Cleveland Clinic
Union Hospital

Community Health Needs Assessment

2025



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Union Hospital 2025 Community Health Needs Assessment

Introduction

Cleveland Clinic Union Hospital (Union Hospital or "the hospital"), is a 102-bed[1] not-for-profit community hospital in Dover, Ohio, serving Tuscarawas, Carroll, and surrounding counties. The hospital provides comprehensive services with strengths in orthopedics, outpatient rehabilitation and sports medicine, mental health, and occupational medicine. Care is supported by more than 300 providers and expanded through FirstCare urgent care and the WorkWell Occupational Medicine Center.

As part of the broader Cleveland Clinic health system, Union Hospital 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 Union Hospital, contributes to the system-wide advancement of clinical research and medical innovation. Patients at Union Hospital benefit from access to novel treatments, clinical trials, and evidence-based practices developed and shared across the Cleveland Clinic network.

Union Hospital also plays a vital role within its immediate neighborhood, advancing the Cleveland Clinic's mission of improving community health. The hospital actively supports programs, partnerships, and services that address local health needs and promote equal access to care and reduction of barriers. It has received national recognition for excellence in patient safety and care quality, and remains committed to treating every patient with kindness, dignity, and respect.

The Cleveland Clinic's legacy as a pioneering institution began in 1921 as a multispecialty group practice, and it continues to lead through medical firsts, global expansion, and a commitment to community health. Today, Union Hospital exemplifies this vision by delivering high-quality care, supporting health-focused research, and fostering community partnerships that help address both medical and social drivers of health.

[1] For the purpose of this report and consistent methodology, the Cleveland Clinic MD&A (Q3 2025) interim financial statement is referenced for official bed count. We acknowledge that staffed bed count may fluctuate and may differ from registered or licensed bed counts reflected in other descriptions.

Union Hospital is a trusted part of the community and continues to grow and improve to meet the needs of its patients. To learn more, visit: my.clevelandclinic.org/locations/union-hospital.

CHNA Background

As part of its mission to improve health and well-being in the communities it serves, Union Hospital 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 and qualitative community feedback.

Union Hospital Community Definition

The community definition describes the zip codes where approximately 75% of Union Hospital Emergency Department discharges originated in 2023. Figure 1 shows the specific geography for the Union Hospital community that served as a guide for data collection and analysis for this CHNA. Table 1 lists zip codes and associated municipalities that comprise the community definition.

Figure 1: Union Hospital Community Definition

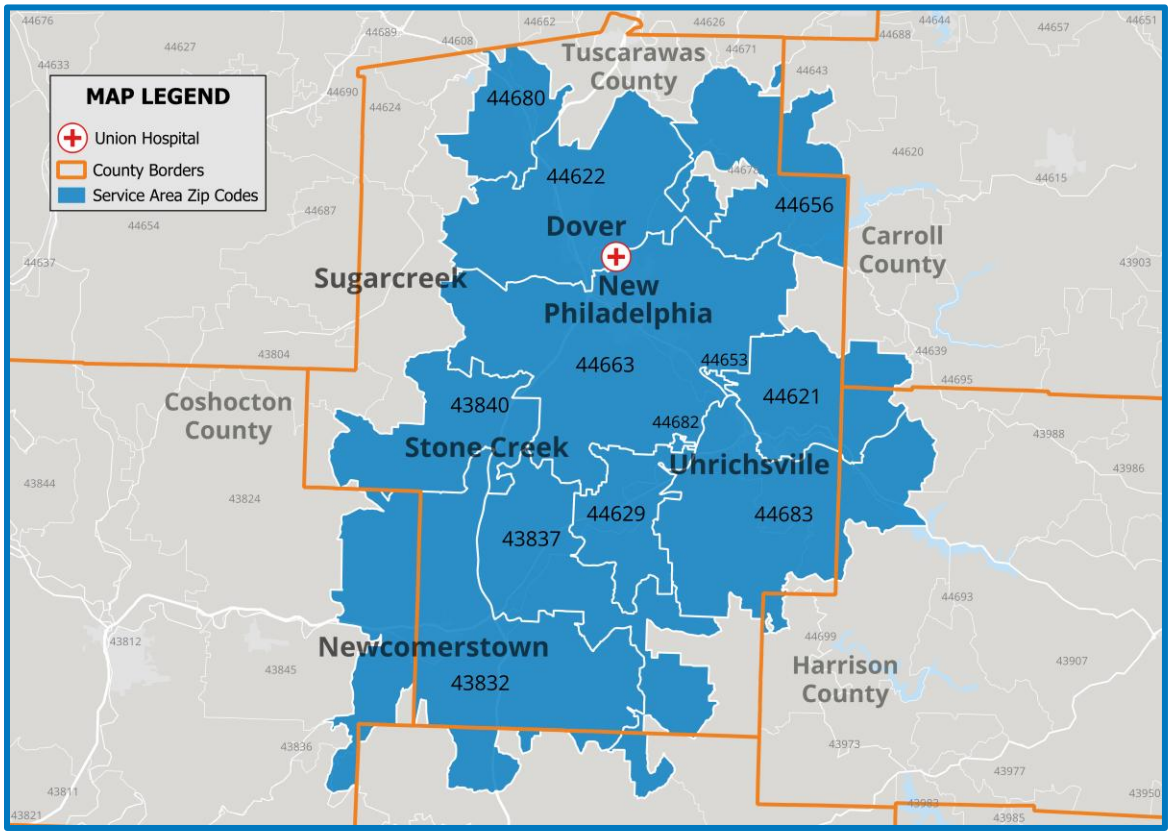


Table 1: Union Hospital Community Definition

Zip Code	Postal Name	Zip Code	Postal Name
43832	Newcomerstown	44653	Midvale
43837	Port Washinton	44656	Mineral City
43840	Stone Creek	44663	New Philadelphia
44621	Dennison	44680	Strasburg
44622	Dover	44682	Tuscarawas
44629	Gnadenhutten	44683	Uhrichsville

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 12-zip-code Union Hospital community area. Data were compared to national benchmarks, state averages, and historical trends to identify areas of concern. The analysis reinforced five key health priorities, Access to Healthcare, Behavioral Health, Chronic Disease Prevention and Management, Maternal and Child Health, and Health-Related Social Needs.

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 nonprofits, hospital systems, and regional health collaboratives, corroborated the relevance of the five prioritized needs prioritized in this 2025 CHNA process for Union Hospital.

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; differences in maternal and child health outcomes persist among certain communities; and health-related social needs, particularly poverty, housing insecurity, and gun violence, impact all other areas of health.

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 Union Hospital community. Stakeholders from 11 organizations provided feedback. Participants represented sectors including public health, mental health, housing, food access, child and family services, and grassroots organizations. Feedback consistently reinforced the five identified health priorities and revealed community-specific challenges affecting health outcomes, such as long wait times for care, gaps in behavioral health support, housing-related health risks, and challenges of accessing culturally competent prenatal care. Economic hardship was described as a root cause affecting every other health domain. Stakeholders called for expanded prevention, investment in community infrastructure, and system-level changes that address the underlying conditions shaping health across generations.

Summary

2025 Prioritized Health Needs

Union Hospital's 2025 Community Health Needs Assessment reaffirms its commitment to addressing five 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 five 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 the hospital's defined community continues to exceed state and national benchmarks in these areas, underscores the urgency of sustained, cross-sector efforts to address differences in health outcomes and improve health outcomes across populations in the community served by Union Hospital.

The five prioritized community health needs identified in this 2025 Union Hospital 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



Stakeholders from the Union Hospital community for the 2025 CHNA highlighted persistent challenges in access to healthcare, particularly for residents of Tuscarawas, Carroll, and surrounding counties. Geographic isolation, provider shortages, and financial barriers were described as significant obstacles to both preventive and ongoing care. Rural areas in particular face limited access to specialty providers, with long travel times and gaps in public transportation compounding the problem. For many, cost remains a deterrent, as high out-of-pocket expenses and insurance gaps restrict timely utilization of care.

Participants also emphasized the need for greater resource awareness and system coordination. Community members often lack knowledge of available services or face difficulties navigating fragmented systems of care. This was especially true for populations such as older adults, low-income families, and individuals managing chronic illnesses. Stakeholders noted that many residents delay treatment until conditions worsen, placing additional strain on emergency services and increasing avoidable hospitalizations. Telehealth was recognized as an emerging strength, yet stakeholders cautioned that inconsistent broadband access and digital literacy remain barriers to full adoption.

Finally, participants stressed the importance of expanding community-based and culturally responsive services to better meet the needs of local populations. Integrating mobile clinics, outreach programs, and patient education efforts were seen as critical strategies to reduce differences and promote early intervention. Addressing gaps in transportation, affordability, and care coordination was viewed as essential for Union Hospital to strengthen its role as a trusted provider in a largely rural community.

Secondary data demonstrate that both primary care providers and dentists are substantially less prevalent in Tuscarawas County, compared to the surrounding state of Ohio. The county rate of uninsured individuals is one of the highest in the state, and the rate of uninsured children is one of the highest across the nation. Uninsured rates are higher for the county's Asian population (38.1% vs. 8.7% of county population).

Despite barriers, the percentage of Tuscarawas adults who go to the doctor regularly for checkups is comparable to the state-wide population (65.9% vs. 65.2%). The rate of preventable hospital stays is lower than that of Ohio, although the county's Black/African American population experiences a higher rate of preventable hospitalizations (11,614 vs. 3,165 discharges per 100,000 Medicare enrollees).

Conduent HCI's Community Health Index (CHI) can help to estimate health risk for specific geographies based on health-related social needs. Across the Union Hospital community, the zip codes with the highest CHI values, and greatest health needs, are 43832 (Newcomerstown) and 44683 (Uhrichsville), with CHI values of 93.3 and 81.3, respectively.

Prioritized Health Need #2: Behavioral Health



Stakeholder interviews for Union Hospital highlighted behavioral health as a significant concern in the community, with consistent emphasis on the growing demand for mental health and substance use disorder services. Participants described persistent shortages of providers, including psychiatrists, counselors, and addiction specialists, which has resulted in long wait times and delays in care. These gaps are especially problematic for individuals in crisis, who often must travel outside the county for urgent or specialized services.

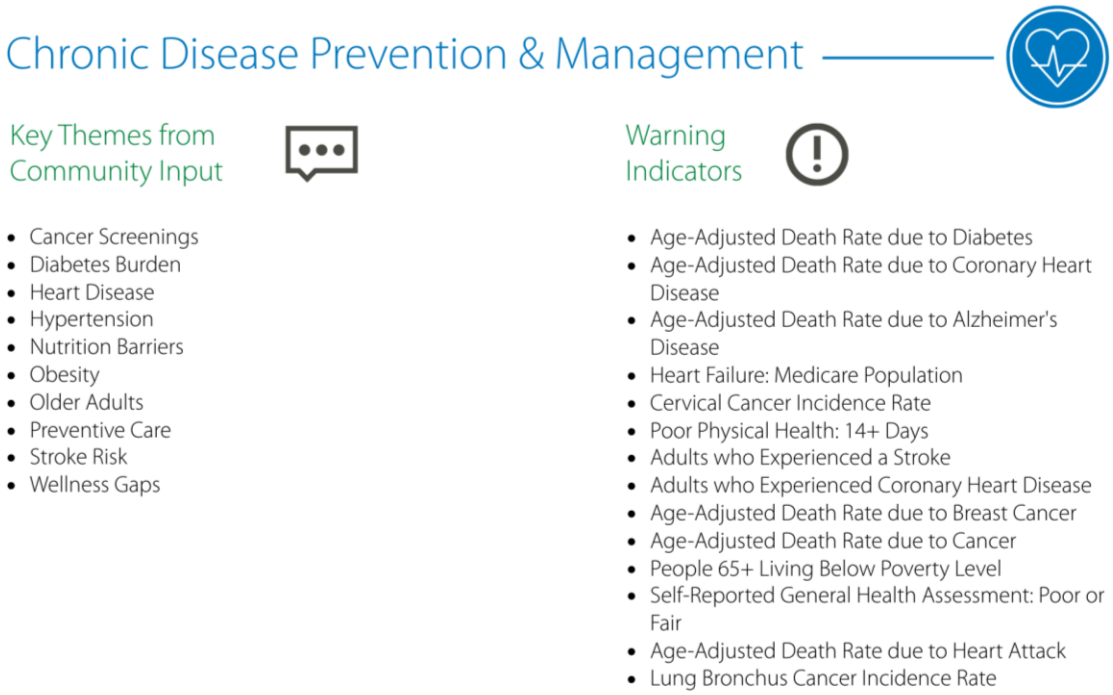
Youth mental health emerged as a pressing issue, with stakeholders noting rising rates of depression, anxiety, and trauma among children and adolescents. These concerns were often tied to family instability, economic hardship, and the lingering impacts of the COVID-19 pandemic. At the same time, substance use disorders, particularly involving opioids and alcohol, remain widespread and continue to place a burden on families, schools, and healthcare systems. Stigma, cultural barriers, and lack of community-based resources further prevent individuals from seeking timely support.

Stakeholders emphasized the importance of strengthening access to care through locally based programs, integrated behavioral health in primary care settings, and expanded crisis response services. Efforts to reduce stigma, improve culturally responsive care, and engage schools and community organizations were also viewed as essential. The feedback reflected a shared recognition that behavioral health is not only a medical issue but also a community-wide challenge that requires cross-sector collaboration, prevention strategies, and sustained investment in treatment capacity.

Based on secondary data, the rate of smokers in Tuscarawas County is one of the highest in the nation, and the risk of lung cancer across the county is more than 20% higher than the national lung cancer risk (65.2 vs. 53.1 cases per 100,000). The Tuscarawas population is also more likely to drink excessively than most other counties, and the rate of drunk driving deaths is one of the highest across the nation (40.7% of all driving deaths).

Conduent HCI's Mental Health Index (MHI) estimates differences in mental health needs between geographies, using health-related social need data. Across the Union Hospital community, the two zip codes with the highest MHI scores, and greatest mental health needs, are 43832 (Newcomerstown) and 44683 (Uhrichsville), with MHI values of 91.4 and 80.2, respectively.

Prioritized Health Need #3: Chronic Disease Prevention and Management



Stakeholder conversations for Union Hospital emphasized that chronic disease prevention and management is a persistent challenge in the community. Conditions such as diabetes, heart disease, hypertension, obesity, and cancer were frequently mentioned as leading concerns. Many participants tied these conditions to lifestyle and social factors, including poor nutrition, limited access to affordable healthy foods, physical inactivity, and high stress levels. Preventive care was described as underutilized, with cost barriers, lack of transportation, and limited local specialty services contributing to delays in screening, diagnosis, and ongoing management.

Older adults were seen as especially important to consider as a population, as many manage multiple chronic conditions while also navigating barriers such as fixed incomes, limited mobility, and fragmented support systems. Stakeholders also stressed that younger populations are increasingly affected by chronic conditions, highlighting the need for early intervention and preventive education. Cancer screening rates were described as low, with late-stage diagnoses more common due to gaps in awareness and access. Across all chronic disease categories, participants emphasized the importance of community-based support, expanded health education, and integrated care delivery models to improve outcomes.

Overall, stakeholders highlighted the need for Union Hospital and community partners to take a comprehensive approach that goes beyond clinical treatment. Strategies such as nutrition and wellness programs, better outreach around preventive screenings, and targeted support for older adults and high-risk groups were consistently identified as priorities. The feedback underscored that addressing chronic disease in the community requires not only medical expertise but also collaboration with schools, social services, and local organizations to reduce barriers and promote healthier lifestyles.

Primary and secondary data findings across topics such as nutrition, cancer, cardiovascular health, and aging consistently revealed differences in health outcomes influenced by income, location, and barriers in care delivery.

Nutrition, Healthy Eating, and Wellness
Stakeholders emphasized that limited access to affordable healthy foods and gaps in nutrition education are significant drivers of chronic disease. Poor diet and physical inactivity were cited as contributing factors to obesity, hypertension, and diabetes. Community-based wellness initiatives were viewed as essential for long-term prevention.

Secondary data show that, broadly, Tuscarawas County residents are more likely to report poor physical health than most other counties. One contributing factor may be access to healthy food. Although the food insecurity rate in Tuscarawas County is comparable to that of Ohio (15.7% vs. 15.3%), the Hispanic/Latino population is more likely to experience food insecurity in the county (25.0%). The Conduent HCI Food Insecurity Index (FII) offers a more detailed estimate of where food access challenges arise across the Union Hospital community, using sociodemographic data. At the zip code level, the zip codes with the highest FII scores and greatest food insecurity challenges are 43832 (Newcomerstown) and 44683 (Uhrichsville), with FII values of 73.0 and 71.0, respectively.

Cancer
Cancer screening rates were described as low, with many residents delaying or missing preventive care. This leads to later-stage diagnoses and poorer outcomes. Stakeholders underscored the need for more outreach, education, and accessible screening opportunities for breast, cervical, and colon cancers.

Secondary data indicate that the Tuscarawas County population experiences elevated risks for developing colorectal cancer, cervical cancer, lung cancer, and oral cancer, with all of these rates continuing to trend upward. The rates of death due to breast cancer and due to colorectal cancer are each in the top quartile of all Ohio counties. Rates of mammography and colorectal cancer screenings are also relatively low, which may impede timely treatment.

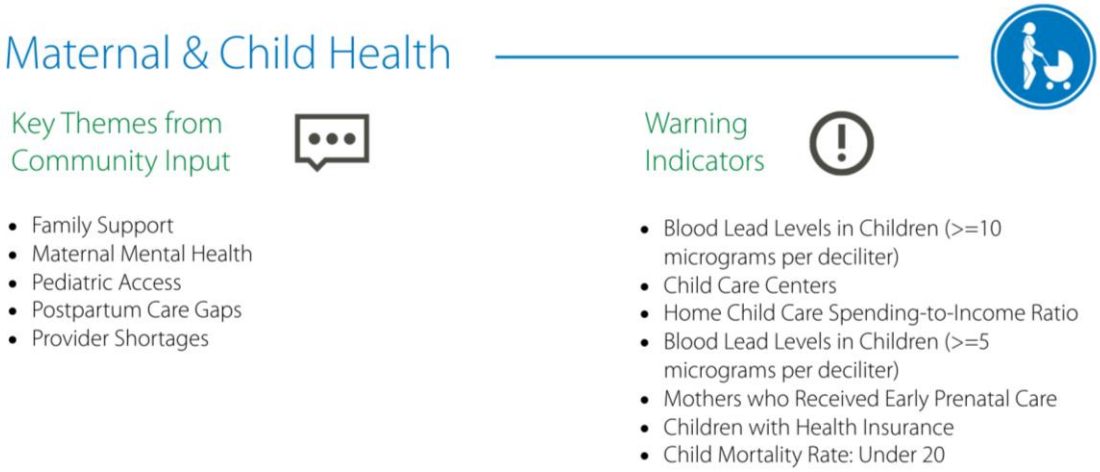
Diabetes, Heart Disease, Stroke, and Other Chronic Conditions
Diabetes and hypertension remain widespread in the community, with cost and lack of consistent management resources creating barriers for residents. Stroke and heart disease were also highlighted as major contributors to morbidity and mortality. Preventive screenings and long-term disease management were described as underutilized.

Secondary data demonstrate substantial health risks related to both diabetes and heart disease for the Union Hospital community. Although rates of diabetes are relatively low in Tuscarawas County, compared to other Ohio counties, the death rate due to diabetes (66.0 per 100,000) is one of the highest in the nation, and nearly three times the national rate (22.6). The Tuscarawas death rate due to heart disease (136.2 per 100,000) is also one of the highest in the nation, and the population also experiences elevated risks for heart failure and stroke.

Older Adult Health
Older adults were described as particularly susceptible to chronic disease burdens, often managing multiple conditions at once. Transportation challenges, fixed incomes, and social isolation were frequently noted as barriers to care. Stakeholders stressed the importance of better coordination of senior services and supports that promote independence and reduce avoidable hospitalizations.

Alzheimer's disease is a significant concern for the Union Hospital community's older adult population. Although rates of developing Alzheimer's disease are relatively low in Tuscarawas County, the death rate due to Alzheimer's disease is higher than that of Ohio (51.5 vs. 35.5 per 100,000) and is one of the highest in the nation. Poverty rates are also especially high for the county's older adult population, compared to both the state and the nation.

Prioritized Health Need #4: Maternal and Child Health



Stakeholder conversations for Union Hospital highlighted persistent challenges in maternal and child health across the community. Limited access to prenatal and postpartum care was emphasized as a barrier for low-income women and those living in rural areas, where transportation difficulties and provider shortages restrict access to timely care. Rising maternal mental health needs, particularly postpartum depression and anxiety, were identified as growing concerns. Stakeholders underscored the importance of integrating mental health support into maternal care to better serve new mothers during critical stages of transition.

For children, gaps in pediatric care were consistently discussed, with specific concerns around behavioral and mental health services. Long wait times for specialists and limited availability of providers reduce timely access for families in need. Stakeholders also pointed to the need for coordinated, family-centered support systems that connect parents and children with both clinical services and community-based resources. Such approaches were described as essential for strengthening early childhood outcomes and reducing long-term differences in health outcomes.

Overall, the feedback underscores the urgency of expanding maternal and child health services in the Union Hospital community, with an emphasis on affordability, provider availability, and integrated family-centered supports that address both physical and mental health needs.

Secondary data indicate promising trends regarding maternal and infant health for the Union Hospital community. Although mothers in Tuscarawas County are less likely to receive early prenatal care, the county's rates of preterm births, low birthweight, and infant mortality all remain relatively low. The teen birth rate remains higher than the U.S. rate but is trending downward.

Further analysis indicates barriers to accessing childcare in Tuscarawas. The rate of childcare centers is especially low, and the cost of home childcare is higher than in most other Ohio counties. Lead poisoning also remains a significant concern, with rates of lead exposure higher than most other Ohio counties and trending upward.

Prioritized Health Need #5: Health-Related Social Needs



Stakeholders in the Union Hospital community consistently identified health-related social need challenges as key drivers of health differences. Poverty, housing instability, food insecurity, and transportation barriers were cited as ongoing stressors that directly impact residents' ability to access and sustain healthcare. Limited local job opportunities and financial insecurity compound these challenges, particularly for low-income families and older adults living on fixed incomes. Participants stressed that these conditions create a cycle where residents delay preventive care and struggle to maintain consistent treatment for chronic conditions.

Interviewees also emphasized the role of reduced investment in some neighborhoods, which further restrict access to essential resources such as healthy food options, affordable housing, and reliable transit. These conditions contribute to increased reliance on emergency care rather than preventive and ongoing services. Stakeholders expressed the need for expanded cross-sector collaboration that addresses both healthcare delivery and upstream social drivers. Solutions such as community-driven partnerships, culturally responsive services, and stronger safety net supports were described as critical for promoting long-term equal access and health improvement across the Union Hospital community.

Secondary data illustrate that the Union Hospital community population has relatively lower levels of income and higher levels of poverty than Ohio and the U.S. overall. Additionally, the typical cost of many essential goods, including health insurance, housing, childcare, and home utilities are higher in Tuscarawas County than Ohio, overall. The county-wide median income is lower for the Black/African American and Hispanic/Latino populations ($35,734 and $42,718, respectively). Additionally, the gender pay gap in Tuscarawas County is one of the highest in the nation, with women making $0.63 for every dollar earned by men.

The Union Hospital community population is substantially less likely than that of Ohio to have a bachelor's degree or higher (18.3% vs. 30.2%). Tuscarawas County also has one of the highest student-to-teacher ratios across the nation (20 students per teacher), and also one of the highest rates of youth disconnected from both school and work (3.7%).

Prioritized Health Needs in Context

Each of the five 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 social factors influencing health in the Union Hospital 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.[2] 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 Union Hospital, 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.[3] 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 (county, zip code, and/or census tract) 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 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 Union Hospital Community

According to the 2024 Claritas Pop-Facts® population estimates, the Union Hospital community has an estimated population of 77,238. The median age is 42.6 years, slightly older than both the Ohio state median (40.3 years) and that of Tuscarawas County (41.8 years). As in the rest of Ohio, most of the population falls within the 25 to 74 age range.

The majority of the population is White (90.3%). Black and African American residents account for only 0.8% of the population, and Hispanic and Latino residents make up 5.8% of the community population.

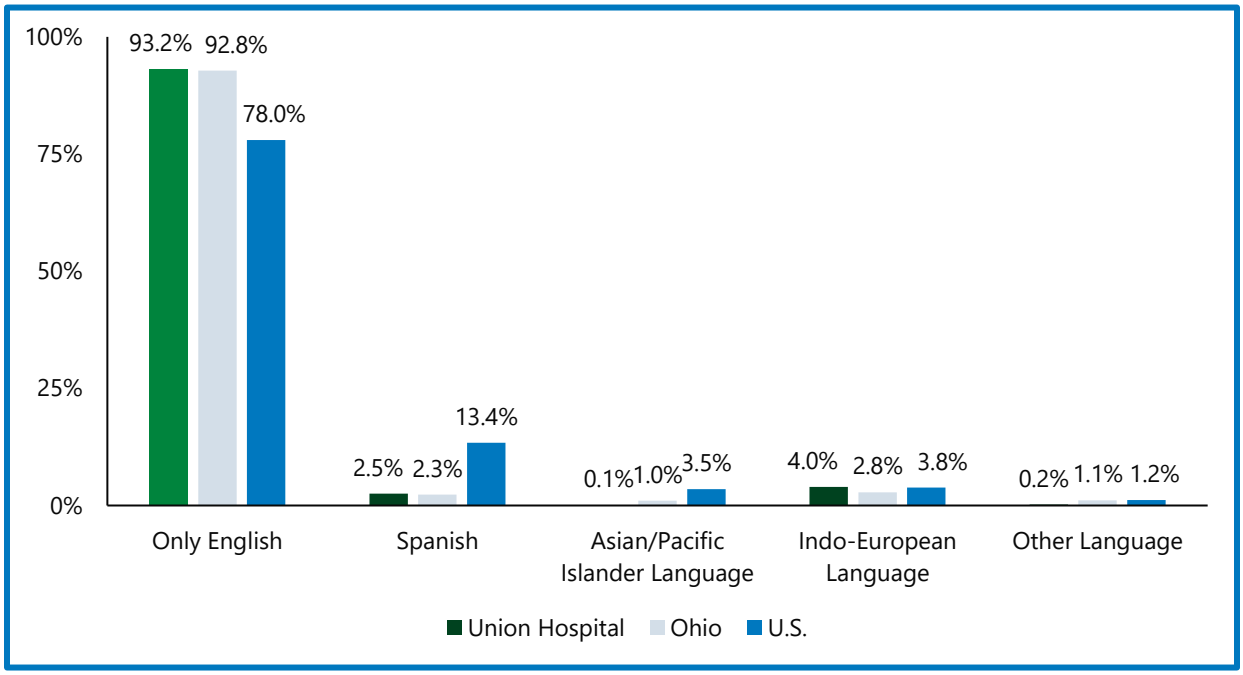
As shown in Figure 2, the vast majority of the Union Hospital population aged five and above speaks primarily English at home (93.2%). The percent of Spanish speakers in the community (2.5%) is comparable to the overall Ohio population (2.3%). Understanding countries of origin and language spoken at home can help inform the cultural and

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

[3] 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

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.

Figure 2: Population 5+ by Language Spoken at Home: Hospital Community, State, and Nation



Service area 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.[4]

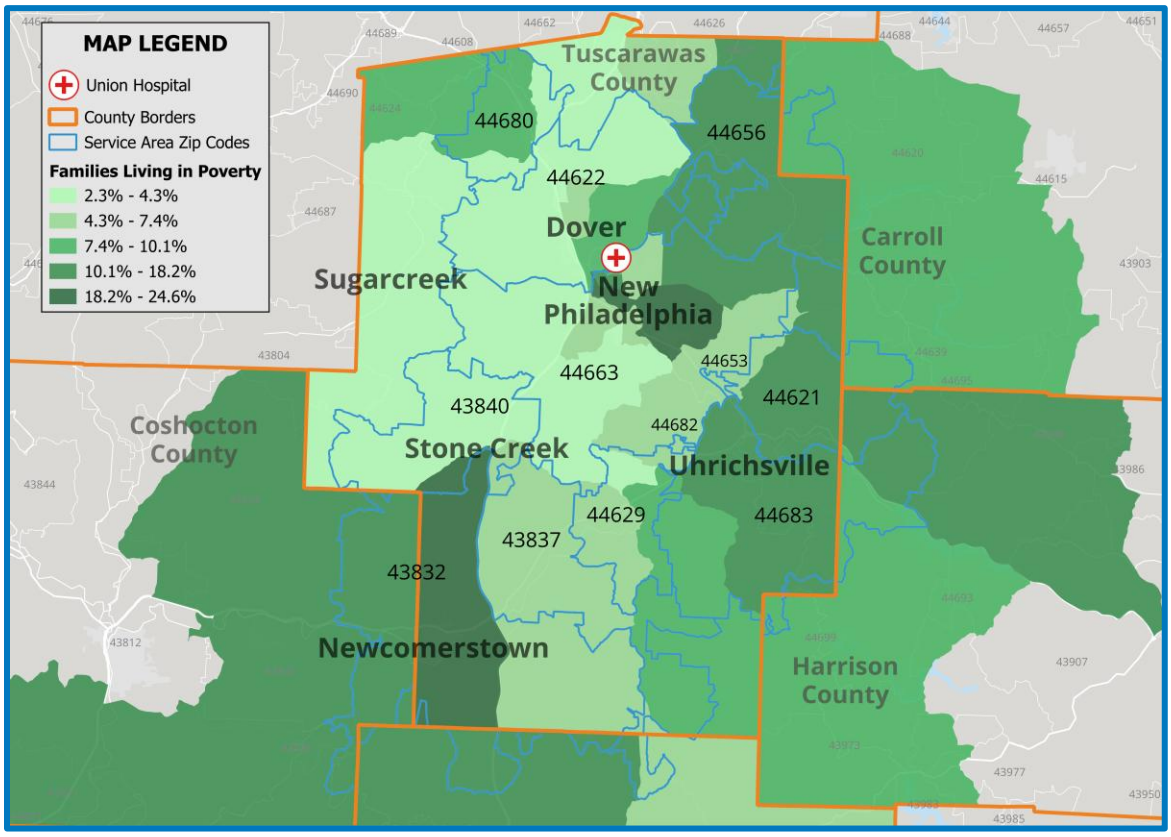
The median household income for the Union Hospital community is $62,646 which is less than that of Ohio overall ($68,488).

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. In the Union Hospital community, 10.7% of families live below the poverty level. This is greater than the state-wide and national poverty rates (9.4% and 8.8%, respectively). Poverty levels differ geographically across the Union Hospital community (Figure 3). Poverty levels are highest in 43832 (Newcomerstown), where 17.6% of families live below the poverty line, and poverty is least common in 43480 (Stone Creek), where 5.8% of families live in poverty.

[4] 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

The map in Figure 3 offers greater detail by describing poverty rates by census tract, with darker green zip codes 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.

Figure 3: Families in Poverty by Census Tract, Union Hospital Community



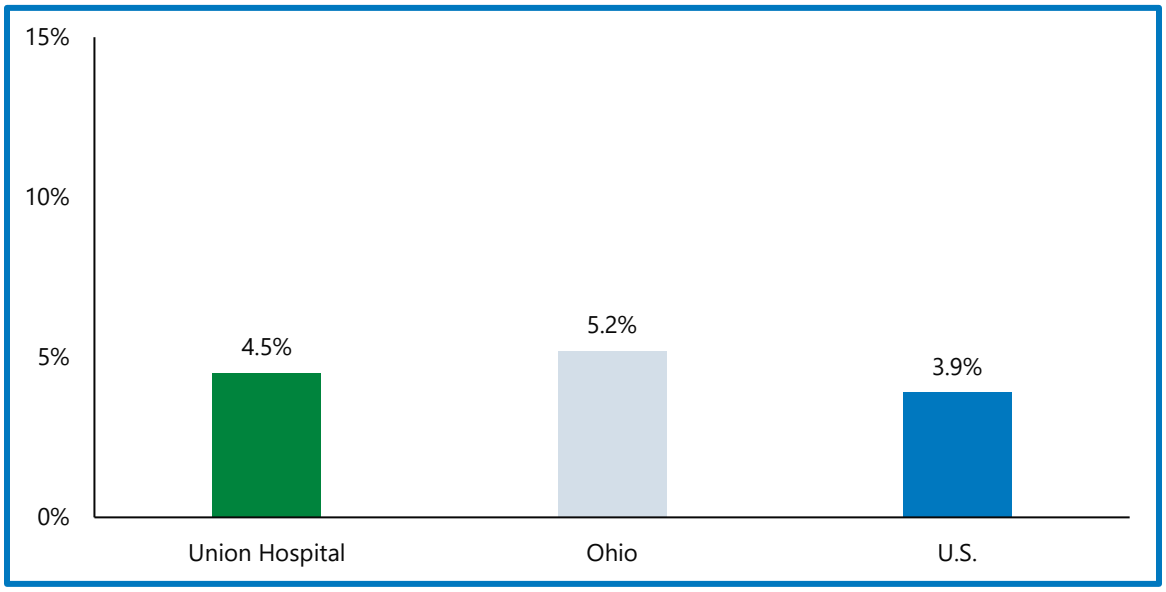
Service area, zip code, and state values: Claritas Pop-Facts® (2024 population estimates)

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

Education and Employment

Consistent with state and national trends, most residents in the Union Hospital community (91.0%) have earned at least a high school diploma. However, only 18.3% hold a bachelor's degree or higher—significantly below the state (30.2%) and national (35.0%) averages. As seen in Figure 4, the Union Hospital community unemployment rate is 4.5%—lower than that of Ohio, but higher than the U.S. unemployment rate.

Figure 4: Population 16+ Unemployed: Hospital Community, State, and Nation



Service area 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.[5] 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.[6]

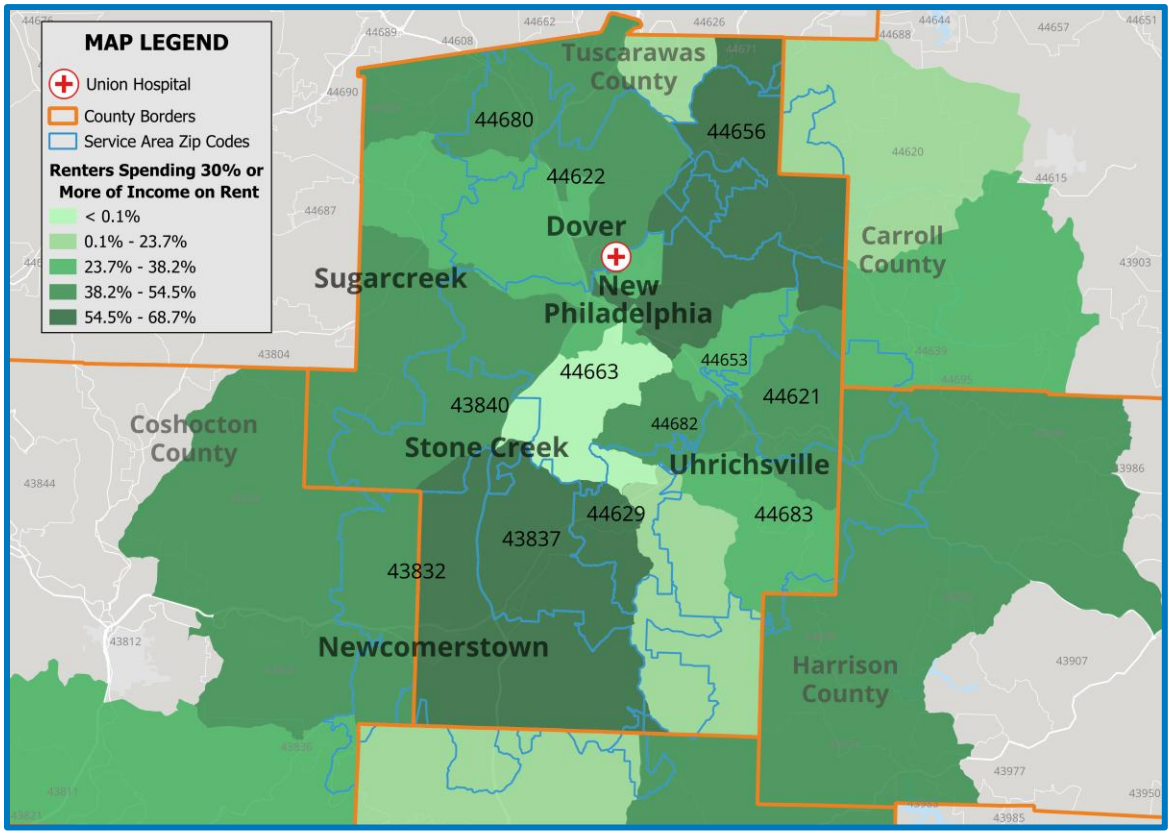
Housing and Built Environment

Safe, stable, and affordable housing provides a critical foundation for health and wellbeing. Across Tuscarawas County, 12.0% of households have severe housing problems, such as: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. Although concerning this rate is lower than both the state (12.7%) and national (16.7%) averages. Housing costs also pose a burden across Tuscarawas County, with 45.9% of renters spending 30% or more of their income on rent (Figure 5).

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

[6] 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: High Rent Burden by Census Tract, Union Hospital Community



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. The majority of Tuscarawas County households have internet access (83.8%), although this rate is below state-wide and national benchmarks (89.0% and 88.5%, respectively). At the zip code level, the lowest levels of internet access in the Union Hospital community are in the zip codes 43840 (Stone Creek) and 44656 (Mineral City), where 62.0% and 69.9% of households have an internet subscription, respectively.

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 Union Hospital community at the zip code level.

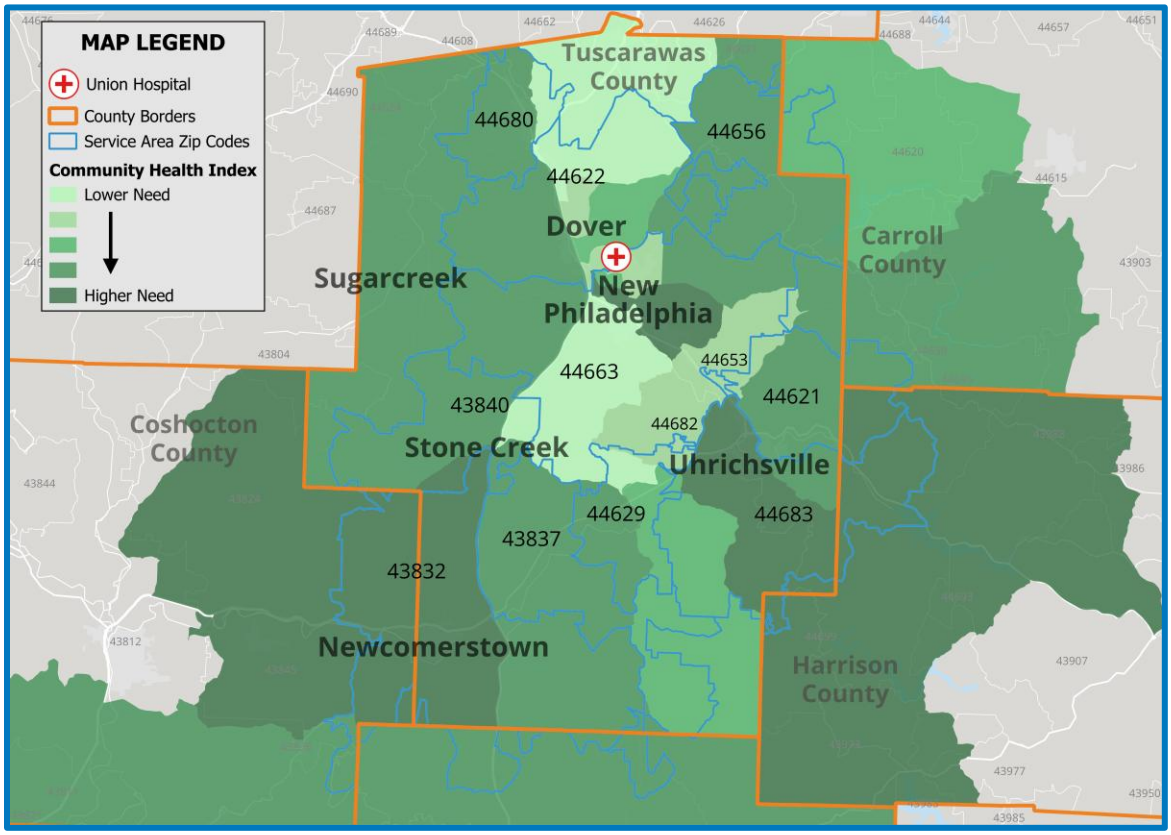
Community Health Index

Conduent HCI's Community Health Index (CHI) can help to identify geographic differences in health outcomes across the county, down to the zip code level. The CHI uses health-related social need 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 zip codes experience the greatest relative health needs in the Union Hospital community, as indicated by the darkest shade of green. At the zip code level, the highest levels of need are in 43832 (Newcomerstown) and 44683 (Uhrichsville), with CHI values of 93.3 and 81.3, respectively. See Appendix B for additional details about the CHI and a table of CHI values for each zip code in the Union Hospital community.

Figure 6: Community Health Index by Census Tract, Union Hospital Community



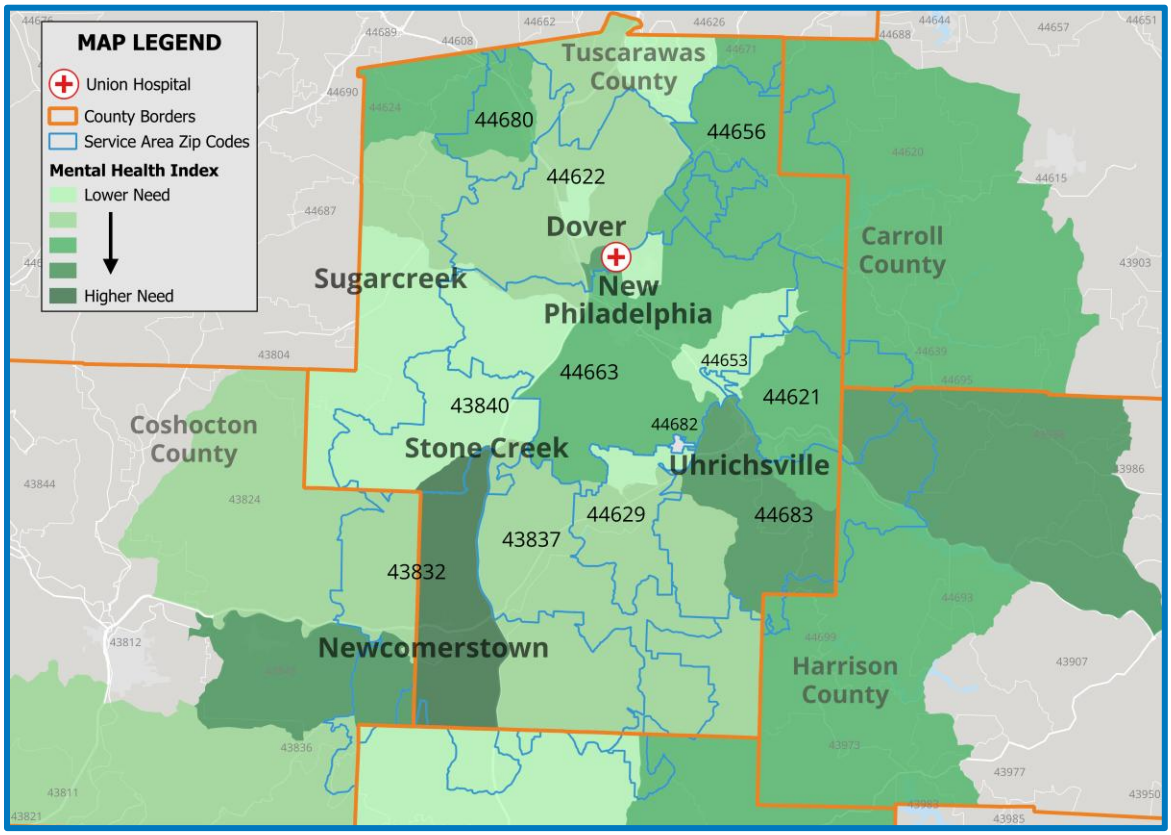
Mental Health Index

Conduent HCI's Mental Health Index (MHI) can help to identify geographic differences in mental health outcomes across the county, down to the zip code level. The MHI uses health-related social need 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 zip codes experience the greatest relative need related to mental health in the Union Hospital Community, as indicated by the darkest shade of

green. At the zip code level, the highest levels of need are in 43832 (Newcomerstown) and 44683 (Uhrichsville), with MHI values of 91.4 and 80.2, respectively. See Appendix B for additional details about the MHI and a table of MHI values for each zip code in the Union Hospital community.

Figure 7: Mental Health Index by Census Tract, Union Hospital Community

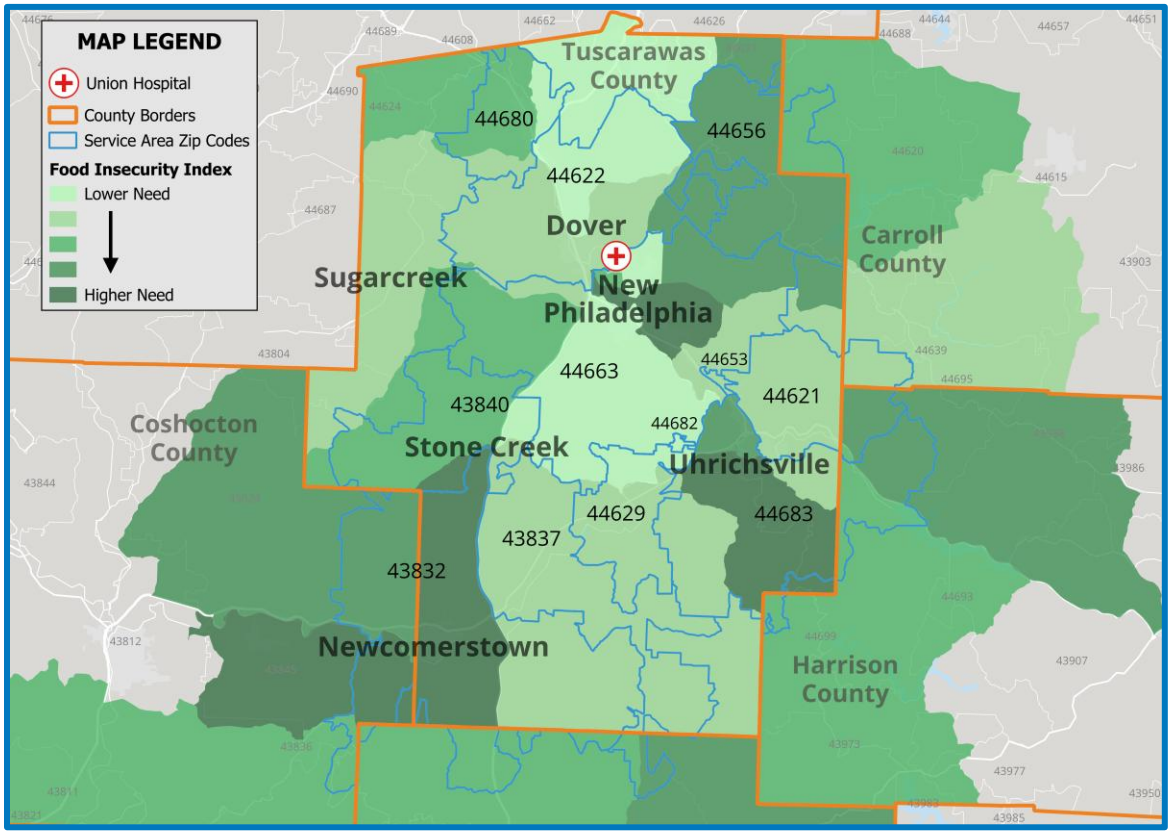


Food Insecurity Index

Conduent HCI's Food Insecurity Index (FII) can help to identify geographic differences in food access across the county, down to the zip code level. The FII uses health-related social need data that are 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 zip codes experience the greatest relative need related to food insecurity in the Union Hospital Community, as indicated by the darkest shade of green. At the zip code level, the highest levels of need are in 43832 (Newcomerstown) and 44683 (Uhrichsville), with FII values of 73.0 and 71.0, respectively. See Appendix B for additional details about the FII and a table of FII values for each zip code in the Union Hospital community.

Figure 8: Food Insecurity Index by Census Tract, Union Hospital Community



Other Community Assessment and Improvement Plans

An environmental scan of recent community health assessments, partner reports, and improvement plans relevant to the Union Hospital community were researched and reviewed. Findings from this environmental scan reinforced the relevance of the five prioritized health needs identified in Union Hospital's 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[7]

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

- Access to Healthcare:
    - There are widespread healthcare provider shortages, especially in primary care and mental health.

[7] Ohio Department of Health. (2023). *Ohio State Health Assessment 2023*. Ohio University; Ohio Department of Health. Retrieved from Ohio Department of Health website.

    - Many Ohioans face barriers such as limited insurance coverage, low health literacy, and lack of cultural and linguistically appropriate care.
- Behavioral Health:
    - Increased rates of depression, anxiety, and suicide among both youth and adults.
    - Significant unmet mental health needs and elevated levels of substance use, including youth drug use and adult overdose deaths.
- Chronic Disease Prevention and Management:
    - 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.
- Maternal and Child Health:
    - Stagnant or worsening maternal morbidity and infant mortality rates.
    - Persistent differences in birth outcomes
- Health-Related Social Needs:
    - Ongoing challenges related to poverty, housing affordability and quality, food insecurity, and transportation.
    - These social drivers of health are strongly linked to poor health outcomes across all priority areas.

2024 Tuscarawas County Community Health Needs Assessment[8]

Priority Areas Identified:

- Mental health/suicide
- Health care coverage, access, and utilization
- Healthy behaviors (including physical activity and nutrition to address obesity, and tobacco use)

2022 Akron Children's Hospital CHNA[9]

Priority Areas Identified:

- Mental and Behavioral Health (children's social and emotional health is urgent and critical need exacerbated by the COVID-19 pandemic and response, parents not satisfied with mental health services in the community for their child).

[8] Healthy Tusc. (2025). *Tuscarawas County Community Health Needs Assessment 2025*. Tuscarawas County Health Department. Accessed from https://www.tchdnow.org/current-reports.html
[9] Akron Children's Hospital. (2022). *Community Health Needs Assessment.* Retrieved from https://www.akronchildrens.org/pages/Community_Health_Needs_Assessment.html?tab=sctabtwo

- Community Based Health and Wellness (encompasses basic health services, such as well visits and regular health screenings tailored to the needs of the community and in some cases located within it).
- Overarching commitments: Advancing equal access to care and reduction of barriers

Primary Data Overview

Community Stakeholder Conversations

Community stakeholders from 11 organizations provided feedback specifically for the Union Hospital community. Interviews with each stakeholder varied by individual and the amount of feedback they provided. They 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 for the Union Hospital community:

- Access Tusc Community HUB
- ADAMHS Board for Tuscarawas and Carroll Counties
- Cleveland Clinic Children's
- East Central Ohio Educational Service Center
- Tuscarawas County Board of Developmental Disabilities
- Tuscarawas County Health Department
- Tuscarawas County Job & Family Services
- Tuscarawas County Senior Center
- Tuscarawas County Sheriff's Office
- Tuscarawas County United Way
- Tuscarawas United Feeding Our Future

Stakeholder conversations for the Union Hospital 2025 Community Health Needs Assessment identified Behavioral Health as a community priority. Participants consistently emphasized the shortage of providers, long wait times, and limited crisis response services as urgent barriers to timely treatment. Concerns about youth mental health, including anxiety, depression, and trauma, were repeatedly highlighted, with stressors such as family instability and the ongoing effects of the COVID-19 pandemic compounding the need. Stigma, affordability challenges, and a lack of culturally responsive services continue to deter many from seeking help.

Access to Healthcare and Chronic Disease Prevention and Management also emerged as pressing themes. Transportation limitations, excessive costs, and service gaps were described as persistent barriers that prevent residents from obtaining both preventive and ongoing care. Chronic conditions such as diabetes, heart disease, stroke, hypertension, and obesity are widespread in the Union Hospital community and are often linked to poor nutrition, physical inactivity, and environmental stressors. Stakeholders pointed to the need for mobile and telehealth services, integrated care models, and more robust wellness, nutrition, and lifestyle initiatives.

Older Adult Health was discussed within the broader context of chronic disease. Seniors in the community face unique challenges, including difficulty accessing specialty care, affording medications, and coordinating multiple services. Issues such as transportation barriers, fixed incomes, and social isolation exacerbate these struggles, placing older adults at higher risk for preventable hospitalizations. Stakeholders underscored the importance of community-based programs and supports that foster independence and promote healthy aging.

Finally, Health-Related Social Needs were viewed as underlying drivers of health in Tuscarawas County. Poverty, food insecurity, unstable housing, unemployment, and financial strain were described as key barriers that limit residents' ability to prioritize health. Stakeholders also noted that differences in health outcomes were heightened by differences in investment in certain neighborhoods as well as gaps in social services. They emphasized the importance of coordinated, cross-sector strategies that address both clinical care and upstream social drivers, with solutions that are sustainable, community-driven, and culturally responsive.

The following quotes highlight key themes highlighted in community feedback:

Priority Area	Key Quote	Additional Context
Access to Healthcare	"Transportation is a huge barrier. People may have a doctor, but they cannot get to appointments consistently."	Access is limited by transportation challenges and distance to providers, especially for low-income and older adults.
Behavioral Health	"Addiction continues to be one of the biggest challenges here. We see families torn apart, and treatment options are limited."	Stakeholders emphasized substance use disorder and lack of behavioral health providers as major barriers, particularly in rural Tuscarawas County.
Chronic Disease Prevention and Management	"Diabetes and heart disease are rampant, but many people delay care because of cost and lack of resources."	Chronic diseases are prevalent, and financial stressors prevent consistent management and preventive care.
Maternal and Child Health	"We do not have enough resources for moms who are struggling with postpartum depression or young families needing support."	Concerns centered around gaps in maternal mental health and family-centered pediatric resources.

Health-Related Social Needs	"If you don't have housing or food, managing your health is almost impossible."	Stakeholders linked poverty, housing instability, and food insecurity as root causes of poor health outcomes.

Prioritization Methodology

Union Hospital's 2025 Community Health Needs Assessment (CHNA) identified five core health priorities through a comprehensive and data-driven prioritization process. This decision was guided by a rigorous 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 differences in areas such as access to care, behavioral health, chronic disease, and health-related social needs. 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, Union Hospital has prioritized the same five health needs for its 2026–2028 Implementation Strategy Report, ensuring continuity in addressing longstanding health challenges and advancing improved outcomes for the populations it serves.

Collaborating Organizations

The fifteen regional 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. Union Hospital is part of the Cleveland Clinic Southern Submarket which includes Union Hospital, Lodi, Medina, Mercy, and Akron General.

Community Partners and Resources

This section identifies other facilities and resources available in the community served by Union Hospital available to address community health needs.

Federally Qualified Health Centers and Health Departments

Federally Qualified Health Centers (FQHCs)[10] are community-based clinics that provide comprehensive primary care, behavioral health, and dental services in under resourced areas. 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

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

Medicare reimbursement. Within the Union Hospital community, community health services are further supported by local public health agencies, including the Tuscarawas County Health Department. The following FQHC clinics and networks operate in the Union Hospital community:

- Aultman Tuscarawas Regional Health
- Springvale Health Center

Hospitals

In addition to several Cleveland Clinic hospitals in Northeast Ohio, Trinity Health System Twin City Medical Center is also situated in the Union Hospital Community:

Other Community Resources

A network of agencies, coalitions, and organizations provides a broad array of health and social services within the region served by Union Hospital. 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 serves as a vital referral tool. United Way 2-1-1 contains information on organizations and resources in the following categories:

- Donations and Volunteering
- Education, Recreation, and the Arts
- Employment and Income Support
- Family Support and Parenting
- Food, Clothing, and Household Items
- Healthcare
- Housing and Utilities
- Legal Services and Financial Management
- Mental Health and Counseling
- Municipal and Community Services
- Substance Abuse and Other Addictions

Additional information is available at www.211oh.org.

Comments Received on Previous CHNA

Community Health Needs Assessment reports from 2022 were published on the Union Hospital and Cleveland Clinic websites. No community feedback has been received as of this report's drafting. For more information regarding Cleveland Clinic Community Health Needs Assessment and Implementation Strategy reports, please visit www.clevelandclinic.org/CHNAreports or contact CHNA@ccf.org

Request for Public Comment

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

Appendices Summary

A. Union Hospital Community Definition

B. Secondary Data Sources and Analysis

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

C. Environmental Scan and Key Findings

Environmental scan findings from the region comparing significant and prioritized health needs and 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

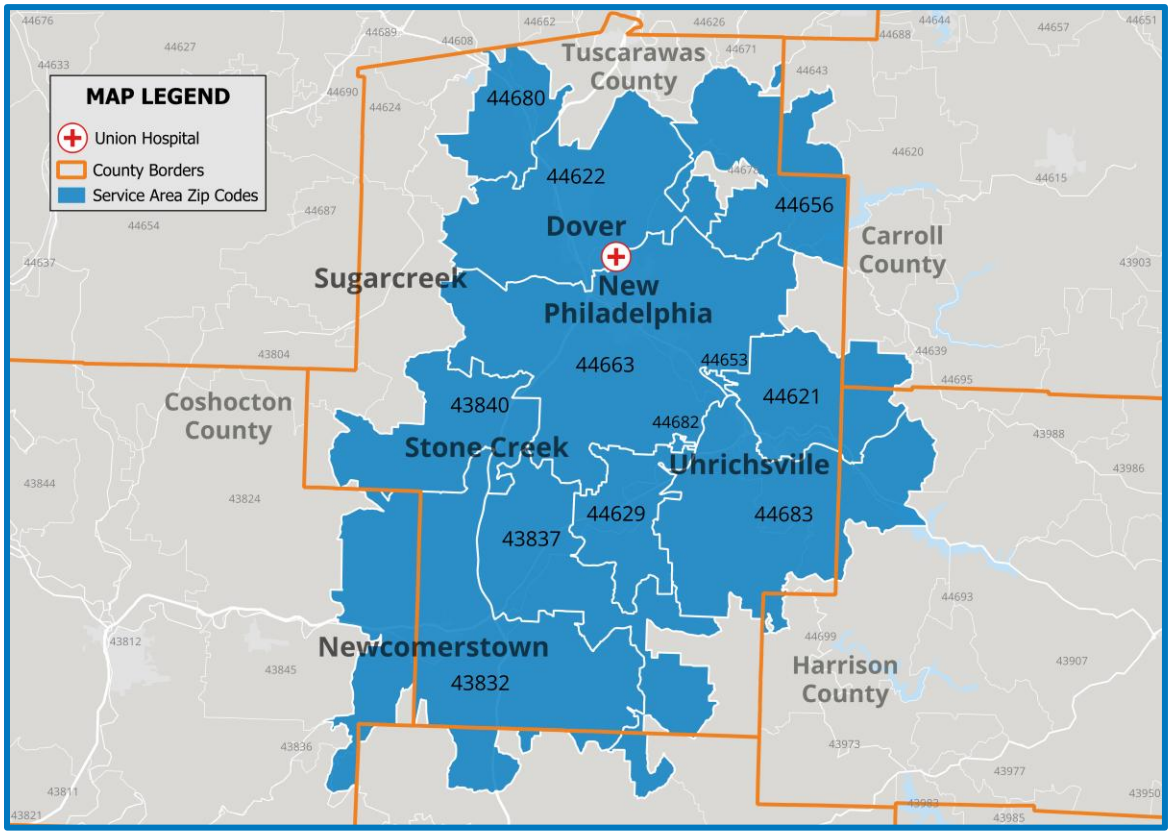
E. Impact Evaluation

F. Acknowledgements

Appendix A: Union Hospital Community Definition

The community definition describes the zip codes where approximately 75% of Union Hospital Emergency Department discharges originated in 2023. Figure 9 shows the specific geography for the Union Hospital community that served as a guide for data collection and analysis for this CHNA.

Figure 9: Union Hospital Community Definition



Appendix B: Secondary Data Sources and Analysis

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.

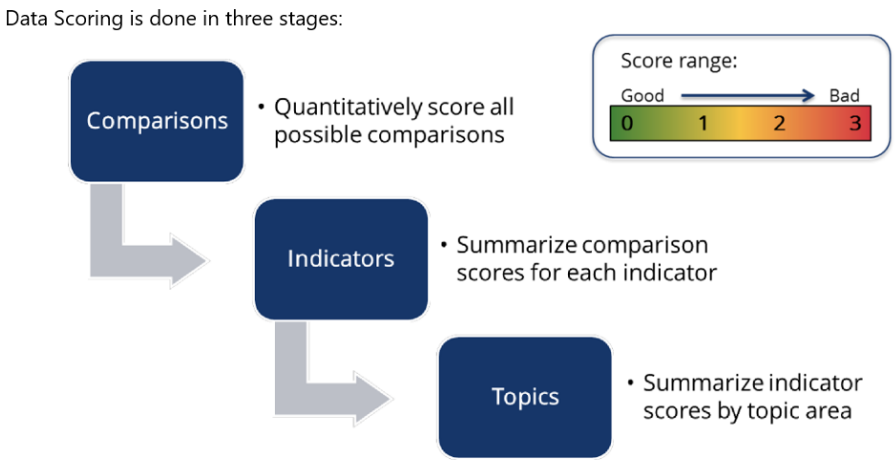
The following is a list of both local and national sources used in the Union Hospital Community Health Needs Assessment:

- American Community Survey
- 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
- 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 Public Safety, Office of Criminal Justice Services
- Ohio Public Health Information Warehouse
- Ohio Secretary of State
- Purdue Center for Regional Development
- 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 Union Hospital Community, this analysis was completed for Tuscarawas County. 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. Fourteen health topics and all four quality of life topics scored at or above this threshold in Tuscarawas County (see Tables 2 and 3).

Topic Scores

Results from the secondary data topic scoring can be seen in Tables 2 and 3 below. The highest scoring health needs in Tuscarawas County was *Oral Health* with a score of 1.99.

Table 2: Health Topic Scores: Tuscarawas County

Health Topic	Score
Oral Health	1.99
Tobacco Use	1.96
Physical Activity	1.90
Diabetes	1.82
Children's Health	1.81
Health Care Access & Quality	1.81
Wellness & Lifestyle	1.76
Weight Status	1.75
Cancer	1.73
Respiratory Diseases	1.68
Heart Disease & Stroke	1.62
Women's Health	1.61
Mortality Data	1.58
Alcohol & Drug Use	1.51
Immunizations & Infectious Diseases	1.48
Mental Health & Mental Disorders	1.45
Older Adults	1.37
Nutrition & Healthy Eating	1.24

Prevention & Safety	1.19
Maternal, Fetal & Infant Health	1.10
Other Chronic Conditions	0.92
Sexually Transmitted Infections	0.83

Table 3: Quality of Life Topic Scores: Tuscarawas County

Quality of Life Topic	Score
Economy	1.65
Environmental Health	1.64
Education	1.59
Community	1.53

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 4 for a full list of index values for each zip code in the Union Hospital community.

Table 4: Community Health Index, Food Insecurity Index, and Mental Health Index Values for Union Hospital Community Zip Codes

Zip Code	CHI Value	FII Value	MHI Value
43832	93.3	73.0	91.4
43837	64.4	40.8	40.1
43840	76.0	32.7	19.3
44621	61.5	48.6	53.7
44622	35.9	29.4	60.4
44629	43.1	32.6	21.2
44653	--	--	--
44656	66.0	65.0	46.0
44663	49.1	56.1	63.8
44680	59.1	28.5	43.1
44682	34.2	12.8	4.8
44683	81.3	71.0	80.2

Census Tract Key

The figures and tables below should serve as a guide for identifying census tracts that are described in various maps throughout this report. Figure 12 and Table 5 show the census tracts for each zip code in the northern portion of the Union Hospital Community.

Figure 12: Census Tract Key (Union Hospital, North)

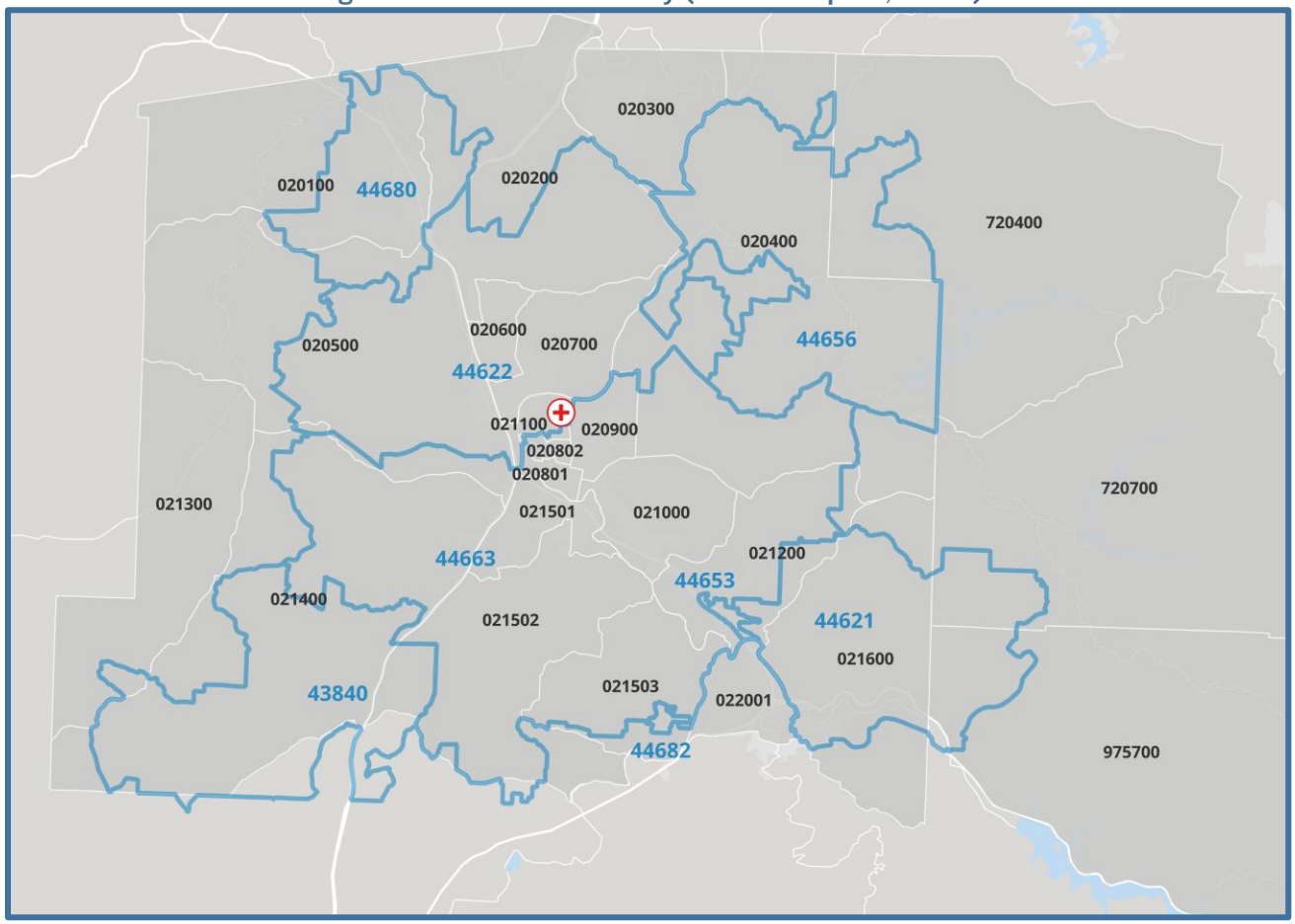


Table 5: Census Tracts by Zip Code (Union Hospital, North)

43840	44621	44622	44653	44656	44663	44680	44682
021300	021200	020200	021200	020300	020400	020100	021503
021400	021600	020300		020400	020500	020200	
021502	022002	020400		720400	020700	020500	
021700	720700	020500			020801		
021800	975700	020600			020802		
960900		020700			020900		
		020801			021000		
		020802			021100		
		020900			021200		
		021100			021400		
		021400			021501		
					021502		
					021503		
					021800		

Figure 13 and Table 6 show the census tracts for each zip code in the southern portion of the Union Hospital Community.

Figure 13: Census Tract Key (Union Hospital, South)

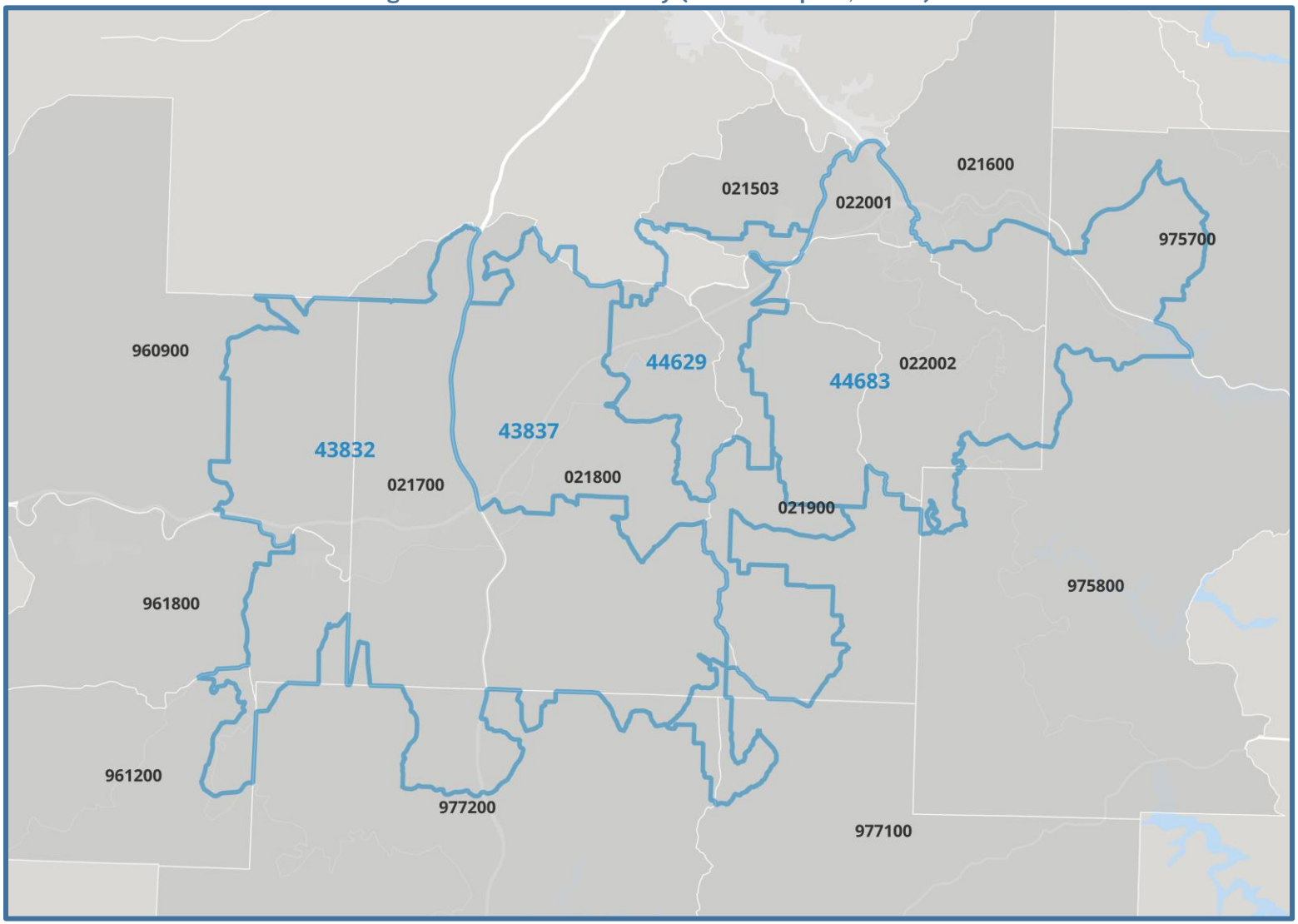


Table 6: Census Tracts by Zip Code (Union Hospital, South)

43832	43837	44629	44683
021700	021502	021502	021503
021800	021800	021503	021600
960900	021900	021800	021900
961200	977100	021900	022001
961800	977200		022002
977200			975700
			975800

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 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 is 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.

Race or Ethnic and Special Population Groupings

The secondary data presented in this report derive from multiple sources, which may present race and ethnicity 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

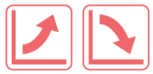
This report presents both Zip Code and Zip Code Tabulation Area (ZCTA) data. Zip Codes, which were created by the U.S. Postal Service to improve mail delivery service, are not reported in this assessment as they may change, include P.O. boxes, or cover large unpopulated areas. This assessment covers 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 sources 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 7 describes how to interpret the icons used to describe county distributions and trend data.

Table 7: 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.

Indicators of Concern: Access to Healthcare

The topic *Health Care Access and Quality* was ranked as the sixth highest scoring health need, with a score of 1.81 out of 3. Those indicators scoring at or above 1.50 were categorized as indicators of concern and are listed in table below.

SCORE	INDICATOR	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	OH Counties	U.S. Counties	Trend
2.65	Primary Care Provider Rate	*providers/ 100,000 population*	35.7	·	75.3	74.9			
2.56	Persons without Health Insurance	*percent*	8.7	--	6.4	8.6		--	
2.29	Adults who Visited a Dentist	*percent*	43.1	--	44.3	45.3			
2.24	Health Insurance Spending-to-Income Ratio	*percent*	7.5	--	6.6	5.9			
2.21	Dentist Rate	*dentists/ 100,000 population*	40.2	--	65.2	73.5			
1.85	Adults With Group Health Insurance	*percent*	34.1	--	37.4	39.8			--
1.82	Adults with Health Insurance: 18+	*percent*	74.9	--	74.7	75.2			
1.79	Children with Health Insurance	*percent*	92.0	--	95.1	94.6	--		
1.68	Preventable Hospital Stays: Medicare Population	*discharges/ 100,000 Medicare enrollees*	3165	--	3269	2769			--
1.62	Adults with Health Insurance	*percent*	88.0	--	91.6	89.0	--		
1.62	Mental Health Provider Rate	*providers/ 100,000 population*	198.1	--	349.4	--			
1.62	Persons with Health Insurance	*percent*	91.4	92.4	92.9	--			
1.50	Adults who go to the Doctor Regularly for Checkups	*percent*	65.9	--	65.2	65.1			--

1.50	Adults With Individual Health Insurance	*percent*	20.1	--	20.5	20.2			--
1.50	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	76.2	--	148.7	--			

Indicators of Concern: Behavioral Health

The prioritized health topic *Behavioral Health* was captured under three health topic areas: *Mental Health and Mental Disorders*, *Alcohol and Drug Use*, and *Tobacco Use*. The most concerning of these topics was *Tobacco Use* (1.96), followed by *Alcohol and Drug Use* (1.51), followed by and the least concerning was *Mental Health and Mental Disorders* (Score: 1.45). Indicators from these three topic areas which scored at or above 1.50 were categorized as indicators of concern and are listed in table below.

SCORE	INDICATOR	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	OH Counties	U.S. Counties	Trend
2.74	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	40.7	--	32.1	--			
2.71	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	51.5	--	35.5	31.0			
2.41	Cigarette Spending-to-Income Ratio	*percent*	2.6	--	2.1	1.9			
2.29	Adults who Smoke	*percent*	22.7	6.1	--	12.9			--
2.00	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	65.2	--	64.3	53.1			
1.94	Tobacco Use: Medicare Population	*percent*	8	--	7	6		--	--
1.94	Poor Mental Health: 14+ Days	*percent*	19.3	--	--	15.8			--
1.85	Adults who Feel Life is Slipping Out of Control	*Percent*	24.5	--	24.1	23.9			--
1.74	Adults who Drink Excessively	*percent*	20.6	--	21.2	--			
1.71	Liquor Store Density	*stores/ 100,000 population*	10.9	--	5.6	10.9			
1.71	Self-Reported General Health Assessment: Good or Better	*percent*	84.7	--	85.4	86.0			

1.68	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	7.1	--	6.9	6.8			--
1.62	Mental Health Provider Rate	*providers/ 100,000 population*	198.1	--	349.4	--			
1.59	Adults Ever Diagnosed with Depression	*percent*	25.0	--	--	20.7			--
1.59	Adults who Binge Drink	*percent*	17.4	--	--	16.6			--

Indicators of Concern: Chronic Disease Prevention and Management

The prioritized health topic *Chronic Disease Prevention and Management* 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*. 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 2.00 were categorized as indicators of concern and are listed in the table below.

SCORE	INDICATOR	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	OH Counties	U.S. Counties	Trend
3.00	Age-Adjusted Death Rate due to Diabetes	*deaths/ 100,000 population*	66.0	--	26.4	22.6			
2.71	Age-Adjusted Death Rate due to Coronary Heart Disease	*deaths/ 100,000 population*	136.2	71.1	101.9	90.2			
2.71	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	51.5	--	35.5	31.0			
2.56	Heart Failure: Medicare Population	*percent*	14	--	12	11			--
2.44	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	10.2	--	7.8	7.5	--		
2.29	Poor Physical Health: 14+ Days	*percent*	17	--	--	12.7			--
2.29	Adults who Experienced a Stroke	*percent*	4.9	--	--	3.6			--
2.29	Adults who Experienced Coronary Heart Disease	*percent*	10.7	--	--	6.8			--
2.24	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	22.3	15.3	20.2	19.3			
2.18	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	169.8	122.7	161.1	146			
2.18	People 65+ Living Below Poverty Level	*percent*	11.2	--	9.5	10.4			

2.12	Self-Reported General Health Assessment: Poor or Fair	*percent*	24.0	--	--	17.9			--
2.09	Age-Adjusted Death Rate due to Heart Attack	*deaths/ 100,000 population 35+ years*	71.0	--	60.9	--			
2.00	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	65.2	--	64.3	53.1			

Indicators of Concern: Maternal and Child Health

The prioritized health topic *Maternal and Child Health* was captured under two health topic areas: *Maternal, Fetal, and Infant Health* and *Children's Health*. The more concerning of these topics was *Children's Health with a score of 1.81*, followed by *Maternal, Fetal, and Infant Health*, with a score of 1.10. Indicators from these topic areas which scored at or above 1.50 were categorized as indicators of concern and are listed in table below.

SCORE	INDICATOR	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	OH Counties	U.S. Counties	Trend
2.18	Blood Lead Levels in Children (>=10 micrograms per deciliter)	*percent*	0.6	--	0.5	--		--	
2.12	Child Care Centers	*per 1,000 population under age 5*	6.7	--	8.0	7.0		--	--
2.06	Home Child Care Spending-to-Income Ratio	*percent*	3.6	--	3.2	3.3			
2.00	Blood Lead Levels in Children (>=5 micrograms per deciliter)	*percent*	2.2	--	1.9	--		--	
1.79	Mothers who Received Early Prenatal Care	*percent*	64.0	--	68.6	75.3		--	
1.79	Children with Health Insurance	*percent*	92.0	--	95.1	94.6		--	
1.76	Child Mortality Rate: Under 20	*deaths/ 100,000 population under 20*	62.1	--	59.2	--			--

Indicators of Concern: Health-Related Social Needs

The prioritized health topic health-related social needs was captured under the quality of life topics *Community, Economy,* and Education, as well as the health topic *Prevention and Safety*. *Prevention and Safety* was the nineteenth highest scoring health topic with a score of 1.19. The most concerning quality of life topic was *Economy* (Score: 1.65), followed by *Education* (1.59), and the least concerning topic was *Community* (1.53). Indicators from these four health and quality of life topic areas which scored at or above 2.00 were categorized as indicators of concern and are listed below.

SCORE	INDICATOR	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	OH Counties	U.S. Counties	Trend
2.74	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	40.7	--	32.1	--			
2.71	Student-to-Teacher Ratio	*students/ teacher*	20.0	--	16.6	15.2			
2.71	Veterans Living Below Poverty Level	*percent*	10.3	--	7.4	7.2			
2.53	Workers Commuting by Public Transportation	*percent*	0.0	5.3	1.1	3.5		--	
2.41	Cigarette Spending-to-Income Ratio	*percent*	2.6	--	2.1	1.9			
2.41	Youth not in School or Working	*percent*	3.7	--	1.7	1.7			
2.38	Total Employment Change	*percent*	0.3	--	2.9	5.8			
2.29	Female Population 16+ in Civilian Labor Force	*percent*	53.5	--	59.2	58.7			
2.26	Households Living Below Poverty Level	*percent*	15.8	--	13.5	12.7		--	
2.24	Health Insurance Spending-to-Income Ratio	*percent*	7.5	--	6.6	5.9			
2.18	People 65+ Living Below Poverty Level	*percent*	11.2	--	9.5	10.4			

2.18	Unemployed Workers in Civilian Labor Force	*percent*	5.5	--	5.4	4.5			
2.15	Gender Pay Gap	*cents on the dollar*	0.6	--	0.7	0.8	--		
2.12	Population 16+ in Civilian Labor Force	*percent*	57.6	--	60.1	59.8			
2.12	Renters Spending 30% or More of Household Income on Rent	*percent*	45.9	25.5	45.1	50.4			
2.12	Child Care Centers	*per 1,000 population under age 5*	6.7	--	8.0	7.0		--	--
2.06	Gasoline and Other Fuels Spending-to-Income Ratio	*percent*	3.8	--	3.3	3.1			
2.06	Home Child Care Spending-to-Income Ratio	*percent*	3.6	--	3.2	3.3			
2.06	Utilities Spending-to-Income Ratio	*percent*	6.9	--	6.1	5.6			
2.06	Vocational, Technical, and Other School Tuition Spending-to-Income Ratio	*percent*	1.8	--	1.6	1.5			
2.06	Home Child Care Spending-to-Income Ratio	*percent*	3.6	--	3.2	3.3			
2.06	People 25+ with a Bachelor's Degree or Higher	*percent*	19.6	--	30.9	35			
2.00	Adults with Disability Living in Poverty	*percent*	28.1	--	28.2	24.6			
2.00	Food Insecurity Rate	*percent*	15.7	--	15.3	14.5			

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 Table 8 below as a reference key for indicator data sources.

Table 8: 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 9: All Tuscarawas County Secondary Data Indicators

SCORE	ALCOHOL & DRUG USE	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.74	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	40.7		32.1		*2018-2022*	9
1.74	Adults who Drink Excessively	*percent*	20.6		21.2		*2022*	9
1.71	Liquor Store Density	*stores/ 100,000 population*	10.9		5.6	10.9	*2022*	22
1.59	Adults who Binge Drink	*percent*	17.4			16.6	*2022*	4
1.24	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	30.8	20.7	44.7		*2020-2022*	9
0.79	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	*Deaths per 100,000 population*	23.2		40.4	23.5	*2018-2020*	5
0.79	Mothers who Smoked During Pregnancy	*percent*	6.6	4.3	7.9	3.7	*2022*	16

SCORE	CANCER	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
3.00	Colorectal Cancer Incidence Rate	*cases/ 100,000 population*	47.2		38.9	36.4	*2017-2021*	11
2.71	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/ 100,000 population*	18.3	8.9	13.9	12.9	*2018-2022*	11
2.44	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	10.2		7.8	7.5	*2017-2021*	11

2.24	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	22.3	15.3	20.2	19.3	*2018-2022*	11
2.18	Age-Adjusted Death Rate due to Cancer	*deaths/ 100,000 population*	169.8	122.7	161.1	146	*2018-2022*	11
2.00	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	65.2		64.3	53.1	*2017-2021*	11
1.94	Adults with Cancer (Non-Skin) or Melanoma	*percent*	9.5			8.2	*2022*	4
1.82	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	117.5		118.1	113.2	*2017-2021*	11
1.76	Cervical Cancer Screening: 21-65	*Percent*	80.8			82.8	*2020*	4
1.59	Colon Cancer Screening: USPSTF Recommendation	*percent*	64.4			66.3	*2022*	4
1.53	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	13.3		12.8	12	*2017-2021*	11
1.47	All Cancer Incidence Rate	*cases/ 100,000 population*	458.8		470	444.4	*2017-2021*	11
1.41	Mammogram in Past 2 Years: 50-74	*percent*	74.7	80.3		76.5	*2022*	4
1.32	Mammography Screening: Medicare Population	*percent*	48		51	39	*2023*	6
1.29	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/ 100,000 males*	17.8	16.9	19.3	19	*2018-2022*	11
1.06	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	39.4	25.1	39.8	32.4	*2018-2022*	11
0.97	Cancer: Medicare Population	*percent*	11		12	12	*2023*	6
0.47	Breast Cancer Incidence Rate	*cases/ 100,000 females*	112.5		132.3	129.8	*2017-2021*	11

SCORE	CHILDREN'S HEALTH	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.18	Blood Lead Levels in Children (>=10 micrograms per deciliter)	*percent*	0.6		0.5		*2022*	18
2.12	Child Care Centers	*per 1,000 population under age 5*	6.7		8	7	*2022*	9
2.06	Home Child Care Spending-to-Income Ratio	*percent*	3.6		3.2	3.3	*2025*	8
2.00	Blood Lead Levels in Children (>=5 micrograms per deciliter)	*percent*	2.2		1.9		*2022*	18
1.79	Children with Health Insurance	*percent*	92		95.1	94.6	*2023*	1
1.76	Child Mortality Rate: Under 20	*deaths/ 100,000 population under 20*	62.1		59.2		*2019-2022*	9
1.47	Child Food Insecurity Rate	*percent*	18.5		20.1	18.4	*2023*	10
1.12	Substantiated Child Abuse Rate	*cases/ 1,000 children*	4.2	8.7	6.9		*2021*	3

SCORE	COMMUNITY	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.74	Alcohol-Impaired Driving Deaths	*percent of driving deaths with alcohol involvement*	40.7		32.1		*2018-2022*	9
2.53	Workers Commuting by Public Transportation	*percent*	0	5.3	1.1	3.5	*2019-2023*	2

2.41	Youth not in School or Working	*percent*	3.7		1.7	1.7	*2019-2023*	2
2.38	Total Employment Change	*percent*	0.3		2.9	5.8	*2021-2022*	22
2.29	Female Population 16+ in Civilian Labor Force	*percent*	53.5		59.2	58.7	*2019-2023*	2
2.12	Population 16+ in Civilian Labor Force	*percent*	57.6		60.1	59.8	*2019-2023*	2
2.06	Gasoline and Other Fuels Spending-to-Income Ratio	*percent*	3.8		3.3	3.1	*2025*	8
2.06	People 25+ with a Bachelor's Degree or Higher	*percent*	19.6		30.9	35	*2019-2023*	2
1.88	Young Children Living Below Poverty Level	*percent*	21.1		20	17.6	*2019-2023*	2
1.85	Adults With Group Health Insurance	*percent*	34.1		37.4	39.8	*2024*	7
1.82	Adults with Internet Access	*percent*	81		80.9	81.3	*2024*	7
1.76	Per Capita Income	*dollars*	32489		39455	43289	*2019-2023*	2
1.76	Workers who Drive Alone to Work	*percent*	81.5		76.6	70.2	*2019-2023*	2
1.71	People 65+ Living Alone	*percent*	29.3		30.2	26.5	*2019-2023*	2
1.71	Workers who Walk to Work	*percent*	1.9		2	2.4	*2019-2023*	2
1.68	Broadband Quality Score	*BQS Score*	50.4		53.4	50	*2022*	20
1.65	Linguistic Isolation	*percent*	1.5		1.5	4.2	*2019-2023*	2
1.65	People 65+ Living Alone (Count)	*people*	5395				*2019-2023*	2
1.65	People Living Below Poverty Level	*percent*	13	8	13.2	12.4	*2019-2023*	2

1.62	Persons with Health Insurance	*percent*	91.4	92.4	92.9		*2022*	23
1.59	Households with One or More Types of Computing Devices	*percent*	90		93.6	94.8	*2019-2023*	2
1.59	Median Household Gross Rent	*dollars*	876		988	1348	*2019-2023*	2
1.59	Persons with an Internet Subscription	*percent*	85.8		91.3	92	*2019-2023*	2
1.53	Adult Day Care Spending-to-Income Ratio	*percent*	11.1		11.1	11.9	*2025*	8
1.53	Households with a Computer	*percent*	84		85.2	86	*2024*	7
1.50	Adults Who Vote in Presidential Elections: Always or Sometimes	*percent*	85.4		84.9	85.1	*2024*	7
1.50	Adults With Individual Health Insurance	*percent*	20.1		20.5	20.2	*2024*	7
1.50	Social Vulnerability Index	*Score*	0.4				*2022*	5
1.41	Households with an Internet Subscription	*percent*	83.8		89	89.9	*2019-2023*	2
1.41	Median Household Income	*dollars*	64494		69680	78538	*2019-2023*	2
1.41	Mortgaged Owners Median Monthly Household Costs	*dollars*	1281		1472	1902	*2019-2023*	2
1.41	People 25+ with a High School Diploma or Higher	*percent*	88.9		91.6	89.4	*2019-2023*	2
1.35	Day Care Center and Preschool Spending-to-Income Ratio	*percent*	7		7.4	7.1	*2025*	8
1.29	Violent Crime Rate	*crimes/ 100,000 population*	149.7		331		*2024*	17

1.24	Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	11.9		11.1		*2016-2022*	9
1.24	Households with a Smartphone	*percent*	86.2		87.5	88.2	*2024*	7
1.24	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	490		570	612	*2019-2023*	2
1.24	Residential Segregation - Black/White	*Score*	58.5		69.6		*2025*	9
1.21	Solo Drivers with a Long Commute	*percent*	27.4		30.5		*2019-2023*	9
1.18	Voter Turnout: Presidential Election	*percent*	74.1	58.4	71.7		*2024*	19
1.15	Social Associations	*membership associations/ 10,000 population*	15.4		10.8		*2022*	9
1.12	Substantiated Child Abuse Rate	*cases/ 1,000 children*	4.2	8.7	6.9		*2021*	3
0.97	Digital Distress		1				*2022*	20
0.97	Digital Divide Index	*DDI Score*	22.4		40.1	50	*2022*	20
0.88	Children Living Below Poverty Level	*percent*	16.6		18	16.3	*2019-2023*	2
0.82	Mean Travel Time to Work	*minutes*	23.2		23.6	26.6	*2019-2023*	2
0.71	Age-Adjusted Death Rate due to Firearms	*deaths/ 100,000 population*	8.4	10.7	13.5	12	*2018-2020*	5
0.56	Grandparents Who Are Responsible for Their Grandchildren	*percent*	25.2		41.3	32	*2019-2023*	2
0.29	Children in Single-Parent Households	*percent*	16.3		26.1	24.8	*2019-2023*	2

SCORE	DIABETES	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
3.00	Age-Adjusted Death Rate due to Diabetes	*deaths/ 100,000 population*	66		26.4	22.6	*2018-2020*	5
1.50	Adults 20+ with Diabetes	*percent*	9				*2021*	5
0.97	Diabetes: Medicare Population	*percent*	24		25	24	*2023*	6

SCORE	ECONOMY	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.71	Veterans Living Below Poverty Level	*percent*	10.3		7.4	7.2	*2019-2023*	2
2.41	Cigarette Spending-to-Income Ratio	*percent*	2.6		2.1	1.9	*2025*	8
2.41	Youth not in School or Working	*percent*	3.7		1.7	1.7	*2019-2023*	2
2.38	Total Employment Change	*percent*	0.3		2.9	5.8	*2021-2022*	22
2.29	Female Population 16+ in Civilian Labor Force	*percent*	53.5		59.2	58.7	*2019-2023*	2
2.26	Households Living Below Poverty Level	*percent*	15.8		13.5	12.7	*2023*	25
2.24	Health Insurance Spending-to-Income Ratio	*percent*	7.5		6.6	5.9	*2025*	8
2.18	People 65+ Living Below Poverty Level	*percent*	11.2		9.5	10.4	*2019-2023*	2
2.18	Unemployed Workers in Civilian Labor Force	*percent*	5.5		5.4	4.5	*Apr-25*	21
2.15	Gender Pay Gap	*cents on the dollar*	0.6		0.7	0.8	*2023*	1
2.12	Population 16+ in Civilian Labor Force	*percent*	57.6		60.1	59.8	*2019-2023*	2

2.12	Renters Spending 30% or More of Household Income on Rent	*percent*	45.9	25.5	45.1	50.4	*2019-2023*	2
2.06	Gasoline and Other Fuels Spending-to-Income Ratio	*percent*	3.8		3.3	3.1	*2025*	8
2.06	Home Child Care Spending-to-Income Ratio	*percent*	3.6		3.2	3.3	*2025*	8
2.06	Utilities Spending-to-Income Ratio	*percent*	6.9		6.1	5.6	*2025*	8
2.06	Vocational, Technical, and Other School Tuition Spending-to-Income Ratio	*percent*	1.8		1.6	1.5	*2025*	8
2.00	Adults with Disability Living in Poverty	*percent*	28.1		28.2	24.6	*2019-2023*	2
2.00	Food Insecurity Rate	*percent*	15.7		15.3	14.5	*2023*	10
1.88	Young Children Living Below Poverty Level	*percent*	21.1		20	17.6	*2019-2023*	2
1.85	Adults who Feel Overwhelmed by Financial Burdens	*percent*	34.7		34	33.6	*2024*	7
1.76	Median Household Income: Householders 65+	*dollars*	46286		51608	57108	*2019-2023*	2
1.76	Per Capita Income	*dollars*	32489		39455	43289	*2019-2023*	2
1.74	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	*percent*	58		61.5	58	*2023*	25
1.71	College Tuition Spending-to-Income Ratio	*percent*	12.5		12.6	11.9	*2025*	8
1.71	Families Living Below Poverty Level	*percent*	9.3		9.2	8.7	*2019-2023*	2
1.71	Home Renter Spending-to-Income Ratio	*percent*	16.9		16.3	17	*2025*	8

1.71	Homeowner Spending-to-Income Ratio	*percent*	14		14.3	13.5	*2025*	8
1.71	Households with a 401k Plan	*percent*	34.9		38.4	40.8	*2024*	7
1.71	Households with a Savings Account	*percent*	69.4		70.9	72	*2024*	7
1.71	Student Loan Spending-to-Income Ratio	*percent*	4.8		4.6	4.5	*2025*	8
1.68	Students Eligible for the Free Lunch Program	*percent*	37.5		23.6	43.6	*2023-2024*	12
1.65	People 65+ Living Below Poverty Level (Count)	*people*	1976				*2019-2023*	2
1.65	People Living Below Poverty Level	*percent*	13	8	13.2	12.4	*2019-2023*	2
1.62	People 65+ Living Below 200% of Poverty Level	*percent*	30		28.4	28.1	*2023*	1
1.62	People Living Below 200% of Poverty Level	*percent*	30.3		29.6	28.2	*2023*	1
1.59	Median Household Gross Rent	*dollars*	876		988	1348	*2019-2023*	2
1.56	Households that are Asset Limited, Income Constrained, Employed (ALICE)	*percent*	26.2		25	29.4	*2023*	25
1.56	Severe Housing Problems	*percent*	12		12.7		*2017-2021*	9
1.53	Adult Day Care Spending-to-Income Ratio	*percent*	11.1		11.1	11.9	*2025*	8
1.47	Child Food Insecurity Rate	*percent*	18.5		20.1	18.4	*2023*	10
1.41	Median Household Income	*dollars*	64494		69680	78538	*2019-2023*	2
1.41	Mortgaged Owners Median Monthly Household Costs	*dollars*	1281		1472	1902	*2019-2023*	2

1.35	Day Care Center and Preschool Spending-to-Income Ratio	*percent*	7		7.4	7.1	*2025*	8
1.35	Size of Labor Force	*persons*	45311				*45748*	21
1.24	Median Monthly Owner Costs for Households without a Mortgage	*dollars*	490		570	612	*2019-2023*	2
1.24	Residential Segregation - Black/White	*Score*	58.5		69.6		*2025*	9
1.15	Households Spending 50% or More of Household Income on Housing	*percent*	10.3		11.5	14.3	*2019-2023*	2
1.15	Households with Cash Public Assistance Income	*percent*	2.3		2.5	2.7	*2019-2023*	2
1.12	Unemployed Veterans	*percent*	2		2.8	3.2	*2019-2023*	2
1.09	Children Living Below 200% of Poverty Level	*percent*	35.6		38.3	36.1	*2023*	1
0.97	Families Living Below 200% of Poverty Level	*Percent*	22.3		22.8	22.3	*2023*	1
0.88	Children Living Below Poverty Level	*percent*	16.6		18	16.3	*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
0.88	Overcrowded Households	*percent*	1.5		1.4	3.4	*2019-2023*	2
0.82	Households with Student Loan Debt	*percent*	7.5		9.1	9.8	*2024*	7
0.71	Households that Used Check Cashing, Cash Advance, or Title Loan Shops	*percent*	1.8		2	2	*2024*	7
0.65	Homeowner Vacancy Rate	*percent*	0.8		0.9	1	*2019-2023*	2
0.62	Income Inequality		0.4		0.5	0.5	*2019-2023*	2

SCORE	EDUCATION	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.71	Student-to-Teacher Ratio	*students/ teacher*	20		16.6	15.2	*2023-2024*	12
2.12	Child Care Centers	*per 1,000 population under age 5*	6.7		8	7	*2022*	9
2.06	Home Child Care Spending-to-Income Ratio	*percent*	3.6		3.2	3.3	*2025*	8
2.06	People 25+ with a Bachelor's Degree or Higher	*percent*	19.6		30.9	35	*2019-2023*	2
2.06	Vocational, Technical, and Other School Tuition Spending-to-Income Ratio	*percent*	1.8		1.6	1.5	*2025*	8
1.71	College Tuition Spending-to-Income Ratio	*percent*	12.5		12.6	11.9	*2025*	8
1.71	High School Graduation	*percent*	88.5	90.7	92.5		*2022-2023*	14
1.71	Student Loan Spending-to-Income Ratio	*percent*	4.8		4.6	4.5	*2025*	8
1.59	Veterans with a High School Diploma or Higher	*percent*	92.1		94.4	95.2	*2019-2023*	2
1.41	People 25+ with a High School Diploma or Higher	*percent*	88.9		91.6	89.4	*2019-2023*	2
1.35	Day Care Center and Preschool Spending-to-Income Ratio	*percent*	7		7.4	7.1	*2025*	8
1.12	8th Grade Students Proficient in English/Language Arts	*percent*	57.8		49.4		*2023-2024*	14
1.00	4th Grade Students Proficient in English/Language Arts	*percent*	70.7		64.1		*2023-2024*	14
0.71	4th Grade Students Proficient in Math	*percent*	78.2		67.2		*2023-2024*	14

0.53	8th Grade Students Proficient in Math	*percent*	61.9		46.3		*2023-2024*	14

SCORE	ENVIRONMENTAL HEALTH	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.29	Daily Dose of UV Irradiance	*Joule per square meter*	3534		3384		*2020*	13
2.24	Houses Built Prior to 1950	*percent*	30.7		24.9	16.4	*2019-2023*	2
2.18	Blood Lead Levels in Children (>=10 micrograms per deciliter)	*percent*	0.6		0.5		*2022*	18
2.12	Adults with Current Asthma	*percent*	11.6			9.9	*2022*	4
2.06	Gasoline and Other Fuels Spending-to-Income Ratio	*percent*	3.8		3.3	3.1	*2025*	8
2.06	Utilities Spending-to-Income Ratio	*percent*	6.9		6.1	5.6	*2025*	8
2.00	Blood Lead Levels in Children (>=5 micrograms per deciliter)	*percent*	2.2		1.9		*2022*	18
1.94	Access to Parks	*percent*	21.3		59.6		*2020*	13
1.76	Access to Exercise Opportunities	*percent*	70.9		84.2		*2025*	9
1.71	Liquor Store Density	*stores/ 100,000 population*	10.9		5.6	10.9	*2022*	22
1.68	Broadband Quality Score	*BQS Score*	50.4		53.4	50	*2022*	20
1.62	Air Pollution due to Particulate Matter	*micrograms per cubic meter*	8.3		7.9		*2020*	9
1.56	Severe Housing Problems	*percent*	12		12.7		*2017-2021*	9
1.50	Asthma: Medicare Population	*percent*	7		7	7	*2023*	6

1.50	Social Vulnerability Index	*Score*	0.4				*2022*	5
1.35	Number of Extreme Heat Days	*days*	18				*2023*	13
1.35	Number of Extreme Heat Events	*events*	12				*2023*	13
1.35	Number of Extreme Precipitation Days	*days*	4				*2023*	13
1.35	Recognized Carcinogens Released into Air	*pounds*	19503				*2023*	24
1.24	Proximity to Highways	*percent*	3.5		7.2		*2020*	13
0.97	Digital Divide Index	*DDI Score*	22.4		40.1	50	*2022*	20
0.91	Food Environment Index		7.9		7		*2025*	9
0.88	Overcrowded Households	*percent*	1.5		1.4	3.4	*2019-2023*	2

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.65	Primary Care Provider Rate	*providers/ 100,000 population*	35.7		75.3	74.9	*2021*	9
2.56	Persons without Health Insurance	*percent*	8.7		6.4	8.6	*2019-2023*	2
2.29	Adults who Visited a Dentist	*percent*	43.1		44.3	45.3	*2024*	7
2.24	Health Insurance Spending-to-Income Ratio	*percent*	7.5		6.6	5.9	*2025*	8
2.21	Dentist Rate	*dentists/ 100,000 population*	40.2		65.2	73.5	*2022*	9
1.85	Adults With Group Health Insurance	*percent*	34.1		37.4	39.8	*2024*	7

1.82	Adults with Health Insurance: 18+	*percent*	74.9		74.7	75.2	*2024*	7
1.79	Children with Health Insurance	*percent*	92		95.1	94.6	*2023*	1
1.68	Preventable Hospital Stays: Medicare Population	*discharges/ 100,000 Medicare enrollees*	3165		3269	2769	*2023*	6
1.62	Adults with Health Insurance	*percent*	88		91.6	89	*2023*	1
1.62	Mental Health Provider Rate	*providers/ 100,000 population*	198.1		349.4		*2024*	9
1.62	Persons with Health Insurance	*percent*	91.4	92.4	92.9		*2022*	23
1.50	Adults who go to the Doctor Regularly for Checkups	*percent*	65.9		65.2	65.1	*2024*	7
1.50	Adults With Individual Health Insurance	*percent*	20.1		20.5	20.2	*2024*	7
1.50	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	76.2		148.7		*2024*	9
1.41	Adults without Health Insurance	*percent*	7			10.8	*2022*	4

SCORE	HEART DISEASE & STROKE	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.71	Age-Adjusted Death Rate due to Coronary Heart Disease	*deaths/ 100,000 population*	136.2	71.1	101.9	90.2	*2018-2020*	5
2.56	Heart Failure: Medicare Population	*percent*	14		12	11	*2023*	6
2.29	Adults who Experienced a Stroke	*percent*	4.9			3.6	*2022*	4
2.29	Adults who Experienced Coronary Heart Disease	*percent*	10.7			6.8	*2022*	4

2.09	Age-Adjusted Death Rate due to Heart Attack	*deaths/ 100,000 population 35+ years*	71		60.9		*2021*	13
1.94	High Blood Pressure Prevalence	*percent*	38.9	41.9		32.7	*2021*	4
1.76	Cholesterol Test History	*percent*	83.4			86.4	*2021*	4
1.59	High Cholesterol Prevalence	*percent*	36.4			35.5	*2021*	4
1.32	Atrial Fibrillation: Medicare Population	*percent*	15		15	14	*2023*	6
1.24	Adults who Have Taken Medications for High Blood Pressure	*percent*	80.8			78.2	*2021*	4
1.15	Hypertension: Medicare Population	*percent*	66		67	65	*2023*	6
0.97	Hyperlipidemia: Medicare Population	*percent*	61		67	66	*2023*	6
0.97	Ischemic Heart Disease: Medicare Population	*percent*	20		22	21	*2023*	6
0.94	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	34.1	33.4	43.4	37.6	*2018-2020*	5
0.44	Stroke: Medicare Population	*percent*	4		5	6	*2023*	6

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.44	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	10.2		7.8	7.5	*2017-2021*	11
2.38	Pneumonia Vaccinations: Medicare Population	*percent*	6		9	9	*2023*	6
2.18	Salmonella Infection Incidence Rate	*cases/ 100,000 population*	21.8	11.5	13.8		*2023*	15

1.85	Flu Vaccinations: Medicare Population	*percent*	35		50	3	*2023*	6
1.68	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	57.7		59.8	60.4	*2024*	7
1.62	Tuberculosis Incidence Rate	*cases/ 100,000 population*	2.2	1.4	1.6	2.9	*2023*	15
0.91	Chlamydia Incidence Rate	*cases/ 100,000 population*	252.3		464.2	492.2	*2023*	15
0.88	Overcrowded Households	*percent*	1.5		1.4	3.4	*2019-2023*	2
0.85	Syphilis Incidence Rate	*cases/ 100,000 population*	3.3		16.4	15.8	*2023*	15
0.74	Gonorrhea Incidence Rate	*cases/ 100,000 population*	37		168.8	179.5	*2023*	15
0.71	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	12.9		13.9	13.4	*2018-2020*	5

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.79	Mothers who Received Early Prenatal Care	*percent*	64		68.6	75.3	*2022*	16
1.44	Teen Birth Rate: 15-17	*live births/ 1,000 females aged 15-17*	6		6.1	5.6	*2022*	16
1.26	Infant Mortality Rate	*deaths/ 1,000 live births*	5.6	5	6.7	5.4	*2020*	16
1.15	Preterm Births	*percent*	9.7	9.4	10.8		*2022*	16
0.79	Mothers who Smoked During Pregnancy	*percent*	6.6	4.3	7.9	3.7	*2022*	16
0.74	Babies with Low Birthweight	*percent*	6.9		8.7	8.6	*2022*	16
0.53	Babies with Very Low Birthweight	*percent*	0.8		1.5		*2022*	16

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.71	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	51.5		35.5	31	*2018-2020*	5
1.94	Poor Mental Health: 14+ Days	*percent*	19.3			15.8	*2022*	4
1.85	Adults who Feel Life is Slipping Out of Control	*Percent*	24.5		24.1	23.9	*2024*	7
1.71	Self-Reported General Health Assessment: Good or Better	*percent*	84.7		85.4	86	*2024*	7
1.62	Mental Health Provider Rate	*providers/ 100,000 population*	198.1		349.4		*2024*	9
1.59	Adults Ever Diagnosed with Depression	*percent*	25			20.7	*2022*	4
1.38	Poor Mental Health: Average Number of Days	*days*	5.8		6.1		*2022*	9
0.62	Age-Adjusted Death Rate due to Suicide	*deaths/ 100,000 population*	13	12.8	14.7	13.9	*2018-2020*	5
0.62	Depression: Medicare Population	*percent*	15		18	17	*2023*	6
0.44	Alzheimer's Disease or Dementia: Medicare Population	*percent*	4		6	6	*2023*	6

SCORE	NUTRITION & HEALTHY EATING	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.68	Adults who Drank Soft Drinks: Past 7 Days	*percent*	51.4		48.6	47.5	*2024*	7
1.32	Adults who Frequently Cook Meals at Home	*Percent*	68.6		67.6	67.7	*2024*	7

1.06	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	36		38.1	38.2	*2024*	7
0.91	Food Environment Index		7.9		7		*2025*	9

SCORE	OLDER ADULTS	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.71	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	51.5		35.5	31	*2018-2020*	5
2.56	Heart Failure: Medicare Population	*percent*	14		12	11	*2023*	6
2.18	People 65+ Living Below Poverty Level	*percent*	11.2		9.5	10.4	*2019-2023*	2
1.94	Adults 65+ with Total Tooth Loss	*percent*	17.4			12.2	*2022*	4
1.82	Prostate Cancer Incidence Rate	*cases/ 100,000 males*	117.5		118.1	113.2	*2017-2021*	11
1.76	Median Household Income: Householders 65+	*dollars*	46286		51608	57108	*2019-2023*	2
1.71	People 65+ Living Alone	*percent*	29.3		30.2	26.5	*2019-2023*	2
1.68	COPD: Medicare Population	*percent*	13		13	11	*2023*	6
1.65	People 65+ Living Alone (Count)	*people*	5395				*2019-2023*	2
1.65	People 65+ Living Below Poverty Level (Count)	*people*	1976				*2019-2023*	2
1.53	Adult Day Care Spending-to-Income Ratio	*percent*	11.1		11.1	11.9	*2025*	8
1.50	Asthma: Medicare Population	*percent*	7		7	7	*2023*	6
1.47	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	10.3		10.8	9.8	*2018-2020*	5

1.32	Atrial Fibrillation: Medicare Population	*percent*	15	15	14	*2023*	6
1.32	Mammography Screening: Medicare Population	*percent*	48	51	39	*2023*	6
1.15	Hypertension: Medicare Population	*percent*	66	67	65	*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	Hyperlipidemia: Medicare Population	*percent*	61	67	66	*2023*	6
0.97	Ischemic Heart Disease: Medicare Population	*percent*	20	22	21	*2023*	6
0.97	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	36	39	36	*2023*	6
0.79	Chronic Kidney Disease: Medicare Population	*percent*	17	19	18	*2023*	6
0.62	Depression: Medicare Population	*percent*	15	18	17	*2023*	6
0.62	Osteoporosis: Medicare Population	*percent*	9	11	12	*2023*	6
0.44	Alzheimer's Disease or Dementia: Medicare Population	*percent*	4	6	6	*2023*	6
0.44	Stroke: Medicare Population	*percent*	4	5	6	*2023*	6

SCORE	ORAL HEALTH	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.29	Adults who Visited a Dentist	*percent*	43.1		44.3	45.3	*2024*	7

2.21	Dentist Rate	*dentists/ 100,000 population*	40.2		65.2	73.5	*2022*	9
1.94	Adults 65+ with Total Tooth Loss	*percent*	17.4			12.2	*2022*	4
1.53	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/ 100,000 population*	13.3		12.8	12	*2017-2021*	11

SCORE	OTHER CHRONIC CONDITIONS	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.94	Adults with Arthritis	*percent*	34.4			26.6	*2022*	4
0.97	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	36		39	36	*2023*	6
0.79	Chronic Kidney Disease: Medicare Population	*percent*	17		19	18	*2023*	6
0.62	Osteoporosis: Medicare Population	*percent*	9		11	12	*2023*	6
0.29	Age-Adjusted Death Rate due to Kidney Disease	*deaths/ 100,000 population*	11		14.2	12.8	*2018-2020*	5

SCORE	PHYSICAL ACTIVITY	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.29	Adults 20+ who are Sedentary	*percent*	24.6				*2021*	5
1.94	Access to Parks	*percent*	21.3		59.6		*2020*	13
1.82	Adults 20+ Who Are Obese	*percent*	34.7	36			*2021*	5
1.76	Access to Exercise Opportunities	*percent*	70.9		84.2		*2025*	9
1.71	Workers who Walk to Work	*percent*	1.9		2	2.4	*2019-2023*	2

SCORE	PREVENTION & SAFETY	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source

1.56	Severe Housing Problems	*percent*	12		12.7		*2017-2021*	9
1.47	Age-Adjusted Death Rate due to Falls	*deaths/ 100,000 population*	10.3		10.8	9.8	*2018-2020*	5
1.29	Age-Adjusted Death Rate due to Unintentional Injuries	*deaths/ 100,000 population*	58.3	43.2	69.9	51.6	*2018-2020*	5
1.24	Death Rate due to Drug Poisoning	*deaths/ 100,000 population*	30.8	20.7	44.7		*2020-2022*	9
1.24	Death Rate due to Motor Vehicle Collisions	*deaths/ 100,000 population*	11.9		11.1		*2016-2022*	9
1.06	Death Rate due to Injuries	*deaths/ 100,000 population*	87.1		100.7		*2018-2022*	9
0.94	Age-Adjusted Death Rate due to Unintentional Poisonings	*deaths/ 100,000 population*	23.2		40.5	23.5	*2018-2020*	5
0.71	Age-Adjusted Death Rate due to Firearms	*deaths/ 100,000 population*	8.4	10.7	13.5	12	*2018-2020*	5

SCORE	RESPIRATORY DISEASES	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.29	Adults who Smoke	*percent*	22.7	6.1		12.9	*2022*	4
2.29	Adults with COPD	*Percent of adults*	12.9			6.8	*2022*	4
2.21	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	*deaths/ 100,000 population*	58.2		46.5	38.1	*2018-2020*	5
2.12	Adults with Current Asthma	*percent*	11.6			9.9	*2022*	4

2.00	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	65.2		64.3	53.1	*2017-2021*	11
1.68	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	7.1		6.9	6.8	*2024*	7
1.68	COPD: Medicare Population	*percent*	13		13	11	*2023*	6
1.62	Tuberculosis Incidence Rate	*cases/ 100,000 population*	2.2	1.4	1.6	2.9	*2023*	15
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
1.24	Proximity to Highways	*percent*	3.5		7.2		*2020*	13
1.06	Age-Adjusted Death Rate due to Lung Cancer	*deaths/ 100,000 population*	39.4	25.1	39.8	32.4	*2018-2022*	11
0.71	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/ 100,000 population*	12.9		13.9	13.4	*2018-2020*	5

SCORE	SEXUALLY TRANSMITTED INFECTIONS	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
0.91	Chlamydia Incidence Rate	*cases/ 100,000 population*	252.3		464.2	492.2	*2023*	15
0.85	Syphilis Incidence Rate	*cases/ 100,000 population*	3.3		16.4	15.8	*2023*	15
0.74	Gonorrhea Incidence Rate	*cases/ 100,000 population*	37		168.8	179.5	*2023*	15

SCORE	TOBACCO USE	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.41	Cigarette Spending-to-Income Ratio	*percent*	2.6		2.1	1.9	*2025*	8

2.29	Adults who Smoke	*percent*	22.7	6.1		12.9	*2022*	4
2.00	Lung and Bronchus Cancer Incidence Rate	*cases/ 100,000 population*	65.2		64.3	53.1	*2017-2021*	11
1.94	Tobacco Use: Medicare Population	*percent*	8		7	6	*2023*	6
1.68	Adults Who Used Electronic Cigarettes: Past 30 Days	*percent*	7.1		6.9	6.8	*2024*	7
1.41	Adults Who Used Smokeless Tobacco: Past 30 Days	*percent*	2.4		1.7	1.6	*2024*	7

SCORE	WEIGHT STATUS	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
1.85	Adults Happy with Weight	*Percent*	41.5		42.1	42.6	*2024*	7
1.82	Adults 20+ Who Are Obese	*percent*	34.7	36			*2021*	5
1.59	Obesity: Medicare Population	*percent*	24		25	20	*2023*	6

SCORE	WELLNESS & LIFESTYLE	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.29	Poor Physical Health: 14+ Days	*percent*	17			12.7	*2022*	4
2.12	Self-Reported General Health Assessment: Poor or Fair	*percent*	24			17.9	*2022*	4
1.94	High Blood Pressure Prevalence	*percent*	38.9	41.9		32.7	*2021*	4
1.85	Adults Happy with Weight	*Percent*	41.5		42.1	42.6	*2024*	7
1.85	Adults who Feel Life is Slipping Out of Control	*Percent*	24.5		24.1	23.9	*2024*	7
1.76	Life Expectancy	*years*	74.6		75.2		*2020-2022*	9
1.74	Poor Physical Health: Average Number of Days	*days*	4.6		4.3		*2022*	9

1.71	Self-Reported General Health Assessment: Good or Better	*percent*	84.7		85.4	86	*2024*	7
1.68	Adults who Agree Vaccine Benefits Outweigh Possible Risks	*Percent*	57.7		59.8	60.4	*2024*	7
1.32	Adults who Frequently Cook Meals at Home	*Percent*	68.6		67.6	67.7	*2024*	7
1.06	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	*Percent*	36		38.1	38.2	*2024*	7

SCORE	WOMEN'S HEALTH	UNITS	TUSCARAWAS COUNTY	HP2030	OH	U.S.	MEASUREMENT PERIOD	Source
2.44	Cervical Cancer Incidence Rate	*cases/ 100,000 females*	10.2		7.8	7.5	*2017-2021*	11
2.24	Age-Adjusted Death Rate due to Breast Cancer	*deaths/ 100,000 females*	22.3	15.3	20.2	19.3	*2018-2022*	11
1.76	Cervical Cancer Screening: 21-65	*Percent*	80.8			82.8	*2020*	4
1.41	Mammogram in Past 2 Years: 50-74	*percent*	74.7	80.3		76.5	*2022*	4
1.32	Mammography Screening: Medicare Population	*percent*	48		51	39	*2023*	6
0.47	Breast Cancer Incidence Rate	*cases/ 100,000 females*	112.5		132.3	129.8	*2017-2021*	11

Additional Demographic Data

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

Table 10: Population Size of Hospital Community by Zip Code

Zip Code	Population
43832	7,148
43837	1,870
43840	1,095
44621	4,656
44622	18,813
44629	2,200
44653	257
44656	2,556
44663	25,329
44680	4,378
44682	754
44683	8,182
Union Hospital Community (Total)	**77,238**

Table 11: Age Profile of Hospital Community and Surrounding Geographies

Age Category	Union Hospital Community	Ohio
0-4	5.7%	5.6%
5-9	5.7%	5.7%
10-14	6.1%	6.1%
15-17	3.9%	3.8%
18-20	3.8%	4.4%
21-24	5.0%	5.3%
25-34	11.2%	12.4%
35-44	11.4%	12.2%
45-54	11.5%	11.7%
55-64	13.2%	13.0%
65-74	12.5%	11.6%
75-84	7.3%	6.1%
85+	2.7%	2.2%
Median Age	37.5 years	40.5 years

Table 12: Racial/Ethnic Profile of Hospital Community and Surrounding Geographies

	Union Hospital Community	Ohio	U.S.
White	90.3%	75.7%	63.4%
Black/African American	0.8%	12.8%	12.4%
American Indian/Alaskan Native	1.5%	0.3%	0.9%
Asian	0.3%	2.7%	5.8%
Native Hawaiian/Pacific Islander	0.0%	0.1%	0.2%
Another Race	2.6%	2.1%	6.6%
Two or More Races	4.6%	6.4%	10.7%
Hispanic or Latino (any race)	5.8%	5.0%	19.0%

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

Table 13: Population Age 5+ by Language Spoken at Home for Hospital Community and Surrounding Geographies

	Union Hospital Community	Tuscarawas County	Ohio	U.S.
Only English	93.2%	91.6%	92.8%	78.0%
Spanish	2.5%	2.3%	2.3%	13.4%
Asian/Pacific Islander Language	0.1%	0.1%	1.0%	3.5%
Indo-European Language	4.0%	5.9%	2.8%	3.8%
Other Language	0.2%	0.2%	1.1%	1.2%

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

Table 14: Household Income of Hospital Community and Surrounding Geographies

Income Category	Union Hospital Community	Ohio
Under $15,000	9.6%	9.5%
$15,000 - $24,999	7.4%	7.8%
$25,000 - $34,999	9.3%	8.0%
$35,000 - $49,999	14.9%	12.2%
$50,000 - $74,999	18.3%	17.0%
$75,000 - $99,999	13.6%	13.0%
$100,000 - $124,999	9.4%	9.9%
$125,000 - $149,999	5.7%	7.0%
$150,000 - $199,999	5.4%	7.2%
$200,000 - $249,999	2.5%	3.5%
$250,000 - $499,999	2.7%	3.4%
$500,000+	1.3%	1.6%
Median Household Income	$62,646	$68,488

Table 15: Poverty Rates in Hospital Community and Surrounding Geographies

	Families Below Poverty
Union Hospital Community	10.7%
Ohio	9.4%
U.S.	8.8%
Union Hospital Zip Codes	-
43832	17.4%
43837	7.6%
43840	4.8%
44621	11.2%
44622	6.8%
44629	8.0%
44653	6.9%
44656	13.1%
44663	11.7%
44680	8.3%
44682	7.7%
44683	13.0%

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

Table 16: Educational Attainment of Hospital Community and Surrounding Geographies

	Union Hospital Community	Ohio	U.S.
Less than High School Graduate	16.7%	8.6%	10.6%
High School Graduate	46.2%	32.8%	26.2%
Some College, No Degree	17.5%	19.6%	19.4%
Associate Degree	9.0%	8.9%	8.8%
Bachelor's Degree	11.9%	18.6%	21.3%
Master's, Doctorate, or Professional Degree	6.9%	11.6%	13.7%

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

Table 17: High Rent Burden in Hospital Community and Surrounding Geographies

	Renters Spending 30% or More of Income on Rent
Tuscarawas County	47.5%
Ohio	45.1%
U.S.	50.4%
Union Hospital Zip Codes	-
43832	60.1%
43837	61.4%
43840	12.5%
44621	43.9%
44622	44.0%
44629	11.8%
44653	35.5%
44656	38.9%
44663	47.8%
44680	43.7%
44682	51.7%
44683	35.2%

All values: American Community Survey (2019-2023)

Table 18: Internet Access in Hospital Community and Surrounding Geographies

	Households with Internet
Tuscarawas County	83.8%
Ohio	89.0%
U.S.	89.9%
Union Hospital Zip Codes	-
43832	80.8%
43837	85.7%
43840	62.0%
44621	91.0%
44622	83.6%
44629	93.0%
44653	87.1%
44656	69.9%
44663	86.8%
44680	79.9%
44682	91.6%
44683	79.1%

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 Tuscarawas County. 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 latest Ohio State Health Assessment and Tuscarawas County Community Health Assessment (CHA) corroborated the relevance of the five prioritized needs in this 2025 CHNA process for Union Hospital.

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; differences in maternal and child health outcomes persist among different communities; and health-related social needs, particularly poverty, housing insecurity, and gun violence, impact all other areas of health.

The following reports were reviewed. The full reports can be accessed via the hyperlinks in the footnotes:

- 2023 Ohio State Health Assessment[11]
- 2024 Tuscarawas County Community Health Needs Assessment[12]
- 2022 Akron Children's Hospital CHNA[13]

[11] Ohio Department of Health. (2023). *Ohio State Health Assessment 2023*. Ohio University; Ohio Department of Health. Retrieved from Ohio Department of Health website.
[12] Healthy Tusc. (2025). *Tuscarawas County Community Health Needs Assessment 2025*. Tuscarawas County Health Department. Accessed from https://www.tchdnow.org/current-reports.html
[13] Akron Children's Hospital. (2022). *Community Health Needs Assessment.* Retrieved from https://www.akronchildrens.org/pages/Community_Health_Needs_Assessment.html?tab=sctabtwo

Appendix D: Community Input Assessment Tools and Key Findings

Community Stakeholder Facilitation Guide

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 key 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 accessible 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, 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 and reduction of barriers? (Equal Access is 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 the 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

Community stakeholders from 11 organizations provided feedback specifically for the Union Hospital community. Interviews with each stakeholder varied by individual and the amount of feedback they provided. They 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 for the Union Hospital community:

- Access Tusc Community HUB
- ADAMHS Board for Tuscarawas and Carroll Counties
- Cleveland Clinic (Children's)
- East Central Ohio Educational Service Center
- Tuscarawas County Board of Developmental Disabilities
- Tuscarawas County Health Department
- Tuscarawas County Job & Family Services
- Tuscarawas County Senior Center
- Tuscarawas County Sheriff's Office
- Tuscarawas County United Way
- Tuscarawas United Feeding Our Future

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

Access to Healthcare

Stakeholders from the Union Hospital community consistently highlighted access to healthcare as a significant concern. Barriers such as provider shortages, transportation limitations, and financial constraints were cited as ongoing challenges, particularly for rural and low-income populations. Residents often experience long wait times for specialty services, while many reported difficulties in navigating available resources. Telehealth and mobile services were identified as promising strategies to expand reach, though gaps in awareness and digital access remain obstacles.

The following are highlights of participant feedback regarding access to healthcare:

- Provider Shortages: Limited availability of primary and specialty care providers.
- Transportation Challenges: Rural residents face difficulty traveling to appointments.
- Cost Barriers: Affordability of services, copays, and prescriptions remain issues.
- Long Wait Times: Delays in accessing specialty care and appointments.
- Resource Awareness: Many residents are unaware of available services and programs.
- Telehealth Potential: Virtual care offers opportunities but depends on connectivity.

The following are a few select quotes illustrating feedback about healthcare access by key informants:

"People wait months to see a specialist, and by then their condition has often worsened."

"Transportation is a major barrier for our rural families, especially when traveling for follow-up care."

"Even with insurance, copays and prescriptions can be too expensive for many."

"Telehealth has been helpful, but not everyone has reliable internet or knows how to use it."

Access to Healthcare in the Union Hospital community remains challenged by resource shortages, transportation barriers, and cost concerns. These issues disproportionately affect certain groups, including rural residents, low-income families, and older adults. Stakeholders emphasized the need for expanded mobile and telehealth services, stronger resource coordination, and affordable care options. Addressing these access gaps will be essential to improving equal access and ensuring timely, comprehensive care across the community.

Behavioral Health: Mental Health and Substance Use Disorder

Stakeholder conversations for Union Hospital highlighted Behavioral Health as one of the most urgent community needs. Participants consistently described persistent gaps in mental health and substance use disorder services, noting that affordability, limited providers, and long wait times restrict timely access. Stigma remains a powerful barrier, preventing many from seeking care until conditions escalate into crises. Youth were frequently mentioned as an important group, with rising concerns around depression, anxiety, and trauma, often tied to family stressors. At the same time, substance use disorders, including opioids and alcohol, continue to strain families and the healthcare system, with limited recovery resources available locally.

The following are highlights of participant feedback regarding behavioral health:

- Provider Shortages: Lack of behavioral health specialists and long wait times.
- Crisis Care Gaps: Few options for immediate or emergency behavioral health support.
- Stigma: Persistent stigma keeps individuals from seeking care.
- Youth Mental Health: Rising concerns around depression, anxiety, and trauma in younger populations.
- Substance Use Disorders: Ongoing struggles with opioids, alcohol, and other substances.
- Culturally Responsive Care: Limited resources tailored to specific community needs.

The following are a few select quotes illustrating feedback about behavioral health by key informants:

"We do not have enough providers in this county, and the wait to get an appointment is months long."

"Mental health is still stigmatized, so people avoid treatment until it becomes a crisis."

"Our youth are really struggling with anxiety and depression, and we do not have enough resources to support them."

"Addiction is everywhere, but treatment programs are scarce, especially for those without insurance."

Behavioral Health emerged as a clear top priority for Union Hospital's community, reflecting widespread concern about both mental health and substance use disorders. Stakeholders emphasized the urgent need for more providers, crisis intervention services, and culturally responsive care that reduces stigma and increases access. Mental health and ongoing substance use challenges remain pressing concerns. Addressing these issues will require coordinated strategies that expand services, strengthen prevention and recovery supports, and foster a community environment that encourages open dialogue and timely care.

Chronic Disease Prevention & Management

Stakeholders emphasized that chronic disease prevention and management is a persistent challenge in the Union Hospital community. Conditions such as diabetes, heart disease, hypertension, obesity, and stroke remain prevalent and are often linked to lifestyle factors including poor nutrition, limited access to healthy foods, and physical inactivity. Preventive screenings and education are underutilized, with barriers such as cost, transportation, and limited awareness contributing to delayed diagnoses and unmanaged conditions. Older adults were frequently described as an important population to focus on, as many manage multiple chronic illnesses while facing challenges related to mobility, isolation, and financial strain.

Primary and secondary data findings across topics such as nutrition, cancer, cardiovascular health, and aging consistently revealed differences in health outcomes influenced by income, location, and barriers in care delivery.

Nutrition & Healthy Eating and Wellness & Lifestyle

The following are highlights of participant feedback regarding nutrition and healthy eating and wellness and lifestyle:

- Limited access to affordable healthy food.
- Poor nutrition and obesity are linked to chronic disease.
- Lack of consistent wellness promotion.

The following are a few select quotes illustrating feedback about nutrition and healthy eating and wellness and lifestyle by key informants:

"Families are not able to afford healthy food, and it shows up in chronic health issues."

"Wellness programs are too often overlooked but could make a huge difference in prevention."

Stakeholders highlighted nutrition and lifestyle as central to preventing chronic illness. Access to affordable healthy food and programs that support daily wellness were seen as major gaps. Promoting healthier eating and physical activity is viewed as a cornerstone for reducing obesity and preventing chronic conditions.

Cancer

The following are highlights of participant feedback regarding cancer:

- Screening rates remain low.
- Late diagnoses are common.
- More outreach and education are needed.

The following are a few select quotes illustrating feedback about cancer by key informants:

"People are not getting cancer screenings when they should, and it leads to later diagnoses."

"We need better community outreach for screenings."

Cancer prevention and management is challenged by low screening rates and delayed diagnoses. Stakeholders stressed the importance of expanding outreach and improving access to preventive education and testing. Earlier detection was described as vital for reducing mortality.

Diabetes, Heart Disease, & Stroke

The following are highlights of participant feedback regarding diabetes, heart disease, stroke, and other chronic conditions:

- Diabetes and hypertension are widespread.
- Heart disease and stroke are major causes of morbidity.
- Cost and education barriers hinder management.
- Preventive screenings are underutilized.

The following are select quotes about diabetes, heart disease, stroke, and other chronic conditions:

"Diabetes is rampant, but many cannot afford the care they need to manage it."

"Heart disease and stroke continue to be leading concerns in the community."

Stakeholders described diabetes, hypertension, and cardiovascular disease as pervasive issues across Union Hospital's community. Access to affordable care, preventive screenings, and consistent patient education were identified as areas needing investment. These conditions are linked to social drivers and lifestyle risk factors.

Older Adult Health
The following are highlights of participant feedback regarding older adult health:

- Seniors often manage multiple chronic conditions.
- Transportation, fixed incomes, and isolation are major barriers.
- Coordination of senior services is insufficient.

The following are a selection of quotes illustrating feedback about Older Adult Health by key informants:

"Older adults are juggling multiple conditions and struggle to get to the care they need."

"Isolation is a huge issue for seniors, and it directly affects their health."

Older adults face unique challenges in managing chronic illness. Limited mobility, financial stress, and social isolation compound risks and make coordinated care essential. Stakeholders emphasized the need for affordable, accessible programs that support aging in place and prevent unnecessary hospitalizations.

Chronic disease prevention and management is a central concern for the Union Hospital community. Stakeholders identified nutrition, wellness, cancer screenings, cardiovascular health, and senior care as priority areas. They emphasized the need for proactive education, affordable access, and community-based support systems that address both clinical and social drivers of chronic illness.

Maternal and Child Health

Stakeholders in the Union Hospital community highlighted Maternal and Child Health as an area of concern, especially for low-income and rural families in Tuscarawas County. Gaps in access to prenatal and postpartum care, shortages of providers, and long wait times were repeatedly described as barriers to timely and comprehensive care. Rising maternal mental health needs, particularly postpartum depression and anxiety, were emphasized as growing challenges that require additional resources and support. Pediatric health care access, especially behavioral and mental health services for children and adolescents, was also identified as a critical need. Participants stressed the importance of family-centered, coordinated care and strong support networks to address these interrelated challenges.

The following are highlights of participant feedback regarding maternal and child health:

- Prenatal and Postpartum Care Gaps: Limited access for low-income and rural women.
- Maternal Mental Health: Increasing needs for postpartum depression and anxiety supports.
- Pediatric Care Access: Gaps in behavioral and mental health services for children.
- Provider Shortages: Long wait times limit timely care.
- Family-Centered Supports: Stronger coordinated services and networks are needed

The following are a selection of quotes illustrating feedback about Maternal and Child Health by key informants:

"Women in rural parts of the county have a hard time finding prenatal and postpartum care, especially if they are low-income."

"Postpartum depression is on the rise, and mothers do not always know where to turn for help."

"Behavioral health care for children is a huge gap. Families are waiting months for appointments."

"We do not have enough providers, and the wait times for both women and children are far too long."

Maternal and Child Health emerged as a critical theme in Union Hospital stakeholder conversations. Persistent challenges such as limited prenatal and postpartum care, maternal mental health needs, and inadequate pediatric behavioral health services were seen as pressing issues. Provider shortages and long wait times further exacerbate these barriers, leaving families without timely support. Stakeholders underscored the importance of strengthening coordinated, family-centered systems of care and expanding access to culturally responsive services that support women, children, and families across the community.

Health-Related Social Needs

Stakeholder discussions for the Union Hospital 2025 Community Health Needs Assessment consistently highlighted health-related social needs as significant drivers of poor health outcomes. Barriers such as poverty, unemployment, housing instability, food insecurity, and transportation challenges were frequently cited as underlying conditions that exacerbate other health concerns. These issues affect individuals across all age groups in Tuscarawas County, limiting residents' ability to prioritize health and access needed care. Stakeholders emphasized that addressing these challenges requires cross-sector collaboration, sustainable resources, and community-driven strategies to reduce differences.

The following highlights key insights from stakeholder interviews regarding health-related social needs in the community Union Hospital serves.

- Employment Barriers: Lack of stable, well-paying jobs limits families' ability to afford healthcare and basic needs.
- Food Insecurity: Healthy and affordable food options are scarce for low-income residents.
- Housing Instability: Safe and affordable housing remains a challenge.
- Financial Stress: Families living paycheck to paycheck struggle to balance medical expenses with other necessities.
- Transportation Challenges: Limited public transit options make it difficult for residents to access health and social services.
- Neighborhood Investment: Reduced investment in certain neighborhoods perpetuates differences in resources and opportunities.

The following are a selection of quotes illustrating feedback about health-related social needs:

"People are working but still cannot make ends meet, and that creates impossible choices between paying for medicine or food."

"Transportation is a big barrier here. If you do not have a car, getting to healthcare or even the grocery store is a real problem."

"Affordable housing is a constant struggle. Families often end up in unstable situations that only add to their stress and health problems."

Health-related social needs were recognized by Union Hospital stakeholders as critical social drivers that shape access, outcomes, and overall well-being. Persistent barriers in employment, housing, food, and transportation contribute to ongoing differences in health outcomes, particularly among low-income and rural residents. Stakeholders stressed that meaningful progress would require coordinated efforts that extend beyond healthcare delivery to include economic development, housing support and strengthened community infrastructure. Building equal and sustainable solutions was identified as essential to improving health outcomes and quality of life for the Union Hospital community.

Appendix E: Impact Evaluation

Actions Taken Since Previous CHNA

Union Hospital's previous Implementation Strategy Report (ISR) outlined a plan for addressing the following priorities identified in the 2022 CHNA: Health Behaviors, Access to Care, and Mental Health and Addiction.

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

Union Hospital created and implemented strategies in collaboration with the Tuscarawas County Healthy Tusc Partners. The partners included: Tuscarawas County Parks Department, Trinity Health System, Twin City Medical Center, East Central Ohio Educational Service Center, Healthy Tusc Members, Tuscarawas County Libraries, Tuscarawas County Social Service Agencies, Tuscarawas County Medical Offices, Tuscarawas County School Districts, Tuscarawas Valley Farmers Market, Tuscarawas County Health Department, New Philadelphia City Health Department, Homeless Shelter, Access Tusc Transit, Tuscarawas County Senior Center, Tuscarawas County Clinic for the Working Uninsured, United Way of Tuscarawas County.

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

Health Behaviors

Actions and Highlighted Impacts

A. Collectively with Health Tusc partners, Union Hospital supported a community-wide physical activity campaign engaging community agencies to increase residents' physical activity. The campaign coordinated social messaging and outreach education across the county.

B. Union Hospital provided *Freedom From Smoking* class, an 8-week class to stop tobacco/nicotine/vaping/smokeless tobacco use.

C. The hospital provided health screenings, Cardio-Pulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) training, community health talks, stroke education, annual diabetic screening day, and health fairs.

Access to Affordable Healthcare

Actions and Highlighted Impacts:

A. Cleveland Clinic provided medically necessary services to all patients regardless of race, color, creed, gender, country of national origin, or ability to pay. The hospital has a financial assistance policy that is among the most generous in the region that covers both hospital services and physician services provided by physicians employed by the Cleveland Clinic. In 2024, Cleveland Clinic health system provided over $337 million in financial assistance to its communities in Ohio, Florida, and Nevada.

B. Union Hospital, in collaboration with Healthy Tusc, created and distributed a county community resource guide in English and Spanish.

C. The hospital expanded broadband internet access to rural areas of the county.

D. Utilizing medically secure online and mobile platforms, Union Hospital connected patients with Cleveland Clinic providers for telehealth and virtual visits. In 2024, Cleveland Clinic provided 1.1 million virtual visits.

E. Through Cleveland Clinic's Center for Infant and Maternal Health, the hospital continued to provide services for pregnant women to improve their health and support babies reaching their first birthday. Cleveland Clinic's Community Health Workers (CHWs) provided education on safe sleep, diet, nutrition, and screened for social drivers of health. CHWs connected families to resources and reinforced healthcare access. If eligible, mothers received food vouchers.

Mental Health and Addiction

Actions and Highlighted Impacts:

A. Through Healthy Tusc, the hospital supported the Empower Tusc *Takin' it to the Schools* program. The program addressed mental and behavioral health issues, substance use education, and prevention. Life skills training, vaping and tobacco awareness programs, youth-to-youth programs,

B. Union Hospital supported *Suicide Memory Walk*, supporting and suicide awareness education for families and community.

C. Similar to CPR training, which helps a person without medical training assist an individual experiencing a heart attack, Cleveland Clinic offered Mental Health First Aid (MHFA) training to all US caregivers. MHFA is an 8-hour virtual training course designed to give members of the public key skills to help someone who is developing a mental health problem or experiencing a mental health crisis.

D. Union Hospital collaborated with Healthy Tusc, ADAMS Board, and other community-based organizations to support the county overdose awareness event, *Hope in the Park*.

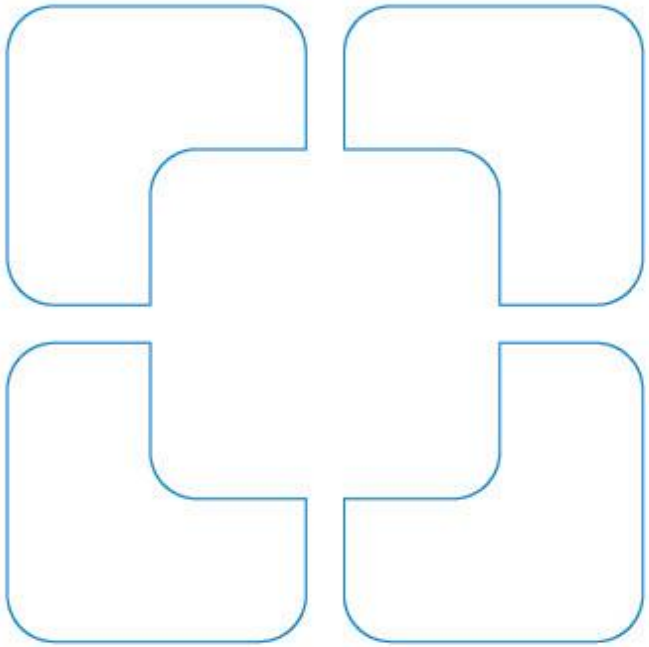
E. Union Hospitals' Behavioral Health team provided clinical leadership for community mental health resource guide. They developed and distributed a universal patient/family resource for community mental health and substance use disorder services.

Appendix F: Acknowledgements

Conduent Healthy Communities Institute (HCI) supported report preparation. HCI works 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 www.conduent.com/community-population-health.

Authors for this report include:

Ashley Wendt, MPH, Director of Public Health Consulting
Era Chaudry, MPH, Public Health Consultant
Adrian Zongrone, MPH, Senior Public Health Analyst
Sarah Jameson, MPH, Public Health Analyst
Dari Goldman, MPH Public Health Analyst



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Cleveland Clinic
Union Hospital

Implementation Strategy Report

2025



UNION HOSPITAL
2025 Community Health Needs Assessment
Implementation Strategy Report for Years 2026 – 2028

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Union Hospital Implementation Strategy Report

I. Introduction and Purpose

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

The ISR serves as the foundational framework for each hospital's community health efforts and guides how Cleveland Clinic translates identified community needs into coordinated action. The ISR aligns hospital-level strategies with enterprise-wide community priorities, including food security, maternal and child health, and lead safety, ensuring that local initiatives contribute to broader system goals.

Community engagement is embedded throughout the Community Health Needs Assessment process, from the data collection and prioritization of needs to the design, implementation, and evaluation of strategies, so that community voice meaningfully informs decision-making at every stage. Cleveland Clinic recognizes that healthy communities are achieved through collective action and that sustained improvements require strong partnerships among hospitals, public health agencies, community-based organizations, and community members. These strategies reflect a shared commitment to collaborative, cross-sector approaches, recognizing that no single organization can address complex community health challenges alone.

A. Description of Hospital

Cleveland Clinic Union Hospital (Union Hospital or "the hospital"), is a 102-bed[14] not-for-profit community hospital in Dover, Ohio, serving Tuscarawas, Carroll, and surrounding counties. The hospital provides comprehensive services with strengths in orthopedics, outpatient rehabilitation and sports medicine, mental health, and occupational medicine. Care is supported by more than 300 providers and expanded through FirstCare urgent care and the WorkWell Occupational Medicine Center.

As part of the broader Cleveland Clinic health system, Union Hospital upholds the tripartite mission of caring for life, researching for health, educating those who serve. 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 83,000 caregivers, 23 hospitals, and 280

[14] For the purpose of this report and consistent methodology, the Cleveland Clinic MD&A (Q3 2025) interim financial statement is referenced for official bed count. We acknowledge that staffed bed count may fluctuate and may differ from registered or licensed bed counts reflected in other descriptions.

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 in Cleveland, regional hospitals in Northeast Ohio, a children's rehabilitation hospital, and additional hospitals and facilities in Florida and Nevada. Each hospital, including Union Hospital, contributes to the system-wide advancement of clinical research and medical innovation. Patients at Union Hospital benefit from access to novel treatments, clinical trials, and evidence-based practices developed and shared across the Cleveland Clinic network.

Union Hospital also plays a vital role within its immediate neighborhood, advancing the Cleveland Clinic's mission of improving community health. The hospital actively supports programs, partnerships, and services that address local health needs and promote equal access to care and reduction of barriers. It has received national recognition for excellence in patient safety and care quality, and remains committed to treating every patient with kindness, dignity, and respect.

Cleveland Clinic's legacy as a pioneering institution began in 1921 as a multispecialty group practice, and it continues to lead through medical firsts, global expansion, and a commitment to community health. Today, Union Hospital exemplifies this vision by delivering high-quality care, supporting health-focused research, and fostering community partnerships that help address both medical and social drivers of health.

Union Hospital is a trusted part of the community and continues to grow and improve to meet the needs of its patients. To learn more, visit: my.clevelandclinic.org/locations/union-hospital.

II. Union Hospital Community Definition

The community definition describes the zip codes where approximately 75% of Union Hospital Emergency Department discharges originated in 2023. Figure 1 shows the specific geography for the Union Hospital community that served as a guide for data collection and analysis for this CHNA. Table 1 lists zip codes and associated municipalities that comprise the community definition.

Figure 1: Union Hospital Community Definition

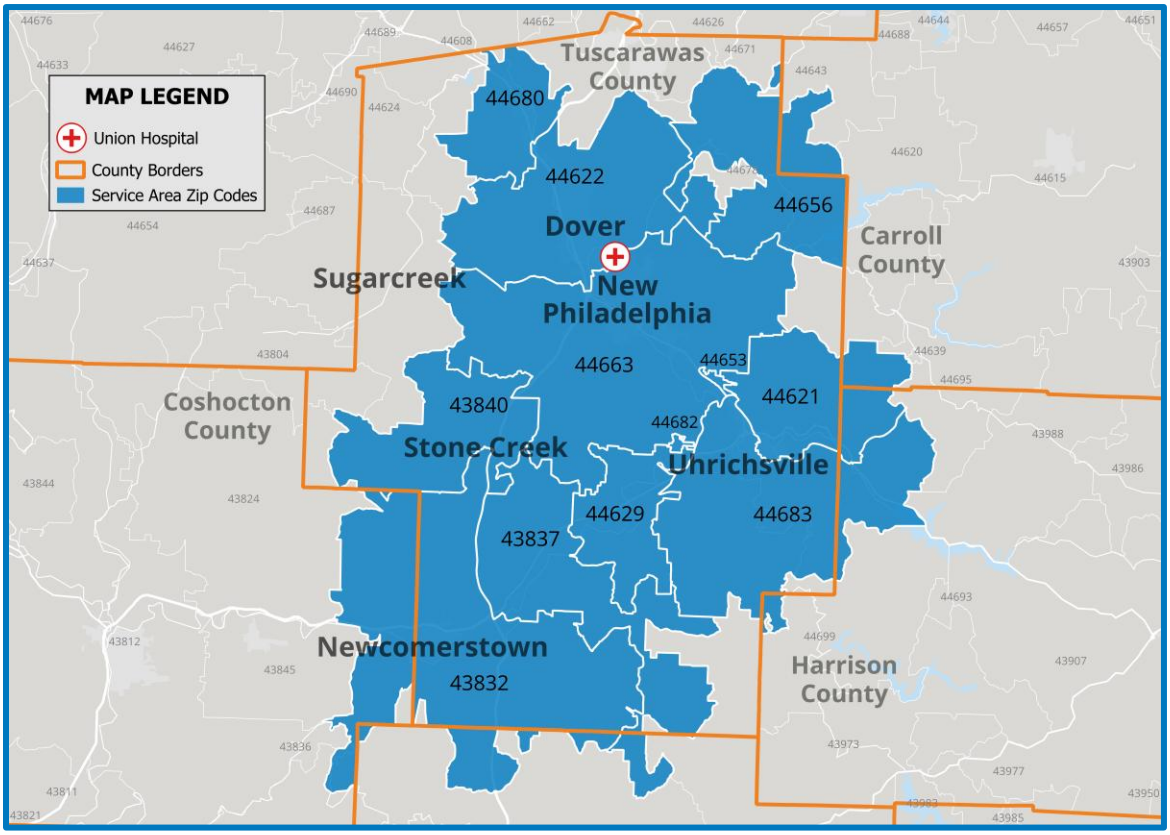


Table 1: Union Hospital Community Definition

Zip Code	Postal Name	Zip Code	Postal Name
43832	Newcomerstown	44653	Midvale
43837	Port Washinton	44656	Mineral City
43840	Stone Creek	44663	New Philadelphia
44621	Dennison	44680	Strasburg
44622	Dover	44682	Tuscarawas
44629	Gnadenhutten	44683	Uhrichsville

III. How Implementation Strategy was Developed

This Implementation Strategy was developed by members of leadership at Union Hospital representing several departments of the organization, including clinical administration, medical operations, nursing, and community health. This team incorporated input from the hospital's community and local nonprofit organizations to prioritize selected strategies and determine possible collaborations. Leadership at Union Hospital will utilize this Implementation Strategy to determine whether changes should be made to better address the health needs of its communities.

IV. Summary of the Community Health Needs Identified

Union Hospital's prioritized community health needs as determined by analyses of quantitative and qualitative data from the 2025 CHNA include:

- Access to Healthcare
- Behavioral Health
- Chronic Disease Prevention and Management
- Maternal and Child Health
- Health-Related Social Needs

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 the hospital's defined community continues to exceed state and national benchmarks in these areas, underscores the urgency of sustained, cross-sector efforts to address reducing differences in health outcomes across populations in the community served by Union Hospital.

V. Needs Hospital Will Address

Each Cleveland Clinic hospital has adopted and is implementing an Implementation Strategy to address the significant community health needs identified through the 2025 CHNA, in accordance with the requirements of Internal Revenue Service (IRS) Section 501(r). This Implementation Strategy outlines the hospital's planned actions for the 2026–2028 implementation period and describes how identified community health needs will be addressed through hospital-led programs, services, and partnerships.

Implementation efforts focus on addressing underlying structural and social factors that influence health; strengthening and sustaining trust with community members, partners, and stakeholders; incorporating community input into the development and implementation of strategies; and monitoring and evaluating the effectiveness of programs and initiatives over time.

The strategies included in this ISR reflect collaborative efforts between Union Hospital and local nonprofit, public health, and community-based organizations. These coordinated initiatives are intended to improve health outcomes within the community the hospital serves.

A. Access to Healthcare 

The 2025 CHNA for Union Hospital identifies Access to Healthcare as a major challenge, particularly for rural residents of Tuscarawas, Carroll, and surrounding counties. Stakeholders cited geographic isolation, provider shortages, transportation gaps, and high out-of-pocket costs as barriers that delay preventive and ongoing care. Many residents struggle to navigate fragmented systems or are unaware of available services, leading to delayed treatment and avoidable hospitalizations. Telehealth offers promise

but is limited by inconsistent broadband access and digital literacy. Participants stressed the need for mobile clinics, outreach programs, and culturally responsive services to improve early intervention. Secondary data reinforce these concerns, showing low provider availability, high uninsured rates and elevated CHI scores in certain neighborhoods, indicating concentrated healthcare access needs.

Access to Healthcare Initiatives for 2026-2028 include:

Access to Healthcare Initiatives Including Collaborations, Resources Allocated, and Anticipated Impacts

A. **Initiative:** Continue to provide Patient Financial Advocates to support patients in evaluating eligibility for financial assistance or public health insurance programs.

   Anticipated Impacts: Increase the proportion of eligible individuals who are enrolled in assistance programs, increase access to healthcare.

B. Behavioral Health 

The 2025 CHNA for Union Hospital identifies Behavioral Health as a major community concern, with stakeholders reporting rising demand for mental health and substance use services amid persistent provider shortages and long wait times. Youth mental health needs are growing, driven by depression, anxiety, trauma, and family and economic stressors that worsened during the COVID-19 pandemic. Substance use disorders, particularly involving opioids, alcohol, and high smoking rates, continue to strain families, schools, and healthcare systems. Stigma, cultural barriers, and limited local resources often delay care, forcing some residents to seek services outside the county. Stakeholders emphasized the need for integrated, community-based supports, stronger crisis response, and prevention efforts. Secondary data reinforce these concerns, showing elevated smoking, lung cancer risk, excessive drinking, and high Mental Health Index scores in Newcomerstown and Uhrichsville.

Behavioral Health Initiatives for 2026-2028 include:

Behavioral Health Initiatives Including Collaborations, Resources Allocated, and Anticipated Impacts

A. **Initiative:** Collaborate with community-based organizations, schools, and local healthcare providers to educate and understand behavioral health issues, available resources, and treatment options for mental health and substance misuse issues.

   Anticipated Impacts: Increase awareness of treatment, reduce stigma, and improve early identification of behavioral health conditions.

B. **Initiative:** Through the hospital's Behavioral Health Center provide Intensive Outpatient Program (IOP) for continued care in the community, partnering with behavioral health agencies.

Anticipated Impacts: Increase awareness and access of behavioral health treatment.

C. Chronic Disease Prevention and Management

The 2025 CHNA for Union Hospital identifies Chronic Disease Prevention and Management as a major concern, with high rates of diabetes, heart disease, hypertension, obesity, and cancer tied to poor nutrition, limited access to healthy foods, physical inactivity, and financial and transportation barriers. Stakeholders noted low screening rates, late diagnoses, and fragmented care, especially for older adults managing multiple conditions and younger populations increasingly affected by chronic illness. Community members emphasized the need for nutrition and wellness programs, expanded preventive outreach, and integrated, community-based supports. Secondary data reinforce these challenges, showing elevated cancer risks, high diabetes and heart disease mortality, significant food insecurity in areas such as Newcomerstown and Uhrichsville, and substantial burdens of Alzheimer's disease and poverty among older adults.

Chronic Disease Prevention and Management Initiatives for 2026-2028 include:

Chronic Disease Prevention and Management Initiatives Including Collaborations, Resources Allocated, and Anticipated Impacts

A. **Initiative:** Provide community health education and screenings regarding chronic diseases and conditions for community-based organizations, residents, and faith-based organizations.

Anticipated Impacts: Address chronic disease issues of diabetes, heart disease, cancer, hypertension, chronic obstructive pulmonary disease, obesity. Improve screening follow-up rates and therefore reduce behavioral risk factors.

D. Maternal and Child Health

The 2025 CHNA for Union Hospital identifies Maternal and Child Health as an ongoing concern, with stakeholders citing limited access to prenatal and postpartum care, particularly for low-income and rural residents facing transportation barriers and provider shortages. Rising maternal mental health needs, including postpartum depression and anxiety, underscore the importance of integrating behavioral health into maternal care. Pediatric gaps were also emphasized, especially long wait times and limited behavioral health services. Stakeholders stressed the need for coordinated family-centered supports that link clinical care with community resources. Secondary data show mixed trends: although preterm birth, low birthweight, and infant mortality

rates are relatively low in Tuscarawas County, early prenatal care remains limited, childcare access is constrained, and lead exposure rates continue to rise.

Maternal and Child Health Initiatives for 2026-2028 include:

Maternal and Child Health Initiatives Including Collaborations, Resources Allocated, and Anticipated Impacts

A. **Initiative:** Continue Cleveland Clinic services of Community Health Workers and/or the co-location of community organizations with hospital facilities, providing assistance for families from pregnancy throughout baby's first year of life.

   Anticipated Impacts: Ensure connection to obstetric/pediatric medical services, improve health and birth outcomes for pregnant patients, and support families with community resources.

B. **Initiative:** Co-Design strategies with community-based organizations to connect mothers with essential resources.

   Anticipated Impacts: Gather data, align programs, and coordinate a systemic approach to improving infant mortality in communities, increase the number of babies that reach their first birthday, improve health and well-being of mother and baby.

E. Health-Related Social Needs 

The 2025 CHNA for Union Hospital identifies health-related social needs as major drivers of health differences, with stakeholders emphasizing how poverty, housing instability, food insecurity, and transportation barriers limit residents' ability to access and maintain care. Financial insecurity, limited job opportunities, and high costs for essentials such as housing, childcare, and insurance place added strain on low-income families and older adults. Reduced neighborhood investment further restricts access to healthy food, stable housing, and reliable transit, contributing to greater reliance on emergency care. Stakeholders called for cross-sector collaboration, culturally responsive services, and stronger safety-net supports. Secondary data highlight lower incomes, high poverty, significant gender wage gaps, limited educational attainment, and high youth disconnection rates across the Union Hospital community.

Health-Related Social Needs Initiatives for 2026-2028 include:

Health-Related Social Needs Initiatives Including Collaborations, Resources Allocated, and Anticipated Impacts

A. **Initiative:** Explore collaboration with Tuscarawas County Department of Health utilizing community referral data platform, Unite Us, to coordinate services and connect residents with essential resources.

Anticipated Impacts: Enables gap closure, ensuring that social needs such as food assistance, family support, housing assistance, and mental health services are resolved.

B. **Initiative:** Expand strategies to address food security through education and healthy food access options. Support key partnership with Dover New Philadelphia Food Pantry.

Anticipated Impacts: Improve self-efficacy associated with healthy eating, improve nutrition education, reduce childhood hunger.

C. **Initiative:** Strengthen the hospital's Community Advisory Council with integration of community voice.

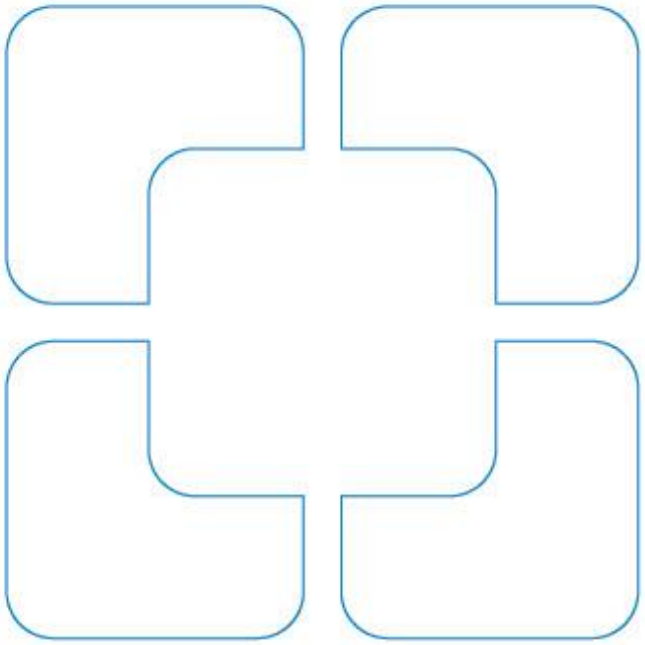
Anticipated Impacts: Increase collaboration with community-based organizations, improve community awareness of available resources.

D. **Initiative:** Explore workforce development and training opportunities for K-12 students in clinical and non-clinical areas, empowering Northeast Ohio's next generation of leaders.

Anticipated Impacts: Improve local employment opportunities, improve poverty rates.

While this ISR outlines specific strategies and programs identified to address the 2025 CHNA prioritized areas of Access to Healthcare, Behavioral Health, Chronic Disease Prevention and Management, Maternal and Child Health, and Health-Related Social Needs, it does not reflect all the work being done by Union Hospital to improve community health. Through this iterative process, opportunities are identified to grow and expand existing work in prioritized areas as well as implement additional programming in new areas. These ongoing strategic conversations will allow Union Hospital to build stronger community collaborations and make smarter, more targeted investments to improve the health of the people in the communities they serve.

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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