



2022 Portage County Community Health Assessment



Prepared by Conduent Healthy Communities Institute

Table of Contents

Table of Contents	2
Foreword	3
Acknowledgements.....	4
Executive Summary.....	6
Introduction & Purpose.....	13
Look Back: Progress Since Prior CHA.....	17
Social & Economic Determinants of Health.....	29
Disparities and Health Equity.....	37
Primary and Secondary Data Methodology and Key Findings	42
Prioritization	52
Prioritized Health Needs.....	53
Non-Prioritized Significant Health Needs	76
Community Resources Available	77
Conclusion.....	78
Appendices Summary	80
Appendix A. Secondary Data Methodology and Data Scoring Tables.....	
Appendix B. Community Input Assessment Tools	
Appendix C. Additional Data Sources	

Foreword

Portage County Community Health Partners are pleased to present the 2022 Portage County Community Health Assessment (CHA). This report, which provides a comprehensive look at the health and well-being of Portage County children, youth, and adults, represents the ongoing work of Portage County's community health partners to create and implement a shared vision for providing and maintaining quality health and human services for all Portage County residents.

The data contained in the 2022 Portage County CHA will help guide Portage County's health systems in their efforts to develop innovative strategies for effectively and efficiently addressing high priority needs; to create evaluation/outcome measures that effectively track progress and ensure accountability; and to educate Portage County stakeholders about the community health vision and need. Primary and secondary data was collected and reviewed. Data included secondary data from national and state sources, community feedback solicited through a Youth Behavioral Risk Survey, as well as additional community feedback from previously implemented focus groups and key informants as part of the Portage County Health Equity Project, as well as a LGBTQ+ community survey implemented by Kent State University. The data components of this comprehensive review can serve as strategic planning sources for organizations and individuals who are striving to make Portage County a healthier community.

In this era of rising costs and shrinking revenues, it is imperative that we focus our limited resources on those services and activities that will have the greatest positive impact on county residents' health. In that respect, the report's information can influence the current course of action and support new areas of interest. This report would not exist without the financial support of the Portage County Combined General Health District, University Hospitals, the Kent City Health Department, and the Mental Health & Recovery Board of Portage County; or without the assistance of community leaders and many public and private health partners, whose members took the time to carefully plan and carry out the assessment. We would like to thank local school officials who assisted in the assessment process and set aside valuable time that allowed 6th to 12th grade students to participate in this important project. It is our intent to periodically repeat this process to identify emerging issues and help ensure a high quality, healthy, and prosperous future for our county, while using existing resources as efficiently as possible. It is also our hope that this assessment will stimulate new collaborations among public and private agencies during economically challenging times.

Sincerely,

Portage County Community Health Partners

Acknowledgements

Portage County CHA Steering Committee

Representatives from Portage County Combined General Health District (PCCGHD) and University Hospitals Portage Medical Center formed the Portage County CHA Steering Committee to guide Portage County community partners through the assessment process. The steering committee was comprised of: Kent State University (KSU), Northeast Ohio Medical University (NEOMED), AxessPointe Community Health Center, Portage County Health District (PCHD), University Hospitals, Kent City Health Department (KCHD), and Mental Health & Recovery Board of Portage County (MHRB). The committee also included additional representation from academia, education, healthcare, public health, and mental health. These organizations play key roles in optimizing the community's health. The committee met regularly over six months to review secondary data and community feedback, suggest new partners to contribute to the prioritization process, and finally approve the finalized health needs.

Local Partners

PCCGHD and University Hospitals Portage Medical Center gratefully acknowledges the participation of a dedicated group of local partners and external stakeholders that gave generously of their time and expertise to help guide this CHA report:

- Akron Children's Hospital
- AxessPointe Community Health Center
- CANAPI
- Children's Advantage
- Coleman Professional Services
- Community Action Council
- Family and Children First Council
- Family and Community Services
- Hiram College
- Kent City Board of Health
- Kent City Health Department
- Kent State University College of Public Health & Center for Public Policy and Health
- Kent State University Health Services
- Mental Health & Recovery Board of Portage County
- NAMI
- NEOMED Student Run Free Clinic
- Northeast Ohio Medical University
- OhioCAN
- Opportunities for Ohioans with Disabilities
- OUR Place
- PARTA
- Portage County Board of Health
- Portage County Children's Services
- Portage County Combined General Health District Portage
- Portage County Job & Family Services
- Portage County Safe Communities Coalition
- Portage County School Districts
- Portage County WIC
- Portage Learning Centers
- Portage Park District
- Portage Substance Abuse Community Coalition
- Sequoia Wellness
- Streetsboro Police Department
- Suicide Prevention Coalition of Portage County
- The Haven
- Townhall II
- University Hospitals Portage Medical Center
- United Way of Portage County

Consultants

PCCGHD and University Hospitals Portage Medical Center commissioned Conduent Healthy Communities Institute (HCI) to support report development of Portage County's 2022 Community Health Assessment. 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. Report authors from HCI include Ashley Wendt, MPH, Public Health Consultant; Gautami Shikhare, MPH, Research Associate; and Garry Jacinto, Research Coordinator. To learn more about Conduent Healthy Communities Institute, please visit <https://www.conduent.com/community-health/>.

Contact Information

Danielle Price
Director, Community Health Engagement
University Hospitals
11100 Euclid Avenue
Cleveland, Ohio 44106
(216) 844-2391
danielle.price3@uhhospitals.org

Becky Lehman, MPH, CHES
Director of Health Education and Promotion
Public Information Officer
Portage County Health District
999 East Main Street
Ravenna, Ohio 44266
330-296-9919 ext. 137
blehman@portagehealth.net

Board Adoption

PCCGHD adopted the 2022 Portage County CHA in September 2022.

University Hospitals adopted the 2022 Portage County CHNA on September 21, 2022.

The 2022 Portage County CHA is available at:

Portage County Combined General Health District <https://www.portagecounty-oh.gov/portage-county-health-district>

University Hospitals <https://uhhospitals.org/CHNA-IS>

Written Comments

University Hospitals solicited feedback on the joint 2019 Portage County Community Health Needs Assessment, which is posted on its website, but did not receive any comments. Individuals are encouraged to submit written comments, questions, or other feedback about University Hospitals' strategies to CommunityBenefit@UHhospitals.org. Please make sure to include the name of the University Hospitals Facility that you are commenting about, and if possible, a reference to the appropriate section within the document.

Comments may also be submitted to Becky Lehman, Director of Health Education and Promotion at the Portage County Combined General Health District. Contact information is provided above.

Executive Summary

This executive summary provides an overview of health-related data for Portage County adults (ages 19 and older) from the 2022 Community Health Assessment (CHA) that was implemented from March to July 2022.

In 2022, University Hospitals Portage Medical Center conducted a joint Community Health Assessment (“2022 Portage County CHA”) with the Portage County Combined General Health District and other Portage County partners. The 2022 Portage County CHA is compliant with the requirements set forth by Treas. Reg. §1.501(r) (“Section 501(r)”) and Ohio Revised Code (“ORC”) §3701.981.

The 2022 Portage County CHA will serve as a foundation for developing a collaborative Implementation Strategy to address identified needs that (a) the hospital determines it is able to meet in whole or in part; (b) are otherwise part of its mission; and (c) are not met (or are not adequately met) by other programs and services in the hospital’s service area.

Similar to the CHNAs that hospitals conduct, completing a Community Health Assessment (“CHA”) and a corresponding Community Health Improvement Plan (“CHIP”) is an integral part of the process that local and state health departments must undertake to obtain accreditation through the Public Health Accreditation Board (PHAB). This assessment meets the requirements for PHAB accreditation.

State of Ohio Requirements

In 2016 the state of Ohio through ORC §3701.981, mandated that all tax-exempt hospitals collaborate with their local health departments on Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP). This was done to reduce duplication of resources and provide a more comprehensive approach to addressing health improvement. In addition, local hospitals are required to align with Ohio’s State Health Assessment (SHA) and State Health Improvement Plan (SHIP). The required alignment of the CHNA/CHA process timeline and indicators became effective January 1, 2020.

Conduent HCI worked with the Portage County CHA Steering Committee to create one county-level CHNA/CHA that serves both PCCGHD and University Hospitals Portage Medical Center, as well as the entire Portage County community. This was done to exhibit a shared definition of community, data collection and analysis, and identification of priority needs. It aligns with the 2019 State Health Assessment (SHA), which is the most currently available assessment. This shift in the way health assessments are conducted is a deliberate attempt by the partners to work together more effectively and efficiently to comprehensively address the needs of the community. This 2022 CHA also reflects the partners’ desire to align health assessment planning both among partners at the local level and with state population health planning efforts – as described more fully in Improving Population Health Planning in Ohio: Guidance for Aligning State and Local Efforts, released by the Ohio Department of Health (ODH).

2019 Ohio State Health Assessment (SHA)

The 2019 Ohio state health assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, a review of local health department and hospital assessments and plans, and key informant interviews.

The Ohio SHA identified three priority factors and three priority health outcomes that affect the overall health and well-being of children, families and adults of all ages in Ohio¹. These priority topics identified during the proceeding SHA/SHIP remain relevant.

The top health priorities identified during the 2019 Ohio SHA were:

- Mental Health & Addiction
- Chronic Disease
- Maternal and Infant Health

The top priority factors influencing health outcomes identified during the 2019 Ohio SHA were:

- Community Conditions
- Health Behaviors
- Access to Care

Similar to the 2019 Ohio SHA, the 2022 Portage County Community Health Assessment (CHA) examined a variety of metrics from various areas of health including, but not limited to, health behaviors, chronic disease, access to health care, and social determinants of health. Additionally, the CHA studied themes and perceptions from local stakeholders from a wide variety of sectors.

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

To view the full 2019 Ohio State Health Assessment, please visit:

<https://odh.ohio.gov/about-us/State-Health-Assessment>

Hospital Internal Revenue Services (IRS) Requirements

Certain hospitals as set forth in the Section 501(r) regulations are required to complete a CHNA and corresponding implementation strategy at least once every three years in accordance with regulations

¹ Health Policy Institute of Ohio, (2022) 2019 SHA and 2020-2022 SHIP. Accessed from <https://www.healthpolicyohio.org/sha-ship/>

promulgated by the Internal Revenue Service pursuant to the Patient Protection and Affordable Care Act (ACA), 2010². University Hospitals adopted the last joint Portage County CHNA in September of 2019.

Public Health Accreditation Board (PHAB) Accreditation Requirements

Portage County Combined General Health District became accredited on June 11, 2019 under the Public Health Accreditation Board (PHAB) standards. One of the standards to receive and maintain PHAB accreditation, includes participating in or leading a collaborative process that results in a comprehensive Community Health Assessment. For local health departments, the Community Health Assessment assesses the health of residents within the jurisdiction it serves. A local health department’s assessment may also assess the health of residents within a larger region, but the submitted assessment will include details that address the requirements specific to the jurisdiction applying for accreditation³.

Definition of Community & Service Area Determination

The community has been defined as Portage County. In 2021, most (81%) of University Hospitals Portage Medical Center’s discharges were residents of Portage County. In addition, University Hospitals collaborates with multiple stakeholders, most of which provide services at the county-level. In looking at the community population served by the hospital facilities and Portage County as a whole, it was clear that all of the facilities and partnering organizations involved in the collaborative assessment, define their community to be the same. Defining the community as such also allows the hospitals to more readily collaborate with public health partners for both Community Health Assessments and health improvement planning. Per Section 501(r) federal compliance, a joint CHNA is only allowable if it meets all the requirements of a separate CHNA; clearly identifies the hospital facilities involved; and if all of the collaborating hospital facilities and organizations included in the joint CHNA define their community to be the same⁴. This assessment meets 501(r) federal compliance for University Hospitals Portage Medical Center.

Inclusion of Vulnerable Populations

The Portage County CHNA Steering Committee, which includes PCCGHD and University Hospitals Portage Medical Center, intentionally elected to use a random YRBS survey implemented with middle and high schools in Portage County to incorporate a broader range of perspectives. The methodology is described more fully in the Primary Data Collection Methods section of this report. Additionally, qualitative data

² The Patient Protection and Affordable Care Act (Pub. L. 111-148) added section 501(r) to the Internal Revenue Code, which imposes new requirements on nonprofit hospitals in order to qualify for an exemption under Section 501(c)(3) and adds new reporting requirements for such hospitals under Section 6033(b) of the Internal Revenue Code. University Hospitals followed the final rule entitled “Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals”; Requirement of a Section 4959 Excise Tax Return and Time for Filing the Return, was published by the IRS on December 31, 2014, and requires compliance after December 29, 2015.

³ Public Health Accreditation Board (2022). Standards and Measures for Reaccreditation Version 2022. Accessed from <https://phaboard.org/wp-content/uploads/Standard-Measures-Version-2022-Reaccreditation.pdf>

⁴ §1.501r-3(b)(6)(v)

collection included focus groups and key informants that were conducted as part of the Portage County Health Equity Project. Participants in the community focus groups included representatives from: 1) Seniors, those 65 and older; 2) Black and African American community; and 3) WIC benefit recipients. Additional data was incorporated from a Kent State University community survey implemented with the LGBTQ+ community within Portage County. Finally, community partners and the community members were invited to participate and provide feedback on the 2022 CHNA data findings at a public CHNA presentation in August 2022.

Process and Methods to Engage the Community

This CHA process was commissioned by PCCGHD and University Hospitals Portage Medical Center. The names of the individual partners are listed in the Acknowledgments section at the beginning of the report. Multiple sectors, including the general public, were asked through email listservs, social media, and public notices to participate in the process which included participation in quantitative and qualitative data collection. The general public will be invited to attend the release of the report and provide feedback.

Quantitative and Qualitative Data Analysis

Data for the 2022 Portage County CHA were obtained and analyzed by Conduent HCI and Portage County Community Health Partners. Wherever possible, local findings have been compared to other local, regional, state, and national data. As PCCGHD and University Hospitals Portage Medical Center move forward with planning strategies, there is a commitment to health equity and to serve those in Portage County who experience health and basic needs disparities.

Identifying and Prioritizing Needs

For the 2022 CHA process, Portage County Community Health Partners elected to maintain the three priority areas identified by the 2019 Portage County Community Health Needs Assessment (CHNA). This decision was made due to the on-going challenges across Portage County within the prioritized areas as well as the exacerbation of these need areas by the COVID-19 Pandemic. The group instead chose to leverage the primary and secondary data collected through the 2022 CHA process to further understand the depth and breadth of these need areas within the county. This decision was supported by secondary data analysis findings as well as from community feedback. To ensure the perspectives of community members were considered, input was collected from residents in Portage County. Primary data used in this assessment consisted of key informant interviews conducted as part of the Portage County Health Equity Project, focus group discussions with key community groups, and a Youth Risk Behavioral Survey (YRBS) implemented with select middle and high schools within Portage County. Additional data was included from a locally implemented survey with the LGBTQ+ community.

Findings from the 2022 Assessment were presented to the public during an in-person community meeting hosted in August 2022. Thirty-three individuals participated in the meeting. Participants included community stakeholders and community representatives from public health, city government, local hospitals, mental health agencies, and other community based organizations.

In 2019, Portage County identified three priority areas that reflected the broad interests of the community and they will remain in 2022:

- Mental Health, Substance Use and Addiction
- Chronic Disease
- Maternal, Infant, and Child Health

In addition to these three prioritized areas, Portage County elected to focus on three cross-cutting areas:

- Healthcare System and Access
- Social Determinants of Health
- Health Equity

University Hospitals Portage Medical Center will be addressing all priorities.

Potential Resources to Address Need

Priorities identified through the planning process will result in a comprehensive 2023-2025 Portage County Community Health Improvement Plan (CHIP). The CHIP will also serve as the 2023-2025 Community Health Implementation Strategy (IS) for University Hospitals Portage Medical Center. Potential resources available can be found in Appendix D.

Evaluation of Impact

The evaluation of impact is a report on the actions taken and effectiveness of strategies implemented since the last CHNA. University Hospitals Portage Medical Center conducted their last CHNA in 2019. It can be found in the [Look Back: Progress Since Previous CHA](#) section of this report on page 17 of this report.

Data Collection Methods

Secondary Data Collection

Secondary data used for this assessment were collected and analyzed from a community indicator database developed by Conduent Healthy Communities Institute (HCI). The database, maintained by researchers and analysts at HCI, includes over 200 community indicators, spanning at least 24 topics in the areas of health, determinants of health, and quality of life. The data are primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, national targets, and to previous time periods.

Secondary Data Analysis Results

The following health topic areas were identified through the secondary data analysis:

- Medications & Prescriptions
- Mental Health & Mental Disorders

- Tobacco Use
- Physical Activity
- Cancer
- Other Conditions

Primary Data Collection

To ensure the perspectives of community members were considered, input was collected from residents in Portage County. Primary data used in this assessment consisted of key informant interviews conducted as part of the Portage County Health Equity Project, focus group discussions with key community groups, and a Youth Risk Behavioral Survey (YRBS) implemented with select middle and high schools within Portage County.

Key Informant Interviews

One method of community input was gathering community feedback through key informant interviews. Twenty-three key informant interviews were conducted in Summer 2021 by students from Northeast Ohio Medical University as part of the Portage County Health Equity Project led by the Portage County Combined General Health District.

Focus Groups

Three focus group discussions were conducted by University Hospitals in May 2022 to gain deeper understanding of health issues impacting the residents of Portage County. Key community groups who participated in these focus groups include: 1) Senior Citizen community members; 2) Black or African American community members; and 3) WIC benefits recipients.

Qualitative Analysis Results

Detailed transcripts from the focus group discussions were captured. The text from these transcripts were analyzed using the qualitative analysis tool Dedoose®. Text was coded using a pre-designed codebook, organized by themes and analyzed for significant observations. The main themes and topics that emerged from these discussions included:

- Impact of COVID-19
- Access to Health Services
- Mental Health & Mental Disorders
- Alcohol & Drug Use
- Food Security/Access

Summary reports from the Portage County Health Equity Project provided detailed analysis of these qualitative data results. Additional details of these secondary and primary data collection processes can be found later in this report in the [Primary and Secondary Data Methodology and Key Findings](#) section.

Impact of COVID-19

The impact of COVID-19 was felt by all in public health. The year of 2020 brought forth concepts such as “lockdowns,” “mask mandates,” and “social distancing”. Today these concepts are part of our everyday language as the COVID-19 pandemic continues to impact all aspects of our lives. Portage County saw its first case of COVID-19 on March 13th and was saddened by its first death March 29th. Each day brought a new challenge to public health, and public health rose up to the challenge in response to this public health pandemic while also continuing to meet the essential functions of the Health District. COVID-19 response included communicable disease investigations, contact tracing, outreach investigations, public information, enforcement, testing, and distribution of vaccine.

Vaccines provide the “light at the end of the tunnel” out of this pandemic, a path to our “new normal”. The success of the COVID-19 vaccination campaign was due to the partnerships and collaborations with our first responders, University Hospitals Portage Medical Center, Portage County EMA, NEOMED, Kent State University, the Ravenna Elks, K-12 schools, daycares, local businesses, community service agencies, healthcare providers, congregate care facilities, the Portage County jail, elected officials, the Portage Foundation, and United Way.

Public health continues to provide COVID-19 response activities and support, all while continuing to serve Portage County residents with both mandated and unmandated programs and services such as environmental health services, WIC services, nursing services, prevention services, and more.

Introduction & Purpose

Portage County Combined General Health District (PCCGHD) in collaboration with University Hospitals Portage Medical Center is pleased to present the 2022 Portage County Community Health Assessment (CHA).

CHA Purpose

The purpose of this CHA report is to identify and prioritize significant health needs of the community in Portage County, Ohio served by PCCGHD and University Hospitals Portage Medical Center. The priorities identified in this report help to guide community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health.

Completion of a Community Health Needs Assessment every three years is required for non-profit hospital systems to retain their Internal Revenue Service 501(c)(3) status. Local health departments seeking accreditation from the Public Health Accreditation Board are required to conduct a Community Health Assessment every five years, and the Ohio Department of Health requires a Community Health Assessment every three years. This CHA report meets requirements for all of the above.

To avoid duplication of assessment efforts and enhance collaboration and coordination between clinical care and public health in Portage County, PCCGHD and University Hospitals Portage Medical Center implemented a collaborative Community Health Assessment.

Overview

Planned in coordination with county partners and stakeholders, the Portage County Community Health Assessment (CHA) was conducted by the PCCGHD and University Hospitals Portage Medical Center and included the collection and analysis of both quantitative and qualitative data. Data collection activities included:

- Secondary Data Analysis of more than 200 community indicators, spanning at least 24 topics in the areas of health, determinants of health, and quality of life
- Twenty-three key informant interviews with key community partners
- Three community focus groups with Portage County residents
- YRBS Survey with select middle and high schools in Portage County

Summary of Findings

Health data findings were determined to be relevant if they met the following criteria:

- Secondary data analysis: Health and Quality of Life topics that received a score of 1.50 or higher were considered a significant health need. Six topics scored at or above the threshold. Topic areas with fewer than three indicators were considered a data gap.
- Qualitative analysis: frequency topic was discussed within/across interviews and the focus groups
- YRBS Survey was analyzed for findings relevant to and expanding on existing Portage County Prioritized Health Needs

2022 Prioritized Health Needs

For the 2022 CHA process, Portage County Community Health Partners elected to maintain the three priority areas identified by the 2019 Portage County Community Health Needs Assessment (CHNA). This decision was made due to the on-going challenges across Portage County within the prioritized areas as well as the exacerbation of these need areas by the COVID-19 Pandemic. The group instead chose to leverage the primary and secondary data collected through the 2022 CHA process to further understand the depth and breadth of these need areas within the county.

2019 Process and Criteria

The Portage County Community Health Partners met in July 2019 to review the CHNA primary and secondary data findings. Data from the most recent assessment was carefully considered and categorized into community priorities. This was done using the National Association of County and City Health Officials' (NACCHO) national framework, Mobilizing for Action through Planning and Partnerships (MAPP).

Overall, there were 5 main key issues identified by the committee. The Portage County Community Health Partners then completed a ranking exercise, giving a score for magnitude, seriousness of the consequence and feasibility of correcting, resulting in an average score for each issue identified. Each organization was then given 3 votes to identify their top 3 key issues that they ranked; afterwards, Portage County Community Health Partners came to a consensus. This process determined the priorities that Portage County would focus on from 2020-2022.

The following priorities from the 2019 CHA continue to reflect the broad interests of Portage County and will be adopted as priorities for the 2022 CHA:

- Mental Health, Substance Use and Addiction
- Chronic Disease
- Maternal, Infant, and Child Health

In addition to these three prioritized areas, Portage County elected to focus on three cross-cutting areas:

- Healthcare System and Access
- Social Determinants of Health
- Health Equity

Figure 1. Portage County Prioritized Health Needs



Mental Health, Substance Use and Addiction



Chronic Disease



Maternal, Infant, and Child Health

Portage County Combined General Health District

On June 11, 2019, the Portage County Combined General Health District was awarded National Public Health Accreditation by the Public Health Accreditation Board located in Alexandria, Virginia. This milestone accomplishment signifies to Portage County residents that they are being served by a health district that has met rigorous nationally recognized, performance-focused, and evidence-based standards for public health. Accreditation has strengthened the Agency's continuous commitment towards meeting the 10 Essential Services of Public Health including quality improvement, workforce development, strategic planning, and performance management.

The Portage County Combined General Health District is responsible for preventing disease and promoting health in the following Portage County Areas:

Serving the Townships of: Atwater, Brimfield, Charlestown, Deerfield, Edinburg, Franklin, Freedom, Hiram, Mantua, Nelson, Palmyra, Paris, Randolph, Ravenna, Rootstown, Shalersville, Suffield, Windham

Serving the Villages of: Garrettsville, Hiram, Mantua, Mogadore, Sugar Bush Knolls, Windham

Serving the Cities of: Aurora, Ravenna, Streetsboro

Mission Statement

To promote public health, prevent disease, and protect the environment, utilizing leadership and partnership to empower individuals and communities to achieve optimal health.

Vision Statement

Healthy People. Health Environments. Healthy Communities.

Values

Accountability, Communication, Dedication, Ethics, Innovation

University Hospitals Portage Medical Center

University Hospitals Portage Medical Center is a 300-bed community-based hospital that provides an array of services, including but not limited to labor and delivery, surgical, orthopedic, and rehabilitation. Located in Ravenna, OH, University Hospitals Portage Medical Center facilities principally serve residents of Portage County, and include Level III Trauma services, two urgent care facilities, comprehensive imaging facilities, a network of physician practices, and both outpatient centers and medical facilities. University Hospitals Portage Medical Center is located in central Portage County, and situated with Cleveland to the Northwest, Akron to the Southwest, and Youngstown to the Southeast.

University Hospitals Mission

To Heal. To Teach. To Discover.

Vision

Advancing the Science of Health and the Art of Compassion.

Values

- **Service Excellence:** We deliver the best outcomes, service, and value with the highest quality through a continuous quest for excellence and seeking ways to improve the health of those who count on us.
- **Integrity:** We have a shared commitment to do what is right and adhere to the highest standards of ethics and personal responsibility to earn the trust of our caregivers and community.
- **Compassion:** We have genuine concern for our patients and each other while treating everyone with respect and empathy.
- **Belonging:** We value the contributions of all caregivers, and are committed to building an inclusive, encouraging and caring culture where all can thrive.
- **Trust:** We depend upon our caregivers' character, reliability and judgement

Look Back: Progress Since Prior CHA

The previous collaborative Portage County CHA was implemented in 2019. An important piece of this assessment cycle includes the ongoing review of progress made on priority health topics set forth in the preceding CHA and Community Health Improvement Plan (CHIP) (Figure 2). By reviewing the actions taken to address priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next assessment.

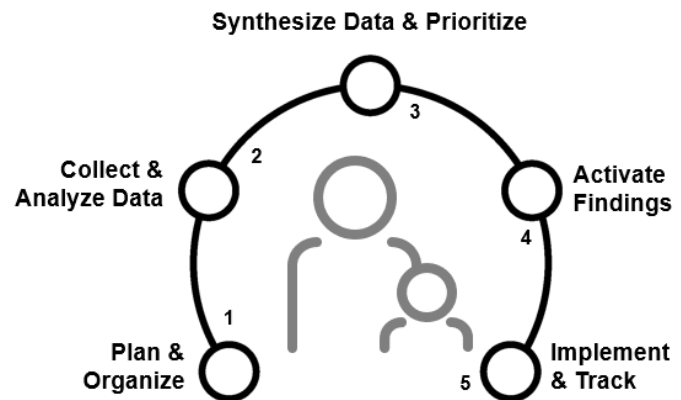
Priority Health Needs from Preceding CHA

Portage County's priority health areas from the 2019 CHA were:

- Mental Health, Substance Use and Addiction
- Chronic Disease
- Maternal, Infant, and Child Health

The three priority health areas reflected the broad interests of the community. Portage County also made the decision to focus on the following cross-cutting factors within the strategy development process: Healthcare System and Access, Social Determinants of Health, and Health Equity. University Hospitals Portage Medical Center implemented strategies in the three identified priority areas.

Figure 2. The CHA Cycle



Evaluation of Impact

Portage County Collaborative Impact

Improvement Efforts

With the start of the 2020 CHIP process, PCCGHD facilitated quarterly meetings for each of the identified three priorities. Each priority meeting was facilitated by an identified community partner: the mental health, substance use, and addiction priority was led by the Mental Health & Recovery Board of Portage County; the chronic disease priority was led by University Hospitals Portage Medical Center; and the maternal, infant, child health priority was led by WIC. Quarterly progress reports were captured by the PCCGHD and were posted on the PCCGHD website at www.portagehealth.net.

The first series of quarterly progress meetings were held in April 2020. All three priorities continued to meet quarterly. Without the ability to meet in person due to COVID-19, the quarterly progress meetings were held virtually. Virtual meetings provided community partners the ability to stay connected with the CHIP process.

Impact

Despite challenges related to COVID-19, there were reportable successes within the three priorities. The student run free clinic at NEOMED (previously named SOAR Clinic) expanded hours of operation and services. The expansion of services included screenings for depression, anxiety, and substance abuse and programming for diabetes and hypertension. Community partners worked towards the goal of addressing food insecurity and increasing fruit and vegetable consumption through community gardens, increased programming at the food distribution centers, increase in fruit and vegetable coupons distributed through WIC, and implementation of programs such as the Food for Life Market at University Hospitals Portage Medical Center and the food pantry at AxessPointe.

The maternal, infant, child health priority had the biggest challenge of addressing the priority due to COVID-19. PCCGHD had the goal of implementing a prenatal/postpartum home visiting program. This activity was stalled due to the need for PCCGHD to respond to COVID-19.

University Hospitals Portage Medical Center Community Health Improvement Efforts

The following evaluation of impact pertains to the actions taken since the last Portage County CHNA in 2019. The assessment was done jointly between University Hospitals Portage Medical Center, Portage County Board of Health, and Portage County Community Health Partners, in alignment with Ohio's State Health Assessment (SHA) and State Health Improvement Plan (SHIP). The 2019 CHNA was adopted by University Hospitals in September of 2019, and the 2020-2022 Implementation Strategy was adopted in March of 2020. This evaluation report covers the period January 2019 – December 2021. Outcomes from the 2020-2022 period will be further analyzed in early 2023, in order to include 2022 progress in total, and to further inform prospective 2023 implementation strategies.

Upon review of the 2019 Community Health Needs Assessments, hospital leadership for University Hospitals Portage Medical Center isolated three top priority community health needs:

- 1. Mental Health and Addiction**
- 2. Chronic Disease**
- 3. Maternal, Infant, and Child Health**

Within these areas, in consideration of the hospital's expertise and its being a community-based hospital, the following goals were established:

- Decrease youth usage of e-cigarettes, alcohol, and marijuana by two percent
- Increase participation in tobacco cessation programs by 15 percent
- Implement food insecurity screening and referral in at least three additional Portage County locations
- Increase the number of prediabetes screenings by 15 percent
- Increase hypertension medication adherence to 84 percent

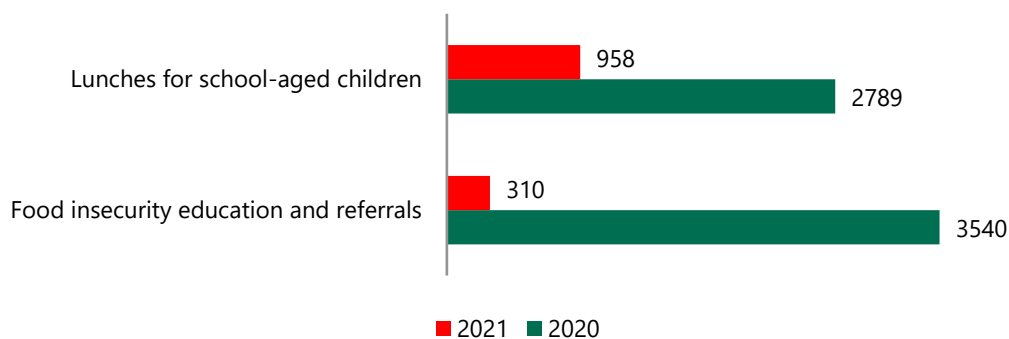
- Maintain four community gardens in Portage County prioritizing food deserts
- Implement a women’s reproductive health and wellness program to increase the use of reproductive health interventions for Medicaid-eligible residents in Portage County

Impact

From 2019 to 2021, University Hospitals Portage Medical Center effectively implemented all seven included community health improvement strategies, in alignment with the aforementioned health priorities. In 2019, University Hospitals Portage Medical Center retained an additional focus on targeted programming in the Village of Windham, subsequently providing blood pressure screenings to 156 residents at the Windham Food Bank, and providing health education and upcoming screening event information to 392 Windham Village residents. University Hospitals Portage Medical Center engaged residents through education and provided a total of 3,846 blood pressure screenings to community residents in 2019, as well as 355 free prediabetes screenings.

Between 2020 and 2021, University Hospitals Portage Medical Center caregivers provided health education programming to 989 Portage County eighth grade students education to prevent vaping to 313 Rootstown Middle School students. Despite challenges related to the COVID-19 pandemic, 358 individuals were screened for diabetes at no cost. 133 individuals (37%) had an abnormal result and were referred to a primary care provider and provided with resources. Further, University Hospitals Portage Medical Center educated 725 University Hospitals Portage Medical Center caregivers and Ravenna primary care providers and staff on food insecurity, its impact on health, and the importance of food insecurity screening and referral, respectively, while also distributing information to 3,125 Portage County community partners and patients regarding existing community food insecurity resources and referral options, such as but not limited to 211, Women, Infants, and Children (WIC), the Supplemental Nutrition Assistance Program (SNAP), school nutrition programs, and food pantries. More than 3,700 lunches were provided to Portage County school-aged children between 2020 and 2021 by way of the summer lunch and weekend backpack programs.

Figure 3. University Hospitals Food Insecurity Initiatives



Beginning in 2020, and in response to the COVID-19 pandemic, University Hospitals Portage Medical Center caregivers supported local response efforts by attending community planning meetings, disseminating COVID-19 updates and joint press releases, and supported several initiatives related to COVID-19 vaccine access. Further, as mentioned above, staff supported efforts to address food insecurity, potentially exacerbated by the pandemic.

Hospital Leadership Interviews

In order to provide a qualitative context regarding University Hospitals Portage Medical Center successes and opportunities for improvement related to the implementation strategies, a discussion guide comprised of four anchor questions was utilized to frame an interview with University Hospitals Portage leadership and caregivers on March 2, 2022.

1. Overall, what strategies worked well since their inception, or naturally found traction within the community?
2. What strategies experienced barriers to implementation, or were unable to be implemented?
3. How did the COVID-19 pandemic impact your implementation strategies?
4. Were there new relationships that resulted from the COVID-19 pandemic response that could potentially be leveraged in the future to improve the community's health?

As a result of this conversation, the following qualitative themes emerged pertaining to University Hospitals Portage Medical Center's community health implementation strategy from 2019-2021: 1) Addressing Food Insecurity, 2) Community Diabetes Programming, 3) Availability of mental health services, and 4) The Impact of the COVID-19 pandemic. The following quotes illustrate these themes:

ADDRESSING FOOD INSECURITY

"...as the community outreach team again begins to do some outreach into the community, we also have some plans to do some food insecurity screening as well. I can ask those food insecurity questions as I'm doing a blood pressure screening or a prediabetes screening, so it is certainly an area that I think we can grow. We also have a wonderful resource because we have the Food for Life market, so we can refer people to the market, so there is kind of an answer..."

"The other thing we have definitely had a lot of growth with is our gardens...there has been a collaboration kind of formed between the Kent State School of Public Health, the hospital, and the Master Gardeners of Portage County, and it's called the 'Let's Grow Together Coalition', and it's really overseeing the various gardens..."

"...Really, seasonally, and even with COVID, we had some real successes with the gardens still, and we truly are providing direct nutrition to the community, whether it is somebody with food insecurity or just little access to healthy nutrition."

"There definitely are pockets, Windham always seems to trickle to the top when we look at it, hence why we actually put this garden in the Windham community. There are also some pockets in Kent that the University just had connected...and that's not saying that there aren't needs in Ravenna or Rootstown...the intention is to grow these gardens at every elementary school in the county, I mean, there are funding needs and things like that, but the expansion is in the works that it would really go throughout the county."

COMMUNITY DIABETES PROGRAMMING

"...Since COVID, I would say most of our focus switched on doing the preventing diabetes and doing more of the prediabetes screening. I have been doing a lot of the prediabetes risk tests pretty much wherever we can add it to any of our health talks or screenings, and focusing more

on educating people, teaching them to obtain and maintain a healthy weight, how to do their BMI, how to do a waist measurement, and then doing a lot on portion control and healthy eating as well, so that is kind of how my focus has shifted...”

AVAILABILITY OF MENTAL HEALTH SERVICES

“For me, sometimes the challenge, and I certainly understand the need is the mental health piece, we don’t have strong mental health services directly here at Portage...I am proud to say we have really good partner relationships in the community that we work really well with, different organizations, but that one I just, I’m interested to see moving forward because we certainly all understand the overwhelming needs...”

THE IMPACT OF THE COVID-19 PANDEMIC

“...one of the biggest challenges I think a lot of our senior population faced was access to fitness, because they definitely were not used to doing a yoga class by Zoom, they were coming here to the hospital to do it, and of course they couldn’t do that, they couldn’t come to do water aerobics at the pool, so not only was there a lot of isolation, they weren’t getting the activity they were used to getting as well, and that was kind of hard to fill.”

“...as far as the community during COVID, I think we became a really good source for them, for COVID information, and also I think a lot of the community members have sort of recognized...I feel that we have definitely gained their trust, and I think we have built a better relationship with the communities that we serve throughout the pandemic.”

Despite the epic disruption in anticipated programming caused by the COVID-19 pandemic, University Hospitals Portage Medical Center successfully pivoted during this unprecedented circumstance to continue to engage the community and provide valuable information, support and access to COVID-19 testing and vaccination.

Community Feedback

University Hospitals solicited feedback on its 2019 Portage County Community Health Needs Assessment (CHNA), which is posted on its website, but did not receive any comments. Individuals are encouraged to submit written comments on the current joint Community Health Assessment (CHA) to CommunityBenefit@UHhospitals.org. These comments provide additional information to hospital facilities regarding the broad interests of the community and help to inform future CHNAs and implementation strategies.

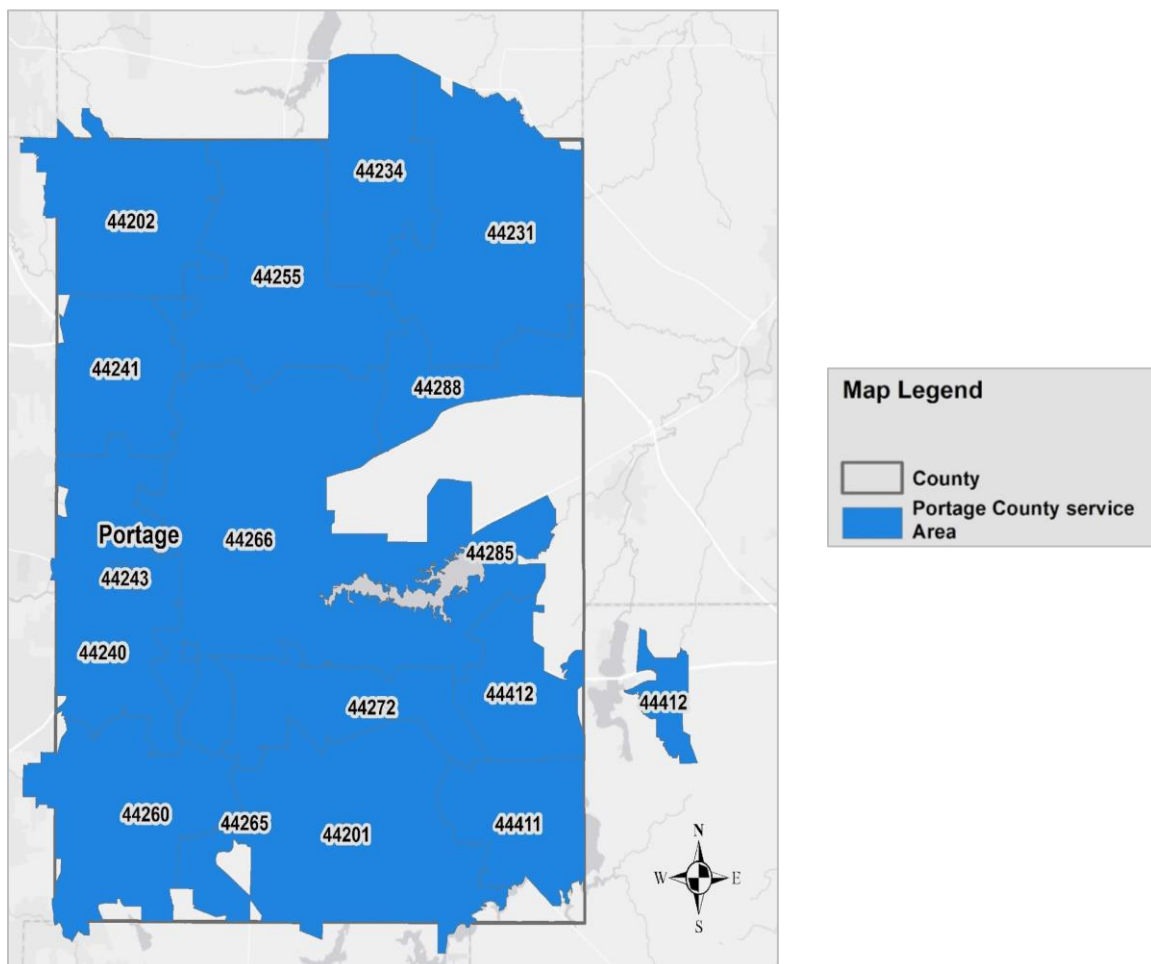
Defining the Community

Defining the community is a key component of the CHA process as it determines the scope of the assessment and implementation strategy.

Process for Identifying the Community

The service area for both Portage County Combined General Health District and University Hospitals Portage Medical Center is defined as Portage County, both in practice and for the purposes of this assessment. Secondary data utilized in this assessment was collected at the county level and compared against national, state, and comparison county figures, as well as Healthy People 2030 goals when available. Figure 4 illustrates the Portage County Service Area. It is important to note that the white void located in the eastern portion of the county is Camp Ravenna, formerly known as the Ravenna Army Ammunition Plant. Community members do not live in this part of the county and there is no direct transportation route through this portion of the county.

Figure 4. Portage County Combined General Health District and University Hospitals Portage Medical Center CHNA Service Area



Demographic Profile

The demographics of a community significantly impact its health profile. Different racial, ethnic, age and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of Portage County, Ohio.

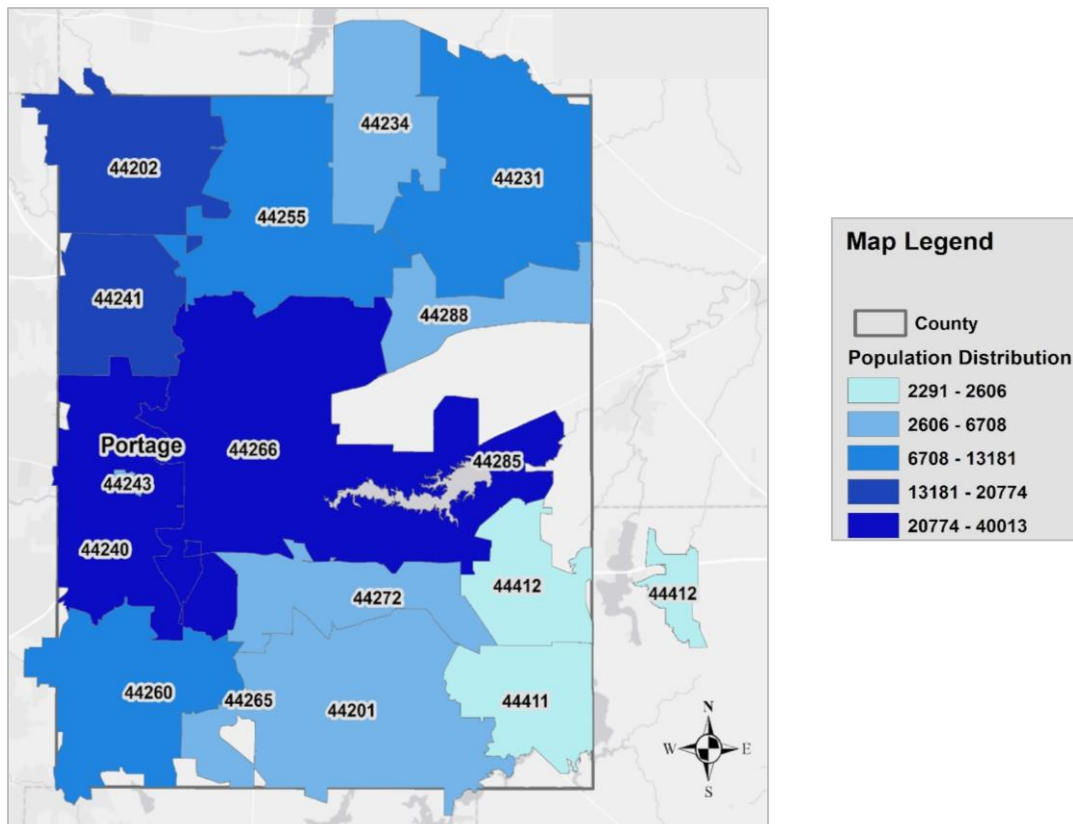
Geography and Data Sources

All demographic estimates are sourced from Claritas® (2022 population estimates) unless otherwise indicated. Claritas demographic estimates are primarily based on U.S. Census and American Community Survey (ACS) data. Claritas uses proprietary formulas and methodologies to calculate estimates for the current calendar year. Additional demographic data for Portage County can be explored on the Healthy Northeast Ohio community data platform at www.healthyneo.org.

Population

According to the 2022 Claritas Pop-Facts population estimates, Portage County has an estimated population of 164,161 persons. Figure 5 shows the population size by each zip code, with the darkest blue representing the zip codes with the largest population. Appendix A, provides the actual population estimates for each zip code. The most populated zip code area within the Portage County is zip code 44240 (Kent) with a population of 40,013.

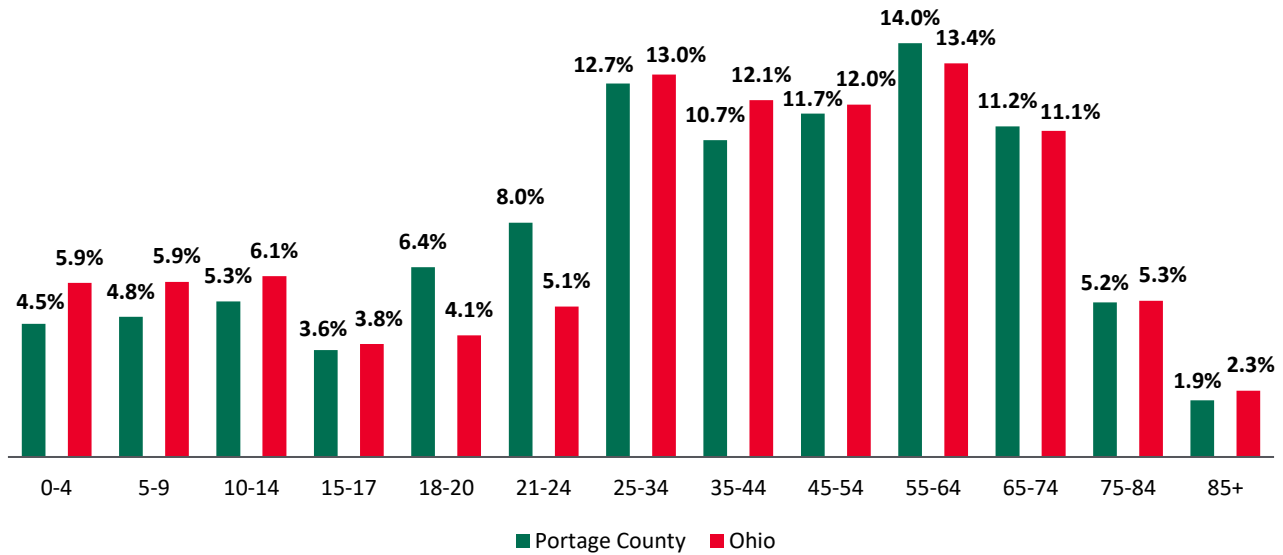
Figure 5. Portage County Population distribution by Zip Code



Age

Children (0-17) comprised 18.2% of the population in Portage County. When compared to Ohio (21.8%) and the U.S. (22.4%), Portage County has a lower proportion of Children population (age 0-17). Portage County has 18.4% of residents aged 65+. Portage County has a slightly lower proportion of elder population (age 65+) when compared to Ohio (18.6%), and higher proportion when compared to the U.S. (16.0%). Figure 6 shows further breakdown of age categories.

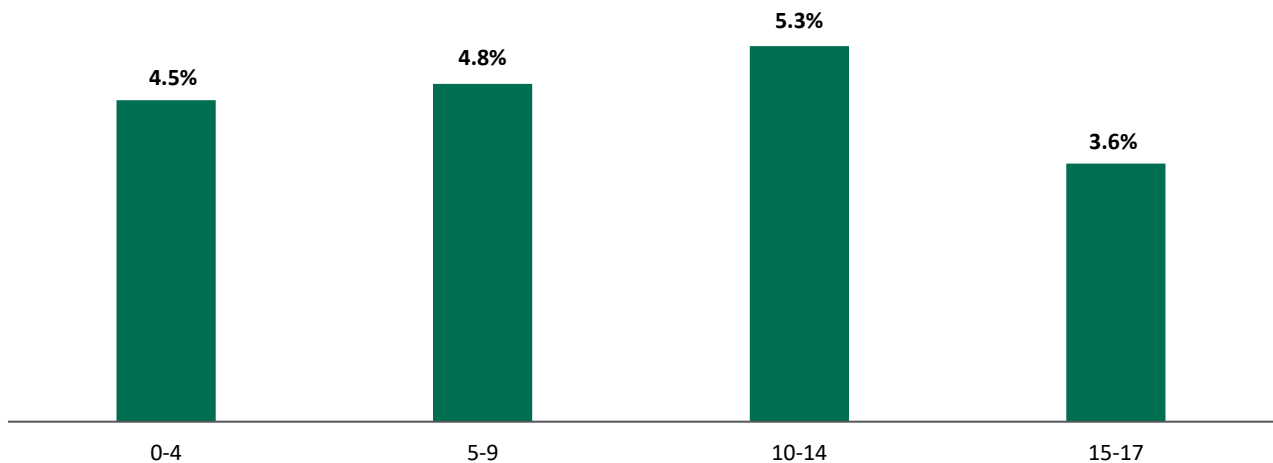
Figure 6: Population by Age: County and State Comparisons



County and state values- Claritas Pop-Facts (2022 population estimates)

Figure 7 shows the population of Portage County by age group under 18 years.

Figure 7: Population by Age Under 18: Portage County

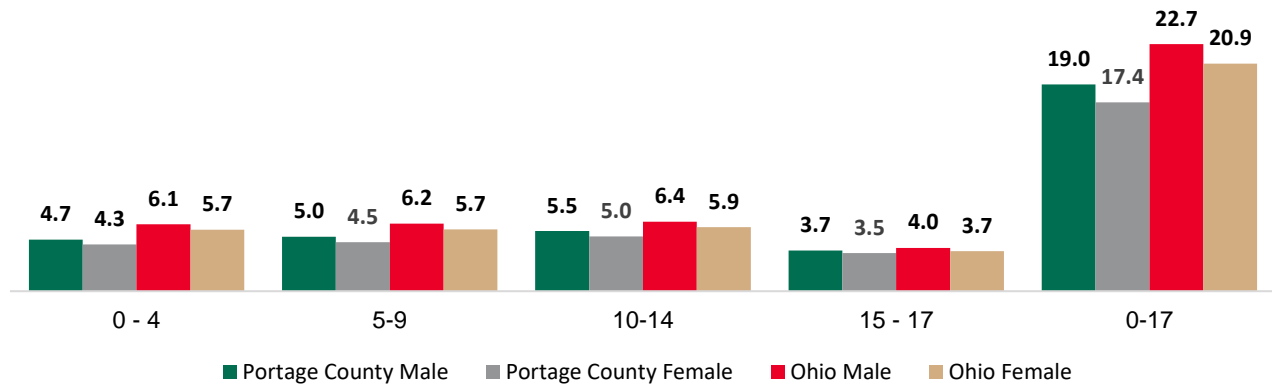


County values- Claritas Pop-Facts (2022 population estimates)

Sex

Figure 8 shows the children (under 18) population of Portage County and Ohio by sex. In Portage County, males comprise 19.0% of the population, whereas females comprise 17.4% of the population which is lower in proportion when compared to males (22.7%) and females (20.9%) in Ohio.

Figure 8: Percent Population by Sex Under 18: County, State and U.S. Comparisons



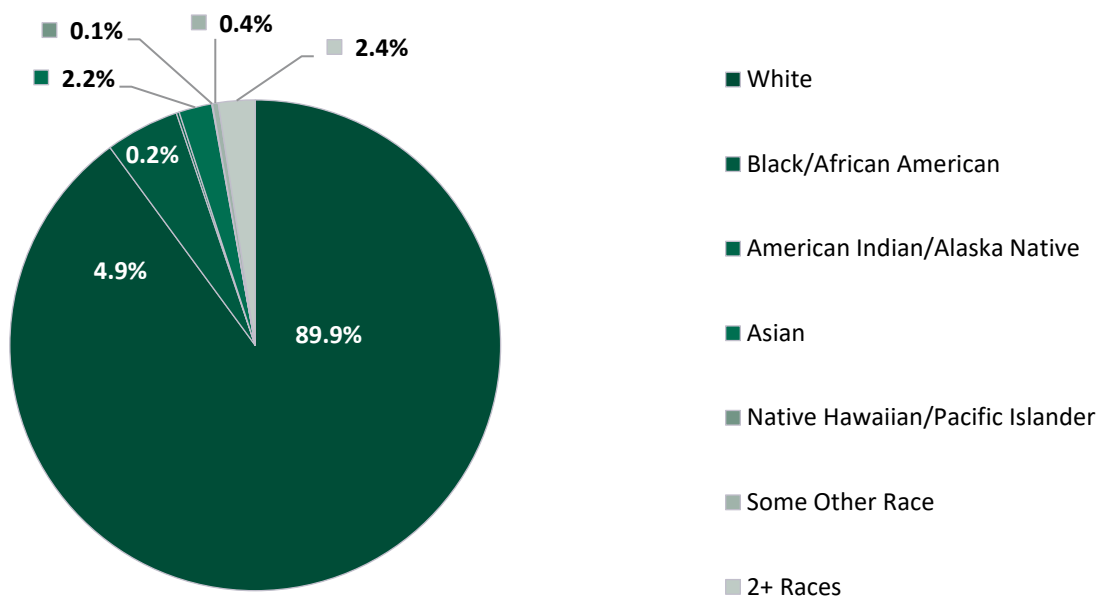
County values- Claritas Pop-Facts (2022 population estimates)

Race and Ethnicity

Considering the racial and ethnic composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, healthcare, and childcare. Analysis of health and social determinants of health data by race/ethnicity can also help identify disparities in housing, employment, income, and poverty.

The racial makeup of the Portage County area shows 89.9% of the population identifying as White or Caucasian, as indicated in Figure 9. The proportion of Black or African American community members is the second largest of all races in Portage County at 4.9%.

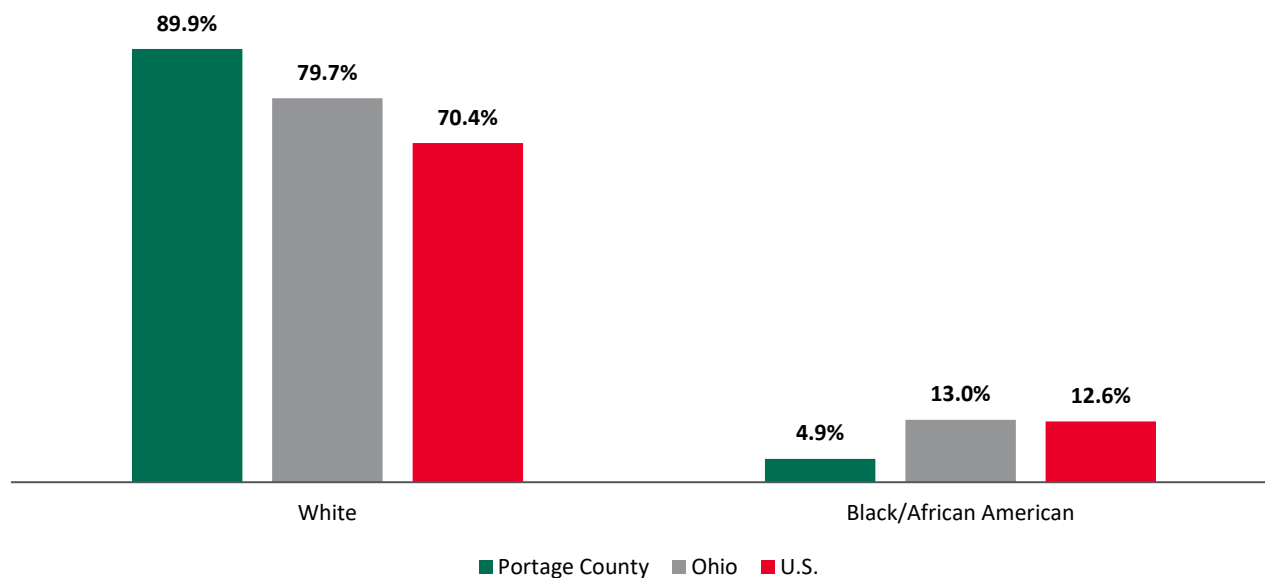
Figure 9: Population by Race: Portage County



County values- Claritas Pop-Facts (2022 population estimates)

Those community members identifying as White represent a higher proportion of the population in Portage County when compared to Ohio (79.7%) and the U.S. (70.4%), while Black/African American community members represent a lower proportion of the population when compared to Ohio (13.0%) and the U.S. (12.6%) (Figure 10).

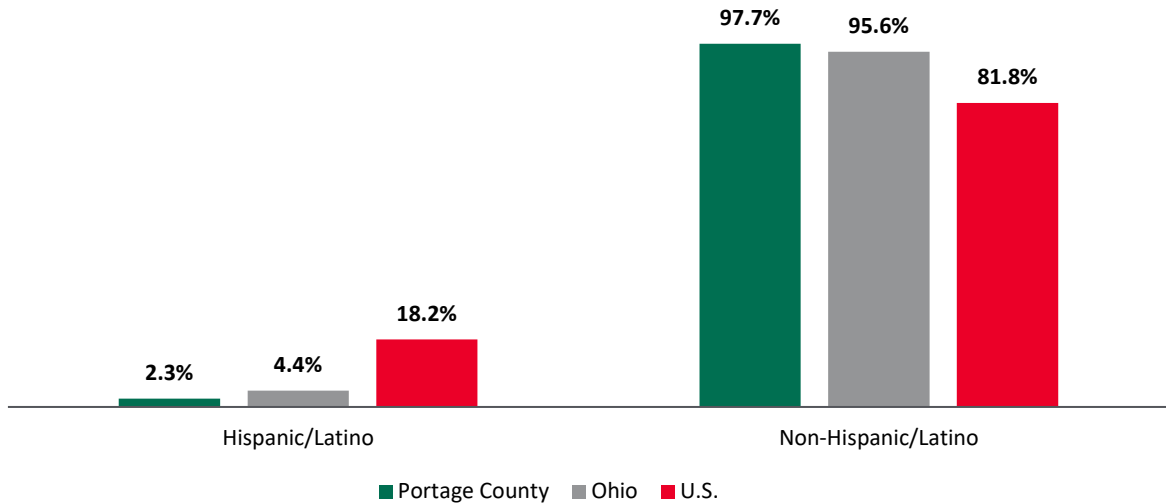
Figure 10: Population by Race: Portage County, State, and U.S. Comparisons



County and state values- Claritas Pop-Facts (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

As shown in Figure 11, 2.3% of the population in Portage County identify as Hispanic/Latino. This is a smaller proportion of the population when compared to Ohio (4.4%) and the U.S. (18.2%).

Figure 11: Population by Ethnicity: Portage County, State, and U.S. Comparisons



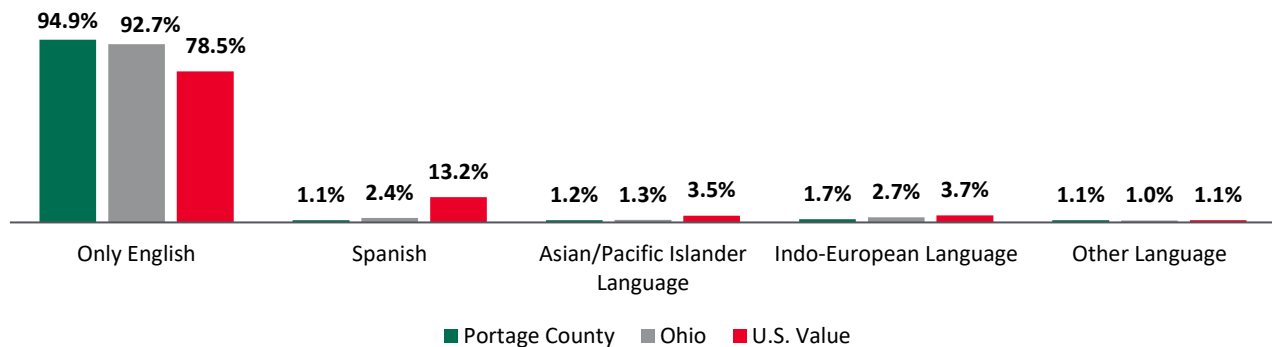
County and state values- Claritas Pop-Facts® (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

Language and Immigration

Understanding countries of origin and language spoken at home can help inform the cultural and linguistic context for the health and public health system. According to the American Community Survey, 3.3% of residents in Portage County are born outside the U.S., which is lower than the U.S. value of 13.5%.⁵

In Portage County, 94.9% of the population age five and older speak only English at home, which is higher than both the state value of 92.7% and the U.S. value of 78.5% (Figure 12). This data indicates that 1.1% of the population in Portage County speak Spanish, and 1.1% speak other languages than English at home.

Figure 12: Population 5+ by Language Spoken at Home: County, State and U.S. Comparisons

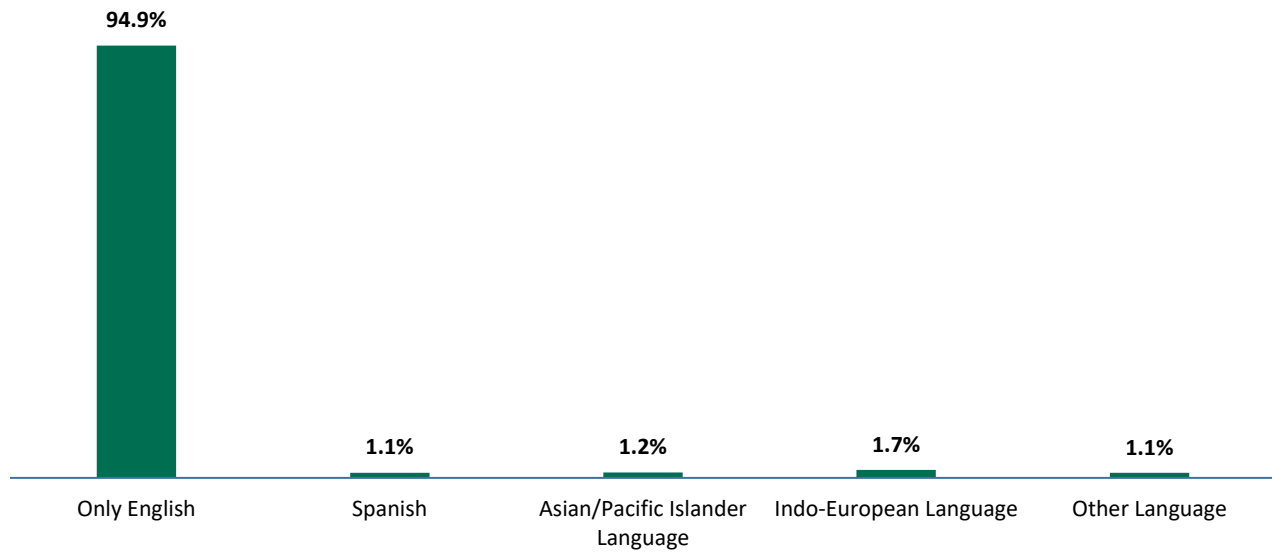


County and state values- Claritas Pop-Facts (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

⁵ American Community Survey, 2016-2020

The most common languages spoken at home are English (94.9%), Asian/Pacific Islander - like Chinese, Japanese, Korean, Samoan, and Hawaiian⁶(1.2%), and Indo-European languages - like English, French, Portuguese, Russian, Deutsch and Spanish (1.7%), (Figure 13).

Figure 13: Population 5+ by Language Spoken at Home: Portage County



County values- Claritas Pop-Facts (2022 population estimates)

⁶ United States Census Bureau. [About Language Use in the U.S. Population \(census.gov\)](https://www.census.gov/about/language-use-in-the-u-s-population)

Social & Economic Determinants of Health

This section explores the economic, environmental, and social determinants of health impacting the Portage County community. Social determinants 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. The Social Determinants of Health (SDOH) can be grouped into five domains. Figure 14 shows the Healthy People 2030 Social Determinants of Health domains (Healthy People 2030, 2022).

Figure 14: Healthy People 2030 Social Determinants of Health Domains



Geography and Data Sources

Data in this section are presented at various geographic levels (zip code and/or county) depending on data availability. When available, comparisons to county, state and/or national values are provided. It should be noted that county level data can sometimes mask what could be going on 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 disparities.

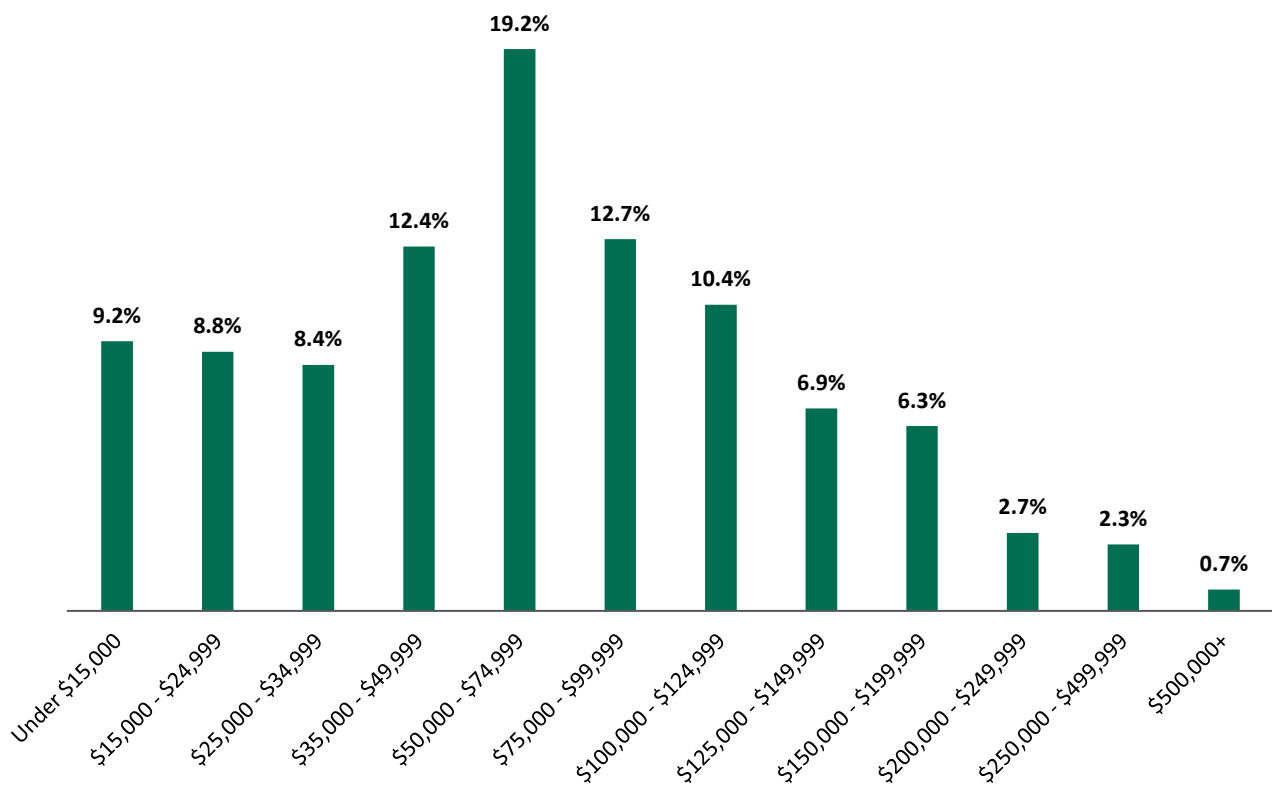
All demographic estimates are sourced from Claritas Pop-Facts (2022 population estimates) and American Community Survey one-year (2019) or five-year (2016-2020) estimates unless otherwise indicated.

Income

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.⁷

Figure 15 provides a breakdown of households by income in the Portage County. A household income of \$50,000 - \$74,999 is shared by the largest proportion of households in the Portage County (19.2%). Households with an income of less than \$15,000 make up 9.2% of households in the Portage County.

Figure 15: Households by Income, Portage County



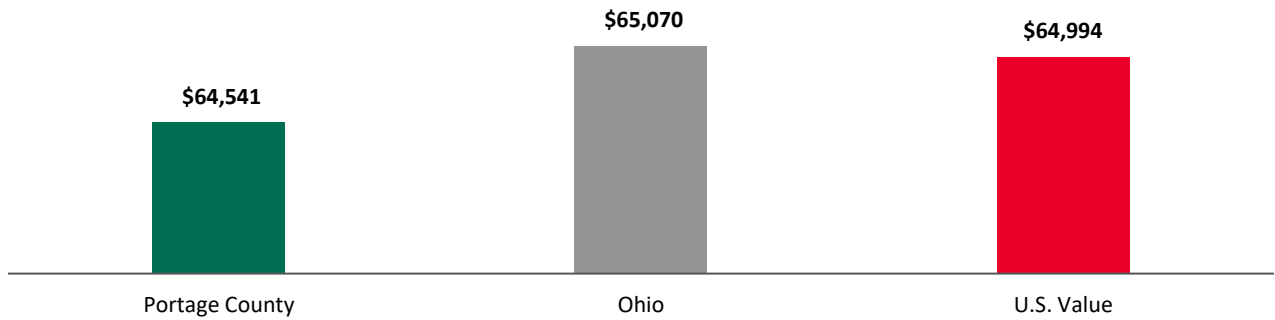
County values- Claritas Pop-Facts (2022 population estimates)

The median household income for Portage County is \$64,541, which is lower than the state value of \$65,070 and the U.S. value of \$64,994 (Figure 16).

⁷ Robert Wood Johnson Foundation. Health, Income, and Poverty.

<https://www.rwjf.org/en/library/research/2018/10/health--income-and-poverty-where-we-are-and-what-could-help.html>

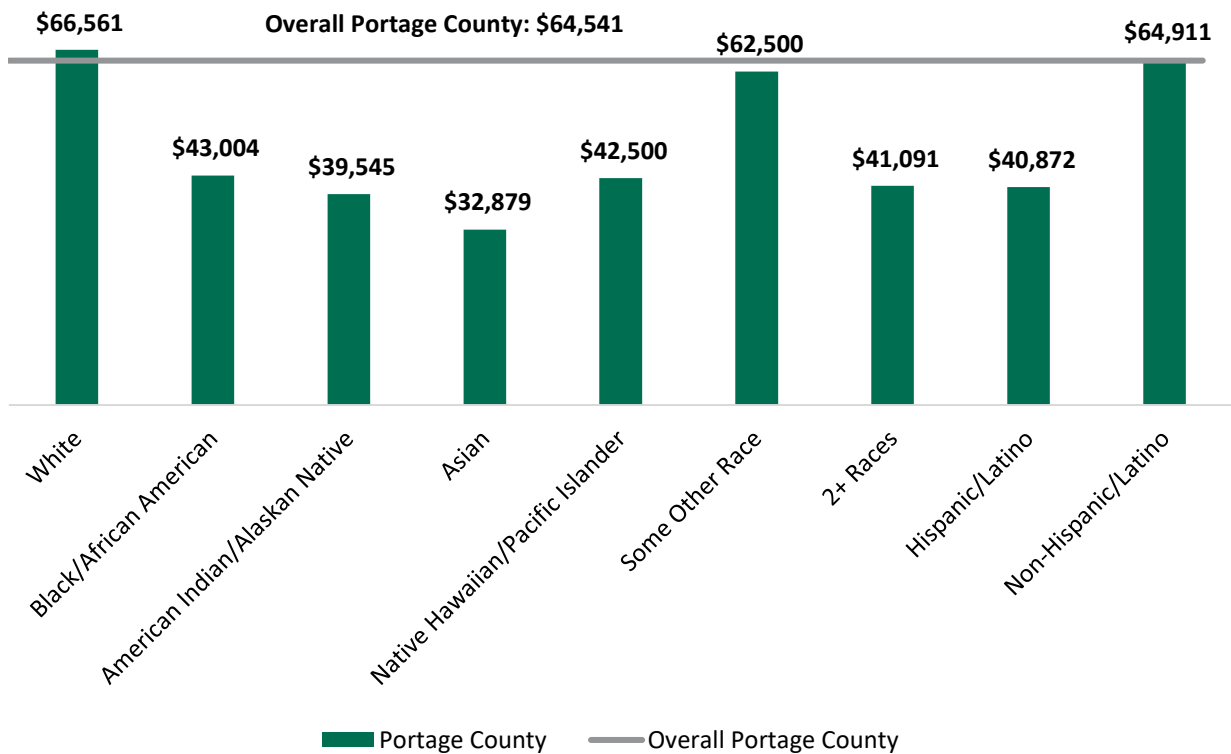
Figure 16: Median Households by Income: County, State and U.S. Comparisons



County and state values- Claritas Pop-Facts (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

Figure 17 shows the median household income by race and ethnicity. Two racial/ethnic groups – White and Non-Hispanic/Non-Latino – have median household incomes above the overall median value. All other races have incomes below the overall value, with the Asian populations having the lowest median household income at \$32,879.

Figure 17: Median Households by Income by Race/Ethnicity, Portage County



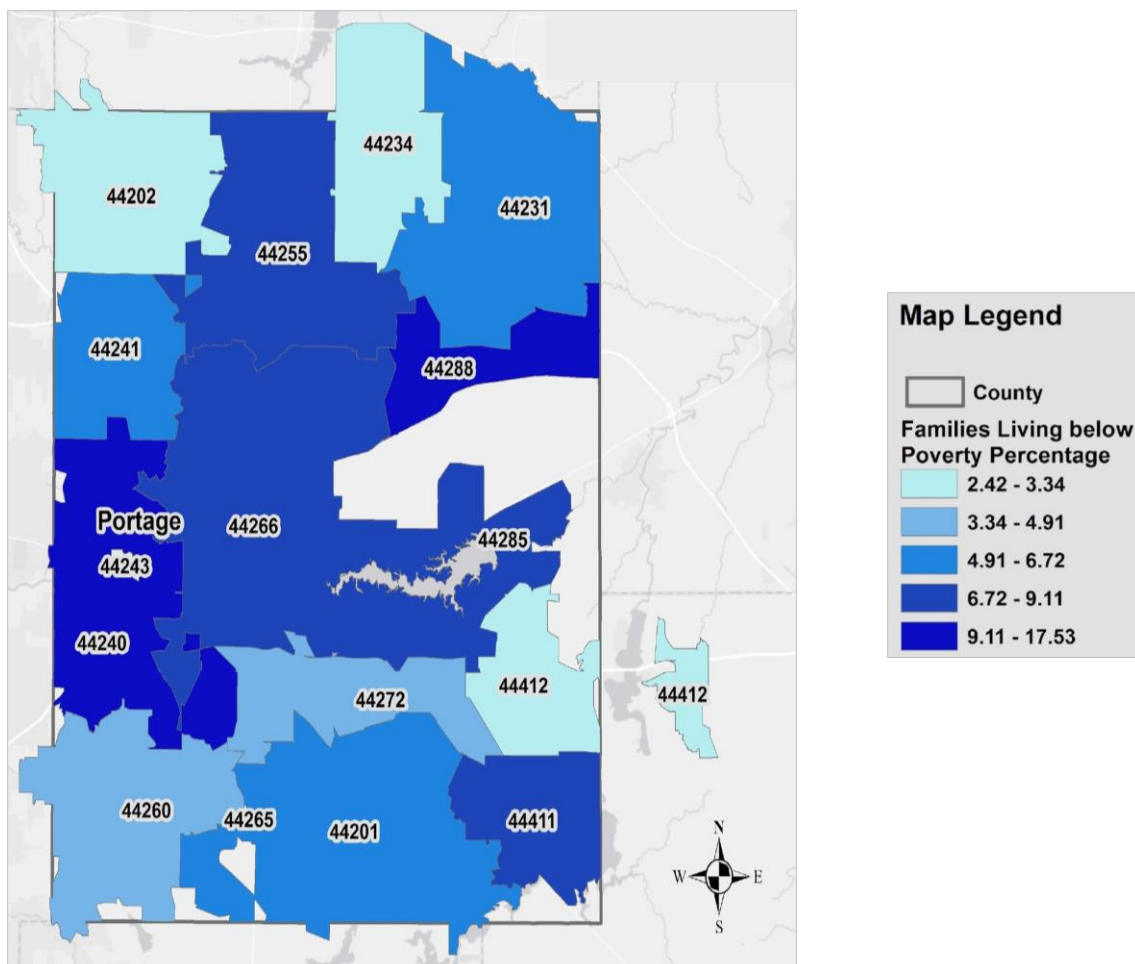
County values- Claritas Pop-Facts (2022 population estimates)

Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to experience poorer health outcomes and premature death from preventable diseases.⁸

Figure 18 shows the percentage of families living below the poverty level by zip code. The darker blue colors represent a higher percentage of families living below the poverty level, with zip codes 44288 (Windham) and 44240 (Franklin and Brimfield) having the highest percentages at 17.5% and 13.0%, respectively. Overall, 8.1% of families in Portage County live below the poverty level, which is lower than both the state value of 9.6% and the U.S. of 9.1%. The percentage of families living below poverty for each zip code in Portage County is provided in Appendix A.

Figure 18: Families Living Below Poverty: Portage County



⁸ U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability/reduce-proportion-people-living-poverty-sdoh-01>

Employment

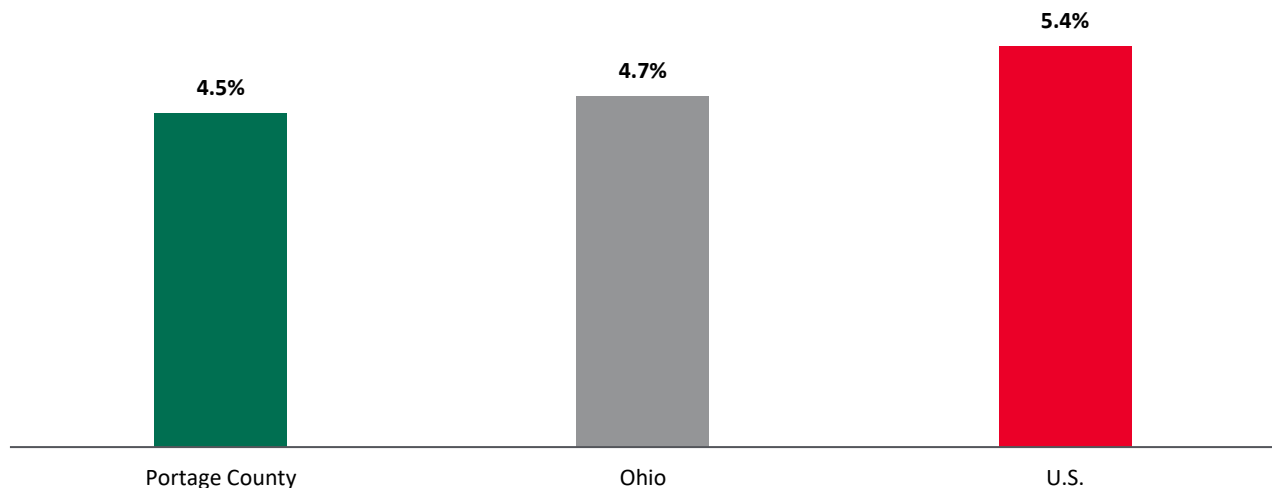
A community's employment rate is a key indicator of the local economy. An individual's type and level of employment impacts access to healthcare, work environment, health behaviors and health outcomes. Stable employment can help provide benefits and conditions for maintaining good health. In contrast, poor or unstable work and working conditions are linked to poor physical and mental health outcomes.⁹

Unemployment and underemployment can limit access to health insurance coverage and preventive care services. Underemployment is described as involuntary part-time employment, poverty-wage employment, and insecure employment.

Type of employment and working conditions can also have significant impacts on health. Work-related stress, injury, and exposure to harmful chemicals are examples of ways employment can lead to poorer health

Figure 19 shows the population aged 16 and over who are unemployed. The unemployment rate for Portage County is 4.5%, which is lower than the state value at 4.0% and the U.S. value at 5.4%.

Figure 19: Population 16+ Unemployed



County and state values- Claritas Pop-Facts (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

Education

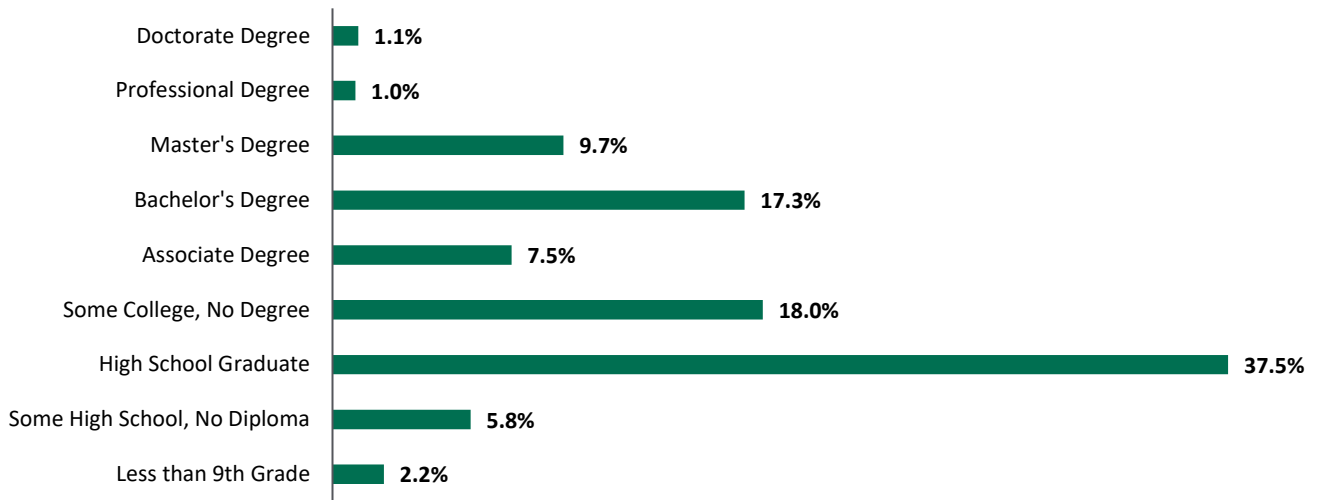
Education is an important indicator for health and wellbeing. Education can lead to improved health by increasing health knowledge, providing better job opportunities and higher income, and improving social and psychological factors linked to health. People with higher levels of education are likely to live longer, to experience better health outcomes, and practice health-promoting behaviors.¹⁰

⁹ U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/employment>

¹⁰ Robert Wood Johnson Foundation, Education and Health. <https://www.rwjf.org/en/library/research/2011/05/education-matters-for-health.html>

Figure 20 shows the percentage of the population 25 years or older by educational attainment.

Figure 20: Population 25+ by Educational Attainment, Portage County

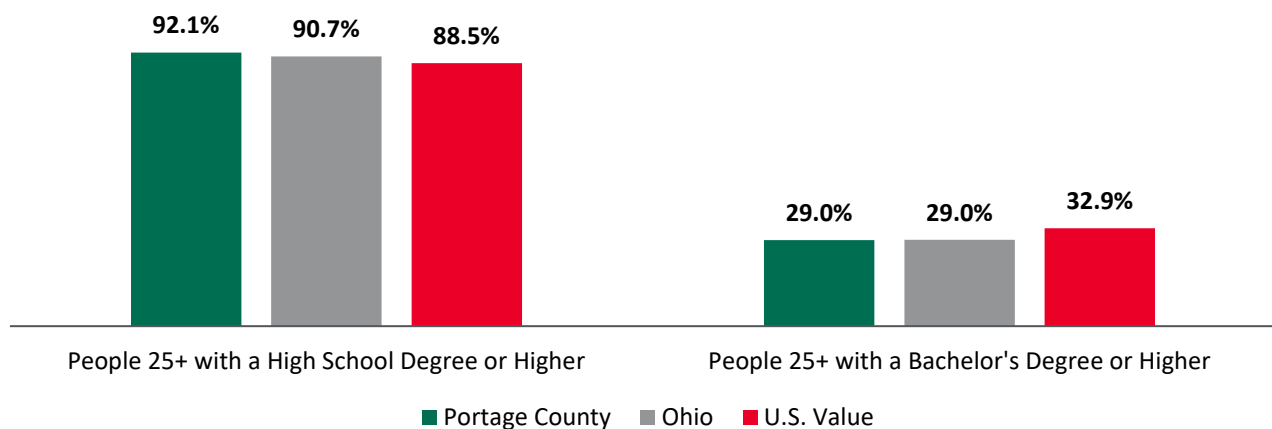


County values- Claritas Pop-Facts (2022 population estimates)

Another indicator related to education is on-time high school graduation. A high school diploma is a requirement for many employment opportunities and for higher education. Not graduating high school is linked to a variety of negative health impacts, including limited employment prospects, low wages, and poverty.¹¹

Figure 21 shows that Portage County has a higher percentage of residents with a high school degree or higher (92.1%) when compared to both the state and the U.S. value while residents with a bachelor's degree or higher (29.0%) have a lower percentage when compared to the U.S. value.

Figure 21: Population 25+ by Educational Attainment: County, State, and U.S. Comparisons



County and state values- Claritas Pop-Facts (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

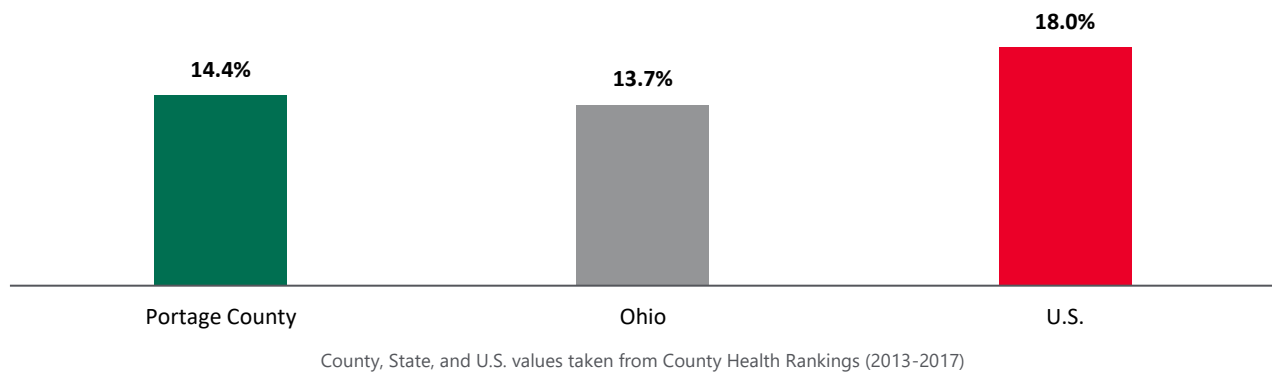
¹¹ U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/high-school-graduation>

Housing

Safe, stable, and affordable housing provides a critical foundation for health and wellbeing. Exposure to health hazards and toxins in the home can cause significant damage to an individual or family's health.¹²

Figure 22 shows the percentage of houses with severe housing problems. This indicator measures the percentage of homes with a lack of kitchen or lack of plumbing facilities. In Portage County, 14.4% of households were found to have at least one of those problems, which is higher than the state value (13.7%), but lower than the U.S. value (18.0%).

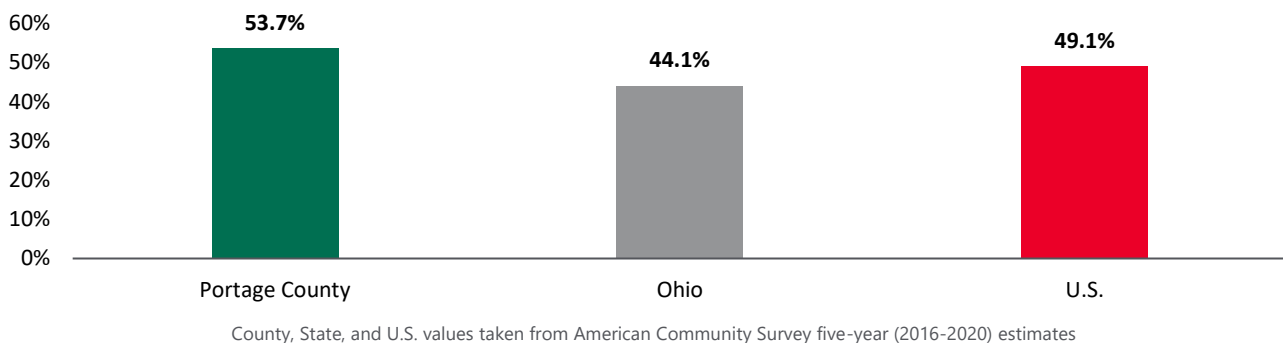
Figure 22: Percentage of Houses with Severe Housing Problems: County, State and U.S. Comparisons



When families must spend a large portion of their income on housing, they may not have enough money to pay for things like healthy foods or health care. This is linked to increased stress, mental health problems, and an increased risk of disease.¹³

Figure 23 shows the percentage of renters who are spending 30% or more of their household income on rent. The value in Portage County, 53.7%, is higher than both the state value (44.1%) and the U.S. value (49.1%).

Figure 23: Renters Spending 30% or More of Household Income on Rent



¹² County Health Rankings, Housing and Transit. <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/housing-and-transit>

¹³ U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04>

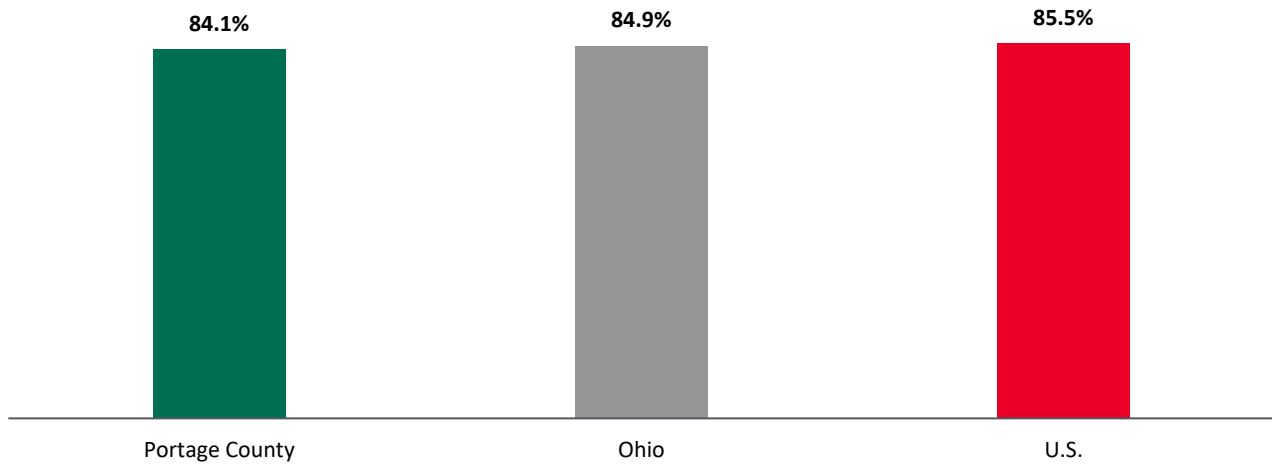
Neighborhood and Built Environment

Internet access is essential for basic health care access, including making appointments with providers, getting test results, and accessing medical records. Access to the internet is also increasingly essential for obtaining home-based telemedicine services, especially during Covid-19 pandemic placing isolation and social distancing laws in place.¹⁴

Internet access may also help individuals seek employment opportunities, conduct remote work, and participate in online educational activities.¹⁴

Figure 24 shows the percentage of households that have an internet subscription. The rate in Portage County, 84.1%, is lower than the state value (84.9%) and the U.S value (85.5%).

Figure 24: Households with an Internet Subscription: County, State and U.S. Comparison



County and state values- Claritas Pop-Facts (2022 population estimates), U.S. values taken from American Community Survey five-year (2016-2020) estimates

¹⁴ U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment/increase-proportion-adults-broadband-internet-hchit-05>

Disparities and Health Equity

Identifying disparities by population groups and geography helps to inform and focus priorities and strategies. Understanding disparities also helps us better understand root causes that impact health in a community and inform action towards health equity.

Health Equity

Health equity focuses on the fair distribution of health determinants, outcomes, and resources across communities.¹⁵ National trends have shown that systemic racism, poverty, and gender discrimination have led to poorer health outcomes for groups such as Black/African American persons, Hispanic/Latino persons, Indigenous persons, people with incomes below the federal poverty level, and LGBTQ+ communities.

Race, Ethnicity, Age & Gender Disparities

Primary and secondary data revealed significant community health disparities by race, ethnicity, gender, and age. It is important to note that much of the data is presented to show differences and disparities of data by population groups. For instance, Asian or Asian and Pacific Islander persons encompass individuals from over 40 different countries with very different languages, cultures, and histories in the U.S. Information and themes captured through key informant interviews, a focus group discussion, and an online community survey have been shared to provide a more comprehensive and nuanced understanding of each community's experiences.

Secondary Data

Community health disparities were assessed in the secondary data using the Index of Disparity¹⁶ analysis, which identifies disparities based on how far each subgroup (by race, ethnicity, or gender) is from the overall county value. For more detailed methodology related to the Index of Disparity, see Appendix B.

Table 1 below identifies secondary data indicators with a statistically significant race, ethnicity, or gender disparity for Portage County, based on the Index of Disparity.

The Index of Disparity analysis for Portage County reveals that the Black-African American populations are disproportionately impacted across various measures of economy/poverty. These indicators include People Living Below Poverty Level, People 65+ Living Below Poverty Level, Families Living Below Poverty Level, Babies with Very Low Birth Weight, and Children Living Below Poverty Level. Furthermore, Hispanic/Latino and Multiple Races' populations are disproportionately impacted across various poverty measures along with measures of public transportation. Lastly, HIV/AIDS Prevalence Rate rates are higher in Black-African American as well as Hispanic/Latino populations.

¹⁵ Klein R, Huang D. Defining and measuring disparities, inequities, and inequalities in the Healthy People initiative. National Center for Health Statistics. Center for Disease Control and Prevention. https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf

¹⁶ Percy, J. & Keppel, K. (2002). A Summary Measure of Health Disparity. Public Health Reports, 117, 273-280.

Various race and ethnic groups are disproportionately impacted across various measures of poverty, which is often associated with poorer health outcomes. These indicators include Families Living Below Poverty and People Living Below Poverty Level, and the various races affected are mentioned in Table 1.

Table 1: Indicators with Significant Race, Ethnicity or Gender Disparities

Health Indicator	Group(s) Negatively Impacted
Babies with Very Low Birth Weight	Black-African American
Children Living Below Poverty Level	Black-African American, Multiple Races
Families Living Below Poverty Level	American Indian / Alaska Native, Multiple Races, Black-African American, Hispanic/Latino
HIV/AIDS Prevalence Rate	Black-African American, Hispanic/Latino
People 65+ Living Below Poverty Level	Black-African American, Other Race, Hispanic/Latino
People Living Below Poverty Level	Black-African American, Asian, American Indian / Alaska Native, Native Hawaiian/Pacific Islander, Multiple Races, Other Race, Hispanic/Latino
Workers Commuting by Public Transportation	Black-African American, Multiple Races, Hispanic/Latino
Workers who Walk to Work	Black-African American, Asian, Other Race

Geographic Disparities

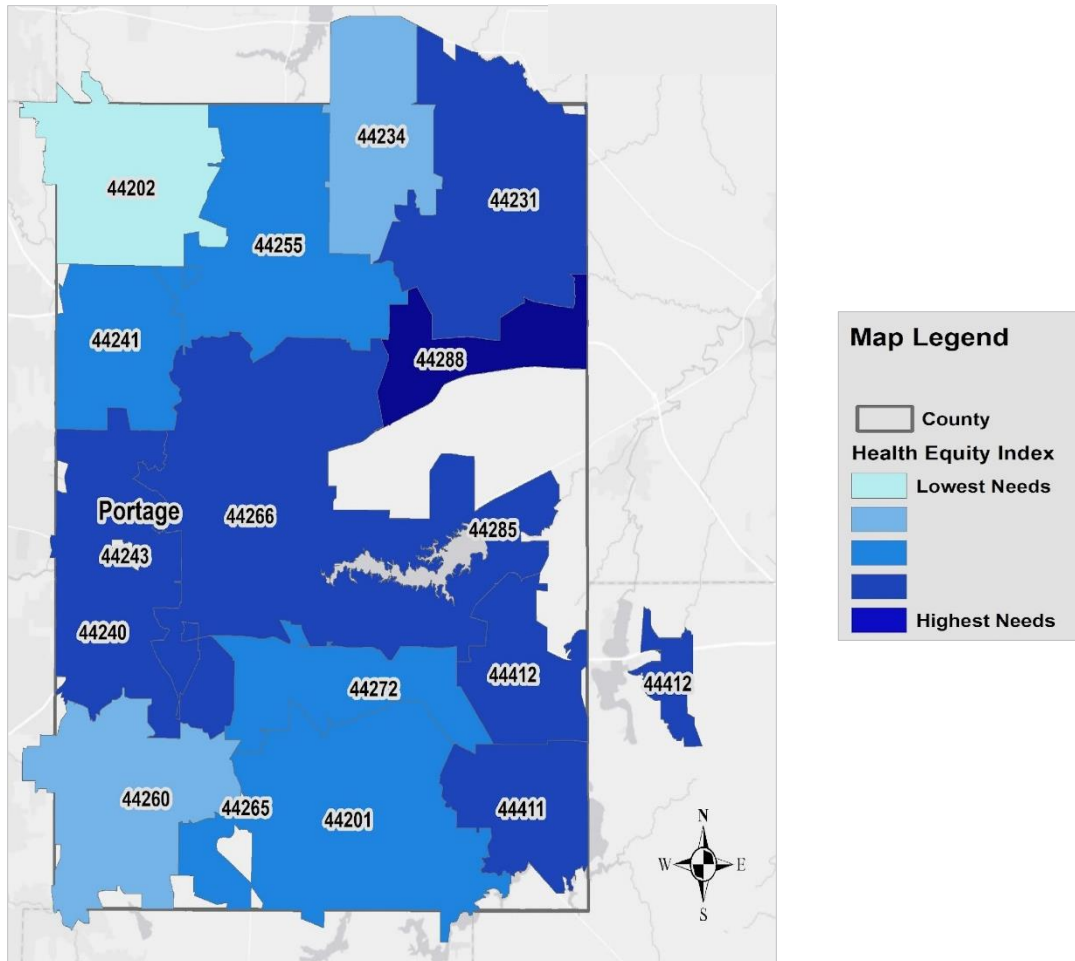
In addition to disparities by race, ethnicity, gender, and age, this assessment also identified specific zip codes/municipalities with differences in outcomes related to health and social determinants of health. Geographic disparities were identified using the Health Equity Index, Food Insecurity Index, and Mental Health Index. These indices have been developed by Conduent Healthy Communities Institute to easily identify areas of high socioeconomic need, food insecurity and mental health. For all indices, counties, zip codes, and census tracts with a population over 300 are assigned index values ranging from 0 to 100, with higher values indicating greater need. Understanding where there are communities with higher need is critical to targeting prevention and outreach activities.



Health Equity Index

Conduent's Health Equity Index estimates areas of high socioeconomic need, which are correlated with poor health outcomes. Zip codes are ranked based on their index value to identify relative levels of need, as illustrated by the map in Figure 25. The following zip codes in Portage County had the highest level of socioeconomic need (as indicated by the darkest shades of blue): 44288 (Windham) and 44266 (Ravenna) with index values of 84.6 and 56.4, respectively. Appendix A provides the index values for each zip code.

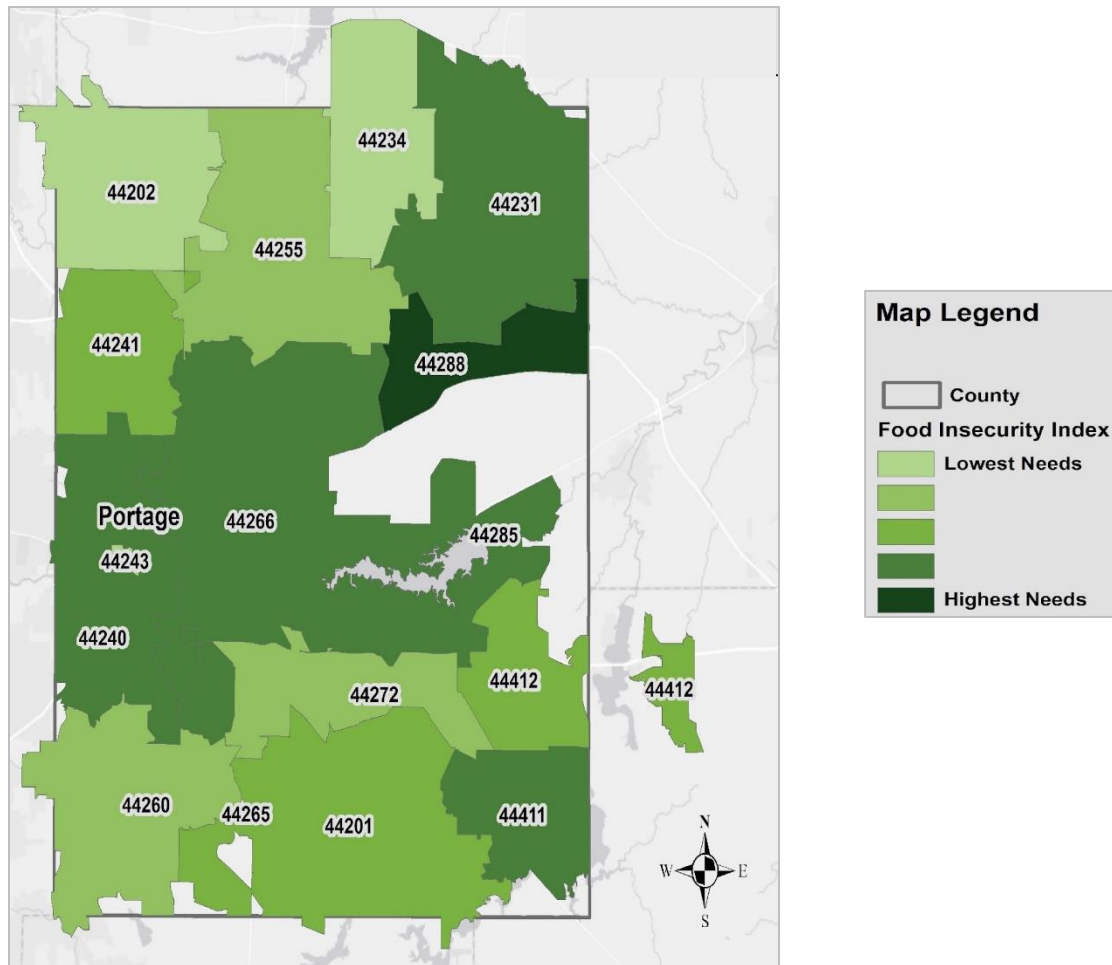
Figure 25: Health Equity Index



Food Insecurity Index

Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. Zip codes are ranked based on their index value to identify relative levels of need, as illustrated by the map in Figure 26. The following zip codes had the highest level of food insecurity (as indicated by the darkest shades of green): 44288 (Windham) and 44266 (Ravenna) with index values of 90.4 and 58.1, respectively. Appendix A provides the index values for each zip code.

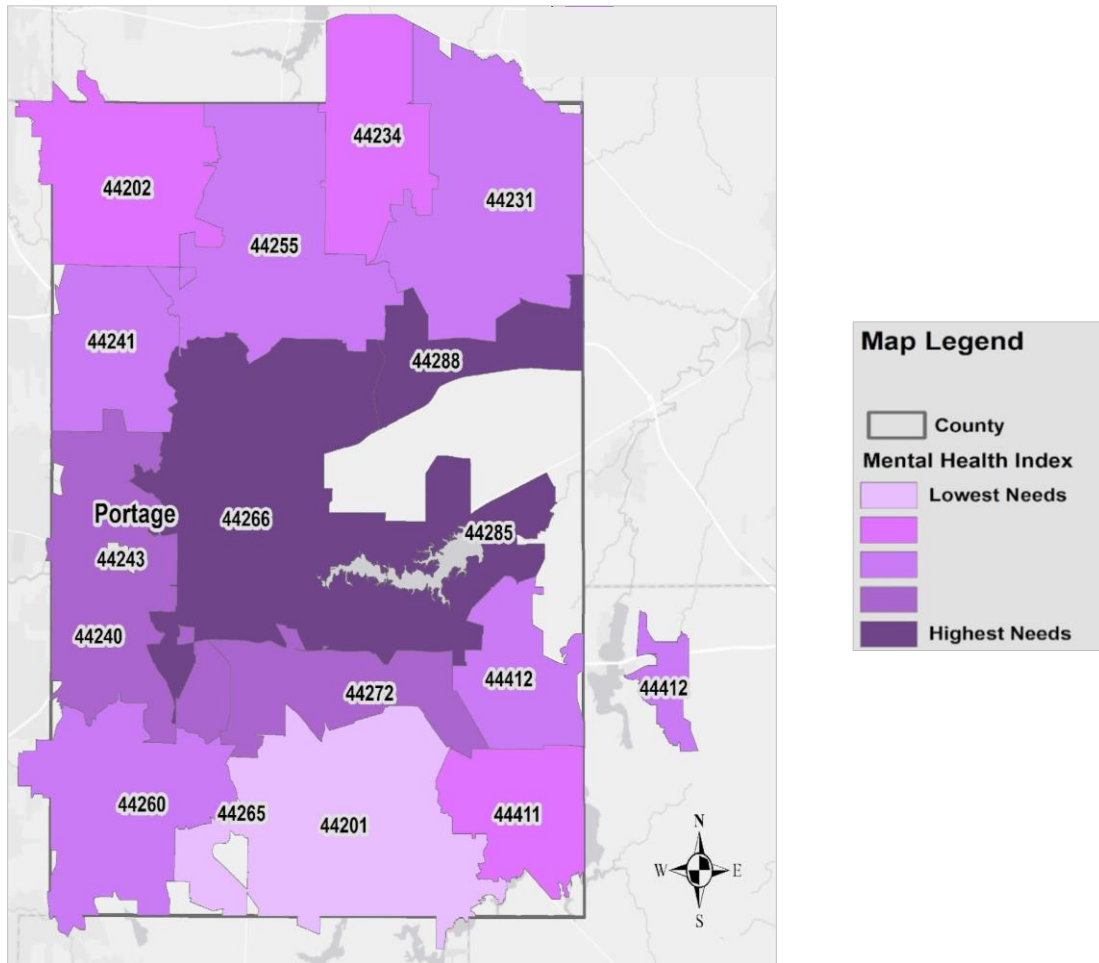
Figure 26: Food Insecurity Index



Mental Health Index

Conduent's Mental Health Index (MHI) is a measure of socioeconomic and health factors correlated with self-reported poor mental health. Based on the MHI, in 2021, zip codes are ranked based on their index value to identify the relative levels of need, as illustrated by the map in Figure 27. The following two zip codes are estimated to have the highest need (as indicated by the darkest shades of purple): 44266 (Ravenna) and 44288 (Windham) with index value 89 and 87.4 respectively. Appendix A the index values for high needs zip codes.

Figure 27: Mental Health Index



Future Considerations

While disparities in health outcomes are critical components in assessing the needs of a community, it is equally important to understand the social determinants of health and other upstream factors that influence a community's health. The challenges and barriers faced by a community must be balanced by identifying practical, community-driven solutions. Together, these factors come together to inform and focus strategies to positively impact a community's health and mitigate the disparities in Portage County.

Primary and Secondary Data Methodology and Key Findings

Secondary Data Sources & Analysis

Secondary data used for this assessment were collected and analyzed from a community indicator database developed by Conduent Healthy Communities Institute (HCI). The database, maintained by researchers and analysts at HCI, includes over 200 community indicators, spanning at least 24 topics in the areas of health, determinants of health, and quality of life. The data are primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, national targets, and to previous time periods.

HCI's Data Scoring Tool systematically summarizes multiple comparisons and ranks indicators based on highest need. For each indicator, the Portage County value was compared to a distribution of Ohio and U.S. counties, state and national values, Healthy People 2030 targets, and significant trends, as shown in Figure 28. Each indicator was then given a score based on the available comparisons. These scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the poorest outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. These indicators were grouped into topic areas for a higher-level ranking of community health needs.

Due to the limited availability of zip code, census tract, or other sub-county health data, the data scoring technique is only available at the county level. The data scoring results are therefore presented in the context of Portage County.

Table 2 shows the health and quality of life topic scoring results for Portage County, with Tobacco Use as the poorest performing topic area with a score of 1.81, followed by Heart Disease & Stroke with a score of 1.72. Topics that received a score of 1.50 or higher were considered a significant health need. Six topics scored at or above the threshold. Topic areas with fewer than three indicators were considered a data gap.

Figure 28. Secondary Data Scoring

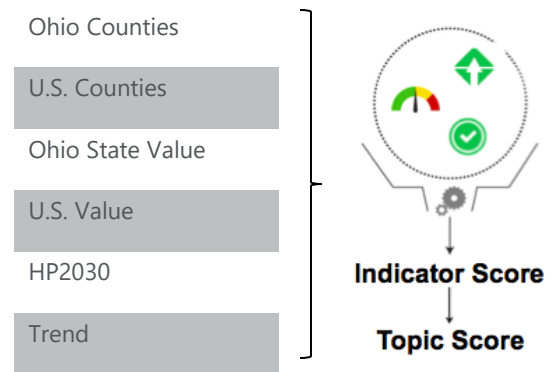


Table 2. Topic Scoring Results

Health & Quality of Life Topics	Score
Medications & Prescriptions	1.66
Mental Health & Mental Disorders	1.64
Tobacco Use	1.56
Physical Activity	1.53
Cancer	1.52
Other Conditions	1.50

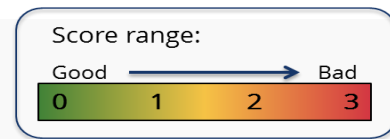


Table 2 shows only those topic areas that met the threshold of 1.50 to be considered a significant health need. Please see Appendix A for the full list of health and quality of life topics, including the list of national and state indicators that are categorized into and included in the secondary data analysis for each topic area. Further details on the quantitative data scoring methodology are also available in Appendix A.

Community Feedback: Primary Data Collection & Analysis

To ensure the perspectives of community members were considered, input was collected from Portage County community members. Primary data used in this assessment consisted of key informant interviews (KIIs) conducted as part of the Portage County Health Equity Project, focus group discussions with key community groups, and a Youth Risk Behavior Survey (YRBS) implemented with select middle and high schools within Portage County.

Qualitative Data: Focus Groups & Key Informant Interviews

Focus Groups Methodology

Focus groups were also conducted by University Hospitals. The focus of these facilitated group conversations was to gain deeper insights about perceptions, attitudes, experiences, or beliefs held by community members about their health and the health of their community. The data collected through the focus group process provides adjunct information to the quantitative data collection methods in a mixed methods approach. While the data collected is useful in gaining insight into a topic that may be more difficult to gather through other data collection methods, it is important to note that the information collected in an individual focus group is not necessarily representative of other groups.

The project team developed a focus group guide made up of a series of questions and prompts about the health and well-being of residents in Portage County (see Appendix B). Community members were asked to speak to barriers and assets to their health and access to healthcare. Two in-person focus groups and one virtual focus group was hosted in May 2022. Discussions lasted approximately 60 to 90 minutes. Key community groups who participated in these focus groups include: 1) Senior Citizen community members; 2) Black or African American community members; and 3) WIC benefits recipients.

FOCUS GROUP ANALYSIS RESULTS

The project team captured detailed transcripts of the focus group sessions. The text from these transcripts were analyzed by the Conduent HCI using the qualitative analysis program Dedoose®¹⁷. Text was coded using a pre-designed codebook, organized by themes, and analyzed for significant observations. The findings from the qualitative analysis will be combined with the findings from other data sources and incorporated into the Data Synthesis and Prioritized Health Needs of the CHA Report.

Detailed transcripts from the focus group discussions were captured. The text from these transcripts were analyzed using the qualitative analysis tool Dedoose®. Text was coded using a pre-designed codebook,

¹⁷ Dedoose Version 8.0.35, web application for managing, analyzing and presenting qualitative and mixed method research data (2018). Los Angeles, CA: SocioCultural Research Consultants, LLC www.dedoose.com

organized by themes and analyzed for significant observations. The main themes and topics that emerged from these discussions included:

- Impact of COVID-19
- Access to Health Services
- Mental Health & Mental Disorders
- Alcohol & Drug Use
- Food Security/Access

Key Informant Interviews

One method of community input was gathering community feedback through key informant interviews. Twenty-three key informant interviews were conducted in Summer 2021 by students from Northeast Ohio Medical University as part of the Portage County Health Equity Project led by the Portage County Combined General Health District. A Health Equity Assessment Tool (HEAT) was adapted to assess health equity in Portage County. Table 3 highlights the main themes and their associated codes that resulted from the analysis of the qualitative data transcripts.

Table 3. Major Themes and Codes

Major Themes	Low Socioeconomic Status	Geographical Isolation	Barriers to accurate, shareable information	Barriers to formal educational opportunities	Discrimination and Marginalization
	Food Insecurity	Distance from health services (primary and specialty)	Disparities in prevalence of communicable diseases	Limited access to Higher Education	Lack of solidarity and perpetuation of stigma
	Limited Access to affordable exercise/activity options	Limited access to nutritious foods	Isolation of communities associated with trust and accuracy of information	Perpetuation of social norms in pursuit of education	Limited accessibility to employment, services and recreational facilities
	Compounding problems	Limited access to convenient and safe exercise/play opportunities	Limited ability to communicate about healthcare and proper nutrition		Severity of opioid epidemic within groups disadvantaged economically, cognitively, socially or other
		Limitations in ability to drive/travel independently			Isolation of Minorities
					Limited diversity of Healthcare workers



The main themes identified included: 1) Low socio-economic status; 2) Geographical isolation; 3) Barriers to accurate and sharable information; 4) Barriers to formal educational opportunities, and 5) Discrimination and marginalization experienced by specific groups/individuals within the community. Additionally, there were four major health inequalities that were identified from the major themes. These are highlighted in Table 4.

Table 4. Health Inequalities

Health Inequality	Theme
Socioeconomic	Low socioeconomic Status: Low-income individuals/families experience little to no access to health care and resources to lead a healthy lifestyle
Geographical	Geographical Isolation: Living in a rural area acts as a barrier for residents to access basic human needs
Education and Communication	Barriers to accurate, shareable information: individuals and communities without proper resources to learn and communicate have worse health experiences and outcomes
	Barriers to formal educational opportunities: Families in Portage county experience barriers that limit their opportunity to gain proper education
Discrimination and Marginalization	Discrimination and Marginalization: People are limited in their ability to live health lives in Portage County due to their race, identity, ability, culture, etc.

The final results of the Portage County Health Equity Project was the identification of four major recommendations to address the major themes. These recommendations are outlined in Table 5. Summary reports from the Portage County Health Equity Project are provided in Appendix C.

Table 5. Recommendations

Recommendation	Themes Addressed by Recommendation
Health Inequality	Themes
Socioeconomic	Low socioeconomic Status: Low-income individuals/families experience little to no access to health care and resources to lead a healthy lifestyle
Geographical	Geographical Isolation: Living in a rural area acts as a barrier for residents to access basic human needs
Education and Communication	Barriers to accurate, shareable information: individuals and communities without proper resources to learn and communicate have worse health experiences and outcomes



Community Feedback: Youth Risk Behavior Survey (YRBS)

A sixty-six question YRBS survey was created based on the current National YRBS survey tool with a few modifications to reduce the number of questions. The digital 66 question YRBS Survey was then distributed to participating middle and high schools in Portage County in April and early May 2022. A total of 161 respondents from middle and high schools in Portage County successfully completed the survey. Figure 29 shows the age distribution of the survey participants. The majority of respondents were 17 years old (37.3%).

Figure 29. Percent YRBS Respondent by Age

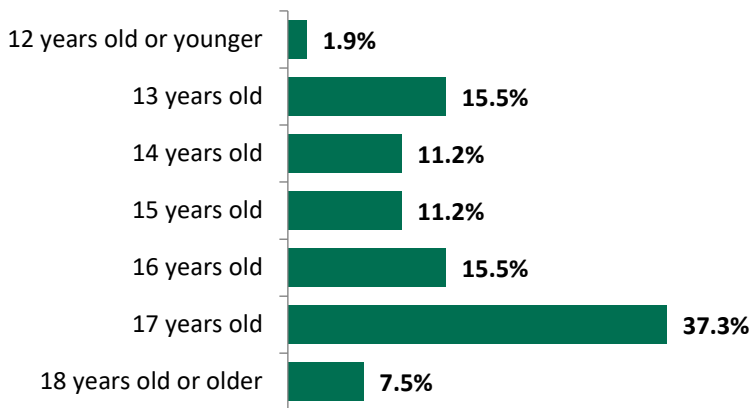


Figure 30 shows the grade distribution of YRBS survey respondents. The majority of respondents were in the 11th grade (40.4%).

Figure 30. Percent YRBS Respondent by Grade Level

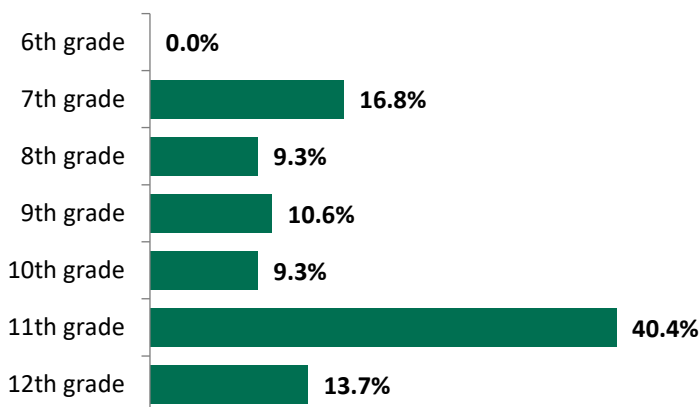


Figure 31 shows the percentage of YRBS survey respondents by zip code. The majority of respondents were from the 44266 zip code (45.8%).

Figure 31. Percent YRBS Respondent by Grade Level

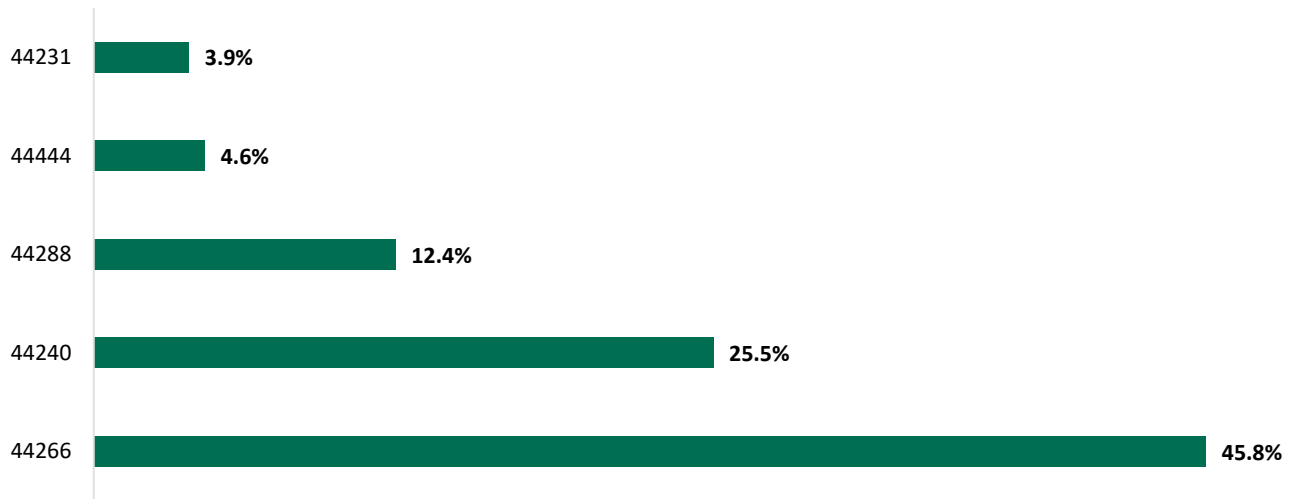


Figure 32 shows percentage of YRBS survey respondents by sex. The majority of respondents were female (57.8%).

Figure 32. Percent YRBS Respondent by Sex

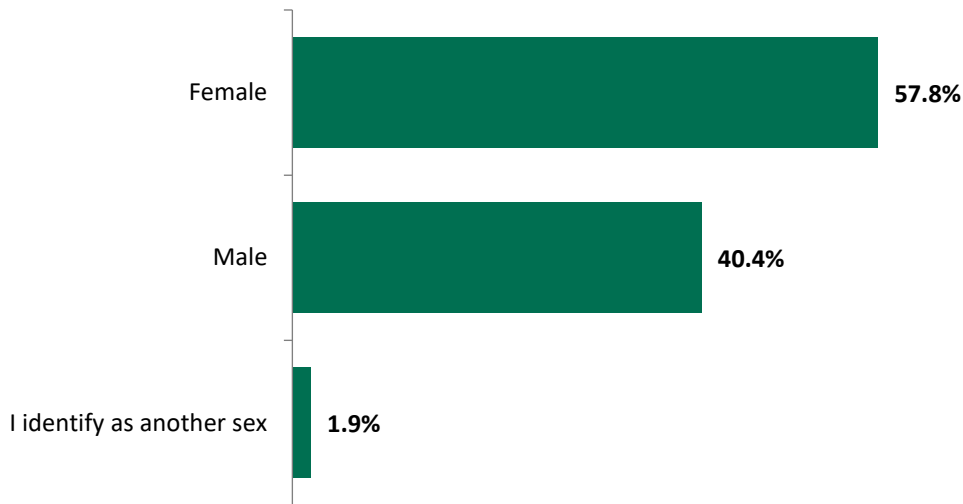


Figure 33 shows the percentage of YRBS survey respondents by gender identification. The majority of respondents identified as a woman/girl (54.7%).

Figure 33. Percent YRBS Respondent by Gender Identification

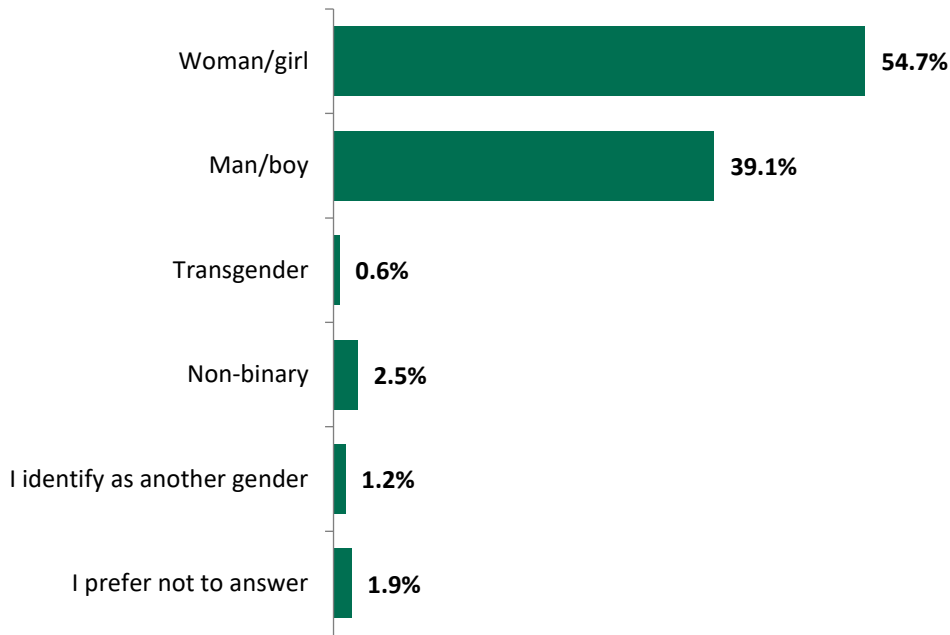


Figure 34 shows the percentage of YRBS survey respondents by sexual orientation. The majority of respondents identified as heterosexual (70.2%).

Figure 34. Percent YRBS Respondent by Gender Identification

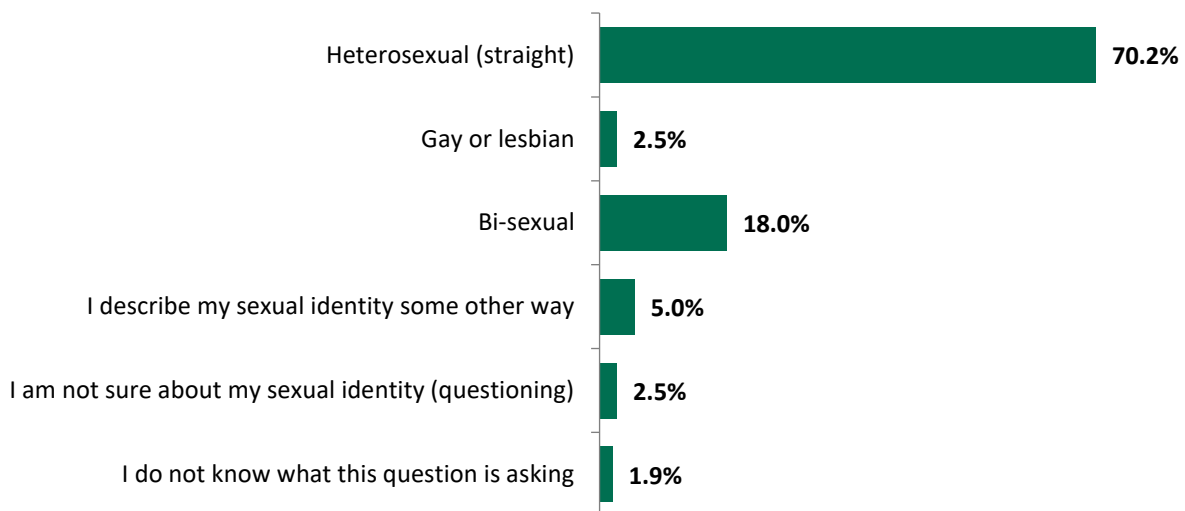


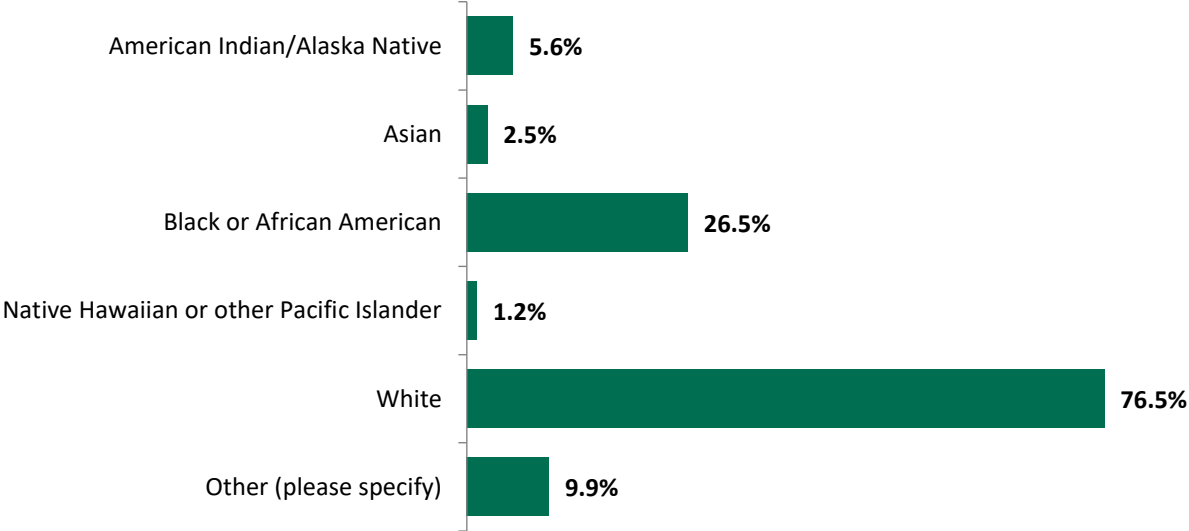
Figure 35 shows the percentage of YRBS survey respondents identifying as Hispanic/Latino. The percentage of respondents who identify as Hispanic/Latino was 6.3. The majority of respondents were not Hispanic/Latino.

Figure 35. Percent YRBS Respondents Hispanic/Latino



Figure 36 shows the percentage of YRBS survey respondents by Race/Ethnicity. The majority of respondents were White (76.5%) followed by Black or African American (26.5%).

Figure 35. Percent YRBS Respondent by Race/Ethnicity



Additional findings from the 2022 Portage County YRBS relevant to the three prioritized health needs will be discussed in the [prioritized health needs section](#) of this report.

Additional Data Sources

Portage County LGBTQ+ Survey

Data from a larger LGBTQ+ Survey that was conducted in the Northeast Ohio Region was provided as supplemental data for the 2022 CHA. There were a total of 74 respondents. The table below outlines key findings from the LGBTQ+ Survey relevant to this assessment.

Table 3. Key Findings from Portage County LGBTQ+ Survey

24.33%	Reported that they always, most of the time, or sometimes avoid getting healthcare
59.5%	Reported they always, most of the time, or sometimes delay getting healthcare
51.4%	Reported always, most of the time, or sometimes needing to educate providers
11.0%	Reported always, most of the time, or sometimes being mistreated due to identifying as LGBTQ+
21.6%	Of survey respondents reported poor mental health
47.9%	Of survey respondents reported issues with safety in Portage county for LGBTQ+ Community

Figure 36 shows the percentage of survey respondents indicating how they feel with police and law enforcement. The majority of respondents reported feeling safe more often than not (34.7%).

Figure 36. Percent Respondents Reporting How They Feel with Police and Law Enforcement

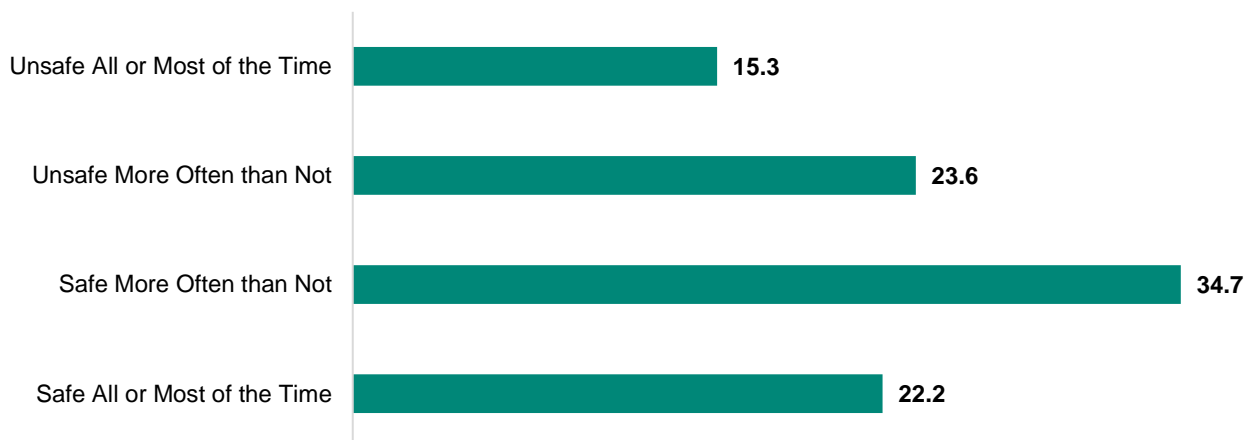
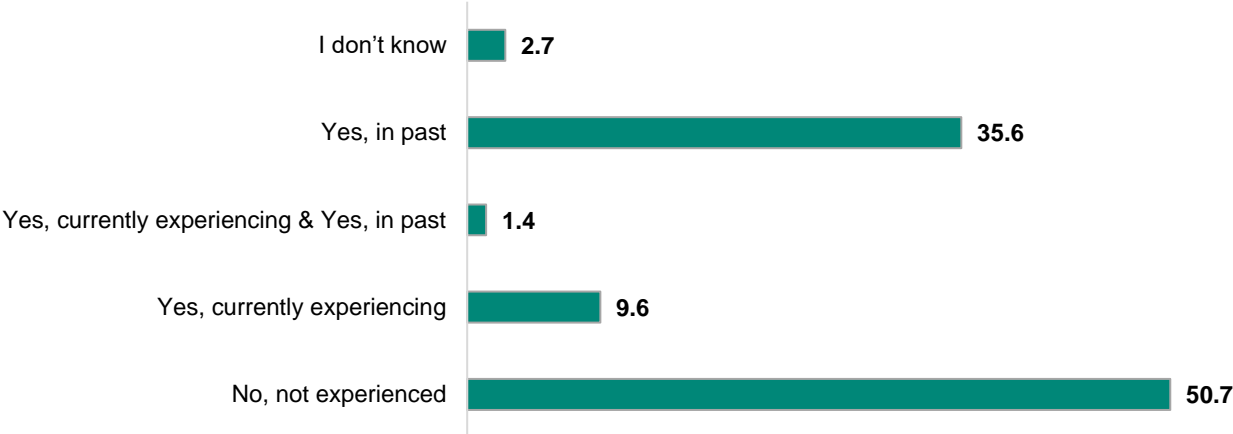


Figure 37 shows the percentage of survey respondents indicating their experience with food insecurity. Eleven percent of respondents reported they are currently experiencing food insecurity.

Figure 37. Percent Respondents Reporting Experience with Food Insecurity



2021 Portage County Communicable Disease Report

Results from the 2021 Portage County Communicable Disease Report were also incorporated into the data findings for the 2022 CHA. The most relevant findings will be explored in the [prioritized health needs section](#) of this report.

Data Considerations

A key part of any data collection and analysis process is recognizing potential limitations within the data considered. Each data source used in this assessment was evaluated based on its strengths and limitations during data synthesis and should be kept in mind when reviewing this report.

For both primary and secondary data, immense efforts were made to include as wide a range of community health indicators, key informants, and focus group participants as possible. Although the topics by which data are organized cover a wide range of health and quality of life areas, within each topic there is a varying scope and depth of secondary data indicators and primary data findings.

Secondary data were limited by the availability of data, with some health topics having a robust set of indicators, while others were more limited. Population health and demographic data are often delayed in their release, so data is presented for the most recent years available for any given data source. There is also variability in the geographic level at which data sets are available, ranging from census tract or zip code to statewide or national geographies. Whenever possible, the most relevant localized data is reported. Due to variations in geographic boundaries, population sizes, and data collection techniques for different locations (hospital service areas, zip codes, and counties), some datasets are not available for the same time spans or at the same level of localization. Finally, persistent gaps in data exist for certain community health issues. For the primary data, the breadth of findings is dependent upon who self-selected to participate as survey respondents and focus group participants.

Prioritization

For the 2022 CHA process, Portage County Community Health Partners elected to maintain the three priority areas identified by the 2019 Portage County Community Health Needs Assessment (CHNA). This decision was made due to the on-going challenges across Portage County within the prioritized areas as well as the exacerbation of these need areas by the COVID-19 Pandemic. The group instead chose to leverage the primary and secondary data collected through the 2022 CHA process to further understand the depth and breadth of these need areas within the county.

In 2019, Portage County identified three priority areas that reflected the broad interests of the community.



Mental
Health,
Substance Use
and Addiction



Chronic
Disease











Maternal,
Infant, and
Child Health

In addition to and within these three prioritized areas, Portage County will also focus on Healthcare Access and Health Equity.

Prioritized Health Needs

The following section provides a detailed description of each prioritized health need. An overview is provided for each health topic, followed by a table highlighting the poorest performing indicators and a description of key themes that emerged from community feedback. The three prioritized health needs are presented in alphabetical order.

Each prioritized health topic includes key themes from community input and secondary data warning indicators. The warning indicators shown for certain health topics are above the 1.50 threshold for Portage County and indicate areas of concern. See the legend below for how to interpret the distribution gauges and trend icons used within the data scoring results tables.

	Indicates the county fell in the bottom 10% of all counties in the distribution. The county fares worse than 90% of all counties in the distribution.
	Indicates the county is in the top 30% of all counties in the distribution. The county fares better than 70% of all counties in the distribution.
	The indicator is trending up, significantly, and this is not the ideal direction.
	The indicator is trending up and this is not the ideal direction.
	The indicator is trending down, significantly, and this is the ideal direction.
	The indicator is trending down and this is the ideal direction.
	The indicator is trending up, significantly, and this is the ideal direction.
	The indicator is trending up and this is the ideal direction.

Prioritized Health Topic #1: Chronic Conditions

Chronic Conditions



Secondary Data Findings



Other Conditions (that include chronic illnesses) ranked 6th in the Secondary Data Analysis with a score of 1.5

Secondary Warning Indicators include:

- Atrial Fibrillation: Medicare Population
- Hyperlipidemia: Medicare Population
- Rheumatoid Arthritis or Osteoarthritis: Medicare Population
- Cholesterol Test History
- Osteoporosis: Medicare Population
- Age-Adjusted Death Rate due to Coronary Heart Disease
- Adults who Have Taken Medications for High Blood Pressure

Key Themes from Community Input






















- Food Security and Access to Healthy Food was a top Social Determinant of Health mentioned by Focus Group participants
- Lack of fresh produce/food in some communities; transportation as a barrier
- Support from community orgs to address food security
- Challenge accessing care for existing health issues during COVID pandemic; not being prioritized
- Need for more preventative care

Secondary Data

Chronic Disease is a health topic that is analyzed from Other Conditions, Heart Disease and Stroke, and Diabetes of the secondary data health topics. From the secondary data scoring results, Other Conditions, Heart Disease and Stroke, and Diabetes had the 6th, 9th, and 21st data score of all topic areas, with a score of 1.5, 1.46, and 1.18 respectively. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 4. See Appendix A for the full list of indicators categorized within this topic.

Table 4: Secondary Data Scoring Results for Chronic Disease

SCORE	Chronic Disease	Portage County	HP2030	Ohio	U.S.	Ohio Counties	U.S. Counties	Trend
2.47	Atrial Fibrillation: Medicare Population	9.6	--	9	8.4			
2.31	Hyperlipidemia: Medicare Population	52.4	--	49.4	47.7			
2.25	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	36.3	--	36.1	33.5			
2.08	Cholesterol Test History	83.6	--	--	87.6			--
1.92	Osteoporosis: Medicare Population	6.2	--	6.2	6.6			
1.78	Age-Adjusted Death Rate due to coronary heart disease	105.5	71.1	101.9	90.2			
1.75	Adults who Have Taken Medications for High Blood Pressure	77.1	--	--	76.2			--

*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

Atrial Fibrillation and Hyperlipidemia in the Medicare population are top areas of concern related to Chronic Disease in Portage County. The percentage of Medicare beneficiaries treated for Atrial Fibrillation is 9.6% in Portage County, which falls in the lower 25% of counties in the nation. While the indicator Hyperlipidemia: Medicare Population shows the percentage of Medicare beneficiaries who were treated for hyperlipidemia, the value for Portage County, 52.4%, is in the lower 25% of counties for the state and nation.

Additionally, the percentage of Cholesterol Test History, that is the percentage of adults who have ever had their blood cholesterol checked, for Portage County is 83.6%. This places Portage County in the lower 25% of counties in the state and nation.

Primary Data

Portage County Communicable Disease Report

Data from the recently completed 2021 Portage County Communicable Disease Report ¹⁸ was incorporated into this CHNA to provide additional, relevant data and context. Tables 5, 6, and 7 highlight key findings from this report exploring outcomes by gender, race, and age. Of particular concern and relevance for the Chronic Disease Prioritized Health Needs are the rates of Hepatitis in Portage County. Table 5 shows the top communicable diseases among males and females in Portage County from the time period 2017 – 2021. Hepatitis A, B, and C are listed among the top ten for males, while Hepatitis B and C are listed for females. It is important to note that while there are certainly opportunities to address other Sexually Transmitted Infections (STIs) in Portage County, as seen in the data presented, Chronic Conditions were prioritized as a health area to address through this community assessment.

Table 5: Communicable Diseases in Portage County by Gender

Table 6b: Top Communicable Diseases in Portage County by Gender*, 2017-2021

Female			Male		
Reportable Conditions	Count	Rate	Reportable Conditions	Count	Rate
Chlamydia infection	2127	514.1	Chlamydia infection	1038	260.4
Gonococcal infection	360	87.0	Gonococcal infection	358	89.8
Influenza-associated hospitalization	295	71.3	Hepatitis C - chronic	345	86.5
Hepatitis C - chronic	275	66.5	Influenza-associated hospitalization	315	79.0
Campylobacteriosis	58	14.0	Hepatitis B - chronic	61	15.3
Salmonellosis	49	11.8	Campylobacteriosis	54	13.5
Hepatitis B - chronic	37	8.9	Salmonellosis	40	10.0
Legionellosis	32	7.7	Lyme Disease	31	7.8
E. coli, Shiga Toxin-Producing	25	6.0	Legionellosis	22	5.5
Pertussis	19	4.6	Hepatitis A	21	5.3
Total Reportable Condition*	3432	829.5	Total Reportable Condition*	2466	618.6

*Total reportable conditions numbers are for all the reportable conditions in that period. The table is displaying the top 10 conditions for that period. COVID-19 was removed from this chart because 95.7% of cases for the year 2021 were COVID-19 cases. Purpose of this table is to identify reportable diseases prevalence in addition to COVID-19.

¹⁸ Portage County Combined General Health District, 2022. 2021 Portage County Communicable Disease Report. https://www.portagecounty-oh.gov/sites/g/files/vyhlf3706/f/pages/cd_annual_report_2021.pdf

Table 6 shows the top communicable diseases by race in Portage County from the time period 2017 – 2021. The rate of Hepatitis C is higher among the White community (66.0), followed by the Black community (56.3). The rate of Hepatitis B is highest among the Asian community (65.7), followed by the Black community (31.0). Finally, Hepatitis A is highest among the Black community (5.6), followed by the White community (3.6).

Table 6: Communicable Diseases in Portage County by Race

Table 7b: Top Communicable Diseases in Portage County by Race*, 2017-2021

Reportable Condition	White		Black		Asian		Other*	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Chlamydia infection	1655	227.1	631	1775.5	20	131.3	203	5800.0
Influenza-associated hospitalization	556	76.3	24	67.5	2	13.1	14	400.0
Hepatitis C - chronic/acute	481	66.0	20	56.3	1	6.6	28	800.0
Gonococcal infection	347	47.6	223	627.5			57	1628.6
Campylobacteriosis	99	13.6	2	5.6	1	6.6	2	57.1
Salmonellosis	78	10.7	1	2.8			2	57.1
Hepatitis B - chronic/acute	69	9.5	11	31.0	10	65.7	5	142.9
Streptococcus pneumoniae***	49	6.7	2	5.6				
Legionellosis	45	6.2	1	2.8			2	57.1
Lyme Disease	40	5.5						
E. coli, Shiga Toxin-Producing	35	4.8	3	8.4				
Pertussis	31	4.3					1	28.6
Cryptosporidiosis	27	3.7	1	2.8				
Hepatitis A	26	3.6	2	5.6				
Streptococcal - Group A -invasive	26	3.6	1	2.8	1	6.6	1	28.6
Meningitis - aseptic/viral	14	1.9						
Giardiasis	13	1.8	2	5.6	1	6.6	2	57.1
Total Reportable Condition**	3676	504.4	929	2614.0	40	262.6	323	9228.6

Due to incomplete records there are 939 records without race. The rate for this table is a five year period so an incidence rate per 100,000 person-year was used.

*Category "Other" does not include categories of unknown, White, Black or Asian.

**Total reportable conditions numbers are for all the reportable conditions in that period. The table is displaying the top conditions for that period. COVID-19 was removed from this chart because cases for the year 2020 and 2021 were predominately COVID-19 cases. Purpose of this table is to identify reportable diseases prevalence in addition to COVID-19.

***Streptococcus pneumoniae includes invasive antibiotic resistant/intermediate, resistance unknown or non-resistant

Table 7 shows the top communicable diseases by age in Portage County from the time period 2017 – 2021. Hepatitis B and C is a top communicable disease for portions of the population 20 to 34 years of age as well as 35 to 59 years of age. Hepatitis C is also a top communicable disease for portions of the population 60 and older.

Table 7: Communicable Diseases in Portage County by Race

Table 8b: Top Communicable Diseases in Portage County by Age*, 2017-2021

Under 5 years		5 to 19 Years of Age*	
Reportable Condition	Rate	Reportable Condition	Rate
Influenza-associated hospitalization	37.8	Chlamydia infection	2997.6
Salmonellosis	29.7	Gonococcal infection	410.5
Pertussis	16.2	Pertussis	61.9
Meningitis - aseptic/viral	13.5	Influenza-associated hospitalization	52.1
Campylobacteriosis	13.5	Campylobacteriosis	48.9

20 to 34 Years of Age		35 to 59 Years of Age	
Reportable Condition	Rate	Reportable Condition	Rate
Chlamydia infection	1131.4	Hepatitis C - chronic/acute	108.2
Gonococcal infection	254.7	Chlamydia infection	60.4
Hepatitis C - chronic/acute	115.4	Influenza-associated hospitalization	47.0
Influenza-associated hospitalization	20.0	Gonococcal infection	41.8
Hepatitis B - chronic/acute	14.6	Hepatitis B - chronic/acute	23.1

60 or older	
Reportable Condition	Rate
Influenza-associated hospitalization	225.0
Hepatitis C - chronic/acute	78.2
Campylobacteriosis	20.5
Legionellosis	17.8
Streptococcus pneumoniae	17.8

Eight records did not have age.

*The youngest chlamydia case was thirteen years of age and the youngest gonococcal case was fifteen years of age.

Portage County YRBS

The YRBS survey implemented in middle and high schools in Portage County included questions about diet and exercise, as well as food insecurity. The following data highlights key findings from the survey respondents.

Figure 38 shows the percentage of YRBS respondents reporting being physically active for at least 60 minutes in the last seven days. An equal percentage of respondents (22.2%) reported being physically active for all seven days as those who reported being physically active for zero days within the last seven days.

Figure 38: Number of days respondents reported being physically active for at least 60 minutes in the last 7 days (N=135)

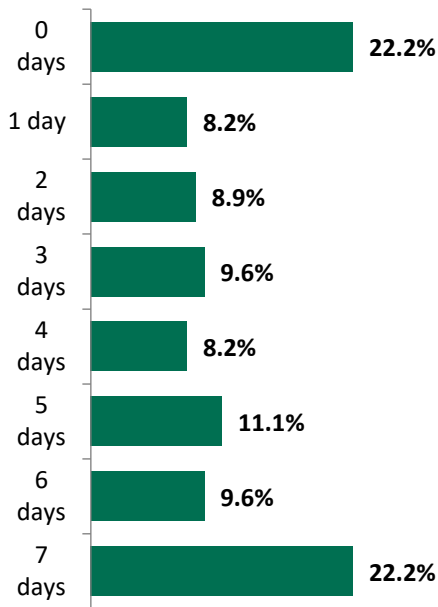


Figure 39a and 39b shows the percentage of YRBS respondents reporting electronic device use during the average school day. The percentage of respondents (75.0%) reporting daily cell phone use of six or more hours for texting, talking, and internet far exceeded all other responses.

Figure 39a: Number of hours respondents reported electronic device use during the average school day (N=111)

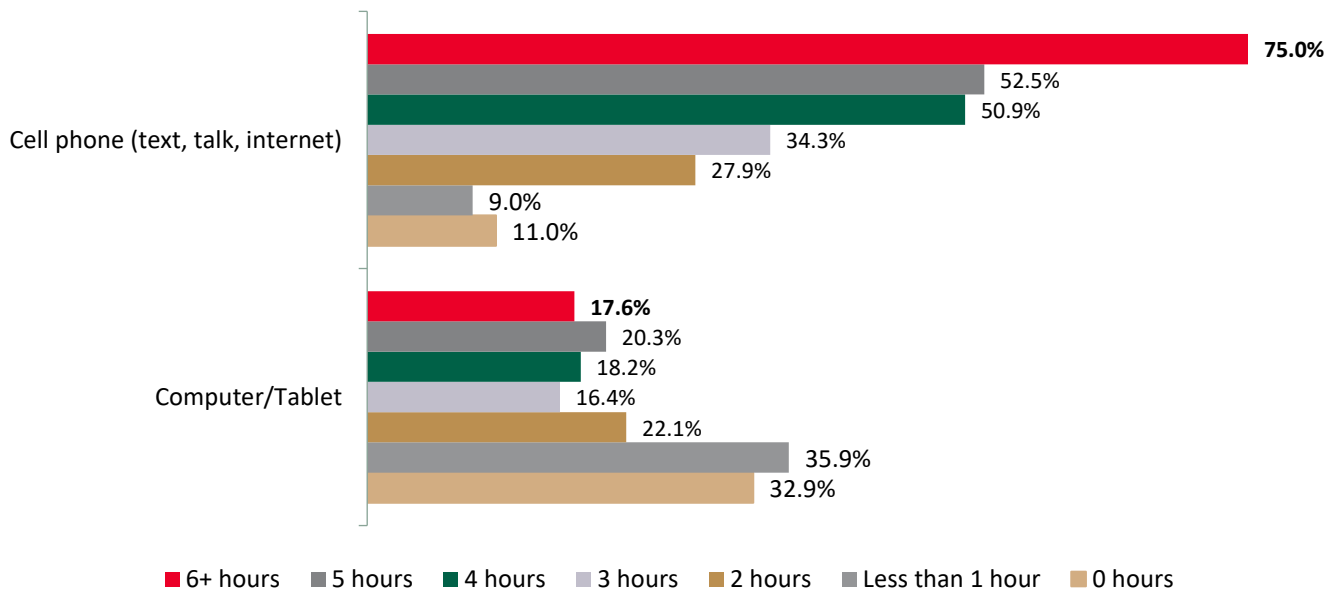


Figure 39b: Number of hours respondents reported electronic device use during the average school day (N=111)

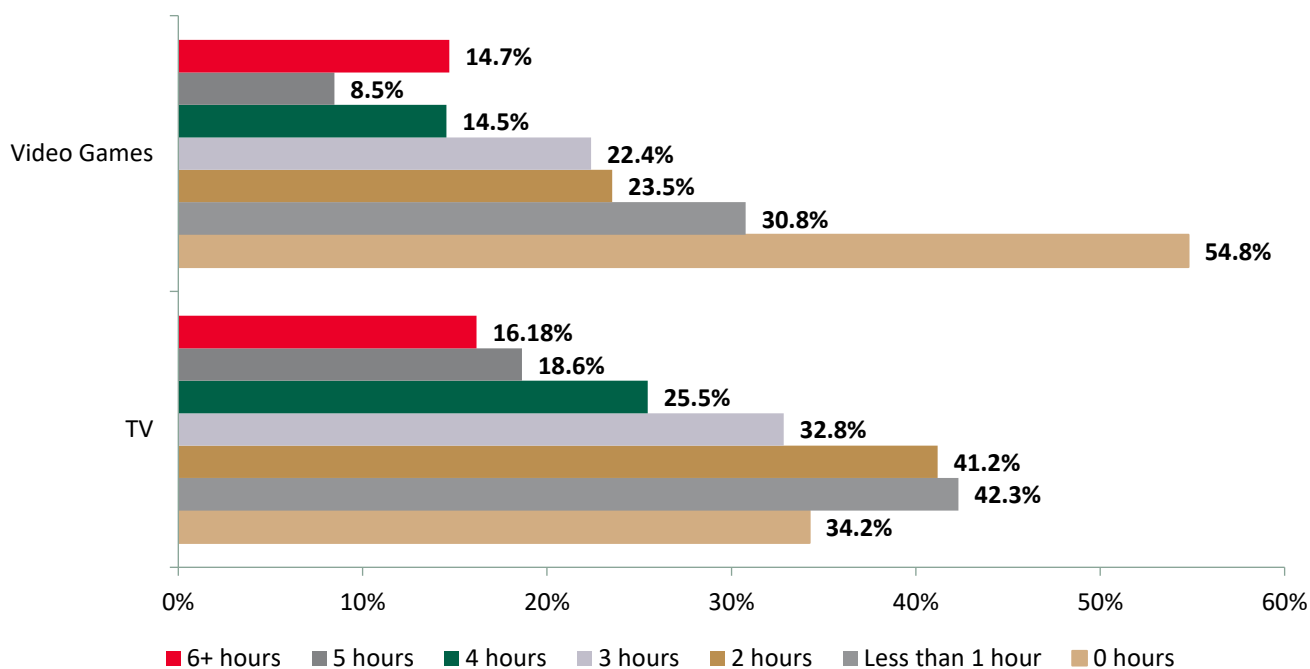


Figure 40 shows the percentage of YRBS respondents describing their own weight. The majority of respondents (54.4%) described their own weight as being “about the right weight”. Interestingly however, when respondents were asked what they were trying to do about their weight, 51.1% reported they were trying to lose weight (Figure 41).

Figure 40: Percentage of YRBS respondents describing their own weight (N = 136)

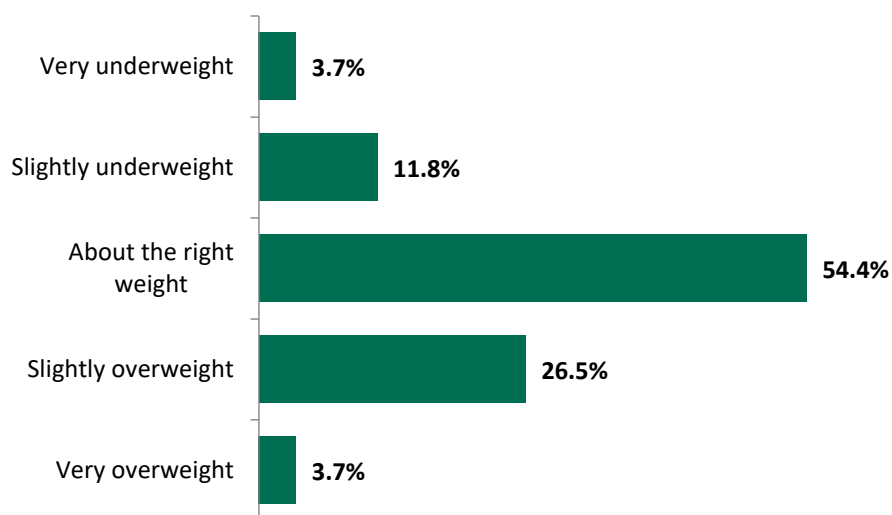


Figure 41: Percentage of YRBS respondents reporting what they are trying to do about their weight (N = 135)

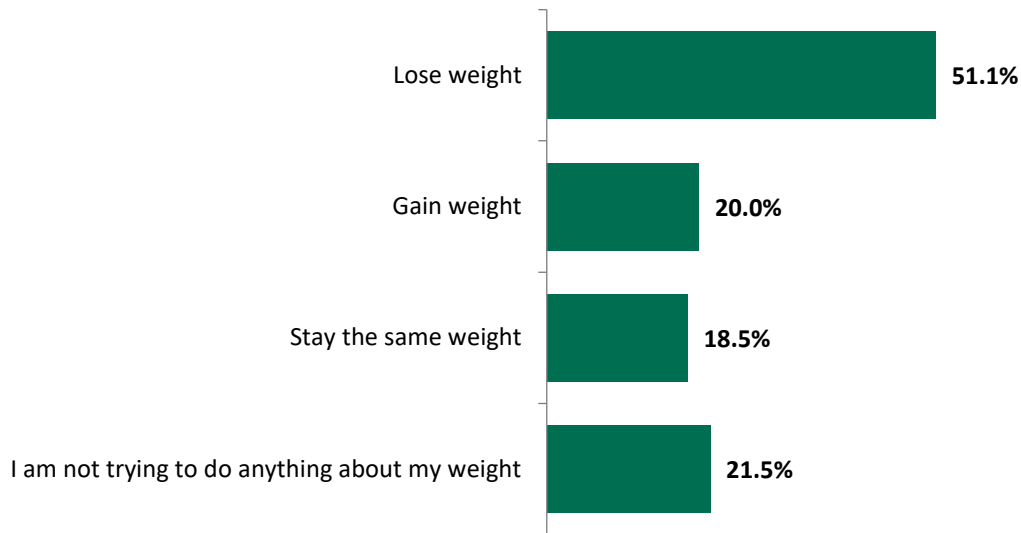
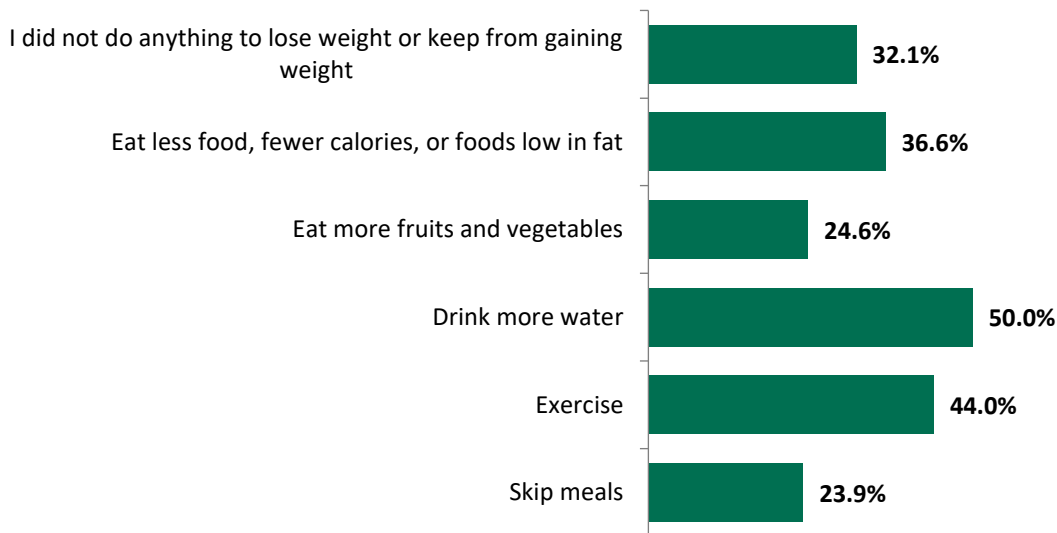


Figure 42 shows the top answers selected by YRBS respondents reporting what they have done in the last month to prevent gaining weight. There were 32.1% of respondents who reported doing nothing to lose weight or keep from gaining weight in the last month. Fifty percent of respondents reported drinking more water to lose weight or keep from gaining weight, while 44.0% reported exercising and another 36.6% reported eating less food, fewer calories, or foods lower in fat.

Figure 42: Percentage of YRBS respondents reporting what they have done to prevent weight gain in the last month (N = 134)



Figures 43a and 43b show the percentage of respondents reporting fruit, vegetable, sugar sweetened beverages, and caffeinated beverages in the last seven days. As shown in Figure 43a, 42.3% of respondents reported not consuming any caffeinated beverages in the last week. There were 27.5% of respondents who reported consuming caffeinated beverages one to three times in the last week. Another 26.4% of respondents reported consuming caffeinated beverages one time per day for the last seven days.

Figure 43a: Percentage of YRBS respondents reporting caffeinated beverage and sugar sweetened beverage consumption in the last week (N = 131)

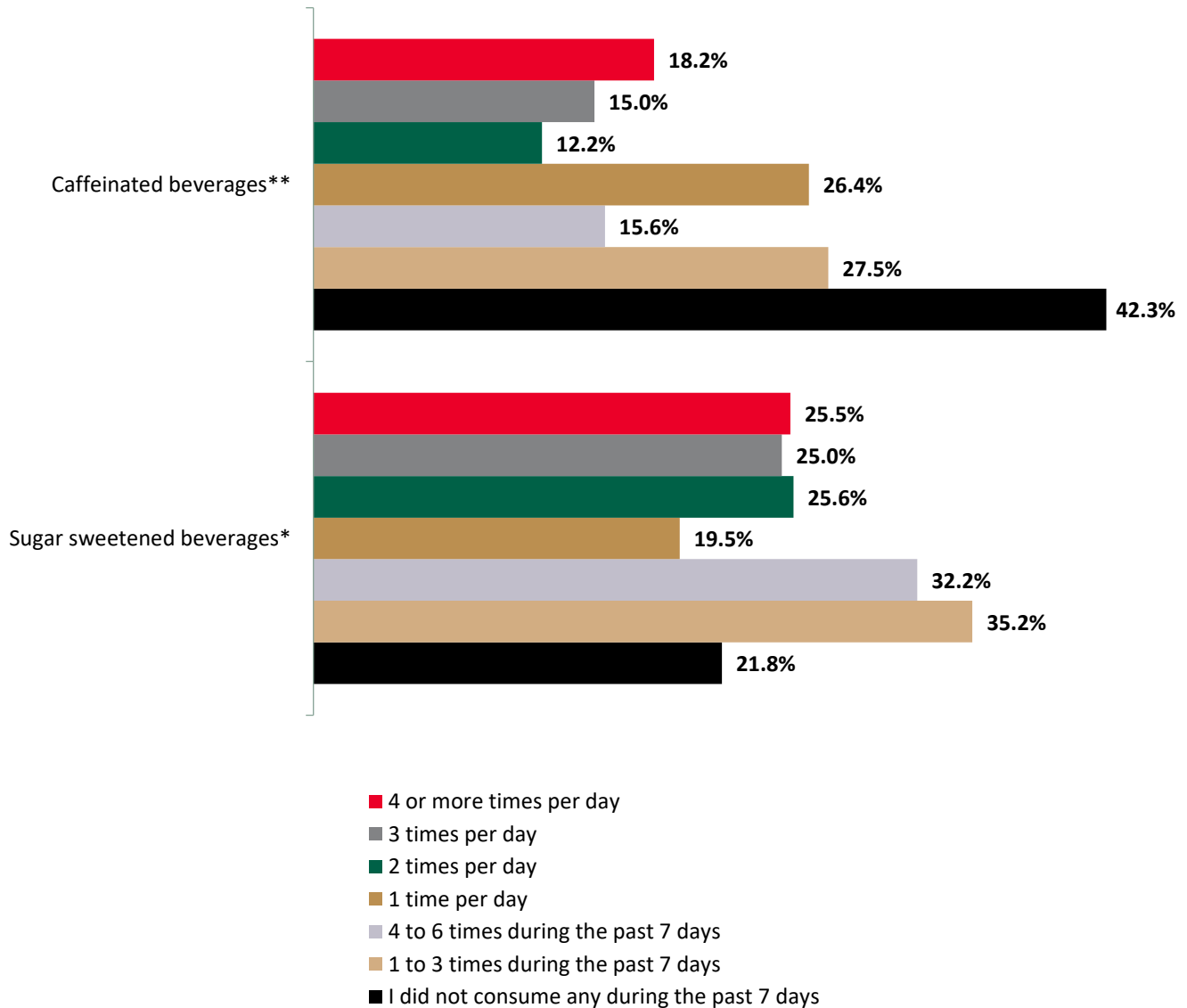


Figure 43b shows the percentage of YRBS respondents reporting fruit and vegetable consumption in the last week. The majority of respondents (34.5%) reported consumption of vegetables one time per day in the last week. Another 46.3% of respondents reported consuming fruit two times per day in the last week.

Figure 43b: Percentage of YRBS respondents reporting fruit and vegetable consumption in the last week (N =131)

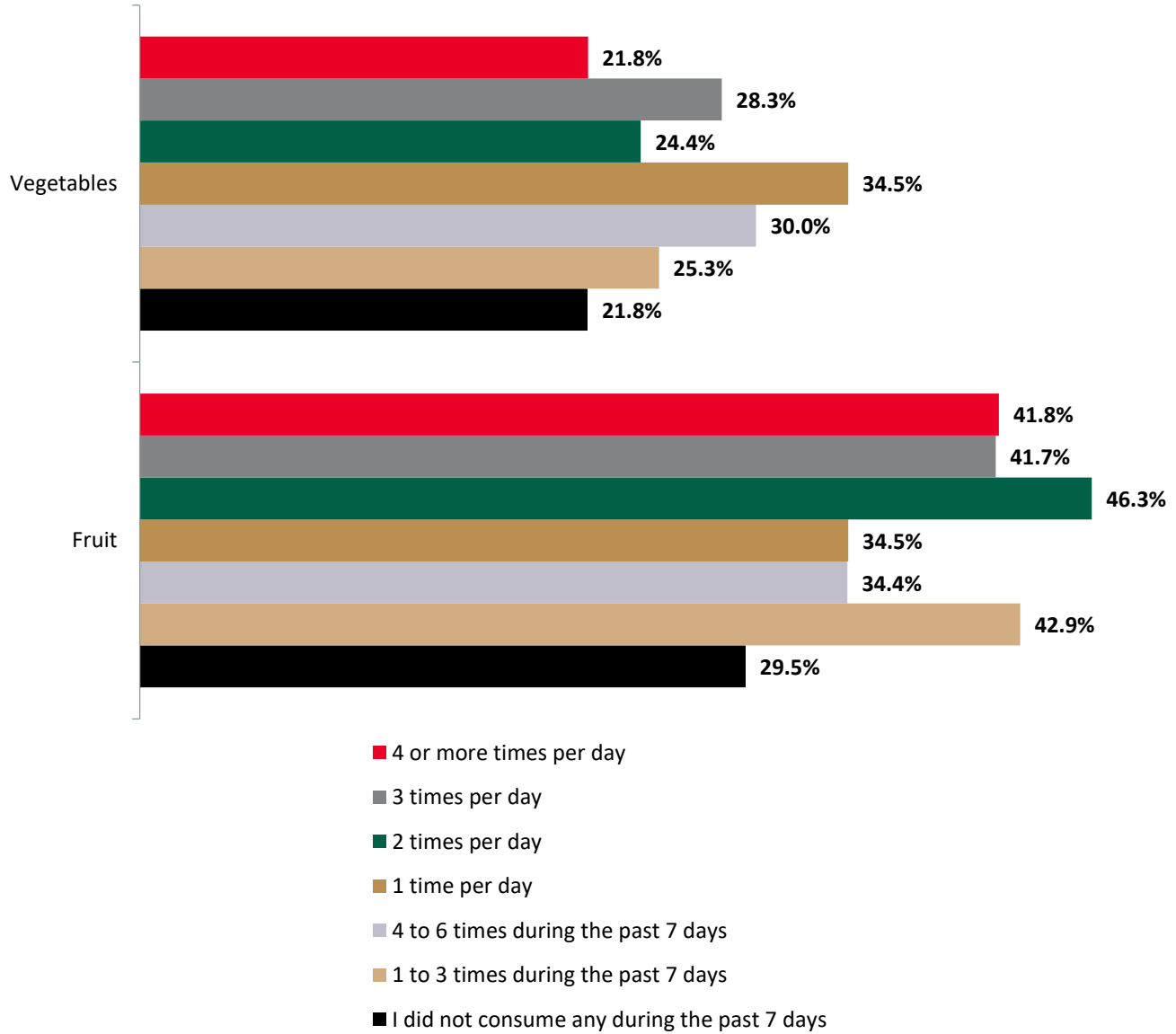
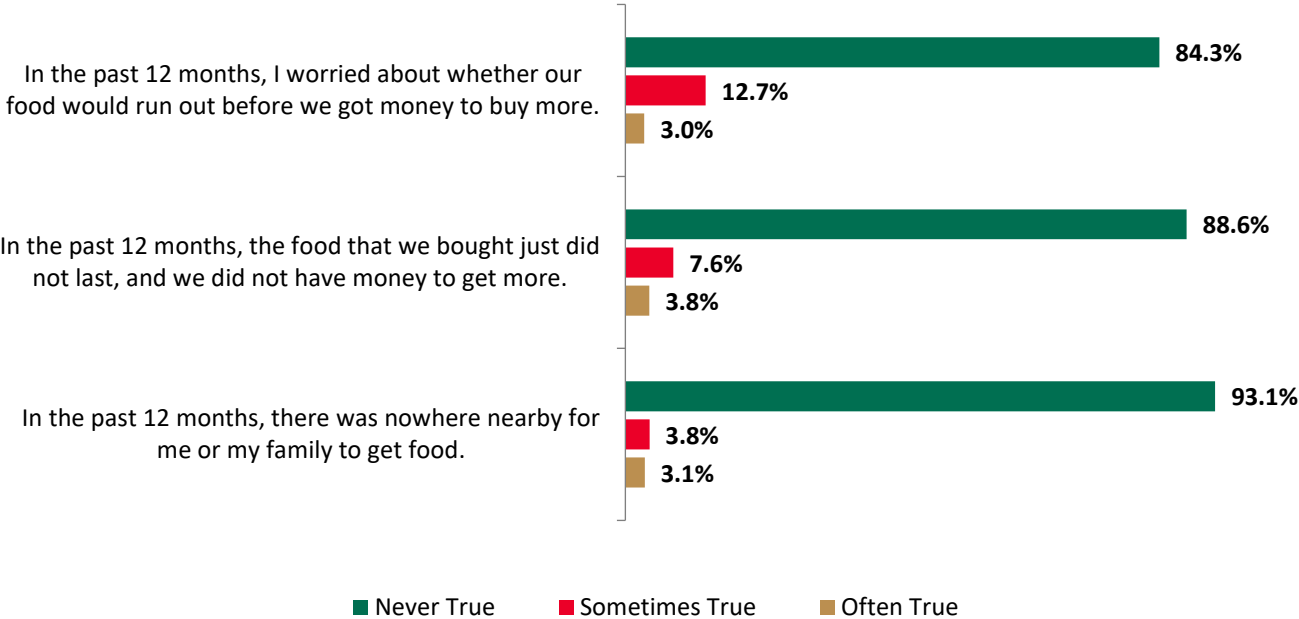


Figure 44 shows the percentage of YRBS respondents reporting experiencing food insecurity in the last year. While the majority of respondents reported never experiencing food insecurity in the last year, there were smaller percentages of respondents who had. Overall, 15.7% of respondents reported worrying about whether their food would run out before they had money to buy more in the last year. The percentage of respondents reporting that the food they bought just did not last before they had money to get more was 8.4%. Finally, 6.9% of respondents reported that there was nowhere nearby for them or their family to get food.

Figure 44: Percentage of YRBS respondents reporting fruit and vegetable consumption in the last week (N = 131)



Qualitative Data Findings: Focus Groups

In general, Focus Group participants discussed the impact that COVID-19 had on accessing care for existing health issues during the pandemic, including chronic diseases. They mentioned that other illnesses that were not directly related to COVID-19 had been deprioritized and that this had impacted individual and community health. In addition to this point, participants argued for the need for additional preventative care.

Access to healthy food can negatively impact an individual’s and community’s health outcomes. Healthy food is also of particular importance when discussing the prevention or treatment of chronic disease. Food security and access to nutritious food is therefore important when considering how to address this prioritized health need for Portage County. Food Security and Access to Healthy Food was a top Social Determinant of Health mentioned by Focus Group participants. Participants specifically mentioned the lack of fresh produce and food in some communities within the county. Participations also discussed how transportation access to obtain needed food was a barrier. Focus group participants acknowledge the

important support many community organizations provide to address food insecurity in Portage. The quote below further illustrates the points of discussion by focus group participants.

.....

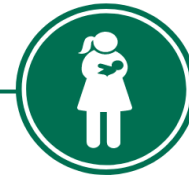
“ I felt like to ignore other health issues, especially life threatening or that could be a potentially fatal health issue at the time of COVID and just focus on COVID, that was not good for a lot of people. ”

- Focus Group Participant

.....

Prioritized Health Topic #2: Maternal and Infant Health

Maternal, Infant, & Child Health



Secondary Data Findings



- Infant Mortality Rate
- Mothers who Smoked During Pregnancy

Key Themes from Community Input



- Access to care is an issue and the cost/insurance can be a barrier

Secondary Data

Maternal, Infant, and Child Health is a health topic from the secondary data scoring results that ranked at the 17th position for data score of all topic areas. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 8 below. See Appendix A for the full list of indicators categorized within this topic.

Table 8: Secondary Data Scoring Results for Maternal, Infant, and Child Health

SCORE	MATERNAL, INFANT, AND CHILD HEALTH	Portage County	HP2030	Ohio	U.S.	Ohio Counties	U.S. Counties	Trend
2.22	Infant Mortality Rate	9.7	5	6.9	--	--	--	
1.86	Mothers who Smoked During Pregnancy	13.4	4.3	11.5	5.5		--	
1.83	Consumer Expenditures: Childcare	308.1	--	301.6	368.2			--
1.50	Preterm Births	9.8	9.4	10.3	--		--	
1.50	WIC Certified Stores	0.1	--	--	--			--

*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

One of the poorest performing indicators under Maternal, Infant, and Child Health topics is the Infant Mortality Rate which is at 9.7 deaths/1000 live births in Portage County, it is also showing a trend over time with increasing concern. Infant mortality rate continues to be one of the most widely used indicators of the overall health status of a community. Infant Mortality in Portage County has increased steadily from 2.6 in 2014 to the current 2019 rate of 9.7. Additionally, we know that birth outcomes such as these disproportionately impact black and brown women and children. Another poorer performing indicators within this topic category include Mothers who Smoked During Pregnancy. This indicator shows a trend over time with decreasing concern but is still higher than the National and State rates of 5.5 and 11.5 respectively, and is significantly higher than the Healthy People 2030 target of 4.3.

Prioritized Health Topic #3: Mental Health & Addiction

Mental Health & Addiction



Secondary Data Findings



Mental Health & Mental Disorders ranked 2nd in the Secondary Data Analysis with a score of 1.64

Tobacco Use ranked 3rd with a score of 1.56

Secondary Warning Indicators include:

- Depression: Medicare Population
- Adults Ever Diagnosed with Depression
- Poor Mental Health: 14+ Days
- Age-Adjusted Death Rate due to Suicide
- Adults Who Used Electronic Cigarettes: Past 30 Days
- Adults Who Used Smokeless Tobacco: Past 30 Days
- Adults Who Smoke
- Poor Mental Health Days: Average Number of Days

Key Themes from Community Input





















- Mental Health & Mental Disorders and Alcohol & Drug Use were top health topics mentioned by Focus Group participants
- Impact of COVID-19, particularly for the elderly and youth populations; impact of social isolation
- Stigma; comfort level accessing services/discussing issues
- Access issues; barriers to care such as transportation and provider availability

Secondary Data

From the secondary data scoring results, Mental Health ranked 2nd among all topic areas, with a score of 1.64. Further analysis was completed in addition to the secondary data scoring to identify specific indicators of concern that fall under the umbrella of the Mental Health & Addiction Prioritized Health Topic area, which includes Substance Use and Addiction, as well as Drug and Tobacco use. Indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern and are listed in Table 9 below. See Appendix A for the full list of indicators categorized within this topic.

Table 9. Secondary Data Scoring Results for Mental Health & Substance Use

SCORE	MENTAL HEALTH & SUBSTANCE USE	Portage County	HP2030	Ohio	U.S.	Ohio Counties	U.S. Counties	Trend
2.58	Depression: Medicare Population	21.4	--	20.4	18.4			
1.92	Adults Ever Diagnosed with Depression	22.3	--	--	18.8			--
1.92	Poor Mental Health: 14+ Days	16.8	--	--	13.6			--
1.89	Age-Adjusted Death Rate due to Suicide	15.9	12.8	14.7	13.9			
1.83	Adults Who Used Electronic Cigarettes: Past 30 Days	4.6	--	4.3	4.1			--
1.67	Adults Who Used Smokeless Tobacco: Past 30 Days	2.7	--	2.2	2			--
1.58	Adults who Smoke	21.4	5	21.4	17			--
1.50	Poor Mental Health: Average Number of Days	4.8	--	4.8	4.1			--

*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

Depression among the Medicare Population (older population) and Adults that were Ever Diagnosed with Depression are top areas of concern related to Mental Health, Substance Use and Addiction in Portage County. The percentage of Medicare Population treated for Depression in Portage County is 21.4%, which falls in the lowest 25% of counties in the nation and trend over time is showing increasing concern. The indicator Adults Ever Diagnosed with Depression shows the percentage of adults that report ever being diagnosed with depression, which has a value for Portage County, at 22.3%, and it is in the lowest 50% of counties in the state and the nation. Furthermore, indicators like Poor Mental Health: 14+ Days, Adults Who Used Electronic Cigarettes: Past 30 Days, Adults who Smoke, Poor Mental Health: Average Number of Days have values for Portage County such that they fall in the lowest 25% of counties in the nation.

Primary Data

Community Survey: Key YRBS Mental Health Findings

The YRBS survey implemented in middle and high schools in Portage County also included questions about mental health and drug and alcohol use. The following data highlights key findings from the survey respondents pertaining to their mental health. Table 10 highlights respondents reporting symptoms of

depression and suicidal ideation. Over half of survey respondents (50.7%) reported having ever felt sad or hopeless almost every day for two weeks or more where they stopped doing usual activities in the last year.

Table 10. Percentage of Survey Respondents Reporting Symptoms of Depression and Suicidal Ideation

50.7%	Of survey respondents reported having ever felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the last 12 months
21.6%	Of survey respondents reported they had seriously considered attempting suicide in the last 12 months
10.1%	Of survey respondents reported they had attempted suicide in the last 12 months
3.4%	Of survey respondents reported a suicide attempt in the last 12 months that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse

Figure 45 shows the percentage of YRBS respondents reporting causes of their depression or anxiety. Over half of survey respondents (51.7%) reported that pressure to achieve academic success is a contributing factor to their depression and anxiety. An equal percentage of respondents (51.7%) reported that factors related to their self-image contributed to their depression or anxiety. Other leading factors included fighting with friends (41.7%), stressors at home (38.4%), and fighting at home (37.8%).

Table 45. Percentage of Survey Respondents Reporting Causes of Depression or Anxiety (N=151)

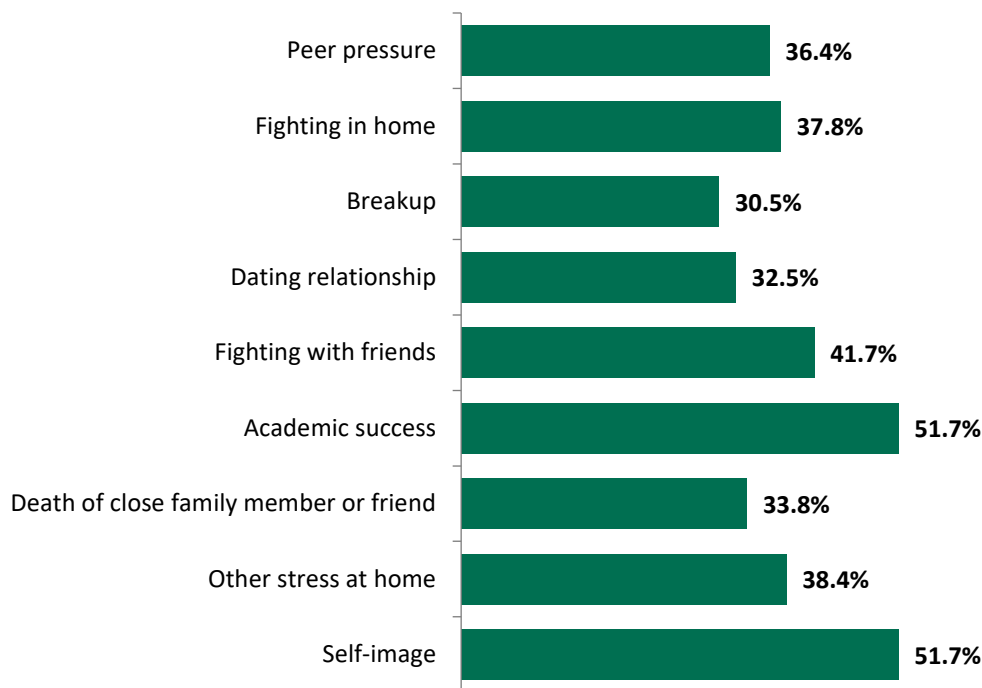
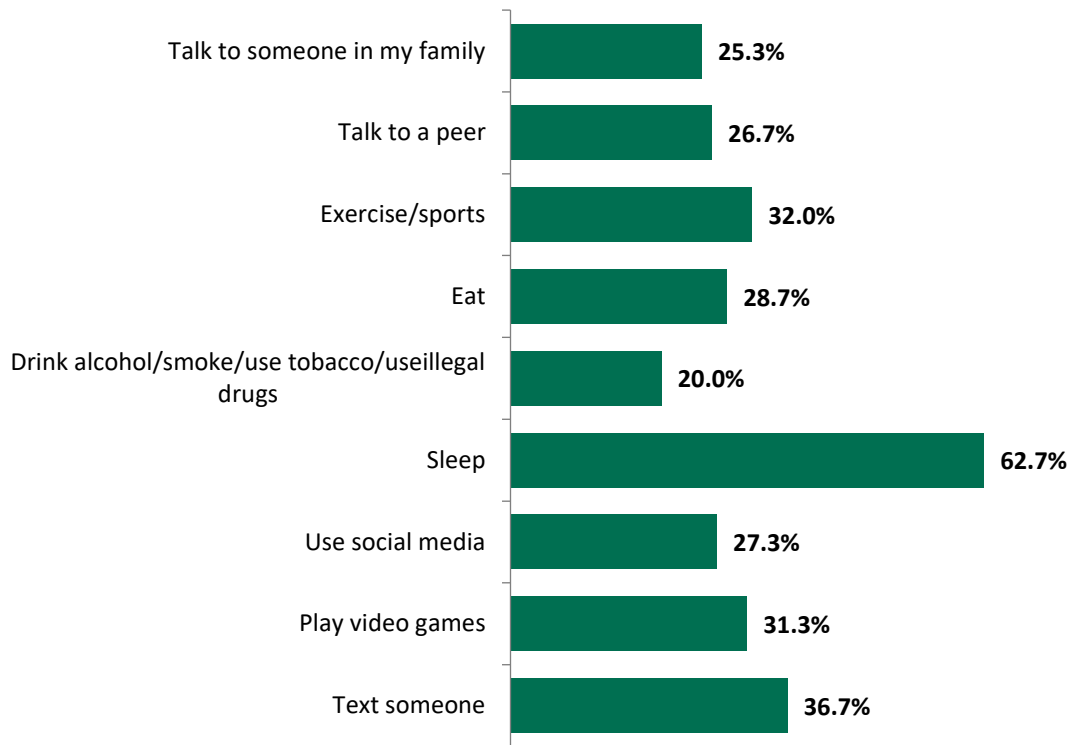


Figure 46 shows the percentage of YRBS respondents reporting how they deal with their anxiety, stress, depression or personal problems. The largest percentage of respondents (62.7%) reported sleep as being their coping mechanism. Texting someone (36.7%), exercise and sports (32.0%), and playing video games (31.3%) were the next most popular coping mechanisms reported by respondents.

Table 46. Percentage of Survey Respondents Reporting How They Deal with Anxiety, Stress, Depression, or Personal Problems (N = 150)

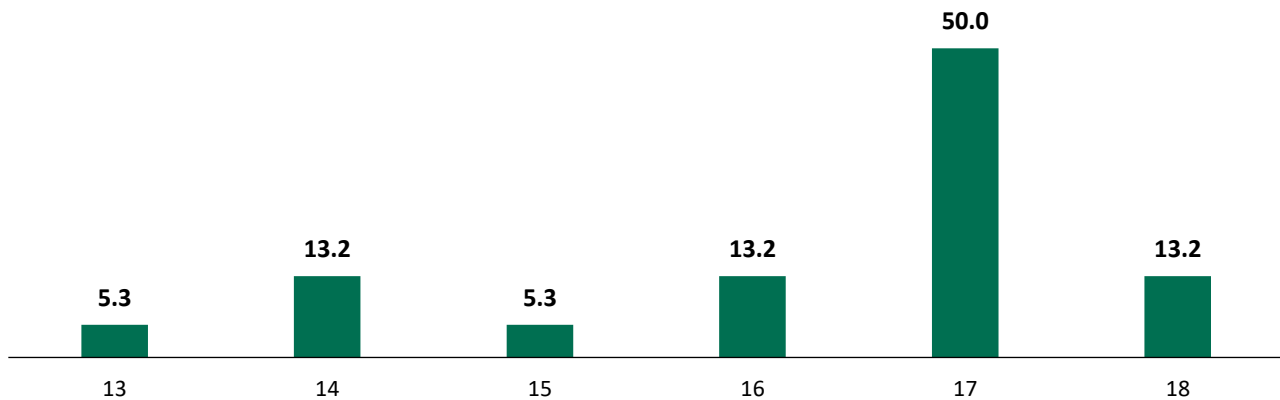


ADVERSE CHILDHOOD EXPERIENCES (ACES)

Adverse Childhood Experiences (ACEs) can have lasting, negative effects on health, well-being, as well as other opportunities such as education and job potential¹⁹. Experiencing 4 or more ACEs is associated with a significant increased risk for seven out of ten leading adult causes of death, including heart disease, stroke, cancer, chronic obstructive pulmonary disease (COPD), diabetes, Alzheimer’s and suicide. Twenty-four percent of survey respondents reported experiencing 4 or more ACEs. Figure 47 shows the percentage of survey respondents who reported four or more ACEs by age. The highest percentage of respondents having experienced four or more ACEs were 17 years old at the time of taking this survey (50.0%).

¹⁹ Centers for Disease Control and Prevention, (2022). Fast Facts: Preventing Adverse Childhood Experiences. Accessed at <https://www.cdc.gov/violenceprevention/aces/fastfact.html>

Figure 47. Percentage of Survey Respondents Reporting 4 or More ACEs by Age (N = 38)



The top five ACEs respondents reported experiencing were:

- Having parents who became separated or divorced
- Living with someone who was depressed, mentally ill or suicidal
- Have a parent or adult in their home swore at them, insulted them, or put them down
- The family did not look out for each other, feel close to each other, or support each other
- They lived with someone who was a problem drinker or an alcoholic

Community Survey Key YRBS Findings: Tobacco, Vaping, & Alcohol Use

TOBACCO AND VAPING USE

The following data highlights key findings from the survey respondents pertaining to their tobacco, vaping, and alcohol use. Figure 48 shows the percentage of YRBS respondents reporting the types of tobacco products they've used in the last year. The majority of respondents reported using some type of vape product (26.2%).

Figure 48. Percentage of Survey Respondents Reporting Types of Tobacco Product Used in Last Year (N = 149)

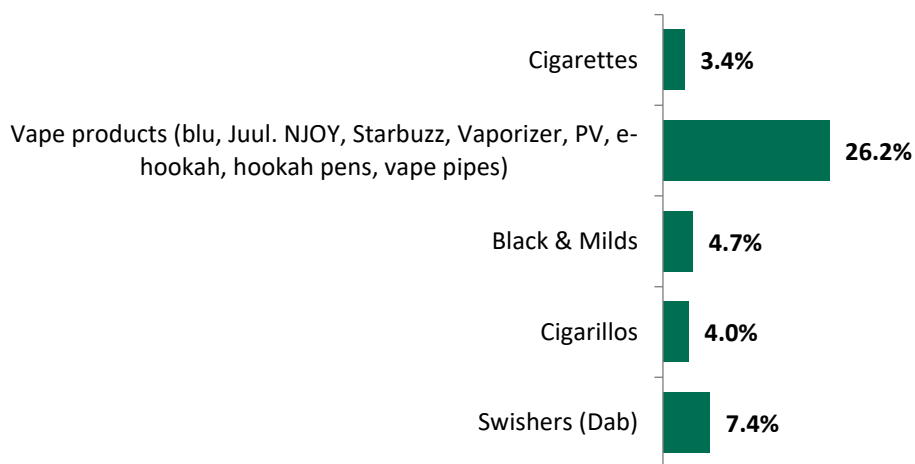


Table 49 highlights respondents reporting their tobacco and vaping use habits. Almost one fifth of respondents (21.7%) reported using some type of tobacco product every day of the last 30 days. Another 28.0% of respondents reported using some type of vape product every day for the 30 days.

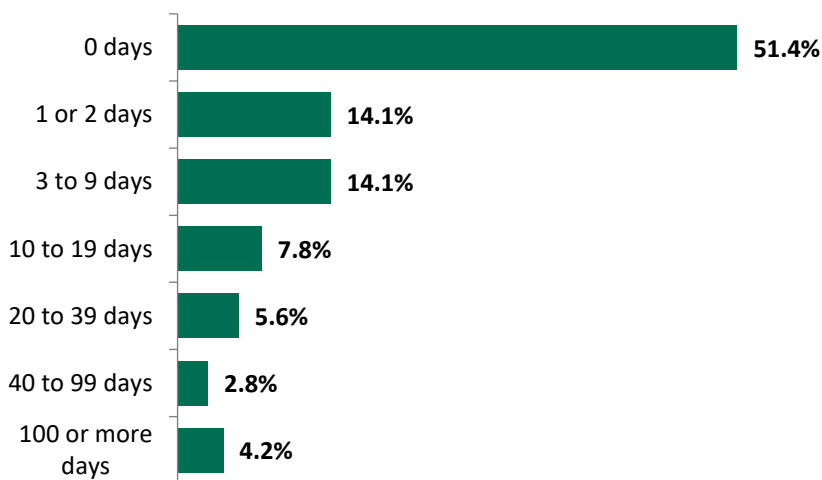
Table 49. Percentage of Survey Respondents Reporting Tobacco and Vaping Use Habits

21.7%	Of survey respondents reported using tobacco every day of the last 30 days. (N=60)
26.2%	Of survey respondents reported having used some type of vape product in the last year. (N=149)
28.0%	Of survey respondents reported using an electronic vape product every day of the last 30 days. (N=25)
21.7%	Of survey of respondents who reported using an electronic vape product in the last 30 days reported giving someone else money to purchase the vape product for them. (N=23)
30.4%	Used e-liquid with nicotine in their vape; 8.7% had used marijuana or THC in their e-liquid

ALCOHOL USE

The following section highlights YRBS respondents reporting their alcohol consumption. Thirteen percent of survey respondents reported having their first alcoholic drink at age 16, followed by 10.1% at age 15, and 7.3% at age 14. Figure 50 shows the percentage of survey respondents reporting the number of days they had at least one drink of alcohol. The majority of respondents reported not having any drinks containing alcohol (51.4%). An additional 14.1% reported having at least one drink of alcohol on one to two days, while another 14.1% reported having at least one drink of alcohol on three to nine days.

Figure 50: Percentage of Survey Respondents Reporting Number of Days They Had At Least One Drink of Alcohol (N = 142)

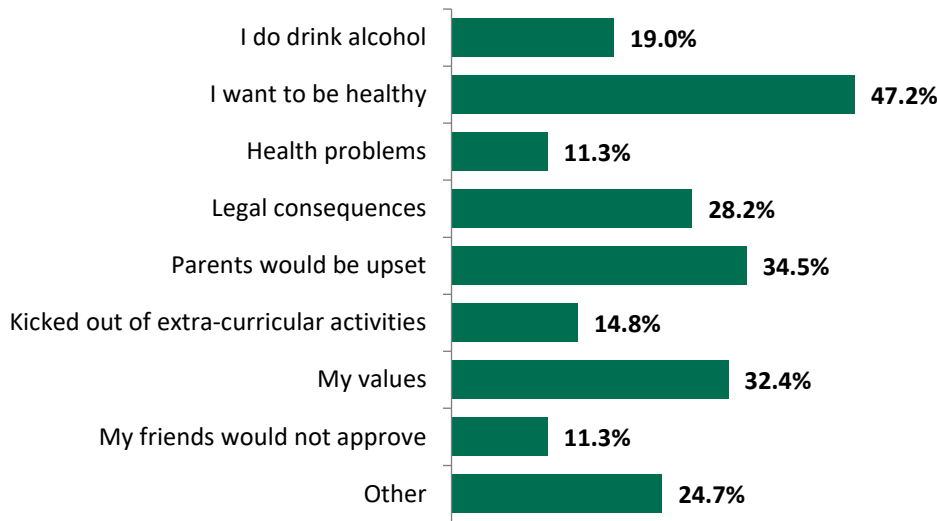


In a separate survey question, 12.7% of respondents (N=142) reported they had at least one drink of alcohol for one to two days in the last 30 days. When reporting how they had obtained the alcohol they

consumed, 7.9% of respondents reported someone else gave them the alcohol; 7.2% reported their parents gave the alcohol to them; another 5.8% bought the alcohol themselves.

The majority of respondents reported they had never had a drink of alcohol other than a few sips (50.7%). Figure 51 shows the reasons respondents reported for not drinking alcohol. The majority of respondents (47.2%) reported their desire to be healthy as their rationale for not drinking alcohol.

Figure 51: Percentage of Survey Respondents Reporting Reasons for Not Drinking Alcohol (N=142)



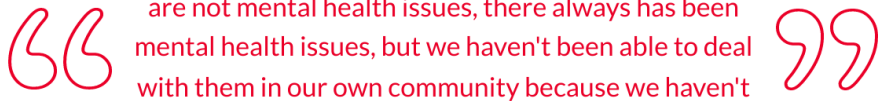
Qualitative Data Findings: Focus Groups

Mental Health & Mental Disorders and Alcohol & Drug Use were some of the top health topics mentioned by Focus Group participants. Participants discussed the impact of COVID-19 on mental health, in particular the impact on the elderly and youth populations; the pandemic has exacerbated existing stress, anxiety, and depression. Participants attributed this disproportionate impact on the mental health of these populations on the increase in social isolation during the pandemic. Drug and substance misuse were specific problems impacting the Windham and Ravenna communities. There were increases in drug and alcohol use during the COVID-19 pandemic as community members used them as coping mechanisms.

Focus group participants also described stigma as a barrier to asking for help or seeking help or services for behavioral health issues; in particular for mental health and addiction. They specifically mentioned the comfort level that exists in the community for accessing these types of services as well as for discussing these types of health issues with family and providers. Additionally, mistrust and fear were mentioned as a barrier specifically among Black/African American discussion participants.

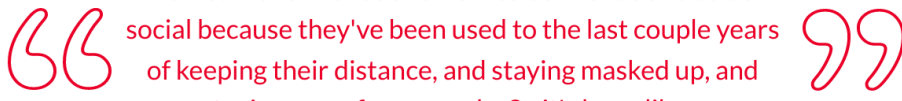
Access to behavioral health care was discussed in general as well. Focus group participants mentioned the impact of provider availability to access needed services, especially as the need for these services continues to grow. Finally, transportation was mentioned as a barrier for access care, specifically behavioral healthcare. The quotes below further emphasize the challenge of accessing behavioral health care in Portage County.

.....
I think we haven't talked about the stigma that is in our own community about mental health...It's not that there are not mental health issues, there always has been mental health issues, but we haven't been able to deal with them in our own community because we haven't wanted to address them; we feel like it makes something wrong with us.



- Focus Group Participant
.....

.....
We've struggled a lot with [our daughters'] mental health and trying to make sure they're okay mentally because they have been cut off from their friends and their activities for so long that they almost have had to relearn how to make friends and how to be friends and to be social because they've been used to the last couple years of keeping their distance, and staying masked up, and staying away from people. So it's been like a reintroduction process to just being a child, because our kids have had to grow up so fast it seemed because of the pandemic.



- Focus Group Participant
.....

Additional Focal Areas for 2022 Portage County CHNA

In addition to and within the three prioritized areas discussed above, Portage County will continue to focus on Healthcare Access and Health Equity. Healthcare Access is a relevant theme explored within each of the prioritized health areas above: [Mental Health, Substance Use and Addiction](#), [Chronic Conditions](#), and [Maternal, Infant, and Child Health](#).

[Disparities and Health Equity](#) have also been discussed in more detail in earlier portions of this report. The findings from the [Portage County Health Equity Project](#) are of particular importance to this focal area as well.

Non-Prioritized Significant Health Needs

The following significant health needs emerged from the 2019 Portage County CHNA. While PCCGHD and University Hospitals Portage Medical Center will not directly focus on these topics in their 2022 Community Health Improvement Plan, additional opportunities will be identified to grow and expand existing work as well as implementing additional programming in new areas as they arise.

These non-prioritized significant health needs include:

- 1) Infectious Disease Prevention
- 2) Injury Prevention

For more detailed information about these two non-prioritized needs from the 2019 process, please reference the [2020-2022 Portage County CHIP](#)

Community Resources Available

The list of community resources in below were identified as being available to potentially address the needs identified through this assessment process.

Mental Health, Substance Use and Addiction

- Children’s Advantage
- Coleman Professional Services
- Family and Community Services
- Kent City Health Department
- Law enforcement
- Mental Health & Recovery Board of Portage County
- Ohio Department of Mental Health and Addiction Services
- Portage County Health District
- Portage County Safe Communities Coalition
- Substance Abuse and Mental Health Services Administration
- Suicide Prevention Coalition
- Townhall II
- University Hospitals Portage Medical Center

Chronic Disease

- AxxessPoint Community Health Center
- Kent State University
- Kent State University Center of Nutrition Outreach
- NEOMED
- Portage County Health District
- Portage Park District
- SOAR
- University Hospitals Portage Medical Center

Maternal, Infant and Child Health

- AxxessPoint Community Health Center
- Portage County Health District
- Portage County WIC
- Safe Kids Coalitions
- University Hospitals Portage Medical Center

Conclusion

This collaborative Community Health Assessment (CHA) conducted by PCCGHD and University Hospitals Portage Medical Center, leveraged primary and secondary data analysis to provide a more comprehensive picture of health in Portage County, Ohio. This report helps organizations participating on the Portage County CHA Steering Committee meet national and state assessment requirements. More specifically, this report helps:

- PCCGHD meet PHAB reaccreditation requirements
- University Hospitals Portage Medical Center meet non-profit hospital IRS requirements as part of the Patient Protection and Affordable Care Act (ACA)
- PCCGHD and University Hospitals meet the Ohio mandate that all tax-exempt hospitals collaborate with their local health departments on Community Health Needs Assessments (CHNA) and community health improvement strategies(CHIS)
- Ensure alignment between Portage County CHIP planning and the latest Ohio SHIP

The collaborative assessment determined three significant health needs in Portage County. The prioritization process identified the top three health needs including: Chronic Disease, Mental Health & Addiction, and Maternal and Infant Health.

2022 Portage County CHA Alignment

The final prioritized health needs from this 2022 Portage County CHA are in alignment with some of the top priorities and factors influencing health outcomes from the 2019 Ohio SHA/SHIP. They are also in alignment with a subset of 2019 Portage County CHA priority areas. This icon indicates areas of alignment.

2019 Ohio SHA/SHIP	2019 Portage County CHA	2022 Portage County CHA
<p>Top Health Priorities:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> • Mental Health & Addiction <input checked="" type="checkbox"/> • Chronic Disease <input checked="" type="checkbox"/> • Maternal and Infant Health <p>Top Priority Factors Influencing Health Outcomes:</p> <ul style="list-style-type: none"> • Community Conditions <input checked="" type="checkbox"/> • Health Behaviors <input checked="" type="checkbox"/> • Access to Care 	<p>Priority Health Areas:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> • Chronic Disease <input checked="" type="checkbox"/> • Mental Health & Addiction <input checked="" type="checkbox"/> • Maternal and Infant Health 	<p>Priority Health Areas:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> • Chronic Disease <input checked="" type="checkbox"/> • Mental Health & Addiction <input checked="" type="checkbox"/> • Maternal and Infant Health



The findings in this report will be used to guide the development of a new Portage County Community Health Improvement Plan (CHIP), which will outline strategies to address identified priorities and improve the health of the community in Portage County. The CHIP will also serve to meet University Hospitals Portage Medical Center IRS requirements to create an Implementation Strategy (IS) for Portage County.

Appendices Summary

The following support documents are shared as appendices:

A. Secondary Data Methodology and Data Scoring Tables

A description of the Portage County secondary data scoring methodology, including a list of secondary data sources used in the analysis and county-level topic and benchmark results.

B. Community Input Assessment Tools

Data collection tools that were vital in capturing community feedback, including the Youth Risk Behavioral Survey (YRBS) tool.

C. Additional Data Sources

Additional data sets and sources that were incorporated into the data findings of this CHA Report.

Appendix A. Secondary Data Methodology and Data Scoring Tables

Secondary Data Sources

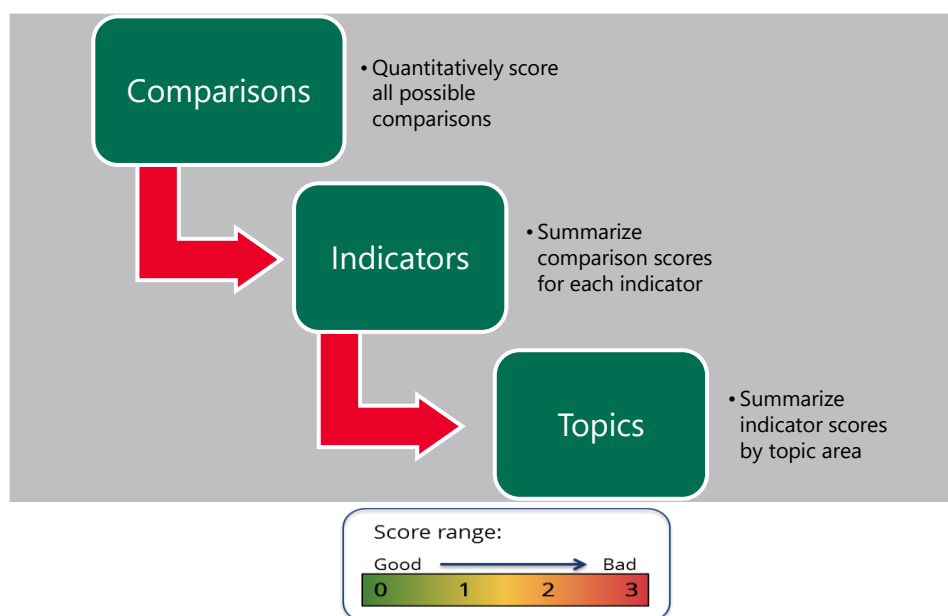
Secondary data used for this assessment were collected and analyzed from a community indicator database developed by Conduent Healthy Communities Institute (HCI). The database, maintained by researchers and analysts at HCI, includes over 200 community indicators, spanning at least 24 topics in the areas of health, determinants of health, and quality of life. The data are primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, national targets, and to previous time periods. The following is a list of secondary sources used in Portage County's Community Health Assessment:

- American Community Survey
- Annie E. Casey Foundation
- CDC - PLACES
- Centers for Disease Control and Prevention
- Centers for Medicare & Medicaid Services
- Claritas Consumer Buying Power
- Claritas Consumer Profiles
- County Health Rankings
- Feeding America
- Healthy Communities Institute
- 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
- U.S. Bureau of Labor Statistics
- U.S. Census - County Business Patterns
- U.S. Department of Agriculture - Food Environment Atlas
- U.S. Environmental Protection Agency
- United For ALICE

Data Scoring

HCI's Data Scoring Tool systematically summarizes multiple comparisons and ranks indicators based on highest need. For each indicator, the Portage County value was compared to a distribution of Ohio and U.S. counties, state and national values, Healthy People 2030 targets, and significant trends, as shown below. Each indicator was then given a score based on the available comparisons. These scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the poorest outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic area.

Data scoring is done in three stages:



Due to the limited availability of zip code, census tract, or other sub-county health data, the data scoring technique is only available at the county level. The data scoring results are therefore presented in the context of Portage County. The indicators used in the secondary data analysis for Portage County can also be accessed on the [Healthy Northeast Ohio Community Data Platform](#).

Comparison to a Distribution of County Values: Within State and Nation

For ease of interpretation and analysis, indicator data on the Healthy Northeast Ohio Community Data Platform is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state or the United States. 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, red) based on their order. Indicators with the poorest comparisons ("in the red") scored high, whereas indicators with good comparisons ("in the green") scored low.

Comparison to Values: State, National, and Targets

Each county is compared to the state value, the national value, and target values. Target values include the nation-wide Healthy People 2030 (HP2030) goals. Healthy People 2030 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 better or worse 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 the 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 on the community dashboard, 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.

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 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Index of Disparity

An important part of the CHNA process is to identify health disparities, the needs of vulnerable populations and unmet health needs or gaps in services. For secondary data health indicators, the Index of Disparity tool was utilized to see if there were large, negative, and concerning differences in indicator values between each subgroup data value and the overall county value. The Index of Disparity was run

for the County, and the indicators with the highest race or ethnicity index value were found, with their associated subgroup with the negative disparity highlighted in the [Disparity and Health Equity](#) section of this report.

Health Equity Index

Every community can be described by various social and economic factors that can contribute to disparities in health outcomes. Conduent HCI's Health Equity Index (formerly SocioNeeds[®] Index) considers validated indicators related to income, employment, education, and household environment to identify areas at highest risk for experiencing health inequities.

How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest socioeconomic 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 Health Equity Index, with darker coloring associated with higher relative need.

Results for the Portage County Health Equity Index can be found in the [Disparity and Health Equity](#) section of this report.

Food Insecurity Index

Every community can be described by various health, social, and economic factors that can contribute to disparities in outcomes and opportunities to thrive. 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 (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest food insecurity, which is correlated with household and community measures of food-related financial 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 Food Insecurity Index, with darker coloring associated with higher relative need.

Results for the Portage County Food Insecurity Index can be found in the [Disparity and Health Equity](#) section of this report.

Mental Health Index

Every community can be described by various health, social, and economic factors that can contribute to disparities in mental 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 poor mental health.

How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest socioeconomic and health needs correlated with 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 Mental Health Index, with darker coloring associated with higher relative need.

Results for the Portage County Mental Health Index can be found in the [Disparity and Health Equity](#) section of this report.

Data Considerations

Several limitations of data 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 availability 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 not 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 socioeconomic need 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 best represent the population at large, these measures are subject to instability, especially for smaller populations. The

Index of Disparity is also limited by data availability, where indicator data varies based on the population groups and service areas being analyzed.

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 nomenclature. For consistency with data sources throughout the report, subpopulation data may use different terms to describe the same or similar groups of community members.

DATA SCORING RESULTS

The following tables list each indicator by topic area for Portage County as of May 2022.

Portage County Secondary Data Scoring Results

SCORE	ADOLESCENT HEALTH	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
0.86	Teen Birth Rate: 15-17	<i>live births/ 1,000 females aged 15-17</i>	2.4		6.8		2020	17
0.86	Teen Pregnancy Rate	<i>pregnancies/ 1,000 females aged 15-17</i>	14.9		19.5		2016	17

SCORE	ALCOHOL & DRUG USE	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.92	Adults who Binge Drink	<i>percent</i>	18.2			16.7	2019	4
1.86	Mothers who Smoked During Pregnancy	<i>percent</i>	13.4	4.3	11.5	5.5	2020	17
1.83	Adults who Drink Excessively	<i>percent</i>	19.2		18.5	19	2018	9
1.83	Consumer Expenditures: Alcoholic Beverages	<i>average dollar amount per consumer unit</i>	653.2		651.5	701.9	2021	7
1.67	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	29.2	28.3	32.2	27	2015-2019	9
1.25	Health Behaviors Ranking		7				2021	9
1.03	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	21.7		38.1	21	2017-2019	9

0.97	Liquor Store Density	<i>stores/ 100,000 population</i>	5.5		5.6	10.5	2019	22
0.83	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	<i>Deaths per 100,000 population</i>	23.2		40.4	23.5	2018-2020	5

SCORE	ALTERNATIVE MEDICINE	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.33	Consumer Expenditures: Prescription and Non-Prescription Drugs	<i>average dollar amount per consumer unit</i>	606.7		638.9	609.6	2021	7

SCORE	CANCER	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.72	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/ 100,000 population</i>	18.4	8.9	14.8	13.4	2015-2019	12
2.42	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	43.6		41.3	38	2014-2018	12
1.81	All Cancer Incidence Rate	<i>cases/ 100,000 population</i>	467.9		467.5	448.6	2014-2018	12
1.81	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	128.7		129.6	126.8	2014-2018	12
1.81	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	12.7		12.2	11.9	2014-2018	12
1.78	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	173	122.7	169.4	152.4	2015-2019	12

1.64	Cancer: Medicare Population	<i>percent</i>	8.3		8.4	8.4	2018	6
1.61	Cervical Cancer Screening: 21-65	<i>Percent</i>	83.7	84.3		84.7	2018	4
1.44	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	44	25.1	45	36.7	2015-2019	12
1.36	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	64		67.3	57.3	2014-2018	12
1.33	Colon Cancer Screening	<i>percent</i>	65.4	74.4		66.4	2018	4
1.28	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	20.4	15.3	21.6	19.9	2015-2019	12
1.25	Adults with Cancer	<i>percent</i>	7.4			7.1	2019	4
1.06	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	6.8		7.9	7.7	2014-2018	12
0.94	Mammogram in Past 2 Years: 50-74	<i>percent</i>	75.6	77.1		74.8	2018	4
0.92	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	98.2		107.2	106.2	2014-2018	12
0.61	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	16	16.9	19.4	18.9	2015-2019	12

SCORE	CHILDREN'S HEALTH	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.83	Children with Low Access to a Grocery Store	<i>percent</i>	6.2				2015	23



1.83	Consumer Expenditures: Childcare	<i>average dollar amount per consumer unit</i>	308.1		301.6	368.2	2021	7
1.33	Child Food Insecurity Rate	<i>percent</i>	15.7		17.4	14.6	2019	10
1.33	Children with Health Insurance	<i>percent</i>	96.9		95.2	94.3	2019	1
1.31	Blood Lead Levels in Children (>=10 micrograms per deciliter)	<i>percent</i>	0.3		0.5		2020	19
1.31	Blood Lead Levels in Children (>=5 micrograms per deciliter)	<i>percent</i>	1.2		1.9		2020	19
1.25	Projected Child Food Insecurity Rate	<i>percent</i>	16.7		18.5		2021	10
1.11	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	6.4	8.7	6.8		2020	3

SCORE	COMMUNITY	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.42	Solo Drivers with a Long Commute	<i>percent</i>	40		31.1	37	2015-2019	9
2.31	Social Associations	<i>membership associations/ 10,000 population</i>	8.7		11	9.3	2018	9
2.06	Workers Commuting by Public Transportation	<i>percent</i>	0.3	5.3	1.4	4.6	2016-2020	1
1.92	People 65+ Living Alone (Count)	<i>people</i>	7482				2016-2020	1

1.67	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	29.2	28.3	32.2	27	2015-2019	9
1.64	People 65+ Living Alone	<i>percent</i>	27.9		29.4	26.3	2016-2020	1
1.64	Violent Crime Rate	<i>crimes/ 100,000 population</i>	104.9				2021	18
1.53	Mean Travel Time to Work	<i>minutes</i>	25.2		23.7	26.9	2016-2020	1
1.47	Workers who Walk to Work	<i>percent</i>	2.4		2.2	2.6	2016-2020	1
1.42	Social and Economic Factors Ranking		29				2021	9
1.36	Workers who Drive Alone to Work	<i>percent</i>	81.8		81.5	74.9	2016-2020	1
1.33	Consumer Expenditures: Local Public Transportation	<i>average dollar amount per consumer unit</i>	119.1		121.7	148.8	2021	7
1.33	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	2.3				2015	23
1.31	Households without a Vehicle	<i>percent</i>	6.6		7.8	8.5	2016-2020	1
1.19	Single-Parent Households	<i>percent</i>	23.1		26.9	25.3	2016-2020	1
1.19	Voter Turnout: Presidential Election	<i>percent</i>	76.7		74		2020	20
1.17	Households with Wireless Phone Service	<i>percent</i>	96.7		96.8	97	2020	8
1.11	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	6.4	8.7	6.8		2020	3

1.08	Households with an Internet Subscription	<i>percent</i>	84.1		84.9	85.5	2016-2020	1
1.08	Per Capita Income	<i>dollars</i>	31658		32465	35384	2016-2020	1
1.03	Homeownership	<i>percent</i>	63.8		60	56.9	2016-2020	1
0.92	Median Household Income	<i>dollars</i>	59485		58116	64994	2016-2020	1
0.83	Adults with Internet Access	<i>percent</i>	95.3		94.5	95	2021	8
0.83	Households with a Computer	<i>percent</i>	86.9		85.2	86.3	2021	8
0.83	Households with a Smartphone	<i>percent</i>	82.1		80.5	81.9	2021	8
0.58	Households with One or More Types of Computing Devices	<i>percent</i>	91.8		90.7	91.9	2016-2020	1
0.58	Linguistic Isolation	<i>percent</i>	0.7		1.4	4.3	2016-2020	1
0.58	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	29.9		28.9	32.9	2016-2020	1
0.58	Persons with an Internet Subscription	<i>percent</i>	88.6		88.3	88.5	2016-2020	1
0.50	People Living Below Poverty Level	<i>percent</i>	11.3	8	13.6	12.8	2016-2020	1
0.42	Children Living Below Poverty Level	<i>percent</i>	13.5		19.1	17.5	2016-2020	1
0.42	Young Children Living Below Poverty Level	<i>percent</i>	16.7		21.8	19.1	2016-2020	1

0.36	Youth not in School or Working	<i>percent</i>	0.3		1.9	1.8	2016-2020	1
------	--------------------------------	----------------	-----	--	-----	-----	-----------	---

SCORE	DIABETES	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.36	Adults 20+ with Diabetes	<i>percent</i>	9				2019	5
1.19	Age-Adjusted Death Rate due to Diabetes	<i>deaths/ 100,000 population</i>	24.4		26.4	22.6	2018-2020	5
1.00	Diabetes: Medicare Population	<i>percent</i>	25.4		27.2	27	2018	6

SCORE	DISABILITIES	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.69	Persons with Disability Living in Poverty (5-year)	<i>percent</i>	28.6		29.2	25.4	2016-2020	1

SCORE	ECONOMY	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.47	Renters Spending 30% or More of Household Income on Rent	<i>percent</i>	53.7		44.1	49.1	2016-2020	1
1.83	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.6				2017	23

1.69	Persons with Disability Living in Poverty (5-year)	<i>percent</i>	28.6		29.2	25.4	2016-2020	1
1.67	Households that are Asset Limited, Income Constrained, Employed (ALICE)	<i>percent</i>	26.6		24.5		2018	25
1.67	Low-Income and Low Access to a Grocery Store	<i>percent</i>	7.8				2015	23
1.64	People 65+ Living Below Poverty Level (Count)	<i>people</i>	1492				2016-2020	1
1.50	Food Insecurity Rate	<i>percent</i>	12.7		13.2	10.9	2019	10
1.50	Income Inequality		0.4		0.5	0.5	2016-2020	1
1.50	Unemployed Workers in Civilian Labor Force	<i>percent</i>	4.5		4.8	4.4	January 2022	21
1.42	Social and Economic Factors Ranking		29				2021	9
1.33	Child Food Insecurity Rate	<i>percent</i>	15.7		17.4	14.6	2019	10
1.33	Consumer Expenditures: Homeowner Expenses	<i>average dollar amount per consumer unit</i>	7482		7828	8900.1	2021	7
1.33	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	<i>percent</i>	62.4		61.6		2018	25
1.31	Overcrowded Households	<i>percent of households</i>	0.9		1.4		2016-2020	1
1.25	Projected Child Food Insecurity Rate	<i>percent</i>	16.7		18.5		2021	10

1.25	Projected Food Insecurity Rate	<i>percent</i>	13.5		14.1		2021	10
1.25	Severe Housing Problems	<i>percent</i>	14.4		13.7	18	2013-2017	9
1.17	Adults who Feel Overwhelmed by Financial Burdens	<i>percent</i>	14.2		14.6	14.4	2021	8
1.17	Households that are Below the Federal Poverty Level	<i>percent</i>	11		13.8		2018	25
1.08	Per Capita Income	<i>dollars</i>	31658		32465	35384	2016-2020	1
1.03	Homeownership	<i>percent</i>	63.8		60	56.9	2016-2020	1
0.92	Median Household Income	<i>dollars</i>	59485		58116	64994	2016-2020	1
0.83	Households with a Savings Account	<i>percent</i>	70.2		68.8	70.2	2021	8
0.64	People 65+ Living Below Poverty Level	<i>percent</i>	5.7		8.2	9.3	2016-2020	1
0.58	People Living 200% Above Poverty Level	<i>percent</i>	72.3		69.5	70.2	2016-2020	1
0.58	Students Eligible for the Free Lunch Program	<i>percent</i>	20.6		20.2	43.1	2019-2020	13
0.53	Households with Cash Public Assistance Income	<i>percent</i>	1.8		2.8	2.4	2016-2020	1
0.50	Consumer Expenditures: Home Rental Expenses	<i>average dollar amount per consumer unit</i>	3401.4		3798.7	5460.2	2021	7
0.50	People Living Below Poverty Level	<i>percent</i>	11.3	8	13.6	12.8	2016-2020	1

0.42	Children Living Below Poverty Level	<i>percent</i>	13.5		19.1	17.5	2016-2020	1
0.42	Young Children Living Below Poverty Level	<i>percent</i>	16.7		21.8	19.1	2016-2020	1
0.36	Youth not in School or Working	<i>percent</i>	0.3		1.9	1.8	2016-2020	1
0.33	Mortgaged Owners Spending 30% or More of Household Income on Housing	<i>percent</i>	17.4		19.7	26.5	2019	1
0.25	Families Living Below Poverty Level	<i>percent</i>	6.8		9.6	9.1	2016-2020	1

SCORE	EDUCATION	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.00	Consumer Expenditures: Education	<i>average dollar amount per consumer unit</i>	1333.5		1200.4	1492.4	2021	7
1.83	Consumer Expenditures: Childcare	<i>average dollar amount per consumer unit</i>	308.1		301.6	368.2	2021	7
1.78	High School Graduation	<i>percent</i>	91.6	90.7	92		2019-2020	15
1.58	4th Grade Students Proficient in Math	<i>percent</i>	69.1		59.4		2020-2021	15
1.36	Student-to-Teacher Ratio	<i>students/ teacher</i>	15.9		16.3	16.3	2020-2021	13
1.31	4th Grade Students Proficient in English/Language Arts	<i>percent</i>	61.9		56		2020-2021	15

1.31	8th Grade Students Proficient in Math	<i>percent</i>	48.3		42.6		2020-2021	15
1.17	8th Grade Students Proficient in English/Language Arts	<i>percent</i>	59.3		52.7		2020-2021	15
0.58	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	29.9		28.9	32.9	2016-2020	1

SCORE	ENVIRONMENTAL HEALTH	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.14	Fast Food Restaurant Density	<i>restaurants/ 1,000 population</i>	0.9				2016	23
2.00	Grocery Store Density	<i>stores/ 1,000 population</i>	0.1				2016	23
1.83	Children with Low Access to a Grocery Store	<i>percent</i>	6.2				2015	23
1.83	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.6				2017	23
1.75	Adults with Current Asthma	<i>percent</i>	10.2			8.9	2019	4
1.67	Farmers Market Density	<i>markets/ 1,000 population</i>	0.02			0.03	2018	23
1.67	Low-Income and Low Access to a Grocery Store	<i>percent</i>	7.8				2015	23
1.67	People 65+ with Low Access to a Grocery Store	<i>percent</i>	3.6				2015	23

1.64	Number of Extreme Precipitation Days	<i>days</i>	34				2019	14
1.64	PBT Released	<i>pounds</i>	154.8				2020	24
1.50	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1				2016	23
1.36	Number of Extreme Heat Days	<i>days</i>	13				2019	14
1.36	Weeks of Moderate Drought or Worse	<i>weeks per year</i>	0				2020	14
1.33	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	2.3				2015	23
1.33	Recreation and Fitness Facilities	<i>facilities/ 1,000 population</i>	0.1				2016	23
1.31	Blood Lead Levels in Children (>=10 micrograms per deciliter)	<i>percent</i>	0.3		0.5		2020	19
1.31	Blood Lead Levels in Children (>=5 micrograms per deciliter)	<i>percent</i>	1.2		1.9		2020	19
1.31	Overcrowded Households	<i>percent of households</i>	0.9		1.4		2016-2020	1
1.25	Annual Ozone Air Quality		A				2017-2019	2
1.25	Annual Particle Pollution		A				2017-2019	2
1.25	Physical Environment Ranking		12				2021	9
1.25	Severe Housing Problems	<i>percent</i>	14.4		13.7	18	2013-2017	9

1.17	Access to Exercise Opportunities	<i>percent</i>	83.8		83.9	84	2020	9
1.08	Asthma: Medicare Population	<i>percent</i>	4.8		4.8	5	2018	6
1.08	Recognized Carcinogens Released into Air	<i>pounds</i>	30276.6				2020	24
1.03	Food Environment Index		7.7		6.8	7.8	2021	9
0.97	Liquor Store Density	<i>stores/ 100,000 population</i>	5.5		5.6	10.5	2019	22
0.75	Houses Built Prior to 1950	<i>percent</i>	17.4		26	17.2	2016-2020	1

SCORE	FAMILY PLANNING	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
0.86	Teen Birth Rate: 15-17	<i>live births/ 1,000 females aged 15-17</i>	2.4		6.8		2020	17
0.86	Teen Pregnancy Rate	<i>pregnancies/ 1,000 females aged 15-17</i>	14.9		19.5		2016	17

SCORE	FOOD SAFETY	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.06	Salmonella Infection Incidence Rate	<i>cases/ 100,000 population</i>	18.5	11.1	13.7		2019	16

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.06	Primary Care Provider Rate	<i>providers/ 100,000 population</i>	39.9		76.7		2018	9
1.83	Consumer Expenditures: Medical Services	<i>average dollar amount per consumer unit</i>	1061.7		1098.6	1047.4	2021	7
1.83	Consumer Expenditures: Medical Supplies	<i>average dollar amount per consumer unit</i>	198.2		204.8	194.9	2021	7
1.83	Non-Physician Primary Care Provider Rate	<i>providers/ 100,000 population</i>	36.9		108.9		2020	9
1.44	Dentist Rate	<i>dentists/ 100,000 population</i>	47.4		64.2		2019	9
1.42	Adults who have had a Routine Checkup	<i>percent</i>	78			76.6	2019	4
1.42	Clinical Care Ranking		34				2021	9
1.33	Adults with Health Insurance	<i>percent</i>	92.4		90.9	87.1	2019	1
1.33	Adults with Health Insurance: 18+	<i>percent</i>	90.4		90.2	90.6	2021	8
1.33	Children with Health Insurance	<i>percent</i>	96.9		95.2	94.3	2019	1
1.33	Consumer Expenditures: Health Insurance	<i>average dollar amount per consumer unit</i>	4163.1		4371.7	4321.1	2021	7
1.33	Consumer Expenditures: Prescription and Non-Prescription Drugs	<i>average dollar amount per consumer unit</i>	606.7		638.9	609.6	2021	7

1.17	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	216.1		261.3		2020	9
1.11	Persons without Health Insurance	<i>percent</i>	5.5		6.6		2019	1
1.00	Adults who Visited a Dentist	<i>percent</i>	52.6		51.6	52.9	2021	8
0.75	Adults without Health Insurance	<i>percent</i>	10.7			13	2019	4

SCORE	HEART DISEASE & STROKE	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.47	Atrial Fibrillation: Medicare Population	<i>percent</i>	9.6		9	8.4	2018	6
2.31	Hyperlipidemia: Medicare Population	<i>percent</i>	52.4		49.4	47.7	2018	6
2.08	Cholesterol Test History	<i>percent</i>	83.6			87.6	2019	4
1.78	Age-Adjusted Death Rate due to Coronary Heart Disease	<i>deaths/ 100,000 population</i>	105.5	71.1	101.9	90.2	2018-2020	5
1.75	Adults who Have Taken Medications for High Blood Pressure	<i>percent</i>	77.1			76.2	2019	4
1.47	Stroke: Medicare Population	<i>percent</i>	3.6		3.8	3.8	2018	6
1.42	Heart Failure: Medicare Population	<i>percent</i>	15.1		14.7	14	2018	6
1.31	Hypertension: Medicare Population	<i>percent</i>	58		59.5	57.2	2018	6

1.25	Adults who Experienced Coronary Heart Disease	<i>percent</i>	6.8			6.2	2019	4
1.17	High Blood Pressure Prevalence	<i>percent</i>	32.7	27.7		32.6	2019	4
1.14	Ischemic Heart Disease: Medicare Population	<i>percent</i>	25.9		27.5	26.8	2018	6
1.00	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/ 100,000 population</i>	36.7	33.4	43.4	37.6	2018-2020	5
0.92	Adults who Experienced a Stroke	<i>percent</i>	3.4			3.4	2019	4
0.92	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/ 100,000 population 35+ years</i>	50.3		55.4		2019	14
0.92	High Cholesterol Prevalence: Adults 18+	<i>percent</i>	32.1			33.6	2019	4

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.92	COVID-19 Daily Average Incidence Rate	<i>cases per 100,000 population</i>	13.3		7.6	10.2	44680	11
2.06	Salmonella Infection Incidence Rate	<i>cases/ 100,000 population</i>	18.5	11.1	13.7		2019	16
1.64	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	363.2		504.8		2020	16
1.47	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	99.1		262.6		2020	16



1.31	Overcrowded Households	<i>percent of households</i>	0.9		1.4		2016-2020	1
1.03	Persons Fully Vaccinated Against COVID-19	<i>percent</i>	57.3				44673	5
1.00	Adults who Agree Vaccine Benefits Outweigh Possible Risks	<i>Percent</i>	49.1		48.6	49.4	2021	8
0.78	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	0	1.4	1.3		2021	16
0.50	COVID-19 Daily Average Case-Fatality Rate	<i>deaths per 100 cases</i>	0		0	3.5	44680	11
0.42	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	12.1		13.9	13.4	2018-2020	5

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.22	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	9.7	5	6.9		2019	17
1.86	Mothers who Smoked During Pregnancy	<i>percent</i>	13.4	4.3	11.5	5.5	2020	17
1.83	Consumer Expenditures: Childcare	<i>average dollar amount per consumer unit</i>	308.1		301.6	368.2	2021	7
1.50	Preterm Births	<i>percent</i>	9.8	9.4	10.3		2020	17
1.50	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1				2016	23



1.06	Babies with Low Birth Weight	<i>percent</i>	7.3		8.5	8.2	2020	17
0.94	Mothers who Received Early Prenatal Care	<i>percent</i>	75.9		68.9	76.1	2020	17
0.86	Teen Birth Rate: 15-17	<i>live births/ 1,000 females aged 15-17</i>	2.4		6.8		2020	17
0.86	Teen Pregnancy Rate	<i>pregnancies/ 1,000 females aged 15-17</i>	14.9		19.5		2016	17
0.78	Babies with Very Low Birth Weight	<i>percent</i>	1		1.4	1.3	2020	17

SCORE	MEDICATIONS & PRESCRIPTIONS	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.83	Consumer Expenditures: Medical Services	<i>average dollar amount per consumer unit</i>	1061.7		1098.6	1047.4	2021	7
1.83	Consumer Expenditures: Medical Supplies	<i>average dollar amount per consumer unit</i>	198.2		204.8	194.9	2021	7
1.33	Consumer Expenditures: Prescription and Non-Prescription Drugs	<i>average dollar amount per consumer unit</i>	606.7		638.9	609.6	2021	7

SCORE	MEN'S HEALTH	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
0.92	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	98.2		107.2	106.2	2014-2018	12

0.61	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	16	16.9	19.4	18.9	2015-2019	12
------	--	------------------------------	----	------	------	------	-----------	----

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.58	Depression: Medicare Population	<i>percent</i>	21.4		20.4	18.4	2018	6
1.92	Adults Ever Diagnosed with Depression	<i>percent</i>	22.3			18.8	2019	4
1.92	Poor Mental Health: 14+ Days	<i>percent</i>	16.8			13.6	2019	4
1.89	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	15.9	12.8	14.7	13.9	2018-2020	5
1.50	Poor Mental Health: Average Number of Days	<i>days</i>	4.8		4.8	4.1	2018	9
1.47	Age-Adjusted Death Rate due to Alzheimer's Disease	<i>deaths/ 100,000 population</i>	34		35.5	31	2018-2020	5
1.31	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	9.9		10.4	10.8	2018	6
1.17	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	216.1		261.3		2020	9
1.00	Self-Reported General Health Assessment: Good or Better	<i>percent</i>	86.2		85.6	86.5	2021	8

SCORE	NUTRITION & HEALTHY EATING	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.67	Consumer Expenditures: Fruits and Vegetables	<i>average dollar amount per consumer unit</i>	825.5		864.6	1002.1	2021	7
1.50	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	<i>percent</i>	81.5		80.9	80.4	2021	8
1.50	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	<i>Percent</i>	41.3		41.5	41.2	2021	8
1.50	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1				2016	23
1.33	Consumer Expenditures: Fast Food Restaurants	<i>average dollar amount per consumer unit</i>	1439.5		1461	1638.9	2021	7
1.33	Consumer Expenditures: High Sugar Foods	<i>average dollar amount per consumer unit</i>	490.7		519	530.2	2021	7
1.00	Consumer Expenditures: High Sugar Beverages	<i>average dollar amount per consumer unit</i>	299.9		319.7	357	2021	7

SCORE	OLDER ADULTS	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.58	Depression: Medicare Population	<i>percent</i>	21.4		20.4	18.4	2018	6
2.47	Atrial Fibrillation: Medicare Population	<i>percent</i>	9.6		9	8.4	2018	6
2.31	Hyperlipidemia: Medicare Population	<i>percent</i>	52.4		49.4	47.7	2018	6

2.25	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	36.3		36.1	33.5	2018	6
1.92	Osteoporosis: Medicare Population	<i>percent</i>	6.2		6.2	6.6	2018	6
1.92	People 65+ Living Alone (Count)	<i>people</i>	7482				2016-2020	1
1.67	People 65+ with Low Access to a Grocery Store	<i>percent</i>	3.6				2015	23
1.64	Cancer: Medicare Population	<i>percent</i>	8.3		8.4	8.4	2018	6
1.64	People 65+ Living Alone	<i>percent</i>	27.9		29.4	26.3	2016-2020	1
1.64	People 65+ Living Below Poverty Level (Count)	<i>people</i>	1492				2016-2020	1
1.47	Age-Adjusted Death Rate due to Alzheimer's Disease	<i>deaths/ 100,000 population</i>	34		35.5	31	2018-2020	5
1.47	Stroke: Medicare Population	<i>percent</i>	3.6		3.8	3.8	2018	6
1.42	Adults with Arthritis	<i>percent</i>	28.6			25.1	2019	4
1.42	Heart Failure: Medicare Population	<i>percent</i>	15.1		14.7	14	2018	6
1.36	COPD: Medicare Population	<i>percent</i>	12.5		13.2	11.5	2018	6
1.33	Colon Cancer Screening	<i>percent</i>	65.4	74.4		66.4	2018	4
1.31	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	9.9		10.4	10.8	2018	6

1.31	Hypertension: Medicare Population	<i>percent</i>	58		59.5	57.2	2018	6
1.25	Adults 65+ who Received Recommended Preventive Services: Males	<i>percent</i>	33.8			32.4	2018	4
1.25	Adults 65+ with Total Tooth Loss	<i>percent</i>	14.4			13.5	2018	4
1.25	Chronic Kidney Disease: Medicare Population	<i>percent</i>	22.6		25.3	24.5	2018	6
1.14	Age-Adjusted Death Rate due to Falls	<i>deaths/ 100,000 population</i>	9.2		10.8	9.8	2018-2020	5
1.14	Ischemic Heart Disease: Medicare Population	<i>percent</i>	25.9		27.5	26.8	2018	6
1.08	Asthma: Medicare Population	<i>percent</i>	4.8		4.8	5	2018	6
1.00	Diabetes: Medicare Population	<i>percent</i>	25.4		27.2	27	2018	6
0.75	Adults 65+ who Received Recommended Preventive Services: Females	<i>percent</i>	34.3			28.4	2018	4
0.67	Consumer Expenditures: Eldercare	<i>average dollar amount per consumer unit</i>	19.4		20.5	34.3	2021	7
0.64	People 65+ Living Below Poverty Level	<i>percent</i>	5.7		8.2	9.3	2016-2020	1

SCORE	ORAL HEALTH	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
-------	-------------	-------	----------------	--------	------	------	--------------------	--------



1.81	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	12.7		12.2	11.9	2014-2018	12
1.44	Dentist Rate	<i>dentists/ 100,000 population</i>	47.4		64.2		2019	9
1.25	Adults 65+ with Total Tooth Loss	<i>percent</i>	14.4			13.5	2018	4
1.00	Adults who Visited a Dentist	<i>percent</i>	52.6		51.6	52.9	2021	8

SCORE	OTHER CONDITIONS	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.25	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	36.3		36.1	33.5	2018	6
1.92	Osteoporosis: Medicare Population	<i>percent</i>	6.2		6.2	6.6	2018	6
1.42	Adults with Arthritis	<i>percent</i>	28.6			25.1	2019	4
1.25	Age-Adjusted Death Rate due to Kidney Disease	<i>deaths/ 100,000 population</i>	11.9		14.2	12.8	2018-2020	5
1.25	Chronic Kidney Disease: Medicare Population	<i>percent</i>	22.6		25.3	24.5	2018	6
0.92	Adults with Kidney Disease	<i>Percent of adults</i>	2.9			3.1	2019	4

SCORE	PHYSICAL ACTIVITY	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
-------	-------------------	-------	----------------	--------	------	------	--------------------	--------



2.14	Fast Food Restaurant Density	<i>restaurants/ 1,000 population</i>	0.9				2016	23
2.00	Grocery Store Density	<i>stores/ 1,000 population</i>	0.1				2016	23
1.83	Children with Low Access to a Grocery Store	<i>percent</i>	6.2				2015	23
1.83	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.6				2017	23
1.67	Farmers Market Density	<i>markets/ 1,000 population</i>	0.02			0.03	2018	23
1.67	Low-Income and Low Access to a Grocery Store	<i>percent</i>	7.8				2015	23
1.67	People 65+ with Low Access to a Grocery Store	<i>percent</i>	3.6				2015	23
1.50	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	<i>percent</i>	81.5		80.9	80.4	2021	8
1.47	Workers who Walk to Work	<i>percent</i>	2.4		2.2	2.6	2016-2020	1
1.42	Adults 20+ Who Are Obese	<i>percent</i>	31.8	36			2019	5
1.33	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	2.3				2015	23
1.33	Recreation and Fitness Facilities	<i>facilities/ 1,000 population</i>	0.1				2016	23
1.25	Health Behaviors Ranking		7				2021	9
1.19	Adults 20+ who are Sedentary	<i>percent</i>	23.3				2019	5

1.17	Access to Exercise Opportunities	<i>percent</i>	83.8		83.9	84	2020	9
1.03	Food Environment Index		7.7		6.8	7.8	2021	9

SCORE	PREVENTION & SAFETY	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.25	Severe Housing Problems	<i>percent</i>	14.4		13.7	18	2013-2017	9
1.14	Age-Adjusted Death Rate due to Falls	<i>deaths/ 100,000 population</i>	9.2		10.8	9.8	2018-2020	5
1.03	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	21.7		38.1	21	2017-2019	9
0.42	Age-Adjusted Death Rate due to Unintentional Poisonings	<i>deaths/ 100,000 population</i>	23.2		40.5	23.5	2018-2020	5
0.11	Age-Adjusted Death Rate due to Unintentional Injuries	<i>deaths/ 100,000 population</i>	45.9	43.2	69.9	51.6	2018-2020	5

SCORE	RESPIRATORY DISEASES	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
2.92	COVID-19 Daily Average Incidence Rate	<i>cases per 100,000 population</i>	13.3		7.6	10.2	44680	11
1.83	Adults Who Used Electronic Cigarettes: Past 30 Days	<i>percent</i>	4.6		4.3	4.1	2021	8
1.75	Adults with Current Asthma	<i>percent</i>	10.2			8.9	2019	4



1.67	Adults Who Used Smokeless Tobacco: Past 30 Days	<i>percent</i>	2.7		2.2	2	2021	8
1.58	Adults who Smoke	<i>percent</i>	21.4	5	21.4	17	2018	9
1.44	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	44	25.1	45	36.7	2015-2019	12
1.42	Adults with COPD	<i>Percent of adults</i>	8.4			6.6	2019	4
1.36	COPD: Medicare Population	<i>percent</i>	12.5		13.2	11.5	2018	6
1.36	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	64		67.3	57.3	2014-2018	12
1.17	Consumer Expenditures: Tobacco and Legal Marijuana	<i>average dollar amount per consumer unit</i>	443.7		487.9	422.4	2021	7
1.08	Asthma: Medicare Population	<i>percent</i>	4.8		4.8	5	2018	6
1.03	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	<i>deaths/ 100,000 population</i>	41.9		46.5	38.1	2018-2020	5
0.78	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	0	1.4	1.3		2021	16
0.50	COVID-19 Daily Average Case-Fatality Rate	<i>deaths per 100 cases</i>	0		0	3.5	44680	11
0.42	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	12.1		13.9	13.4	2018-2020	5

SCORE	SEXUALLY TRANSMITTED INFECTIONS	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.64	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	363.2		504.8		2020	16
1.47	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	99.1		262.6		2020	16

SCORE	TOBACCO USE	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.83	Adults Who Used Electronic Cigarettes: Past 30 Days	<i>percent</i>	4.6		4.3	4.1	2021	8
1.67	Adults Who Used Smokeless Tobacco: Past 30 Days	<i>percent</i>	2.7		2.2	2	2021	8
1.58	Adults who Smoke	<i>percent</i>	21.4	5	21.4	17	2018	9
1.17	Consumer Expenditures: Tobacco and Legal Marijuana	<i>average dollar amount per consumer unit</i>	443.7		487.9	422.4	2021	7

SCORE	WEIGHT STATUS	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.42	Adults 20+ Who Are Obese	<i>percent</i>	31.8	36			2019	5

SCORE	WELLNESS & LIFESTYLE	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.92	Insufficient Sleep	<i>percent</i>	40	31.4	40.6	35	2018	9
1.67	Poor Physical Health: Average Number of Days	<i>days</i>	4.4		4.1	3.7	2018	9
1.50	Adult Sugar-Sweetened Beverage Consumption: Past 7 Days	<i>percent</i>	81.5		80.9	80.4	2021	8
1.50	Adults Who Frequently Used Quick Service Restaurants: Past 30 Days	<i>Percent</i>	41.3		41.5	41.2	2021	8
1.42	Morbidity Ranking		34				2021	9
1.33	Consumer Expenditures: Fast Food Restaurants	<i>average dollar amount per consumer unit</i>	1439.5		1461	1638.9	2021	7
1.25	Poor Physical Health: 14+ Days	<i>percent</i>	13.2			12.5	2019	4
1.17	High Blood Pressure Prevalence	<i>percent</i>	32.7	27.7		32.6	2019	4
1.17	Life Expectancy	<i>years</i>	78		77	79.2	2017-2019	9
1.08	Self-Reported General Health Assessment: Poor or Fair	<i>percent</i>	18.1			18.6	2019	4
1.00	Adults who Agree Vaccine Benefits Outweigh Possible Risks	<i>Percent</i>	49.1		48.6	49.4	2021	8
1.00	Self-Reported General Health Assessment: Good or Better	<i>percent</i>	86.2		85.6	86.5	2021	8

SCORE	WOMEN'S HEALTH	UNITS	PORTAGE COUNTY	HP2030	Ohio	U.S.	MEASUREMENT PERIOD	Source
1.81	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	128.7		129.6	126.8	2014-2018	12
1.61	Cervical Cancer Screening: 21-65	<i>Percent</i>	83.7	84.3		84.7	2018	4
1.28	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	20.4	15.3	21.6	19.9	2015-2019	12
1.06	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	6.8		7.9	7.7	2014-2018	12
0.94	Mammogram in Past 2 Years: 50-74	<i>percent</i>	75.6	77.1		74.8	2018	4

Appendix B. Community Input Assessment Tools



Appendix C. Additional Data Sources

