland Clinic network.

Select Medical is one of the largest providers of post-acute care encompassing three areas of expertise: critical illness recovery, inpatient medical rehabilitation, and outpatient physical therapy, all of which are delivered and supported by talented healthcare professionals across the U.S. Additional information about Select Medical is available at https:www.selectmedical.com/.

CHNA Background

As part of its mission to improve health and well-being in the communities it serves, CCRH Edwin Shaw led a Community Health Needs Assessment (CHNA) process to better understand the most important health issues facing residents. The Patient Protection and Affordable Care Act, enacted on March 23, 2010, requires not-for profit hospital organizations to conduct a CHNA once every three taxable years that meets the

requirements of the Internal Revenue Code 501(r). Cleveland Clinic engaged Conduent Healthy Communities Institute (HCI) to guide the 2025 CHNA process using national, state, and local secondary data as well as qualitative community feedback.

CCRH Edwin Shaw Community Definition

The community definition describes the zip codes where approximately 75% of discharges from CCRH Edwin Shaw originated in 2024. Figure 1 shows the specific geography for this community that served as a guide for data collection and analysis for this CHNA. Table 1 lists zip codes and associated neighborhoods that comprise the community definition.

Figure 1: CCRH Edwin Shaw Community Definition

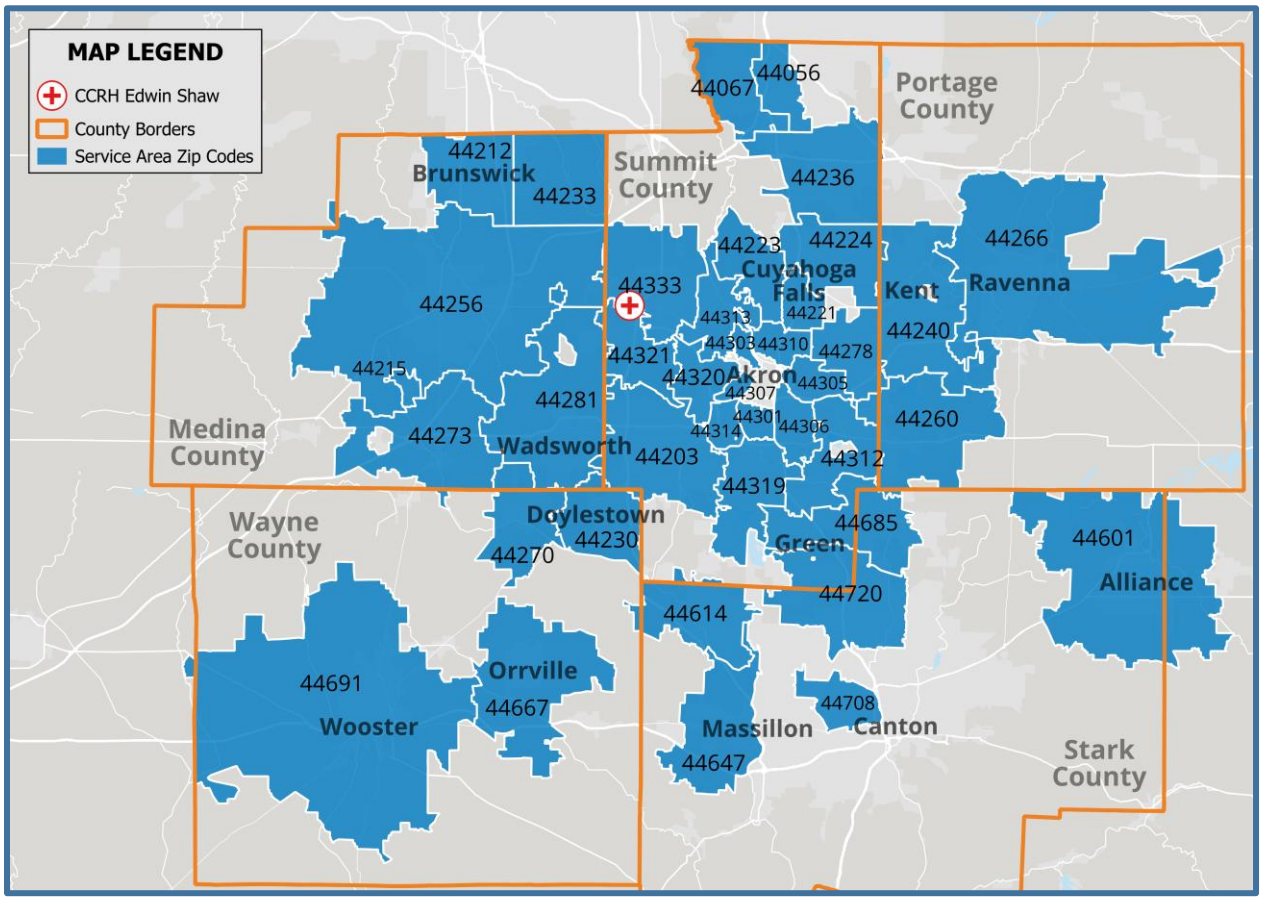


Table 1: CCRH Edwin Shaw Community Definition

Zip Code	Municipality	Zip Code	Municipality
44056	Macedonia	44303	Akron (Elizabeth Park Valley)
44067	Northfield	44305	Akron (Goodyear Heights)
44203	Barberton	44306	Akron (Ellet)
44212	Brunswick	44307	Akron (Lane-Wooster)
44215	Chippewa Lake	44310	Akron (Chapel Hill)
44221	Cuyahoga Falls	44312	Coventry
44223	Cuyahoga Falls	44313	Akron (Merriman Valley)
44224	Stow	44314	Akron (Kenmore)
44230	Doylestown	44319	Coventry
44233	Hinckley	44320	Akron (West Akron)
44236	Hudson	44321	Copley
44240	Kent	44333	Fairlawn
44256	Medina	44601	Alliance
44260	Mogadore	44614	Canal Fulton
44266	Ravenna	44647	Massillon
44270	Rittman	44667	Orrville
44273	Seville	44685	Uniontown
44278	Tallmadge	44691	Wooster
44281	Wadsworth	44708	Canton
44301	Akron (Firestone Park)	44720	North Canton

Secondary Data Methodology and Key Findings

Secondary Data Scoring

Secondary data used for this assessment were collected and analyzed from Conduent Healthy Communities Institute's (HCI) community indicator database. The database, maintained by researchers and analysts at HCI, includes 300 community indicators covering at least 28 topics in the areas of health, health-related social needs, and quality of life. The data are primarily derived from state and national public secondary data sources such as the U.S. Census American Community Survey (ACS Survey), Centers for Disease Control & Prevention (CDC), Centers for Medicare & Medicaid Services (CMS), County Health Rankings, Feeding America, and the National Cancer Institute. These indicators were analyzed at both the county level and within a defined zip-code CCRH Edwin Shaw community area. Data were compared to national benchmarks, state averages, and historical trends to identify areas of concern. The analysis reinforced three

key health priorities, Access to Healthcare, Adult Health, and Community Safety, highlighting differences in outcomes by group.

Other Community Assessment and Improvement Plans
An environmental scan was conducted to supplement quantitative data and further contextualize health needs across the hospital's defined community. This scan involved a review of recent community health assessments, needs reports, and partner studies across healthcare, public health, and social service sectors. Findings from local efforts, including reports from the United Way, hospital systems, and regional health collaboratives, corroborated the relevance of the three prioritized needs prioritized in this 2025 CHNA process.

Across communities, consistent themes emerged. Access to Healthcare continues to be limited by cost barriers, transportation challenges, and shortages of primary and behavioral health providers. Adult Health is affected by high rates of chronic disease, food insecurity, and limited access to affordable opportunities for physical activity and preventive care. Community Safety is shaped by social and economic factors such as poverty, housing instability, substance use, and increasing rates of violence, all of which intersect to influence overall health and well-being across the region.

Primary Data Methodology and Key Findings

To ensure community priorities and lived experience were centered in this assessment, conversations with community stakeholders were conducted across the CCRH Edwin Shaw community. These conversations included individuals from eight organizations who spoke directly to the needs within the community. Participants represented sectors including public health, mental health, housing, food access, and other community organizations.

Conversations with stakeholders across the CCRH Edwin Shaw community highlighted pressing needs related to Access to Healthcare, Adult Health, and Community Safety. Stakeholders emphasized that residents often delay care because of affordability, insurance gaps, and difficulty navigating the healthcare system, with transportation and language barriers creating additional obstacles. Concerns about Adult Health centered on the growing burden of chronic disease, limited access to preventive care, and the risks of isolation among older adults, particularly those living alone without sufficient supports. Community Safety was described as a daily challenge in some neighborhoods, where gun violence, overdoses, and crime contribute to chronic stress, limit outdoor activity, and undermine community trust. Stakeholders called for greater investment in prevention efforts and coordinated community partnerships that address both clinical services and the broader conditions shaping health outcomes.

Summary

2025 Prioritized Health Needs

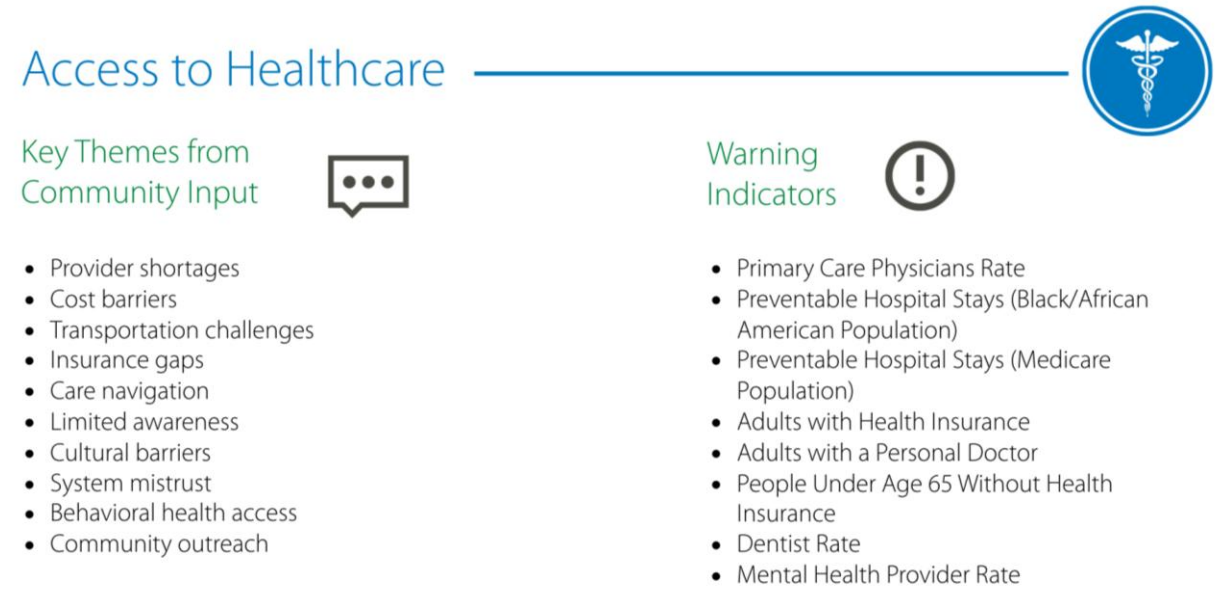
CCRH Edwin Shaw's 2025 Community Health Needs Assessment reaffirms its commitment to addressing three core health priorities based on a rigorous synthesis of primary data in the form of community stakeholder interviews, secondary indicators from national and state data sources, and a regional environmental scan. The following three prioritized health needs will help shape the hospital's Implementation Strategy Reports (ISR) for the subsequent three years:



These priorities reflect persistent and deeply interconnected challenges, such as provider shortages, care affordability, mental health access, chronic disease burden, and the health impacts of poverty and neighborhood conditions. Community input, coupled with data showing that Medina, Portage, Stark, Summit, and Wayne counties continue to exceed state and national benchmarks in these areas, underscores the urgency of sustained, cross-sector efforts to address difference in health outcomes and improve health outcomes for all populations in the community served by CCRH Edwin Shaw.

The three prioritized community health needs identified in this 2025 CCRH Edwin Shaw CHNA are summarized below. Within each summary, pertinent information pertaining to secondary data findings, primary data findings and relevant demographics, social drivers of health, and differences in health outcomes are highlighted. Full data details are included in the appendices section at the end of this report.

Prioritized Health Need #1: Access to Healthcare



Access to Healthcare was one of the most consistently emphasized needs across stakeholder interviews for the CCRH Edwin Shaw community. Participants described multiple layers of barriers that limit timely and equal access to care. While some areas in the CCRH Edwin Shaw community benefit from a strong hospital and public health infrastructure, many residents continue to face affordability challenges, language and cultural barriers, and difficulties navigating the healthcare system. Stakeholders noted that these challenges are often most acute for newcomers and uninsured individuals. Even when services are available, many residents struggle to access them due to limited transportation, fragmented care coordination, and a lack of culturally and linguistically appropriate resources.

Respondents described Federally Qualified Health Centers (FQHCs) and community clinics as essential safety-net providers, but they emphasized that demand far exceeds available capacity. Wait times for appointments, limited behavioral health services, and the absence of co-located social supports were cited as ongoing issues. Several participants highlighted the importance of providing healthcare navigation and outreach in trusted community spaces. Community-based screening events, preventive health fairs, and partnerships between healthcare systems and local service organizations were viewed as effective ways to reach populations that experience the most barriers.

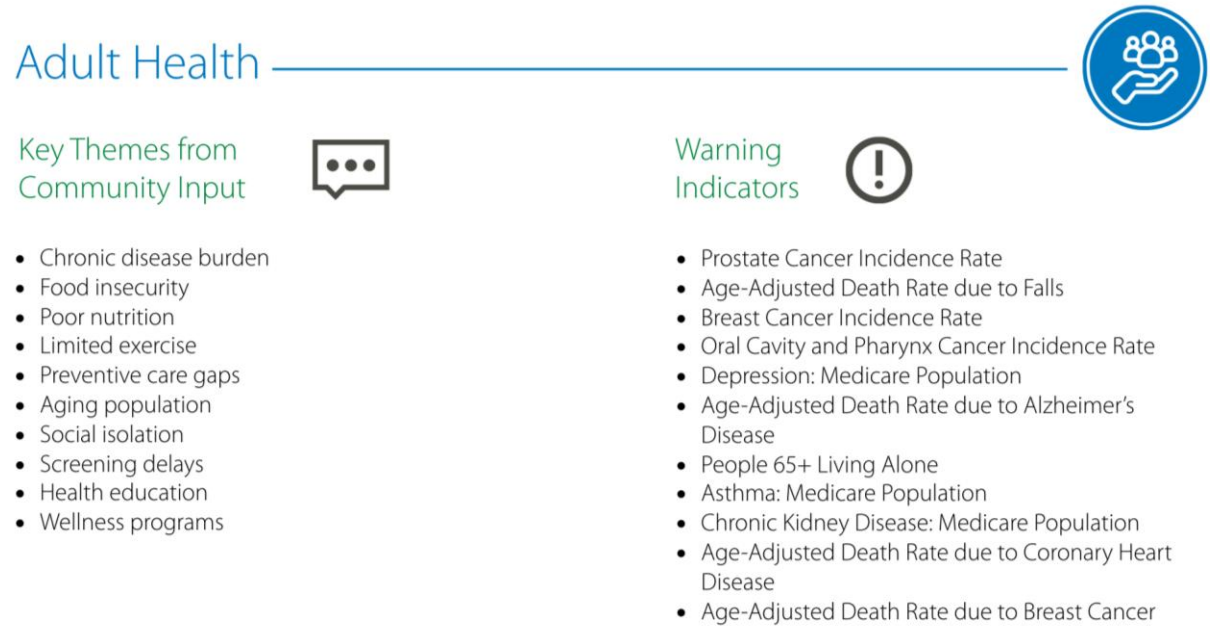
Stakeholders also discussed the importance of trust and inclusion as core elements of equal access to care. Mistrust in healthcare providers was described as a major reason for delayed or forgone care for some. Participants stressed the need for affirming, culturally relevant care and for healthcare institutions that engage in ongoing relationship-building with the community. Overall, findings indicate that improving Access to Healthcare will require a coordinated approach that expands affordable care options, strengthens community partnerships, and integrates medical, social, and behavioral health supports to meet residents where they are.

Secondary data indicate that access to primary care remains a challenge across the CCRH Edwin Shaw community, despite some recent improvement. Medina County continues to have fewer primary care providers per capita than both state and national benchmarks, limiting residents' ability to secure timely preventive and routine care. Insurance coverage gaps also persist, particularly in Wayne County, where rates of insured residents are lower than the state average.

While overall rates of preventable hospital stays across the CCRH Edwin Shaw counties are relatively low compared to Ohio, differences in outcomes remain evident. In Medina, Stark, and Summit counties, preventable hospitalizations are significantly more frequent among Black/African American residents.

Conduent HCI's Community Health Index (CHI), which assesses health risk based on health-related social needs, highlights specific areas of elevated need within the CCRH Edwin Shaw community. Three Akron zip codes, 44310 (Chapel Hill), 44306 (Ellet), and 44307 (Lane-Wooster), each have CHI scores above 90, indicating substantially higher health risks and greater healthcare needs compared to other U.S. communities.

Prioritized Health Need #2: Adult Health



Adult Health was identified as a significant area of concern across stakeholder interviews, with participants highlighting the rising burden of chronic disease and the growing needs of an aging population. Diabetes, hypertension, heart disease, and cancer were cited as the most common and costly health issues affecting adults in the CCRH Edwin Shaw community. Stakeholders emphasized that chronic conditions are being diagnosed earlier and are often linked to lifestyle behaviors such as poor diet, limited physical activity, and tobacco use. Several participants noted that chronic disease prevention and management are hindered by fragmented systems of care, limited data sharing between providers, and a lack of comprehensive community-based education and support programs.

Interviewees also underscored that access to preventive and routine care is critical to improving Adult Health outcomes. Many described challenges for adults on Medicaid in securing appointments with specialists or dental providers, noting that while some practices list themselves as Medicaid-accepting, only a limited number actually take new patients. Delays in screening and treatment were seen as contributing to preventable disease progression and higher hospitalization rates. Stakeholders also discussed differences in health outcomes among older adults, who face social isolation, transportation barriers, and limited access to affordable long-term care. These factors were viewed as increasing risks for chronic disease complications and avoidable hospitalizations.

Overall, findings suggest that Adult Health is shaped by a combination of behavioral, social, and systemic influences. Stakeholders emphasized that reducing chronic disease will require coordinated prevention strategies, more robust data sharing across healthcare partners, and greater investment in community-based initiatives that address nutrition, physical activity, and social connection. Strengthening outreach to older adults and improving care coordination between hospitals, public health, and social service agencies were identified as essential next steps to improving adult health and quality of life across the region.

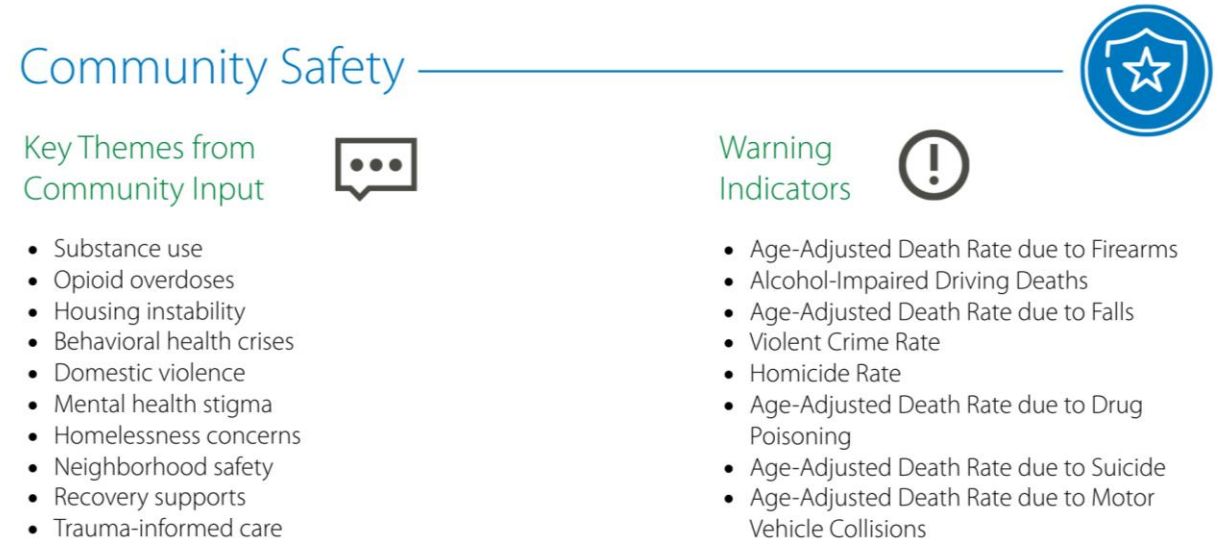
Secondary data further illustrate the confluence of behavioral, social, and environmental factors that shape adult health outcomes across the CCRH Edwin Shaw community. Residents of Stark and Summit counties are less likely to prepare meals at home and more likely to consume fast food than adults in most other Ohio counties, patterns that contribute to elevated obesity rates and poorer chronic disease outcomes. The Conduent HCI Food Insecurity Index (FII) further underscores differences in access to nutritious foods, identifying four Akron zip codes, 44307 (Lane-Wooster), 44306 (Ellet), 44320 (West Akron), and 44310 (Chapel Hill), with FII scores above 95, signifying extremely high levels of food access need compared to other U.S. communities.

In all five CCRH Edwin Shaw counties, mammography rates fall short of the Healthy People 2030 target, with the lowest screening rates in Summit County (71.7% of females age 50-74). The death rate due to breast cancer also exceeds national targets in Summit, Portage, Stark, and Wayne counties, reaching the highest level in Wayne County at 22.7 deaths per 100,000 females. The risk of cervical cancer is also particularly high in Stark County. Rates of both prostate and oral cancer are elevated in Medina County, although deaths due to prostate cancer meet the Healthy People 2030 benchmark, indicating challenges in in prevention.

Diabetes prevalence is high in both Summit and Stark counties, with both counties ranking among the highest quartile of all U.S. counties. Medicare data reveal particularly high rates of diabetes among Asian/Pacific Islander and Black/African American residents in all five counties in the region. Chronic kidney disease, a common complication of unmanaged diabetes, also exceeds state and national rates, with Summit County experiencing the highest prevalence. Hypertension rates across the five counties meet Healthy People 2030 targets but remain above the statewide average, and Stark County's heart attack mortality rate (70.8 per 100,000 adults age 35 and older) is notably higher than the Ohio rate (60.9).

Aging-related health concerns further compound these challenges. The death rate due to Alzheimer's disease in Stark County (51.8 per 100,000) ranks among the highest in the U.S., with Summit and Wayne counties also reporting elevated rates. Older adults in Wayne, Stark, and Medina counties face an increased risk of fall-related deaths, while nearly one in three older adults in Summit County (30.9%) live alone. The typical cost of adult day care in Summit County (11.5% of household income) remains among the highest in Ohio, although it has recently declined. These findings illustrate how social isolation, economic strain, and limited caregiving support are shaping the health and safety of older residents across the CCRH Edwin Shaw community.

Prioritized Health Need #3: Community Safety



Community Safety was identified by stakeholders as an essential component of overall health, deeply connected to behavioral health, housing stability, and neighborhood conditions. Participants described safety as both a physical and emotional concern, emphasizing that insecurity, whether due to substance use, housing instability, or violence, contributes to chronic stress and poor health outcomes. Housing insecurity emerged as one of the most pressing issues, with interviewees noting that many residents' experience difficulty maintaining stable housing. Stakeholders emphasized that when basic needs like housing and safety are unmet, individuals are less likely to access preventive care or engage in community life, leading to worsening physical and mental health outcomes.

Substance use and behavioral health challenges were also central to the discussion of safety. Participants reported that the community continues to face significant challenges related to opioid use, overdose, and addiction, despite improvements in coordination and harm reduction initiatives. They described gaps in mental health and recovery supports, particularly for those re-entering the community after incarceration or treatment. Stigma and limited provider capacity were cited as barriers to accessing behavioral health services. Several stakeholders also highlighted that individuals managing substance use

or trauma often face additional risks of violence, homelessness, and social isolation, reinforcing the need for comprehensive and coordinated community-based support. Overall, findings show that community safety within the CCRH Edwin Shaw community is shaped by overlapping social, behavioral, and environmental factors.

Stakeholders described a need for greater collaboration between public health, housing, and behavioral health agencies to address safety and stability comprehensively. Efforts that strengthen housing security, expand recovery and trauma-informed care, and promote more equal access to behavioral health services were viewed as essential to improving both safety and long-term health outcomes across the community.

Secondary data reinforce the concerns raised by stakeholders regarding substance use, violence, and community safety across the CCRH Edwin Shaw community. Summit County experiences one of the highest rates of drug poisoning deaths in the country at 42.8 per 100,000, more than twice the Healthy People 2030 target. Across the region, rates of binge drinking are highest in Medina County, while alcohol-involved driving deaths occur most frequently in Summit, Wayne, and Stark counties.

Other environmental factors also impact the safety of CCRH Edwin Shaw community residents. Violent crime rates in both Summit and Stark counties are among the highest in Ohio. In Summit County specifically, firearm- and homicide-related death rates exceed state averages and continue to rise. The rate of severe housing problems is especially high in Portage County, which may create unsafe living conditions. Residents of both Medina and Stark counties face elevated risks of fall-related deaths, which typically affect older adults with hazardous living conditions.

Taken together, these data demonstrate that behavioral health, housing security, and community safety are closely interrelated across the CCRH Edwin Shaw community. Addressing these challenges will require cross-sector coordination to improve mental health access, reduce substance-related deaths, and promote safe, stable environments for all residents.

Prioritized Health Needs in Context

Each of the three community health needs explored above reflect persistent and interconnected challenges shaped by broader social, economic, and environmental conditions. Together, these findings underscore the importance of place and needs-based approaches to improve health outcomes. The following sections provide an overview of the demographic and health-related social needs factors influencing health in the CCRH Edwin Shaw community, offering additional context for understanding the differences and opportunities outlined in this report.

Secondary Data Overview

Demographics and Health-Related Social Needs

The demographics of a community significantly impact its health profile.[1] Different groups may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of the community served by CCRH Edwin Shaw facilities including the economic, environmental, and social drivers of health. The social drivers of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems.[2] In addition to these highlights, detailed findings from the secondary data analysis can be found in Appendix B.

Geography and Data Sources

Data are presented at various geographic levels (zip code and/or county) depending on data availability. When available, comparisons to county, state, and/or national values are provided. It should be noted that county level data may mask issues at the zip code level in many communities. While indicators may be strong when examined at a higher level, zip code level analysis can reveal differences in health outcomes.

All data estimates are sourced from Claritas Pop-Facts® (2024 population estimates) and American Community Survey one-year (2023) or five-year (2019-2023) estimates unless otherwise indicated.

Population Demographics of the CCRH Edwin Shaw Community

According to the 2024 Claritas Pop-Facts® population estimates, the community served by CCRH Edwin Shaw has an estimated population of 842,613 persons. The median age in the community is 42.4 years, which is older than that of Ohio (40.3 years). About a fifth of the population (21.6%) is age 65 or above.

The majority of the population is White (79.9%) and one in ten are Black/African American (9.5%). Additionally, 3.0% of the population is Hispanic/Latino of any race and 3.0% are Asian.

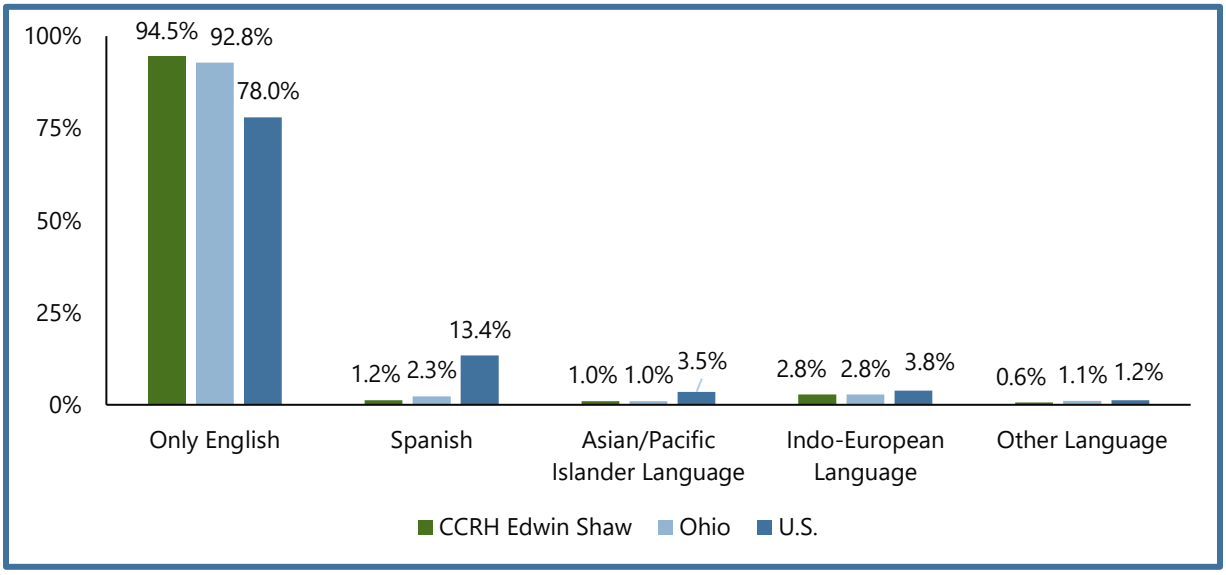
As shown in Figure 2, 94.5% of residents aged five and older in the community primarily speak English at home. This rate is higher than the national average (78.0%) and Ohio's overall rate (92.8%). Spanish is spoken at home by 1.2% of residents, lower than the statewide rate of 2.3%. Understanding countries of origin and language spoken at home can help inform the cultural and linguistic context for the health and public health system. Primary language spoken in the home can also be a proxy for acculturation into the community.

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[1] National Academies Press (US); 2002. 2, Understanding Population Health and Its Determinants. Available from: https://www.ncbi.nlm.nih.gov/books/NBK221225/

[2] Centers for Medicare and Medicaid (CMS) (2025). Social Drivers of Health and Health-Related Social Needs. https://www.cms.gov/priorities/innovation/key-concepts/social-drivers-health-and-health-related-social-needs

Figure 2: Population 5+ by Language Spoken at Home: Hospital, State, and U.S. Comparisons



Community and state values: Claritas Pop-Facts® (2024 population estimates)

U.S. value: American Community Survey five-year (2019-2023) estimates

Income and Poverty

Income has been shown to be strongly associated with morbidity and mortality, influencing health through various clinical, behavioral, social, and environmental factors. Those with greater wealth are more likely to have higher life expectancy and reduced risk of a range of health conditions including heart disease, diabetes, obesity, and stroke. Poor health can also contribute to reduced income by limiting one's ability to work.[3]

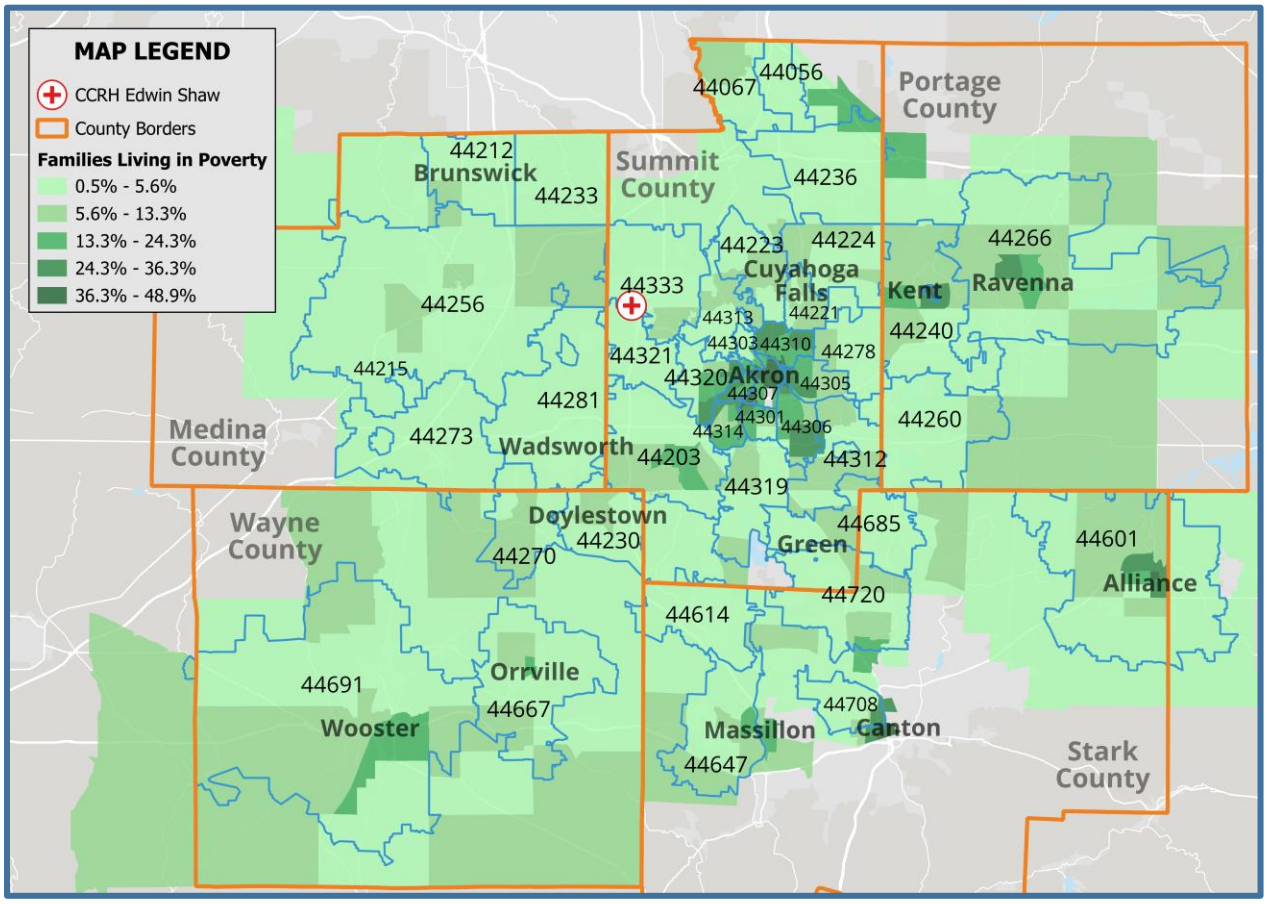
The median household income for the CCRH Edwin Shaw community is $74,533 which is higher than that of Ohio overall ($68,488).

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. Across the CCRH Edwin Shaw community, 7.3% of families live below the poverty level, which is lower than the state-wide and national poverty rates (9.4% and 8.8%, respectively). Poverty levels are especially high in Summit County (Figure 3), with the highest levels of poverty located in zip codes 44307 (Akron, Lane-Wooster) and 44310 (Akron, Chapel Hill), where 31.7% and 26.0% of families live in poverty, respectively.

The map in Figure 3 offers greater detail by describing poverty rates by census tract, with darker green census tracts indicating a higher concentration of poverty. Examining neighborhood-level data is particularly valuable, especially in more densely populated zip codes, where broader data may obscure important local differences or trends.

[3] Robert Wood Johnson Foundation. Health, Income, and Poverty. https://www.rwjf.org/en/library/research/2018/10/health--income-and-poverty-where-we-are-and-what-could-help.html

Figure 3: Families Living Below Poverty

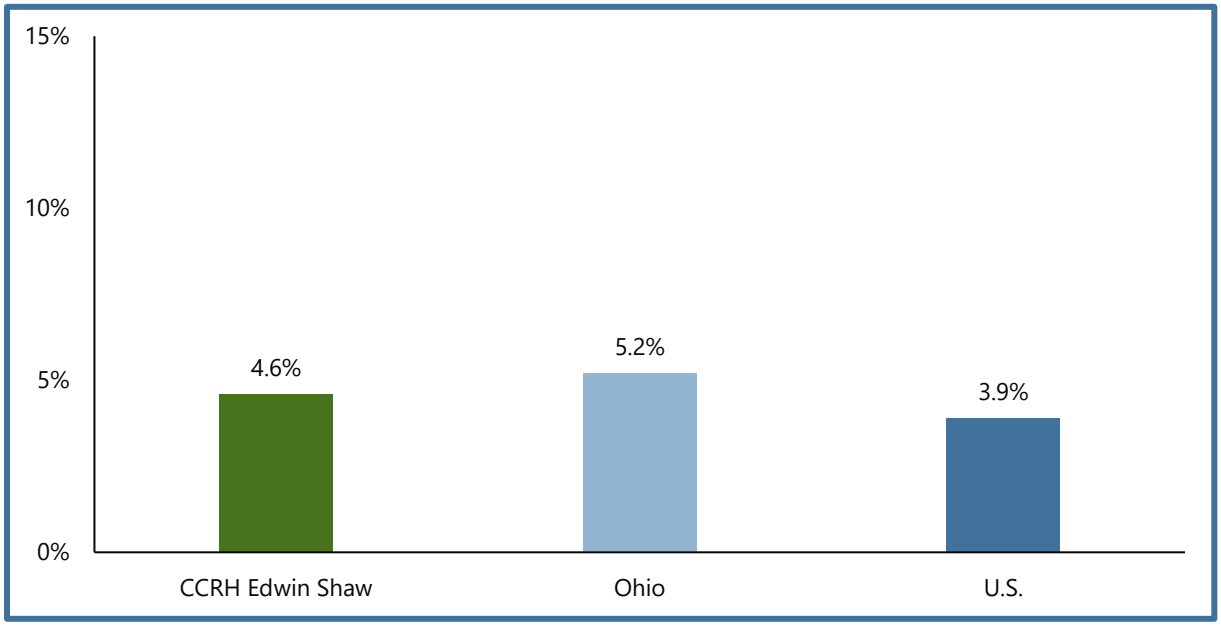


Community, census tract, zip code, and state values: Claritas Pop-Facts® (2024 population estimates)
U.S. value: American Community Survey five-year (2019-2023) estimates

Education and Employment

The vast majority of the population within the CCRH Edwin Shaw community have a high school degree or higher (91.4%) and about one third have a bachelor's degree or higher (33.4%). As seen in Figure 4, the unemployment rate is 4.6%, lower than Ohio's unemployment rate and higher than the nation-wide unemployment rate.

Figure 4: Population 16+ Unemployed: Hospital, State, and U.S. Comparisons



Community and state values: Claritas Pop-Facts® (2024 population estimates)

U.S. value: American Community Survey five-year (2019-2023) estimates

Education is an important indicator of health and wellbeing. Education can lead to improved health by increasing health knowledge, providing better job opportunities and higher income, and improving social and psychological factors linked to health.[4] Higher levels of education may also lead to better job opportunities which, in turn, impact health. An individual's type and level of employment impacts access to healthcare, work environment, health behaviors, and health outcomes.[5]

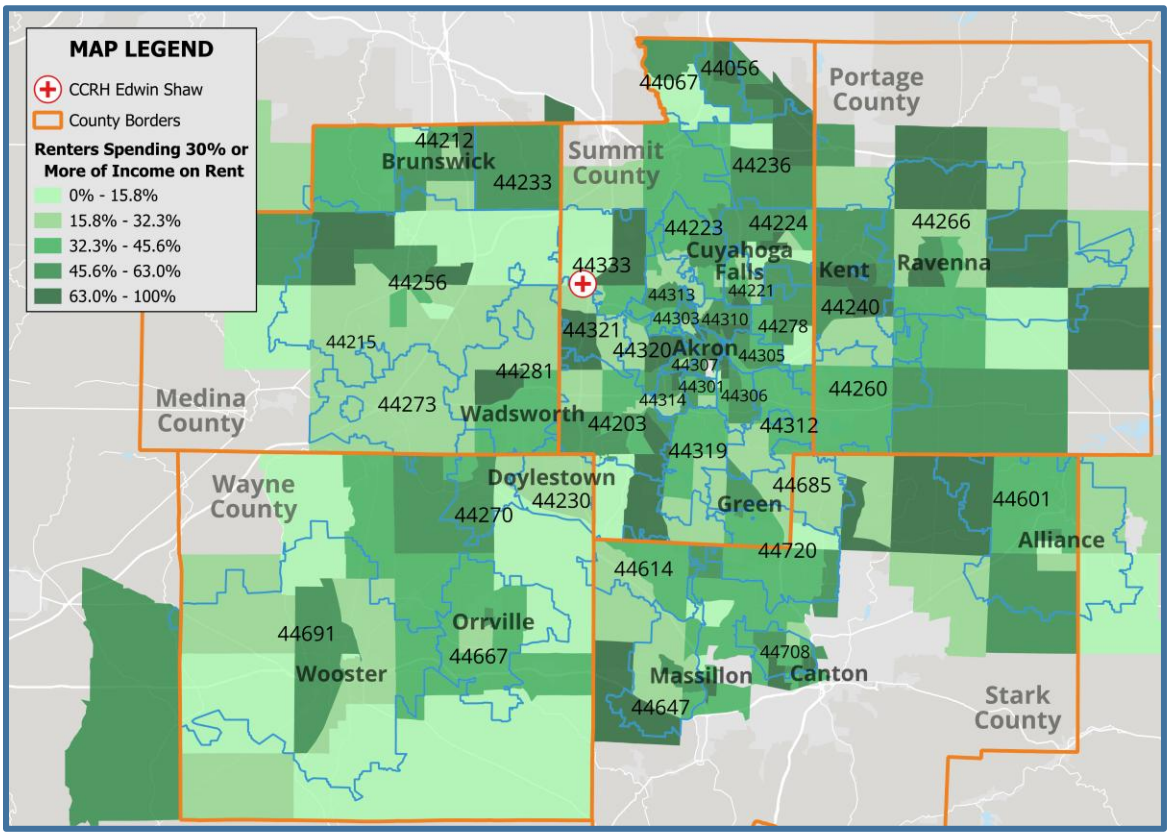
Housing and Built Environment

Safe, stable, and affordable housing provides a critical foundation for health and wellbeing. We examined how many households across the CCRH Edwin Shaw community have severe housing problems, such as overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. These housing problems are most common in Portage County (13.6% of households), followed by Summit County (12.9%). Housing costs are also most burdensome in Portage County (Figure 5). More than half of renters in Portage County (56.6%) spend at least 30% of their income on rent, followed by Summit County (46.6%).

[4] Robert Wood Johnson Foundation, Education and Health. https://www.rwjf.org/en/library/research/2011/05/education-matters-for-health.html

[5] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/employment

Figure 5: Renters Spending 30% Or More Of Household Income on Rent



Census tract and zip code values: American Community Survey five-year (2019-2023) estimates

Home internet access is an essential home utility for accessing healthcare services, including making appointments with providers, getting test results, and accessing medical records. Across the CCRH Edwin Shaw community, the lowest levels of internet access are in Wayne County (84.0% of households), followed by Stark County (86.1%).

Community Health Indices

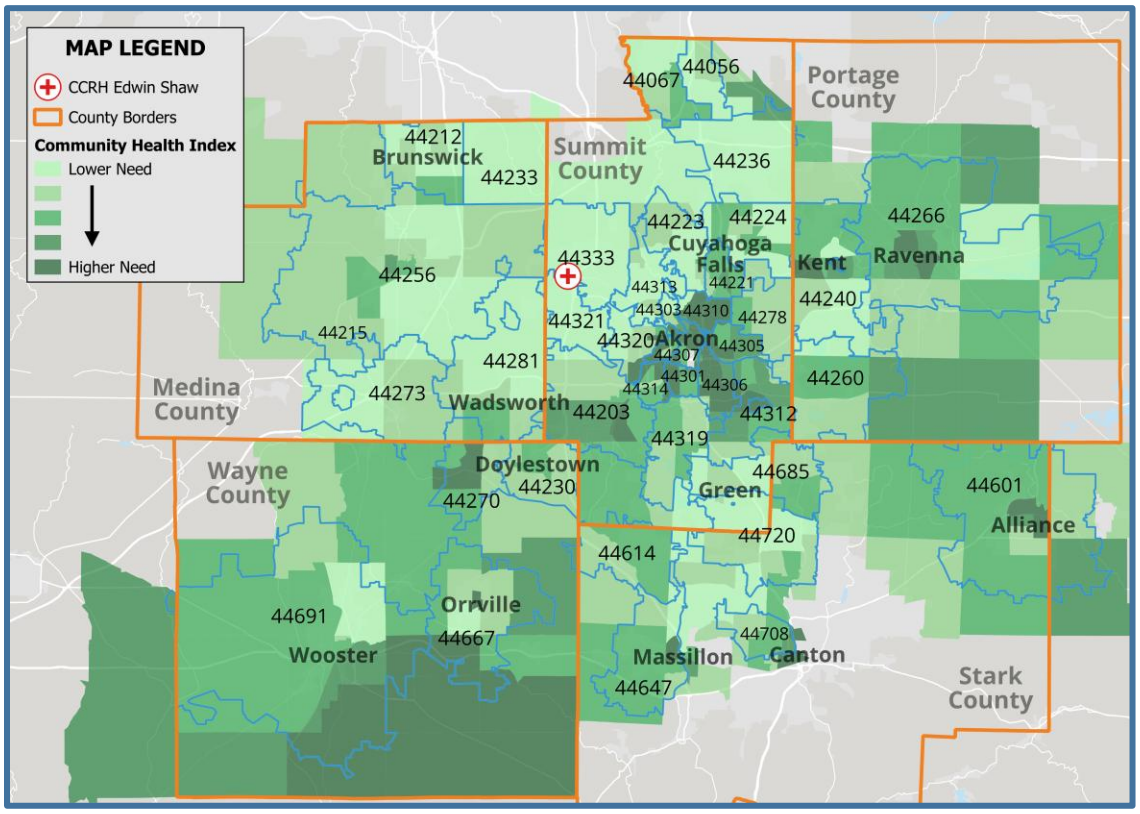
A map index that visualizes social and economic drivers of health at a specific geographic level serves as a critical decision-making tool by highlighting localized differences in health outcomes that may be obscured in broader geographic analyses. The three indices below highlight differences in community health outcomes, mental health outcomes, and food insecurity for the CCRH Edwin Shaw community at the zip code level.

Community Health Index

Conduent HCI's Community Health Index (CHI) can help to identify geographic differences in health outcomes across the county, down to the census tract level. The CHI uses health-related social needs data that is strongly associated with poor health outcomes, such as preventable hospitalization or premature death, to estimate which geographic areas have the greatest health needs. Each geographic area is given an index value between 0 and 100, based on how it compares to other areas across the country.

Figure 6 illustrates which census tracts experience the greatest relative health needs in the CCRH Edwin Shaw community, as indicated by the darkest shade of green. At the zip code level, the highest index values are in 44310 (Akron, Chapel Hill) and 44306 (Akron, Ellet), at 95.5 and 95.2, respectively. See Appendix B for additional details about the CHI and a table of CHI values for each zip code in the community.

Figure 6: Community Health Index: CCRH Edwin Shaw Community by Census Tract

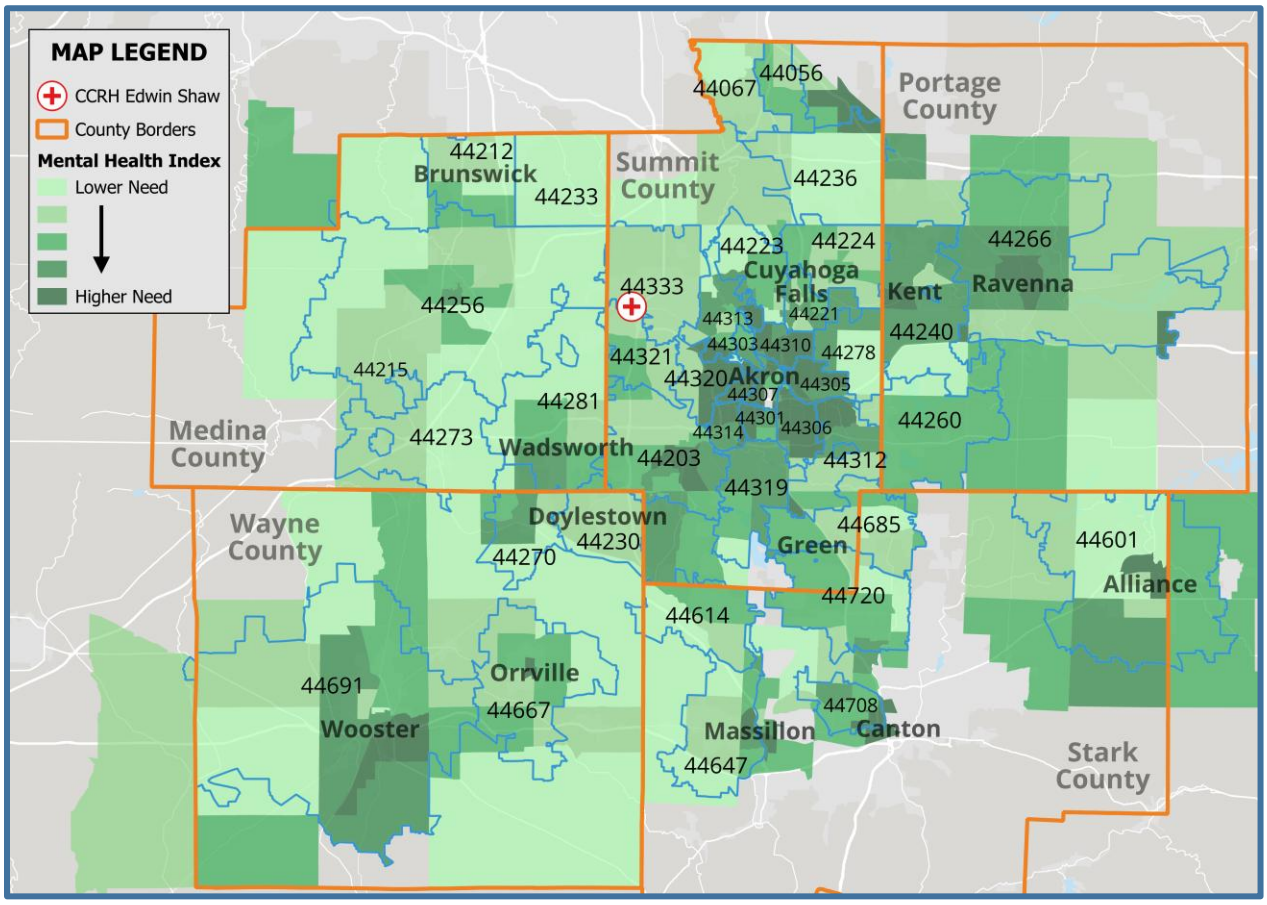


Mental Health Index

Conduent HCI's Mental Health Index (MHI) can help to identify geographic differences in mental health outcomes across the county, down to the census tract level. The MHI uses health-related social needs data that is strongly associated with self-reported poor mental health to estimate which geographic regions have the greatest mental health needs. Each geographic area is given an index value between 0 and 100, based on how it compares to other areas across the country.

Figure 7 illustrates which census tracts experience the greatest relative need related to mental health in the CCRH Edwin Shaw community, as indicated by the darkest shade of green. At the zip code level, the highest levels of need are in 44307 (Akron, Lane-Wooster), with an MHI value of 99.6, followed by 44306 (Akron, Ellet), with an MHI value of 99.4. See Appendix B for additional details about the MHI and a table of MHI values for each zip code in the CCRH Edwin Shaw community.

Figure 7: Mental Health Index: CCRH Edwin Shaw Community by Census Tract



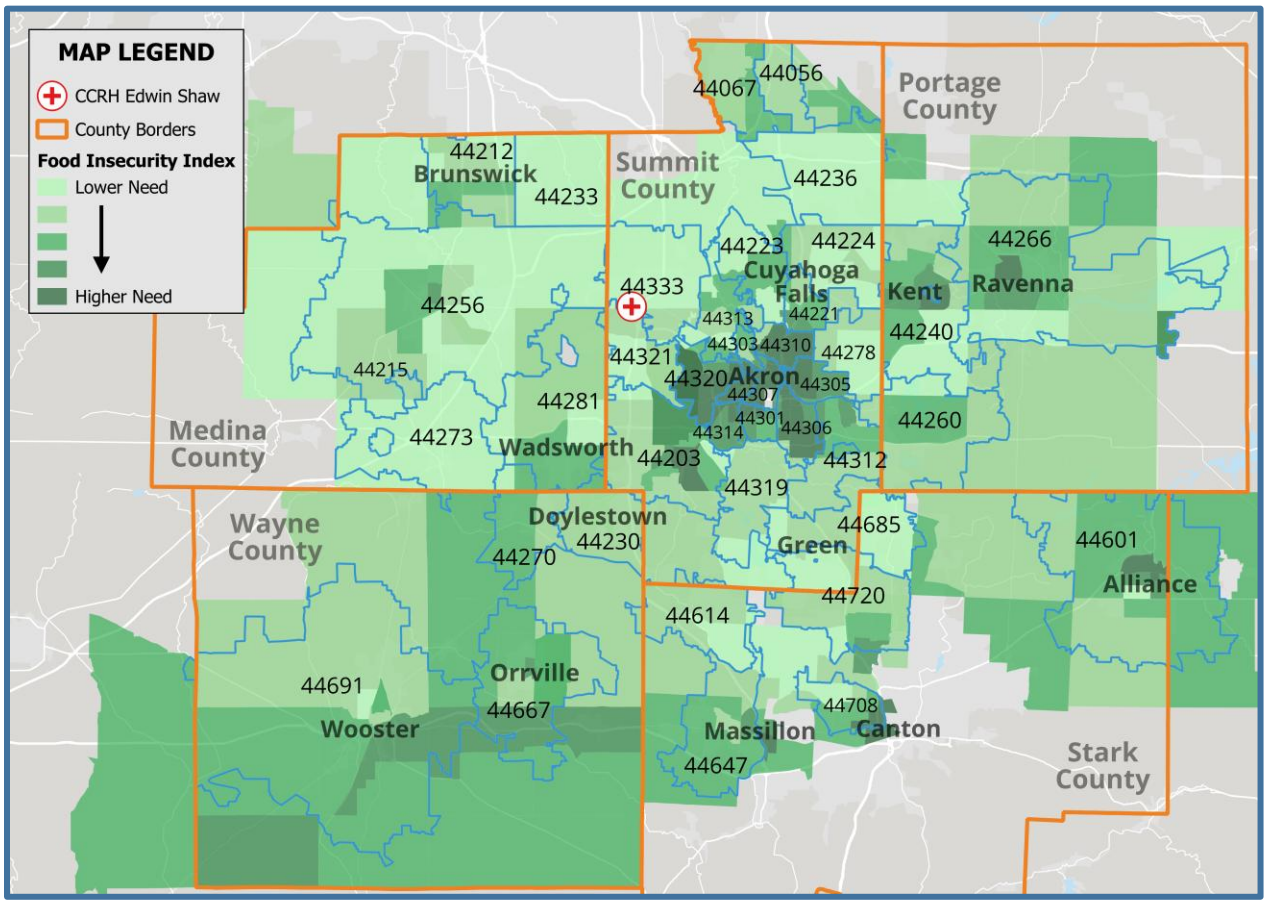
Food Insecurity Index

Conduent HCI's Food Insecurity Index (FII) can help to identify geographic differences in food access across the county, down to the census tract level. The FII uses health-related

social needs data that is strongly associated with poor food access to estimate which geographic regions have the greatest needs regarding food insecurity. Each geographic area is given an index value between 0 and 100, based on how it compares to other areas across the country.

Figure 8 illustrates which census tracts experience the greatest relative need related to food insecurity in the CCRH Edwin Shaw community, as indicated by the darkest shade of green. At the zip code level, the highest levels of need are in 44307 (Akron, Lane-Wooster) and 44306 (Akron, Ellet), with FII values of 99.0 and 97.3, respectively. See Appendix B for additional details about the FII and a table of FII values for each zip code and census tract in the hospital community.

Figure 8: Food Insecurity Index: CCRH Edwin Shaw Community by Census Tract



Other Community Assessment and Improvement Plans

An environmental scan of recent community health assessments, partner reports, and improvement plans relevant to the CCRH Edwin Shaw community were researched and reviewed. Findings from this environmental scan reinforced the relevance of the three prioritized health needs identified in the 2025 CHNA. Highlights of each of the relevant

documents are provided below. The methodology for conducting the environmental scan is described in Appendix C.

2023 Ohio State Health Assessment[6]

The following points summarize the key alignment between the 2023 Ohio State Health Assessment and CCRH Edwin Shaw's prioritized health needs:

- Access to Healthcare:
  - Widespread healthcare provider shortages, especially in primary care and mental health.
  - Many Ohioans face barriers such as limited insurance coverage, low health literacy, and lack of culturally and linguistically appropriate care.
- Adult Health:
  - Statewide increases in diabetes and continued high rates of heart disease and hypertension.
  - Obesity and poor nutrition are identified as key contributors to chronic conditions.
- Community Safety:
  - Ongoing challenges related to poverty, housing affordability and quality, food insecurity, and transportation.
  - Significant unmet mental health needs and elevated levels of substance use, including youth drug use and adult overdose deaths.

2023 United Way of Greater Cleveland Community Needs Assessment[7]

Economic Mobility

- Most children are unprepared for kindergarten and preschool enrollment is lower for some across communities
- Childcare access hindered by staffing shortages
- Cleveland ranks as the 2nd poorest large U.S. city
- Significant difference in income across populations

Health Pathways

- Gaps in life expectancy across communities
- Elevated levels of food insecurity and poor air quality
- Poor mental health outcomes; need for trauma-informed approaches

Housing Stability

- Rent affordability challenges, especially for older adults on fixed incomes
- High volume of homeless shelter information requests

[6] Ohio Department of Health. (2023). *Ohio State Health Assessment 2023*. Ohio University; Ohio Department of Health. Retrieved from Ohio Department of Health website.
[7] United Way of Greater Cleveland. (2023). *Cuyahoga County community needs assessment* [PDF]. https://www.unitedwaycleveland.org/our-work/publications/community-needs-assessment/#cc-assessment

2024 Medina County Community Health Needs Assessment[8]

Priority Areas for 2024-2030 CHIP:

- Mental Health and Addiction
- Chronic Disease Prevention

2022 Portage County Community Health Needs Assessment[9]

Priority Areas:

- Mental Health, Substance Use and Addiction
- Chronic Disease
- Maternal, Infant, and Child Health
- Healthcare System and Access
- Health-Related Social Needs
- Equal Health Access

2022 Stark County Community Health Needs Assessment[10]

Priority Areas:

- Mental Health
- Access to Care

2022 Summit County Community Health Needs Assessment[11]

Priority Areas:

- Adolescent Health
- Aging Population
- Chronic Disease
- Maternal & Child Health
- Mental Health & Addiction
- Healthcare Access & Quality
- Health-Related Social Needs

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[8] Living Well Medina County, Medina County Health Department, & Medina City Schools. (2024, May). *Community Health Assessment*. Accessed from https://medinahealth.org/wp-content/uploads/2024.05.13_2024-CHA_Final.pdf

[9] University Hospitals Portage Medical Center & Portage County Combined General Health District. (2022). *2022 Portage County Community Health Assessment*. Accessed from http://portagehealth.net/wp-content/uploads/2023/02/final_portage_county_ohio_chna_report_09_07_22.pdf

[10] Stark Community Health Assessment Advisory Committee. (2022, September; revised January 2023). *2022 Stark County Community Health Assessment*. Accessed from: https://www.starkcountyohio.gov/Stark%20CHA%20Report%202022-%20Revised%201_2023.pdf?t=202301111414390

[11] Summit County Public Health. (2024, January 5). *2022 Community Health Assessment*. Access from: https://www.scph.org/sites/default/files/editor/RPT/SCPH%20CHA%202022%20v1.5.24.pdf

2024 Wayne County Ohio Community Health Assessment[12]

Priority Areas:

- Mental Health and Substance Use Disorder
- Physical Health and Chronic Conditions

Primary Data Overview

Community Stakeholder Conversations

A total of eight organizations provided feedback for the CCRH Edwin Shaw community. Interviews with each stakeholder varied by individual and the amount of feedback they provided. They generally ranged from thirty to sixty minutes. A full write up of qualitative data findings and the community stakeholder facilitation guide can be found in Appendix D.

Individuals from the following organizations participated as key informants:

- Akron Canton Regional Food Bank
- ASIA
- Greater CLE/Akron LGBTQ+ CHA
- City of Akron
- Community Action Akron Summit Pathways Hub
- County of Summit ADM Board
- Minority Behavioral Health Group
- Summit County Public Health

Across stakeholder interviews conducted for the 2025 Community Health Needs Assessment, Access to Healthcare, Adult Health, and Community Safety emerged as interconnected priorities within the CCRH Edwin Shaw community. Participants emphasized that affordability, chronic disease, and safety are shaped by underlying social and structural factors including poverty, transportation, and housing stability. Stakeholders described a community with strong healthcare and public health systems but persistent differences in access. Stakeholders called for deeper cross-sector collaboration between healthcare, housing, behavioral health, and community organizations to improve coordination of care.

Access to Healthcare was described as a consistent and long-standing concern. Stakeholders noted that residents face multiple barriers to accessing timely and affordable care, including provider shortages, cost of services, and transportation challenges. Long wait times for behavioral health and specialty care were noted as significant deterrents to treatment. Participants also highlighted gaps in awareness and navigation, explaining that many community members are unaware of available safety-net resources or are unable to maintain insurance coverage following Medicaid eligibility

[12] Wayne County Health Department. (2024). *Community Health Improvement Plan 2024, Wayne County.* Accessed from: https://www.wayne-health.org/sites/default/files/2024-07/Combined%20CHIP%202024.pdf

changes. Stakeholders identified community health workers, peer navigators, and mobile or co-located services as effective approaches to bridging gaps and improving access to preventive and primary care.

Adult Health concerns centered on chronic disease prevention and the influence of social and lifestyle factors on long-term well-being. Diabetes, hypertension, heart disease, and cancer were frequently cited as persistent issues that are now affecting younger adults as well. Stakeholders attributed these outcomes to limited access to affordable, healthy foods and opportunities for physical activity, especially in neighborhoods with high poverty or food insecurity. They described how residents struggle to prioritize preventive care due to competing financial and family pressures, and how delays in cancer and chronic disease screenings continue to contribute to avoidable hospitalizations. Participants emphasized the importance of community-based education, early intervention, and wellness programming, particularly for working-age adults and older adults at risk of social isolation.

Community Safety was discussed as both a public safety and public health issue, intertwined with behavioral health, housing, and economic stability. Stakeholders described ongoing challenges related to substance use, overdose, and trauma across the community. While progress has been made through harm reduction and recovery collaboration, many participants noted that access to treatment and long-term recovery housing remains limited. The intersection of housing insecurity, homelessness, and behavioral health was a recurring concern, especially among older adults and individuals with disabilities. Stakeholders also mentioned the rising incidence of violence and neighborhood instability, emphasizing the need for cross-sector coordination to improve safety and rebuild community trust. Expanding recovery supports, trauma-informed services, and affordable housing were seen as essential to strengthening safety and health outcomes throughout the region. The following quotes highlight key themes identified in stakeholder feedback.

Priority Area	Key Quote	Additional Context
Access to Healthcare	“People need to know where to go for help. There are clinics and programs out there, but many residents just don’t know how to access them or can’t get there.”	This quote highlights the importance of care navigation and community awareness in bridging access gaps. Stakeholders emphasized that many residents are unaware of available safety-net services or face transportation and digital barriers that make it difficult to utilize them. Expanding outreach through community health workers, mobile services, and culturally appropriate education was seen as essential to improving access and reducing preventable emergency visits.

Adult Health	"We see more people struggling with diabetes and heart disease at younger ages. It's tied to food access, cost, and lifestyle. People know what's healthy, but they can't always afford or find it."	This observation connects directly to the growing burden of chronic disease and food insecurity in the community. Stakeholders repeatedly linked adult health challenges to environmental and economic factors such as limited access to affordable nutritious foods, sedentary lifestyles, and high stress levels. Addressing these issues requires a coordinated approach that includes community-based wellness programs, preventive screenings, and policies that support healthy food environments.
Community Safety	"Housing instability and addiction go hand in hand. When people don't have a stable place to live, it's nearly impossible to stay in recovery or feel safe."	This quote captures the interconnected nature of safety, behavioral health, and housing security. Stakeholders described how unstable housing, substance use, and trauma compound one another, leading to cycles of crisis and instability. They underscored the need for long-term recovery housing, trauma-informed services, and stronger collaboration between healthcare, behavioral health, and housing organizations to build safer, more resilient communities.

Prioritization Methodology

The CCRH Edwin Shaw 2025 Community Health Needs Assessment (CHNA) reaffirmed its focus on the same three health priorities identified in the previous assessment through a comprehensive and data-driven prioritization process. This decision was guided by a review of primary data, including stakeholder interviews with community leaders and subject matter experts, alongside secondary data analysis from national, state, and regional sources. An environmental scan further contextualized the findings, providing insight into persistent systemic and community-level challenges. The convergence of qualitative and quantitative findings demonstrated continued in areas such as Access to Care, Adult Health, and Community Safety. Consistent community feedback, coupled with county-level data showing outcomes that continue to exceed state and national benchmarks in these domains, reinforced the need for ongoing, coordinated efforts. As a result, the same three health needs were prioritized for the 2026–2028 Implementation Strategy Report, ensuring continuity in addressing longstanding health challenges and advancing improved outcomes for the populations it serves.

Collaborating Organizations

Hospitals within the Cleveland Clinic health system in Northeast Ohio collaborate to share community health data and resources throughout the CHNA and implementation strategy processes.

Community Partners and Resources

This section identifies other facilities and resources available in the community that are available to address community health needs.

Federally Qualified Health Centers and Health Departments

Federally Qualified Health Centers (FQHCs)[13] are community-based clinics that provide comprehensive primary care, behavioral health, and dental services. In Ohio, the Ohio Association of Community Health Centers (OACHC) represents 57 Community Health Centers operating at over 400 locations, including mobile units, and supports access to care through federal funding and enhanced Medicaid and Medicare reimbursement. Within the geography served by the CCRH Edwin Shaw, community health services are further supported by other local public health agencies as well.

Other Community Resources

A network of agencies, coalitions, and organizations provides a broad array of health and social services within the region. United Way 2-1-1 Ohio offers a comprehensive, statewide online resource directory that connects individuals to essential health and human services. This service, supported by the Ohio Department of Social Services in partnership with the Council of Community Services, The Planning Council, and local United Way chapters serve as a vital referral tool. Additional information is available at www.211oh.org.

Comments Received on Previous CHNA

Community Health Needs Assessment reports from 2022 were published on the CCRH Edwin Shaw website. No community feedback has been received as of the drafting of this report. For more information regarding Cleveland Clinic Community Health Needs Assessments and Implementation Strategy reports, please visit http://www.clevelandclinic.org/CHNAreportsor contact CHNA@ccf.org.

Request for Public Comment

Comments and feedback about this report are welcome. Please contact: chna@clevelandclinic.org.

[13] Ohio Association of Community Health Centers, https://www.ohiochc.org/page/178

Appendices Summary

A. Hospital Community Definition

B. Secondary Data Methodology and Secondary Data

A detailed overview of the Conduent HCI data scoring methodology and indicator scoring results from the secondary data analysis.

C. Environmental Scan Methodology and Key Findings

Environmental scan findings from the region comparing significant and prioritized health needs as well as identifying other relevant contextual data and associated programs and interventions.

D. Community Input Assessment Tools and Key Findings

Quantitative and qualitative community feedback data collection tools, stakeholders and organizations that were vital in capturing community feedback during this collaborative CHNA:

- Key Stakeholder Interview Questions
- Summary Qualitative Findings

E. Impact Evaluation

An overview of progress made on the 2022 Implementation Strategies.

F. Acknowledgements

Appendix A: Community Definition

The community definition describes the zip codes where approximately 75% of discharges from CCRH Edwin Shaw originated in 2024. Figure 9 shows the specific geography for this community that served as a guide for data collection and analysis for this CHNA. Table 2 lists zip codes and associated neighborhoods that comprise the community definition.

Figure 9: CCRH Edwin Shaw Community Definition

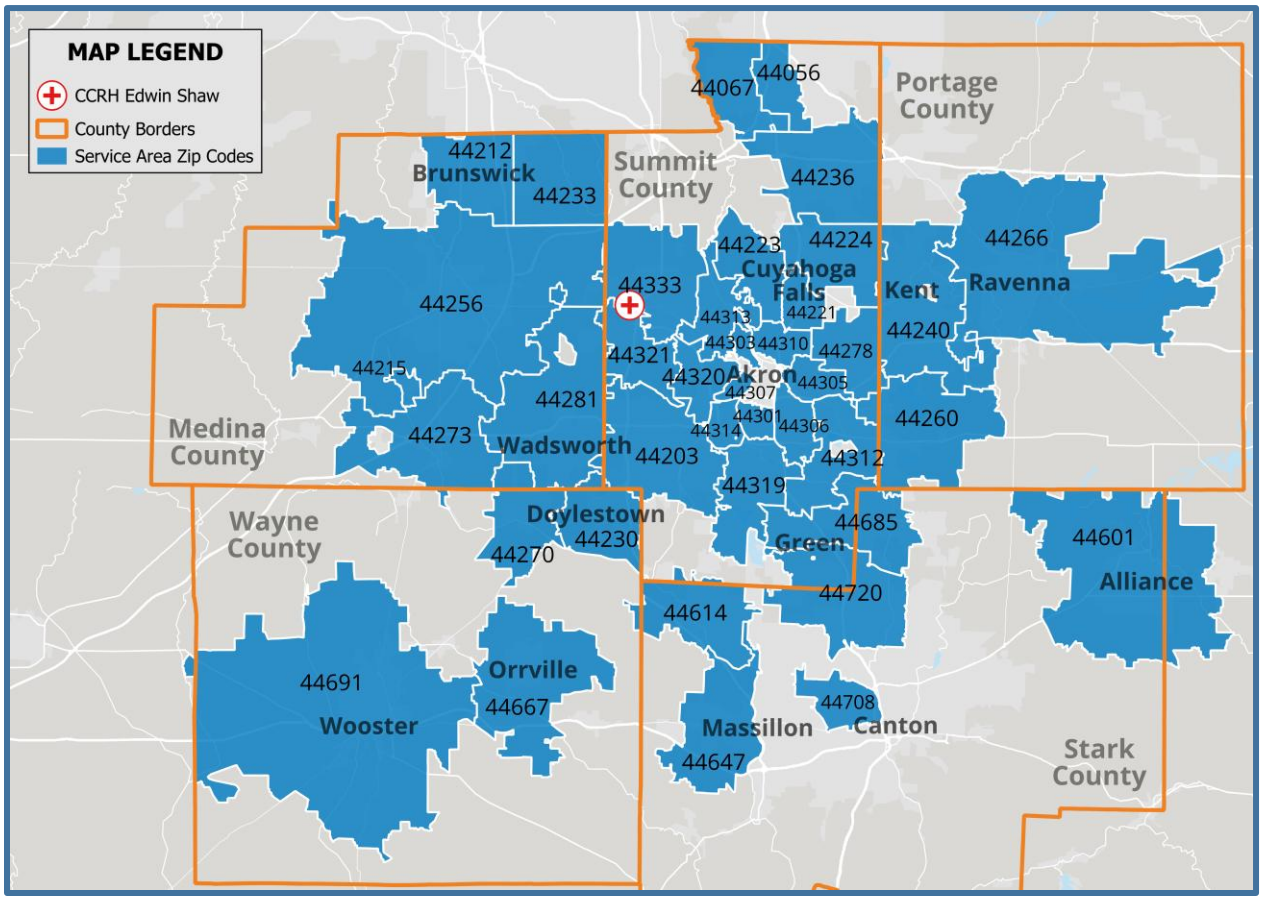


Table 2: CCRH Edwin Shaw Community Definition

Zip Code	Municipality	Zip Code	Municipality
44056	Macedonia	44303	Akron (Elizabeth Park Valley)
44067	Northfield	44305	Akron (Goodyear Heights)
44203	Barberton	44306	Akron (Ellet)
44212	Brunswick	44307	Akron (Lane-Wooster)
44215	Chippewa Lake	44310	Akron (Chapel Hill)
44221	Cuyahoga Falls	44312	Coventry
44223	Cuyahoga Falls	44313	Akron (Merriman Valley)
44224	Stow	44314	Akron (Kenmore)
44230	Doylestown	44319	Coventry
44233	Hinckley	44320	Akron (West Akron)
44236	Hudson	44321	Copley
44240	Kent	44333	Fairlawn
44256	Medina	44601	Alliance
44260	Mogadore	44614	Canal Fulton
44266	Ravenna	44647	Massillon
44270	Rittman	44667	Orrville
44273	Seville	44685	Uniontown
44278	Tallmadge	44691	Wooster
44281	Wadsworth	44708	Canton
44301	Akron (Firestone Park)	44720	North Canton

Appendix B: Secondary Data Methodology and Secondary Data

Secondary Data Sources & Analysis

The main source for the secondary data, or data that have been previously collected, is the community indicator database maintained by Conduent Healthy Communities Institute (HCI). This database includes more than 300 community indicators from at least 25 state and national data sources. HCI carefully evaluates sources based on the following three criteria: the source has a validated methodology for data collection and analysis; the source has scheduled, regular publication of findings; and the source has data values for small geographic areas or populations.

The following is a list of both local and national sources used in the CCRH Edwin Shaw Community Health Needs Assessment:

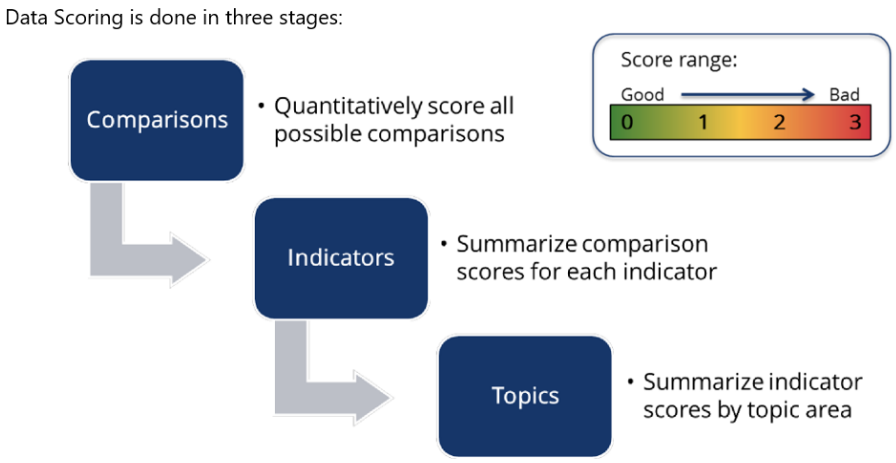
- American Community Survey
- American Lung Association
- Annie E. Casey Foundation
- CDC - PLACES
- Centers for Disease Control and Prevention
- Centers for Medicare & Medicaid Services
- Claritas Consumer Profiles
- Claritas Consumer Spending Dynamix
- County Health Rankings
- Early Ages Healthy Stages
- Feeding America
- National Cancer Institute
- National Center for Education Statistics
- National Environmental Public Health Tracking Network
- Ohio Department of Education
- Ohio Department of Health, Infectious Diseases
- Ohio Department of Health, Vital Statistics
- Ohio Department of Health's Ohio Healthy Homes Lead Poisoning Prevention Program
- Ohio Department of Public Safety, Office of Criminal Justice Services
- Ohio Public Health Information Warehouse
- Ohio Secretary of State
- Prevention Research Center for Healthy Neighborhoods
- Purdue Center for Regional Development
- The Ohio Pregnancy Assessment Survey (OPAS) Dashboard

- U.S. Bureau of Labor Statistics
- U.S. Census - County Business Patterns
- U.S. Census Bureau - Small Area Health Insurance Estimates
- U.S. Environmental Protection Agency
- United For ALICE

Secondary Data Scoring

HCI's Data Scoring Tool was used to systematically summarize multiple comparisons in order to rank indicators based on highest need. Due to restrictions regarding data availability, analysis was completed at the county level. For each indicator, the county value was compared to a distribution of other Ohio and U.S. counties, state and national values, targets defined by Healthy People 2030, and significant trends over time (see Figure 10). Based on these comparisons, each indicator is scored on a standardized scale ranging from 0 to 3, where 0 indicates least concern and 3 indicates greatest concern. Availability of each type of comparison depends on the indicator's data source, comparability with other communities, and changes in methodology over time. After scoring all available indicators, we grouped indicators into topic areas to assign summary scores for topic areas. Indicators may be categorized into more than one topic area, and topic areas with fewer than three indicators were not scored.

Figure 10: Summary of Topic Scoring Analysis



For the purposes of the CCRH Edwin Shaw community, this analysis was completed for Medina, Portage, Stark, Summit, and Wayne counties. A complete breakdown of topic and indicator scores can be found below.

Comparison to a Distribution of County Values: State and Nation

For ease of interpretation and analysis, distribution data for each indicator is visually represented as a green-yellow-red gauge illustrating how the county fares against a distribution of counties across either the state or across the nation. A distribution is

created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, and red) based on their order. Counties with the most concerning scores are “in the red” and those with the least concerning scores are “in the green.”

Comparison to Values: State, National, and Targets

Each county is compared to the state value, the national value, and the target value. Target values are defined by nation-wide Healthy People 2030 (HP2030) goals. HP2030 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services’ Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is more or less concerning than the comparison value, as well as how close the county value is to the target value.

Trend Over Time

The Mann-Kendall statistical test for trend was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator’s weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results. A full list of indicators and their scores can be found below.

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0 to 3, where a higher score indicates more concerning outcomes. A topic score is only calculated if it includes at least three indicators. See Figure 11 for a complete list of the potential health and quality of life topic areas examined in this analysis.

Figure 11: Health and Quality of Life Topic Areas



Topics that received a score of 1.50 or higher were considered a significant health need. Three topics received an average score of 1.50 or above (see Table 3). The highest scoring health topic was *Weight Status* with a score of 1.84.

Topic Scores

Results from the secondary data topic scoring can be seen below. Topic scores from Medina, Portage, Stark, Summit, and Wayne counties were averaged together to calculate overall topic scores for the CCRH Edwin Shaw community. These average scores are presented in Table 3 below. The highest scoring health need was Weight Status with a score of 1.84.

Table 3: Average Health Topic Scores: CCRH Edwin Shaw Community

Health or Quality of Life Topic	Score
Weight Status	1.84
Other Chronic Conditions	1.54
Mental Health & Mental Disorders	1.50
Physical Activity	1.46
Maternal, Fetal & Infant Health	1.46
Older Adults	1.46
Women's Health	1.41
Oral Health	1.39
Alcohol & Drug Use	1.35
Heart Disease & Stroke	1.32
Diabetes	1.31
Environmental Health	1.31
Wellness & Lifestyle	1.30
Cancer	1.29
Respiratory Diseases	1.28
Prevention & Safety	1.27

Nutrition & Healthy Eating	1.26
Community	1.26
Tobacco Use	1.25
Children's Health	1.24
Health Care Access & Quality	1.23
Economy	1.22
Education	1.19
Sexually Transmitted Infections	1.18
Immunizations & Infectious Diseases	1.07
Health Information Technology	0.81

County-level topic scores for Medina, Portage, Stark, Summit, and Wayne counties are presented in the tables below.

Table 4: Health Topic Scores: Medina County

Health Topic	Score
Other Chronic Conditions	1.75
Weight Status	1.62
Physical Activity	1.56
Older Adults	1.32
Mental Health & Mental Disorders	1.24
Oral Health	1.22
Heart Disease & Stroke	1.21
Alcohol & Drug Use	1.17
Maternal, Fetal & Infant Health	1.13
Cancer	1.12
Children's Health	1.06
Women's Health	1.05
Health Care Access & Quality	1.03
Environmental Health	1.02
Community	1.02
Respiratory Diseases	1.01
Diabetes	0.97
Nutrition & Healthy Eating	0.96
Wellness & Lifestyle	0.96
Tobacco Use	0.90
Prevention & Safety	0.87
Economy	0.84
Education	0.83

Immunizations & Infectious Diseases	0.77
Sexually Transmitted Infections	0.46

Table 5: Health Topic Scores: Portage County

Health Topic	Score
Weight Status	1.71
Mental Health & Mental Disorders	1.62
Oral Health	1.57
Maternal, Fetal & Infant Health	1.49
Women's Health	1.47
Other Conditions	1.46
Older Adults	1.45
Tobacco Use	1.4
Heart Disease & Stroke	1.39
Cancer	1.38
Health Care Access & Quality	1.31
Nutrition & Healthy Eating	1.29
Environmental Health	1.28
Respiratory Diseases	1.24
Wellness & Lifestyle	1.24
Economy	1.23
Community	1.17
Diabetes	1.16
Alcohol & Drug Use	1.11
Education	1.11
Mortality Data	1.05
Physical Activity	1.02
Sexually Transmitted Infections	1.02
Children's Health	0.94
Health Information Technology	0.88
Immunizations & Infectious Diseases	0.84
Prevention & Safety	0.84

Table 6: Health Topic Scores: Stark County

Health Topic	Score
Weight Status	2.17
Women's Health	1.74
Maternal, Fetal & Infant Health	1.73
Other Conditions	1.70
Oral Health	1.68
Physical Activity	1.61
Older Adults	1.58
Sexually Transmitted Infections	1.58
Mortality Data	1.56
Nutrition & Healthy Eating	1.55
Mental Health & Mental Disorders	1.51
Prevention & Safety	1.51
Wellness & Lifestyle	1.49
Heart Disease & Stroke	1.46
Children's Health	1.40
Cancer	1.40
Diabetes	1.34
Alcohol & Drug Use	1.32
Respiratory Diseases	1.29
Immunizations & Infectious Diseases	1.28
Tobacco Use	1.28
Health Care Access & Quality	1.25
Community	1.41
Economy	1.38
Environmental Health	1.36
Education	1.35

Table 7: Health Topic Scores: Summit County

Health Topic	Score
Sexually Transmitted Infections	2.01
Weight Status	2.01
Other Conditions	1.83
Alcohol & Drug Use	1.68
Prevention & Safety	1.65
Older Adults	1.59
Mental Health & Mental Disorders	1.57
Physical Activity	1.56
Maternal, Fetal & Infant Health	1.51
Mortality Data	1.49
Diabetes	1.48
Economy	1.47
Wellness & Lifestyle	1.45
Respiratory Diseases	1.44
Women's Health	1.44
Nutrition & Healthy Eating	1.42
Cancer	1.40
Environmental Health	1.40
Education	1.36
Children's Health	1.33
Community	1.32
Immunizations & Infectious Diseases	1.28
Heart Disease & Stroke	1.21
Oral Health	1.18
Tobacco Use	1.17
Health Care Access & Quality	1.05

Table 8: Health Topic Scores: Wayne County

Health Topic	Score
Weight Status	1.70
Diabetes	1.60
Mental Health & Mental Disorders	1.58
Health Information Technology	1.56
Physical Activity	1.53
Health Care Access & Quality	1.51
Children's Health	1.49
Environmental Health	1.49
Prevention & Safety	1.49
Tobacco Use	1.49
Mortality Data	1.48
Alcohol & Drug Use	1.46
Respiratory Diseases	1.44
Maternal, Fetal & Infant Health	1.42
Wellness & Lifestyle	1.37
Women's Health	1.37
Community	1.36
Heart Disease & Stroke	1.34
Older Adults	1.34
Oral Health	1.29
Education	1.28
Economy	1.18
Other Conditions	1.18
Immunizations & Infectious Diseases	1.17
Cancer	1.13
Nutrition & Healthy Eating	1.07
Sexually Transmitted Infections	0.82

Conduent's SocioNeeds Index Suite®

Conduent HCI's SocioNeeds Index Suite® provides analytics around non-medical drivers of health to better understand how health outcomes differ by geography and identify areas for action. The suite includes the Community Health Index, Food Insecurity Index, and Mental Health Index. See Table 9 for a full list of index values for each zip code in the CCRH Edwin Shaw community. Figures 12 to 17 illustrate the census tracts included for each portion of the community served by the hospital. Tables 10 to 15 list the census tracts of each portion of the community.

Table 9: Community Health Index, Food Insecurity Index, and Mental Health Index Values for CCRH Edwin Shaw Community Zip Codes

Zip Code	CHI Value	FII Value	MHI Value	Zip Code	CHI Value	FII Value	MHI Value
44056	21.0	22.5	36.3	**44303**	18.2	41.1	84.2
44067	22.2	34.1	47.3	**44305**	78.9	89.7	93.6
44203	64.0	72.8	91.3	**44306**	95.2	97.3	99.4
44212	15.5	30.5	38.8	**44307**	90.3	99.0	99.6
44215	22.7	15.4	29.9	**44310**	95.5	95.6	96.2
44221	50.6	52.0	75.9	**44312**	65.3	54.6	89.8
44223	13.2	20.0	59.3	**44313**	9.5	43.7	85.3
44224	20.9	27.1	63.5	**44314**	82.3	88.7	95.7
44230	27.8	26.6	29.2	**44319**	33.2	27.4	76.2
44233	9.3	3.3	14.7	**44320**	47.8	96.4	98.6
44236	2.8	3.7	25.9	**44321**	3.7	22.8	36.0
44240	43.8	62.0	79.4	**44333**	8.5	10.7	41.0
44256	13.3	32.3	50.6	**44601**	73.1	76.6	84.8
44260	35.4	36.2	54.7	**44614**	27.9	12.1	44.0
44266	59.6	65.7	86.1	**44647**	47.3	51.3	62.7
44270	70.1	47.2	73.1	**44667**	49.9	45.0	60.5
44273	17.2	13.9	22.4	**44685**	20.9	19.5	46.8
44278	26.2	16.0	44.1	**44691**	44.8	47.5	73.2
44281	12.8	34.5	46.7	**44708**	41.5	65.7	81.5
44301	76.7	86.6	93.8	**44720**	15.4	33.4	49.1

Figure 12: Census Tract Key, CCRH Edwin Shaw (Summit County, North)

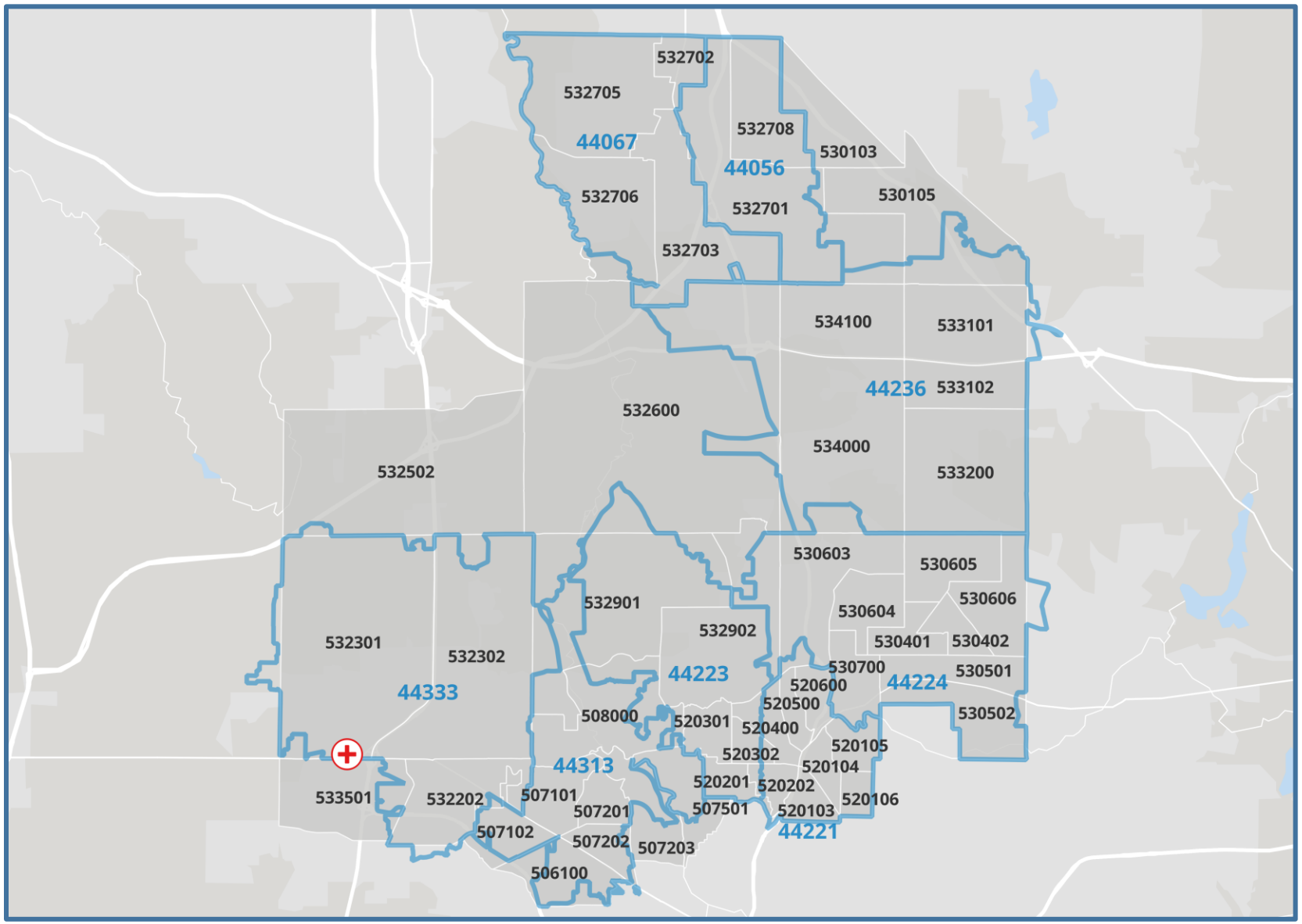


Table 10: Census Tracts by Zip Code (Summit County, North)

44056	44067	44221	44223	44224	44236	44313	44333
532701	532702	507600	507501	520600	530105	506100	405000
532708	532703	520103	508000	530401	532600	506400	507102
	532705	520104	520201	530402	532701	507101	532202
	532706	520105	520202	530501	533101	507102	532301
		520106	520301	530502	533102	507201	532302
		520201	520302	530603	533200	507202	532502
		520202	520400	530604	534000	507203	532901
		520302	532600	530605	534100	507501	533400
		520400	532901	530606		508000	533501
		520500	532902	530700		520301	533502
		520600		532600		532202	
		530603		532902		532302	
		530700		534000		532901	
		530800		601600			
		532902					

Figure 13: Census Tract Key, CCRH Edwin Shaw (Summit County, South)

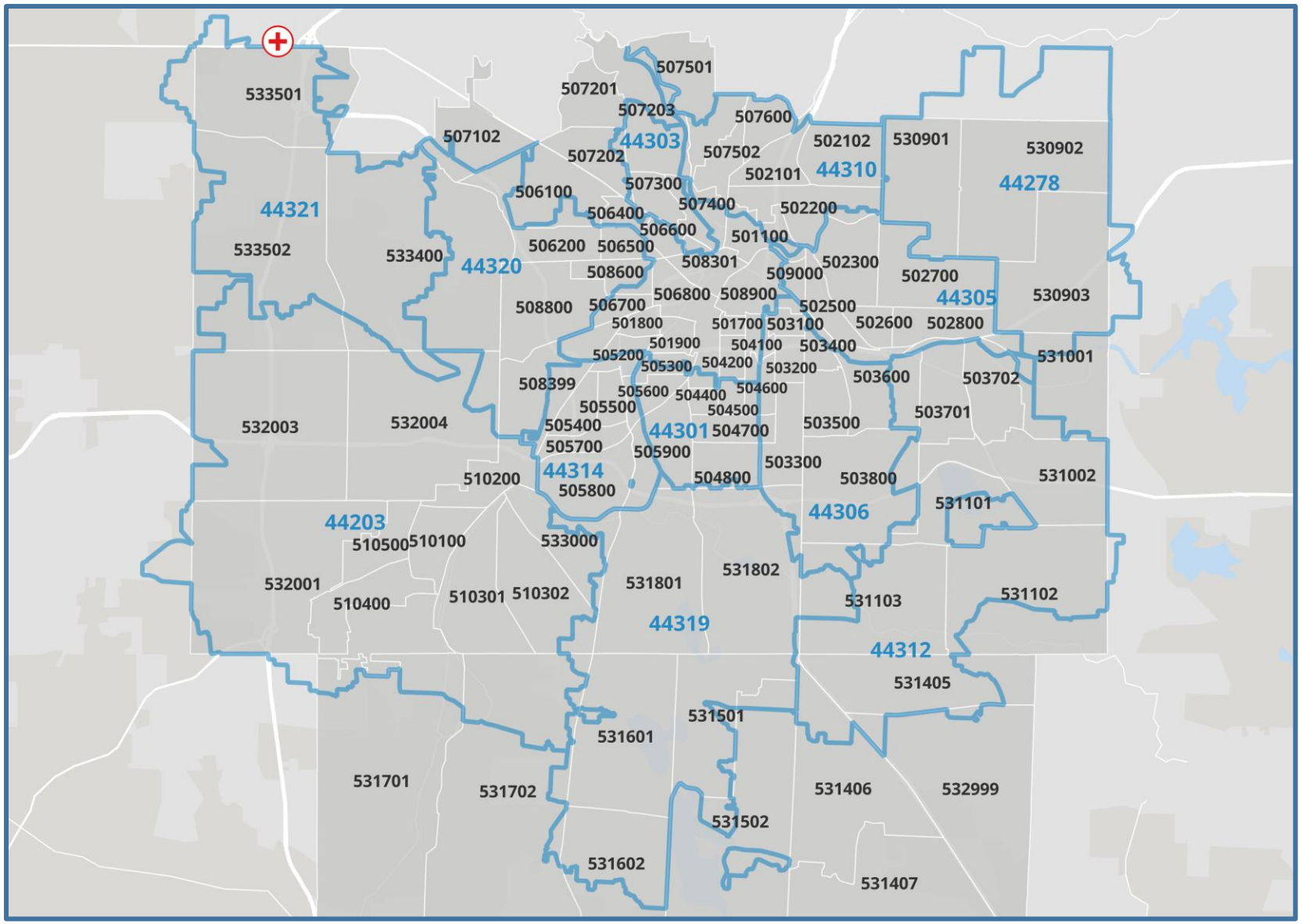


Table 11: Census Tracts by Zip Code (Summit County, South)

44203	44278	44301	44303	44305	44306	44307	44310	44312	44314	44319	44320	44321
002901	502700	504400	506400	501100	503100	501800	501100	503600	505200	504800	506100	532004
002902	530901	504500	506600	502200	503200	501900	502101	503701	505400	505800	506200	533400
417100	530902	504600	507202	502300	503300	505200	502102	503702	505500	505900	506400	533501
417200	831001	504700	507203	502500	503400	506700	502200	503800	505600	510302	506500	533502
510100	930903	504800	507300	502600	503500	506800	507400	531001	505700	531103	506700	
510200		505300	507400	502700	503600	508399	507501	531002	505800	531501	507102	
510301		505600	508301	502800	503800	508600	507502	531101	505900	531502	508399	
510302		505900		503400	504100	508800	507600	531102	508399	531601	508600	
510400		506800		503600	504600			531103	510200	531602	508800	
510500				503701	504700			531405		531702	510200	
531601				503702	508900			531406		531801	532004	
531701				503800	531103			531501		531802	533400	
531702				508900	531802			531502		533000		
531801				509000				531802				
532001				530901				532999				
532003				530903				602102				
532004				531001								
533000												
533400												
533502												

Figure 14: Census Tract Key, CCRH Edwin Shaw (Medina County)

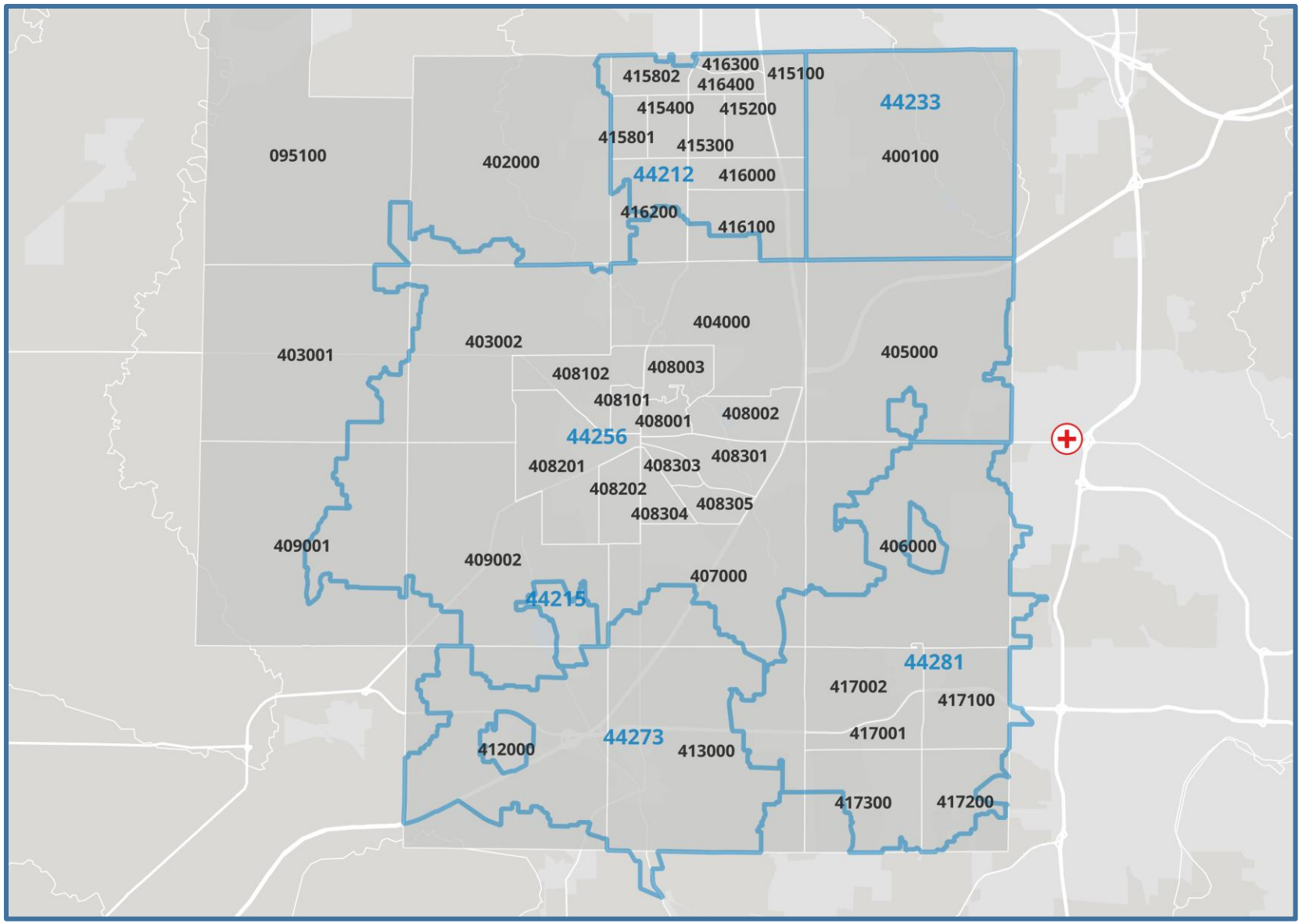


Table 12: Census Tracts by Zip Code (Medina County)

44212	44215	44233	44256	44273	44281
400100	409002	400100	095100	002500	002902
402000	412000		402000	407000	405000
415100			403001	412000	406000
415200			403002	413000	407000
415300			404000		413000
415400			405000		417001
415801			406000		417002
415802			407000		417100
416000			408001		417200
416100			408002		417300
416200			408003		532003
416300			408101		533501
416400			408102		533502
			408201		
			408202		
			408301		
			408303		
			408304		
			408305		
			409001		
			409002		
			412000		
			413000		
			416100		
			416200		
			532301		

Figure 15: Census Tract Key, CCRH Edwin Shaw (Portage County)

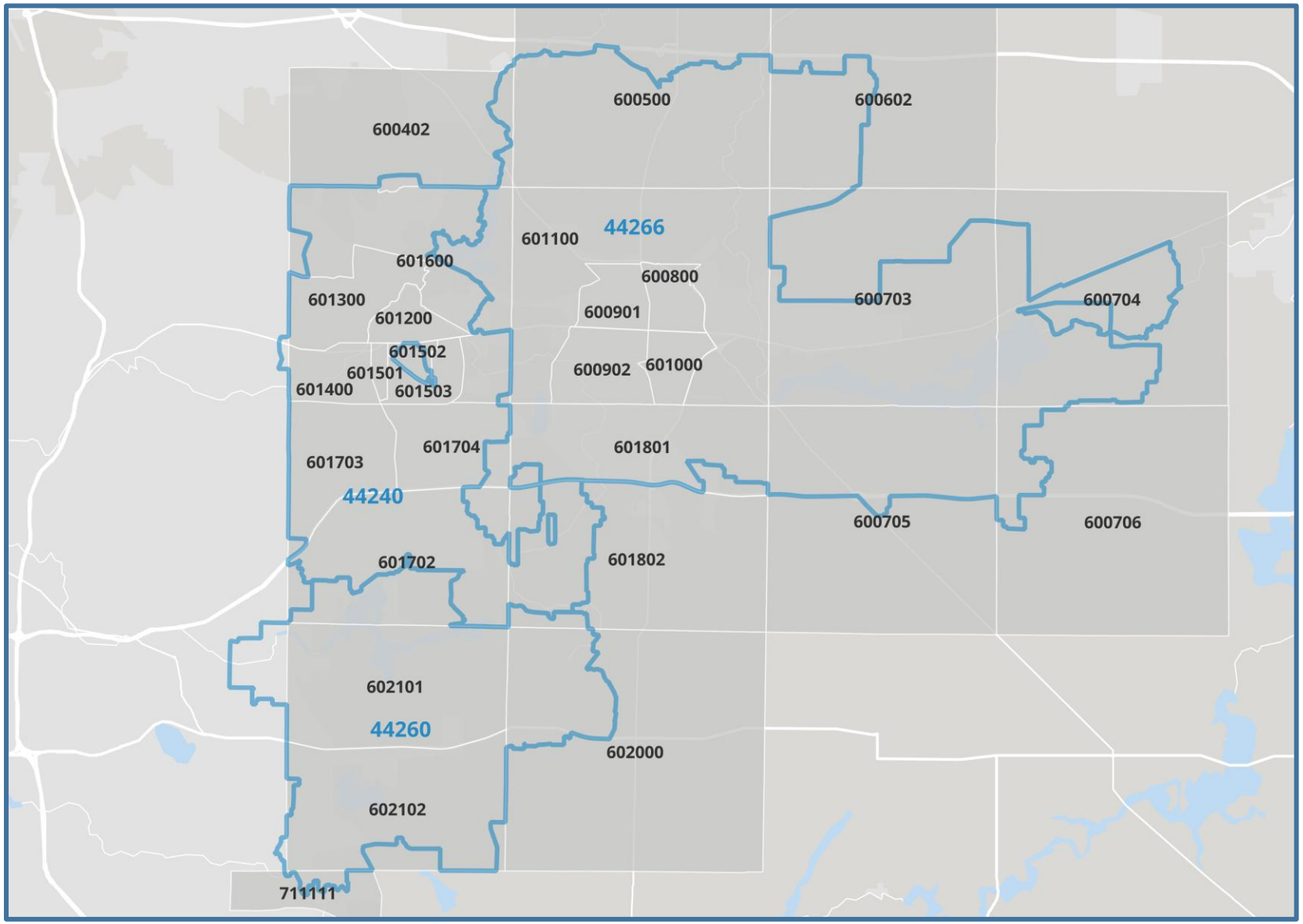


Table 13: Census Tracts by Zip Code (Portage County)

44240	44260	44266
600402	602000	600402
601200	602101	600500
601300	602102	600602
601400	711111	600703
601501		600704
601502		600705
601503		600706
601600		600800
601702		600901
601703		600902
601704		601000
601802		601100
		601702

Figure 16: Census Tract Key, CCRH Edwin Shaw (Stark County)

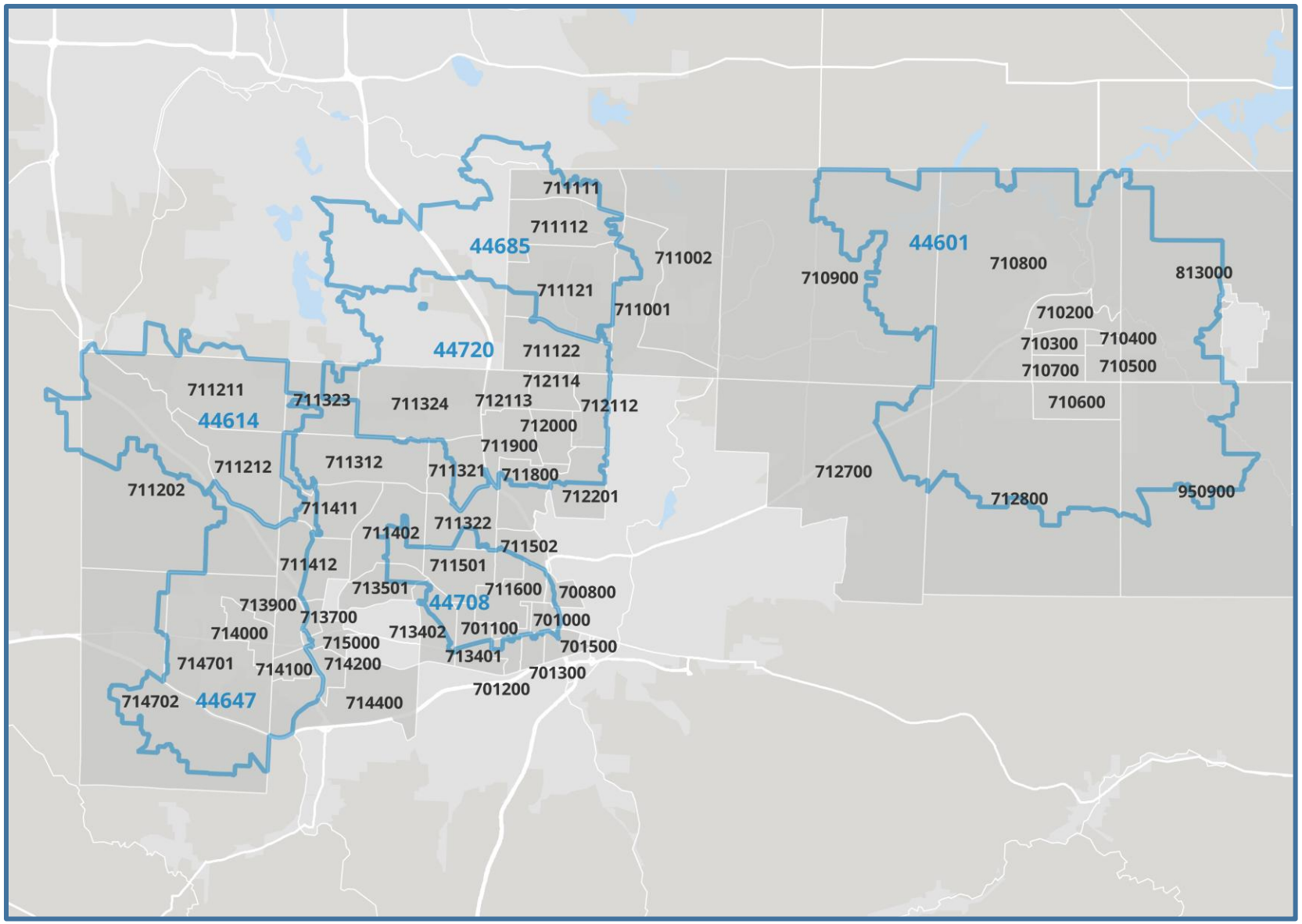


Table 14: Census Tracts by Zip Code (Stark County)

44601	44614	44647	44685	44708	44720
710200	711202	711202	711002	700800	711121
710300	711211	711312	711111	701000	711122
710400	711212	711411	711112	701100	711321
710500	711323	711412	711121	701200	711323
710600	711411	713900		701300	711324
710700		714000		701500	711800
710800		714100		711322	711900
710900		714400		711402	712000
712700		714701		711501	712112
712800		714702		711502	712113
813000				711600	712114
950900				713401	
				713402	
				713501	

Figure 17: Census Tract Key, CCRH Edwin Shaw (Wayne County)

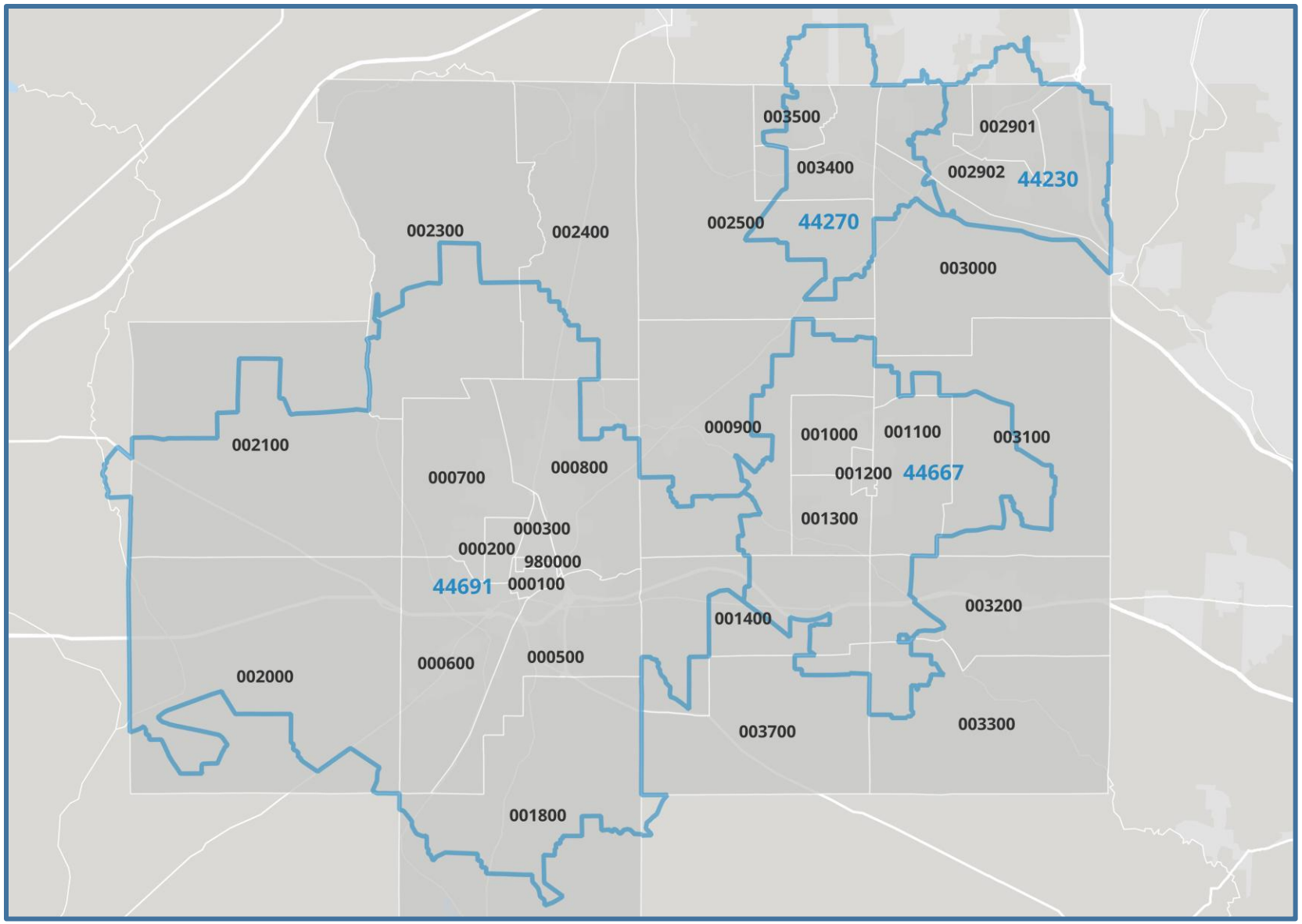


Table 15: Census Tracts by Zip Code (Wayne County)

44230	44270	44667	44691
002901	002500	000900	000100
002902	002902	001000	000200
003000	003000	001100	000300
	003400	001200	000500
	003500	001300	000600
		001400	000700
		003100	000800
		003200	001800
		003300	002000
		003700	002100
			002300
			002400
			980000

Community Health Index (CHI)

Every community can be described by various demographic and economic factors that can contribute to differences in health outcomes. Conduent HCI's Community Health Index considers validated indicators related to income, employment, education, and household environment to identify areas at highest risk for experiencing concerning health outcomes.

HOW IS THE INDEX VALUE CALCULATED?

The national index value (ranging from 0 to 100) is calculated for each zip code, census tract, and county in the nation. Communities with the highest index values are estimated to have the highest health-related social needs correlated with preventable hospitalizations and premature death.

WHAT DO THE RANKS AND COLORS MEAN?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the CHI, with darker coloring associated with higher relative need.

Food Insecurity Index (FII)

Every community can be described by various demographic and economic factors that can contribute to differences in health outcomes. Conduent HCI's Food Insecurity Index considers validated indicators related to income, household environment, and well-being to identify areas at highest risk for experiencing food insecurity.

HOW IS THE INDEX VALUE CALCULATED?

The national index value (ranging from 0 to 100) is calculated for each zip code, census tract, and county in the nation. Communities with the highest index values are estimated to have the highest risk of food insecurity, which is correlated with correlated with household and community measures of food-related stress such as Medicaid and SNAP enrollment.

WHAT DO THE RANKS AND COLORS MEAN?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the FII, with darker coloring associated with higher relative need.

Mental Health Index (MHI)

Every community can be described by various demographic and economic factors that can contribute to differences in health outcomes. Conduent HCI's Mental Health Index considers validated indicators related to access to care, physical health status, transportation, employment, and household environment to identify areas at highest risk for experiencing mental health challenges.

HOW IS THE INDEX VALUE CALCULATED?

The national index value (ranging from 0 to 100) is calculated for each zip code, census tract, and county in the nation. Communities with the highest index values are estimated to have the highest risk of self-reported poor mental health.

WHAT DO THE RANKS AND COLORS MEAN?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the MHI, with darker coloring associated with higher relative need.

Data Considerations

Several data limitations should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, data viability varies by health topic. Some topics contain a robust set of secondary data indicators, while others may have a limited number of indicators or limited subpopulations covered by those specific indicators.

Data scores represent the relative community health need according to the secondary data for each topic and should be considered a comprehensive result on their own. In addition, these scores reflect the secondary data results for the population as a whole and do not represent the health or health-related social needs that are much greater for some subpopulations. Moreover, many of the secondary data indicators included in the findings are collected by survey, and though specific methods are used to represent the population at large, these measures are subject to instability, especially for smaller populations.

Special Population Groupings

The secondary data presented in this report derive from multiple sources, which may present data using dissimilar naming conventions. For consistency with data sources throughout the report, subpopulation data may use different terms to describe the same or similar groups of community members.

Zip Codes and Zip Code Tabulation Areas

This report presents both Zip Code and Zip Code Tabulation Area (ZCTA) data. Zip Codes, which were created by the U.S. Postal Service to improve mail delivery service, are not reported in this assessment as they may change, include P.O. boxes, or cover large unpopulated areas. This assessment covers ZCTAs which were created by the U.S. Census Bureau and are generalized representations of Zip Codes that have been assigned to census blocks.

Demographics for this report are sourced from the U.S. Census Bureau, which presents ZCTA estimates. Tables and figures in the Demographics section of this report reference Zip Codes in title (for purposes of familiarity) but show values of ZCTAs. Data from other sources are labeled as such.

Indicators of Concern for Prioritized Health Needs

Below are details regarding indicators of concern for all prioritized health needs discussed in this report. Each indicator includes a county-level value and standardized score, as well as the following comparison data, where available: state value, national value, state county distribution, national county distribution, and over-time trend. Table 16 describes how to interpret the icons used to describe county distributions and trend data.

Table 16: Icon Legend

Icon(s)	Definition
	If the needle is in the green, the county value is among the least concerning 50% of counties in the state or nation.
	If the needle is in the red, the county value is in the most concerning 25% (or worst quartile) of counties in the state or nation.
	The county value is significantly trending in a concerning direction.
	The county value is trending in a concerning direction, but not significantly.
	The county value is significantly trending in the ideal direction.
	The county value is trending in the ideal direction, but not significantly.

Medina County Indicators of Concern: Access to Healthcare

As seen below, the topic *Health Care Access and Quality* was ranked as the thirteenth highest scoring health need, with a score of 1.03 out of 3. Those indicators scoring at or above 1.00 were categorized as indicators of concern and are listed below.

SCORE	INDICATOR	UNITS	MEDINA COUNTY	HP2030	OH	U.S.	OH Counties	U.S. Counties	Trend
1.79	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	75.5	--	148.7	--			
1.53	Primary Care Provider Rate	*providers/ 100,000 population*	62.3	--	75.3	74.9			
1.32	Adults With Individual Health Insurance	*percent*	20.5	--	20.5	20.2			--
1.32	Mental Health Provider Rate	*providers/ 100,000 population*	190.7	--	349.4	--			
1.24	Dentist Rate	*dentists/ 100,000 population*	55.6	--	65.2	73.5			
1.21	Adults with Health Insurance	*percent*	93.6	--	91.6	89	--		
1.12	Persons without Health Insurance	*percent*	4.4	--	6.1	7.9	--	--	
1.09	Children with Health Insurance	*percent*	96.8	--	95.1	94.6	--		
1.06	Adults who have had a Routine Checkup	*percent*	79	--	--	76.1			--

Medina County Indicators of Concern: Adult Health

The prioritized health topic *Adult Health* was captured under the following health topics: *Nutrition and Healthy Eating*, *Wellness and Lifestyle*, *Cancer*, *Diabetes*, *Heart Disease and Stroke*, *Other Chronic Conditions*, and *Older Adults*. As seen below, the most concerning of these topics was *Other Chronic Conditions* (Score: 1.75), followed by *Older Adults* (1.32), *Heart Disease and Stroke* (1.21), *Cancer* (1.12), *Diabetes* (0.97), *and* the least concerning topics were *Wellness and Lifestyle* (0.96) and *Nutrition and Healthy Eating* (0.96). Indicators from these seven topic areas which scored at or above 1.70 were categorized as indicators of concern and are listed below.

SCORE	INDICATOR	UNITS	MEDINA COUNTY	HP2030	OH	U.S.	OH Counties	U.S. Counties	Trend
2.56	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	136.4	--	118.1	113.2			
2.47	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	17.2	--	12.1	--		--	
2.35	Breast Cancer Incidence Rate	*cases/ 100,000 females*	139.2	--	132.3	129.8			
2.35	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	14.3	--	12.8	12			
2.03	Chronic Kidney Disease: Medicare Population	*percent*	20	--	19	18			--
2.03	All Cancer Incidence Rate	*cases/ 100,000 population*	489.1	--	470	444.4			
1.94	Age-Adjusted Death Rate due to Kidney Disease	*deaths/ 100,000 population*	14.2	--	15.1	--		--	
1.85	Stroke: Medicare Population	*percent*	6	--	5	6			--
1.85	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	39	--	39	36			--
1.85	Hyperlipidemia: Medicare Population	*percent*	69	--	67	66			--

1.76	Adults with Cancer (Non-Skin) or Melanoma	*percent*	9.3	--	--	8.2			--
1.76	Adults who Have Taken Medications for High Blood Pressure	*percent*	79.3	--	--	78.2			--
1.68	Depression: Medicare Population	*percent*	18	--	18	17			--
1.65	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	34.6	--	33.8	--		--	
1.65	People 65+ Living Alone (Count)	*people*	8358	--	--	--	--	--	
1.65	People 65+ Living Below Poverty Level (Count)	*people*	1986	--	--	--	--	--	
1.59	Adults who Experienced Coronary Heart Disease	*percent*	8.4	--	--	6.8			--
1.50	Osteoporosis: Medicare Population	*percent*	11	--	11	12			--
1.50	Asthma: Medicare Population	*percent*	7	--	7	7			--
1.50	Cancer: Medicare Population	*percent*	12	--	12	12			--

Medina County Indicators of Concern: Community Safety

The prioritized health topic *Community Safety* was captured under the two health topics *Prevention and Safety*, with a score of 0.87, and *Alcohol and Drug Use*, with a score of 1.17. Indicators from these topic areas which scored at or above 1.50 were categorized as indicators of concern and are listed below.

SCORE	INDICATOR	UNITS	MEDINA COUNTY	HP2030	OH	U.S.	OH Counties	U.S. Counties	Trend
2.47	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	17.2	--	12.1	--		--	
2.29	Adults who Binge Drink	*percent*	19.8	--	--	16.6			--
2.26	Adults who Drink Excessively	*percent*	23.1	--	21.2	--			
2.00	Substantiated Child Abuse Rate	*cases/ 1,000 children*	7.8	8.7	6.9	--		--	

Medina County All Indicator Scores by Topic Area

Below is a complete list of all indicators that were scored as part of the secondary data analysis. Indicators are grouped under their respective health and quality of life topic areas and include information about both the indicator data source and measurement period. Please refer to Table 17 below as a reference key for indicator data sources.

Table 17: Indicator Scoring Data Source Key

Key	Data Source
1	American Community Survey 1-Year
2	American Community Survey 5-Year
3	American Lung Association
4	Annie E. Casey Foundation
5	CDC – PLACES
6	Centers for Disease Control and Prevention
7	Centers for Medicare & Medicaid Services
8	Claritas Consumer Profiles
9	Claritas Consumer Spending Dynamix
10	County Health Rankings
11	Feeding America
12	National Cancer Institute
13	National Center for Education Statistics
14	National Environmental Public Health Tracking Network
15	Ohio Department of Education
16	Ohio Department of Health, Infectious Diseases
17	Ohio Department of Health, Vital Statistics
18	Ohio Department of Public Safety, Office of Criminal Justice Services
19	Ohio Public Health Information Warehouse
20	Ohio Secretary of State
21	Purdue Center for Regional Development
22	U.S. Bureau of Labor Statistics
23	U.S. Census - County Business Patterns
24	U.S. Census Bureau - Small Area Health Insurance Estimates
25	U.S. Environmental Protection Agency
26	United For ALICE

Table 18: All Medina County Secondary Data Indicators

SCORE	ALCOHOL & DRUG USE	UNITS	MEDINA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.29	Adults who Binge Drink	*percent*	19.8			16.6	*2022*	5
2.26	Adults who Drink Excessively	*percent*	23.1		21.2		*2022*	10
1.09	Mothers who Smoked During Pregnancy	*percent*	4.1	4.3	7.9	3.7	*2022*	17
0.79	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	*Deaths per 100,000 population*	21.3		40.4	23.5	*2018-2020*	6
0.71	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	19	20.7	44.7		*2020-2022*	10
0.59	Liquor Store Density	*stores/ 100,000 population*	2.7		5.6	10.9	*2022*	23
0.44	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	23.6		32.1		*2018-2022*	10

SCORE	CANCER	UNITS	MEDINA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.56	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	136.4		118.1	113.2	*2017-2021*	12
2.35	Breast Cancer Incidence Rate	*cases/ 100,000 females*	139.2		132.3	129.8	*2017-2021*	12
2.35	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	14.3		12.8	12	*2017-2021*	12

SCORE	CHILDREN'S HEALTH	UNITS	MEDINA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.03	All Cancer Incidence Rate	*cases/ 100,000 population*	489.1		470	444.4	*2017-2021*	12
1.76	Adults with Cancer (Non-Skin) or Melanoma	*percent*	9.3			8.2	*2022*	5
1.50	Cancer: Medicare Population	*percent*	12		12	12	*2023*	7
1.38	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	7.1		7.8	7.5	*2017-2021*	12
1.06	Mammogram in Past 2 Years: 50-74	*percent*	76.6	80.3		76.5	*2022*	5
1.00	Colorectal Cancer Incidence Rate	*cases/ 100,000 population*	36.9		38.9	36.4	*2017-2021*	12
0.88	Cervical Cancer Screening: 21-65	*Percent*	84.8			82.8	*2020*	5
0.88	Colon Cancer Screening: USPSTF Recommendation	*percent*	68.4			66.3	*2022*	5
0.82	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	56.8		64.3	53.1	*2017-2021*	12
0.62	Mammography Screening: Medicare Population	*percent*	52		51	39	*2023*	7
0.53	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	32.8	25.1	39.8	32.4	*2018-2022*	12
0.29	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	16.7	16.9	19.3	19	*2018-2022*	12
0.18	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	139.9	122.7	161.1	146	*2018-2022*	12
0.00	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	14.3	15.3	20.2	19.3	*2018-2022*	12

2.00	Substantiated Child Abuse Rate	*cases/ 1,000 children*	7.8	8.7	6.9		*2021*	4
1.59	Child Care Centers	*per 1,000 population under age 5*	7.6		8	7	*2022*	10
1.12	Blood Lead Levels in Children (>=5 micrograms per deciliter)	*percent*	0.3		1.9		*2022*	19
1.09	Children with Health Insurance	*percent*	96.8		95.1	94.6	*2023*	1
0.71	Child Mortality Rate: Under 20	*deaths/ 100,000 population under 20*	32.4		59.2		*2019-2022*	10
0.59	Child Food Insecurity Rate	*percent*	12.3		20.1	18.4	*2023*	11
0.29	Home Child Care Spending-to-Income Ratio	*percent*	2.4		3.2	3.3	*2025*	9

SCORE	COMMUNITY	UNITS	MEDINA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.82	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	638		570	612	*2019-2023*	2
2.47	Median Household Gross Rent	*dollars*	1090		988	1348	*2019-2023*	2
2.47	Mortgaged Owners Median Monthly Household Costs	*dollars*	1681		1472	1902	*2019-2023*	2
2.41	Workers who Walk to Work	*percent*	1		2	2.4	*2019-2023*	2
2.35	Workers Commuting by Public Transportation	*percent*	0.1	5.3	1.1	3.5	*2019-2023*	2
2.26	Social Associations	*membership associations/*	8.4		10.8		*2022*	10

		10,000 population						
2.15	Solo Drivers with a Long Commute	*percent*	42.9		30.5		*2019-2023*	10
2.00	Substantiated Child Abuse Rate	*cases/ 1,000 children*	7.8	8.7	6.9		*2021*	4
1.88	Mean Travel Time to Work	*minutes*	26.8		23.6	26.6	*2019-2023*	2
1.74	Grandparents Who Are Responsible for Their Grandchildren	*percent*	39.8		41.3	32	*2019-2023*	2
1.65	People 65+ Living Alone (Count)	*people*	8358				*2019-2023*	2
1.41	Linguistic Isolation	*percent*	0.8		1.5	4.2	*2019-2023*	2
1.41	Workers who Drive Alone to Work	*percent*	78.5		76.6	70.2	*2019-2023*	2
1.32	Adults With Individual Health Insurance	*percent*	20.5		20.5	20.2	*2024*	8
1.24	Residential Segregation - Black/White	*Score*	56.1		69.6		*2025*	10
1.18	Total Employment Change	*percent*	4.1		2.9	5.8	*2021-2022*	23
1.12	Violent Crime Rate	*crimes/ 100,000 population*	79		331		*2024*	18
0.97	Digital Distress		1				*2022*	21
0.97	Social Vulnerability Index	*Score*	0				*2022*	6
0.94	Adults with Internet Access	*percent*	84.1		80.9	81.3	*2024*	8
0.94	Female Population 16+ in Civilian Labor Force	*percent*	61.2		59.2	58.7	*2019-2023*	2
0.94	People 25+ with a High School Diploma or Higher	*percent*	94.5		91.6	89.4	*2019-2023*	2
0.94	Population 16+ in Civilian Labor Force	*percent*	64.6		60.1	59.8	*2019-2023*	2

0.88	Persons with Health Insurance	*percent*	94	92.4	92.9		*2022*	24
0.82	Voter Turnout: Presidential Election	*percent*	80.5	58.4	71.7		*2024*	20
0.79	Adults Who Vote in Presidential Elections: Always or Sometimes	*percent*	88.2		84.9	85.1	*2024*	8
0.71	Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	7.5		11.1		*2016-2022*	10
0.65	Households with a Computer	*percent*	89.1		85.2	86	*2024*	8
0.65	Households with One or More Types of Computing Devices	*percent*	95.7		93.6	94.8	*2019-2023*	2
0.65	Persons with an Internet Subscription	*percent*	93.7		91.3	92	*2019-2023*	2
0.59	People Living Below Poverty Level	*percent*	6.1	8	13.2	12.4	*2019-2023*	2
0.59	Young Children Living Below Poverty Level	*percent*	8.9		20	17.6	*2019-2023*	2
0.47	Day Care Center and Preschool Spending-to-Income Ratio	*percent*	5.8		7.4	7.1	*2025*	9
0.47	Gasoline and Other Fuels Spending-to-Income Ratio	*percent*	2.8		3.3	3.1	*2025*	9
0.44	Adults With Group Health Insurance	*percent*	44.5		37.4	39.8	*2024*	8
0.44	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	23.6		32.1		*2018-2022*	10
0.44	Broadband Quality Score	*BQS Score*	64.9		53.4	50	*2022*	21
0.44	Children in Single-Parent Households	*percent*	15.1		26.1	24.8	*2019-2023*	2

0.44	Children Living Below Poverty Level	*percent*	7.4		18	16.3	*2019-2023*	2
0.44	Digital Divide Index	*DDI Score*	11.1		40.1	50	*2022*	21
0.44	People 65+ Living Alone	*percent*	23.7		30.2	26.5	*2019-2023*	2
0.35	Households with a Smartphone	*percent*	89.5		87.5	88.2	*2024*	8
0.35	Households with an Internet Subscription	*percent*	91.8		89	89.9	*2019-2023*	2
0.35	Youth not in School or Working	*percent*	0.9		1.7	1.7	*2019-2023*	2
0.29	Adult Day Care Spending-to-Income Ratio	*percent*	8.3		11.1	11.9	*2025*	9
0.26	Age-Adjusted Death Rate due to Firearms	*deaths/ 100,000 population*	8.2	10.7	13.5	12	*2018-2020*	6
0.18	People 25+ with a Bachelor's Degree or Higher	*percent*	36.2		30.9	35	*2019-2023*	2
0.18	Per Capita Income	*dollars*	46652		39455	43289	*2019-2023*	2
0.00	Median Household Income	*dollars*	92660		69680	78538	*2019-2023*	2

SCORE	DIABETES	UNITS	MEDINA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.12	Age-Adjusted Death Rate due to Diabetes	*deaths/ 100,000 population*	19.8		28.4		*2020-2022*	19
0.97	Diabetes: Medicare Population	*percent*	23		25	24	*2023*	7
0.82	Adults 20+ with Diabetes	*percent*	7.4				*2021*	6

SCORE	ECONOMY	UNITS	MEDINA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.82	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	638		570	612	*2019-2023*	2

2.47	Median Household Gross Rent	*dollars*	1090		988	1348	*2019-2023*	2
2.47	Mortgaged Owners Median Monthly Household Costs	*dollars*	1681		1472	1902	*2019-2023*	2
2.29	Gender Pay Gap	*cents on the dollar*	0.6		0.7	0.8	*2023*	1
1.88	Households with Student Loan Debt	*percent*	9.5		9.1	9.8	*2024*	8
1.65	People 65+ Living Below Poverty Level (Count)	*people*	1986				*2019-2023*	2
1.59	Renters Spending 30% or More of Household Income on Rent	*percent*	43.7	25.5	45.1	50.4	*2019-2023*	2
1.50	Households that are Asset Limited, Income Constrained, Employed (ALICE)	*percent*	24.5		25	29.4	*2023*	26
1.35	Size of Labor Force	*persons*	98842				*45748*	22
1.29	Unemployed Veterans	*percent*	2.5		2.8	3.2	*2019-2023*	2
1.24	Residential Segregation - Black/White	*Score*	56.1		69.6		*2025*	10
1.18	Homeowner Spending-to-Income Ratio	*percent*	12.4		14.3	13.5	*2025*	9
1.18	Total Employment Change	*percent*	4.1		2.9	5.8	*2021-2022*	23
1.15	Households Living Below Poverty Level	*percent*	7.6		13.5	12.7	*2023*	26
1.15	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	*percent*	67.9		61.5	58	*2023*	26
1.03	Mortgaged Owners Spending 30% or More of Household Income on Housing	*percent*	19.9	25.5	21.2	28.5	*2023*	1

0.94	Female Population 16+ in Civilian Labor Force	*percent*	61.2	59.2	58.7	*2019-2023*	2
0.94	Population 16+ in Civilian Labor Force	*percent*	64.6	60.1	59.8	*2019-2023*	2
0.94	Unemployed Workers in Civilian Labor Force	*percent*	4.3	5.4	4.5	*April 2025*	22
0.88	Children Living Below 200% of Poverty Level	*percent*	28.3	38.3	36.1	*2023*	1
0.85	Families Living Below 200% of Poverty Level	*Percent*	14.1	22.8	22.3	*2023*	1
0.85	People 65+ Living Below 200% of Poverty Level	*percent*	19.8	28.4	28.1	*2023*	1
0.85	People Living Below 200% of Poverty Level	*percent*	20.5	29.6	28.2	*2023*	1
0.82	Health Insurance Spending-to-Income Ratio	*percent*	6	6.6	5.9	*2025*	9
0.79	Adults who Feel Overwhelmed by Financial Burdens	*percent*	31.2	34	33.6	*2024*	8
0.79	Income Inequality		0.4	0.5	0.5	*2019-2023*	2
0.76	Households with Cash Public Assistance Income	*percent*	1.5	2.5	2.7	*2019-2023*	2
0.65	Households with a Savings Account	*percent*	76.7	70.9	72	*2024*	8
0.62	Students Eligible for the Free Lunch Program	*percent*	21.3	23.6	43.6	*2023-2024*	13
0.59	Child Food Insecurity Rate	*percent*	12.3	20.1	18.4	*2023*	11
0.59	Families Living Below Poverty Level	*percent*	4	9.2	8.7	*2019-2023*	2
0.59	Food Insecurity Rate	*percent*	12.1	15.3	14.5	*2023*	11
0.59	People 65+ Living Below Poverty Level	*percent*	5.8	9.5	10.4	*2019-2023*	2

0.59	People Living Below Poverty Level	*percent*	6.1	8	13.2	12.4	*2019-2023*	2
0.59	Veterans Living Below Poverty Level	*percent*	4.3		7.4	7.2	*2019-2023*	2
0.59	Young Children Living Below Poverty Level	*percent*	8.9		20	17.6	*2019-2023*	2
0.47	Cigarette Spending-to-Income Ratio	*percent*	1.8		2.1	1.9	*2025*	9
0.47	College Tuition Spending-to-Income Ratio	*percent*	9.9		12.6	11.9	*2025*	9
0.47	Day Care Center and Preschool Spending-to-Income Ratio	*percent*	5.8		7.4	7.1	*2025*	9
0.47	Gasoline and Other Fuels Spending-to-Income Ratio	*percent*	2.8		3.3	3.1	*2025*	9
0.47	Home Renter Spending-to-Income Ratio	*percent*	12.5		16.3	17	*2025*	9
0.47	Utilities Spending-to-Income Ratio	*percent*	5.2		6.1	5.6	*2025*	9
0.44	Children Living Below Poverty Level	*percent*	7.4		18	16.3	*2019-2023*	2
0.44	Severe Housing Problems	*percent*	9.4		12.7		*2017-2021*	10
0.35	Youth not in School or Working	*percent*	0.9		1.7	1.7	*2019-2023*	2
0.29	Adult Day Care Spending-to-Income Ratio	*percent*	8.3		11.1	11.9	*2025*	9
0.29	Adults with Disability Living in Poverty	*percent*	13.2		28.2	24.6	*2019-2023*	2
0.29	Home Child Care Spending-to-Income Ratio	*percent*	2.4		3.2	3.3	*2025*	9
0.29	Homeowner Vacancy Rate	*percent*	0.3		0.9	1	*2019-2023*	2
0.29	Households with a 401k Plan	*percent*	45.1		38.4	40.8	*2024*	8

0.29	Overcrowded Households	*percent*	0.8		1.4	3.4	*2019-2023*	2
0.29	Student Loan Spending-to-Income Ratio	*percent*	3.5		4.6	4.5	*2025*	9
0.29	Vocational, Technical, and Other School Tuition Spending-to-Income Ratio	*percent*	1.2		1.6	1.5	*2025*	9
0.18	Median Household Income: Householders 65+	*dollars*	60602		51608	57108	*2019-2023*	2
0.18	Per Capita Income	*dollars*	46652		39455	43289	*2019-2023*	2
0.00	Households that Used Check Cashing, Cash Advance, or Title Loan Shops	*percent*	1.6		2	2	*2024*	8
0.00	Median Household Income	*dollars*	92660		69680	78538	*2019-2023*	2

SCORE	EDUCATION	UNITS	MEDINA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.06	Student-to-Teacher Ratio	*students/ teacher*	17.8		16.6	15.2	*2023-2024*	13
2.00	Veterans with a High School Diploma or Higher	*percent*	92.9		94.4	95.2	*2019-2023*	2
1.59	Child Care Centers	*per 1,000 population under age 5*	7.6		8	7	*2022*	10
1.00	High School Graduation	*percent*	97.5	90.7	92.5		*2022-2023*	15
0.97	8th Grade Students Proficient in English/Language Arts	*percent*	68.6		49.4		*2023-2024*	15
0.94	People 25+ with a High School Diploma or Higher	*percent*	94.5		91.6	89.4	*2019-2023*	2
0.82	4th Grade Students Proficient in English/Language Arts	*percent*	79.1		64.1		*2023-2024*	15
0.53	4th Grade Students Proficient in Math	*percent*	83.9		67.2		*2023-2024*	15

0.53	8th Grade Students Proficient in Math	*percent*	65		46.3		*2023-2024*	15
0.47	College Tuition Spending-to-Income Ratio	*percent*	9.9		12.6	11.9	*2025*	9
0.47	Day Care Center and Preschool Spending-to-Income Ratio	*percent*	5.8		7.4	7.1	*2025*	9
0.29	Home Child Care Spending-to-Income Ratio	*percent*	2.4		3.2	3.3	*2025*	9
0.29	Student Loan Spending-to-Income Ratio	*percent*	3.5		4.6	4.5	*2025*	9
0.29	Vocational, Technical, and Other School Tuition Spending-to-Income Ratio	*percent*	1.2		1.6	1.5	*2025*	9
0.18	People 25+ with a Bachelor's Degree or Higher	*percent*	36.2		30.9	35	*2019-2023*	2

SCORE	ENVIRONMENTAL HEALTH	UNITS	MEDINA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.29	Daily Dose of UV Irradiance	*Joule per square meter*	3665		3384		*2020*	14
1.74	Annual Particle Pollution	*grade*	D				*2021-2023*	3
1.65	Weeks of Moderate Drought or Worse	*weeks per year*	2				*2021*	14
1.59	Proximity to Highways	*percent*	5.5		7.2		*2020*	14
1.56	Annual Ozone Air Quality	*grade*	C				*2021-2023*	3
1.50	Asthma: Medicare Population	*percent*	7		7	7	*2023*	7
1.35	Number of Extreme Heat Days	*days*	15				*2023*	14
1.35	Number of Extreme Heat Events	*events*	11				*2023*	14
1.35	Recognized Carcinogens Released into Air	*pounds*	82				*2023*	25

1.24	Access to Parks	*percent*	53.5	59.6		*2020*	14
1.24	Adults with Current Asthma	*percent*	10.5		9.9	*2022*	5
1.12	Blood Lead Levels in Children (>=5 micrograms per deciliter)	*percent*	0.3	1.9		*2022*	19
1.06	Number of Extreme Precipitation Days	*days*	3			*2023*	14
0.97	Social Vulnerability Index	*Score*	0			*2022*	6
0.85	Food Environment Index		8.6	7		*2025*	10
0.71	Access to Exercise Opportunities	*percent*	92.7	84.2		*2025*	10
0.71	Air Pollution due to Particulate Matter	*micrograms per cubic meter*	6.5	7.9		*2020*	10
0.59	Liquor Store Density	*stores/ 100,000 population*	2.7	5.6	10.9	*2022*	23
0.47	Gasoline and Other Fuels Spending-to-Income Ratio	*percent*	2.8	3.3	3.1	*2025*	9
0.47	Utilities Spending-to-Income Ratio	*percent*	5.2	6.1	5.6	*2025*	9
0.44	Broadband Quality Score	*BQS Score*	64.9	53.4	50	*2022*	21
0.44	Digital Divide Index	*DDI Score*	11.1	40.1	50	*2022*	21
0.44	Severe Housing Problems	*percent*	9.4	12.7		*2017-2021*	10
0.29	Overcrowded Households	*percent*	0.8	1.4	3.4	*2019-2023*	2
0.18	Houses Built Prior to 1950	*percent*	10.5	24.9	16.4	*2019-2023*	2

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	MEDINA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.79	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	75.5		148.7		*2024*	10

1.53	Primary Care Provider Rate	*providers/ 100,000 population*	62.3		75.3	74.9	*2021*	10
1.32	Adults With Individual Health Insurance	*percent*	20.5		20.5	20.2	*2024*	8
1.32	Mental Health Provider Rate	*providers/ 100,000 population*	190.7		349.4		*2024*	10
1.24	Dentist Rate	*dentists/ 100,000 population*	55.6		65.2	73.5	*2022*	10
1.21	Adults with Health Insurance	*percent*	93.6		91.6	89	*2023*	1
1.12	Persons without Health Insurance	*percent*	4.4		6.1	7.9	*2023*	1
1.09	Children with Health Insurance	*percent*	96.8		95.1	94.6	*2023*	1
1.06	Adults who have had a Routine Checkup	*percent*	79			76.1	*2022*	5
0.94	Adults with Health Insurance: 18+	*percent*	79.5		74.7	75.2	*2024*	8
0.88	Persons with Health Insurance	*percent*	94	92.4	92.9		*2022*	24
0.82	Health Insurance Spending-to-Income Ratio	*percent*	6		6.6	5.9	*2025*	9
0.79	Adults who go to the Doctor Regularly for Checkups	*percent*	69		65.2	65.1	*2024*	8
0.71	Adults without Health Insurance	*percent*	4.3			10.8	*2022*	5
0.62	Preventable Hospital Stays: Medicare Population	*discharges/ 100,000 Medicare enrollees*	2377		3269	2769	*2023*	7
0.59	Adults who Visited a Dentist	*percent*	50.1		44.3	45.3	*2024*	8
0.44	Adults With Group Health Insurance	*percent*	44.5		37.4	39.8	*2024*	8

SCORE	HEART DISEASE & STROKE	UNITS	MEDINA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.85	Hyperlipidemia: Medicare Population	*percent*	69		67	66	*2023*	7
1.85	Stroke: Medicare Population	*percent*	6		5	6	*2023*	7
1.76	Adults who Have Taken Medications for High Blood Pressure	*percent*	79.3			78.2	*2021*	5
1.59	Adults who Experienced Coronary Heart Disease	*percent*	8.4			6.8	*2022*	5
1.32	Atrial Fibrillation: Medicare Population	*percent*	15		15	14	*2023*	7
1.24	Adults who Experienced a Stroke	*percent*	3.7			3.6	*2022*	5
1.15	Hypertension: Medicare Population	*percent*	66		67	65	*2023*	7
1.12	Age-Adjusted Death Rate due to Coronary Heart Disease	*deaths/ 100,000 population*	85.1	71.1	101.6		*2020-2022*	19
1.06	Cholesterol Test History	*percent*	86.1			86.4	*2021*	5
1.06	High Blood Pressure Prevalence	*percent*	33.2	41.9		32.7	*2021*	5
0.97	Heart Failure: Medicare Population	*percent*	11		12	11	*2023*	7
0.97	Ischemic Heart Disease: Medicare Population	*percent*	21		22	21	*2023*	7
0.88	High Cholesterol Prevalence	*percent*	33.7			35.5	*2021*	5
0.82	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	34.9	33.4	46		*2020-2022*	19
0.56	Age-Adjusted Death Rate due to Heart Attack	*deaths/ 100,000*	44.6		60.9		*2021*	14

		population 35+ years						

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	MEDINA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.00	Salmonella Infection Incidence Rate	*cases/ 100,000 population*	16.3	11.5	13.8		*2023*	16
1.38	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	7.1		7.8	7.5	*2017-2021*	12
0.97	Pneumonia Vaccinations: Medicare Population	*percent*	9		9	9	*2023*	7
0.85	Syphilis Incidence Rate	*cases/ 100,000 population*	2.7		16.4	15.8	*2023*	16
0.79	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	62.6		59.8	60.4	*2024*	8
0.62	Flu Vaccinations: Medicare Population	*percent*	53		50	3	*2023*	7
0.56	Tuberculosis Incidence Rate	*cases/ 100,000 population*	0	1.4	1.6	2.9	*2023*	16
0.53	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	6.5		12.3		*2020-2022*	19
0.29	Overcrowded Households	*percent*	0.8		1.4	3.4	*2019-2023*	2
0.26	Chlamydia Incidence Rate	*cases/ 100,000 population*	147.1		464.2	492.2	*2023*	16

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	MEDINA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.56	Mothers who Received Early Prenatal Care	*percent*	70.8		68.6	75.3	*2022*	17
1.47	Preterm Births	*percent*	9.9	9.4	10.8		*2022*	17

1.29	Babies with Very Low Birthweight	*percent*	1.1		1.5		*2022*	17
1.09	Mothers who Smoked During Pregnancy	*percent*	4.1	4.3	7.9	3.7	*2022*	17
1.03	Infant Mortality Rate	*deaths/ 1,000 live births*	4.4	5	6.7	5.4	*2020*	17
0.88	Babies with Low Birthweight	*percent*	7.3		8.7	8.6	*2022*	17
0.56	Teen Birth Rate: 15-17	*live births/ 1,000 females aged 15-17*	0.3		6.1	5.6	*2022*	17

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	MEDINA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.68	Depression: Medicare Population	*percent*	18		18	17	*2023*	7
1.65	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	34.6		33.8		*2020-2022*	19
1.59	Adults Ever Diagnosed with Depression	*percent*	24.8			20.7	*2022*	5
1.38	Poor Mental Health: Average Number of Days	*days*	5.7		6.1		*2022*	10
1.32	Alzheimer's Disease or Dementia: Medicare Population	*percent*	6		6	6	*2023*	7
1.32	Mental Health Provider Rate	*providers/ 100,000 population*	190.7		349.4		*2024*	10
1.24	Poor Mental Health: 14+ Days	*percent*	16.9			15.8	*2022*	5
0.94	Self-Reported General Health Assessment: Good or Better	*percent*	88.2		85.4	86	*2024*	8
0.79	Adults who Feel Life is Slipping Out of Control	*Percent*	22.2		24.1	23.9	*2024*	8

0.53	Age-Adjusted Death Rate due to Suicide	*deaths/ 100,000 population*	11.5	12.8	14.5		*2020-2022*	19

SCORE	NUTRITION & HEALTHY EATING	UNITS	MEDINA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.15	Adults who Frequently Cook Meals at Home	*Percent*	69.7		67.6	67.7	*2024*	8
1.06	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	36.1		38.1	38.2	*2024*	8
0.85	Food Environment Index		8.6		7		*2025*	10
0.79	Adults who Drank Soft Drinks: Past 7 Days	*percent*	46.2		48.6	47.5	*2024*	8

SCORE	OLDER ADULTS	UNITS	MEDINA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.56	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	136.4		118.1	113.2	*2017-2021*	12
2.47	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	17.2		12.1		*2020-2022*	19
2.03	Chronic Kidney Disease: Medicare Population	*percent*	20		19	18	*2023*	7
1.85	Hyperlipidemia: Medicare Population	*percent*	69		67	66	*2023*	7
1.85	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	39		39	36	*2023*	7
1.85	Stroke: Medicare Population	*percent*	6		5	6	*2023*	7
1.68	Depression: Medicare Population	*percent*	18		18	17	*2023*	7

1.65	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	34.6	33.8		*2020-2022*	19
1.65	People 65+ Living Alone (Count)	*people*	8358			*2019-2023*	2
1.65	People 65+ Living Below Poverty Level (Count)	*people*	1986			*2019-2023*	2
1.50	Asthma: Medicare Population	*percent*	7	7	7	*2023*	7
1.50	Cancer: Medicare Population	*percent*	12	12	12	*2023*	7
1.50	Osteoporosis: Medicare Population	*percent*	11	11	12	*2023*	7
1.32	Alzheimer's Disease or Dementia: Medicare Population	*percent*	6	6	6	*2023*	7
1.32	Atrial Fibrillation: Medicare Population	*percent*	15	15	14	*2023*	7
1.15	COPD: Medicare Population	*percent*	12	13	11	*2023*	7
1.15	Hypertension: Medicare Population	*percent*	66	67	65	*2023*	7
0.97	Diabetes: Medicare Population	*percent*	23	25	24	*2023*	7
0.97	Heart Failure: Medicare Population	*percent*	11	12	11	*2023*	7
0.97	Ischemic Heart Disease: Medicare Population	*percent*	21	22	21	*2023*	7
0.71	Adults 65+ with Total Tooth Loss	*percent*	9.9		12.2	*2022*	5
0.62	Mammography Screening: Medicare Population	*percent*	52	51	39	*2023*	7
0.59	People 65+ Living Below Poverty Level	*percent*	5.8	9.5	10.4	*2019-2023*	2
0.44	People 65+ Living Alone	*percent*	23.7	30.2	26.5	*2019-2023*	2
0.29	Adult Day Care Spending-to-Income Ratio	*percent*	8.3	11.1	11.9	*2025*	9
0.18	Median Household Income: Householders 65+	*dollars*	60602	51608	57108	*2019-2023*	2

SCORE	ORAL HEALTH	UNITS	MEDINA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.35	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	14.3		12.8	12	*2017-2021*	12
1.24	Dentist Rate	*dentists/ 100,000 population*	55.6		65.2	73.5	*2022*	10
0.71	Adults 65+ with Total Tooth Loss	*percent*	9.9			12.2	*2022*	5
0.59	Adults who Visited a Dentist	*percent*	50.1		44.3	45.3	*2024*	8

SCORE	OTHER CHRONIC CONDITIONS	UNITS	MEDINA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.03	Chronic Kidney Disease: Medicare Population	*percent*	20		19	18	*2023*	7
1.94	Age-Adjusted Death Rate due to Kidney Disease	*deaths/ 100,000 population*	14.2		15.1		*2020-2022*	19
1.85	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	39		39	36	*2023*	7
1.50	Osteoporosis: Medicare Population	*percent*	11		11	12	*2023*	7
1.41	Adults with Arthritis	*percent*	30.4			26.6	*2022*	5

SCORE	PHYSICAL ACTIVITY	UNITS	MEDINA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.41	Workers who Walk to Work	*percent*	1		2	2.4	*2019-2023*	2
2.12	Adults 20+ Who Are Obese	*percent*	34.4	36			*2021*	6
1.32	Adults 20+ who are Sedentary	*percent*	20.2				*2021*	6
1.24	Access to Parks	*percent*	53.5		59.6		*2020*	14

0.71	Access to Exercise Opportunities	*percent*	92.7		84.2		*2025*	10

SCORE	PREVENTION & SAFETY	UNITS	MEDINA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.47	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	17.2		12.1		*2020-2022*	19
0.82	Age-Adjusted Death Rate due to Unintentional Poisonings	*deaths/ 100,000 population*	21		46.5		*2020-2022*	19
0.71	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	19	20.7	44.7		*2020-2022*	10
0.71	Death Rate due to Injuries	*deaths/ 100,000 population*	68.6		100.7		*2018-2022*	10
0.71	Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	7.5		11.1		*2016-2022*	10
0.44	Severe Housing Problems	*percent*	9.4		12.7		*2017-2021*	10
0.26	Age-Adjusted Death Rate due to Firearms	*deaths/ 100,000 population*	8.2	10.7	13.5	12	*2018-2020*	6

SCORE	RESPIRATORY DISEASES	UNITS	MEDINA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.76	Adults with COPD	*Percent of adults*	9.4			6.8	*2022*	5
1.59	Proximity to Highways	*percent*	5.5		7.2		*2020*	14
1.50	Asthma: Medicare Population	*percent*	7		7	7	*2023*	7
1.41	Adults who Smoke	*percent*	17	6.1		12.9	*2022*	5
1.24	Adults with Current Asthma	*percent*	10.5			9.9	*2022*	5

1.15	COPD: Medicare Population	*percent*	12		13	11	*2023*	7
0.82	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	1.7		1.7	1.6	*2024*	8
0.82	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	*deaths/ 100,000 population*	35.3		42.8		*2020-2022*	19
0.82	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	56.8		64.3	53.1	*2017-2021*	12
0.56	Tuberculosis Incidence Rate	*cases/ 100,000 population*	0	1.4	1.6	2.9	*2023*	16
0.53	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	6.5		12.3		*2020-2022*	19
0.53	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	32.8	25.1	39.8	32.4	*2018-2022*	12
0.44	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	5.8		6.9	6.8	*2024*	8

SCORE	SEXUALLY TRANSMITTED INFECTIONS	UNITS	MEDINA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
0.85	Syphilis Incidence Rate	*cases/ 100,000 population*	2.7		16.4	15.8	*2023*	16
0.26	Chlamydia Incidence Rate	*cases/ 100,000 population*	147.1		464.2	492.2	*2023*	16
0.26	Gonorrhea Incidence Rate	*cases/ 100,000 population*	25.6		168.8	179.5	*2023*	16

SCORE	TOBACCO USE	UNITS	MEDINA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.41	Adults who Smoke	*percent*	17	6.1		12.9	*2022*	5
1.41	Tobacco Use: Medicare Population	*percent*	7		7	6	*2023*	7

0.82	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	1.7		1.7	1.6	*2024*	8
0.82	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	56.8		64.3	53.1	*2017-2021*	12
0.47	Cigarette Spending-to-Income Ratio	*percent*	1.8		2.1	1.9	*2025*	9
0.44	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	5.8		6.9	6.8	*2024*	8

SCORE	WEIGHT STATUS	UNITS	MEDINA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.12	Adults 20+ Who Are Obese	*percent*	34.4	36			*2021*	6
1.94	Obesity: Medicare Population	*percent*	27		25	20	*2023*	7
0.79	Adults Happy with Weight	*Percent*	43.5		42.1	42.6	*2024*	8

SCORE	WELLNESS & LIFESTYLE	UNITS	MEDINA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.24	Poor Physical Health: 14+ Days	*percent*	13.4			12.7	*2022*	5
1.15	Adults who Frequently Cook Meals at Home	*Percent*	69.7		67.6	67.7	*2024*	8
1.06	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	36.1		38.1	38.2	*2024*	8
1.06	High Blood Pressure Prevalence	*percent*	33.2	41.9		32.7	*2021*	5
1.06	Insufficient Sleep	*percent*	35.1	26.7		36	*2022*	5
0.94	Self-Reported General Health Assessment: Good or Better	*percent*	88.2		85.4	86	*2024*	8
0.88	Life Expectancy	*years*	79		75.2		*2020-2022*	10
0.88	Self-Reported General Health Assessment: Poor or Fair	*percent*	17.3			17.9	*2022*	5

0.85	Poor Physical Health: Average Number of Days	*days*	3.8		4.3		*2022*	10
0.79	Adults Happy with Weight	*Percent*	43.5		42.1	42.6	*2024*	8
0.79	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	62.6		59.8	60.4	*2024*	8
0.79	Adults who Feel Life is Slipping Out of Control	*Percent*	22.2		24.1	23.9	*2024*	8

SCORE	WOMEN'S HEALTH	UNITS	MEDINA COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.35	Breast Cancer Incidence Rate	*cases/ 100,000 females*	139.2		132.3	129.8	*2017-2021*	12
1.38	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	7.1		7.8	7.5	*2017-2021*	12
1.06	Mammogram in Past 2 Years: 50-74	*percent*	76.6	80.3		76.5	*2022*	5
0.88	Cervical Cancer Screening: 21-65	*Percent*	84.8			82.8	*2020*	5
0.62	Mammography Screening: Medicare Population	*percent*	52		51	39	*2023*	7

Portage County Indicators of Concern: Access to Healthcare

As seen below, the topic *Health Care Access and Quality* was ranked as the eleventh highest scoring health need, with a score of 1.31 out of 3. Those indicators scoring at or above 1.50 were categorized as indicators of concern and are listed below.

SCORE	INDICATOR	UNITS	PORTAGE COUNTY	HP2030	OH	U.S.	OH Counties	U.S. Counties	Trend
2.21	Primary Care Provider Rate	*providers/ 100,000 population*	39.4	--	75.3	74.9			
1.85	Adults With Individual Health Insurance	*percent*	19.7	--	20.5	20.2			--
1.85	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	57.2	--	148.7	--			
1.71	Dentist Rate	*dentists/ 100,000 population*	52.6	--	65.2	73.5			
1.68	Preventable Hospital Stays: Medicare Population	*discharges/ 100,000 Medicare enrollees*	3098	--	3269	2769			--
1.59	Adults who have had a Routine Checkup	*percent*	77.2	--	--	76.1			--
1.50	Adults who go to the Doctor Regularly for Checkups	*percent*	66	--	65.2	65.1			--

Portage County Indicators of Concern: Adult Health

The prioritized health topic *Adult Health* was captured under the following health topics: *Nutrition and Healthy Eating*, *Wellness and Lifestyle*, *Cancer*, *Diabetes*, *Heart Disease and Stroke*, *Other Chronic Conditions*, and *Older Adults*. As seen below, the most concerning of these topics was *Other Chronic Conditions* (Score: 1.47), followed by *Older Adults* (1.45), *Heart Disease and Stroke* (1.39), *Cancer* (1.38), *Nutrition and Healthy Eating* (1.29), *Wellness and Lifestyle* (1.24), *and* the least concerning topic was *Diabetes* (1.16). Indicators from these seven topic areas which scored at or above 1.70 were categorized as indicators of concern and are listed below.

SCORE	INDICATOR	UNITS	PORTAGE COUNTY	HP2030	OH	U.S.	OH Counties	U.S. Counties	Trend
2.38	Depression: Medicare Population	*percent*	19	--	18	17			--
2.29	Adults 65+ with Total Tooth Loss	*percent*	20.7	--		12.2			--
2.21	Hyperlipidemia: Medicare Population	*percent*	70	--	67	66			--
2.12	Cholesterol Test History	*percent*	81.9	--		86.4			--
2.03	Chronic Kidney Disease: Medicare Population	*percent*	20	--	19	18			--
1.94	People 65+ Living Alone (Count)	*people*	8045	--	--	--	--	--	
1.94	People 65+ Living Below Poverty Level (Count)	*people*	1977	--	--	--	--	--	
1.94	Cervical Cancer Screening: 21-65	*Percent*	79.8	--	--	82.8			--
1.88	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	170.3	122.7	161.1	146			
1.85	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	20.7	15.3	20.2	19.3			
1.85	Adults who Feel Life is Slipping Out of Control	*Percent*	24.2	--	24.1	23.9			--

1.85	Heart Failure: Medicare Population	*percent*	13	--	12	11			--
1.76	Mammogram in Past 2 Years: 50-74	*percent*	72.7	80.3	--	76.5			--
1.76	Adults who Have Taken Medications for High Blood Pressure	*percent*	79.7	--	--	78.2			--
1.71	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/ 100,000 population*	14.9	8.9	13.9	12.9			
1.71	Colorectal Cancer Incidence Rate	*cases/ 100,000 population*	40.1	--	38.9	36.4			
1.71	Age-Adjusted Death Rate due to Coronary Heart Disease	*deaths/ 100,000 population*	105.5	71.1	101.9	90.2			

Portage County Indicators of Concern: Community Safety

The prioritized health topic *Community Safety* was captured under the quality of life topics *Community, Economy,* and Education, as well as the health topic *Prevention and Safety*. As seen below, *Prevention and Safety* was the lowest scoring health topic with a score of 0.84. As seen below, the most concerning quality of life topic was *Economy* (Score: 1.23), followed by *Community* (1.17), and the least concerning topic was *Education* (1.11). Indicators from these four health and quality of life topic areas which scored at or above 1.70 were categorized as indicators of concern and are listed below.

SCORE	INDICATOR	UNITS	PORTAGE COUNTY	HP2030	OH	U.S.	OH Counties	U.S. Counties	Trend
2.09	Severe Housing Problems	*percent*	13.6	--	12.7	--			
1.59	Adults who Binge Drink	*percent*	16.8	--	--	16.6			--

All Portage County Indicator Scores by Topic Area

Below is a complete list of all indicators that were scored as part of the secondary data analysis. Indicators are grouped under their respective health and quality of life topic areas and include information about both the indicator data source and measurement period. Please refer to Table 19 below as a reference key for indicator data sources.

Table 19: Indicator Scoring Data Source Key

Key	Data Source
1	American Community Survey 1-Year
2	American Community Survey 5-Year
3	American Lung Association
4	Annie E. Casey Foundation
5	CDC – PLACES
6	Centers for Disease Control and Prevention
7	Centers for Medicare & Medicaid Services
8	Claritas Consumer Profiles
9	Claritas Consumer Spending Dynamix
10	County Health Rankings
11	Feeding America
12	National Cancer Institute
13	National Center for Education Statistics
14	National Environmental Public Health Tracking Network
15	Ohio Department of Education
16	Ohio Department of Health, Infectious Diseases
17	Ohio Department of Health, Vital Statistics
18	Ohio Department of Public Safety, Office of Criminal Justice Services
19	Ohio Public Health Information Warehouse
20	Ohio Secretary of State
21	Purdue Center for Regional Development
22	U.S. Bureau of Labor Statistics
23	U.S. Census - County Business Patterns
24	U.S. Census Bureau - Small Area Health Insurance Estimates
25	U.S. Environmental Protection Agency
26	United For ALICE

Table 20: All Portage County Secondary Data Indicators

SCORE	ALCOHOL & DRUG USE	UNITS	PORTAGE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.59	Adults who Binge Drink	*percent*	16.8			16.6	*2022*	5
1.47	Liquor Store Density	*stores/ 100,000 population*	7.4		5.6	10.9	*2022*	23
1.41	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	30.1		32.1		*2018-2022*	10
1.15	Mothers who Smoked During Pregnancy	*percent*	7.2	4.3	7.9	3.7	*2022*	17
0.88	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	25.9	20.7	44.7		*2020-2022*	10
0.79	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	*Deaths per 100,000 population*	23.2		40.4	23.5	*2018-2020*	6
0.44	Adults who Drink Excessively	*percent*	18.1		21.2		*2022*	10

SCORE	CANCER	UNITS	PORTAGE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.94	Cervical Cancer Screening: 21-65	*Percent*	79.8			82.8	*2020*	5
1.88	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	170.3	122.7	161.1	146	*2018-2022*	12

1.85	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	20.7	15.3	20.2	19.3	*2018-2022*	12
1.76	Mammogram in Past 2 Years: 50-74	*percent*	72.7	80.3		76.5	*2022*	5
1.71	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/ 100,000 population*	14.9	8.9	13.9	12.9	*2018-2022*	12
1.71	Colorectal Cancer Incidence Rate	*cases/ 100,000 population*	40.1		38.9	36.4	*2017-2021*	12
1.59	Colon Cancer Screening: USPSTF Recommendation	*percent*	64.3			66.3	*2022*	5
1.50	Cancer: Medicare Population	*percent*	12		12	12	*2023*	7
1.41	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	40.4	25.1	39.8	32.4	*2018-2022*	12
1.35	Breast Cancer Incidence Rate	*cases/ 100,000 females*	128		132.3	129.8	*2017-2021*	12
1.35	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	60.5		64.3	53.1	*2017-2021*	12
1.32	Mammography Screening: Medicare Population	*percent*	49		51	39	*2023*	7
1.24	Adults with Cancer (Non-Skin) or Melanoma	*percent*	8.9			8.2	*2022*	5
1.18	All Cancer Incidence Rate	*cases/ 100,000 population*	455.8		470	444.4	*2017-2021*	12
1.00	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	12		12.8	12	*2017-2021*	12
0.94	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	101.5		118.1	113.2	*2017-2021*	12
0.59	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	16.7	16.9	19.3	19	*2018-2022*	12
0.56	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	6.4		7.8	7.5	*2017-2021*	12

SCORE	CHILDREN'S HEALTH	UNITS	PORTAGE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.94	Child Care Centers	*per 1,000 population under age 5*	6.9		8	7	*2022*	10
0.94	Child Food Insecurity Rate	*percent*	16.5		20.1	18.4	*2023*	11
0.91	Children with Health Insurance	*percent*	97.6		95.1	94.6	*2023*	1
0.82	Blood Lead Levels in Children (>=10 micrograms per deciliter)	*percent*	0.1		0.5		*2022*	19
0.82	Blood Lead Levels in Children (>=5 micrograms per deciliter)	*percent*	0.8		1.9		*2022*	19
0.71	Child Mortality Rate: Under 20	*deaths/ 100,000 population under 20*	39.6		59.2		*2019-2022*	10
0.71	Substantiated Child Abuse Rate	*cases/ 1,000 children*	5.9	8.7	6.9		*2021*	4
0.65	Home Child Care Spending-to-Income Ratio	*percent*	3		3.2	3.3	*2025*	9

SCORE	COMMUNITY	UNITS	PORTAGE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
3.00	Total Employment Change	*percent*	-2.1		2.9	5.8	*2021-2022*	23
2.47	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	590		570	612	*2019-2023*	2
2.29	Median Household Gross Rent	*dollars*	1036		988	1348	*2019-2023*	2
2.12	Mortgaged Owners Median Monthly Household Costs	*dollars*	1529		1472	1902	*2019-2023*	2

2.09	Solo Drivers with a Long Commute	*percent*	39.3		30.5	*2019-2023*	10
1.97	Social Associations	*membership associations/ 10,000 population*	9		10.8	*2022*	10
1.94	People 65+ Living Alone (Count)	*people*	8045			*2019-2023*	2
1.85	Adults With Individual Health Insurance	*percent*	19.7		20.5	20.2 *2024*	8
1.82	Mean Travel Time to Work	*minutes*	25.5		23.6	26.6 *2019-2023*	2
1.68	Residential Segregation - Black/White	*Score*	54.2		69.6	*2025*	10
1.65	People 65+ Living Alone	*percent*	28		30.2	26.5 *2019-2023*	2
1.59	Grandparents Who Are Responsible for Their Grandchildren	*percent*	39		41.3	32 *2019-2023*	2
1.41	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	30.1		32.1	*2018-2022*	10
1.41	Households with an Internet Subscription	*percent*	88.8		89	89.9 *2019-2023*	2
1.32	Adults With Group Health Insurance	*percent*	38.3		37.4	39.8 *2024*	8
1.32	Social Vulnerability Index	*Score*	0.3			*2022*	6
1.32	Young Children Living Below Poverty Level	*percent*	18.4		20	17.6 *2019-2023*	2
1.29	Adults with Internet Access	*percent*	82.7		80.9	81.3 *2024*	8
1.29	Linguistic Isolation	*percent*	0.9		1.5	4.2 *2019-2023*	2
1.18	Voter Turnout: Presidential Election	*percent*	75.8	58.4	71.7	*2024*	20

1.15	Adults Who Vote in Presidential Elections: Always or Sometimes	*percent*	86		84.9	85.1	*2024*	8
1.12	People Living Below Poverty Level	*percent*	11.4	8	13.2	12.4	*2019-2023*	2
1.12	Population 16+ in Civilian Labor Force	*percent*	61.1		60.1	59.8	*2019-2023*	2
1.06	Persons with an Internet Subscription	*percent*	91		91.3	92	*2019-2023*	2
1.06	Workers Commuting by Public Transportation	*percent*	0.7	5.3	1.1	3.5	*2019-2023*	2
0.97	Children in Single-Parent Households	*percent*	22.1		26.1	24.8	*2019-2023*	2
0.97	Digital Distress		1				*2022*	21
0.97	Violent Crime Rate	*crimes/ 100,000 population*	88.8		331		*2024*	18
0.94	Female Population 16+ in Civilian Labor Force	*percent*	60.6		59.2	58.7	*2019-2023*	2
0.88	Median Household Income	*dollars*	72822		69680	78538	*2019-2023*	2
0.88	Per Capita Income	*dollars*	39041		39455	43289	*2019-2023*	2
0.85	Age-Adjusted Death Rate due to Firearms	*deaths/ 100,000 population*	10.1	10.7	13.5	12	*2018-2020*	6
0.82	Gasoline and Other Fuels Spending-to-Income Ratio	*percent*	3.1		3.3	3.1	*2025*	9
0.82	People 25+ with a Bachelor's Degree or Higher	*percent*	31.5		30.9	35	*2019-2023*	2
0.79	Households with a Computer	*percent*	86.3		85.2	86	*2024*	8
0.74	Persons with Health Insurance	*percent*	93.7	92.4	92.9		*2022*	24

0.71	Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	9.4		11.1		*2016-2022*	10
0.71	Substantiated Child Abuse Rate	*cases/ 1,000 children*	5.9	8.7	6.9		*2021*	4
0.71	Workers who Drive Alone to Work	*percent*	75.5		76.6	70.2	*2019-2023*	2
0.65	Children Living Below Poverty Level	*percent*	13.4		18	16.3	*2019-2023*	2
0.65	Day Care Center and Preschool Spending-to-Income Ratio	*percent*	6.3		7.4	7.1	*2025*	9
0.65	People 25+ with a High School Diploma or Higher	*percent*	92.9		91.6	89.4	*2019-2023*	2
0.62	Broadband Quality Score	*BQS Score*	62.4		53.4	50	*2022*	21
0.53	Households with One or More Types of Computing Devices	*percent*	94.7		93.6	94.8	*2019-2023*	2
0.47	Workers who Walk to Work	*percent*	2.7		2	2.4	*2019-2023*	2
0.44	Digital Divide Index	*DDI Score*	15.1		40.1	50	*2022*	21
0.35	Adult Day Care Spending-to-Income Ratio	*percent*	9.3		11.1	11.9	*2025*	9
0.35	Households with a Smartphone	*percent*	88.5		87.5	88.2	*2024*	8
0.18	Youth not in School or Working	*percent*	0.1		1.7	1.7	*2019-2023*	2

SCORE	DIABETES	UNITS	PORTAGE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.32	Adults 20+ with Diabetes	*percent*	8.5				*2021*	6
1.18	Age-Adjusted Death Rate due to Diabetes	*deaths/ 100,000 population*	24.4		26.4	22.6	*2018-2020*	6
0.97	Diabetes: Medicare Population	*percent*	24		25	24	*2023*	7

SCORE	ECONOMY	UNITS	PORTAGE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source

3.00	Total Employment Change	*percent*	-2.1		2.9	5.8	*2021-2022*	23
2.71	Renters Spending 30% or More of Household Income on Rent	*percent*	56.6	25.5	45.1	50.4	*2019-2023*	2
2.47	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	590		570	612	*2019-2023*	2
2.44	Gender Pay Gap	*cents on the dollar*	0.6		0.7	0.8	*2023*	1
2.29	Median Household Gross Rent	*dollars*	1036		988	1348	*2019-2023*	2
2.21	Unemployed Veterans	*percent*	3.8		2.8	3.2	*2019-2023*	2
2.12	Mortgaged Owners Median Monthly Household Costs	*dollars*	1529		1472	1902	*2019-2023*	2
2.12	Veterans Living Below Poverty Level	*percent*	7.4		7.4	7.2	*2019-2023*	2
2.09	Severe Housing Problems	*percent*	13.6		12.7		*2017-2021*	10
1.94	People 65+ Living Below Poverty Level (Count)	*people*	1977				*2019-2023*	2
1.68	Households Spending 50% or More of Household Income on Housing	*percent*	12		11.5	14.3	*2019-2023*	2
1.68	Residential Segregation - Black/White	*Score*	54.2		69.6		*2025*	10
1.65	Size of Labor Force	*persons*	85677				*45778*	22
1.62	Households that are Asset Limited, Income Constrained, Employed (ALICE)	*percent*	27.5		25	29.4	*2023*	26
1.50	Adults who Feel Overwhelmed by Financial Burdens	*percent*	34		34	33.6	*2024*	8
1.47	Households with a 401k Plan	*percent*	38.6		38.4	40.8	*2024*	8

1.44	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	*percent*	60.5		61.5	58	*2023*	26
1.41	Households with Student Loan Debt	*percent*	9		9.1	9.8	*2024*	8
1.41	Unemployed Workers in Civilian Labor Force	*percent*	4.6		4.7	4	*May-25*	22
1.35	College Tuition Spending-to-Income Ratio	*percent*	11.6		12.6	11.9	*2025*	9
1.32	Income Inequality		0.4		0.5	0.5	*2019-2023*	2
1.32	Young Children Living Below Poverty Level	*percent*	18.4		20	17.6	*2019-2023*	2
1.29	Food Insecurity Rate	*percent*	14.1		15.3	14.5	*2023*	11
1.29	Students Eligible for the Free Lunch Program	*percent*	27.4		23.6	43.6	*2023-2024*	13
1.24	People Living Below 200% of Poverty Level	*percent*	27.8		29.6	28.2	*2023*	1
1.18	Cigarette Spending-to-Income Ratio	*percent*	2.1		2.1	1.9	*2025*	9
1.18	Households with a Savings Account	*percent*	71.7		70.9	72	*2024*	8
1.12	People Living Below Poverty Level	*percent*	11.4	8	13.2	12.4	*2019-2023*	2
1.12	Population 16+ in Civilian Labor Force	*percent*	61.1		60.1	59.8	*2019-2023*	2
1.09	Children Living Below 200% of Poverty Level	*percent*	35.4		38.3	36.1	*2023*	1
1.00	Health Insurance Spending-to-Income Ratio	*percent*	6.2		6.6	5.9	*2025*	9
1.00	Vocational, Technical, and Other School Tuition Spending-to-Income Ratio	*percent*	1.5		1.6	1.5	*2025*	9

0.94	Child Food Insecurity Rate	*percent*	16.5	20.1	18.4	*2023*	11
0.94	Families Living Below Poverty Level	*percent*	7	9.2	8.7	*2019-2023*	2
0.94	Female Population 16+ in Civilian Labor Force	*percent*	60.6	59.2	58.7	*2019-2023*	2
0.91	Households Living Below Poverty Level	*percent*	12	13.5	12.7	*2023*	26
0.88	Homeowner Spending-to-Income Ratio	*percent*	12.6	14.3	13.5	*2025*	9
0.88	Median Household Income	*dollars*	72822	69680	78538	*2019-2023*	2
0.88	People 65+ Living Below Poverty Level	*percent*	7	9.5	10.4	*2019-2023*	2
0.88	Per Capita Income	*dollars*	39041	39455	43289	*2019-2023*	2
0.82	Gasoline and Other Fuels Spending-to-Income Ratio	*percent*	3.1	3.3	3.1	*2025*	9
0.82	Home Renter Spending-to-Income Ratio	*percent*	14.4	16.3	17	*2025*	9
0.82	Student Loan Spending-to-Income Ratio	*percent*	4.1	4.6	4.5	*2025*	9
0.82	Utilities Spending-to-Income Ratio	*percent*	5.7	6.1	5.6	*2025*	9
0.79	Homeowner Vacancy Rate	*percent*	0.8	0.9	1	*2019-2023*	2
0.76	Households with Cash Public Assistance Income	*percent*	1.8	2.5	2.7	*2019-2023*	2
0.76	Overcrowded Households	*percent*	1.1	1.4	3.4	*2019-2023*	2
0.74	Families Living Below 200% of Poverty Level	*Percent*	17.1	22.8	22.3	*2023*	1

0.71	Households that Used Check Cashing, Cash Advance, or Title Loan Shops	*percent*	1.9		2	2	*2024*	8
0.65	Children Living Below Poverty Level	*percent*	13.4		18	16.3	*2019-2023*	2
0.65	Day Care Center and Preschool Spending-to-Income Ratio	*percent*	6.3		7.4	7.1	*2025*	9
0.65	Home Child Care Spending-to-Income Ratio	*percent*	3		3.2	3.3	*2025*	9
0.56	Mortgaged Owners Spending 30% or More of Household Income on Housing	*percent*	16.6	25.5	21.2	28.5	*2023*	1
0.56	People 65+ Living Below 200% of Poverty Level	*percent*	21.4		28.4	28.1	*2023*	1
0.53	Adults with Disability Living in Poverty	*percent*	23.2		28.2	24.6	*2019-2023*	2
0.35	Adult Day Care Spending-to-Income Ratio	*percent*	9.3		11.1	11.9	*2025*	9
0.18	Median Household Income: Householders 65+	*dollars*	57801		51608	57108	*2019-2023*	2
0.18	Youth not in School or Working	*percent*	0.1		1.7	1.7	*2019-2023*	2

SCORE	EDUCATION	UNITS	PORTAGE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.94	Child Care Centers	*per 1,000 population under age 5*	6.9		8	7	*2022*	10
1.71	Veterans with a High School Diploma or Higher	*percent*	94.1		94.4	95.2	*2019-2023*	2
1.35	4th Grade Students Proficient in English/Language Arts	*percent*	67.3		64.1		*2023-2024*	15
1.35	College Tuition Spending-to-Income Ratio	*percent*	11.6		12.6	11.9	*2025*	9
1.35	High School Graduation	*percent*	93.6	90.7	92.5		*2022-2023*	15

1.32	8th Grade Students Proficient in English/Language Arts	*percent*	54.2		49.4		*2023-2024*	15
1.00	4th Grade Students Proficient in Math	*percent*	75.1		67.2		*2023-2024*	15
1.00	8th Grade Students Proficient in Math	*percent*	57.7		46.3		*2023-2024*	15
1.00	Vocational, Technical, and Other School Tuition Spending-to-Income Ratio	*percent*	1.5		1.6	1.5	*2025*	9
0.97	Student-to-Teacher Ratio	*students/ teacher*	14.6		16.6	15.2	*2023-2024*	13
0.82	People 25+ with a Bachelor's Degree or Higher	*percent*	31.5		30.9	35	*2019-2023*	2
0.82	Student Loan Spending-to-Income Ratio	*percent*	4.1		4.6	4.5	*2025*	9
0.65	Day Care Center and Preschool Spending-to-Income Ratio	*percent*	6.3		7.4	7.1	*2025*	9
0.65	Home Child Care Spending-to-Income Ratio	*percent*	3		3.2	3.3	*2025*	9
0.65	People 25+ with a High School Diploma or Higher	*percent*	92.9		91.6	89.4	*2019-2023*	2

SCORE	ENVIRONMENTAL HEALTH	UNITS	PORTAGE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.74	Air Pollution due to Particulate Matter	*micrograms per cubic meter*	8.8		7.9		*2020*	10
2.09	Severe Housing Problems	*percent*	13.6		12.7		*2017-2021*	10
1.94	Recognized Carcinogens Released into Air	*pounds*	43942.3				*2023*	25
1.74	Annual Ozone Air Quality	*grade*	D				*2021-2023*	3
1.65	PBT Released	*pounds*	1177.6				*2023*	25

1.65	Weeks of Moderate Drought or Worse	*weeks per year*	5			*2021*	14
1.50	Asthma: Medicare Population	*percent*	7	7	7	*2023*	7
1.47	Liquor Store Density	*stores/ 100,000 population*	7.4	5.6	10.9	*2022*	23
1.41	Adults with Current Asthma	*percent*	10.8		9.9	*2022*	5
1.35	Number of Extreme Heat Days	*days*	17			*2023*	14
1.35	Number of Extreme Heat Events	*events*	13			*2023*	14
1.35	Number of Extreme Precipitation Days	*days*	3			*2023*	14
1.32	Social Vulnerability Index	*Score*	0.3			*2022*	6
1.29	Daily Dose of UV Irradiance	*Joule per square meter*	3234	3384		*2020*	14
1.26	Food Environment Index		7.6	7		*2025*	10
1.24	Annual Particle Pollution	*Grade*	A			*2020-2022*	3
1.06	Access to Exercise Opportunities	*percent*	84.1	84.2		*2025*	10
1.06	Access to Parks	*percent*	56.3	59.6		*2020*	14
1.00	Houses Built Prior to 1950	*percent*	16.7	24.9	16.4	*2019-2023*	2
0.88	Proximity to Highways	*percent*	2.3	7.2		*2020*	14
0.82	Blood Lead Levels in Children (>=10 micrograms per deciliter)	*percent*	0.1	0.5		*2022*	19
0.82	Blood Lead Levels in Children (>=5 micrograms per deciliter)	*percent*	0.8	1.9		*2022*	19
0.82	Gasoline and Other Fuels Spending-to-Income Ratio	*percent*	3.1	3.3	3.1	*2025*	9
0.82	Utilities Spending-to-Income Ratio	*percent*	5.7	6.1	5.6	*2025*	9
0.76	Overcrowded Households	*percent*	1.1	1.4	3.4	*2019-2023*	2

0.62	Broadband Quality Score	*BQS Score*	62.4		53.4	50	*2022*	21
0.44	Digital Divide Index	*DDI Score*	15.1		40.1	50	*2022*	21

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	PORTAGE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.21	Primary Care Provider Rate	*providers/ 100,000 population*	39.4		75.3	74.9	*2021*	10
1.85	Adults With Individual Health Insurance	*percent*	19.7		20.5	20.2	*2024*	8
1.85	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	57.2		148.7		*2024*	10
1.71	Dentist Rate	*dentists/ 100,000 population*	52.6		65.2	73.5	*2022*	10
1.68	Preventable Hospital Stays: Medicare Population	*discharges/ 100,000 Medicare enrollees*	3098		3269	2769	*2023*	7
1.59	Adults who have had a Routine Checkup	*percent*	77.2			76.1	*2022*	5
1.50	Adults who go to the Doctor Regularly for Checkups	*percent*	66		65.2	65.1	*2024*	8
1.32	Adults With Group Health Insurance	*percent*	38.3		37.4	39.8	*2024*	8
1.29	Adults who Visited a Dentist	*percent*	45.4		44.3	45.3	*2024*	8
1.29	Adults with Health Insurance: 18+	*percent*	76.3		74.7	75.2	*2024*	8
1.15	Mental Health Provider Rate	*providers/ 100,000 population*	251.4		349.4		*2024*	10

1.00	Health Insurance Spending-to-Income Ratio	*percent*	6.2		6.6	5.9	*2025*	9
0.91	Adults with Health Insurance	*percent*	94.2		91.6	89	*2023*	1
0.91	Children with Health Insurance	*percent*	97.6		95.1	94.6	*2023*	1
0.74	Persons with Health Insurance	*percent*	93.7	92.4	92.9		*2022*	24
0.71	Adults without Health Insurance	*percent*	5.4			10.8	*2022*	5
0.56	Persons without Health Insurance	*percent*	5.2		6.4	8.6	*2019-2023*	2

SCORE	HEART DISEASE & STROKE	UNITS	PORTAGE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.21	Hyperlipidemia: Medicare Population	*percent*	70		67	66	*2023*	7
2.12	Cholesterol Test History	*percent*	81.9			86.4	*2021*	5
1.85	Heart Failure: Medicare Population	*percent*	13		12	11	*2023*	7
1.76	Adults who Have Taken Medications for High Blood Pressure	*percent*	79.7			78.2	*2021*	5
1.71	Age-Adjusted Death Rate due to Coronary Heart Disease	*deaths/ 100,000 population*	105.5	71.1	101.9	90.2	*2018-2020*	6
1.68	Ischemic Heart Disease: Medicare Population	*percent*	23		22	21	*2023*	7
1.50	Hypertension: Medicare Population	*percent*	68		67	65	*2023*	7
1.32	Atrial Fibrillation: Medicare Population	*percent*	15		15	14	*2023*	7
1.24	High Blood Pressure Prevalence	*percent*	34.4	41.9		32.7	*2021*	5
1.06	Adults who Experienced Coronary Heart Disease	*percent*	7.2			6.8	*2022*	5

0.94	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	36.7	33.4	43.4	37.6	*2018-2020*	6
0.88	Adults who Experienced a Stroke	*percent*	3.3			3.6	*2022*	5
0.88	Age-Adjusted Death Rate due to Heart Attack	*deaths/ 100,000 population 35+ years*	52.7		60.9		*2021*	14
0.88	High Cholesterol Prevalence	*percent*	33.8			35.5	*2021*	5
0.79	Stroke: Medicare Population	*percent*	5		5	6	*2023*	7

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	PORTAGE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.50	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	59.1		59.8	60.4	*2024*	8
1.29	Salmonella Infection Incidence Rate	*cases/ 100,000 population*	11.7	11.5	13.8		*2023*	16
1.09	Chlamydia Incidence Rate	*cases/ 100,000 population*	302.9		464.2	492.2	*2023*	16
1.09	Gonorrhea Incidence Rate	*cases/ 100,000 population*	76		168.8	179.5	*2023*	16
0.88	Syphilis Incidence Rate	*cases/ 100,000 population*	4.9		16.4	15.8	*2023*	16
0.76	Overcrowded Households	*percent*	1.1		1.4	3.4	*2019-2023*	2
0.71	Tuberculosis Incidence Rate	*cases/ 100,000 population*	0	1.4	1.6	2.9	*2023*	16
0.62	Flu Vaccinations: Medicare Population	*percent*	52		50	3	*2023*	7
0.56	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	6.4		7.8	7.5	*2017-2021*	12

0.44	Pneumonia Vaccinations: Medicare Population	*percent*	11		9	9	*2023*	7
0.35	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	12.1		13.9	13.4	*2018-2020*	6

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	PORTAGE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.21	Babies with Low Birthweight	*percent*	8.8		8.7	8.6	*2022*	17
2.12	Preterm Births	*percent*	11.3	9.4	10.8		*2022*	17
1.82	Babies with Very Low Birthweight	*percent*	1.6		1.5		*2022*	17
1.38	Mothers who Received Early Prenatal Care	*percent*	74.5		68.6	75.3	*2022*	17
1.15	Mothers who Smoked During Pregnancy	*percent*	7.2	4.3	7.9	3.7	*2022*	17
1.03	Teen Birth Rate: 15-17	*live births/ 1,000 females aged 15-17*	3.6		6.1	5.6	*2022*	17
0.74	Infant Mortality Rate	*deaths/ 1,000 live births*	4.6	5	6.7	5.4	*2020*	17

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	PORTAGE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.38	Depression: Medicare Population	*percent*	19		18	17	*2023*	7
1.94	Adults Ever Diagnosed with Depression	*percent*	26.1			20.7	*2022*	5
1.94	Poor Mental Health: 14+ Days	*percent*	19			15.8	*2022*	5
1.85	Adults who Feel Life is Slipping Out of Control	*Percent*	24.2		24.1	23.9	*2024*	8
1.82	Age-Adjusted Death Rate due to Suicide	*deaths/ 100,000 population*	15.9	12.8	14.7	13.9	*2018-2020*	6

1.47	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	34		35.5	31	*2018-2020*	6
1.38	Poor Mental Health: Average Number of Days	*days*	5.9		6.1		*2022*	10
1.32	Alzheimer's Disease or Dementia: Medicare Population	*percent*	6		6	6	*2023*	7
1.15	Mental Health Provider Rate	*providers/ 100,000 population*	251.4		349.4		*2024*	10
0.97	Self-Reported General Health Assessment: Good or Better	*percent*	86.3		85.4	86	*2024*	8

SCORE	NUTRITION & HEALTHY EATING	UNITS	PORTAGE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.50	Adults who Drank Soft Drinks: Past 7 Days	*percent*	49.6		48.6	47.5	*2024*	8
1.32	Adults who Frequently Cook Meals at Home	*Percent*	68.7		67.6	67.7	*2024*	8
1.26	Food Environment Index		7.6		7		*2025*	10
1.06	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	36.9		38.1	38.2	*2024*	8

SCORE	OLDER ADULTS	UNITS	PORTAGE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.38	Depression: Medicare Population	*percent*	19		18	17	*2023*	7
2.29	Adults 65+ with Total Tooth Loss	*percent*	20.7			12.2	*2022*	5
2.21	Hyperlipidemia: Medicare Population	*percent*	70		67	66	*2023*	7

2.03	Chronic Kidney Disease: Medicare Population	*percent*	20	19	18	*2023*	7
1.94	People 65+ Living Alone (Count)	*people*	8045			*2019-2023*	2
1.94	People 65+ Living Below Poverty Level (Count)	*people*	1977			*2019-2023*	2
1.85	Heart Failure: Medicare Population	*percent*	13	12	11	*2023*	7
1.68	COPD: Medicare Population	*percent*	13	13	11	*2023*	7
1.68	Ischemic Heart Disease: Medicare Population	*percent*	23	22	21	*2023*	7
1.65	People 65+ Living Alone	*percent*	28	30.2	26.5	*2019-2023*	2
1.50	Asthma: Medicare Population	*percent*	7	7	7	*2023*	7
1.50	Cancer: Medicare Population	*percent*	12	12	12	*2023*	7
1.50	Hypertension: Medicare Population	*percent*	68	67	65	*2023*	7
1.50	Osteoporosis: Medicare Population	*percent*	11	11	12	*2023*	7
1.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	38	39	36	*2023*	7
1.47	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	34	35.5	31	*2018-2020*	6
1.32	Alzheimer's Disease or Dementia: Medicare Population	*percent*	6	6	6	*2023*	7
1.32	Atrial Fibrillation: Medicare Population	*percent*	15	15	14	*2023*	7
1.32	Mammography Screening: Medicare Population	*percent*	49	51	39	*2023*	7
1.12	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	9.2	10.8	9.8	*2018-2020*	6
0.97	Diabetes: Medicare Population	*percent*	24	25	24	*2023*	7

0.94	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	101.5		118.1	113.2	*2017-2021*	12
0.88	People 65+ Living Below Poverty Level	*percent*	7		9.5	10.4	*2019-2023*	2
0.79	Stroke: Medicare Population	*percent*	5		5	6	*2023*	7
0.35	Adult Day Care Spending-to-Income Ratio	*percent*	9.3		11.1	11.9	*2025*	9
0.18	Median Household Income: Householders 65+	*dollars*	57801		51608	57108	*2019-2023*	2

SCORE	ORAL HEALTH	UNITS	PORTAGE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.29	Adults 65+ with Total Tooth Loss	*percent*	20.7			12.2	*2022*	5
1.71	Dentist Rate	*dentists/ 100,000 population*	52.6		65.2	73.5	*2022*	10
1.29	Adults who Visited a Dentist	*percent*	45.4		44.3	45.3	*2024*	8
1.00	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	12		12.8	12	*2017-2021*	12

SCORE	OTHER CHRONIC CONDITIONS	UNITS	PORTAGE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.03	Chronic Kidney Disease: Medicare Population	*percent*	20		19	18	*2023*	7
1.50	Osteoporosis: Medicare Population	*percent*	11		11	12	*2023*	7
1.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	38		39	36	*2023*	7
1.24	Age-Adjusted Death Rate due to Kidney Disease	*deaths/ 100,000 population*	11.9		14.2	12.8	*2018-2020*	6
1.06	Adults with Arthritis	*percent*	27.7			26.6	*2022*	5

SCORE	PHYSICAL ACTIVITY	UNITS	PORTAGE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.32	Adults 20+ Who Are Obese	*percent*	30.3	36			*2021*	6
1.18	Adults 20+ who are Sedentary	*percent*	20.7				*2021*	6
1.06	Access to Exercise Opportunities	*percent*	84.1		84.2		*2025*	10
1.06	Access to Parks	*percent*	56.3		59.6		*2020*	14
0.47	Workers who Walk to Work	*percent*	2.7		2	2.4	*2019-2023*	2

SCORE	PREVENTION & SAFETY	UNITS	PORTAGE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.09	Severe Housing Problems	*percent*	13.6		12.7		*2017-2021*	10
1.12	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	9.2		10.8	9.8	*2018-2020*	6
0.88	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	25.9	20.7	44.7		*2020-2022*	10
0.85	Age-Adjusted Death Rate due to Firearms	*deaths/ 100,000 population*	10.1	10.7	13.5	12	*2018-2020*	6
0.71	Death Rate due to Injuries	*deaths/ 100,000 population*	73.8		100.7		*2018-2022*	10
0.71	Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	9.4		11.1		*2016-2022*	10
0.35	Age-Adjusted Death Rate due to Unintentional Poisonings	*deaths/ 100,000 population*	23.2		40.5	23.5	*2018-2020*	6

SCORE	RESPIRATORY DISEASES	UNITS	PORTAGE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.68	COPD: Medicare Population	*percent*	13		13	11	*2023*	7
1.53	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	2		1.7	1.6	*2024*	8
1.50	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	7		6.9	6.8	*2024*	8
1.50	Asthma: Medicare Population	*percent*	7		7	7	*2023*	7
1.41	Adults who Smoke	*percent*	15.8	6.1		12.9	*2022*	5
1.41	Adults with COPD	*Percent of adults*	8.1			6.8	*2022*	5
1.41	Adults with Current Asthma	*percent*	10.8			9.9	*2022*	5
1.41	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	40.4	25.1	39.8	32.4	*2018-2022*	12
1.35	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	60.5		64.3	53.1	*2017-2021*	12
1.00	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	*deaths/ 100,000 population*	41.9		46.5	38.1	*2018-2020*	6
0.88	Proximity to Highways	*percent*	2.3		7.2		*2020*	14
0.71	Tuberculosis Incidence Rate	*cases/ 100,000 population*	0	1.4	1.6	2.9	*2023*	16
0.35	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	12.1		13.9	13.4	*2018-2020*	6

SCORE	SEXUALLY TRANSMITTED INFECTIONS	UNITS	PORTAGE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.09	Chlamydia Incidence Rate	*cases/ 100,000 population*	302.9		464.2	492.2	*2023*	16
1.09	Gonorrhea Incidence Rate	*cases/ 100,000 population*	76		168.8	179.5	*2023*	16

0.88	Syphilis Incidence Rate	*cases/ 100,000 population*	4.9		16.4	15.8	*2023*	16

SCORE	TOBACCO USE	UNITS	PORTAGE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.53	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	2		1.7	1.6	*2024*	8
1.50	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	7		6.9	6.8	*2024*	8
1.41	Adults who Smoke	*percent*	15.8	6.1		12.9	*2022*	5
1.41	Tobacco Use: Medicare Population	*percent*	7		7	6	*2023*	7
1.35	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	60.5		64.3	53.1	*2017-2021*	12
1.18	Cigarette Spending-to-Income Ratio	*percent*	2.1		2.1	1.9	*2025*	9

SCORE	WEIGHT STATUS	UNITS	PORTAGE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.29	Obesity: Medicare Population	*percent*	31		25	20	*2023*	7
1.50	Adults Happy with Weight	*Percent*	42		42.1	42.6	*2024*	8
1.32	Adults 20+ Who Are Obese	*percent*	30.3	36			*2021*	6

SCORE	WELLNESS & LIFESTYLE	UNITS	PORTAGE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.85	Adults who Feel Life is Slipping Out of Control	*Percent*	24.2		24.1	23.9	*2024*	8
1.50	Adults Happy with Weight	*Percent*	42		42.1	42.6	*2024*	8

1.50	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	59.1		59.8	60.4	*2024*	8
1.32	Adults who Frequently Cook Meals at Home	*Percent*	68.7		67.6	67.7	*2024*	8
1.24	High Blood Pressure Prevalence	*percent*	34.4	41.9		32.7	*2021*	5
1.21	Poor Physical Health: Average Number of Days	*days*	4.2		4.3		*2022*	10
1.06	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	36.9		38.1	38.2	*2024*	8
1.06	Life Expectancy	*years*	76.4		75.2		*2020-2022*	10
1.06	Poor Physical Health: 14+ Days	*percent*	12.9			12.7	*2022*	5
0.97	Self-Reported General Health Assessment: Good or Better	*percent*	86.3		85.4	86	*2024*	8
0.88	Self-Reported General Health Assessment: Poor or Fair	*percent*	17.2			17.9	*2022*	5

SCORE	WOMEN'S HEALTH	UNITS	PORTAGE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.94	Cervical Cancer Screening: 21-65	*Percent*	79.8			82.8	*2020*	5
1.85	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	20.7	15.3	20.2	19.3	*2018-2022*	12
1.76	Mammogram in Past 2 Years: 50-74	*percent*	72.7	80.3		76.5	*2022*	5
1.35	Breast Cancer Incidence Rate	*cases/ 100,000 females*	128		132.3	129.8	*2017-2021*	12
1.32	Mammography Screening: Medicare Population	*percent*	49		51	39	*2023*	7
0.56	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	6.4		7.8	7.5	*2017-2021*	12

Stark County Indicators of Concern: Access to Healthcare

As seen below, the topic *Health Care Access and Quality* was ranked as the twenty-second highest scoring health need, with a score of 1.25 out of 3. Those indicators scoring at or above 1.50 were categorized as indicators of concern and are listed below.

SCORE	INDICATOR	UNITS	STARK COUNTY	HP2030	OH	U.S.	OH Counties	U.S. Counties	Trend
2.00	Adults with Health Insurance: 18+	*percent*	74.2	--	74.7	75.2			
1.94	Dentist Rate	*dentists/ 100,000 population*	63.3	--	65.2	73.5			
1.85	Adults With Group Health Insurance	*percent*	34.8	--	37.4	39.8			--
1.65	Adults who Visited a Dentist	*percent*	44	--	44.3	45.3			
1.59	Children with Health Insurance	*percent*	94.9	--	95.1	94.6	--		
1.50	Adults who go to the Doctor Regularly for Checkups	*percent*	65.6	--	65.2	65.1			--
1.50	Preventable Hospital Stays: Medicare Population	*discharges/ 100,000 Medicare enrollees*	2963	--	3269	2769			--

Stark County Indicators of Concern: Adult Health

The prioritized health topic *Adult Health* was captured under the following health topics: *Nutrition and Healthy Eating*, *Wellness and Lifestyle*, *Cancer*, *Diabetes*, *Heart Disease and Stroke*, *Other Chronic Conditions*, and *Older Adults*. As seen below, the most concerning of these topics was *Other Chronic Conditions* (Score: 1.70), followed by *Older Adults* (1.58), *Nutrition and Healthy Eating* (1.55), *Wellness and Lifestyle* (1.49), *Heart Disease and Stroke* (1.46), *Cancer* (1.40), *and* the least concerning topic was *Diabetes* (1.34). Indicators from these seven topic areas which scored at or above 1.70 were categorized as indicators of concern and are listed below.

SCORE	INDICATOR	UNITS	STARK COUNTY	HP2030	OH	U.S.	OH Counties	U.S. Counties	Trend
2.71	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	51.8	--	35.5	31			
2.65	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	12.3	--	10.8	9.8			
2.56	Depression: Medicare Population	*percent*	20	--	18	17			--
2.38	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	40	--	39	36			--
2.21	Adults who Frequently Cook Meals at Home	*Percent*	66.8	--	67.6	67.7			--
2.09	Age-Adjusted Death Rate due to Heart Attack	*deaths/ 100,000 population 35+ years*	70.8	--	60.9	--			
2.09	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	8.3	--	7.8	7.5	--		
2.03	Chronic Kidney Disease: Medicare Population	*percent*	20	--	19	18			--
2.03	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	21.5	15.3	20.2	19.3			
2.03	Adults Happy with Weight	*Percent*	41.2	--	42.1	42.6			--
1.94	Adults 65+ with Total Tooth Loss	*percent*	19.2	--	--	12.2			--

1.94	People 65+ Living Alone (Count)	*people*	21308	--	--	--	--	--	
1.94	People 65+ Living Below Poverty Level (Count)	*people*	5773	--	--	--	--	--	
1.94	High Blood Pressure Prevalence	*percent*	39	41.9	--	32.7			--
1.94	Adults with Cancer (Non-Skin) or Melanoma	*percent*	9.5	--	--	8.2			--
1.94	Mammogram in Past 2 Years: 50-74	*percent*	72.3	80.3	--	76.5			--
1.85	Heart Failure: Medicare Population	*percent*	13	--	12	11			--
1.85	Hyperlipidemia: Medicare Population	*percent*	69	--	67	66			--
1.82	People 65+ Living Alone	*percent*	28.4	--	30.2	26.5			
1.76	Adults who Experienced Coronary Heart Disease	*percent*	8.7	--	--	6.8			--
1.71	Adults 20+ with Diabetes	*percent*	9.8	--	--	--			
1.71	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	162.3	122.7	161.1	146			

Stark County Indicators of Concern: Community Safety

The prioritized health topic *Community Safety* was captured under the two health topics *Prevention and Safety*, with a score of 1.51, and *Alcohol and Drug Use*, with a score of 1.32. Indicators from these topic areas which scored at or above 1.50 were categorized as indicators of concern and are listed below.

SCORE	INDICATOR	UNITS	STARK COUNTY	HP2030	OH	U.S.	OH Counties	U.S. Counties	Trend
2.65	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	12.3	--	10.8	9.8			
2.18	Age-Adjusted Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	3.4	--	2.7	2.6	--	--	
1.91	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	33.7	--	32.1	--			
1.65	Age-Adjusted Death Rate due to Unintentional Poisonings	*deaths/ 100,000 population*	30.8		40.5	23.5			
1.59	Adults who Binge Drink	*percent*	16.8	--	--	16.6			--
1.50	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	*Deaths per 100,000 population*	30.7	--	40.4	23.5			--

All Stark County Indicator Scores by Topic Area

Below is a complete list of all indicators that were scored as part of the secondary data analysis. Indicators are grouped under their respective health and quality of life topic areas and include information about both the indicator data source and measurement period. Please refer to Table 21 below as a reference key for indicator data sources.

Table 21: Indicator Scoring Data Source Key

Key	Data Source
1	American Community Survey 1-Year
2	American Community Survey 5-Year
3	American Lung Association
4	Annie E. Casey Foundation
5	CDC – PLACES
6	Centers for Disease Control and Prevention
7	Centers for Medicare & Medicaid Services
8	Claritas Consumer Profiles
9	Claritas Consumer Spending Dynamix
10	County Health Rankings
11	Feeding America
12	National Cancer Institute
13	National Center for Education Statistics
14	National Environmental Public Health Tracking Network
15	Ohio Department of Education
16	Ohio Department of Health, Infectious Diseases
17	Ohio Department of Health, Vital Statistics
18	Ohio Department of Public Safety, Office of Criminal Justice Services
19	Ohio Public Health Information Warehouse
20	Ohio Secretary of State

21	Purdue Center for Regional Development
22	U.S. Bureau of Labor Statistics
23	U.S. Census · County Business Patterns
24	U.S. Census Bureau · Small Area Health Insurance Estimates
25	U.S. Environmental Protection Agency
26	United For ALICE

Table 22: All Stark County Secondary Data Indicators

SCORE	ALCOHOL & DRUG USE	UNITS	STARK COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.91	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	33.7		32.1		*2018-2022*	10
1.59	Adults who Binge Drink	*percent*	16.8			16.6	*2022*	5
1.50	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	*Deaths per 100,000 population*	30.7		40.4	23.5	*2018-2020*	6
1.50	Mothers who Smoked During Pregnancy	*percent*	10.1	4.3	7.9	3.7	*2022*	17
1.24	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	37.6	20.7	44.7		*2020-2022*	10
1.21	Adults who Drink Excessively	*percent*	19.6		21.2		*2022*	10
0.29	Liquor Store Density	*stores/ 100,000 population*	4.8		5.6	10.9	*2022*	23

SCORE	CANCER	UNITS	STARK COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.09	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	8.3		7.8	7.5	*2017-2021*	12
2.03	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	21.5	15.3	20.2	19.3	*2018-2022*	12
1.94	Adults with Cancer (Non-Skin) or Melanoma	*percent*	9.5			8.2	*2022*	5
1.94	Mammogram in Past 2 Years: 50-74	*percent*	72.3	80.3		76.5	*2022*	5

1.71	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	162.3	122.7	161.1	146	*2018-2022*	12
1.65	Breast Cancer Incidence Rate	*cases/ 100,000 females*	127.5		132.3	129.8	*2017-2021*	12
1.50	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	19.1	16.9	19.3	19	*2018-2022*	12
1.50	Cancer: Medicare Population	*percent*	12		12	12	*2023*	7
1.41	Cervical Cancer Screening: 21-65	*Percent*	82.1			82.8	*2020*	5
1.41	Colon Cancer Screening: USPSTF Recommendation	*percent*	64.8			66.3	*2022*	5
1.35	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	60.7		64.3	53.1	*2017-2021*	12
1.32	Mammography Screening: Medicare Population	*percent*	49		51	39	*2023*	7
1.29	All Cancer Incidence Rate	*cases/ 100,000 population*	454.5		470	444.4	*2017-2021*	12
1.18	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	12.4		12.8	12	*2017-2021*	12
1.06	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	39.4	25.1	39.8	32.4	*2018-2022*	12
0.82	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	105.3		118.1	113.2	*2017-2021*	12
0.47	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/ 100,000 population*	12	8.9	13.9	12.9	*2018-2022*	12
0.47	Colorectal Cancer Incidence Rate	*cases/ 100,000 population*	34.5		38.9	36.4	*2017-2021*	12

SCORE	CHILDREN'S HEALTH	UNITS	STARK COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.18	Child Food Insecurity Rate	*percent*	20.4		20.1	18.4	*2023*	11

1.82	Blood Lead Levels in Children (>=10 micrograms per deciliter)	*percent*	0.6		0.5		*2022*	19
1.59	Children with Health Insurance	*percent*	94.9		95.1	94.6	*2023*	1
1.50	Blood Lead Levels in Children (>=5 micrograms per deciliter)	*percent*	1.9		1.9		*2022*	19
1.24	Child Mortality Rate: Under 20	*deaths/ 100,000 population under 20*	55.7		59.2		*2019-2022*	10
1.06	Child Care Centers	*per 1,000 population under age 5*	8		8	7	*2022*	10
1.00	Home Child Care Spending-to-Income Ratio	*percent*	3.1		3.2	3.3	*2025*	9

SCORE	COMMUNITY	UNITS	STARK COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.35	Workers who Walk to Work	*percent*	1.4		2	2.4	*2019-2023*	2
2.24	Youth not in School or Working	*percent*	2.5		1.7	1.7	*2019-2023*	2
2.21	Total Employment Change	*percent*	2.5		2.9	5.8	*2021-2022*	23
2.18	Adults with Internet Access	*percent*	79.7		80.9	81.3	*2024*	8
2.18	Age-Adjusted Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	3.4		2.7	2.6	*2016-2020*	6
2.03	Grandparents Who Are Responsible for Their Grandchildren	*percent*	38.9		41.3	32	*2019-2023*	2
1.94	People 65+ Living Alone (Count)	*people*	21308				*2019-2023*	2
1.91	Alcohol-Impaired Driving Deaths	*percent of driving deaths*	33.7		32.1		*2018-2022*	10

		with alcohol involvement						
1.88	Children in Single-Parent Households	*percent*	26.5		26.1	24.8	*2019-2023*	2
1.88	Children Living Below Poverty Level	*percent*	18.4		18	16.3	*2019-2023*	2
1.88	Violent Crime Rate	*crimes/ 100,000 population*	439		331		*2024*	18
1.85	Adults With Group Health Insurance	*percent*	34.8		37.4	39.8	*2024*	8
1.82	People 65+ Living Alone	*percent*	28.4		30.2	26.5	*2019-2023*	2
1.65	Workers Commuting by Public Transportation	*percent*	0.9	5.3	1.1	3.5	*2019-2023*	2
1.59	Median Household Gross Rent	*dollars*	877		988	1348	*2019-2023*	2
1.59	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	507		570	612	*2019-2023*	2
1.59	Young Children Living Below Poverty Level	*percent*	20.7		20	17.6	*2019-2023*	2
1.53	Day Care Center and Preschool Spending-to-Income Ratio	*percent*	7		7.4	7.1	*2025*	9
1.50	Adults Who Vote in Presidential Elections: Always or Sometimes	*percent*	85.2		84.9	85.1	*2024*	8
1.44	Age-Adjusted Death Rate due to Firearms	*deaths/ 100,000 population*	13.4	10.7	13.5	12	*2018-2020*	6
1.41	Households with an Internet Subscription	*percent*	86.1		89	89.9	*2019-2023*	2
1.41	Mortgaged Owners Median Monthly Household Costs	*dollars*	1311		1472	1902	*2019-2023*	2
1.41	People 25+ with a Bachelor's Degree or Higher	*percent*	25		30.9	35	*2019-2023*	2
1.41	Workers who Drive Alone to Work	*percent*	79.4		76.6	70.2	*2019-2023*	2

1.38	Age-Adjusted Death Rate due to Homicide	*deaths/ 100,000 population*	6.9	5.5	9		*2020-2022*	19
1.35	Gasoline and Other Fuels Spending-to-Income Ratio	*percent*	3.3		3.3	3.1	*2025*	9
1.35	Households with a Computer	*percent*	84.8		85.2	86	*2024*	8
1.35	Population 16+ in Civilian Labor Force	*percent*	59.3		60.1	59.8	*2019-2023*	2
1.35	Voter Turnout: Presidential Election	*percent*	73.5	58.4	71.7		*2024*	20
1.32	Social Vulnerability Index	*Score*	0.3				*2022*	6
1.24	Households with a Smartphone	*percent*	86.2		87.5	88.2	*2024*	8
1.24	Median Household Income	*dollars*	65740		69680	78538	*2019-2023*	2
1.24	Per Capita Income	*dollars*	35802		39455	43289	*2019-2023*	2
1.24	Persons with an Internet Subscription	*percent*	89.2		91.3	92	*2019-2023*	2
1.21	Social Associations	*membership associations/ 10,000 population*	11.9		10.8		*2022*	10
1.21	Solo Drivers with a Long Commute	*percent*	26.2		30.5		*2019-2023*	10
1.18	People Living Below Poverty Level	*percent*	12.7	8	13.2	12.4	*2019-2023*	2
1.09	Residential Segregation - Black/White	*Score*	58.7		69.6		*2025*	10
1.06	Adult Day Care Spending-to-Income Ratio	*percent*	10.8		11.1	11.9	*2025*	9

1.06	Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	10.5		11.1		*2016-2022*	10
1.06	Female Population 16+ in Civilian Labor Force	*percent*	57.2		59.2	58.7	*2019-2023*	2
1.06	Households with One or More Types of Computing Devices	*percent*	93.4		93.6	94.8	*2019-2023*	2
0.97	Broadband Quality Score	*BQS Score*	55.7		53.4	50	*2022*	21
0.97	Digital Distress		1				*2022*	21
0.91	Persons with Health Insurance	*percent*	93.5	92.4	92.9		*2022*	24
0.82	Substantiated Child Abuse Rate	*cases/ 1,000 children*	3.6	8.7	6.9		*2021*	4
0.79	Adults With Individual Health Insurance	*percent*	21.1		20.5	20.2	*2024*	8
0.79	Digital Divide Index	*DDI Score*	18.7		40.1	50	*2022*	21
0.65	Linguistic Isolation	*percent*	0.4		1.5	4.2	*2019-2023*	2
0.65	Mean Travel Time to Work	*minutes*	21.8		23.6	26.6	*2019-2023*	2
0.53	People 25+ with a High School Diploma or Higher	*percent*	92.8		91.6	89.4	*2019-2023*	2

SCORE	DIABETES	UNITS	STARK COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.71	Adults 20+ with Diabetes	*percent*	9.8				*2021*	6
1.35	Age-Adjusted Death Rate due to Diabetes	*deaths/ 100,000 population*	25.1		26.4	22.6	*2018-2020*	6
0.97	Diabetes: Medicare Population	*percent*	24		25	24	*2023*	7

SCORE	ECONOMY	UNITS	STARK COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.71	Adults with Disability Living in Poverty	*percent*	32.9		28.2	24.6	*2019-2023*	2

2.24	Youth not in School or Working	*percent*	2.5	1.7	1.7	*2019-2023*	2
2.21	Total Employment Change	*percent*	2.5	2.9	5.8	*2021-2022*	23
2.18	Child Food Insecurity Rate	*percent*	20.4	20.1	18.4	*2023*	11
2.12	Households with Cash Public Assistance Income	*percent*	4.1	2.5	2.7	*2019-2023*	2
2.06	Homeowner Spending-to-Income Ratio	*percent*	14.7	14.3	13.5	*2025*	9
2.06	Unemployed Workers in Civilian Labor Force	*percent*	5.7	5.4	4.5	*Apr-25*	22
1.94	Children Living Below 200% of Poverty Level	*percent*	41	38.3	36.1	*2023*	1
1.94	People 65+ Living Below Poverty Level (Count)	*people*	5773			*2019-2023*	2
1.91	People 65+ Living Below 200% of Poverty Level	*percent*	28.5	28.4	28.1	*2023*	1
1.91	People Living Below 200% of Poverty Level	*percent*	30.5	29.6	28.2	*2023*	1
1.88	Children Living Below Poverty Level	*percent*	18.4	18	16.3	*2019-2023*	2
1.76	Gender Pay Gap	*cents on the dollar*	0.7	0.7	0.8	*2023*	1
1.71	College Tuition Spending-to-Income Ratio	*percent*	12.4	12.6	11.9	*2025*	9
1.71	Households with a 401k Plan	*percent*	35.8	38.4	40.8	*2024*	8
1.71	Utilities Spending-to-Income Ratio	*percent*	6.3	6.1	5.6	*2025*	9
1.62	Families Living Below 200% of Poverty Level	*Percent*	23.2	22.8	22.3	*2023*	1
1.59	Median Household Gross Rent	*dollars*	877	988	1348	*2019-2023*	2

1.59	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	507	570	612	*2019-2023*	2
1.59	Young Children Living Below Poverty Level	*percent*	20.7	20	17.6	*2019-2023*	2
1.53	Cigarette Spending-to-Income Ratio	*percent*	2.3	2.1	1.9	*2025*	9
1.53	Day Care Center and Preschool Spending-to-Income Ratio	*percent*	7	7.4	7.1	*2025*	9
1.53	Vocational, Technical, and Other School Tuition Spending-to-Income Ratio	*percent*	1.7	1.6	1.5	*2025*	9
1.47	Food Insecurity Rate	*percent*	15.1	15.3	14.5	*2023*	11
1.41	Health Insurance Spending-to-Income Ratio	*percent*	7	6.6	5.9	*2025*	9
1.41	Households Living Below Poverty Level	*percent*	12.8	13.5	12.7	*2023*	26
1.41	Mortgaged Owners Median Monthly Household Costs	*dollars*	1311	1472	1902	*2019-2023*	2
1.38	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	*percent*	61.9	61.5	58	*2023*	26
1.38	Households that are Asset Limited, Income Constrained, Employed (ALICE)	*percent*	25.3	25	29.4	*2023*	26
1.35	Gasoline and Other Fuels Spending-to-Income Ratio	*percent*	3.3	3.3	3.1	*2025*	9
1.35	Households with a Savings Account	*percent*	70.3	70.9	72	*2024*	8
1.35	Population 16+ in Civilian Labor Force	*percent*	59.3	60.1	59.8	*2019-2023*	2
1.35	Size of Labor Force	*persons*	182870			*45748*	22

1.32	Income Inequality		0.4		0.5	0.5	*2019-2023*	2
1.24	Median Household Income	*dollars*	65740		69680	78538	*2019-2023*	2
1.24	Per Capita Income	*dollars*	35802		39455	43289	*2019-2023*	2
1.18	Families Living Below Poverty Level	*percent*	8.9		9.2	8.7	*2019-2023*	2
1.18	People Living Below Poverty Level	*percent*	12.7	8	13.2	12.4	*2019-2023*	2
1.18	Student Loan Spending-to-Income Ratio	*percent*	4.5		4.6	4.5	*2025*	9
1.09	Residential Segregation - Black/White	*Score*	58.7		69.6		*2025*	10
1.06	Adult Day Care Spending-to-Income Ratio	*percent*	10.8		11.1	11.9	*2025*	9
1.06	Female Population 16+ in Civilian Labor Force	*percent*	57.2		59.2	58.7	*2019-2023*	2
1.06	Home Renter Spending-to-Income Ratio	*percent*	16.3		16.3	17	*2025*	9
1.06	People 65+ Living Below Poverty Level	*percent*	8		9.5	10.4	*2019-2023*	2
1.00	Home Child Care Spending-to-Income Ratio	*percent*	3.1		3.2	3.3	*2025*	9
1.00	Renters Spending 30% or More of Household Income on Rent	*percent*	42.4	25.5	45.1	50.4	*2019-2023*	2
0.97	Adults who Feel Overwhelmed by Financial Burdens	*percent*	33.2		34	33.6	*2024*	8
0.97	Households Spending 50% or More of Household Income on Housing	*percent*	9.8		11.5	14.3	*2019-2023*	2
0.88	Median Household Income: Householders 65+	*dollars*	53007		51608	57108	*2019-2023*	2

0.88	Mortgaged Owners Spending 30% or More of Household Income on Housing	*percent*	19.1	25.5	21.2	28.5	*2023*	1
0.71	Households that Used Check Cashing, Cash Advance, or Title Loan Shops	*percent*	1.8		2	2	*2024*	8
0.71	Households with Student Loan Debt	*percent*	7.9		9.1	9.8	*2024*	8
0.65	Unemployed Veterans	*percent*	1		2.8	3.2	*2019-2023*	2
0.65	Veterans Living Below Poverty Level	*percent*	6.1		7.4	7.2	*2019-2023*	2
0.62	Severe Housing Problems	*percent*	10.7		12.7		*2017-2021*	10
0.59	Overcrowded Households	*percent*	0.9		1.4	3.4	*2019-2023*	2
0.59	Students Eligible for the Free Lunch Program	*percent*	20		23.6	43.6	*2023-2024*	13
0.18	Homeowner Vacancy Rate	*percent*	0.5		0.9	1	*2019-2023*	2

SCORE	EDUCATION	UNITS	STARK COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.71	Student-to-Teacher Ratio	*students/ teacher*	18.4		16.6	15.2	*2023-2024*	13
1.71	College Tuition Spending-to-Income Ratio	*percent*	12.4		12.6	11.9	*2025*	9
1.53	Day Care Center and Preschool Spending-to-Income Ratio	*percent*	7		7.4	7.1	*2025*	9
1.53	Vocational, Technical, and Other School Tuition Spending-to-Income Ratio	*percent*	1.7		1.6	1.5	*2025*	9
1.50	High School Graduation	*percent*	92.7	90.7	92.5		*2022-2023*	15
1.47	8th Grade Students Proficient in English/Language Arts	*percent*	53.4		49.4		*2023-2024*	15
1.41	People 25+ with a Bachelor's Degree or Higher	*percent*	25		30.9	35	*2019-2023*	2

1.35	4th Grade Students Proficient in English/Language Arts	*percent*	67.1		64.1		*2023-2024*	15
1.18	Student Loan Spending-to-Income Ratio	*percent*	4.5		4.6	4.5	*2025*	9
1.18	Veterans with a High School Diploma or Higher	*percent*	95		94.4	95.2	*2019-2023*	2
1.06	4th Grade Students Proficient in Math	*percent*	73		67.2		*2023-2024*	15
1.06	Child Care Centers	*per 1,000 population under age 5*	8		8	7	*2022*	10
1.00	8th Grade Students Proficient in Math	*percent*	54.4		46.3		*2023-2024*	15
1.00	Home Child Care Spending-to-Income Ratio	*percent*	3.1		3.2	3.3	*2025*	9
0.53	People 25+ with a High School Diploma or Higher	*percent*	92.8		91.6	89.4	*2019-2023*	2

SCORE	ENVIRONMENTAL HEALTH	UNITS	STARK COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.29	Air Pollution due to Particulate Matter	*micrograms per cubic meter*	9.1		7.9		*2020*	10
2.24	Houses Built Prior to 1950	*percent*	28.2		24.9	16.4	*2019-2023*	2
1.82	Blood Lead Levels in Children (>=10 micrograms per deciliter)	*percent*	0.6		0.5		*2022*	19
1.82	Daily Dose of UV Irradiance	*Joule per square meter*	3468		3384		*2020*	14
1.74	Annual Ozone Air Quality	*grade*	D				*2021-2023*	3
1.74	Annual Particle Pollution	*grade*	F				*2021-2023*	3
1.71	Utilities Spending-to-Income Ratio	*percent*	6.3		6.1	5.6	*2025*	9

1.65	Weeks of Moderate Drought or Worse	*weeks per year*	0			*2021*	14
1.59	Access to Exercise Opportunities	*percent*	73.9	84.2		*2025*	10
1.50	Asthma: Medicare Population	*percent*	7	7	7	*2023*	7
1.50	Blood Lead Levels in Children (>=5 micrograms per deciliter)	*percent*	1.9	1.9		*2022*	19
1.44	Food Environment Index		7.4	7		*2025*	10
1.41	Proximity to Highways	*percent*	4.6	7.2		*2020*	14
1.35	Gasoline and Other Fuels Spending-to-Income Ratio	*percent*	3.3	3.3	3.1	*2025*	9
1.35	Number of Extreme Heat Days	*days*	21			*2023*	14
1.35	Number of Extreme Heat Events	*events*	16			*2023*	14
1.35	Recognized Carcinogens Released into Air	*pounds*	17299.3			*2023*	25
1.32	Social Vulnerability Index	*Score*	0.3			*2022*	6
1.24	Adults with Current Asthma	*percent*	10.7		9.9	*2022*	5
1.06	Number of Extreme Precipitation Days	*days*	4			*2023*	14
1.06	PBT Released	*pounds*	16360.8			*2023*	25
0.97	Broadband Quality Score	*BQS Score*	55.7	53.4	50	*2022*	21
0.88	Access to Parks	*percent*	63.4	59.6		*2020*	14
0.79	Digital Divide Index	*DDI Score*	18.7	40.1	50	*2022*	21
0.62	Severe Housing Problems	*percent*	10.7	12.7		*2017-2021*	10
0.59	Overcrowded Households	*percent*	0.9	1.4	3.4	*2019-2023*	2
0.29	Liquor Store Density	*stores/ 100,000 population*	4.8	5.6	10.9	*2022*	23

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	STARK COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.00	Adults with Health Insurance: 18+	*percent*	74.2		74.7	75.2	*2024*	8
1.94	Dentist Rate	*dentists/ 100,000 population*	63.3		65.2	73.5	*2022*	10
1.85	Adults With Group Health Insurance	*percent*	34.8		37.4	39.8	*2024*	8
1.65	Adults who Visited a Dentist	*percent*	44		44.3	45.3	*2024*	8
1.59	Children with Health Insurance	*percent*	94.9		95.1	94.6	*2023*	1
1.50	Adults who go to the Doctor Regularly for Checkups	*percent*	65.6		65.2	65.1	*2024*	8
1.50	Preventable Hospital Stays: Medicare Population	*discharges/ 100,000 Medicare enrollees*	2963		3269	2769	*2023*	7
1.41	Adults who have had a Routine Checkup	*percent*	78.1			76.1	*2022*	5
1.41	Health Insurance Spending-to-Income Ratio	*percent*	7		6.6	5.9	*2025*	9
1.09	Adults with Health Insurance	*percent*	93.1		91.6	89	*2023*	1
0.91	Persons with Health Insurance	*percent*	93.5	92.4	92.9		*2022*	24
0.88	Persons without Health Insurance	*percent*	5.7		6.4	8.6	*2019-2023*	2
0.79	Adults With Individual Health Insurance	*percent*	21.1		20.5	20.2	*2024*	8
0.79	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	140.1		148.7		*2024*	10
0.79	Primary Care Provider Rate	*providers/ 100,000 population*	77.3		75.3	74.9	*2021*	10
0.71	Adults without Health Insurance	*percent*	4.5			10.8	*2022*	5

0.44	Mental Health Provider Rate	*providers/ 100,000 population*	374.8		349.4		*2024*	10

SCORE	HEART DISEASE & STROKE	UNITS	STARK COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.09	Age-Adjusted Death Rate due to Heart Attack	*deaths/ 100,000 population 35+ years*	70.8		60.9		*2021*	14
1.94	High Blood Pressure Prevalence	*percent*	39	41.9		32.7	*2021*	5
1.85	Heart Failure: Medicare Population	*percent*	13		12	11	*2023*	7
1.85	Hyperlipidemia: Medicare Population	*percent*	69		67	66	*2023*	7
1.76	Adults who Experienced Coronary Heart Disease	*percent*	8.7			6.8	*2022*	5
1.65	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	40.1	33.4	43.4	37.6	*2018-2020*	6
1.50	Ischemic Heart Disease: Medicare Population	*percent*	22		22	21	*2023*	7
1.41	Adults who Experienced a Stroke	*percent*	3.9			3.6	*2022*	5
1.41	Cholesterol Test History	*percent*	84.2			86.4	*2021*	5
1.41	High Cholesterol Prevalence	*percent*	35.6			35.5	*2021*	5
1.32	Atrial Fibrillation: Medicare Population	*percent*	15		15	14	*2023*	7
1.06	Adults who Have Taken Medications for High Blood Pressure	*percent*	81.4			78.2	*2021*	5
0.97	Hypertension: Medicare Population	*percent*	65		67	65	*2023*	7
0.82	Age-Adjusted Death Rate due to Coronary Heart Disease	*deaths/ 100,000 population*	91.4	71.1	101.9	90.2	*2018-2020*	6

0.79	Stroke: Medicare Population	*percent*	5		5	6	*2023*	7

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	STARK COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.09	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	8.3		7.8	7.5	*2017-2021*	12
2.03	Syphilis Incidence Rate	*cases/ 100,000 population*	15.8		16.4	15.8	*2023*	16
1.94	Salmonella Infection Incidence Rate	*cases/ 100,000 population*	14.2	11.5	13.8		*2023*	16
1.44	Gonorrhea Incidence Rate	*cases/ 100,000 population*	164		168.8	179.5	*2023*	16
1.26	Chlamydia Incidence Rate	*cases/ 100,000 population*	436.6		464.2	492.2	*2023*	16
1.21	Tuberculosis Incidence Rate	*cases/ 100,000 population*	0.5	1.4	1.6	2.9	*2023*	16
1.18	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	13.6		13.9	13.4	*2018-2020*	6
1.15	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	59.8		59.8	60.4	*2024*	8
0.79	Flu Vaccinations: Medicare Population	*percent*	50		50	3	*2023*	7
0.59	Overcrowded Households	*percent*	0.9		1.4	3.4	*2019-2023*	2
0.44	Pneumonia Vaccinations: Medicare Population	*percent*	10		9	9	*2023*	7

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	STARK COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.18	Babies with Very Low Birthweight	*percent*	1.8		1.5		*2022*	17

1.97	Infant Mortality Rate	*deaths/ 1,000 live births*	7.9	5	6.7	5.4	*2020*	17
1.82	Preterm Births	*percent*	10.9	9.4	10.8		*2022*	17
1.79	Teen Birth Rate: 15-17	*live births/ 1,000 females aged 15-17*	6.3		6.1	5.6	*2022*	17
1.50	Mothers who Smoked During Pregnancy	*percent*	10.1	4.3	7.9	3.7	*2022*	17
1.44	Mothers who Received Early Prenatal Care	*percent*	68.5		68.6	75.3	*2022*	17
1.41	Babies with Low Birthweight	*percent*	8.6		8.7	8.6	*2022*	17

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	STARK COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.71	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	51.8		35.5	31	*2018-2020*	6
2.56	Depression: Medicare Population	*percent*	20		18	17	*2023*	7
2.06	Age-Adjusted Death Rate due to Suicide	*deaths/ 100,000 population*	18.2	12.8	14.7	13.9	*2018-2020*	6
1.59	Adults Ever Diagnosed with Depression	*percent*	23.3			20.7	*2022*	5
1.50	Self-Reported General Health Assessment: Good or Better	*percent*	85.2		85.4	86	*2024*	8
1.38	Poor Mental Health: Average Number of Days	*days*	5.8		6.1		*2022*	10
1.24	Poor Mental Health: 14+ Days	*percent*	17.2			15.8	*2022*	5
0.97	Adults who Feel Life is Slipping Out of Control	*Percent*	23.5		24.1	23.9	*2024*	8

0.62	Alzheimer's Disease or Dementia: Medicare Population	*percent*	5		6	6	*2023*	7
0.44	Mental Health Provider Rate	*providers/ 100,000 population*	374.8		349.4		*2024*	10

SCORE	NUTRITION & HEALTHY EATING	UNITS	STARK COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.21	Adults who Frequently Cook Meals at Home	*Percent*	66.8		67.6	67.7	*2024*	8
1.44	Food Environment Index		7.4		7		*2025*	10
1.41	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	37.8		38.1	38.2	*2024*	8
1.15	Adults who Drank Soft Drinks: Past 7 Days	*percent*	48.7		48.6	47.5	*2024*	8

SCORE	OLDER ADULTS	UNITS	STARK COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.71	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	51.8		35.5	31	*2018-2020*	6
2.65	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	12.3		10.8	9.8	*2018-2020*	6
2.56	Depression: Medicare Population	*percent*	20		18	17	*2023*	7
2.38	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	40		39	36	*2023*	7
2.03	Chronic Kidney Disease: Medicare Population	*percent*	20		19	18	*2023*	7
1.94	Adults 65+ with Total Tooth Loss	*percent*	19.2			12.2	*2022*	5

1.94	People 65+ Living Alone (Count)	*people*	21308			*2019-2023*	2
1.94	People 65+ Living Below Poverty Level (Count)	*people*	5773			*2019-2023*	2
1.85	Heart Failure: Medicare Population	*percent*	13	12	11	*2023*	7
1.85	Hyperlipidemia: Medicare Population	*percent*	69	67	66	*2023*	7
1.82	People 65+ Living Alone	*percent*	28.4	30.2	26.5	*2019-2023*	2
1.68	COPD: Medicare Population	*percent*	13	13	11	*2023*	7
1.50	Asthma: Medicare Population	*percent*	7	7	7	*2023*	7
1.50	Cancer: Medicare Population	*percent*	12	12	12	*2023*	7
1.50	Ischemic Heart Disease: Medicare Population	*percent*	22	22	21	*2023*	7
1.50	Osteoporosis: Medicare Population	*percent*	11	11	12	*2023*	7
1.32	Atrial Fibrillation: Medicare Population	*percent*	15	15	14	*2023*	7
1.32	Mammography Screening: Medicare Population	*percent*	49	51	39	*2023*	7
1.06	Adult Day Care Spending-to-Income Ratio	*percent*	10.8	11.1	11.9	*2025*	9
1.06	People 65+ Living Below Poverty Level	*percent*	8	9.5	10.4	*2019-2023*	2
0.97	Diabetes: Medicare Population	*percent*	24	25	24	*2023*	7
0.97	Hypertension: Medicare Population	*percent*	65	67	65	*2023*	7
0.88	Median Household Income: Householders 65+	*dollars*	53007	51608	57108	*2019-2023*	2
0.82	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	105.3	118.1	113.2	*2017-2021*	12
0.79	Stroke: Medicare Population	*percent*	5	5	6	*2023*	7

0.62	Alzheimer's Disease or Dementia: Medicare Population	*percent*	5		6	6	*2023*	7

SCORE	ORAL HEALTH	UNITS	STARK COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.94	Adults 65+ with Total Tooth Loss	*percent*	19.2			12.2	*2022*	5
1.94	Dentist Rate	*dentists/ 100,000 population*	63.3		65.2	73.5	*2022*	10
1.65	Adults who Visited a Dentist	*percent*	44		44.3	45.3	*2024*	8
1.18	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	12.4		12.8	12	*2017-2021*	12

SCORE	OTHER CHRONIC CONDITIONS	UNITS	STARK COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.38	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	40		39	36	*2023*	7
2.03	Chronic Kidney Disease: Medicare Population	*percent*	20		19	18	*2023*	7
1.50	Osteoporosis: Medicare Population	*percent*	11		11	12	*2023*	7
1.41	Adults with Arthritis	*percent*	29.3			26.6	*2022*	5
1.18	Age-Adjusted Death Rate due to Kidney Disease	*deaths/ 100,000 population*	13.3		14.2	12.8	*2018-2020*	6

SCORE	PHYSICAL ACTIVITY	UNITS	STARK COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.35	Workers who Walk to Work	*percent*	1.4		2	2.4	*2019-2023*	2
2.18	Adults 20+ Who Are Obese	*percent*	39.1	36			*2021*	6
1.59	Access to Exercise Opportunities	*percent*	73.9		84.2		*2025*	10

1.06	Adults 20+ who are Sedentary	*percent*	21.4				*2021*	6
0.88	Access to Parks	*percent*	63.4		59.6		*2020*	14

SCORE	PREVENTION & SAFETY	UNITS	STARK COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.65	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	12.3		10.8	9.8	*2018-2020*	6
2.18	Age-Adjusted Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	3.4		2.7	2.6	*2016-2020*	6
1.65	Age-Adjusted Death Rate due to Unintentional Poisonings	*deaths/ 100,000 population*	30.8		40.5	23.5	*2018-2020*	6
1.47	Age-Adjusted Death Rate due to Unintentional Injuries	*deaths/ 100,000 population*	59.5	43.2	69.9	51.6	*2018-2020*	6
1.44	Age-Adjusted Death Rate due to Firearms	*deaths/ 100,000 population*	13.4	10.7	13.5	12	*2018-2020*	6
1.24	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	37.6	20.7	44.7		*2020-2022*	10
1.24	Death Rate due to Injuries	*deaths/ 100,000 population*	95.3		100.7		*2018-2022*	10

SCORE	RESPIRATORY DISEASES	UNITS	STARK COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.68	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	*deaths/ 100,000 population*	49.2		46.5	38.1	*2018-2020*	6
1.68	COPD: Medicare Population	*percent*	13		13	11	*2023*	7

1.59	Adults with COPD	*Percent of adults*	9.1			6.8	*2022*	5
1.50	Asthma: Medicare Population	*percent*	7		7	7	*2023*	7
1.41	Adults who Smoke	*percent*	16.5	6.1		12.9	*2022*	5
1.41	Proximity to Highways	*percent*	4.6		7.2		*2020*	14
1.35	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	60.7		64.3	53.1	*2017-2021*	12
1.24	Adults with Current Asthma	*percent*	10.7			9.9	*2022*	5
1.21	Tuberculosis Incidence Rate	*cases/ 100,000 population*	0.5	1.4	1.6	2.9	*2023*	16
1.18	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	13.6		13.9	13.4	*2018-2020*	6
1.06	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	39.4	25.1	39.8	32.4	*2018-2022*	12
0.79	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	6.5		6.9	6.8	*2024*	8
0.65	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	1.5		1.7	1.6	*2024*	8

SCORE	SEXUALLY TRANSMITTED INFECTIONS	UNITS	STARK COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.03	Syphilis Incidence Rate	*cases/ 100,000 population*	15.8		16.4	15.8	*2023*	16
1.44	Gonorrhea Incidence Rate	*cases/ 100,000 population*	164		168.8	179.5	*2023*	16
1.26	Chlamydia Incidence Rate	*cases/ 100,000 population*	436.6		464.2	492.2	*2023*	16

SCORE	TOBACCO USE	UNITS	STARK COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source

1.94	Tobacco Use: Medicare Population	*percent*	8		7	6	*2023*	7
1.53	Cigarette Spending-to-Income Ratio	*percent*	2.3		2.1	1.9	*2025*	9
1.41	Adults who Smoke	*percent*	16.5	6.1		12.9	*2022*	5
1.35	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	60.7		64.3	53.1	*2017-2021*	12
0.79	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	6.5		6.9	6.8	*2024*	8
0.65	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	1.5		1.7	1.6	*2024*	8

SCORE	WEIGHT STATUS	UNITS	STARK COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.29	Obesity: Medicare Population	*percent*	30		25	20	*2023*	7
2.18	Adults 20+ Who Are Obese	*percent*	39.1	36			*2021*	6
2.03	Adults Happy with Weight	*Percent*	41.2		42.1	42.6	*2024*	8

SCORE	WELLNESS & LIFESTYLE	UNITS	STARK COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.21	Adults who Frequently Cook Meals at Home	*Percent*	66.8		67.6	67.7	*2024*	8
2.03	Adults Happy with Weight	*Percent*	41.2		42.1	42.6	*2024*	8
1.94	High Blood Pressure Prevalence	*percent*	39	41.9		32.7	*2021*	5
1.59	Life Expectancy	*years*	75.1		75.2		*2020-2022*	10
1.50	Self-Reported General Health Assessment: Good or Better	*percent*	85.2		85.4	86	*2024*	8
1.41	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	37.8		38.1	38.2	*2024*	8

1.24	Poor Physical Health: 14+ Days	*percent*	13.4			12.7	*2022*	5
1.24	Self-Reported General Health Assessment: Poor or Fair	*percent*	18			17.9	*2022*	5
1.15	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	59.8		59.8	60.4	*2024*	8
1.06	Poor Physical Health: Average Number of Days	*days*	4.1		4.3		*2022*	10
0.97	Adults who Feel Life is Slipping Out of Control	*Percent*	23.5		24.1	23.9	*2024*	8

SCORE	WOMEN'S HEALTH	UNITS	STARK COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.09	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	8.3		7.8	7.5	*2017-2021*	12
2.03	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	21.5	15.3	20.2	19.3	*2018-2022*	12
1.94	Mammogram in Past 2 Years: 50-74	*percent*	72.3	80.3		76.5	*2022*	5
1.65	Breast Cancer Incidence Rate	*cases/ 100,000 females*	127.5		132.3	129.8	*2017-2021*	12
1.41	Cervical Cancer Screening: 21-65	*Percent*	82.1			82.8	*2020*	5
1.32	Mammography Screening: Medicare Population	*percent*	49		51	39	*2023*	7

Summit County Indicators of Concern: Access to Healthcare

As shown below, the topic Health Care Access and Quality was ranked as the twenty-second highest scoring health need, with a score of 1.05 out of 3. Those indicators scoring at or above 1.00 were categorized as indicators of concern and are listed in the table below.

SCORE	INDICATOR	UNITS	SUMMIT COUNTY	HP2030	OH	U.S.	OH Counties	U.S. Counties	Trend
1.81	Adults with Health Insurance: 18+	*percent*	75	--	74.7	75.2			
1.53	Health Insurance Spending-to-Income Ratio	*percent*	6.8	--	6.6	5.9			
1.50	Adults who go to the Doctor Regularly for Checkups	*percent*	65.8	--	65.2	65.1			--
1.42	Adults who have had a Routine Checkup	*percent*	78.5	--	--	76.1			--
1.33	Adults With Group Health Insurance	*percent*	37.9	--	37.4	39.8			--
1.33	Preventable Hospital Stays: Medicare Population	*discharges/ 100,000 Medicare enrollees*	2872	--	3269	2769			--
1.31	Adults who Visited a Dentist	*percent*	45.3	--	44.3	45.3			
1.25	Children with Health Insurance	*percent*	97.4	--	95.1	94.6	--		
1.08	Adults without Health Insurance	*percent*	5.8	--		10.8			--

Summit County Indicators of Concern: Adult Health

The prioritized health topic *Adult Health* was captured under the following health topics: *Nutrition and Healthy Eating*, *Wellness and Lifestyle*, *Cancer*, *Diabetes*, *Heart Disease and Stroke*, *Other Chronic Conditions*, and *Older Adults*. As seen in the table below, the most concerning of these topics was Other Chronic Conditions (Score: 1.83), followed by Older Adults (1.59), Diabetes (1.48), Wellness and Lifestyle (1.45), Nutrition and Healthy Eating (1.42), Cancer (1.40), and the least concerning topic was Heart Disease and Stroke (1.21). Indicators from these seven topic areas which scored at or above 1.70 were categorized as indicators of concern and are listed in the table below.

SCORE	INDICATOR	UNITS	SUMMIT COUNTY	HP2030	OH	U.S.	OH Counties	U.S. Counties	Trend
2.75	People 65+ Living Alone	*percent*	30.9	--	30.2	26.5			
2.50	Asthma: Medicare Population	*percent*	8	--	7	7			--
2.50	Depression: Medicare Population	*percent*	20	--	18	17			--
2.50	Chronic Kidney Disease: Medicare Population	*percent*	22	--	19	18			--
2.17	Adults who Frequently Cook Meals at Home6	*Percent*	67	--	67.6	67.7			--
2.14	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	43.5	--	33.8	--		--	
2.08	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	13.4	--	12.8	12			
2.06	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	20.6	16.9	19.3	19	--		
2.00	COPD: Medicare Population	*percent*	14	--	13	11			--

2.00	Mammogram in Past 2 Years: 50-74	*percent*	71.7	80.3	--	76.5			--
1.92	Age-Adjusted Death Rate due to Kidney Disease	*deaths/ 100,000 population*	14.5	--	15.1	--		--	
1.92	People 65+ Living Alone (Count)	*people*	31571	--	--	--	--	--	
1.92	Age-Adjusted Death Rate due to Diabetes	*deaths/ 100,000 population*	28.7	--	28.4	--		--	
1.92	People 65+ Living Below Poverty Level (Count)	*people*	8502	--	--	--	--	--	
1.83	Hyperlipidemia: Medicare Population	*percent*	69	--	67	66			--
1.83	Adults Happy with Weight	*Percent*	41.8	--	42.1	42.6			--
1.83	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	39	--	39	36			--
1.75	Adults with Cancer (Non-Skin) or Melanoma	*percent*	9.4	--	--	8.2			--
1.75	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	38.6	--	38.1	38.2			
1.72	Poor Physical Health: Average Number of Days	*days*	4.5	--	4.3	--			

Summit County Indicators of Concern: Community Safety

The prioritized health topic *Community Safety* was captured under the two health topics *Prevention and Safety*, with a score of 1.65, and *Alcohol and Drug Use*, with a score of 1.68. Indicators from these two topic areas which scored at or above 1.50 were categorized as indicators of concern and are listed in the table below.

SCORE	INDICATOR	UNITS	SUMMIT COUNTY	HP2030	OH	U.S.	OH Counties	U.S. Counties	Trend
2.58	Age-Adjusted Death Rate due to Firearms	*deaths/ 100,000 population*	16.1	10.7	13.5	12			
2.25	Age-Adjusted Death Rate due to Homicide	*deaths/ 100,000 population*	11.7	5.5	9	--	--	--	
2.25	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	39.2	--	32.1	--			
2.00	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	*Deaths per 100,000 population*	37.2	--	40.4	23.5			--
1.83	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	42.8	20.7	44.7	--			--
1.78	Severe Housing Problems	*percent*	12.9	--	12.7	--			
1.64	Age-Adjusted Death Rate due to Unintentional Poisonings	*deaths/ 100,000 population*	43.3		46.5			--	
1.58	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	10.3		12.1			--	
1.58	Adults who Binge Drink	*percent*	16.9	--	--	16.6			--

All Summit County Indicator Scores by Topic Area

Below is a complete list of all indicators that were scored as part of the secondary data analysis. Indicators are grouped under their respective health and quality of life topic areas and include information about both the indicator data source and measurement period. Please refer to Table 23 below as a reference key for indicator data sources.

Table 23: Indicator Scoring Data Source Key

Key	Data Source
1	American Community Survey 1-Year
2	American Community Survey 5-Year
3	American Lung Association
4	Annie E. Casey Foundation
5	CDC - PLACES
6	Centers for Disease Control and Prevention
7	Centers for Medicare & Medicaid Services
8	Claritas Consumer Profiles
9	Claritas Consumer Spending Dynamix
10	County Health Rankings
11	Feeding America
12	National Cancer Institute
13	National Center for Education Statistics
14	National Environmental Public Health Tracking Network
15	Ohio Department of Education
16	Ohio Department of Health, Infectious Diseases
17	Ohio Department of Health, Vital Statistics
18	Ohio Department of Public Safety, Office of Criminal Justice Services
19	Ohio Public Health Information Warehouse
20	Ohio Secretary of State
21	Purdue Center for Regional Development
22	U.S. Bureau of Labor Statistics
23	U.S. Census - County Business Patterns
24	U.S. Census Bureau - Small Area Health Insurance Estimates
25	U.S. Environmental Protection Agency
26	United For ALICE

Table 24: All Summit County Secondary Data Indicators

SCORE	ALCOHOL & DRUG USE	UNITS	SUMMIT COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.25	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	39.2		32.1		*2018-2022*	10
2.00	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	*Deaths per 100,000 population*	37.2		40.4	23.5	*2018-2020*	6
1.83	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	42.8	20.7	44.7		*2020-2022*	10
1.58	Adults who Binge Drink	*percent*	16.9			16.6	*2022*	5
1.53	Mothers who Smoked During Pregnancy	*percent*	7.4	4.3	7.9	3.7	*2022*	17
1.39	Adults who Drink Excessively	*percent*	19.8		21.2		*2022*	10
1.17	Liquor Store Density	*stores/ 100,000 population*	6.2		5.6	10.9	*2022*	23

SCORE	CANCER	UNITS	SUMMIT COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.08	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	13.4		12.8	12	*2017-2021*	12
2.06	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	20.6	16.9	19.3	19	*2018-2022*	12
2.00	Mammogram in Past 2 Years: 50-74	*percent*	71.7	80.3		76.5	*2022*	5
1.75	Adults with Cancer (Non-Skin) or Melanoma	*percent*	9.4			8.2	*2022*	5
1.69	Breast Cancer Incidence Rate	*cases/ 100,000 females*	133.5		132.3	129.8	*2017-2021*	12
1.64	All Cancer Incidence Rate	*cases/ 100,000 population*	461.9		470	444.4	*2017-2021*	12
1.50	Cancer: Medicare Population	*percent*	12		12	12	*2023*	7

1.47	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	109.6		118.1	113.2	*2017-2021*	12
1.42	Cervical Cancer Screening: 21-65	*Percent*	81.1			82.8	*2020*	5
1.36	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	59.9		64.3	53.1	*2017-2021*	12
1.33	Mammography Screening: Medicare Population	*percent*	49		51	39	*2023*	7
1.28	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	19.9	15.3	20.2	19.3	*2018-2022*	12
1.17	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	38.1	25.1	39.8	32.4	*2018-2022*	12
1.00	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	160.6	122.7	161.1	146	*2018-2022*	12
0.92	Colon Cancer Screening: USPSTF Recommendation	*percent*	68.7			66.3	*2022*	5
0.89	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	5.6		7.8	7.5	*2017-2021*	12
0.86	Colorectal Cancer Incidence Rate	*cases/ 100,000 population*	35.4		38.9	36.4	*2017-2021*	12
0.83	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/ 100,000 population*	13.1	8.9	13.9	12.9	*2018-2022*	12

SCORE	CHILDREN'S HEALTH	UNITS	SUMMIT COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.14	Child Food Insecurity Rate	*percent*	21		20.1	18.4	*2023*	11
1.64	Blood Lead Levels in Children (>=5 micrograms per deciliter)	*percent*	1.7		1.9		*2022*	19
1.25	Child Mortality Rate: Under 20	*deaths/ 100,000 population under 20*	54.3		59.2		*2019-2022*	10
1.25	Children with Health Insurance	*percent*	97.4		95.1	94.6	*2023*	1
1.08	Child Care Centers	*per 1,000 population under age 5*	8.6		8	7	*2022*	10
1.03	Home Child Care Spending-to-Income Ratio	*percent*	3.2		3.2	3.3	*2025*	9

0.94	Substantiated Child Abuse Rate	*cases/ 1,000 children*	4.4	8.7	6.9		*2021*	4

SCORE	COMMUNITY	UNITS	SUMMIT COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.75	People 65+ Living Alone	*percent*	30.9		30.2	26.5	*2019-2023*	2
2.64	Workers who Walk to Work	*percent*	1.1		2	2.4	*2019-2023*	2
2.58	Age-Adjusted Death Rate due to Firearms	*deaths/ 100,000 population*	16.1	10.7	13.5	12	*2018-2020*	6
2.42	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	586		570	612	*2019-2023*	2
2.36	Children in Single-Parent Households	*percent*	29.1		26.1	24.8	*2019-2023*	2
2.25	Age-Adjusted Death Rate due to Homicide	*deaths/ 100,000 population*	11.7	5.5	9		*2020-2022*	19
2.25	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	39.2		32.1		*2018-2022*	10
2.08	Median Household Gross Rent	*dollars*	998		988	1348	*2019-2023*	2
2.03	Day Care Center and Preschool Spending-to-Income Ratio	*percent*	7.7		7.4	7.1	*2025*	9
2.00	Workers Commuting by Public Transportation	*percent*	0.9	5.3	1.1	3.5	*2019-2023*	2
1.97	Adults with Internet Access	*percent*	80.8		80.9	81.3	*2024*	8
1.92	Mortgaged Owners Median Monthly Household Costs	*dollars*	1438		1472	1902	*2019-2023*	2
1.92	People 65+ Living Alone (Count)	*people*	31571				*2019-2023*	2
1.86	Violent Crime Rate	*crimes/ 100,000 population*	432.3		331		*2024*	18
1.56	Voter Turnout: Presidential Election	*percent*	72.6	58.4	71.7		*2024*	20
1.50	Adults Who Vote in Presidential Elections: Always or Sometimes	*percent*	85.2		84.9	85.1	*2024*	8
1.50	Social Vulnerability Index	*Score*	0.4				*2022*	6
1.42	Adult Day Care Spending-to-Income Ratio	*percent*	11.5		11.1	11.9	*2025*	9

1.39	Residential Segregation - Black/White	*Score*	58.9		69.6		*2025*	10
1.36	Children Living Below Poverty Level	*percent*	17.9		18	16.3	*2019-2023*	2
1.36	Linguistic Isolation	*percent*	1.4		1.5	4.2	*2019-2023*	2
1.33	Adults With Group Health Insurance	*percent*	37.9		37.4	39.8	*2024*	8
1.33	Total Employment Change	*percent*	3.8		2.9	5.8	*2021-2022*	23
1.28	People Living Below Poverty Level	*percent*	12.6	8	13.2	12.4	*2019-2023*	2
1.28	Social Associations	*membership associations/ 10,000 population*	11.1		10.8		*2022*	10
1.25	Young Children Living Below Poverty Level	*percent*	19.7		20	17.6	*2019-2023*	2
1.19	Gasoline and Other Fuels Spending-to-Income Ratio	*percent*	3.3		3.3	3.1	*2025*	9
1.11	Solo Drivers with a Long Commute	*percent*	28.5		30.5		*2019-2023*	10
1.03	Households with a Computer	*percent*	86.2		85.2	86	*2024*	8
1.00	Digital Distress		1				*2022*	21
1.00	Mean Travel Time to Work	*minutes*	23.2		23.6	26.6	*2019-2023*	2
0.94	Grandparents Who Are Responsible for Their Grandchildren	*percent*	32.9		41.3	32	*2019-2023*	2
0.94	Substantiated Child Abuse Rate	*cases/ 1,000 children*	4.4	8.7	6.9		*2021*	4
0.92	Households with a Smartphone	*percent*	87.7		87.5	88.2	*2024*	8
0.92	Median Household Income	*dollars*	71016		69680	78538	*2019-2023*	2
0.92	Persons with Health Insurance	*percent*	93.4	92.4	92.9		*2022*	24
0.92	Workers who Drive Alone to Work	*percent*	76.7		76.6	70.2	*2019-2023*	2
0.86	Youth not in School or Working	*percent*	1.3		1.7	1.7	*2019-2023*	2
0.83	Adults With Individual Health Insurance	*percent*	20.8		20.5	20.2	*2024*	8
0.75	Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	8.9		11.1		*2016-2022*	10
0.69	Female Population 16+ in Civilian Labor Force	*percent*	60.8		59.2	58.7	*2019-2023*	2

0.69	People 25+ with a High School Diploma or Higher	*percent*	92.9		91.6	89.4	*2019-2023*	2
0.58	Households with One or More Types of Computing Devices	*percent*	94.7		93.6	94.8	*2019-2023*	2
0.58	Per Capita Income	*dollars*	42749		39455	43289	*2019-2023*	2
0.50	Broadband Quality Score	*BQS Score*	68.6		53.4	50	*2022*	21
0.50	Digital Divide Index	*DDI Score*	15.3		40.1	50	*2022*	21
0.42	Households with an Internet Subscription	*percent*	90.4		89	89.9	*2019-2023*	2
0.42	Persons with an Internet Subscription	*percent*	93.1		91.3	92	*2019-2023*	2
0.42	Population 16+ in Civilian Labor Force	*percent*	61.4		60.1	59.8	*2019-2023*	2
0.25	People 25+ with a Bachelor's Degree or Higher	*percent*	35.3		30.9	35	*2019-2023*	2

SCORE	DIABETES	UNITS	SUMMIT COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.92	Age-Adjusted Death Rate due to Diabetes	*deaths/ 100,000 population*	28.7		28.4		*2020-2022*	19
1.53	Adults 20+ with Diabetes	*percent*	9.5				*2021*	6
1.00	Diabetes: Medicare Population	*percent*	24		25	24	*2023*	7

SCORE	ECONOMY	UNITS	SUMMIT COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.64	Unemployed Veterans	*percent*	4.8		2.8	3.2	*2019-2023*	2
2.42	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	586		570	612	*2019-2023*	2
2.36	Households with Cash Public Assistance Income	*percent*	4.7		2.5	2.7	*2019-2023*	2
2.19	College Tuition Spending-to-Income Ratio	*percent*	13.3		12.6	11.9	*2025*	9
2.14	Child Food Insecurity Rate	*percent*	21		20.1	18.4	*2023*	11
2.08	Homeowner Spending-to-Income Ratio	*percent*	15.7		14.3	13.5	*2025*	9

2.08	Median Household Gross Rent	*dollars*	998		988	1348	*2019-2023*	2
2.03	Day Care Center and Preschool Spending-to-Income Ratio	*percent*	7.7		7.4	7.1	*2025*	9
2.00	Income Inequality		0.5		0.5	0.5	*2019-2023*	2
2.00	Unemployed Workers in Civilian Labor Force	*percent*	5.6		5.4	4.5	*45748*	22
1.92	Children Living Below 200% of Poverty Level	*percent*	40.7		38.3	36.1	*2023*	1
1.92	Mortgaged Owners Median Monthly Household Costs	*dollars*	1438		1472	1902	*2019-2023*	2
1.92	People 65+ Living Below Poverty Level (Count)	*people*	8502				*2019-2023*	2
1.89	Renters Spending 30% or More of Household Income on Rent	*percent*	46.6	25.5	45.1	50.4	*2019-2023*	2
1.86	Adults with Disability Living in Poverty	*percent*	28.4		28.2	24.6	*2019-2023*	2
1.78	Severe Housing Problems	*percent*	12.9		12.7		*2017-2021*	10
1.69	Home Renter Spending-to-Income Ratio	*percent*	16.8		16.3	17	*2025*	9
1.58	Families Living Below 200% of Poverty Level	*Percent*	22.7		22.8	22.3	*2023*	1
1.58	Households with Student Loan Debt	*percent*	9.1		9.1	9.8	*2024*	8
1.58	People Living Below 200% of Poverty Level	*percent*	29.1		29.6	28.2	*2023*	1
1.56	Households that are Asset Limited, Income Constrained, Employed (ALICE)	*percent*	25.9		25	29.4	*2023*	26
1.56	People 65+ Living Below 200% of Poverty Level	*percent*	28.1		28.4	28.1	*2023*	1
1.53	Health Insurance Spending-to-Income Ratio	*percent*	6.8		6.6	5.9	*2025*	9
1.53	Homeowner Vacancy Rate	*percent*	1		0.9	1	*2019-2023*	2
1.53	Student Loan Spending-to-Income Ratio	*percent*	4.7		4.6	4.5	*2025*	9

1.53	Vocational, Technical, and Other School Tuition Spending-to-Income Ratio	*percent*	1.6		1.6	1.5	*2025*	9
1.47	Food Insecurity Rate	*percent*	14.8		15.3	14.5	*2023*	11
1.47	Households with a 401k Plan	*percent*	38.9		38.4	40.8	*2024*	8
1.47	Veterans Living Below Poverty Level	*percent*	7.3		7.4	7.2	*2019-2023*	2
1.44	Gender Pay Gap	*cents on the dollar*	0.7		0.7	0.8	*2023*	1
1.44	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	*percent*	61.4		61.5	58	*2023*	26
1.42	Adult Day Care Spending-to-Income Ratio	*percent*	11.5		11.1	11.9	*2025*	9
1.42	People 65+ Living Below Poverty Level	*percent*	8.6		9.5	10.4	*2019-2023*	2
1.39	Residential Segregation - Black/White	*Score*	58.9		69.6		*2025*	10
1.36	Children Living Below Poverty Level	*percent*	17.9		18	16.3	*2019-2023*	2
1.36	Cigarette Spending-to-Income Ratio	*percent*	2.1		2.1	1.9	*2025*	9
1.36	Size of Labor Force	*persons*	274487				*45748*	22
1.33	Total Employment Change	*percent*	3.8		2.9	5.8	*2021-2022*	23
1.31	Mortgaged Owners Spending 30% or More of Household Income on Housing	*percent*	21.9	25.5	21.2	28.5	*2023*	1
1.28	Households Living Below Poverty Level	*percent*	12.8		13.5	12.7	*2023*	26
1.28	People Living Below Poverty Level	*percent*	12.6	8	13.2	12.4	*2019-2023*	2
1.25	Young Children Living Below Poverty Level	*percent*	19.7		20	17.6	*2019-2023*	2
1.19	Families Living Below Poverty Level	*percent*	9		9.2	8.7	*2019-2023*	2
1.19	Gasoline and Other Fuels Spending-to-Income Ratio	*percent*	3.3		3.3	3.1	*2025*	9
1.19	Households with a Savings Account	*percent*	71.9		70.9	72	*2024*	8
1.08	Utilities Spending-to-Income Ratio	*percent*	6.1		6.1	5.6	*2025*	9

1.03	Home Child Care Spending-to-Income Ratio	*percent*	3.2	3.2	3.3	*2025*	9
0.92	Median Household Income	*dollars*	71016	69680	78538	*2019-2023*	2
0.92	Median Household Income: Householders 65+	*dollars*	51857	51608	57108	*2019-2023*	2
0.86	Youth not in School or Working	*percent*	1.3	1.7	1.7	*2019-2023*	2
0.83	Adults who Feel Overwhelmed by Financial Burdens	*percent*	32.9	34	33.6	*2024*	8
0.75	Households that Used Check Cashing, Cash Advance, or Title Loan Shops	*percent*	1.8	2	2	*2024*	8
0.69	Female Population 16+ in Civilian Labor Force	*percent*	60.8	59.2	58.7	*2019-2023*	2
0.64	Overcrowded Households	*percent*	0.9	1.4	3.4	*2019-2023*	2
0.58	Per Capita Income	*dollars*	42749	39455	43289	*2019-2023*	2
0.42	Population 16+ in Civilian Labor Force	*percent*	61.4	60.1	59.8	*2019-2023*	2
0.36	Students Eligible for the Free Lunch Program	*percent*	15.4	20.2	43.1	*2019-2020*	13

SCORE	EDUCATION	UNITS	SUMMIT COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.19	College Tuition Spending-to-Income Ratio	*percent*	13.3		12.6	11.9	*2025*	9
2.03	Day Care Center and Preschool Spending-to-Income Ratio	*percent*	7.7		7.4	7.1	*2025*	9
1.97	8th Grade Students Proficient in Math	*percent*	41.9		46.3		*2023-2024*	15
1.81	8th Grade Students Proficient in English/Language Arts	*percent*	47.4		49.4		*2023-2024*	15
1.53	Student Loan Spending-to-Income Ratio	*percent*	4.7		4.6	4.5	*2025*	9
1.53	Vocational, Technical, and Other School Tuition Spending-to-Income Ratio	*percent*	1.6		1.6	1.5	*2025*	9

1.42	4th Grade Students Proficient in Math	*percent*	65.8		67.2		*2023-2024*	15
1.36	4th Grade Students Proficient in English/Language Arts	*percent*	65.2		64.1		*2023-2024*	15
1.33	High School Graduation	*percent*	93.6	90.7	92.5		*2022-2023*	15
1.19	Veterans with a High School Diploma or Higher	*percent*	94.9		94.4	95.2	*2019-2023*	2
1.08	Child Care Centers	*per 1,000 population under age 5*	8.6		8	7	*2022*	10
1.03	Home Child Care Spending-to-Income Ratio	*percent*	3.2		3.2	3.3	*2025*	9
1.03	Student-to-Teacher Ratio	*students/ teacher*	15.1		16.6	15.2	*2023-2024*	13
0.69	People 25+ with a High School Diploma or Higher	*percent*	92.9		91.6	89.4	*2019-2023*	2
0.25	People 25+ with a Bachelor's Degree or Higher	*percent*	35.3		30.9	35	*2019-2023*	2

SCORE	ENVIRONMENTAL HEALTH	UNITS	SUMMIT COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.50	Asthma: Medicare Population	*percent*	8		7	7	*2023*	7
2.14	Houses Built Prior to 1950	*percent*	27.1		24.9	16.4	*2019-2023*	2
2.11	Air Pollution due to Particulate Matter	*micrograms per cubic meter*	9.4		7.9		*2020*	10
1.78	Severe Housing Problems	*percent*	12.9		12.7		*2017-2021*	10
1.75	Adults with Current Asthma	*percent*	11			9.9	*2022*	5
1.75	Proximity to Highways	*percent*	6.2		7.2		*2020*	14
1.72	Annual Ozone Air Quality	*grade*	D				*2021-2023*	3
1.72	Annual Particle Pollution	*grade*	D				*2021-2023*	3
1.64	Blood Lead Levels in Children (>=5 micrograms per deciliter)	*percent*	1.7		1.9		*2022*	19
1.64	PBT Released	*pounds*	906.7				*2023*	25
1.64	Weeks of Moderate Drought or Worse	*weeks per year*	5				*2021*	14

1.50	Social Vulnerability Index	*Score*	0.4				*2022*	6
1.47	Daily Dose of UV Irradiance	*Joule per square meter*	3379		3384		*2020*	14
1.36	Number of Extreme Heat Days	*days*	17				*2023*	14
1.36	Number of Extreme Heat Events	*events*	13				*2023*	14
1.36	Number of Extreme Precipitation Days	*days*	4				*2023*	14
1.19	Gasoline and Other Fuels Spending-to-Income Ratio	*percent*	3.3		3.3	3.1	*2025*	9
1.17	Liquor Store Density	*stores/ 100,000 population*	6.2		5.6	10.9	*2022*	23
1.08	Utilities Spending-to-Income Ratio	*percent*	6.1		6.1	5.6	*2025*	9
0.94	Food Environment Index		7.7		7		*2025*	10
0.75	Access to Exercise Opportunities	*percent*	95.2		84.2		*2025*	10
0.75	Access to Parks	*percent*	79.7		59.6		*2020*	14
0.64	Overcrowded Households	*percent*	0.9		1.4	3.4	*2019-2023*	2
0.50	Broadband Quality Score	*BQS Score*	68.6		53.4	50	*2022*	21
0.50	Digital Divide Index	*DDI Score*	15.3		40.1	50	*2022*	21

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	SUMMIT COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.81	Adults with Health Insurance: 18+	*percent*	75		74.7	75.2	*2024*	8
1.53	Health Insurance Spending-to-Income Ratio	*percent*	6.8		6.6	5.9	*2025*	9
1.50	Adults who go to the Doctor Regularly for Checkups	*percent*	65.8		65.2	65.1	*2024*	8
1.42	Adults who have had a Routine Checkup	*percent*	78.5			76.1	*2022*	5
1.33	Adults With Group Health Insurance	*percent*	37.9		37.4	39.8	*2024*	8
1.33	Preventable Hospital Stays: Medicare Population	*discharges/ 100,000 Medicare enrollees*	2872		3269	2769	*2023*	7
1.31	Adults who Visited a Dentist	*percent*	45.3		44.3	45.3	*2024*	8

1.25	Children with Health Insurance	*percent*	97.4		95.1	94.6	*2023*	1
1.08	Adults without Health Insurance	*percent*	5.8			10.8	*2022*	5
0.92	Persons with Health Insurance	*percent*	93.4	92.4	92.9		*2022*	24
0.83	Adults with Health Insurance	*percent*	92.5		91.6	89	*2023*	1
0.83	Adults With Individual Health Insurance	*percent*	20.8		20.5	20.2	*2024*	8
0.58	Dentist Rate	*dentists/ 100,000 population*	67.4		65.2	73.5	*2022*	10
0.58	Persons without Health Insurance	*percent*	5		6.1	7.9	*2023*	1
0.50	Mental Health Provider Rate	*providers/ 100,000 population*	379.5		349.4		*2024*	10
0.50	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	155.9		148.7		*2024*	10
0.50	Primary Care Provider Rate	*providers/ 100,000 population*	97.7		75.3	74.9	*2021*	10

SCORE	HEART DISEASE & STROKE	UNITS	SUMMIT COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.83	Hyperlipidemia: Medicare Population	*percent*	69		67	66	*2023*	7
1.42	Adults who Experienced Coronary Heart Disease	*percent*	7.8			6.8	*2022*	5
1.42	Cholesterol Test History	*percent*	84.5			86.4	*2021*	5
1.42	High Cholesterol Prevalence	*percent*	35.7			35.5	*2021*	5
1.33	Heart Failure: Medicare Population	*percent*	12		12	11	*2023*	7
1.25	Adults who Have Taken Medications for High Blood Pressure	*percent*	80.9			78.2	*2021*	5
1.25	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	39.7	33.4	46		*2020-2022*	19
1.22	Age-Adjusted Death Rate due to Coronary Heart Disease	*deaths/ 100,000 population*	88	71.1	101.6		*2020-2022*	19
1.17	High Blood Pressure Prevalence	*percent*	34.9	41.9		32.7	*2021*	5
1.06	Age-Adjusted Death Rate due to Heart Attack	*deaths/ 100,000 population 35+ years*	47.7		60.9		*2021*	14

1.00	Atrial Fibrillation: Medicare Population	*percent*	14		15	14	*2023*	7
1.00	Hypertension: Medicare Population	*percent*	65		67	65	*2023*	7
1.00	Ischemic Heart Disease: Medicare Population	*percent*	20		22	21	*2023*	7
0.92	Adults who Experienced a Stroke	*percent*	3.6			3.6	*2022*	5
0.83	Stroke: Medicare Population	*percent*	5		5	6	*2023*	7

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	SUMMIT COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.67	Syphilis Incidence Rate	*cases/ 100,000 population*	31.4		16.4	15.8	*2023*	16
2.17	Tuberculosis Incidence Rate	*cases/ 100,000 population*	3	1.4	1.6	2.9	*2023*	16
1.94	Chlamydia Incidence Rate	*cases/ 100,000 population*	525.7		464.2	492.2	*2023*	16
1.83	Gonorrhea Incidence Rate	*cases/ 100,000 population*	199.3		168.8	179.5	*2023*	16
1.61	Age-Adjusted Death Rate due to HIV	*deaths/ 100,000 population*	1.4		0.9		*2020-2022*	19
1.19	Salmonella Infection Incidence Rate	*cases/ 100,000 population*	12.3	11.5	13.8		*2023*	16
0.89	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	5.6		7.8	7.5	*2017-2021*	12
0.83	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	61.1		59.8	60.4	*2024*	8
0.64	Overcrowded Households	*percent*	0.9		1.4	3.4	*2019-2023*	2
0.58	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	9.6		12.3		*2020-2022*	19
0.50	Flu Vaccinations: Medicare Population	*percent*	55		50	3	*2023*	7
0.50	Pneumonia Vaccinations: Medicare Population	*percent*	11		9	9	*2023*	7

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	SUMMIT COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source

2.06	Babies with Low Birthweight	*percent*	9.4		8.7	8.6	*2022*	17
1.92	Mothers who Received Early Prenatal Care	*percent*	66.9		68.6	75.3	*2022*	17
1.89	Preterm Births	*percent*	11	9.4	10.8		*2022*	17
1.53	Mothers who Smoked During Pregnancy	*percent*	7.4	4.3	7.9	3.7	*2022*	17
1.50	Babies with Very Low Birthweight	*percent*	1.4		1.5		*2022*	17
0.86	Infant Mortality Rate	*deaths/ 1,000 live births*	5.5	5	6.7	5.4	*2020*	17
0.78	Teen Birth Rate: 15-17	*live births/ 1,000 females aged 15-17*	4.6		6.1	5.6	*2022*	17

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	SUMMIT COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.50	Depression: Medicare Population	*percent*	20		18	17	*2023*	7
2.17	Poor Mental Health: Average Number of Days	*days*	6.2		6.1		*2022*	10
2.14	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	43.5		33.8		*2020-2022*	19
1.58	Adults Ever Diagnosed with Depression	*percent*	24.8			20.7	*2022*	5
1.58	Poor Mental Health: 14+ Days	*percent*	17.7			15.8	*2022*	5
1.47	Self-Reported General Health Assessment: Good or Better	*percent*	85.9		85.4	86	*2024*	8
1.44	Age-Adjusted Death Rate due to Suicide	*deaths/ 100,000 population*	15.2	12.8	14.5		*2020-2022*	19
1.33	Alzheimer's Disease or Dementia: Medicare Population	*percent*	6		6	6	*2023*	7
1.00	Adults who Feel Life is Slipping Out of Control	*Percent*	23.4		24.1	23.9	*2024*	8
0.50	Mental Health Provider Rate	*providers/ 100,000 population*	379.5		349.4		*2024*	10

SCORE	NUTRITION & HEALTHY EATING	UNITS	SUMMIT COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.17	Adults who Frequently Cook Meals at Home	*Percent*	67		67.6	67.7	*2024*	8
1.75	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	38.6		38.1	38.2	*2024*	8
0.94	Food Environment Index		7.7		7		*2025*	10
0.83	Adults who Drank Soft Drinks: Past 7 Days	*percent*	47.4		48.6	47.5	*2024*	8

SCORE	OLDER ADULTS	UNITS	SUMMIT COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.75	People 65+ Living Alone	*percent*	30.9		30.2	26.5	*2019-2023*	2
2.50	Asthma: Medicare Population	*percent*	8		7	7	*2023*	7
2.50	Chronic Kidney Disease: Medicare Population	*percent*	22		19	18	*2023*	7
2.50	Depression: Medicare Population	*percent*	20		18	17	*2023*	7
2.14	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	43.5		33.8		*2020-2022*	19
2.00	COPD: Medicare Population	*percent*	14		13	11	*2023*	7
1.92	People 65+ Living Alone (Count)	*people*	31571				*2019-2023*	2
1.92	People 65+ Living Below Poverty Level (Count)	*people*	8502				*2019-2023*	2
1.83	Hyperlipidemia: Medicare Population	*percent*	69		67	66	*2023*	7
1.83	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	39		39	36	*2023*	7
1.58	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	10.3		12.1		*2020-2022*	19
1.50	Cancer: Medicare Population	*percent*	12		12	12	*2023*	7
1.50	Osteoporosis: Medicare Population	*percent*	11		11	12	*2023*	7
1.47	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	109.6		118.1	113.2	*2017-2021*	12
1.42	Adult Day Care Spending-to-Income Ratio	*percent*	11.5		11.1	11.9	*2025*	9

1.42	People 65+ Living Below Poverty Level	*percent*	8.6		9.5	10.4	*2019-2023*	2
1.33	Alzheimer's Disease or Dementia: Medicare Population	*percent*	6		6	6	*2023*	7
1.33	Heart Failure: Medicare Population	*percent*	12		12	11	*2023*	7
1.33	Mammography Screening: Medicare Population	*percent*	49		51	39	*2023*	7
1.00	Atrial Fibrillation: Medicare Population	*percent*	14		15	14	*2023*	7
1.00	Diabetes: Medicare Population	*percent*	24		25	24	*2023*	7
1.00	Hypertension: Medicare Population	*percent*	65		67	65	*2023*	7
1.00	Ischemic Heart Disease: Medicare Population	*percent*	20		22	21	*2023*	7
0.92	Median Household Income: Householders 65+	*dollars*	51857		51608	57108	*2019-2023*	2
0.83	Stroke: Medicare Population	*percent*	5		5	6	*2023*	7
0.75	Adults 65+ with Total Tooth Loss	*percent*	10.1			12.2	*2022*	5

SCORE	ORAL HEALTH	UNITS	SUMMIT COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.08	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	13.4		12.8	12	*2017-2021*	12
1.31	Adults who Visited a Dentist	*percent*	45.3		44.3	45.3	*2024*	8
0.75	Adults 65+ with Total Tooth Loss	*percent*	10.1			12.2	*2022*	5
0.58	Dentist Rate	*dentists/ 100,000 population*	67.4		65.2	73.5	*2022*	10

SCORE	OTHER CHRONIC CONDITIONS	UNITS	SUMMIT COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.50	Chronic Kidney Disease: Medicare Population	*percent*	22		19	18	*2023*	7
1.92	Age-Adjusted Death Rate due to Kidney Disease	*deaths/ 100,000 population*	14.5		15.1		*2020-2022*	19
1.83	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	39		39	36	*2023*	7

1.50	Osteoporosis: Medicare Population	*percent*	11		11	12	*2023*	7
1.42	Adults with Arthritis	*percent*	30.3			26.6	*2022*	5

PHYSICAL ACTIVITY	UNITS	SUMMIT COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
Workers who Walk to Work	*percent*	1.1		2	2.4	*2019-2023*	2
Adults 20+ Who Are Obese	*percent*	37.7	36			*2021*	6
Adults 20+ who are Sedentary	*percent*	21.8				*2021*	6
Access to Exercise Opportunities	*percent*	95.2		84.2		*2025*	10
Access to Parks	*percent*	79.7		59.6		*2020*	14

SCORE	PREVENTION & SAFETY	UNITS	SUMMIT COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.58	Age-Adjusted Death Rate due to Firearms	*deaths/ 100,000 population*	16.1	10.7	13.5	12	*2018-2020*	6
1.83	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	42.8	20.7	44.7		*2020-2022*	10
1.78	Severe Housing Problems	*percent*	12.9		12.7		*2017-2021*	10
1.64	Age-Adjusted Death Rate due to Unintentional Poisonings	*deaths/ 100,000 population*	43.3		46.5		*2020-2022*	19
1.58	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	10.3		12.1		*2020-2022*	19
1.42	Death Rate due to Injuries	*deaths/ 100,000 population*	95.9		100.7		*2018-2022*	10
0.75	Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	8.9		11.1		*2016-2022*	10

SCORE	RESPIRATORY DISEASES	UNITS	SUMMIT COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.50	Asthma: Medicare Population	*percent*	8		7	7	*2023*	7
2.17	Tuberculosis Incidence Rate	*cases/ 100,000 population*	3	1.4	1.6	2.9	*2023*	16
2.00	COPD: Medicare Population	*percent*	14		13	11	*2023*	7

1.75	Adults with Current Asthma	*percent*	11			9.9	*2022*	5
1.75	Proximity to Highways	*percent*	6.2		7.2		*2020*	14
1.50	Adults who Smoke	*percent*	16	6.1		12.9	*2022*	5
1.42	Adults with COPD	*Percent of adults*	7.8			6.8	*2022*	5
1.36	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	59.9		64.3	53.1	*2017-2021*	12
1.19	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	*deaths/ 100,000 population*	41.3		42.8		*2020-2022*	19
1.17	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	38.1	25.1	39.8	32.4	*2018-2022*	12
1.00	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	6.6		6.9	6.8	*2024*	8
0.58	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	9.6		12.3		*2020-2022*	19
0.36	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	1.3		1.7	1.6	*2024*	8

SCORE	SEXUALLY TRANSMITTED INFECTIONS	UNITS	SUMMIT COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.67	Syphilis Incidence Rate	*cases/ 100,000 population*	31.4		16.4	15.8	*2023*	16
1.94	Chlamydia Incidence Rate	*cases/ 100,000 population*	525.7		464.2	492.2	*2023*	16
1.83	Gonorrhea Incidence Rate	*cases/ 100,000 population*	199.3		168.8	179.5	*2023*	16
1.61	Age-Adjusted Death Rate due to HIV	*deaths/ 100,000 population*	1.4		0.9		*2020-2022*	19

SCORE	TOBACCO USE	UNITS	SUMMIT COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.50	Adults who Smoke	*percent*	16	6.1		12.9	*2022*	5
1.42	Tobacco Use: Medicare Population	*percent*	7		7	6	*2023*	7
1.36	Cigarette Spending-to-Income Ratio	*percent*	2.1		2.1	1.9	*2025*	9
1.36	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	59.9		64.3	53.1	*2017-2021*	12

1.00	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	6.6		6.9	6.8	*2024*	8
0.36	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	1.3		1.7	1.6	*2024*	8

SCORE	WEIGHT STATUS	UNITS	SUMMIT COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.28	Adults 20+ Who Are Obese	*percent*	37.7	36			*2021*	6
1.92	Obesity: Medicare Population	*percent*	26		25	20	*2023*	7
1.83	Adults Happy with Weight	*Percent*	41.8		42.1	42.6	*2024*	8

SCORE	WELLNESS & LIFESTYLE	UNITS	SUMMIT COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.17	Adults who Frequently Cook Meals at Home	*Percent*	67		67.6	67.7	*2024*	8
1.83	Adults Happy with Weight	*Percent*	41.8		42.1	42.6	*2024*	8
1.75	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	38.6		38.1	38.2	*2024*	8
1.72	Poor Physical Health: Average Number of Days	*days*	4.5		4.3		*2022*	10
1.67	Insufficient Sleep	*percent*	37.6	26.7		36	*2022*	5
1.47	Self-Reported General Health Assessment: Good or Better	*percent*	85.9		85.4	86	*2024*	8
1.25	Life Expectancy	*years*	75.3		75.2		*2020-2022*	10
1.25	Poor Physical Health: 14+ Days	*percent*	13.4			12.7	*2022*	5
1.25	Self-Reported General Health Assessment: Poor or Fair	*percent*	18.1			17.9	*2022*	5
1.17	High Blood Pressure Prevalence	*percent*	34.9	41.9		32.7	*2021*	5
1.00	Adults who Feel Life is Slipping Out of Control	*Percent*	23.4		24.1	23.9	*2024*	8
0.83	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	61.1		59.8	60.4	*2024*	8

SCORE	WOMEN'S HEALTH	UNITS	SUMMIT COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source

2.00	Mammogram in Past 2 Years: 50-74	*percent*	71.7	80.3		76.5	*2022*	5
1.69	Breast Cancer Incidence Rate	*cases/ 100,000 females*	133.5		132.3	129.8	*2017-2021*	12
1.42	Cervical Cancer Screening: 21-65	*Percent*	81.1			82.8	*2020*	5
1.33	Mammography Screening: Medicare Population	*percent*	49		51	39	*2023*	7
1.28	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	19.9	15.3	20.2	19.3	*2018-2022*	12
0.89	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	5.6		7.8	7.5	*2017-2021*	12

Wayne County Indicators of Concern: Access to Healthcare

As seen in the table below, the topic *Health Care Access and Quality* was ranked as the fifth highest scoring health need, with a score of 1.50 out of 3. Those indicators scoring at or above 1.50 were categorized as indicators of concern and are listed below.

SCORE	INDICATOR	UNITS	WAYNE COUNTY	HP2030	OH	U.S.	OH Counties	U.S. Counties	Trend
2.44	Persons without Health Insurance	*Percent*	14	--	6.4	8.6		--	
2.15	Children with Health Insurance	*Percent*	78.7	--	95.1	94.6	--		
2.09	Persons with Health Insurance	*Percent*	87.4	92.4	92.9	--			
2.00	Primary Care Provider Rate	*providers/ 100,000 population*	49.7	--	75.3	74.9			
1.79	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	72.1	--	148.7	--			
1.76	Adults who Visited a Dentist	*Percent*	45	--	44.3	45.3			
1.62	Adults with Health Insurance	*Percent*	88.3	--	91.6	89	--		
1.59	Adults who have had a Routine Checkup	*Percent*	77.3	--	--	76.1			--
1.53	Health Insurance Spending-to-Income Ratio	*Percent*	6.7	--	6.6	5.9			
1.50	Adults With Group Health Insurance	*Percent*	36.4	--	37.4	39.8			--

Wayne County Indicators of Concern: Adult Health

The prioritized health topic of Adult Health was captured under the following health topics: *Nutrition and Healthy Eating*, *Wellness and Lifestyle*, *Cancer*, *Diabetes*, *Heart Disease and Stroke*, *Other Chronic Conditions*, and *Older Adults*. As seen in the table below, the most concerning of these topics was *Diabetes* (Score: 1.60), followed by *Wellness & Lifestyle* (1.37), *Heart Disease and Stroke* (1.34), *Older Adults* (1.34), *Other Conditions* (1.18), *Cancer* (1.13), *and* the least concerning topic was *Nutrition & Health Eating* (1.07). Indicators from these seven topic areas which scored at or above 1.70 were categorized as indicators of concern and are listed below.

SCORE	INDICATOR	UNITS	WAYNE COUNTY	HP2030	OH	U.S.	OH Counties	U.S. Counties	Trend
2.71	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	17.2	--	10.8	9.8			
2.65	Age-Adjusted Death Rate due to Coronary Heart Disease	*deaths/ 100,000 population*	114.4	71.1	101.9	90.2			
2.65	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	40.2	--	35.5	31			
2.53	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	22.7	15.3	20.2	19.3			
2.03	Chronic Kidney Disease: Medicare Population	*percent*	20	--	19	18			--
1.94	People 65+ Living Alone	*percent*	27.8	--	30.2	26.5			
1.94	People 65+ Living Alone (Count)	*people*	6035	--	--	--	--	--	
1.94	People 65+ Living Below Poverty Level	*percent*	10	--	9.5	10.4			
1.94	People 65+ Living Below Poverty Level (Count)	*people*	2097	--	--	--	--	--	
1.94	Cholesterol Test History	*percent*	82.5	--	--	86.4			--
1.94	Adults with Cancer (Non-Skin) or Melanoma	*percent*	9.5	--	--	8.2			--

1.85	Adults who Feel Life is Slipping Out of Control	*Percent*	24.4	--	24.1	23.9			--
1.76	Cervical Cancer Screening: 21-65	*Percent*	80.9	--	--	82.8			--
1.76	Mammogram in Past 2 Years: 50-74	*percent*	73	80.3	--	76.5			--
1.76	Adults who Have Taken Medications for High Blood Pressure	*percent*	79.2	--	--	78.2			--

Wayne County Indicators of Concern: Community Safety

The prioritized health topic *Community Safety* was captured under the two health topics *Prevention and Safety*, with a score of 1.49, and *Alcohol and Drug Use*, with a score of 1.46. Indicators from these two topic areas which scored at or above 1.50 were categorized as indicators of concern and are listed below.

SCORE	INDICATOR	UNITS	WAYNE COUNTY	HP2030	OH	U.S.	OH Counties	U.S. Counties	Trend
2.74	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	35.5	--	32.1	--			
2.71	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	17.2	--	10.8	9.8			
1.88	Age-Adjusted Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	3.6	--	2.7	2.6	--	--	
1.76	Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	15.0	--	11.1	--			--
1.71	Liquor Store Density	*stores/ 100,000 population*	10.3	--	5.6	10.9			
1.68	Age-Adjusted Death Rate due to Unintentional Injuries	*deaths/ 100,000 population*	63.0	43.2	69.9	51.6			

1.59	Adults who Binge Drink	*percent*	17.3	--	--	16.6			--

All Wayne County Indicator Scores by Topic Area

Below is a complete list of all indicators that were scored as part of the secondary data analysis. Indicators are grouped under their respective health and quality of life topic areas and include information about both the indicator data source and measurement period. Please refer to Table 25 below as a reference key for indicator data sources.

Table 25: Indicator Scoring Data Source Key

Key	Data Source
1	American Community Survey 1-Year
2	American Community Survey 5-Year
3	Annie E. Casey Foundation
4	CDC – PLACES
5	Centers for Disease Control and Prevention
6	Centers for Medicare & Medicaid Services
7	Claritas Consumer Profiles
8	Claritas Consumer Spending Dynamix
9	County Health Rankings
10	Feeding America
11	National Cancer Institute
12	National Center for Education Statistics
13	National Environmental Public Health Tracking Network
14	Ohio Department of Education
15	Ohio Department of Health, Infectious Diseases
16	Ohio Department of Health, Vital Statistics
17	Ohio Department of Public Safety, Office of Criminal Justice Services
18	Ohio Public Health Information Warehouse
19	Ohio Secretary of State
20	Purdue Center for Regional Development

21	U.S. Bureau of Labor Statistics
22	U.S. Census · County Business Patterns
23	U.S. Census Bureau · Small Area Health Insurance Estimates
24	U.S. Environmental Protection Agency
25	United For ALICE

Table 26: All Wayne County Secondary Data Indicators

SCORE	ALCOHOL & DRUG USE	UNITS	WAYNE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.74	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	35.5		32.1		*2018-2022*	9
1.71	Liquor Store Density	*stores/ 100,000 population*	10.3		5.6	10.9	*2022*	22
1.59	Adults who Binge Drink	*percent*	17.3			16.6	*2022*	4
1.24	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	30.7	20.7	44.7		*2020-2022*	9
1.09	Adults who Drink Excessively	*percent*	20		21.2		*2022*	9
1.09	Mothers who Smoked During Pregnancy	*percent*	6.9	4.3	7.9	3.7	*2022*	16
0.79	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	*Deaths per 100,000 population*	23.3		40.4	23.5	*2018-2020*	5

SCORE	CANCER	UNITS	WAYNE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.53	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	22.7	15.3	20.2	19.3	*2018-2022*	11
1.94	Adults with Cancer (Non-Skin) or Melanoma	*percent*	9.5			8.2	*2022*	4
1.76	Cervical Cancer Screening: 21-65	*Percent*	80.9			82.8	*2020*	4
1.76	Mammogram in Past 2 Years: 50-74	*percent*	73	80.3		76.5	*2022*	4

1.32	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	18.9	16.9	19.3	19	*2018-2022*	11
1.29	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	58.4		64.3	53.1	*2017-2021*	11
1.18	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	36.8	25.1	39.8	32.4	*2018-2022*	11
1.00	Breast Cancer Incidence Rate	*cases/ 100,000 females*	119.8		132.3	129.8	*2017-2021*	11
1.00	Colorectal Cancer Incidence Rate	*cases/ 100,000 population*	36.9		38.9	36.4	*2017-2021*	11
0.97	All Cancer Incidence Rate	*cases/ 100,000 population*	434.7		470	444.4	*2017-2021*	11
0.97	Cancer: Medicare Population	*percent*	11		12	12	*2023*	6
0.97	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	104.5		118.1	113.2	*2017-2021*	11
0.88	Colon Cancer Screening: USPSTF Recommendation	*percent*	67.3			66.3	*2022*	4
0.76	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	11.1		12.8	12	*2017-2021*	11
0.71	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	150.2	122.7	161.1	146	*2018-2022*	11
0.62	Mammography Screening: Medicare Population	*percent*	53		51	39	*2023*	6
0.56	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	5.1		7.8	7.5	*2017-2021*	11
0.18	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/ 100,000 population*	12	8.9	13.9	12.9	*2018-2022*	11

SCORE	CHILDREN'S HEALTH	UNITS	WAYNE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.15	Children with Health Insurance	*percent*	78.7		95.1	94.6	*2023*	1

1.76	Child Mortality Rate: Under 20	*deaths/ 100,000 population under 20*	63		59.2		*2019-2022*	9
1.71	Substantiated Child Abuse Rate	*cases/ 1,000 children*	8.9	8.7	6.9		*2021*	3
1.59	Child Care Centers	*per 1,000 population under age 5*	7.3		8	7	*2022*	9
1.53	Home Child Care Spending-to-Income Ratio	*percent*	3.3		3.2	3.3	*2025*	8
1.29	Blood Lead Levels in Children (>=10 micrograms per deciliter)	*percent*	0.3		0.5		*2022*	18
1.29	Blood Lead Levels in Children (>=5 micrograms per deciliter)	*percent*	1.2		1.9		*2022*	18
0.59	Child Food Insecurity Rate	*percent*	14.6		20.1	18.4	*2023*	10

SCORE	COMMUNITY	UNITS	WAYNE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.74	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	35.5		32.1		*2018-2022*	9
2.56	Residential Segregation - Black/White	*Score*	73.9		69.6		*2025*	9
2.38	Persons with an Internet Subscription	*percent*	82.2		91.3	92	*2019-2023*	2
2.18	Linguistic Isolation	*percent*	2.1		1.5	4.2	*2019-2023*	2
2.18	People 25+ with a High School Diploma or Higher	*percent*	86.3		91.6	89.4	*2019-2023*	2

2.09	Persons with Health Insurance	*percent*	87.4	92.4	92.9		*2022*	23
2.06	Total Employment Change	*percent*	2.6		2.9	5.8	*2021-2022*	22
2.03	Broadband Quality Score	*BQS Score*	47		53.4	50	*2022*	20
2.00	Female Population 16+ in Civilian Labor Force	*percent*	54.1		59.2	58.7	*2019-2023*	2
1.94	Grandparents Who Are Responsible for Their Grandchildren	*percent*	44.1		41.3	32	*2019-2023*	2
1.94	People 65+ Living Alone	*percent*	27.8		30.2	26.5	*2019-2023*	2
1.94	People 65+ Living Alone (Count)	*people*	6035				*2019-2023*	2
1.88	Age-Adjusted Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	3.6		2.7	2.6	*2016-2020*	5
1.85	Workers Commuting by Public Transportation	*percent*	0.2	5.3	1.1	3.5	*2019-2023*	2
1.76	Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	15		11.1		*2016-2022*	9
1.76	Households with One or More Types of Computing Devices	*percent*	88.1		93.6	94.8	*2019-2023*	2
1.76	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	522		570	612	*2019-2023*	2
1.76	Mortgaged Owners Median Monthly Household Costs	*dollars*	1378		1472	1902	*2019-2023*	2
1.76	Per Capita Income	*dollars*	33874		39455	43289	*2019-2023*	2
1.71	Substantiated Child Abuse Rate	*cases/ 1,000 children*	8.9	8.7	6.9		*2021*	3
1.50	Adults With Group Health Insurance	*percent*	36.4		37.4	39.8	*2024*	7
1.50	Digital Distress		2				*2022*	20

1.50	Social Vulnerability Index	*Score*	0.4			*2022*	5
1.41	Households with an Internet Subscription	*percent*	84	89	89.9	*2019-2023*	2
1.41	Median Household Gross Rent	*dollars*	849	988	1348	*2019-2023*	2
1.41	People 25+ with a Bachelor's Degree or Higher	*percent*	24.7	30.9	35	*2019-2023*	2
1.35	Gasoline and Other Fuels Spending-to-Income Ratio	*percent*	3.4	3.3	3.1	*2025*	8
1.32	Adults With Individual Health Insurance	*percent*	20.2	20.5	20.2	*2024*	7
1.29	Adults with Internet Access	*percent*	82.7	80.9	81.3	*2024*	7
1.29	Population 16+ in Civilian Labor Force	*percent*	60.2	60.1	59.8	*2019-2023*	2
1.29	Violent Crime Rate	*crimes/ 100,000 population*	148.6	331		*2024*	17
1.18	Households with a Computer	*percent*	85.3	85.2	86	*2024*	7
1.15	Adults Who Vote in Presidential Elections: Always or Sometimes	*percent*	86.1	84.9	85.1	*2024*	7
1.03	Solo Drivers with a Long Commute	*percent*	24.3	30.5		*2019-2023*	9
1.00	Youth not in School or Working	*percent*	1.5	1.7	1.7	*2019-2023*	2
0.97	Digital Divide Index	*DDI Score*	21.9	40.1	50	*2022*	20
0.88	Households with a Smartphone	*percent*	87.5	87.5	88.2	*2024*	7
0.88	Median Household Income	*dollars*	71769	69680	78538	*2019-2023*	2

0.88	Social Associations	*membership associations/ 10,000 population*	13.6		10.8		*2022*	9
0.88	Voter Turnout: Presidential Election	*percent*	76.3	58.4	71.7		*2024*	19
0.85	Age-Adjusted Death Rate due to Firearms	*deaths/ 100,000 population*	9.5	10.7	13.5	12	*2018-2020*	5
0.76	Mean Travel Time to Work	*minutes*	20.6		23.6	26.6	*2019-2023*	2
0.65	Adult Day Care Spending-to-Income Ratio	*percent*	9.7		11.1	11.9	*2025*	8
0.65	Day Care Center and Preschool Spending-to-Income Ratio	*percent*	6.2		7.4	7.1	*2025*	8
0.53	Workers who Drive Alone to Work	*percent*	73.7		76.6	70.2	*2019-2023*	2
0.29	Young Children Living Below Poverty Level	*percent*	9.8		20	17.6	*2019-2023*	2
0.00	Children in Single-Parent Households	*percent*	10.6		26.1	24.8	*2019-2023*	2
0.00	Children Living Below Poverty Level	*percent*	10.1		18	16.3	*2019-2023*	2
0.00	People Living Below Poverty Level	*percent*	8.7	8	13.2	12.4	*2019-2023*	2
0.00	Workers who Walk to Work	*percent*	4.8		2	2.4	*2019-2023*	2

SCORE	DIABETES	UNITS	WAYNE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.06	Age-Adjusted Death Rate due to Diabetes	*deaths/ 100,000 population*	29.4		26.4	22.6	*2018-2020*	5
1.76	Adults 20+ with Diabetes	*percent*	8.7				*2021*	5
0.97	Diabetes: Medicare Population	*percent*	24		25	24	*2023*	6

SCORE	ECONOMY	UNITS	WAYNE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.56	Residential Segregation - Black/White	*Score*	73.9		69.6		*2025*	9
2.44	Gender Pay Gap	*cents on the dollar*	0.6		0.7	0.8	*2023*	1
2.06	Total Employment Change	*percent*	2.6		2.9	5.8	*2021-2022*	22
2.00	Female Population 16+ in Civilian Labor Force	*percent*	54.1		59.2	58.7	*2019-2023*	2
1.94	People 65+ Living Below Poverty Level	*percent*	10		9.5	10.4	*2019-2023*	2
1.94	People 65+ Living Below Poverty Level (Count)	*people*	2097				*2019-2023*	2
1.82	Homeowner Vacancy Rate	*percent*	1		0.9	1	*2019-2023*	2
1.76	Children Living Below 200% of Poverty Level	*percent*	39.2		38.3	36.1	*2023*	1
1.76	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	522		570	612	*2019-2023*	2
1.76	Mortgaged Owners Median Monthly Household Costs	*dollars*	1378		1472	1902	*2019-2023*	2
1.76	Per Capita Income	*dollars*	33874		39455	43289	*2019-2023*	2
1.68	Adults who Feel Overwhelmed by Financial Burdens	*percent*	34.4		34	33.6	*2024*	7
1.65	Size of Labor Force	*persons*	55652				*45778*	21
1.56	People 65+ Living Below 200% of Poverty Level	*percent*	27		28.4	28.1	*2023*	1
1.53	Cigarette Spending-to-Income Ratio	*percent*	2.3		2.1	1.9	*2025*	8
1.53	Health Insurance Spending-to-Income Ratio	*percent*	6.7		6.6	5.9	*2025*	8

1.53	Home Child Care Spending-to-Income Ratio	*percent*	3.3	3.2	3.3	*2025*	8
1.53	Utilities Spending-to-Income Ratio	*percent*	6.1	6.1	5.6	*2025*	8
1.41	Median Household Gross Rent	*dollars*	849	988	1348	*2019-2023*	2
1.41	Severe Housing Problems	*percent*	11.9	12.7		*2017-2021*	9
1.38	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	*percent*	63.3	61.5	58	*2023*	25
1.35	Gasoline and Other Fuels Spending-to-Income Ratio	*percent*	3.4	3.3	3.1	*2025*	8
1.35	Households with a 401k Plan	*percent*	36.9	38.4	40.8	*2024*	7
1.35	Overcrowded Households	*percent*	1.7	1.4	3.4	*2019-2023*	2
1.32	Students Eligible for the Free Lunch Program	*percent*	33	23.6	43.6	*2023-2024*	12
1.29	Population 16+ in Civilian Labor Force	*percent*	60.2	60.1	59.8	*2019-2023*	2
1.26	Households that are Asset Limited, Income Constrained, Employed (ALICE)	*percent*	26.2	25	29.4	*2023*	25
1.24	Median Household Income: Householders 65+	*dollars*	49574	51608	57108	*2019-2023*	2
1.18	Home Renter Spending-to-Income Ratio	*percent*	14.9	16.3	17	*2025*	8
1.18	Homeowner Spending-to-Income Ratio	*percent*	12.7	14.3	13.5	*2025*	8
1.18	Households with a Savings Account	*percent*	71.2	70.9	72	*2024*	7
1.18	Vocational, Technical, and Other School Tuition Spending-to-Income Ratio	*percent*	1.6	1.6	1.5	*2025*	8

1.09	Families Living Below 200% of Poverty Level	*Percent*	20.6		22.8	22.3	*2023*	1
1.09	People Living Below 200% of Poverty Level	*percent*	27.5		29.6	28.2	*2023*	1
1.03	Households Living Below Poverty Level	*percent*	10.5		13.5	12.7	*2023*	25
1.03	Mortgaged Owners Spending 30% or More of Household Income on Housing	*percent*	20.4	25.5	21.2	28.5	*2023*	1
1.00	College Tuition Spending-to-Income Ratio	*percent*	11.2		12.6	11.9	*2025*	8
1.00	Households that Used Check Cashing, Cash Advance, or Title Loan Shops	*percent*	1.8		2	2	*2024*	7
1.00	Student Loan Spending-to-Income Ratio	*percent*	4.3		4.6	4.5	*2025*	8
1.00	Youth not in School or Working	*percent*	1.5		1.7	1.7	*2019-2023*	2
0.88	Median Household Income	*dollars*	71769		69680	78538	*2019-2023*	2
0.79	Households Spending 50% or More of Household Income on Housing	*percent*	8.7		11.5	14.3	*2019-2023*	2
0.79	Veterans Living Below Poverty Level	*percent*	6.1		7.4	7.2	*2019-2023*	2
0.76	Food Insecurity Rate	*percent*	13		15.3	14.5	*2023*	10
0.71	Unemployed Workers in Civilian Labor Force	*percent*	4.1		4.7	4	*May-25*	21
0.65	Adult Day Care Spending-to-Income Ratio	*percent*	9.7		11.1	11.9	*2025*	8
0.65	Day Care Center and Preschool Spending-to-Income Ratio	*percent*	6.2		7.4	7.1	*2025*	8
0.65	Unemployed Veterans	*percent*	1.4		2.8	3.2	*2019-2023*	2
0.59	Child Food Insecurity Rate	*percent*	14.6		20.1	18.4	*2023*	10

0.53	Households with Student Loan Debt	*percent*	7.8		9.1	9.8	*2024*	7
0.47	Adults with Disability Living in Poverty	*percent*	21.9		28.2	24.6	*2019-2023*	2
0.47	Households with Cash Public Assistance Income	*percent*	1.6		2.5	2.7	*2019-2023*	2
0.44	Income Inequality		0.4		0.5	0.5	*2019-2023*	2
0.29	Families Living Below Poverty Level	*percent*	5		9.2	8.7	*2019-2023*	2
0.29	Renters Spending 30% or More of Household Income on Rent	*percent*	35.2	25.5	45.1	50.4	*2019-2023*	2
0.29	Young Children Living Below Poverty Level	*percent*	9.8		20	17.6	*2019-2023*	2
0.00	Children Living Below Poverty Level	*percent*	10.1		18	16.3	*2019-2023*	2
0.00	People Living Below Poverty Level	*percent*	8.7	8	13.2	12.4	*2019-2023*	2

SCORE	EDUCATION	UNITS	WAYNE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.35	Student-to-Teacher Ratio	*students/ teacher*	17.8		16.6	15.2	*2023-2024*	12
2.18	People 25+ with a High School Diploma or Higher	*percent*	86.3		91.6	89.4	*2019-2023*	2
1.71	Veterans with a High School Diploma or Higher	*percent*	93.2		94.4	95.2	*2019-2023*	2
1.59	Child Care Centers	*per 1,000 population under age 5*	7.3		8	7	*2022*	9
1.53	Home Child Care Spending-to-Income Ratio	*percent*	3.3		3.2	3.3	*2025*	8
1.41	People 25+ with a Bachelor's Degree or Higher	*percent*	24.7		30.9	35	*2019-2023*	2

1.18	Vocational, Technical, and Other School Tuition Spending-to-Income Ratio	*percent*	1.6		1.6	1.5	*2025*	8
1.12	8th Grade Students Proficient in English/Language Arts	*percent*	58		49.4		*2023-2024*	14
1.00	4th Grade Students Proficient in English/Language Arts	*percent*	71.5		64.1		*2023-2024*	14
1.00	4th Grade Students Proficient in Math	*percent*	77.1		67.2		*2023-2024*	14
1.00	College Tuition Spending-to-Income Ratio	*percent*	11.2		12.6	11.9	*2025*	8
1.00	High School Graduation	*percent*	96.2	90.7	92.5		*2022-2023*	14
1.00	Student Loan Spending-to-Income Ratio	*percent*	4.3		4.6	4.5	*2025*	8
0.65	Day Care Center and Preschool Spending-to-Income Ratio	*percent*	6.2		7.4	7.1	*2025*	8
0.53	8th Grade Students Proficient in Math	*percent*	67.9		46.3		*2023-2024*	14

SCORE	ENVIRONMENTAL HEALTH	UNITS	WAYNE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.29	Daily Dose of UV Irradiance	*Joule per square meter*	3512		3384		*2020*	13
2.03	Broadband Quality Score	*BQS Score*	47		53.4	50	*2022*	20
1.79	Air Pollution due to Particulate Matter	*micrograms per cubic meter*	8.4		7.9		*2020*	9
1.76	Access to Exercise Opportunities	*percent*	65.2		84.2		*2025*	9
1.76	Access to Parks	*percent*	25.6		59.6		*2020*	13
1.76	Adults with Current Asthma	*percent*	11			9.9	*2022*	4

1.71	Liquor Store Density	*stores/ 100,000 population*	10.3	5.6	10.9	*2022*	22
1.65	PBT Released	*pounds*	5547.7			*2023*	24
1.65	Recognized Carcinogens Released into Air	*pounds*	4287.2			*2023*	24
1.65	Weeks of Moderate Drought or Worse	*weeks per year*	0			*2021*	13
1.53	Utilities Spending-to-Income Ratio	*percent*	6.1	6.1	5.6	*2025*	8
1.50	Asthma: Medicare Population	*percent*	7	7	7	*2023*	6
1.50	Social Vulnerability Index	*Score*	0.4			*2022*	5
1.41	Severe Housing Problems	*percent*	11.9	12.7		*2017-2021*	9
1.35	Gasoline and Other Fuels Spending-to-Income Ratio	*percent*	3.4	3.3	3.1	*2025*	8
1.35	Houses Built Prior to 1950	*percent*	21.3	24.9	16.4	*2019-2023*	2
1.35	Number of Extreme Heat Days	*days*	16			*2023*	13
1.35	Number of Extreme Heat Events	*events*	11			*2023*	13
1.35	Number of Extreme Precipitation Days	*days*	4			*2023*	13
1.35	Overcrowded Households	*percent*	1.7	1.4	3.4	*2019-2023*	2
1.29	Blood Lead Levels in Children (>=10 micrograms per deciliter)	*percent*	0.3	0.5		*2022*	18
1.29	Blood Lead Levels in Children (>=5 micrograms per deciliter)	*percent*	1.2	1.9		*2022*	18
0.97	Digital Divide Index	*DDI Score*	21.9	40.1	50	*2022*	20
0.88	Proximity to Highways	*percent*	2.2	7.2		*2020*	13
0.74	Food Environment Index		8.2	7		*2025*	9

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	WAYNE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.44	Persons without Health Insurance	*percent*	14		6.4	8.6	*2019-2023*	2
2.15	Children with Health Insurance	*percent*	78.7		95.1	94.6	*2023*	1
2.09	Persons with Health Insurance	*percent*	87.4	92.4	92.9		*2022*	23
2.00	Primary Care Provider Rate	*providers/ 100,000 population*	49.7		75.3	74.9	*2021*	9
1.79	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	72.1		148.7		*2024*	9
1.76	Adults who Visited a Dentist	*percent*	45		44.3	45.3	*2024*	7
1.62	Adults with Health Insurance	*percent*	88.3		91.6	89	*2023*	1
1.59	Adults who have had a Routine Checkup	*percent*	77.3			76.1	*2022*	4
1.53	Health Insurance Spending-to-Income Ratio	*percent*	6.7		6.6	5.9	*2025*	8
1.50	Adults With Group Health Insurance	*percent*	36.4		37.4	39.8	*2024*	7
1.41	Dentist Rate	*dentists/ 100,000 population*	48.9		65.2	73.5	*2022*	9
1.32	Adults With Individual Health Insurance	*percent*	20.2		20.5	20.2	*2024*	7
1.29	Adults with Health Insurance: 18+	*percent*	76.7		74.7	75.2	*2024*	7
1.15	Adults who go to the Doctor Regularly for Checkups	*percent*	67		65.2	65.1	*2024*	7
1.06	Adults without Health Insurance	*percent*	5.8			10.8	*2022*	4

0.62	Preventable Hospital Stays: Medicare Population	*discharges/ 100,000 Medicare enrollees*	2435		3269	2769	*2023*	6
0.26	Mental Health Provider Rate	*providers/ 100,000 population*	405.1		349.4		*2024*	9

SCORE	HEART DISEASE & STROKE	UNITS	WAYNE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.65	Age-Adjusted Death Rate due to Coronary Heart Disease	*deaths/ 100,000 population*	114.4	71.1	101.9	90.2	*2018-2020*	5
1.94	Cholesterol Test History	*percent*	82.5			86.4	*2021*	4
1.76	Adults who Have Taken Medications for High Blood Pressure	*percent*	79.2			78.2	*2021*	4
1.68	Age-Adjusted Death Rate due to Heart Attack	*deaths/ 100,000 population 35+ years*	60.3		60.9		*2021*	13
1.59	High Blood Pressure Prevalence	*percent*	36.8	41.9		32.7	*2021*	4
1.41	Adults who Experienced Coronary Heart Disease	*percent*	8.1			6.8	*2022*	4
1.32	Hyperlipidemia: Medicare Population	*percent*	65		67	66	*2023*	6
1.24	High Cholesterol Prevalence	*percent*	35.4			35.5	*2021*	4
1.00	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	37.9	33.4	43.4	37.6	*2018-2020*	5
0.97	Atrial Fibrillation: Medicare Population	*percent*	14		15	14	*2023*	6
0.97	Heart Failure: Medicare Population	*percent*	11		12	11	*2023*	6

0.97	Hypertension: Medicare Population	*percent*	65		67	65	*2023*	6
0.97	Ischemic Heart Disease: Medicare Population	*percent*	21		22	21	*2023*	6
0.88	Adults who Experienced a Stroke	*percent*	3.6			3.6	*2022*	4
0.79	Stroke: Medicare Population	*percent*	5		5	6	*2023*	6

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	WAYNE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.00	Salmonella Infection Incidence Rate	*cases/ 100,000 population*	16.3	11.5	13.8		*2023*	15
1.74	Tuberculosis Incidence Rate	*cases/ 100,000 population*	1.7	1.4	1.6	2.9	*2023*	15
1.50	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	58.5		59.8	60.4	*2024*	7
1.35	Overcrowded Households	*percent*	1.7		1.4	3.4	*2019-2023*	2
1.29	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	13		13.9	13.4	*2018-2020*	5
1.03	Syphilis Incidence Rate	*cases/ 100,000 population*	5.1		16.4	15.8	*2023*	15
0.97	Flu Vaccinations: Medicare Population	*percent*	46		50	3	*2023*	6
0.97	Pneumonia Vaccinations: Medicare Population	*percent*	9		9	9	*2023*	6
0.88	Gonorrhea Incidence Rate	*cases/ 100,000 population*	44.6		168.8	179.5	*2023*	15
0.56	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	5.1		7.8	7.5	*2017-2021*	11
0.56	Chlamydia Incidence Rate	*cases/ 100,000 population*	199		464.2	492.2	*2023*	15

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	WAYNE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.29	Mothers who Received Early Prenatal Care	*percent*	57.3		68.6	75.3	*2022*	16
1.76	Preterm Births	*percent*	9.9	9.4	10.8		*2022*	16
1.56	Babies with Low Birthweight	*percent*	8.2		8.7	8.6	*2022*	16
1.47	Babies with Very Low Birthweight	*percent*	1.3		1.5		*2022*	16
1.09	Mothers who Smoked During Pregnancy	*percent*	6.9	4.3	7.9	3.7	*2022*	16
1.03	Teen Birth Rate: 15-17	*live births/ 1,000 females aged 15-17*	4.3		6.1	5.6	*2022*	16
0.71	Infant Mortality Rate	*deaths/ 1,000 live births*	2.9	5	6.7	5.4	*2020*	16

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	WAYNE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.65	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	40.2		35.5	31	*2018-2020*	5
2.18	Age-Adjusted Death Rate due to Suicide	*deaths/ 100,000 population*	16.4	12.8	14.7	13.9	*2018-2020*	5
1.94	Adults Ever Diagnosed with Depression	*percent*	25.5			20.7	*2022*	4
1.91	Poor Mental Health: Average Number of Days	*days*	6.2		6.1		*2022*	9
1.85	Adults who Feel Life is Slipping Out of Control	*Percent*	24.4		24.1	23.9	*2024*	7
1.76	Poor Mental Health: 14+ Days	*percent*	18.6			15.8	*2022*	4

1.32	Depression: Medicare Population	*percent*	17		18	17	*2023*	6
1.32	Self-Reported General Health Assessment: Good or Better	*percent*	85.5		85.4	86	*2024*	7
0.62	Alzheimer's Disease or Dementia: Medicare Population	*percent*	5		6	6	*2023*	6
0.26	Mental Health Provider Rate	*providers/ 100,000 population*	405.1		349.4		*2024*	9

SCORE	NUTRITION & HEALTHY EATING	UNITS	WAYNE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.50	Adults who Drank Soft Drinks: Past 7 Days	*percent*	50.7		48.6	47.5	*2024*	7
1.15	Adults who Frequently Cook Meals at Home	*Percent*	69.5		67.6	67.7	*2024*	7
0.88	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	35.5		38.1	38.2	*2024*	7
0.74	Food Environment Index		8.2		7		*2025*	9

SCORE	OLDER ADULTS	UNITS	WAYNE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.71	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	17.2		10.8	9.8	*2018-2020*	5
2.65	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	40.2		35.5	31	*2018-2020*	5
2.03	Chronic Kidney Disease: Medicare Population	*percent*	20		19	18	*2023*	6
1.94	People 65+ Living Alone	*percent*	27.8		30.2	26.5	*2019-2023*	2
1.94	People 65+ Living Alone (Count)	*people*	6035				*2019-2023*	2

1.94	People 65+ Living Below Poverty Level	*percent*	10	9.5	10.4	*2019-2023*	2
1.94	People 65+ Living Below Poverty Level (Count)	*people*	2097			*2019-2023*	2
1.50	Asthma: Medicare Population	*percent*	7	7	7	*2023*	6
1.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	38	39	36	*2023*	6
1.32	Depression: Medicare Population	*percent*	17	18	17	*2023*	6
1.32	Hyperlipidemia: Medicare Population	*percent*	65	67	66	*2023*	6
1.24	Adults 65+ with Total Tooth Loss	*percent*	13.4		12.2	*2022*	4
1.24	Median Household Income: Householders 65+	*dollars*	49574	51608	57108	*2019-2023*	2
1.15	COPD: Medicare Population	*percent*	12	13	11	*2023*	6
0.97	Atrial Fibrillation: Medicare Population	*percent*	14	15	14	*2023*	6
0.97	Cancer: Medicare Population	*percent*	11	12	12	*2023*	6
0.97	Diabetes: Medicare Population	*percent*	24	25	24	*2023*	6
0.97	Heart Failure: Medicare Population	*percent*	11	12	11	*2023*	6
0.97	Hypertension: Medicare Population	*percent*	65	67	65	*2023*	6
0.97	Ischemic Heart Disease: Medicare Population	*percent*	21	22	21	*2023*	6
0.97	Osteoporosis: Medicare Population	*percent*	10	11	12	*2023*	6
0.97	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	104.5	118.1	113.2	*2017-2021*	11
0.79	Stroke: Medicare Population	*percent*	5	5	6	*2023*	6

0.65	Adult Day Care Spending-to-Income Ratio	*percent*	9.7		11.1	11.9	*2025*	8
0.62	Alzheimer's Disease or Dementia: Medicare Population	*percent*	5		6	6	*2023*	6
0.62	Mammography Screening: Medicare Population	*percent*	53		51	39	*2023*	6

SCORE	ORAL HEALTH	UNITS	WAYNE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.76	Adults who Visited a Dentist	*percent*	45		44.3	45.3	*2024*	7
1.41	Dentist Rate	*dentists/ 100,000 population*	48.9		65.2	73.5	*2022*	9
1.24	Adults 65+ with Total Tooth Loss	*percent*	13.4			12.2	*2022*	4
0.76	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	11.1		12.8	12	*2017-2021*	11

SCORE	OTHER CHRONIC CONDITIONS	UNITS	WAYNE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.03	Chronic Kidney Disease: Medicare Population	*percent*	20		19	18	*2023*	6
1.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	38		39	36	*2023*	6
1.41	Adults with Arthritis	*percent*	29.9			26.6	*2022*	4
0.97	Osteoporosis: Medicare Population	*percent*	10		11	12	*2023*	6
0.00	Age-Adjusted Death Rate due to Kidney Disease	*deaths/ 100,000 population*	8.2		14.2	12.8	*2018-2020*	5

SCORE	PHYSICAL ACTIVITY	UNITS	WAYNE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source

2.29	Adults 20+ who are Sedentary	*percent*	24.5				*2021*	5
1.82	Adults 20+ Who Are Obese	*percent*	34.6	36			*2021*	5
1.76	Access to Exercise Opportunities	*percent*	65.2		84.2		*2025*	9
1.76	Access to Parks	*percent*	25.6		59.6		*2020*	13
0.00	Workers who Walk to Work	*percent*	4.8		2	2.4	*2019-2023*	2

SCORE	PREVENTION & SAFETY	UNITS	WAYNE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.71	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	17.2		10.8	9.8	*2018-2020*	5
1.88	Age-Adjusted Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	3.6		2.7	2.6	*2016-2020*	5
1.76	Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	15		11.1		*2016-2022*	9
1.68	Age-Adjusted Death Rate due to Unintentional Injuries	*deaths/ 100,000 population*	63	43.2	69.9	51.6	*2018-2020*	5
1.41	Severe Housing Problems	*percent*	11.9		12.7		*2017-2021*	9
1.24	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	30.7	20.7	44.7		*2020-2022*	9
1.24	Death Rate due to Injuries	*deaths/ 100,000 population*	93.5		100.7		*2018-2022*	9
0.85	Age-Adjusted Death Rate due to Firearms	*deaths/ 100,000 population*	9.5	10.7	13.5	12	*2018-2020*	5

0.65	Age-Adjusted Death Rate due to Unintentional Poisonings	*deaths/ 100,000 population*	23.3		40.5	23.5	*2018-2020*	5

SCORE	RESPIRATORY DISEASES	UNITS	WAYNE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.76	Adults with Current Asthma	*percent*	11			9.9	*2022*	4
1.74	Tuberculosis Incidence Rate	*cases/ 100,000 population*	1.7	1.4	1.6	2.9	*2023*	15
1.68	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	7		6.9	6.8	*2024*	7
1.65	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	*deaths/ 100,000 population*	44.9		46.5	38.1	*2018-2020*	5
1.59	Adults who Smoke	*percent*	17.3	6.1		12.9	*2022*	4
1.59	Adults with COPD	*Percent of adults*	9			6.8	*2022*	4
1.50	Asthma: Medicare Population	*percent*	7		7	7	*2023*	6
1.41	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	2.4		1.7	1.6	*2024*	7
1.29	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	13		13.9	13.4	*2018-2020*	5
1.29	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	58.4		64.3	53.1	*2017-2021*	11
1.18	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	36.8	25.1	39.8	32.4	*2018-2022*	11
1.15	COPD: Medicare Population	*percent*	12		13	11	*2023*	6
0.88	Proximity to Highways	*percent*	2.2		7.2		*2020*	13

SCORE	SEXUALLY TRANSMITTED INFECTIONS	UNITS	WAYNE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source

1.03	Syphilis Incidence Rate	*cases/ 100,000 population*	5.1		16.4	15.8	*2023*	15
0.88	Gonorrhea Incidence Rate	*cases/ 100,000 population*	44.6		168.8	179.5	*2023*	15
0.56	Chlamydia Incidence Rate	*cases/ 100,000 population*	199		464.2	492.2	*2023*	15

SCORE	TOBACCO USE	UNITS	WAYNE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.68	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	7		6.9	6.8	*2024*	7
1.59	Adults who Smoke	*percent*	17.3	6.1		12.9	*2022*	4
1.53	Cigarette Spending-to-Income Ratio	*percent*	2.3		2.1	1.9	*2025*	8
1.41	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	2.4		1.7	1.6	*2024*	7
1.41	Tobacco Use: Medicare Population	*percent*	7		7	6	*2023*	6
1.29	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	58.4		64.3	53.1	*2017-2021*	11

SCORE	WEIGHT STATUS	UNITS	WAYNE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.94	Obesity: Medicare Population	*percent*	27		25	20	*2023*	6
1.82	Adults 20+ Who Are Obese	*percent*	34.6	36			*2021*	5
1.32	Adults Happy with Weight	*Percent*	42.2		42.1	42.6	*2024*	7

SCORE	WELLNESS & LIFESTYLE	UNITS	WAYNE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.85	Adults who Feel Life is Slipping Out of Control	*Percent*	24.4		24.1	23.9	*2024*	7

1.59	High Blood Pressure Prevalence	*percent*	36.8	41.9		32.7	*2021*	4
1.56	Poor Physical Health: Average Number of Days	*days*	4.4		4.3		*2022*	9
1.50	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	58.5		59.8	60.4	*2024*	7
1.41	Self-Reported General Health Assessment: Poor or Fair	*percent*	18.6			17.9	*2022*	4
1.32	Adults Happy with Weight	*Percent*	42.2		42.1	42.6	*2024*	7
1.32	Self-Reported General Health Assessment: Good or Better	*percent*	85.5		85.4	86	*2024*	7
1.24	Life Expectancy	*years*	75.8		75.2		*2020-2022*	9
1.24	Poor Physical Health: 14+ Days	*percent*	13.6			12.7	*2022*	4
1.15	Adults who Frequently Cook Meals at Home	*Percent*	69.5		67.6	67.7	*2024*	7
0.88	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	35.5		38.1	38.2	*2024*	7

SCORE	WOMEN'S HEALTH	UNITS	WAYNE COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.53	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	22.7	15.3	20.2	19.3	*2018-2022*	11
1.76	Cervical Cancer Screening: 21-65	*Percent*	80.9			82.8	*2020*	4
1.76	Mammogram in Past 2 Years: 50-74	*percent*	73	80.3		76.5	*2022*	4
1.00	Breast Cancer Incidence Rate	*cases/ 100,000 females*	119.8		132.3	129.8	*2017-2021*	11
0.62	Mammography Screening: Medicare Population	*percent*	53		51	39	*2023*	6

0.56	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	5.1		7.8	7.5	*2017-2021*	11

Additional Demographic Data

The following tables detail the demographic, social, and economic characteristics of the CCCRH Community described in the body of this CHNA report. All data are sourced from Claritas Pop-Facts® (2024 population estimates), unless otherwise noted.

Table 27: Population Size of CCRH Edwin Shaw Community

Zip Code	Population	Zip Code	Population
44056	12,418	44303	6,972
44067	19,510	44305	20,852
44203	39,160	44306	20,531
44212	45,872	44307	7,313
44215	2,187	44310	24,796
44221	29,140	44312	30,771
44223	19,442	44313	24,854
44224	38,555	44314	17,294
44230	8,143	44319	21,327
44233	8,126	44320	18,552
44236	26,234	44321	16,504
44240	40,292	44333	18,991
44256	66,016	44601	33,348
44260	12,997	44614	13,017
44266	32,957	44647	18,573
44270	8,266	44667	13,622
44273	7,021	44685	29,049
44278	18,344	44691	44,971
44281	34,040	44708	24,939
44301	13,638	44720	40,225
CCRH Edwin Shaw Community (Total)	928,859		

Table 28: Age Profile of CCRH Edwin Shaw Community and Surrounding Geographies

Age Category	CCRH Edwin Shaw Community	Ohio
0-4	5.2%	5.6%
5-9	5.3%	5.7%
10-14	5.8%	6.1%
15-17	3.7%	3.8%
18-20	4.1%	4.4%
21-24	5.3%	5.3%
25-34	11.9%	12.4%
35-44	11.9%	12.2%
45-54	11.8%	11.7%
55-64	13.6%	13.0%
65-74	12.3%	11.6%
75-84	6.6%	6.1%
85+	2.4%	2.2%
Median Age	42.4 years	40.5 years

Table 29: Racial/Ethnic Profile of CCRH Edwin Shaw Community and Surrounding Geographies

	CCRH Edwin Shaw Community	Ohio	U.S.
White	80.3%	75.7%	63.4%
Black/African American	9.2%	12.8%	12.4%
American Indian/Alaskan Native	0.2%	0.3%	0.9%
Asian	2.9%	2.7%	5.8%
Native Hawaiian/Pacific Islander	<0.1%	0.1%	0.2%
Another Race	1.1%	2.1%	6.6%
Two or More Races	6.3%	6.4%	10.7%
Hispanic or Latino (any race)	3.0%	5.0%	19.0%

U.S. value: American Community Survey (2019-2023)

Table 30: Population Age 5+ by Language Spoken at Home, CCRH Edwin Shaw Community and Surrounding Geographies

	CCRH Edwin Shaw Community	Ohio	U.S.
Only English	94.6%	92.8%	78.0%
Spanish	1.2%	2.3%	13.4%
Asian/Pacific Islander Language	0.9%	1.0%	3.5%
Indo-European Language	2.7%	2.8%	3.8%
Other Language	0.6%	1.1%	1.2%

U.S. value: American Community Survey (2019-2023)

Table 31: Household Income of CCRH Edwin Shaw Community and Surrounding Geographies

Income Category	CCRH Edwin Shaw Community	Cuyahoga County	Ohio
Under $15,000	8.6%	12.8%	9.5%
$15,000 - $24,999	7.4%	9.1%	7.8%
$25,000 - $34,999	7.8%	8.7%	8.0%
$35,000 - $49,999	12.0%	12.5%	12.2%
$50,000 - $74,999	16.9%	16.5%	17.0%
$75,000 - $99,999	13.4%	11.9%	13.0%
$100,000 - $124,999	10.1%	8.4%	9.9%
$125,000 - $149,999	7.3%	5.8%	7.0%
$150,000 - $199,999	7.6%	6.2%	7.2%
$200,000 - $249,999	3.7%	3.0%	3.5%
$250,000 - $499,999	3.6%	3.4%	3.4%
$500,000+	1.6%	1.7%	1.6%
Median Household Income	$74,533	$60,568	$68,488

Table 32: Families Living Below Federal Poverty Level, CCRH Edwin Shaw Community and Surrounding Geographies

Zip Code	Families Below Poverty	Zip Code	Families Below Poverty
44056	3.9%	44303	5.5%
44067	4.1%	44305	15.3%
44203	9.3%	44306	22.9%
44212	3.1%	44307	31.7%
44215	5.0%	44310	26.0%
44221	7.7%	44312	6.9%
44223	2.5%	44313	5.6%
44224	5.4%	44314	15.9%
44230	3.8%	44319	4.5%
44233	1.7%	44320	17.3%
44236	2.0%	44321	2.5%
44240	11.3%	44333	4.3%
44256	4.2%	44601	14.7%
44260	4.2%	44614	2.6%
44266	10.1%	44647	7.4%
44270	6.3%	44667	6.8%
44273	3.4%	44685	4.3%
44278	3.9%	44691	6.0%
44281	4.1%	44708	7.3%
44301	12.5%	44720	4.8%
CCRH Edwin Shaw Community (Overall)	7.5%		
Ohio	9.4%		
U.S.	8.8%		

U.S. value: American Community Survey (2019-2023)

Table 33: Educational Attainment, CCRH Edwin Shaw Community and Surrounding Geographies

	CCRH Edwin Shaw Community	Ohio	U.S.
Less than High School Graduate	7.1%	8.6%	10.6%
High School Graduate	32.1%	32.8%	26.2%
Some College, No Degree	19.4%	19.6%	19.4%
Associate Degree	8.5%	8.9%	8.8%
Bachelor's Degree	20.5%	18.6%	21.3%
Master's, Doctorate, or Professional Degree	12.3%	11.5%	13.7%

U.S. value: American Community Survey (2019-2023)

Table 34: Renters Spending at Least 30% of Household Income on Rent, CCRH Community and Surrounding Geographies

Zip Code	Renters Spending 30% or More of Income on Rent	Zip Code	Renters Spending 30% or More of Income on Rent
44056	55.6%	44303	39.5%
44067	38.9%	44305	48.3%
44203	43.6%	44306	46.1%
44212	46.8%	44307	57.1%
44215	46.6%	44310	57.9%
44221	40.1%	44312	42.4%
44223	42.4%	44313	36.3%
44224	45.9%	44314	52.1%
44230	29.9%	44319	36.9%
44233	53.2%	44320	70.2%
44236	52.6%	44321	28.3%
44240	65.0%	44333	48.6%
44256	43.8%	44601	37.1%
44260	33.8%	44614	46.6%
44266	55.7%	44647	41.5%
44270	47.7%	44667	32.4%
44273	26.4%	44685	28.9%
44278	42.8%	44691	38.3%
44281	43.1%	44708	53.8%
44301	41.0%	44720	34.8%
Medina County	43.7%		
Portage County	56.6%		
Stark County	42.4%		
Summit County	46.6%		
Wayne County	35.2%		
Ohio	45.1%		
U.S.	50.4%		

All values: American Community Survey (2019-2023)

Table 35: Households with an Internet Subscription, CCRH Edwin Shaw Community and Surrounding Geographies

Zip Code	Households with Internet	Zip Code	Households with Internet
44056	89.4%	44303	91.1%
44067	90.9%	44305	89.4%
44203	87.7%	44306	87.1%
44212	91.7%	44307	75.0%
44215	88.9%	44310	82.8%
44221	89.1%	44312	92.0%
44223	91.0%	44313	93.4%
44224	94.2%	44314	87.4%
44230	90.8%	44319	92.1%
44233	95.8%	44320	86.8%
44236	96.3%	44321	93.4%
44240	87.2%	44333	93.8%
44256	92.8%	44601	84.9%
44260	93.0%	44614	95.0%
44266	86.2%	44647	88.5%
44270	88.3%	44667	85.2%
44273	93.1%	44685	94.4%
44278	91.7%	44691	87.8%
44281	91.8%	44708	87.5%
44301	86.6%	44720	92.9%
Medina County	91.8%		
Portage County	88.8%		
Stark County	86.1%		
Summit County	90.4%		
Wayne County	84.0%		
Ohio	89.0%		
U.S.	89.9%		

All values: American Community Survey (2019-2023

Appendix C: Environmental Scan and Key Findings

An environmental scan was conducted to supplement quantitative data and further contextualize health needs across the CCRH Edwin Shaw community. This scan involved a review of recent community health assessments, needs reports, and partner studies across healthcare, public health, and social service sectors. Findings from local efforts, including reports from the community organizations, hospital systems, and regional health collaboratives, corroborated the relevance of the three prioritized needs in this 2025 CHNA process.

Across communities, consistent themes emerged: cost barriers and provider shortages limit healthcare access; behavioral health treatment gaps remain significant; chronic disease management is challenged by food insecurity and inadequate recreational infrastructure; and community outcomes, particularly poverty, housing insecurity, and gun violence, impact all other areas of health.

- 2023 Ohio State Health Assessment[14]
- 2023 United Way of Greater Cleveland Community Needs Assessment[15]
- 2023 United Way of Greater Cleveland Community Needs Assessment[16]
- 2024 Medina County Community Health Needs Assessment[17]
- 2022 Portage County Community Health Needs Assessment[18]
- 2022 Stark County Community Health Needs Assessment[19]
- 2022 Summit County Community Health Needs Assessment[20]

[14] Ohio Department of Health. (2023). *Ohio State Health Assessment 2023*. Ohio University; Ohio Department of Health. Retrieved from Ohio Department of Health website.
[15] United Way of Greater Cleveland. (2023). *Cuyahoga County community needs assessment* [PDF]. https://www.unitedwaycleveland.org/our-work/publications/community-needs-assessment/#cc-assessment
[16] United Way of Greater Cleveland. (2023). *Cuyahoga County community needs assessment* [PDF]. https://www.unitedwaycleveland.org/our-work/publications/community-needs-assessment/#cc-assessment
[17] Living Well Medina County, Medina County Health Department, & Medina City Schools. (2024, May). *Community Health Assessment*. Accessed from https://medinahealth.org/wp-content/uploads/2024.05.13_2024-CHA_Final.pdf
[18] University Hospitals Portage Medical Center & Portage County Combined General Health District. (2022). *2022 Portage County Community Health Assessment*. Accessed from http://portagehealth.net/wp-content/uploads/2023/02/final_portage_county_ohio_chna_report_09_07_22.pdf
[19] Stark Community Health Assessment Advisory Committee. (2022, September; revised January 2023). *2022 Stark County Community Health Assessment*. Accessed from: https://www.starkcountyohio.gov/Stark%20CHA%20Report%202022-%20Revised%201_2023.pdf?t=202301111414390
[20] Summit County Public Health. (2024, January 5). *2022 Community Health Assessment*. Access from: https://www.scph.org/sites/default/files/editor/RPT/SCPH%20CHA%202022%20v1.5.24.pdf

- 2024 Wayne County Ohio Community Health Assessment[21]

[21] Wayne County Health Department. (2024). *Community Health Improvement Plan 2024, Wayne County*. Accessed from: https://www.wayne-health.org/sites/default/files/2024-07/Combined%20CHIP%202024.pdf

Appendix D: Community Input Assessment Tools and Key Findings

Community Stakeholder Facilitation Guide

Cleveland Clinic

Building a healthy community together.

WELCOME: Cleveland Clinic is in the process of conducting our 2025 comprehensive Community Health Needs Assessment (CHNA) to understand and plan for the current and future health needs of our community. You have been invited to take part in this interview because of your experience working in [XXXX] County. During this interview, we will ask a series of questions related to health issues in your community. Our goal is to gain various perspectives on the major issues affecting the population that your organization serves and how to improve health in your community. We hope to get through as many questions as possible and hear your perspective as much as time allows.

TRANSCRIPTION: For today's call we are using the transcription feature in MS Teams. This feature produces a live transcript and makes meetings more inclusive for those who are deaf, hard of hearing, or have different levels of language proficiency. Our primary purpose for using this feature is to assist with note taking.

CONFIDENTIALITY: For this conversation, I will invite you to share as much or little as you feel comfortable sharing. The results of this assessment will be made available to the public. Although we will take notes on your responses, your name will not be associated with any direct quotes. Your identity will be kept confidential, so please share your honest opinions.

FORMAT: We anticipate that this conversation will last ~45 minutes to an hour.

Section #1: Introduction

- **What community or geographic area does your organization serve (or represent)?**
    - How does your organization serve the community?

Section #2: Community Health Questions and Probes

- **From your perspective, what does a community need to be healthy?**
    - What are your community's strengths?

- **What are the top health-related issues that residents are facing in your community that you would change or improve?**
    - What makes them the most important health issues?
    - What do you think is the cause of these problems in your community?

- **From the health issues and challenges we've just discussed, which do you think are the most difficult to overcome?**
    - Which of these issues are more urgent or important than others?
    - Which groups in your community face particular health issues or challenges?
    - What health challenges are different if the person is a particular age, or gender, race, or ethnicity?

- **What do you think causes residents to be healthy or unhealthy in your community?**
    - What types of things influence their health, to make it better or worse?
    - What might prevent someone from accessing care for these health challenges? Examples could include lack of transportation, lack of health insurance coverage, doctor's office hours, language, or cultural barriers, etc.

- **What could be done to promote equal access to care? (The idea that everyone should have the same chance to be healthy, regardless of their circumstances)**

- **What are some possible solutions to the problems that we have discussed?**
    - How can organizations such as hospitals, health departments, government, and community-based organizations work together to address some of the problems that have been mentioned?
    - What specific community organizations or agencies can you see taking a strong leadership role in improving the health of your community?
    - What resources does your community have that can be used to improve community health?

- **How can we make sure that community voices are heard when decisions are made that affect their community?**
    - What would be the best way to communicate with community members about progress organizations are making to improve health and quality of life?

- **What community health changes have you seen over the past three years (since 2022)?**

- **Is there anything else that you think would be important for us to know as we conduct this community health needs assessment?**

CLOSURE SCRIPT: Thank you again for taking time out of your busy day to share your experiences with us. We will include the key themes from today's discussion in our assessment. Please remember, your name will not be connected to any of the comments you made today. Please let us know if you have any questions or concerns about this.

Community Input Key Findings

A total of eight organizations provided feedback for the CCRH Edwin Shaw community. Interviews with each stakeholder varied by individual and the amount of feedback they provided. They generally ranged from thirty to sixty minutes. A full write up of qualitative data findings and the community stakeholder facilitation guide can be found in Appendix D.

Individuals from the following organizations participated as key informants:

- Akron Canton Regional Food Bank
- ASIA
- Greater CLE/Akron LGBTQ+ CHA
- City of Akron
- Community Action Akron Summit Pathways Hub
- County of Summit ADM Board
- Minority Behavioral Health Group
- Summit County Public Health

The following are summary findings for each of the three prioritized health needs identified in the 2025 Community Health Needs Assessment.

Access to Healthcare

Access to Healthcare was one of the most frequently discussed challenges across stakeholder interviews in the CCRH Edwin Shaw community. Participants described a system with strong hospital and clinical resources but persistent barriers that prevent many residents from receiving timely, affordable, and coordinated care. Stakeholders emphasized that affordability, insurance limitations, and long wait times, especially for behavioral health and specialty care, continue to prevent individuals from seeking necessary treatment. These barriers are compounded by transportation gaps and the difficulty of navigating complex healthcare and social service systems. Although the county has made strides in increasing access through local partnerships, interviewees noted that many residents, especially those in rural or low-income areas, remain disconnected from preventive and primary care.

The following are highlights of participant feedback regarding Access to Healthcare:

- Cost of care and insurance coverage gaps remain significant barriers to accessing needed services.
- Wait times for both specialty and behavioral health care are long, discouraging follow-up and preventive visits.
- Transportation challenges limit access for residents in rural or outlying areas.
- Limited awareness of available safety-net or low-cost clinics contributes to underutilization of services.
- Residents often lack care coordination and support navigating multiple systems.

- Stakeholders identified the need for more culturally responsive and community-based care models.
- Expanding the use of community health workers and cross-sector partnerships was viewed as key to improving access.

The following are a few select quotes illustrating feedback about Access to Healthcare by key informants:

> *"People might have insurance, but that doesn't mean they can get an appointment. They wait months for a specialist or behavioral health visit."*

> *"Transportation is a huge problem for people in rural parts of the county. If they don't have a car, there's no easy way to get to a doctor."*

> *"There are resources out there, but many residents don't know about them or don't know how to apply. It's hard for people to navigate the system."*

> *"Cost is still a big issue. Even with insurance, copays and deductibles can keep people from going to the doctor until it's an emergency."*

Overall, the stakeholder feedback underscores that Access to Healthcare in the community remains uneven, particularly for those with low income, behavioral health needs, or transportation limitations. While healthcare infrastructure is strong, affordability, awareness, and system navigation continue to present major challenges. Stakeholders stressed that improving access will require continued collaboration among hospitals, community organizations, and local governments to strengthen outreach, expand transportation options, and increase the availability of integrated and culturally responsive care.

Adult Health

Adult Health emerged as a major area of concern across stakeholder interviews in the CCRH Edwin Shaw community, with participants emphasizing the growing burden of chronic disease and the behavioral and social factors that influence long-term health outcomes. Stakeholders described diabetes, hypertension, heart disease, and cancer as leading concerns among adults, often linked to food insecurity, sedentary lifestyles, and the high cost of healthy foods. Several interviewees noted that while many residents are aware of healthy behaviors, financial strain and limited access to local resources make it difficult to sustain them. In addition, challenges related to preventive screenings and early detection were identified, with delays in care often leading to poorer outcomes. For older adults, social isolation, transportation difficulties, and increasing costs of care were seen as additional barriers to maintaining health and independence.

The following are highlights of participant feedback regarding prevention and safety:

- Chronic diseases such as diabetes, hypertension, and heart disease are major health challenges among adults.
- Obesity and sedentary lifestyles are widespread and linked to both food insecurity and limited recreational access.

- Cancer screening rates remain inconsistent, and delays in early detection contribute to worse health outcomes.
- Financial stress and competing life priorities limit residents' ability to focus on preventive care.
- Social isolation and mobility challenges negatively impact the health of older adults.
- Stakeholders expressed the need for community-based education, nutrition programs, and fitness initiatives to improve adult health outcomes.
- Preventive and chronic disease management programs should be expanded through primary care and community partnerships.

The following are a few select quotes illustrating feedback about Adult Health key informants:

> *"We see so many people with diabetes and heart disease. They know what they should eat, but healthy food is too expensive, and fast food is easier."*
>
> *"People are skipping screenings and not seeing doctors until something is wrong. Preventive care just isn't a priority when you're worried about bills."*
>
> *"Older adults face a lot of barriers. Some are isolated, and transportation is a big problem when it comes to getting to appointments or staying active."*
>
> *"We need more wellness programs that meet people where they are, not just lectures or handouts. People respond when they feel supported and included."*

Overall, stakeholders described Adult Health in the community as being shaped by the interaction of chronic disease, economic pressures, and lifestyle behaviors. Many residents struggle to access the resources and supports needed to maintain healthy routines and preventive care. Addressing Adult Health will require continued investment in community wellness initiatives, improved access to affordable and healthy food, and increased integration between healthcare providers and local organizations. Stakeholders agreed that community-based programs emphasizing nutrition, physical activity, and social connection can make a meaningful difference in improving health outcomes and quality of life for adults across the county.

Community Safety

Community Safety was a recurring topic throughout stakeholder interviews in the CCRH Edwin Shaw community, with participants describing safety as a fundamental determinant of health connected to behavioral health, housing stability, and community trust. Stakeholders identified substance use, mental health crises, and domestic violence as primary safety concerns. They also emphasized that housing insecurity, isolation, and financial hardship create environments where safety and stability are harder to maintain. While progress has been made in strengthening local collaboration around behavioral health and recovery supports, stakeholders agreed that continued investment in prevention, early intervention, and coordinated care is essential to improving community safety and overall well-being.

The following are highlights of participant feedback regarding Community Safety:

- Substance use, particularly alcohol and opioids, remains a major contributor to safety concerns.
- Mental health crises and trauma are closely linked to community safety issues.
- Housing instability and financial strain increase vulnerability to unsafe conditions and violence.
- Domestic violence and family conflict were identified as growing concerns, particularly following the pandemic.
- Stigma and limited awareness of local resources prevent some residents from seeking help.
- Collaborative efforts between law enforcement, behavioral health providers, and community organizations were viewed as key to prevention.
- Stakeholders stressed the need for accessible, community-based recovery and trauma-informed services.

The following are a selection of quotes illustrating feedback about Community Safety by key informants:

"Mental health and substance use are at the center of so many safety issues. People are in crisis, but there are not enough places for them to go."

"We're seeing more families struggling with domestic violence and instability. When people can't afford housing or treatment, everything becomes harder to manage."

"The community has made progress in working together, but we need more coordination between behavioral health, housing, and law enforcement."

"Safety isn't just about crime, it's about stability, support, and people knowing they're not alone when they need help."

Overall, stakeholders described Community Safety as deeply connected to behavioral health, economic stability, and access to supportive services. Substance use, mental health needs, and housing insecurity were repeatedly cited as overlapping challenges that require comprehensive and sustained responses. Participants emphasized that building a safer, healthier community depends on expanding recovery and trauma-informed services, strengthening partnerships across agencies, and increasing public awareness of available resources. Ensuring residents have access to stable housing, behavioral health care, and trusted support networks was viewed as essential to improving safety and quality of life across the community.

Appendix E: Impact Evaluation

Actions Taken Since Previous CHNA

CCRH Edwin Shaw's previous Implementation Strategy outlined a plan for addressing the following priorities identified in the 2022 CHNA. Access to Healthcare, Adult Health, and Community Safety were identified as needs within the 2022 CHNA for CCRH Edwin Shaw. The table below describes the strategies completed and modifications made to the action plans for each health priority area.

Access to Healthcare

Actions:

- Access to affordable healthcare remains a significant need in the 2025 CHNA for CCRH Edwin Shaw. Access barriers include cost, poverty, inadequate transportation, a lack of awareness regarding available services, and an undersupply of providers.

Highlighted Impacts:

- Financial Assistance - CCRH Edwin Shaw provided medically necessary services to all patients regardless of race, color, creed, gender, country of national origin, or ability to pay. CCRH Edwin Shaw has a financial assistance policy that provides free or discounted care based on financial need.
- Awareness - CCRH Edwin Shaw developed and shared educational materials with patients, families, and providers to broaden community awareness and improve patients' ability to choose the most appropriate care setting.
- How to Access Care - Clinical staff serving the Brain Injury, Stroke and Spinal Cord Injury Program teams at CCRH Edwin Shaw offered support groups and educational sessions for families and community residents. As part of this education and outreach, the hospital provided information on post-acute care settings, how to access different levels of care, and community-based resources.

Adult Health

Actions:

- Adult health, as chronic diseases and management was identified as a priority need within the 2022 CHNA for CCRH Edwin Shaw. Chronic diseases include behavioral health, heart disease, hypertension, obesity, diabetes, and COPD.

Highlighted Impacts:

- Physical and functional impairments may be exacerbated by obesity. To encourage weight loss, the clinical team provided education and training to patients to increase mobility and activity. Discussions regarding healthy eating and interpretation of food labels were included as part of the therapy care plan.
- Depression and emotional changes, common following illness or injury, were addressed by a variety of modes of treatment and professionals including

therapists, nursing staff, psychologists, psychiatrists, non-pharmacological techniques, pharmacological treatment and recreation therapy.
- CCRH Edwin Shaw developed a large network of clinical liaisons throughout the community to assist elderly consumers in understanding their post-acute care options.
- Continuing education was provided to nursing and pharmacy staff specific to diabetes medication and diabetic management.
- The Care Partner program provided comprehensive caregiver/family training prior to the patient's discharge focusing on level of assistance and supervision needed to support a safe home discharge.
- CCRH Edwin Shaw collaborated with the Northeast Ohio Brain Injury Foundation and the Ohio Brain Injury Association to assist individuals and their families recovering from brain injury to identify resources and support community reintegration. Our Heads Up No Boundaries Brain Injury support groups provided ongoing support to current and former patients, their caregivers as well as an interdisciplinary education series addressing a variety of life span topics related to brain injury recovery.
- CCRH Edwin Shaw's group of interdisciplinary caregivers sponsored activities to support and benefit the local community including healthcare fairs, participated in the American Heart Walk, *Stride On* event for stroke awareness, hospital based food drives and back to school supply drive to benefit children's services..

Community Safety

Actions:

- The hospital provides patient education and resources to enhance knowledge, skills, and behaviors related to fall prevention and safety, alcohol, tobacco and drug use.

Highlighted Impacts:

- CCRH Edwin Shaw developed evidence-based falls prevention education for internal and external stakeholders including information on environmental modifications, balance exercises, and home safety assessments.
- A formalized smoking cessation program was developed including resources and education that were provided to patients during an inpatient rehabilitation stay. Patients were also connected with organizations in the community for ongoing follow up and support.
- The hospital formalized an internal opioid management process for reviewing healthcare prescribing, data collection, and the use of non-pharmacologic treatment for pain.
- Healthcare providers screened all patients for pain on admission and developed a pain management plan based on the patient's input, history, and desired goals.
- Appropriate referrals to community programs, such as AA, NA, or mental health resources were delivered by case management and psychology staff to also include peer support and other disease specific support groups.
- CCRH Edwin Shaw hosted the annual *Stride On* event aimed at increasing awareness, outreach and education for stroke and stroke survivors.

Appendix F: Acknowledgements

Conduent Healthy Communities Institute (HCI) supported report preparation. HCI collaborates with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. To learn more about Conduent HCI, please visit conduent.com/community-population-health.

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Cleveland Clinic
Rehabilitation Hospital
In affiliation with Select Medical

Edwin Shaw

Implementation Strategy Report

2025

CLEVELAND CLINIC REHABILITATION HOSPITAL EDWIN SHAW
2025 Community Health Needs Assessment
Implementation Strategy Report for Years 2026 – 2028

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Cleveland Clinic Rehabilitation Hospital Edwin Shaw Implementation Strategy Report

I. Introduction and Purpose

This written plan is intended to satisfy the requirements set forth in Internal Revenue Code Section 501(r)(3) regarding community health needs assessments and implementation strategies. The overall purpose of the Implementation Strategy is to align the hospital's limited resources, program services, and activities with the Cleveland Clinic Rehabilitation Hospital Edwin Shaw (CCRH Edwin Shaw or "the hospital") findings of the Community Health Needs Assessment ("CHNA"). The Implementation Strategy Report (ISR) includes the priority community health needs identified during the 2025 CHNA for CCRH Edwin Shaw. This report includes strategies for years 2026 through 2028.

A. Description of Hospital

CCRH Edwin Shaw, located in Bath Township, Ohio, is a 60-bed inpatient rehabilitation facility. It specializes in treating patients recovering from stroke, spinal cord injury, brain injury, amputation, and other neurological or orthopedic conditions. Additional information on the hospital and its services is available at: my.clevelandclinic.org/locations/rehabilitation-hospital.

The hospital is a joint venture between Cleveland Clinic health system and Select Medical. As part of the broader Cleveland Clinic health system, CCRH Edwin Shaw upholds the tripartite mission of clinical care, research, and education. Cleveland Clinic includes its flagship academic medical center near downtown Cleveland, fifteen regional hospitals in Northeast Ohio, a children's hospital and children's rehabilitation hospital, and additional hospitals and facilities in Florida and Nevada. Each hospital, including CCRH Edwin Shaw, contributes to the system-wide advancement of clinical research and medical innovation. Patients at CCRH Edwin Shaw benefit from access to novel treatments, clinical trials, and evidence-based practices developed and shared across the Cleveland Clinic network.

Select Medical is one of the largest providers of post-acute care encompassing three areas of expertise: critical illness recovery, inpatient medical rehabilitation, and outpatient physical therapy, all of which are delivered and supported by talented healthcare professionals across the U.S. Additional information about Select Medical is available at https:www.selectmedical.com/.

II. CCRH Edwin Shaw Community Definition

The community definition describes the zip codes where approximately 75% of discharges from CCRH Edwin Shaw originated in 2024. Figure 1 shows the specific geography for this community that served as a guide for data collection and analysis for this CHNA. Table 1 lists zip codes and associated neighborhoods that comprise the community definition.

Figure 1: CCRH Edwin Shaw Community Definition

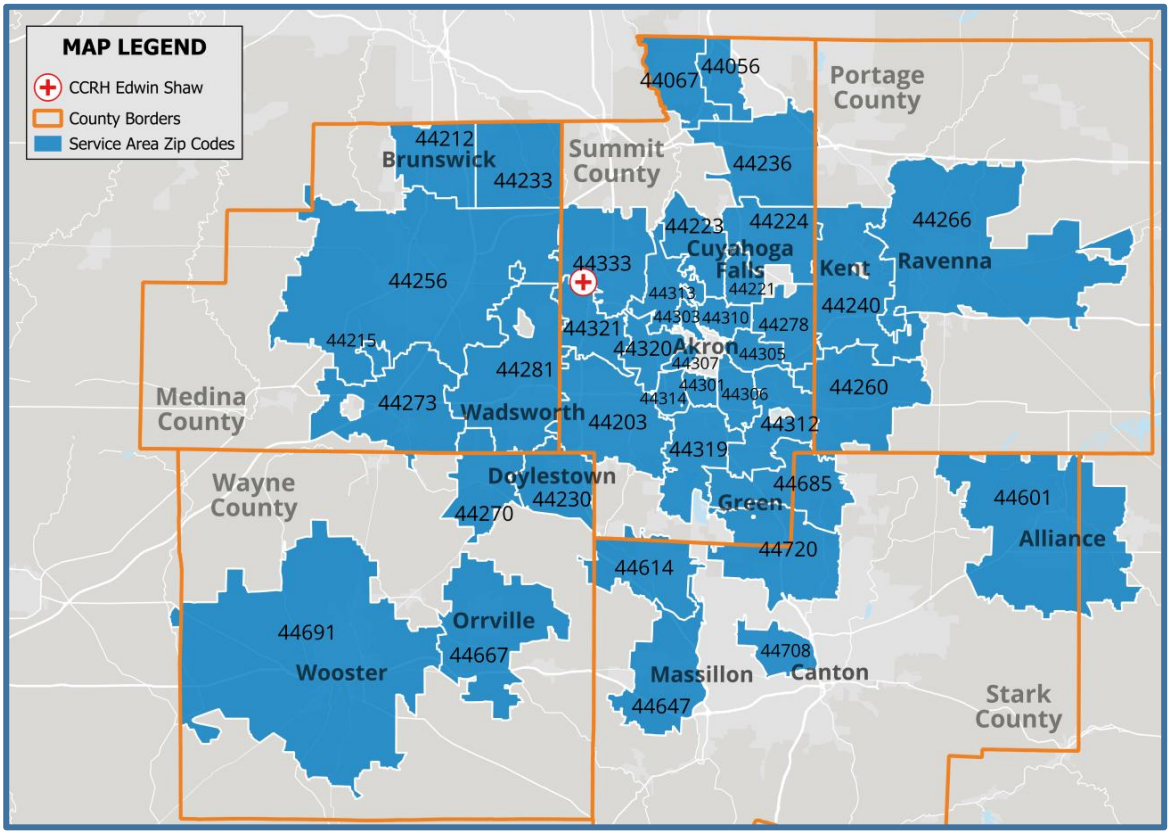


Table 1: CCRH Edwin Shaw Community Definition

Zip Code	Municipality	Zip Code	Municipality
44056	Macedonia	44303	Akron (Elizabeth Park Valley)
44067	Northfield	44305	Akron (Goodyear Heights)
44203	Barberton	44306	Akron (Ellet)
44212	Brunswick	44307	Akron (Lane-Wooster)
44215	Chippewa Lake	44310	Akron (Chapel Hill)
44221	Cuyahoga Falls	44312	Coventry
44223	Cuyahoga Falls	44313	Akron (Merriman Valley)
44224	Stow	44314	Akron (Kenmore)
44230	Doylestown	44319	Coventry
44233	Hinckley	44320	Akron (West Akron)
44236	Hudson	44321	Copley
44240	Kent	44333	Fairlawn
44256	Medina	44601	Alliance
44260	Mogadore	44614	Canal Fulton
44266	Ravenna	44647	Massillon
44270	Rittman	44667	Orrville
44273	Seville	44685	Uniontown
44278	Tallmadge	44691	Wooster
44281	Wadsworth	44708	Canton
44301	Akron (Firestone Park)	44720	North Canton

III. How Implementation Strategy was Developed

This Implementation Strategy was developed by members of senior leadership at Edwin Shaw Rehabilitation and Cleveland Clinic representing several departments of these organizations. Leadership at Edwin Shaw Rehabilitation will utilize this Implementation Strategy to determine whether changes should be made to better address the health needs of its communities.

IV. Summary of the Community Health Needs Identified

CCRH Edwin Shaw's 2025 Community Health Needs Assessment reaffirms its commitment to addressing three core health priorities based on a synthesis of primary data in the form of community stakeholder interviews, secondary indicators from national and state data sources, and a regional environmental scan. The following three prioritized health needs will help shape the hospital's Implementation Strategy Reports (ISR) for the subsequent three years:

- Access to Healthcare
- Adult Health
- Community Safety

It should be noted that no one organization can address all the health needs identified in its community. Edwin Shaw Rehabilitation is committed to serving the community by adhering to its mission and using its skills, expertise, and resources to provide a range of community benefit programs to address post-acute rehabilitation services for adults.

V. Needs Hospital Will Address

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

Strategies within the ISRs are included according to the prioritized list of needs developed during the 2025 CHNA.

- Access to Healthcare
- Adult Health
- Community Safety

A. Access to Healthcare

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

Access to Healthcare Initiatives for 2026-2028 include:

1. Edwin Shaw Rehabilitation provides medically necessary services to all patients regardless of race, color, creed, gender, country of national origin, or ability to pay. Edwin Shaw Rehabilitation has a financial assistance policy that provides free or discounted care based on financial need. Financial assistance may also be provided to patients on a case-by-case basis under certain medical circumstances. The financial assistance policy can be found here: Edwin Shaw Rehabilitation Financial Assistance
2. The term “rehabilitation” is widely used to describe many different levels of care, which contributes to confusion among stakeholders. The rehabilitation offered at Edwin Shaw Rehabilitation is defined by licensure and regulatory requirements. For patients, confusion surrounding rehabilitation can be a barrier to accessing the right level of care at the right time. Edwin Shaw Rehabilitation will develop and share educational materials with patients, families, and providers to broaden

community awareness and improve patients' ability to choose the most appropriate care setting.

3. A key cornerstone of inpatient rehabilitation is the prevention of stroke and brain injury through patient and community education. Clinical staff serving the Brain Injury and Stroke Program teams at Edwin Shaw Rehabilitation will develop support groups and educational sessions for families and community residents. As part of this education and outreach, the hospital will provide information on post-acute care settings, how to access different levels of care, and community based resources.

B. Adult Health

Adult Health encompasses several subtopics where information is available including Older Adult Health; Other Conditions; and Chronic Disease Prevention and Management including Nutrition and Healthy Eating. By addressing these issues in concert, Edwin Shaw Rehabilitation hopes to impact concerns for older adult mental health from isolation, chronic conditions, and access to healthy food.

Adult Health Initiatives for 2026-2028 include:

1. Each patient is followed by a physician's service throughout their stay at the rehabilitation hospital. Physicians educate patients on their overall healthcare and on potential risk factors that may affect their recovery. They also educate patients on their past medical history and how their existing conditions may be impacted by their new injury. There are consulting physicians including but not limited to cardiologists, pulmonologists, and nephrologists that are available for consultation regarding secondary diagnoses or complications related to the new injury/illness. Additionally, through Edwin Shaw Rehabilitation's linkage with Cleveland Clinic, patients have access to comprehensive diagnostic, medical, and surgical services.
2. Provide education and training to patients to increase mobility and activity. Discussions regarding healthy eating and interpretation of food labels may be initiated as part of the therapy care plan.
3. Continuing education is routinely provided to nursing and pharmacy staff specific to diabetes medication and diabetic management.
4. Depression and emotional changes are common following illness or injury. These occur as primary effects of the illness, as in the case of stroke, or as secondary reactions to new disabilities that may have commonly pre-existed the event.
    a. Psychologists are capable of evaluation and psychotherapeutic treatment of a variety of disorders. The attending psychiatrist often will start pharmacological intervention with antidepressant medications, mood stabilizers, and anxiolytics. It is important to use medications that can improve recovery and to avoid and/or discontinue those medications that have been shown or hypothesized to impede recovery.
    b. Therapists and nursing staff also provide emotional support, encouragement, and hope. It is also essential to use non-pharmacological techniques to help with these psychological disorders.

c. Recreational therapy is essential to help add some “downtime” to the rigors of the therapy schedule as well as to help patients realize and replicate common activities of daily living that will need to be performed after discharge.

5. Edwin Shaw Rehabilitation will leverage relationships with providers across the continuum of post-acute care in order to cross-refer, provide patient education, and support self-advocacy. Recognizing the health literacy needs of the community and the wide array of post-acute care options available, Edwin Shaw Rehabilitation has developed a large network of clinical liaisons throughout the community to assist elderly consumers in understanding their post-acute care options. The hospital offers facility tours and coordinates with our acute care case management partners.

6. As part Edwin Shaw’s inpatient care for individuals recovering from stroke, brain injury, spinal cord injury, limb loss and other conditions, the Care Partner program is utilized to provide comprehensive caregiver/family training prior to the patient’s discharge focusing on level of assistance and supervision needed to support a safe home discharge.

7. Edwin Shaw actively collaborates with the Northeast Ohio Brain Injury Foundation and the Ohio Brain Injury Association to assist individuals and their families recovering from brain injury to identify resources and support community reintegration where possible. Our Heads Up No Boundaries Brain Injury support groups provides ongoing support to current and former patients, their caregivers as well as an interdisciplinary education series addressing a variety of life span topics related to brain injury recovery.

8. Edwin Shaw’s group of interdisciplinary caregivers consisting of Physicians, Nurses, Therapists, Case Managers, Respiratory Therapists, Recreation Therapists, Pharmacists, Nurse Assistants and Administration regularly sponsors activities to support and benefit the local community including but not limited to healthcare fairs, participating in the American Heart Walk, Breast Cancer Survivor Walk; organizing annual food drives and donations to the Akron/Canton Food Bank and also sponsor 2-3 families residing at the Haven of Rest Homeless Shelter.

C. Community Safety

Community Safety issues, though related to social drivers, stands apart as a health topic intended to describe community health needs related to the following subtopics: Prevention & Safety and Alcohol & Drug Use.

Community Safety Initiatives for 2026-2028 include:

1. Falls represent a particular concern for our elderly populations. Edwin Shaw Rehabilitation has developed evidence-based falls prevention education for internal and external stakeholders including information on environmental modifications, balance exercises, and home safety assessments. In addition to focusing on falls

prevention, the hospital also provides educational materials detailing how to reduce the likelihood of injury should a fall occur.

2. Tobacco use is a risk factor for several medical conditions commonly treated in the inpatient rehabilitation setting. Smoking can also increase the risk of disease recurrence and presents a significant barrier to healthy living. A formalized smoking cessation program will be developed including resources and education that can be provided to patients during an inpatient rehabilitation stay. Patients will also be connected with organizations in the community for ongoing follow up and support. Low-cost or free smoking cessation resources will also be investigated.
3. Edwin Shaw Rehabilitation is committed to preventing deaths from opioid overdose by improving opioid prescribing practices, reducing exposure to opioids, and preventing misuse. The hospital has formalized an internal opioid management process for reviewing healthcare prescribing, data collection, and the use of non-pharmacologic treatment for pain.
    a. Healthcare providers screen all patients for pain on admission and develop a pain management plan based on the patient's input, history, and desired goals.
    b. Appropriate referrals to community programs, such as AA, NA, or mental health resources are delivered by case management and psychology staff.

While this ISR outlines specific strategies and programs identified to address the 2025 CHNA prioritized areas of Access to Healthcare, Adult Health, and Community Safety, it does not reflect all the work being done by CCRH Edwin Shaw to improve community health. Through this iterative process, opportunities are identified to grow and expand existing work in prioritized areas as well as implement additional programming in new areas. These ongoing strategic conversations will allow CCRH Edwin Shaw to build stronger community collaborations and make smarter, more targeted investments to improve the health of the people in the communities they serve.

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

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