



2019 Carroll County Community Health Assessment

Prepared for: Carroll County Board of Health

Prepared by:



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Executive Summary

This report is intended to meet the Public Health Accreditation Board standards for health departments. The assessment process is an ongoing cycle that is based on the Mobilizing for Action through Planning and Partnerships (MAPP). The cycle includes the following building partnerships; coordinating a consortium; assessing data, community needs, and capacity; and conducting planning, prioritization, interventions, implementation, and evaluation. This report begins the 3-year cycle. The Center for Marketing and Opinion Research (CMOR) was selected by the Board of Health to conduct data collection and analysis for the CHA through four project phases.



The first phase of the project, a Community Survey, consisted of a random sample telephone survey of Carroll County households. This method was used to ensure representativeness of the adult population and to warrant statistical validity. The final sample size was 384 which resulted in an overall sampling error of +/- 5.0% within a 95% confidence level. The survey questions focused on the following areas: community need and social determinants,

access to care, mental health and substance abuse, healthy living, vaccinations, chronic diseases, and transportation.

The second phase of the project, Secondary Data Analysis, consisted of reviewing and analyzing secondary data sources to identify priority areas of concern when compared to survey data. CMOR gathered and compiled health and demographic data from various sources. The sources of data are outlined in the Research Methodology section of this report.

The third phase of the study, a Youth Health Survey, consisted of a survey of 297 area middle and high school students. The survey covered the following topics: safety, violence-related behaviors, bullying, sad feelings and attempted suicide, cigarette smoking, electronic vapor products, other tobacco products, drinking alcohol, prescription pain medicine, marijuana and other drug use, sexual behavior, body weight, food and beverages, physical activity, and concussions.

The fourth and final phase, consisted of collecting qualitative data was in order to provide some contextual information to the primary and secondary data outlined above. The qualitative data included a Community Leader survey which consisted of a paper survey completed by 8 members of the county's health coalition as well as a focus group of a diverse set of eight community residents.



When available, data was compared to previous year's information and other geographic areas such as Ohio or the United States. Analysis included survey data, and health and demographic data. After compiling and analyzing the data from all four phases, CMOR identified five priority health needs for the county including (in alphabetical order):

1. *Access to Health Care*
2. *Changing demographics of the county population, social determinants and county-specific barriers*
3. *Chronic disease management*
4. *Heroin/Opiate/Illegal Drug Use*
5. *Mental Health Services/Suicide*

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

Contributing Factors to Health Challenges

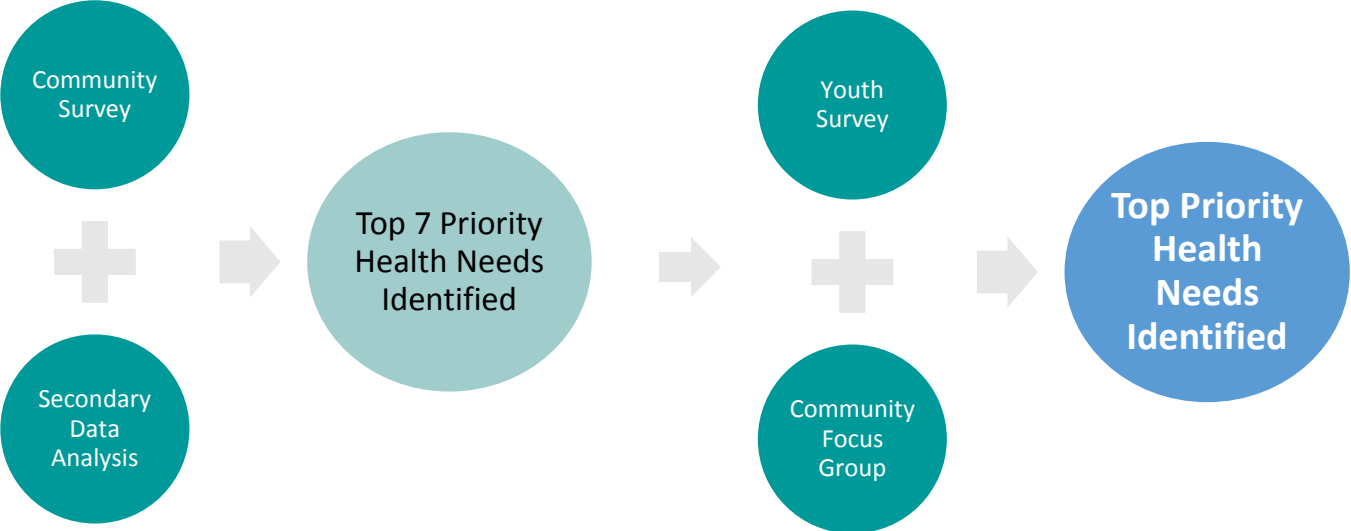
There are a number of factors that affect the health of a community. Carroll County is one of the least populated counties in the state (80 out of 88). Carroll County is also one of the oldest in the state. The median age of Ohio residents is 39.3, in Carroll, the median age is 45.0 (*Source: U.S. Census Bureau*). In addition, the number of grandparents raising grandchildren has increased from 196 in 2009 to 350 in 2018, which is a 79% increase (*Source: PCSAO*). Education is also a contributing factor to the county's health challenges. Only 73.3% of the county population ages 18-24 have a high school diploma or higher (compared to 86.4% for the state) and just 12.3% of the county population have a bachelor's degree or higher (compared to 27.2% in the state). (*Source: US Census Bureau, American Fact Finder*)

Carroll County is considerably more rural (71%) than Ohio (22%) and the country as a whole (19%) (*Source: U.S. Census Bureau*). Being so rural creates challenges that make it more difficult for Carroll County residents to get the health-related services that they need. For example, the percentage of residents with broadband access is significantly lower in Carroll County (52%) than both the state (92%) and the country (93%). (*Source: National Broadband Map*). In addition, the percentage of Carroll County residents with access to locations for physical activity is alarmingly low. Less than a third of county residents, 30%, have access compared to a statewide average of 84%. Only four of Ohio's 88 counties have a smaller percentage of population with adequate access. (*Source: County Health Ranking*). When looking at the rate of recreation and fitness facilities per 100,000 population for Carroll County compared to the rates in the state and country as a whole, the difference is immense. The rate of facilities per 100,000 population in Carroll County is just 3.47, which is nearly a third of the state's rate of 9.75 and more than a third of the country's rate of 11.01. (*Source: U.S. Census Bureau*)



Process for Identifying Priority Health Needs

Analysis for the CHA included survey data in conjunction with health and demographic data. Using all data available, CMOR identified priority community health needs for the county. The data is included in this document. The findings from the secondary data reinforce the findings of the CHA Community Survey and Community Health Leader Survey.





Priority Health Needs

This section presents a summary of the priority health needs for Carroll County (*in alphabetical order*). For each area, data is given to support the identified health need. In many cases there were significant differences between demographic groups. The demographic characteristics with the most significant impact were income, education, and age. The priority health needs were identified after analyzing multiple sources of data as outlined in the Research Methodology appendix. The five priority health need areas were identified because they were common themes that appeared throughout the multiple sources of data and had adequate support to identify them as a significant issue.

ACCESS TO HEALTH CARE

HEALTH NEED: A large portion of county residents still do not have access to affordable basic health care services including primary care doctors. Access to medical specialists, dentists, and mental health professionals were also issues.

- When asked what they thought the most important health related issue or challenge facing Carroll County residents, the second most common response was the lack of medical facilities and professionals, given by 35.0% of residents. Another common issue was the lack of healthcare and transportation during emergencies, given by 12.6% of residents. *(Source: Community Survey)*
- One in ten residents, 9.7% reported that they did not have health insurance. Nearly one-sixth, 16%, reported that they do not have one person or group they think of as their doctor or health care provider. *(Source: Community Survey)*
- Nearly one-sixth, 15.6%, of residents relied on a Stat Care or urgent care center as their primary source of health care, while another 4.9% relied on an emergency room. *(Source: Community Survey)*
- A notable portion of residents, 13%, reported that there were healthcare services that they or a family member needed in the past year that they were unable to get. The two services that were needed most often were specialist services and physical/occupational therapy and the most common reason for not being about to get the needed service was that the service was not available in their area. *(Source: Community Survey)*
- More than a third of residents, 37%, reported being unable to find a specialist or doctor locally or having to wait more than 30 days to make an appointment. *(Source: Community Survey)*
- The ratio of population to primary care physicians, mental health providers, and dentists is significantly higher in Carrol County than Ohio; (1) for primary care physicians, the ratio was more than 4 times higher in Carroll, (2) for mental health providers, the ratio was more than 5 times higher in Carroll, (3) for dentists, the ratio is almost 1.5 times higher in the county than the state. *(Source: County Health Rankings)*
- There are no registered hospitals located in Carroll County. Mercy Medical Center and Aultman Hospitals, both primarily located in Stark County, both serve patients from Carroll County. *(Source: Ohio Development Services Agency, Ohio County Profiles)*
- Health care access was ranked as the second most important health-related issue by community health leaders. *(Source: Community Leader Survey)*
- Access to Health Care was ranked as the top issues by community residents who participated in the focus group. *(Source: Community Resident Fcous Group)*

CHANGING DEMOGRAPHICS, SOCIAL DETERMINANTS, AND OTHER COUNTY-SPECIFIC BARRIERS

HEALTH NEED: Carroll County is one of the oldest counties in Ohio (it is 5th out of 88) and the population ages 65 and over is growing. In addition, due partly to the heroin and opiate epidemic, the number of grandparents raising grandchildren has also been rapidly increasing. As the county continues to age, there will be significant challenges to meet the health needs of the aging population.

- More than a quarter of residents, 27%, reported that the distance from the store made it difficult for them to get the food they needed. *(Source: Community Survey)*
- The median age in the county, 45.0, is higher than the median age of 39.3 for the state. *(Source: Ohio Development Agency.)*
- One-fifth, 20%, of the county population is age 65 or over, compared to 16% for Ohio and 15% U.S.A. *(Source: U.S. Census Bureau)*
- The change in percentage of children living with their grandparents in Carroll County is more than 10 times the increase for the state (a 79% increase in Carroll County compared to 7% for the state). *(Source: Public Children Services Association of Ohio)*
- The changing demographics of the county was tied as the third most important health-related issue in the community resident focus group. *(Source: Community Resident Focus Group)*
- In terms of educational attainment for adults ages 18 to 24, the percentage with a high school degree or more education is significantly lower in Carroll County than the state. Only 12% of Carroll County residents have a bachelor's degree or higher, significantly less than the state average, 27%. *(Source: American Fact Finder).*

CHRONIC DISEASE MANAGEMENT

HEALTH NEED: Chronic diseases develop over a period of time and require reoccurring care, which can be very expensive and span a person's lifetime. While chronic diseases cannot be prevented by vaccinations, there are lifestyle choices such as lack of exercise or poor diet that can increase a person's likelihood of developing a chronic disease.

- More than a third of residents, 39.9%, reported that they or a member of their immediate family had been diagnosed with arthritis while more than a quarter, 27.5%, reported that they or a member of their immediate family had been diagnosed with diabetes. Approximately one-fifth of residents indicated that they or a member of their immediate family had been diagnosed with heart disease or heart attack (22.7%), cancer (18.2%) and/or asthma (18.2%). *(Source: Community Survey)*
- The top two causes of death in Carroll County in 2018 were cancer and heart disease. When looking at five-year trends, the causes of death that had the largest increase were cerebrovascular and diabetes. *(Source: ODH Data Warehouse)*
- Cancer incidence rates are considerably higher in Carroll County than Ohio for the following types of cancer: breast, lung, and oral. *(Source: ODH Data Warehouse)*
- Chronic disease management was ranked as the third most important health-related issue by community health leaders. *(Source: Community Leader Survey)*
- Chronic disease management was tied as the third most important health-related issue by community residents who participated in the focus group. *(Source: Community Resident Focus Group)*

RISK FACTORS

- More than a quarter, 28.4%, reported they have not exercised in the past month. Older residents (65 and over), those with a high school diploma or less education, and with an annual income under \$50,000 were most likely to have not exercised in the past month. *(Source: Community Survey)*



- Nearly half of adult residents, 49.3%, describe themselves as overweight. *(Source: Community Survey)*
- More than a quarter of high school students, 28.4%, are considered overweight or obese based on their BMI which was calculated using their self-reported height and weight. A slightly higher percentage of high school students, 34.5%, categorized themselves as either slightly or very overweight. For middle school students, the percentage of students who thought of themselves as overweight was significantly lower, 25.3%. *(Source: Youth Survey)*
- Nearly one-tenth of high school students, 9.2%, reported not eating fruit at all in the past week. Nearly half, 48.5%, reported eating fruit in the past week but ate less than one serving of fruit a day. Less than one-tenth of high school students, 6.3%, reported not eating vegetables at all in the past week. More than half, 52.9%, reported eating vegetables in the past week but ate less than one serving of vegetables a day. *(Source: Youth Survey)*
- Over a third, 42.1% of high school and 36.5% of middle school, students play an average of 3 or more hours of computer or video games on an average school day. Around a quarter, 23.2% of high school and 26.4% of middle school, students watch an average of 3 or more hours of television on an average school day. *(Source: Youth Survey)*

HEROIN/OPIOID/ILLEGAL DRUG USE

HEALTH NEED: A highly addictive opioid drug, heroin use has been steadily rising nationally, statewide and in Carroll County. The epidemic has swept across all parts of Carroll County and has touched all demographic groups and has put strains on all governmental agencies and health-related organizations, including county health departments.

- When asked what they thought the most important health related issue or challenge facing Carroll County residents, the most common response was drugs, alcohol, and opiates given by 44.5% of residents. *(Source: Community Survey)*
- One fifth of residents, 25%, reported that they know someone who has taken something to get high in the past year. Less than one-sixth of residents, 13%, know someone who was treated for a drug overdose with Narcan. *(Source: Community Survey)*
- The drugs mentioned most often by residents as a problem in the community include heroin, methamphetamine, Opioids/Narcotics, Fentanyl, marijuana, cocaine. *(Source: Community Survey)*
- More than half of residents, 57%, felt that there are not enough treatment options for drug and alcohol addiction in their community. *(Source: Community Survey)*
- More than half of high school students, 55.5%, and nearly one-third, 29.5%, had consumed alcohol (more than just a few sips) sometime in the past. *(Source: Youth Survey)*
- High school students were asked several follow-up questions regarding alcohol use:
 - More than a quarter of high school students, 27.1%, had at least one drink of alcohol in the past 30 days. Only a small percentage of students, 2.1%, reported drinking alcohol 10 or more days in the past month. *(Source: Youth Survey)*
 - More than a sixth of high school students, 17.2%, reported drinking 4 (girls) or 5 (boys) drinks in row or within a couple of hours at least 1 time during the past 30 days. One in ten had six or more alcoholic drinks in a row sometime during the past 30 days. *(Source: Youth Survey)*
- Less than a tenth of high school students, 7.6%, and 6.7% of middle school students reported taking prescription pain medicine without a doctor's prescription or differently than how it was prescribed. *(Source: Youth Survey)*
- More than a quarter of high school students, 26.4%, have used marijuana sometime in their lifetime. Nearly one-tenth, 9.0%, have used marijuana 100 or more times in their lifetime. Marijuana use for

middle school students was much less common with just 6.5% reporting using marijuana in the past. *(Source: Youth Survey)*

- One-sixth of high school students, 17.0%, reported using marijuana in the past 30 days. A notable amount, 4.9%, reported using marijuana 20 or more times in the past 30 days. *(Source: Youth Survey)*
- Less than one-tenth, 7.0%, of high school students reported that, sometime in the last 12 months, someone had offered, sold, or given them an illegal drug on school property. *(Source: Youth Survey)*
- The number of unintentional drug overdose deaths in Carroll County has doubled from 3 to 6 since 2010. *(Source: Ohio Drug Overdose Data)*
- Heroin/Opiate/Illegal Drug Use was ranked as the second most important health-related issue by community residents who participated in the focus group. *(Source: Community Resident Focus Group)*

MENTAL HEALTH SERVICES/SUICIDE

HEALTH NEED: The need for mental health treatment and intervention continues to increase, especially for youth. High diagnosis rates for anxiety and depression as well as an alarming percentage of youth who have admitted having suicidal thoughts substantiate this issue.

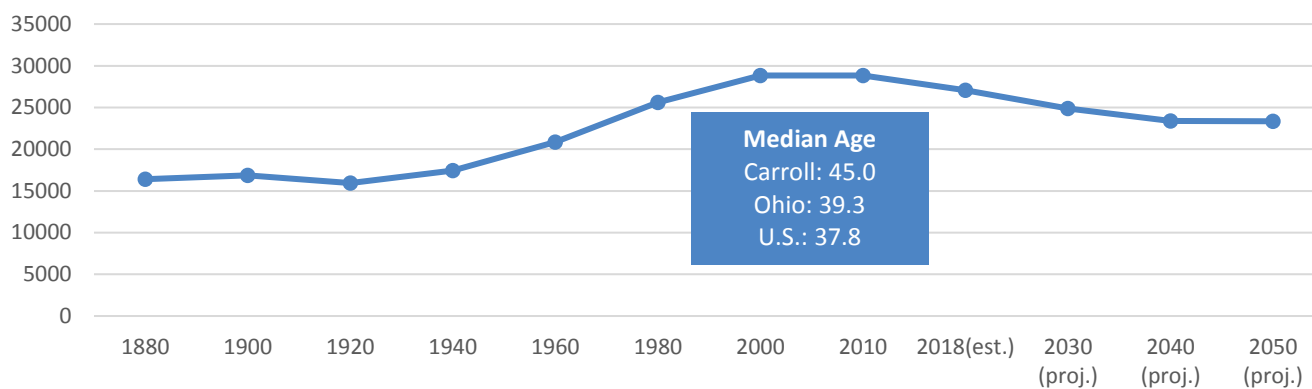
- More than one-third, 36.5%, of community residents had at least one day in the past 30 days that their mental health was not good. More than one in ten, 10.7%, indicated that their mental health was not good 16 or more days in the past 30. *(Source: Community Survey)*
- More than one-quarter of residents reported that they or an immediate family member had been diagnosed by a medical professional with anxiety or depression. *(Source: Community Survey)*
- A significant portion of community residents, 43.3%, know someone who has died by suicide while nearly a third, 31.4% know someone who has talked about suicide and 21.3% know someone who has attempted suicide but did not die. *(Source: Community Survey)*
- Over a quarter of high school students, 27.4%, have felt so sad or hopeless almost every day for two weeks or more in a row that it stopped them from doing their usual activities sometime in the last 12 months. *(Source: Youth Survey)*
- An alarming percentage of high school students, 21.9%, have seriously considered suicide sometime in the past 12 months. Slightly fewer, 14.9%, middle school students have thought about killing themselves sometime in the past. *(Source: Youth Survey)*
- More than one-tenth of high school students, 13.1%, and 9.4% of middle school students reported making a plan about how they would attempt suicide. *(Source: Youth Survey)*
- A small percentage of high school students, 7.6%, have attempted suicide sometime in the past 12 months. Even fewer, 2.0%, middle school students have attempted suicide sometime in the past. *(Source: Youth Survey)*
- There is only one mental health provider for every 2,490 county residents (the ratio in the state is 1 provider for every 470 residents). *(Source: County Health Rankings)*
- Mental health services/suicide was ranked as the most important health-related issue by community health leaders. *(Source: Community Leader Survey)*
- Mental health services/suicide was tied as the third most important health-related issue by community residents who participated in the focus group. *(Source: Community Resident Focus Group)*



Carroll County Demographic Profile

Carroll County is one of the smallest counties in Ohio, ranking 80 out of 88 in terms of population, with a current population of 27,081. Carroll County's population is projected to decrease by nearly 14% between now and 2050. The state's population, on the other hand, is projected to remain stable over that same time. The median age in the county, 45.0, is higher than the median age of 39.3 for the state.

Carroll County Population Trends and Projections



County Population Trends & Projections						
	Carroll County		Ohio			
1880	16,416	3,198,062			2020	26,530
1900	16,881	4,157,545			2025	25,650
1920	15,942	5,759,394			2030	24,880
1940	17,449	6,907,612			2035	24,080
1960	20,857	9,706,397			2040	23,390
1980	25,598	10,797,630			2045	23,380
2000	28,836	11,353,140			2050	23,350
2010	28,836	11,536,504			Change	
2018 (est)	27,081	11,689,442			2018-2050	-13.8%
						-0.4%

SOURCE: Ohio Development Services Agency: https://development.ohio.gov/reports/reports_pop_proj_map.htm

County Population Trends & Projections - Children				
	Carroll County		Ohio	
	Under 5	Under 18	Under 5	Under 18
2010	1,652	5,101	718,534	2,723,195
2011	1,590	4,973	708,922	2,694,664
2012	1,556	4,929	699,363	2,668,994
2013	1,491	4,877	695,657	2,652,685
2014	1,426	4,823	696,733	2,640,987
2015	1,418	4,736	696,816	2,627,298
2016	1,349	4,609	697,923	2,612,172
2017	1,318	5,852	695,704	2,627,168
Change 2010 to 2017	-20.2%	+14.7%	-3.2%	-3.5%

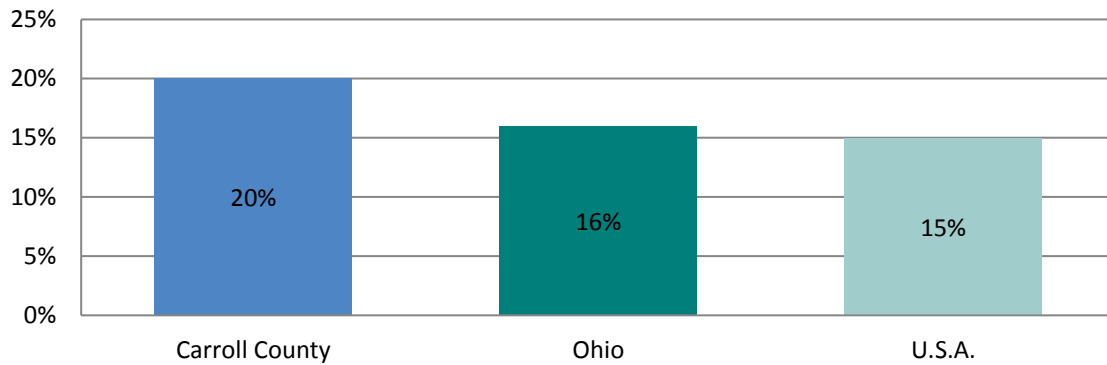
SOURCE: U.S. Census Bureau, American Fact Finder





As shown in the graph below, Carroll County has a disproportionate percentage of the population ages 65 and over compared to both Ohio and the country as a whole.

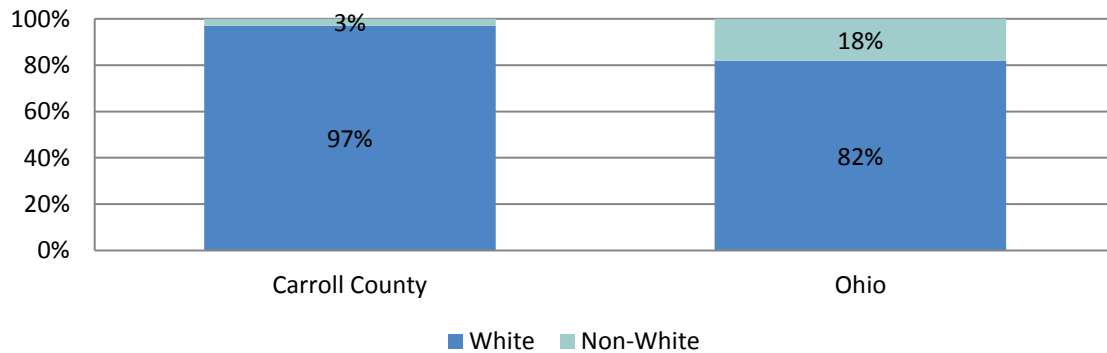
Percentage of Population ages 65+, 2017



Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract

Carroll County is much less diverse than the state of Ohio with only 3% of the population being non-white compared to 18% in the state. Over the past five years, the racial make-up of the county has only minutely changed.

County Population by Race, 2017

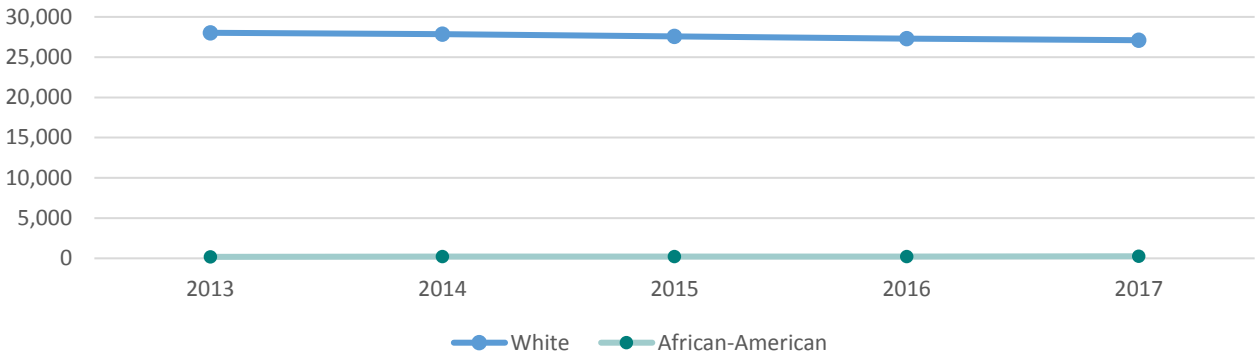


County Population by Race, 2017							
	White	African American	Native American	Asian	Pacific Islander	Other Race	Two or more races
Ohio	9,503,779	1,428,230	21,872	235,878	3,499	103,726	312,772
Carroll	27,103	257	21	105	17	70	252

SOURCE: American Factfinder, American Community Survey



Carroll County Population Estimates by Race

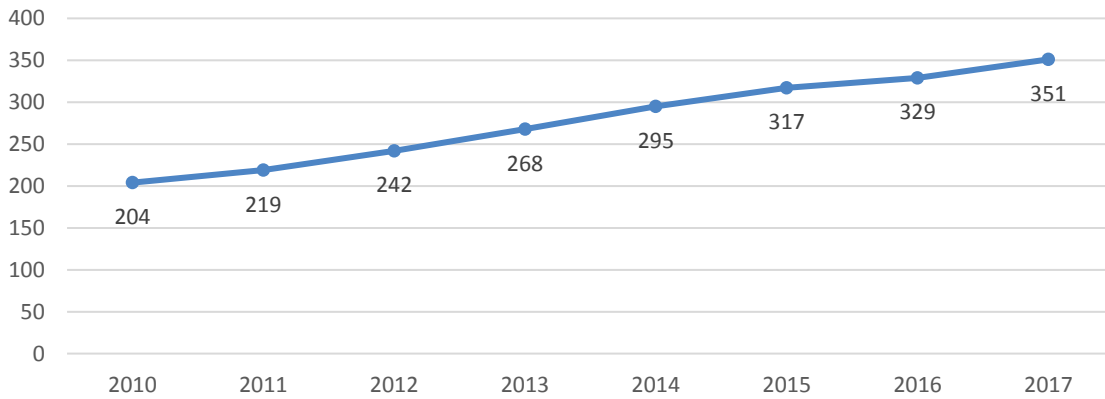


Carroll County Population Estimates by Race						
	2013	2014	2015	2016	2017	% Change
White	97.6%	97.5%	97.1%	97.1%	97.4%	-0.2%
African-American	0.6%	0.7%	0.8%	0.8%	0.9%	+0.3%
Native American	0.0%	0.0%	0.1%	0.1%	0.1%	+0.1%
Asian	0.2%	0.2%	0.2%	0.3%	0.4%	+0.2%
Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.1%	+0.0%
Other race	0.2%	0.2%	0.4%	0.3%	0.3%	+0.1%
Two or more races	1.3%	1.3%	1.3%	1.3%	0.9%	-0.4%

SOURCE: American Factfinder, American Community Survey

The number of Hispanic or Latino county residents has increased 42% from 2010 to 2017.

Carroll County Population by Hispanic Origin

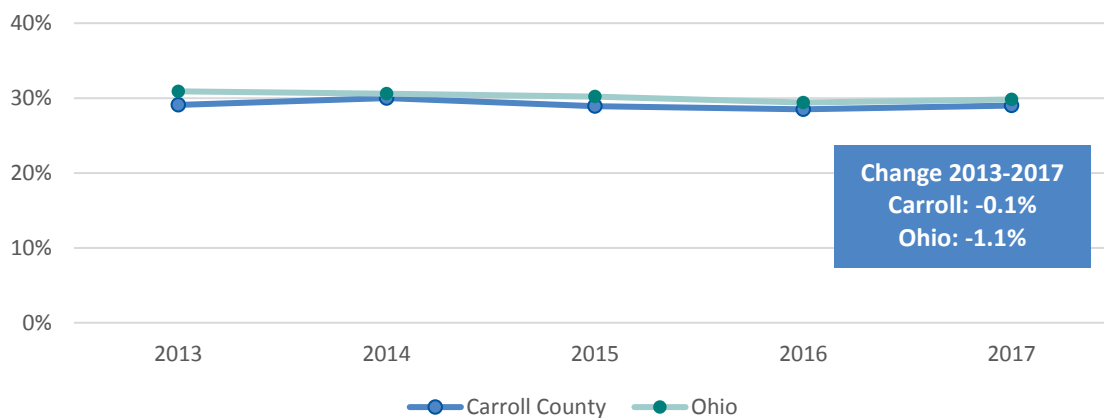


Source: American Community Survey



A slightly lower percentage of households in the county have children in the household than in the state (29% compared to 30%). This percentage has remained stable over the past five years.

Families with Children as a Percent of Households



Families with Children as a Percent of Households						
County	2013	2014	2015	2016	2017	Change
Carroll	29.1%	30.0%	28.9%	28.5%	29.0%	-0.1%
Ohio	30.9%	30.6%	30.2%	29.4%	29.8%	-1.1%

SOURCE: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

In 2017, nearly three-quarters, 71.8%, of households were family households. Of those, the majority, 81.7%, are married couple families. This percentage has remained stable over the past five years.

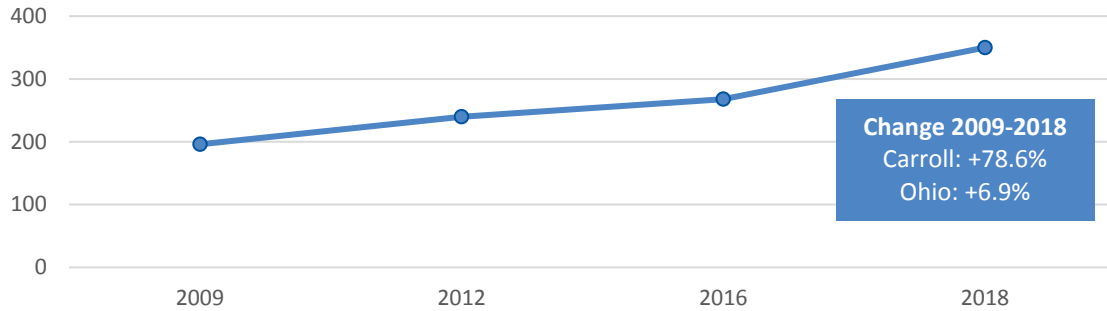
Carroll County Households by Type						
	2013	2014	2015	2016	2017	% Change
Total households	11,107	10,922	10,972	10,871	10,917	-1.7%
Family households	70.7%	72.5%	71.2%	71.8%	71.5%	+0.8%
<i>Married couple</i>	83.1%	83.5%	83.2%	80.9%	81.7%	-1.4%
<i>Male householder</i>	6.22%	6.10%	5.3%	6.96%	6.82%	+0.6%
<i>Female householder</i>	10.5%	10.3%	11.3%	12.1%	11.4%	+0.9%
Non-family household	29.2%	27.4%	28.7%	28.1%	28.4%	-0.8%
Households with children	29.1%	29.9%	28.9%	28.4%	28.9%	-0.2%
Households with 65+	30.7%	31.2%	31.7%	32.7%	33.4%	+2.7%

SOURCE: American Factfinder, American Community Survey



The change in percentage of children living with their grandparents in Carroll County is more than 10 times the increase for the state (a 79% increase in Carroll County compared to 7% for the state).

Number of Grandparents Raising Grandchildren - Carroll

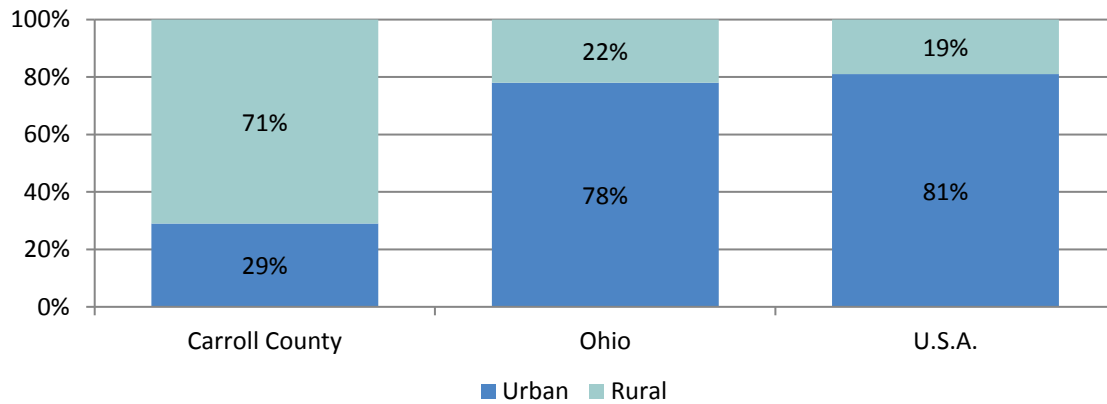


Number of Grandparents Raising Grandchildren					
County	2009	2012	2016	2018	Change '09- '18
Carroll	196	240	268	350	78.6%
Ohio	91,513	99,487	100,667	97,811	6.9%

SOURCE: Public Children Services Association of Ohio (PCSAO). <https://www.pcsao.org/pdf/factbook/2019/Carroll.pdf>

Carroll County is considerably more rural (71%) than Ohio (22%) and the country as a whole (19%).

Urban/Rural Classification, 2010



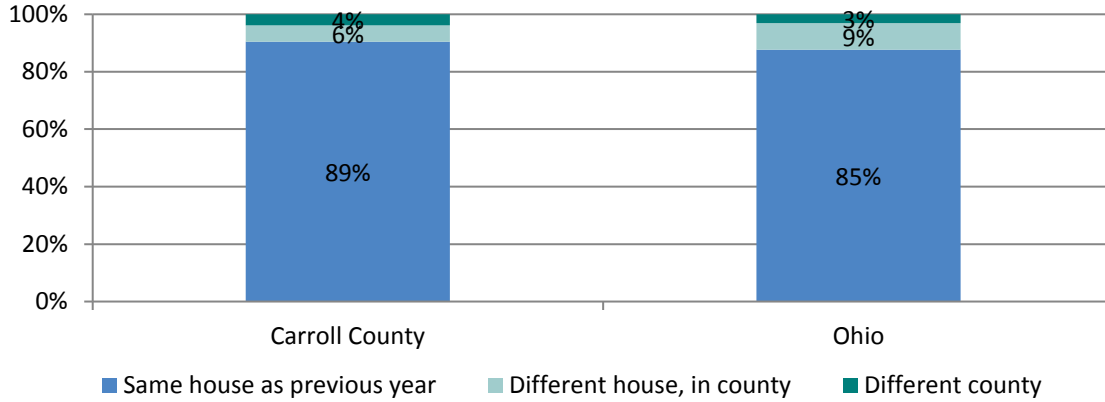
Data Source: US Census Bureau, Decennial Census. 2010. Source geography: Tract





Residents of Carroll County tend to be slightly less geographically mobile than Ohio with the majority living in the same house as last year.

Geographic Mobility, 2018



Geographic Mobility, 2018					
	Same house as previous year	Different house, in county	Different County, in state	Different state	Abroad
Carroll County	89.4%	5.6%	3.8%	1.1%	0.0%
Ohio	85.1%	9.4%	3.4%	1.7%	0.4%

SOURCE: Ohio Development Services Agency, Ohio County Profiles, <https://development.ohio.gov/files/research/C1011.pdf>

The majority of housing units in Carroll County, 80%, are owner occupied while 20% are renter occupied. The percentage of vacant houses is nearly twice as high in Carroll County (20%) than Ohio (11%). The median value of a house in Carroll County (\$116,700) is also lower than the state (\$131,900). Monthly expenses for both homeowners and renters are lower in Carroll County than the state.

Housing Units, 2018							
	% Owner Occupied	% Renter Occupied	% Vacant	Median Year Built	Median Value	Median Gross Rent	Median Monthly Owners Cost
Carroll County	80.0%	20.0%	19.8%	1973	\$116,700	\$682	\$1,100
Ohio	66.0%	34.0%	10.6%	1967	\$131,900	\$743	\$1,238

SOURCE: Ohio Development Services Agency, Ohio County Profiles, <https://development.ohio.gov/files/research/C1011.pdf>

Carroll County is made up mostly of single-detached housing units (80%). While the percentage of housing units that are multi-family properties is much lower than the state average (3% compared to 14%), the percentage of housing units that are mobile homes in Carroll County is more than four times the state average (13% compared to 4%).

Percentage as Share of Housing Units, 2019			
	Single-Detached	Units of Multi-family Properties	Mobile Homes
Carroll County	79.9%	2.5%	13.4%
Ohio	68.6%	14.2%	3.8%

SOURCE: OHFA, Draft Ohio Housing Needs Assessment, Technical Supplement to the Fiscal Year 2019 Annual Plan



Community Assets & Resources

HEALTH CARE ASSETS AND RESOURCES

The ratio of population to primary care physicians, mental health providers, and dentists is significantly higher in Carroll County than Ohio; (1) for primary care physicians, the ratio was more than 4 times higher in Carroll, (2) for mental health providers, the ratio was more than 5 times higher in Carroll, (3) for dentists, the ratio is almost 1.5 times higher in the county than the state.

There are no registered hospitals located in Carroll County. Mercy Medical Center and Aultman Hospitals, both primarily located in Stark County, both serve patients from Carroll County.

Health Care Summary, 2017		
	Carroll County	Ohio
Primary Care Physicians	5	-
<i>Ratio of population to primary care</i>	<i>5,530:1</i>	<i>1,300:1</i>
Mental Health Providers	11	-
<i>Ratio of population to mental health</i>	<i>2,490:1</i>	<i>470:1</i>
Dentists	11	-
<i>Ratio of population to dentists</i>	<i>2,490:1</i>	<i>1,620:1</i>
Number of registered hospitals*	0	220
<i>Number of hospital beds*</i>	<i>0</i>	<i>44,737</i>
<i>Licensed nursing homes*</i>	<i>3</i>	<i>965</i>
<i>Number of beds*</i>	<i>219</i>	<i>89,705</i>
Licensed residential care*	1	748
<i>Number of beds*</i>	<i>108</i>	<i>58,763</i>
<p><i>SOURCE: County Health Rankings which used data from Area Health Resource File/American Medical Association for PCP and Dentists, original source of mental health data was CMS, National Provider Identification.</i></p> <p><i>* Ohio Development Services Agency, Ohio County Profiles</i></p>		

Major Employers

Six of the major employers in Carroll County are listed in the table below.

Carroll County Major Employers	
Carroll County Government	Colfor Manufacturing
Carroll Health Care Center Inc	GBS Corporation
Carrollton Exempted Village Schools	St. John's Villa
<p><i>SOURCE: Ohio Development Services Agency, Ohio County Profiles</i></p> <p><i>CARROLL COUNTY: http://development.ohio.gov/files/research/C1011.pdf</i></p>	

Education Assets and Information

There are 3 school districts in the County: Brown Local School District, Carrollton Exempted Village Schools, Conotton Valley Union Local School District. The average expenditure per student is less than the state average. However, the graduation rate for Carroll County is slightly higher than the state, 91.3% compared to 90.7%.

There are no public or private colleges or universities located within Carroll County.

County Education Information, 2018		
	Carroll	Ohio
Public school buildings	10	3,095
# public students	2,953	1,550,417
# public teachers	245	106,699
Expenditures per student	\$8,689	\$9,311
Graduation Rate	91.3%	90.7%
# non-public schools	0	707
# non-public students	0	168,331
# 4-yr public universities	0	13
# 4-year branches	0	23
# 2-year public colleges	0	38
# Private colleges and universities	0	49
Public libraries (Main/Branches)	1/2	251/726
SOURCE: Ohio Development Services Agency, Ohio County Profiles CARROLL COUNTY: http://development.ohio.gov/files/research/C1011.pdf OHIO: http://development.ohio.gov/files/research/C1001.pdf		

Community Health Assessment:

Detailed Results

The four data components included in this assessment include:

- **Community Survey** - A community survey of a representative sample of 384 adults in the county. The survey questions focused on the following areas: community need and social determinants, access to care, mental health and substance abuse, healthy living, vaccinations, chronic diseases and transportation.
- **Secondary Data Analysis** - Main sources of data include the American Fact Finder, Ohio Department of Health, and County Health Rankings.
- **Youth Survey** – A survey was distributed to a sample of middle and high school students from Carrollton Local School District, the largest school district in the county. A total of 297 surveys were completed (146 for high school and 151 for middle school). The survey covered the following topics: safety, violence-related behaviors, bullying, sad feelings and attempted suicide, cigarette smoking, electronic vapor products, other tobacco products, drinking alcohol, prescription pain medicine, marijuana and other drug use, sexual behavior, body weight, food and beverages, physical activity, and concussions.
- **Qualitative Data**- In addition to the data mentioned above, additional qualitative data was gathered in order to provide some contextual information to the primary and secondary data. The qualitative data included a Community Leader survey which consisted of a paper survey completed by 8 members of the county’s health coalition as well as a focus group of a diverse set of eight community residents.

More detailed information about the data components can be found in the Research Methodology appendix.

COMMUNITY NEEDS

COMMUNITY SURVEY

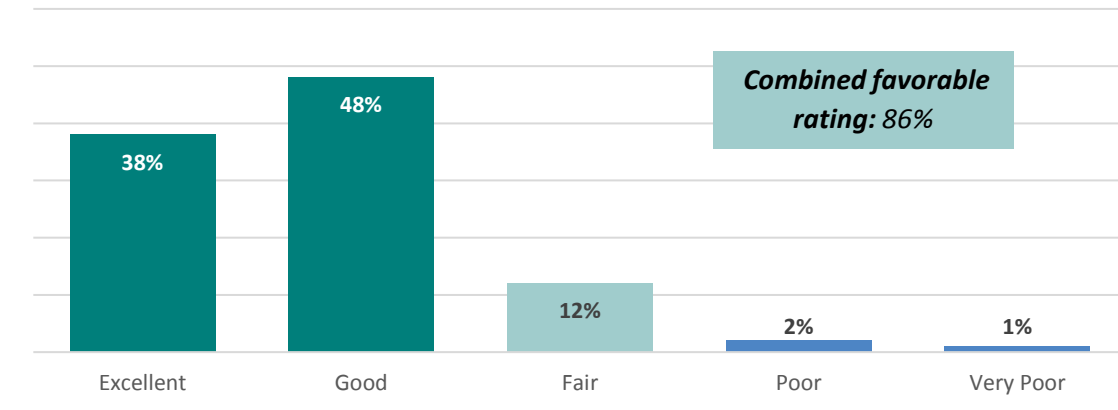
- Most residents, 86%, rated the county favorably as a place to live. The high positive perception was consistent across age groups, income levels, and education and employment statuses.
- All residents were asked what they thought was the MOST important health related issue or challenge in Carroll County. Nearly half, 45%, felt that drugs, alcohol and opiates was the most important health issue in the county. The second largest health-related issue was the lack of medical facilities and professionals, given by 35% of residents.

Summary: Overall Needs and Health			
		<i>% of responses</i>	<i>N</i>
County as a place to live	Excellent/Good	85.6%	383
	Fair	11.5%	
	Poor/Very Poor	2.9%	
Most important health issue <i>(open ended, Top 3)</i>	Drugs/Alcohol/Opiates	44.5%	263
	Lack of medical facilities/professionals	35.0%	
	Socioeconomic factors	16.1%	





Carroll County as a Place to Live



Most Important Health Related Issue or Challenge				
	# of FIRST Responses	% of FIRST Responses	# of TOTAL Responses	% of Residents
Drugs/Alcohol/Opiates	74	28.1%	117	44.5%
Lack of medical facilities/professionals	45	17.2%	92	35.0%
Socioeconomic factors	20	7.6%	42	16.1%
Healthcare/Transportation during emergencies	21	7.8%	33	12.6%
Mental health	6	2.4%	27	10.3%
Cancer	16	6.0%	27	10.1%
High medical costs	9	3.5%	26	9.9%
Environmental factors/Water quality	9	3.4%	24	9.1%
Obesity	7	2.7%	19	7.3%
Health insurance	14	5.4%	18	6.9%
Diabetes	2	0.9%	12	4.5%
Health care for elderly	5	2.1%	11	4.4%
Smoking/vaping	1	0.5%	11	4.3%
Heart disease	1	0.3%	9	3.3%
Unhealthy lifestyles	1	0.5%	8	2.9%
Access to nutritious food	2	0.8%	7	2.7%
Flu	5	1.9%	6	2.3%
Anti-vaccine belief	4	1.5%	5	1.9%
Health related education	0	0.0%	5	1.9%
Cost of prescriptions	4	1.6%	4	1.6%
Home healthcare	3	1.0%	4	1.4%
Chronic disease Management	0	0.0%	3	1.1%
Stray animals	2	0.6%	2	0.6%
MISCELLANEOUS	11	4.2%	25	9.5%
Total	263	(n=263)	537	(n=263)

Question: What do you think is the MOST important health related issue or challenge facing your community?

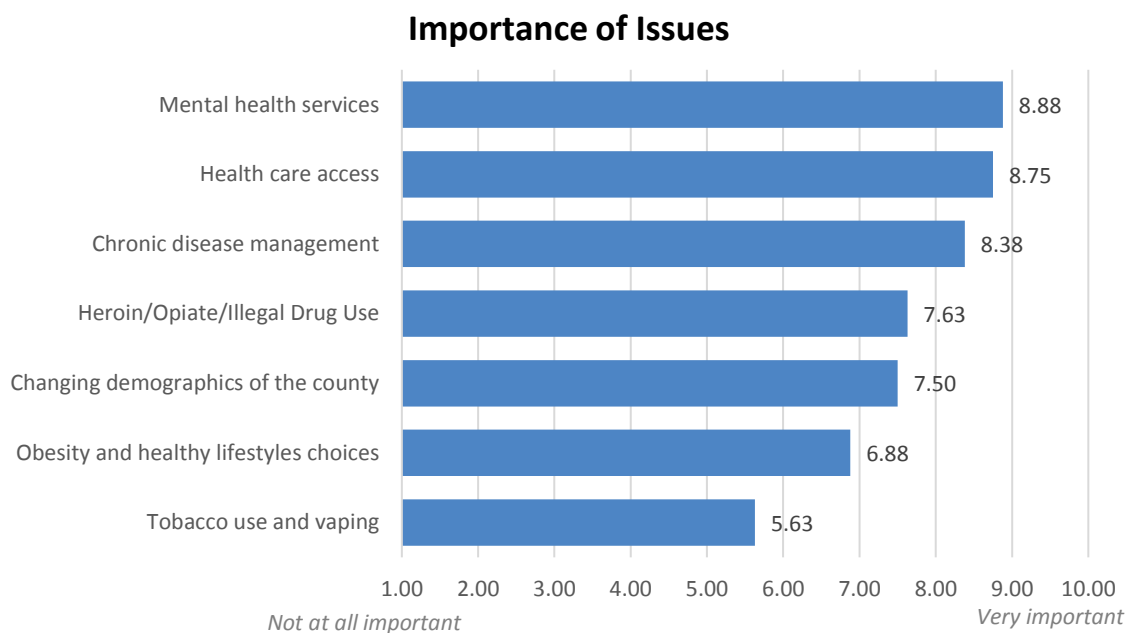


QUALITATIVE DATA

Community Leaders

Eight Community Leaders in the healthcare industry were given a list of community health-related issues that were identified through the community survey and secondary data analysis and asked, based on their professional experience, how important they thought the issue was on a scale of 1=Not at all Important to 10= Very Important. Responses were averaged in order to rank the importance of the issues. The top three issues, based on the rankings, were (1) mental health services/suicide including the lack of mental health providers, (2) access to health care including lack of facilities, primary care doctors, dentists and access to specialists, and (3) chronic disease management.

Community Leaders were also asked if there were any additional issues that should be added to the list of issues. The following additions, many of which are encompassed in the broader issues already identified, were suggested: alcohol use, having a quality 24/7 urgent care center available, the lack of intensive home-based and intensive out-patient mental health services, transportation issues, and housing.

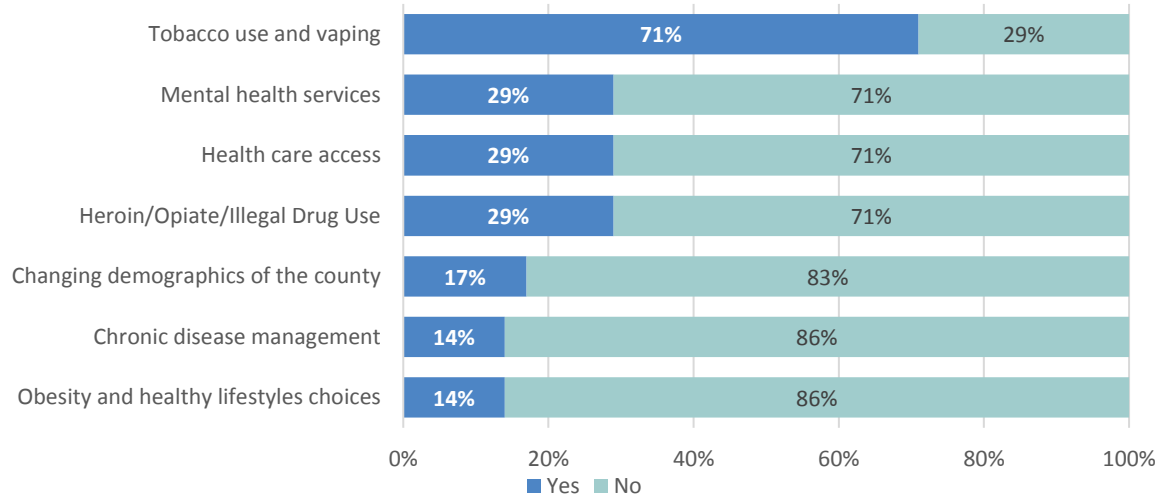


Health Leaders were also asked if they thought there were adequate services and programs already in place to address each issue. The only issue that Health Leaders thought that there were already adequate resources in place was for tobacco use and vaping. If they indicated that there were not enough services or programs in place they were then asked what is missing. Responses to this question are listed, verbatim, on the table on the next page.





Adaquate Services and Programs Available to Address Issue



What is missing from Carroll County to address issue	
Issues	What is Missing
Changing demographics of the county	<ul style="list-style-type: none"> JFS programs Aging population needing assistance to services Gerontology
Chronic disease management	<ul style="list-style-type: none"> Prevention of chronic disease before they are chronic Dialysis No local programs
Health care access	<ul style="list-style-type: none"> Dentist accepting Medicaid, FP physicians, Specialty care No primary hospital, transportation in county, specialist needed No ability to become stabilized s new patient in timely fashion Dental Specialty, primary care
Heroin/Opiate/Illegal Drug Use	<ul style="list-style-type: none"> Detox, inpatient, No IOP in county Detox, residential More drug rehab facilities in the county Continued programs are needed and more outreach In patient rehab
Mental health services	<ul style="list-style-type: none"> Need suicide program in schools Mental health left not diagnosed, No results, end up in jail or prosecuted Limited number of professional available in county, unaffordable in general population of county No intensive homebased services for families. No service dual MH/DD
Obesity and healthy lifestyles choices	<ul style="list-style-type: none"> Perception of lifestyle and disease No local gyms Food pantries to provide staple items Dental services concern
Tobacco use and vaping	<ul style="list-style-type: none"> Public education is limited Letter-community promotion



When asked what **demographic groups** in Carroll County that they thought were not being adequately served by local health services the following groups were mentioned:

- Specific age groups: 18-40, seniors, children, adolescents/teens
- Income: low income and working poor
- Chronic disease patients
- Residents with mental health issues

The following are some **problems, barriers, or gaps in services** that prevent residents from receiving health related care they need according to Community Leaders:

- Transportation issues (*mentioned by four leaders*)
- General perception of health/illness, lack of understanding about risk and prevention (*mentioned by three leaders*).
- Insurance issues: Residents have no insurance or changes in insurance as well as the cost of insurance and high deductibles. (*mentioned by two leaders*)
- Limited number of providers and healthcare facilities (*mentioned by two leaders*)
- Lack of providers willing to provide home health care
- The distance needed to travel to get health care
- Lack of specialty providers
- Limited awareness of available resources
- Care givers not recognizing needs of ones giving care for
- Residents don't have sick time and can't take time off of work to go to the doctor.

Community Focus Group

During the focus group of community members, participants were first asked what they thought was healthy about their community. Several residents mentioned being in the country and away from larger cities makes their community healthier. Additional things that residents thought were healthy about their community included:

- ✓ Lower crime rate because of being in the country.
- ✓ Improved mental health because of being outside of the city.
- ✓ A lot of good quality resources that are dependable compared to other counties.
- ✓ Jefferson and Carroll County work well together especially regarding Child Services.
- ✓ The school districts because they are a manageable due to their size and most of the people that work in them are originally from the community which builds up to a supportive school system.
- ✓ Carroll County is quicker regarding food stamps and those types of services.

• • •

"I don't think there is much healthy about this county. Everyone just gets by. Everyone has a standard level of health. Nothing is above and beyond about this county compared to what is minimally expected."

• • •

Focus Group Participant on what makes their community healthy





When asked what they thought was the most important thing that needs to change in order to improve the health and quality of the life in their community, the majority of responses centered around access to care issues. Specifically, residents offered the following:

- ✓ Lack of primary care doctors (PCP) or excessive wait to see a PCP.
- ✓ Lack of specialists including pediatrics.
- ✓ Lack of stat care or minute clinic facilities
- ✓ Lack of Dialysis Treatment and other treatment for chronic illnesses.
- ✓ Lack of rehab centers
- ✓ Having to drive to Canton which lends to transportation barriers.
- ✓ Lack of quality and timely ambulance services
- ✓ Poor quality of water in every community.

● ● ●

“We’re essentially in a medical desert. A lot of places know that we’re going to drive elsewhere and that’s why they don’t provide things in this county. They feel like they don’t need to.”

● ● ●

Focus Group Participant on what needs to change to make their community healthy

Next, residents were given a list of seven health related community needs that were identified as part of the larger community survey and secondary data analysis and asked to select two that they thought were most serious in the county. Based on their responses, the needs are ranked as follows:

TOP ISSUE	Access to Health Care including lack of facilities, primary care doctors, dentists and access to specialists
ISSUE #2	Heroin/Opiate/Illegal Drug Use
ISSUE #3 (tied)	Changing demographics of the county population: aging population, increasing number of grandparents raising grandchildren
	Chronic disease management
	Mental Health Services/Suicide including lack of mental health providers
ISSUE #6	Obesity and Healthy Lifestyle Choices, Lack of Preventative Care
ISSUE #7	Tobacco use and vaping

The final question in the focus group asked residents if they had any last piece of advice or information for the health department to help them to better meet the health needs of community residents. The following pieces of advice/information were offered (*responses were recorded verbatim*):

- ✓ I absolutely love the people that work at the health department. They are great at what they do. The facilities that they work at are very outdated and need updated. They do the best they can with what they have. If they were allotted more funds, the nurses could do a little more. I think it’s more of a board person than the people that work there.
- ✓ Hopefully they will listen to what we said especially about the board.
- ✓ A lot of people don’t put a lot of trust into them. They need to come back out into the community and DO NOT DO IT AT THE FAIR GROUNDS.
- ✓ Maybe attend council meetings to ask what community concerns are. It would help the community understand what the services are.
- ✓ The home nurse care is a two-story building... open up the bottom floor for anything we have discussed today. Open it up for one night a week to meet the needs of peoples’ schedules.
- ✓ The funding for home nurse care is so low that they literally can’t do anything with it and the pay is awful. It doesn’t entice nurses to work there. The organization could be great if they had the money to make it that way and it would be a great asset to the community.



SOCIAL DETERMINANTS

SECONDARY DATA ANALYSIS

In terms of educational attainment for adults ages 18 to 24, the percentage of the population with a high school degree or more education is significantly lower in the county than in the state. However, the percentage of the population with a high school degree or higher ages 25 and older, is very similar to the state average (88% for Carroll County and 90% for state). Only 12% of Carroll County residents have a bachelor's degree or higher, significantly less than the state average, 27%.

Educational Attainment						
	2013	2014	2015	2016	2017	Change 2013-2017
Percentage that have high school degree or higher, ages 18-24						
Carroll	80.5%	82.2%	83.0%	82.1%	73.3%	-7.2%
Ohio	84.7%	85.2%	85.7%	86.0%	86.4%	+1.7%
Percentage that have high school degree or higher, ages 25 and older						
Carroll	85.0%	86.6%	87.0%	87.0%	88.1%	+3.1%
Ohio	88.5%	88.8%	89.1%	89.5%	89.8%	+1.3%
Percentage that have bachelor's degree or higher						
Carroll	11.0%	10.6%	11.4%	11.4%	12.3%	+1.3%
Ohio	25.2%	25.6%	26.1%	26.7%	27.2%	+2.0%

SOURCE: United States Census Bureau, American Fact Finder

The unemployment rate for the county in 2018 was slightly higher than it was for the state, rates for both the county and state decreased by around 1% over the five-year period. For this table, unemployment includes persons who were not employed, but who were actively seeking work, waiting to be called back to a job from which they were laid off, or waiting to report within thirty days.

Unemployment Countywide						
	2014	2015	2016	2017	2018	% Change 13-18
Carroll County	6.2%	6.0%	6.8%	5.8%	5.3%	-0.9%
Ohio	5.8%	4.9%	5.0%	5.0%	4.6%	-1.2%

SOURCE: Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information, Local Area Unemployment Statistics. Data extracted from Civilian Labor Force Estimates Query tool

The percentage of the population in poverty nearly identical for Carroll County and the state (14.8% compared to 14.9%).

Total Percentage of Population in Poverty							
	# Pop (2017)	2013	2014	2015	2016	2017	Change 2013-2017
Carroll	27,405	15.5%	15.9%	15.4%	14.0%	14.8%	-0.7%
Ohio	11,289,161	15.8%	15.9%	15.8%	15.4%	14.9%	-0.9%

SOURCE: U.S. Census Bureau, American Fact Finder, American Community Survey 5-Year Estimates



More than a quarter of children under 5 are in poverty. When looking just at children under the age of 18 in poverty, the percentage is slightly lower, 22%. The percentage of children in poverty in the county is very similar to state averages. Poverty levels for children have declined slightly over the past 5 years.

Carroll County Percentage of Children under 18 in Poverty							
	# Children (2017)	2013	2014	2015	2016	2017	Change 2013-2017
Carroll	5,717	23.8%	25.9%	25.5%	20.1%	21.5%	-2.3%
Ohio	2,581,520	22.8%	23.1%	22.8%	22.1%	21.3%	-1.5%

Percentage of Children under 5 years in Poverty						
	# Children (2017)	2015	2016	2017	Change 2015-2017	
Carroll	1,281	28.5%	23.3%	25.5%	-3.0%	
Ohio	683,536	27.3%	26.1%	25.1%	-2.2%	

SOURCE: U.S. Census Bureau, American Fact Finder, American Community Survey 5-Year Estimates

Looking specifically at the population in Carroll County in poverty by key demographic measures, children under the age of 5 had the highest level of poverty (26%), while senior citizens had the lowest level (8%). Females were more likely than males to be in poverty (17% to 13%). In terms of race and ethnicity, black residents had the highest poverty levels (80%) followed by multi-racial residents (26%). Additionally, the lower the education level, the higher the poverty level for that demographic group (poverty rate for those with less than a high school diploma was 19% compared to 4% for college graduates). The poverty rate for the unemployed is nearly six times that of the employed population (40% compared to 7%).

Carroll County Percentage of Population in Poverty by Age Group							
	Pop 2017	2013	2014	2015	2016	2017	Change
Under 5	1,281	23.8%	25.9%	28.5%	23.3%	25.5%	+1.7%
5-17	4,436			24.7%	19.2%	20.4%	-3.4%
18-34	4,863	14.9%	14.9%	20.6%	18.5%	21.3%	+6.4%
35-64	11,641			11.5%	11.7%	12.0%	-2.9%
65 +	5,184	6.9%	6.8%	7.7%	7.8%	7.5%	+0.6%

Carroll County Percentage of Population in Poverty by Gender							
	Pop 2017	2013	2014	2015	2016	2017	Change
Male	13,666	14.6%	14.7%	14.2%	12.6%	13.0%	-1.6%
Female	13,739	16.4%	17.2%	16.6%	15.3%	16.6%	+0.2%

Carroll County Percentage of Population in Poverty by Race and Ethnicity							
	Pop 2017	2013	2014	2015	2016	2017	Change
White	26,699	15.6%	16.1%	15.5%	13.8%	14.1%	-1.5%
Black	241	20.5%	15.8%	25.4%	37.3%	80.1%	+59.6%
Asian	105	0.0%	3.2%	12.7%	8.7%	7.6%	+7.6%
Two or more	252	19.5%	14.6%	11.9%	7.9%	25.8%	+6.3%
Hispanic/Latino	351	2.7%	3.4%	6.9%	20.1%	15.7%	+13.0%

Carroll County Percentage of Population in Poverty by Education Level							
	Pop 2017	2013	2014	2015	2016	2017	Change
Less than HS	2,279	23.0%	27.0%	24.6%	20.7%	19.0%	-4.0%
HS grad	9,413	10.4%	9.8%	10.1%	12.3%	13.4%	+3.0%
Some college	5,405	11.4%	10.2%	9.4%	6.7%	7.3%	-4.1%
College grad	2,412	3.0%	3.5%	4.4%	4.1%	3.6%	+0.6%

Carroll County Percentage of Population in Poverty by Employment Status							
	Pop 2017	2013	2014	2015	2016	2017	Change
Employed	12,637	6.2%	6.2%	5.7%	6.3%	7.3%	+0.9%
Unemployed	622	40.5%	43.9%	48.6%	43.6%	40.4%	-0.1%

SOURCE: U.S. Census Bureau, American Fact Finder, American Community Survey 5-Year Estimates



The poverty rates for female headed households, both overall and with children under 18, are approximately 6 times higher than married family households.

Percentage of Families in Poverty by Family Status							
	Pop-2017	2013	2014	2015	2016	2017	Change
All families	7,809	10.5%	11.5%	10.4%	9.8%	10.9%	-0.4%
Married families	6,380	5.7%	6.4%	5.2%	5.6%	6.5%	+0.8%
Female headed	896	47.2%	53.0%	47.9%	38.3%	43.4%	-3.8%
Percentage of Families with Children under 18 in Poverty by Family Status							
All families	3,096	21.2%	24.0%	21.9%	17.8%	18.9%	-2.3%
Married families	2,232	11.5%	13.4%	11.8%	9.1%	10.8%	-0.7%
Female headed	572	64.4%	72.6%	63.2%	57.7%	58.4%	-6.0%

SOURCE: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

Below are tables with poverty rates by zip code. Poverty levels are highest in Carrollton.

Poverty Number and Rates by Zip Code, 2017					
Zip Code	Population	# below poverty	% below poverty	# at 125% of poverty level	# at 200% of poverty level
44607 (Augusta)	158	8	5.1%	8	64
44615 (Carrollton)	10,577	1,962	18.5%	2,373	3,999
44620 (Dellroy)	1,737	179	10.3%	222	493
44644 (Malvern)	4,872	766	15.7%	1,012	1,492
44651 (Mechanicstown)	569	100	17.6%	112	221

SOURCE: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

The median monthly housing costs for mortgage holders as a percent of household income (home owners) is slightly lower for the county (\$1,072) compared to the state (\$1,238). The median gross rent as a percent of household income (renters) is nearly identical for the state and the county. Severe renter cost burden means that at least half of household income is spent on housing. In Ohio, over a quarter of renters suffer from severe renter cost burdens, for the county, the percentage is lower.

Homeowner Affordability, 2019			
	Median Monthly Housing Cost for Mortgage Holders	Median Monthly Housing Cost for Mortgage Holders as % of Household Income	
Carroll	\$1,072	20.3%	
Ohio	\$1,238	20.4%	
<i>^FHA guidelines state that a household should avoid buying a home that costs more than 2.5 times its annual income. Numbers in red are above the 2.5 threshold.</i>			
Renter Affordability, 2019			
	Median Monthly Gross Rent	Median Gross Rent as % of Household Income	Severe Renter Cost Burden
Carroll	\$633	25.6%	14.8%
Ohio	\$743	29.0%	25.0%

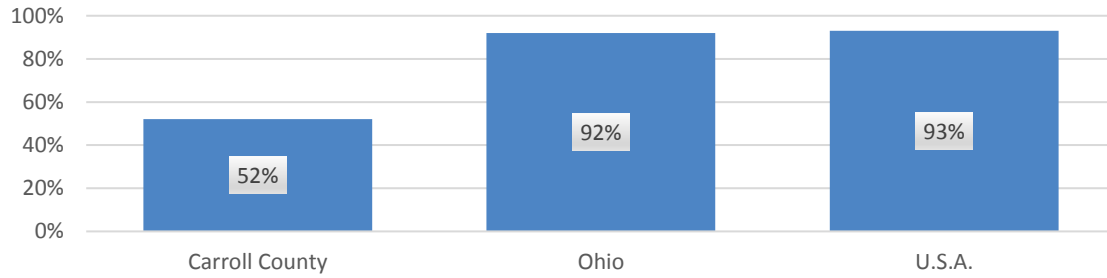
SOURCE: OHFA, Draft Ohio Housing Needs Assessment, Technical Supplement to the Fiscal Year 2019 Annual Plan





The percentage of residents with broadband access is significantly lower in Carroll County (52%) than both the state (92%) and the country (93%).

Broadband Access- Percentage with Access to DL Speeds >25MBPS, 2016



Data Source: National Broadband Map. Dec. 2016. Source geography: Tract



ACCESS TO HEALTH CARE

COMMUNITY SURVEY

- A small portion of residents, 10%, reported they did not have health insurance. More than a third, 38% were covered by employer paid plans, 11% by private insurance and 41% by Medicare or Medicaid.
- The services that were covered for most residents were hospitalization, emergency room care, and prescription assistance. Only approximately two-thirds of residents with insurance have vision or dental coverage. Less than half of insured residents have family planning/birth control coverage.

Summary: Access to Health Care, Insurance Coverage			
		% of Residents	N
Insurance coverage	Not insured	9.7%	371
	Employer paid	38.4%	
	Private insurance	11.0%	
	Medicare	31.2%	
	Medicaid	9.7%	
Services covered by insurance	Hospitalization	93.1%	348
	Emergency room care	91.4%	
	Prescription assistance	91.2%	
	Preventative care	86.8%	
	Vision services	68.3%	
	Dental services	66.5%	
	Long term care	54.2%	
	Family planning (birth control)	47.4%	

- Most, 84%, reported having one person or group they think of as their doctor or health care provider.
- Nearly three-quarters of residents, 74%, had received a routine checkup within the past year. A notable percentage, 10%, had not received a routine medical checkup in more than five years.
- Nearly three-quarters or 73.8% of residents indicated they receive their health care most often from a primary care doctor. However, 15.6% of residents relied on a Stat Care or urgent care center as their primary source of health care, while another 4.9% relied on an emergency room. Approximately two-thirds, 67%, are located within Carroll County.
- Nearly three-quarters or 72.7% of residents with children indicated their children receive their health care most often from a primary care doctor. In addition, 17.3% of residents with children relied on a Stat Care or urgent care center as their child's primary source of health care, while another 6.0% relied on an emergency room. Less than two-thirds, 60%, are located within Carroll County.
- A notable portion of residents, 13%, reported that there were healthcare services that they or a family member needed in the past year that they were unable to get. The two services that were needed most often were specialist services and physical/occupational therapy and the most common reason for not being about to get the needed service was that the service was not available in their area.
- More than a third of residents, 37%, reported being unable to find a specialist or doctor locally or having to wait more than 30 days to make an appointment. The types of doctors or specialists most needed were Orthopedics or Orthopedic Surgeons, Cardiologists, and Dentists, Orthodontists and Oral Surgeons.

Summary: Access to Health Care			
		% of Residents	N
Have primary care provider	Yes	83.6%	383
	No	16.4%	
Length of time since last routine check-up	Within past year	74.1%	383
	Within past 2 years	10.3%	
	Within past 5 years	6.1%	
	5 or more years ago	7.8%	
	Never	1.6%	
Where receive health care most often	Primary care or family doctor	73.8%	380
	The emergency room	4.9%	
	Stat Care	15.6%	
	VA hospital	1.8%	
	A free clinic	1.1%	
	Health department clinic	1.0%	
	Community Health Center	0.8%	
Somewhere else	0.9%		
Location of healthcare used most often	In Carroll County	67.2%	380
	Outside Carroll County	32.8%	
Where children receive health care most often	Primary care or family doctor	72.7%	117
	The emergency room	6.0%	
	Stat Care	17.3%	
	A free clinic	1.6%	
	Community Health Center	0.8%	
	Somewhere else	1.6%	
Location of healthcare used most often	In Carroll County	59.9%	112
	Outside Carroll County	40.1%	
Services needed unable to get in past year	Yes	13.1%	383
	No	86.9%	
Service unable to get (open ended top 3)	Specialist	21.1%	38
	Physical/Occupational therapy	15.8%	
	Diagnostic test	13.2%	
Why unable to get needed service (open ended top 3)	Service not available in area	35.1%	37
	Insurance doesn't cover it	24.3%	
	High cost/Couldn't afford	21.6%	
Specialist needed unable to find locally	Yes	36.5%	382
	No	63.5%	
Type of Specialist/ Doctor needed (open ended top 3)	Orthopedic surgeon/Orthopedics	18.5%	124
	Cardiologist	10.5%	
	Dentist/Orthodontist/Oral Surgeon	9.7%	

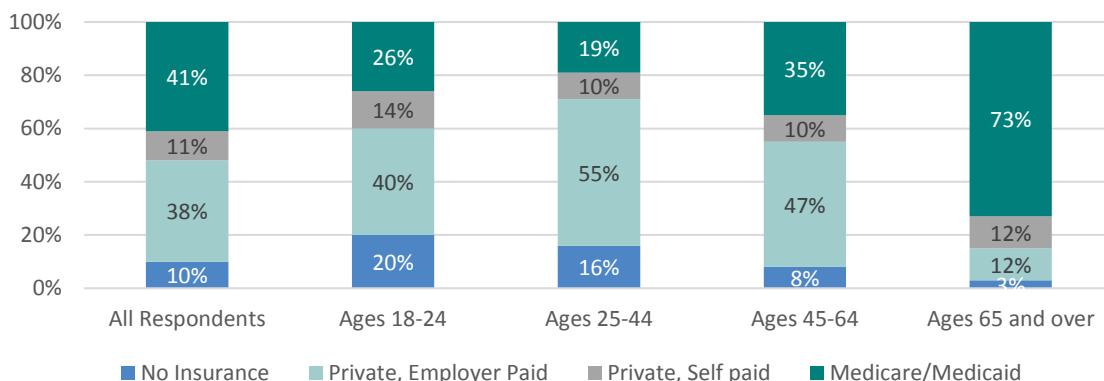


Insurance Coverage

All residents were asked if they had health insurance coverage. A small portion, 10% did not have health insurance. More than a third, 38% were covered by employer paid plans, 11% were covered by private insurance and 41% reported being covered by Medicare or Medicaid. The most common reasons for not having health insurance were the cost of insurance followed by religious reasons.

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

Type of Insurance Coverage



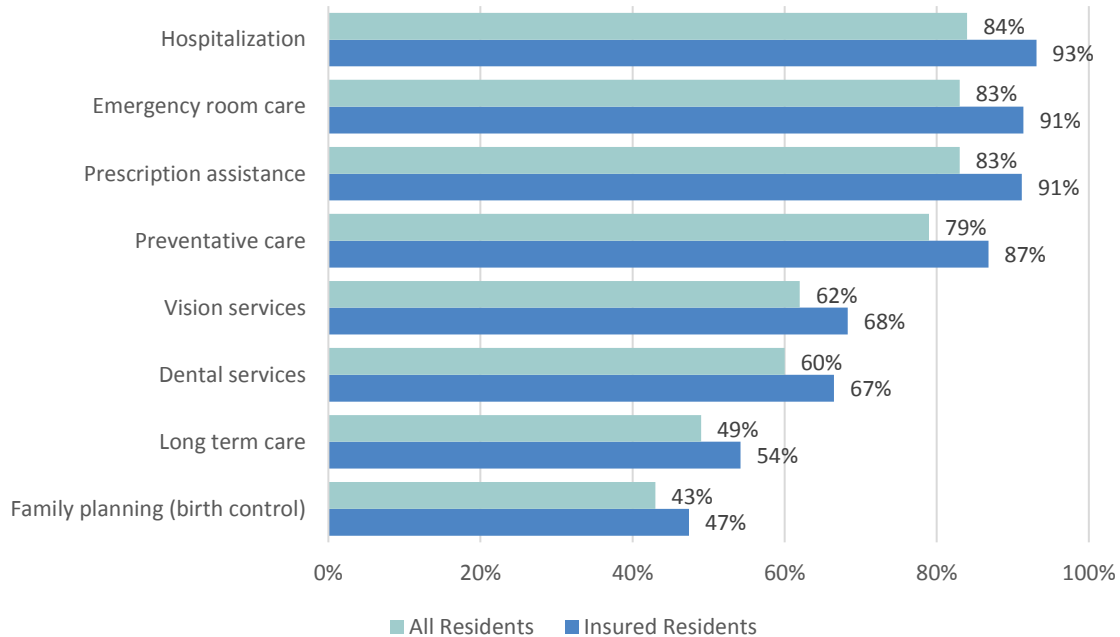
Why No Insurance (asked of those with no insurance)		
	# of Responses	% of Responses
High costs	12	35.3%
Religious reasons	7	20.6%
Have a health plan through church	5	14.7%
Switched jobs	3	8.8%
Self-Employed	3	8.8%
Out of work	2	5.9%
New to the area	1	2.9%
Let it expire	1	2.9%
Total	34	(n=34)





Residents with insurance were given a list of services sometimes covered by insurance and asked if their insurance covered each service or not. The services that were covered for most residents were hospitalization (93.1%), emergency room care (91.4%), and prescription assistance (91.2%). Only approximately two-thirds of residents with insurance have vision (68.3%) or dental (66.5%) coverage. Less than half of insured residents have family planning/birth control coverage (47.4%).

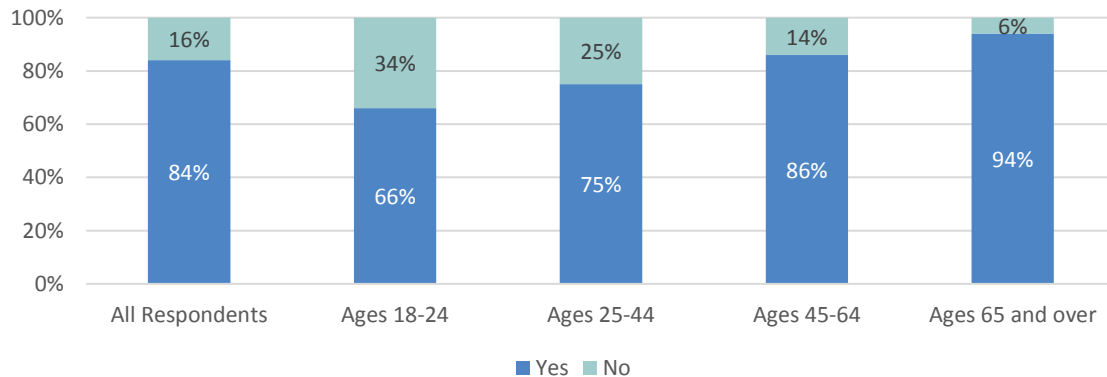
Services Covered by Insurance



Primary Care Provider

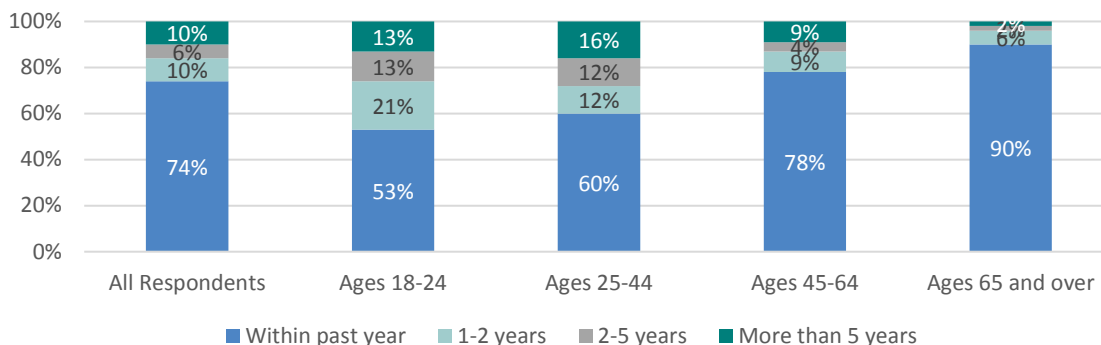
Most residents, 84%, reported having one person or group that they think of as their doctor or health care provider. Groups of residents more likely to have a primary care doctor or health care provider include residents that have some college or more education, those who are employed or retired, residents who are widowed or married, homeowners, and those without children in the home.

Has a Primary Care Provider



Nearly three-quarters of residents, 74%, had received a routine checkup within the past year. A notable percentage, 10%, had not received a routine medical checkup in more than five years. Not surprisingly, the older the resident, the more likely they were to have had a routine checkup in the past year (as seen in the graph below).

Length of Time Since Last Routine Checkup

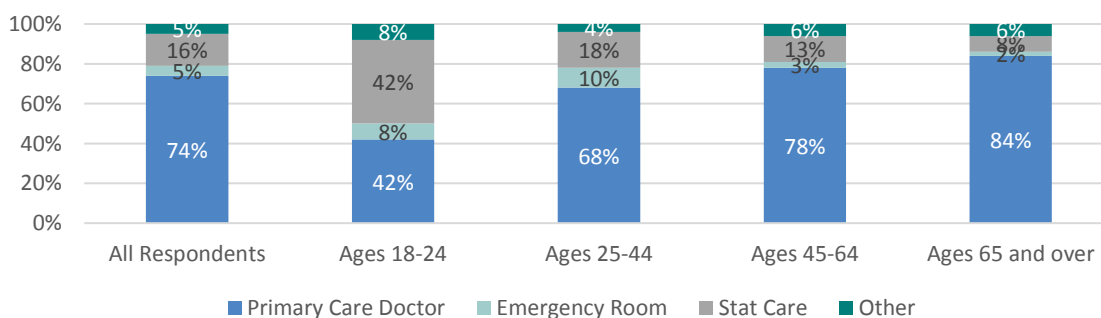


Access to Care

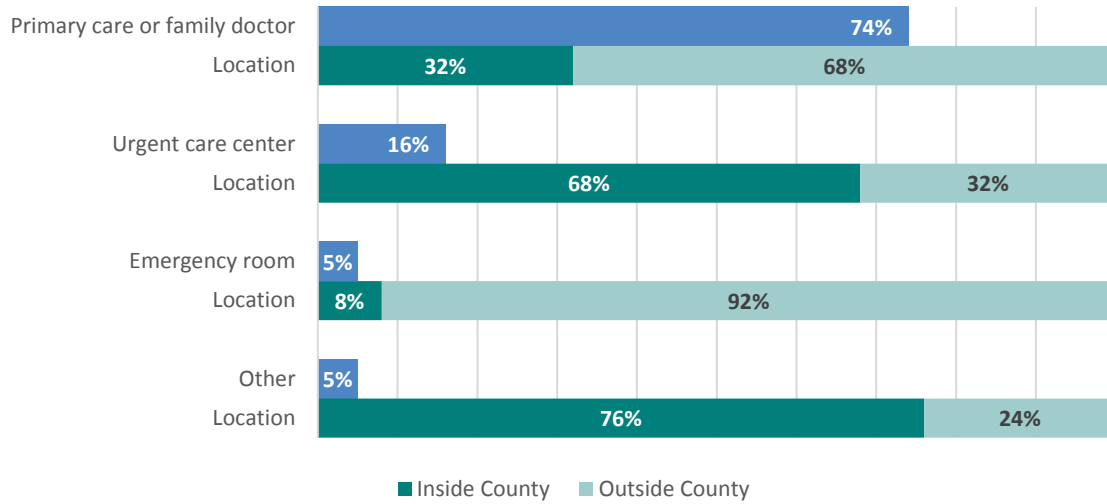
Next, residents were asked when they receive health care, where do they receive it most often: a primary care or family doctor, the emergency room, an urgent care center or Stat Care, a VA hospital or clinic, a free clinic, a health department clinic, a community health center or somewhere else. Nearly three-quarters or 73.8% of residents indicated they receive their health care most often from a primary care doctor. However, 15.6% of residents relied on a Stat Care or urgent care center as their primary source of health care, while another 4.9% relied on an emergency room. Approximately two-thirds, 67%, are located within Carroll County.

Groups of residents more likely to use a **primary care or family doctor** include retired residents, those with an annual income of \$75,000 or more, residents who are widowed or married, homeowners, those with no children in the home, residents ages 45 and over, and females. **Groups of residents more likely to use an Urgent Care Center or Stat Center** include employed residents, especially those employed full-time, residents with an annual income of \$50-\$75,000, those who are single or divorced, residents ages 18-24, and residents with children in the home. **Groups of residents more likely to use an Emergency Room** include residents who are unemployed residents, those with an annual income under \$50,000, single residents, renters, males, residents ages 25 to 44, and those with kids in the home.

Where Get Healthcare Most Often



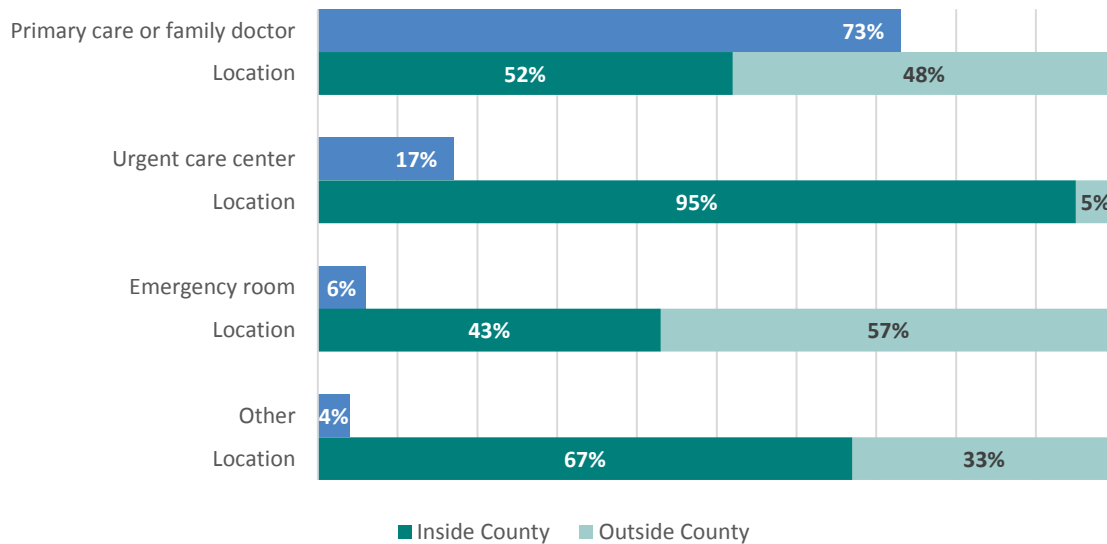
Where Receive Health Care Most Often, Adults



Next, residents with children were asked when their children receive health care, where do they receive it most often: a primary care or family doctor, the emergency room, an urgent care center or Stat Care, a free clinic, a health department clinic, a community health center or somewhere else.

Nearly three-quarters or 72.7% of residents with children indicated their children receive their health care most often from a primary care doctor. In addition, 17.3% of residents with children relied on a Stat Care or urgent care center as their child’s primary source of health care, while another 6.0% relied on an emergency room. Less than two-thirds, 60%, are located within Carroll County.

Where Receive Health Care Most Often, Children

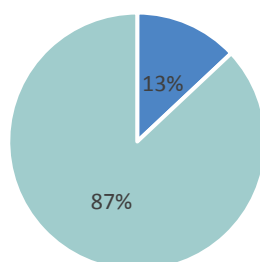


Needs Services and Specialists

A notable portion of residents, 13%, reported that there were healthcare services that they or a family member needed in the past year that they were unable to get. Groups of residents more likely to have needed services they were unable to get include residents ages 25 to 44, those who are unemployed, residents who are single or divorced, and homeowners. In addition, residents of the southern part of the county were much likely than the residents from the northern part of the county to be unable to receive needed services, 20% compared to 11%.

The two services that were needed most often were specialist services and physical/occupational therapy. The most common reason for not being about to get the needed service was that the service was not available in their area followed by their insurance doesn't cover the needed service.

Healthcare Services Needed but Unable to Get



■ Yes ■ No

Why Unable to Get Needed Services		
	# of Responses	% of Responses
Service not available in area	13	35.1%
Insurance doesn't cover it	9	24.3%
High cost/Couldn't afford	8	21.6%
No insurance	6	16.2%
Miscellaneous	1	2.7%
Total	37	(n=37)

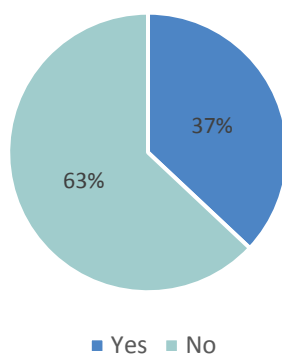
Services Needed				
	# of FIRST Responses	% of FIRST Responses	# of TOTAL Responses	% of Residents
Specialist	5	13.2%	8	21.1%
Physical/Occupational therapy	2	5.3%	6	15.8%
Diagnostic test	3	7.9%	5	13.2%
Dental	3	7.9%	5	13.2%
Yearly checkup	4	10.5%	4	10.5%
Home healthcare	4	10.5%	4	10.5%
Healthcare for my back	3	7.9%	3	7.9%
Emergency treatment	3	7.9%	3	7.9%
Diagnosis	2	5.3%	2	5.3%
Hearing aids/services	2	5.3%	2	5.3%
Healthcare service from health insurance	1	2.6%	2	5.3%
Pain management doctor	2	5.3%	2	5.3%
Birth control	1	2.6%	1	2.6%
Treatment for infection	1	2.6%	1	2.6%
Vision	1	2.6%	1	2.6%
Miscellaneous	2	5.3%	3	7.9%
Total	38	(n=38)	52	(n=38)

Question: What do you think is the MOST important health related issue or challenge facing your community?

Next, residents were asked if they or a family member needed to see a specialist or doctor that they were unable to find locally or had to wait more than 30 days to schedule an appointment. More than a third of residents, 37%, reported experiencing this issue in the past two years. Groups of residents more likely to report being unable to find a specialist or doctor locally or having to wait more than 30 days to make an appointment include residents ages 25 to 44, those with some college education, residents with an annual income of \$25,000 to \$50,000 or \$75,000 or more, those with children in the home and females.

The types of doctors or specialists most needed were Orthopedics or Orthopedic Surgeons, Cardiologists, and Dentists, Orthodontists and Oral Surgeons.

Needed Specialist/Doctor Unable to Find



Specialist Needed		
	# of Responses	% of Responses
Orthopedic surgeon/Orthopedics	23	18.5%
Cardiologist	13	10.5%
Dentist/Orthodontist/Oral Surgeon	12	9.7%
Dermatologist	7	5.6%
Neurologist/Neurosurgeon	6	4.8%
Gastroenterologist	6	4.8%
Oncologist	6	4.8%
ENT/Audiologist	6	4.8%
Rheumatologist	5	4.0%
OBGYN	4	3.2%
Surgeon	4	3.2%
Endocrinologist	4	3.2%
Family Doctor	4	3.2%
Pediatrician	4	3.2%
Nephrologist/Urologist	4	3.2%
Eye Specialist	4	3.2%
Pain Management	3	2.4%
Back specialist	3	2.4%
Mental Health Doctor	2	1.6%
Miscellaneous	4	3.2%
Total	124	(n=124)
<i>Question: What type of specialist or doctor was it?</i>		



SECONDARY DATA ANALYSIS

The table below represents the estimated percent of the population under age 65 that has no health insurance coverage in Carroll County. Over the past five years, the percentage of individuals without health insurance decreased by 2.3%. The percentage of residents without insurance is twice as high for black residents (25.5%) than white residents (11.1%). In addition, the percentage of residents without insurance under the age of 18 (11.4%) is slightly lower than the percentage of residents 18 and over.

Carroll County Percent Uninsured						
	2012	2013	2014	2015	2016	% Change
Carroll County	14.4%	14.8%	14.2%	12.9%	11.6%	-2.8%
By Race and Age						
White	14.5%	14.7%	13.9%	12.6%	11.1%	-3.4%
Black	14.4%	10.8%	11.6%	11.4%	25.5%	11.1%
Under 18	12.6%	13.8%	14.5%	15.7%	11.4%	-1.2%
18 and older	20.0%	20.7%	18.9%	16.3%	15.8%	-4.2%

SOURCE: Ohio Department of Medicaid- ADSS (Quality Decision Support System)

Primary Care Physicians is the ratio of the population to primary care physicians. Primary care physicians include non-federal, practicing physicians (M.D.'s and D.O.'s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics. In Ohio, there is 1 Primary Care Physician for every 1,300 residents. Carroll's County's ratio is more than four time the State ratio at 1 Primary Care Doctor for every 5,530 residents. In fact, there are only 5 Primary Care Physicians in the county.

Primary Care Physicians											
	2012		2013		2014		2015		2016		% Change
	# of PCP	Ratio	# of PCP	Ratio	# of PCP	Ratio	# of PCP	Ratio	# of PCP	Ratio	
Carroll	8	3,573	7	4,040	6	4,700	6	4,640	5	5,530	-37.5%
Ohio	14,911	1,336	14,900	1,300	14,840	1,300	14,780	1,310	14,800	1,300	-0.74%

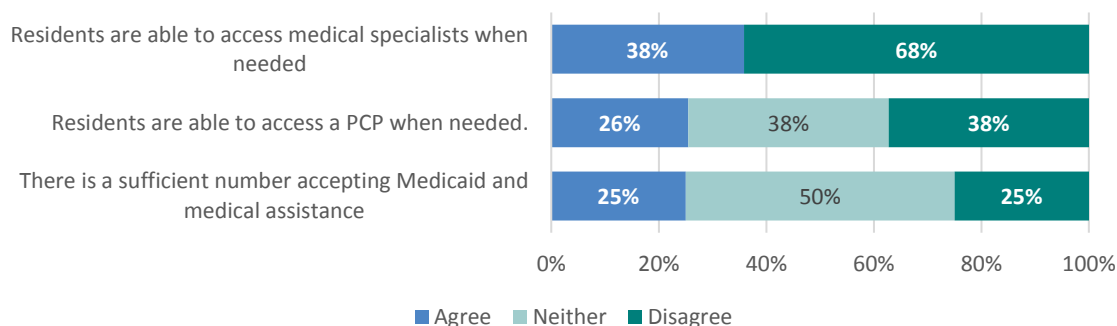
SOURCE: County Health Ranking. Original Source: HRSA Area Resource File. <http://www.countyhealthrankings.org/>

QUALITATIVE DATA

Community Leaders

The eight community leaders were given a list of three statements about access to care issues and asked how much they agreed with each. The low amount of agreement on all three statements supports that access to care is significant issue in Carroll County.

Agreement with Access to Care Statements



Community Focus Group

Community residents who participated in the focus group session were asked what things make it difficult to get health care services that they may need. Cost was mentioned as a barrier for several residents. This included the cost of visits, insurance, and medications. Issues with insurance companies was also mentioned more than once. This included disagreements between doctors and insurance providers on needed medication and difficulty figuring out what is covered.

The general consensus was that the majority of community residents are unaware about the healthcare services and options that are available to them. One participant mentioned that a central database or a way to network between departments would be beneficial in helping residents be able to find resources more easily. An easy-to-access online directory was also mentioned.

Residents offered the following suggestions or recommendations to help improve access to healthcare:

- ✓ Do not offer walk-up clinics at the fair, it's perceived as very dirty.
- ✓ Making transit more accessible. If you didn't call 21 days in advance, they can't help you. There aren't enough busses to hire more drivers and if you go to a 30-minute appointment, you're there all day waiting on transit."
- ✓ Build up the healthcare industry instead of unnecessary items like gas stations and hotels.
- ✓ Need more exercise places for gym memberships and/or a community pool.

ORAL HEALTH

COMMUNITY SURVEY

Less than two-thirds, 62%, had seen a dentist in the past year. An additional 11% had seen a dentist in the past two years and 8% in the last five years. Nearly one in five residents, 19%, has not seen a dentist in 5 or more years. Groups of residents most likely to have not had a dental visit in the past five years include: residents without insurance, those ages 18 to 24 or 65 and older, residents with a high school diploma or less education, those with an annual income under \$25,000, and widowed or divorced residents.

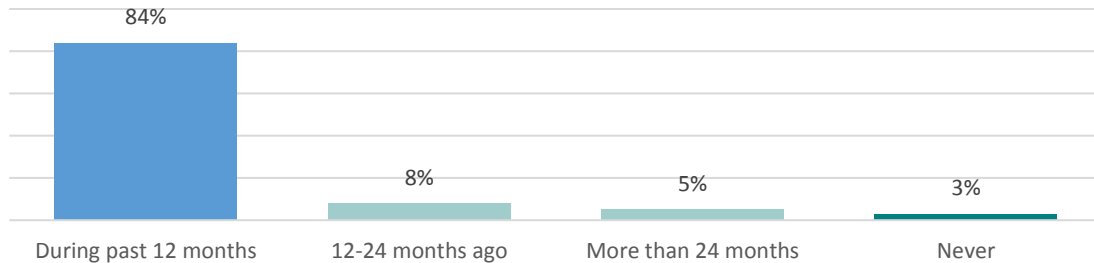
Summary: Access to Oral Health Care			
		<i>% of Residents</i>	<i>N</i>
Last Dental Checkup	Within past year	62.3%	383
	Within past 2 years	11.0%	
	Within past 5 years	7.9%	
	5 or more years ago	16.0%	
	Never	2.8%	



YOUTH SURVEY

The majority of high school students who were surveyed, 84%, indicated that they had seen a dentist for a check-up, exam, teeth cleaning or other dental work during the past twelve months. Only a small percentage, 3%, of high school students had never seen a dentist.

Last Time Saw Dentist



SECONDARY DATA ANALYSIS

The ratio below represents the population per dentist in the county. While the ratio of population per number of dentists has been steadily improving over the past five years in both the county and the state, the ratio for the number of dentists per population is considerably higher in Carroll County than it is for the state as a whole.

Ratio of Population per Dentists											
	2013		2014		2015		2016		2017		% Change
	# of Dentists	Ratio	# of Dentists	Ratio	# of Dentists	Ratio	# of Dentists	Ratio	# of Dentists	Ratio	
Carroll	10	2,828	10	2,820	10	2,780	11	2,520	11	2,490	-10.0%
Ohio	-	1,746	-	1,710	-	1,690	-	1,660	-	1,620	-

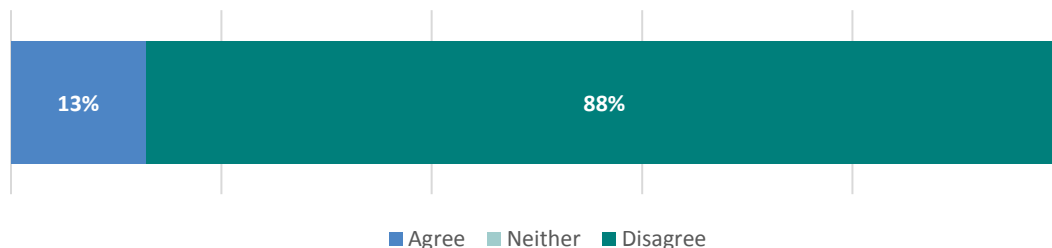
SOURCE: County Health Ranking. Original Source: HRSA Area Resource File. <http://www.countyhealthrankings.org/app/ohio/2018/measure/factors/88/map>

QUALITATIVE DATA

Community Leaders

Only a small percentage of community leaders who were surveyed, 13%, agreed that community residents are able to access a dentist when needed.

Residents are able to access a dentist when needed



SMOKING/TOBACCO USE

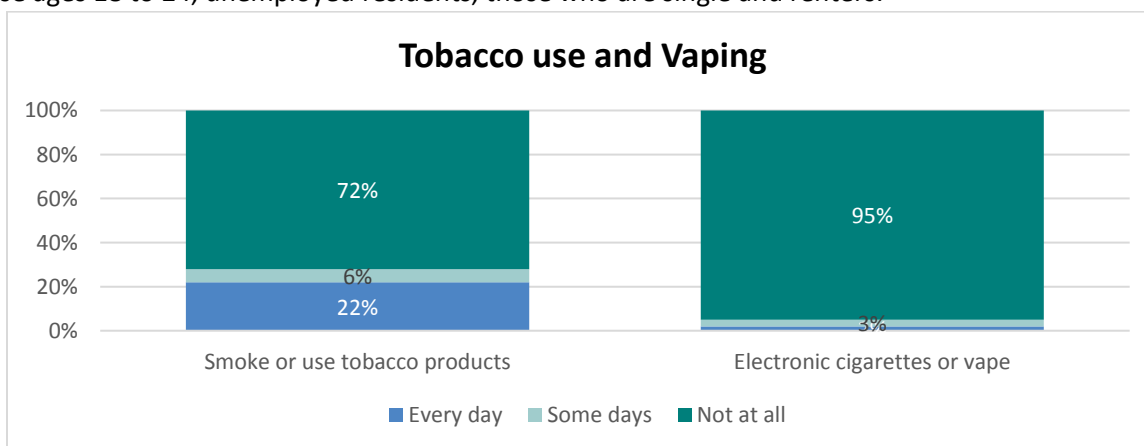
COMMUNITY SURVEY

- More than one quarter or 28.0% of residents indicated they currently smoke cigarettes, cigars, chewing tobacco or use other tobacco products. *Every day users* amounted to 21.9% of all residents.
- Only a small percentage of residents, 5.6% indicated they currently use electronic cigarettes or vape. *Every day users* amounted to 2.4% of all residents.

Summary: Smoking and Tobacco Use			
		% of Residents	N
Tobacco usage	Everyday	21.9%	384
	Some days	6.1%	
	Not at all	72.0%	
Electronic Cigarette/Vape Usage	Everyday	2.4%	384
	Some days	3.2%	
	Not at all	94.5%	

More than one quarter or 28.0% of residents indicated they currently smoke cigarettes, cigars, chewing tobacco or use other tobacco. **Every day users** amounted to 21.9% of all residents. The remaining proportion of tobacco users indicated they smoke cigarettes or use tobacco less frequently or only **some days**, amounting to 6.1% of all residents. More than half of tobacco using residents indicated they were likely to try quitting in the next six months with 26% being very likely to quit and 33% being somewhat likely to quit. Groups of residents that were more likely to smoke or use tobacco include residents with children, those ages 25 to 64, residents with a high school diploma or less education, those who are employed full-time or unemployed and renters.

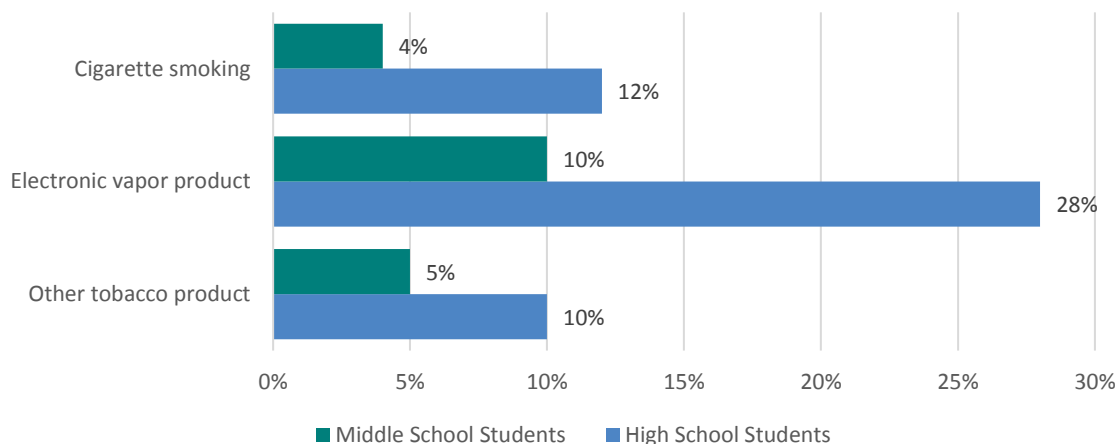
Less than one-tenth or 5.6% of residents indicated they currently smoke e-cigarettes or vape. Groups of residents that were more likely to smoke e-cigarettes or vape include residents with no health insurance, those ages 18 to 24, unemployed residents, those who are single and renters.



YOUTH SURVEY

More than twice as many high school and middle students have used electronic vapor products in the last 30 days than had tried cigarette smoking or other tobacco products such as chewing tobacco.

Tobacco Use in Past 30 Days



- Nearly a third of high school students, 29.5% and 12.8% of middle school students have tried cigarette smoking in the past. Most high school students who have tried cigarettes in the past, 67.5%, were 13 or older the first time they tried cigarettes.
- The percentage of students who regularly use cigarettes is very small. Only 4.9% of high school students and 1.4% of middle school students have smoked 10 or more days in the past 30 days and just 4.9% of high school students and 3.5% of middle school students had smoked 2 or more cigarettes per day.

Summary: Smoking and Tobacco Use			
		High School Students	Middle School
Ever tried cigarette smoking	Yes	29.5%	12.8%
	No	70.5%	87.2%
Age first tried cigarette smoking (of those who smoke)	8 years old or younger	17.5%	19.4%
	9-10 years old	5.0%	33.3%
	11-12 years old	10.0%	38.9%
	13-14 years old	42.5%	5.6%
	15-16 years old	25.0%	-
Number of days smoked in past 30 days	None	88.4%	95.9%
	1-5 days	6.1%	2.1%
	6-9 days	0.7%	0.7%
	10-29 days	2.8%	0.7%
	All 30 days	2.1%	0.7%
During last 30 days, number of cigarettes smoked on days smoked	Did not smoke cigarettes	87.4%	93.1%
	Less than 1 cigarette per day	4.2%	2.8%
	1 cigarette per day	3.5%	0.7%
	2 to 5 cigarettes per day	3.5%	2.8%
	6 or more cigarettes per day	1.4%	0.7%

- Nearly half of high school students, 43.4% and 24.3% of middle school students have used an electronic vapor product in the past. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.
- More than a quarter, 27.6%, of high school students and 10.2% of middle school students have used an electronic vapor product in the past 30 days. The most common ways that students got their own electronic vapor product was by borrowing it from someone else.
- Only a small percentage of high school students, 9.7% and 5.4% of middle school students have used chewing tobacco, snuff, dip, snus, or dissolvable tobacco products in the past thirty days.
- Of those who have used tobacco, a slightly smaller percentage had tried to quit using all tobacco products in the past 12 months than had not tried to quit using tobacco products.

Summary: Electronic Vapor Use and Chewing Tobacco Use			
		High School Students	Middle School
Ever used electronic vapor product	Yes	43.4%	24.3%
	No	56.6%	75.7%
Number of days used electronic vapor product in past 30 days	None	72.4%	89.8%
	1-5 days	13.1%	7.4%
	6-9 days	1.4%	0.0%
	10-29 days	5.5%	1.4%
	All 30 days	7.6%	1.4%
How usually get electronic vapor products	Did not get any in past 30 days	70.1%	87.1%
	Bought them in store	2.1%	0.7%
	Got them on Internet	2.1%	-
	Gave money to someone to buy	5.6%	0.7%
	Borrowed them from someone	9.7%	8.2%
	Had legal person buy them	4.2%	2.7%
Number of days used chewing tobacco in past 30 days	None	90.3%	94.6%
	1-5 days	4.8%	3.4%
	6-9 days	0.7%	0.0%
	10-29 days	2.1%	1.4%
	All 30 days	2.1%	0.7%
During past 12 months, ever tried to quit using all tobacco products	Did not use any in past 12 months	71.5%	-
	Yes	13.2%	-
	No	15.3%	-

SECONDARY DATA ANALYSIS

Adult smoking prevalence is the estimated percent of the adult population that currently smokes every day or “most days” and has smoked at least 100 cigarettes in their lifetime. The percentage of adults who smoke in the county is slightly lower than the state average, 21% in the county compared to 23% in Ohio.

Percent of Adults that Currently Smoke						
	2012	2013	2014	2015	2016	Change
Carroll County	23%	20%	19%	21%	21%	-2%
Ohio	21%	21%	22%	23%	23%	+2%

SOURCE: County Health Ranking. Original Source: The Behavioral Risk Factor Surveillance System (BRFSS)

MENTAL HEALTH

COMMUNITY SURVEY

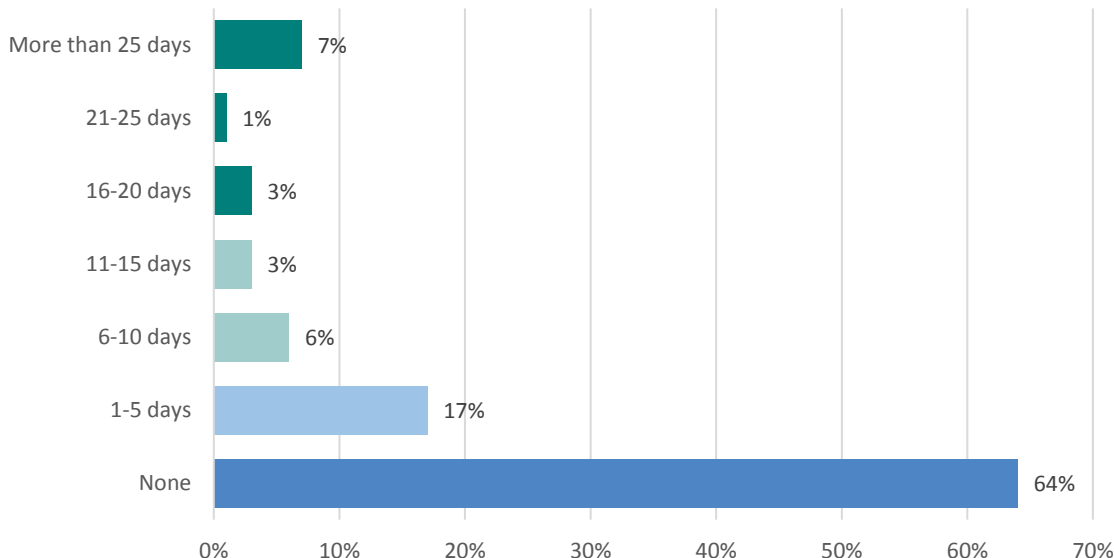
- Nearly two-thirds of residents, 63.5%, reported that they didn't have any days in the past 30 days in which their mental health (which includes stress, depression and problems with emotions) while one-sixth, 16.7%, reported that their mental health was not good 1 to 5 days in the past 30 days. A small percentage, 4.2%, indicated that their mental health was not good for more than half of the month.
- A small percentage, 6.4%, of residents indicated that they or a family member had to wait more than 10 days to see a counselor or psychiatrist in the past year.
- More than a quarter of residents had either been personally diagnosed or had an immediate family member who was diagnosed with anxiety or depression.
- Less than half of residents, 43%, have known someone who has died by suicide while less than a third of residents, 31%, know someone who has talked about thoughts of suicide. Less than a quarter of residents, 21%, know someone who has attempted suicide but did not die.

Summary: Mental Health			
		% of residents	#
Number of days in past 30 that mental health was not good	None	63.5%	376
	1-5 days	16.7%	
	6-10 days	5.9%	
	11-15 days	3.1%	
	16-20 days	3.4%	
	21-25 days	0.8%	
	More than 25 days	6.5%	
Seen a counselor or psychiatrist in past year	Yes- had to wait 10+ days	6.4%	378
	Yes- did not have to wait	10.9%	
	No	82.7%	
Resident/Immediate Family Member Diagnosed by Medical Professional	Anxiety	26.5%	383
	Depression	26.1%	
	ADD/ADHD	14.6%	
	Panic disorder	9.5%	
	Bipolar	9.3%	
	Posttraumatic stress disorder	7.1%	
	Alcohol/Substance Abuse/Dependence	6.5%	
	Seasonal affective disorder	4.9%	
	Obsessive compulsive disorder	4.1%	
	Postpartum depression	3.8%	
	Schizophrenia	2.3%	
	Eating disorder	2.0%	
Know someone who. . . .	Has died by suicide	43.3%	383
	Has talked about thoughts of suicide	31.4%	384
	Has attempted suicide, but didn't die	21.3%	384



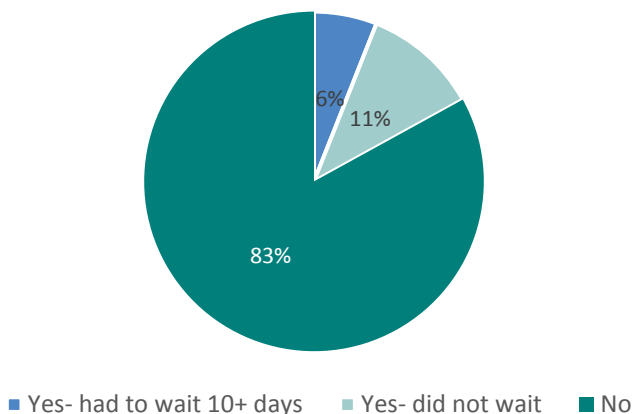
Nearly two-thirds of residents, 63.5%, reported that they didn't have any days in the past 30 days in which their mental health (which includes stress, depression and problems with emotions) while one-sixth, 16.7%, reported that their mental health was not good 1 to 5 days in the past 30 days. A small percentage, 4.2%, indicated that their mental health was not good for more than half of the month. **Groups of residents more likely to have 16 or more bad mental health days in the past 30 days include: females, residents ages 18-24, those who are unemployed, residents with an annual income under \$25,000, and those who are divorced or widowed.**

Number of Days Mental Health Not Good



A small percentage, 6.4%, of residents indicated that they or a family member had to wait more than 10 days to see a counselor or psychiatrist in the past year. Groups of residents more likely to have to wait more than 10 days to see a counselor or psychiatrist include residents ages 18-44, those with children in the home, residents who are unemployed, those with an annual income of \$25,000-\$50,000, renters and females.

Seen Counselor or Psychiatrist/Had to Wait



Next, all residents were given a list of twelve different mental health conditions and asked if they or any member of their immediate family had ever been diagnosed with each. Each condition is discussed in more detail below.

Anxiety- More than a quarter of residents, 26.5%, had either been diagnosed or had an immediate family member who had been diagnosed with anxiety. Groups of residents who were more likely to have been diagnosed or had an immediate family member who was diagnosed with anxiety include females, residents with children in the home, those ages 18-24 or 45 to 64, residents who are employed part-time or unemployed, those who are divorced or single and renters.

Depression- More than a quarter of residents, 26.1%, had either been diagnosed or had an immediate family member who had been diagnosed with depression. Groups of residents who were more likely to have been diagnosed or had an immediate family member who was diagnosed with depression include females, residents with children in the home, those ages 18-24 or 45 to 64, residents who are unemployed or homemakers, those who are divorced, renters, and residents who have an annual income under \$50,000.

ADD/ADHD- Less than a sixth of residents, 14.6%, had either been diagnosed or had an immediate family member who had been diagnosed with ADD/ADHD. Groups of residents who were more likely to have been diagnosed or had an immediate family member who was diagnosed with ADD or ADHD include females, residents with children in the home, those ages 18-44, college graduates, residents who are unemployed or employed full-time, and those who are single.

Panic Disorder- Less than one-tenth of residents, 9.5%, had either been diagnosed or had an immediate family member who had been diagnosed with a panic disorder. Groups of residents who were more likely to have been diagnosed or had an immediate family member who was diagnosed with a panic disorder include females, residents with children in the home, those ages 18-24, residents who are unemployed or a homemaker, and renters.

Bipolar- Less than one-tenth of residents, 9.3%, had either been diagnosed or had an immediate family member who had been diagnosed with bipolar. Groups of residents who were more likely to have been diagnosed or had an immediate family member who was diagnosed with bipolar include females, residents with children in the home, those ages 18-44, residents who are unemployed, those who are single and renters.

Posttraumatic Stress Disorder- Slightly fewer residents, 7.1%, had either been diagnosed or had an immediate family member who had been diagnosed with posttraumatic stress disorder. Groups of residents who were more likely to have been diagnosed or had an immediate family member who was diagnosed with posttraumatic stress disorder include residents with children in the home, those ages 18-24, and residents who are single.

Alcohol/Substance Abuse Dependence- A small percentage of residents, 6.5%, had either been diagnosed or had an immediate family member who had been diagnosed with alcohol/substance abuse dependence. Groups of residents who were more likely to have been diagnosed or had an immediate family member who was diagnosed with alcohol/substance abuse dependence include residents with children in the home, those ages 18-44, residents with a high school diploma or less education, those who are





unemployed, residents with an annual income of \$25,000 to \$50,000, those who are single or divorced and renters.

Seasons Effective Disorder- A small percentage of residents, 4.9%, had either been diagnosed or had an immediate family member who had been diagnosed with seasonal effective disorder. Groups of residents who were more likely to have been diagnosed or had an immediate family member who was diagnosed with seasonal effective disorder include residents with children in the home and those who are employed part-time or unemployed.

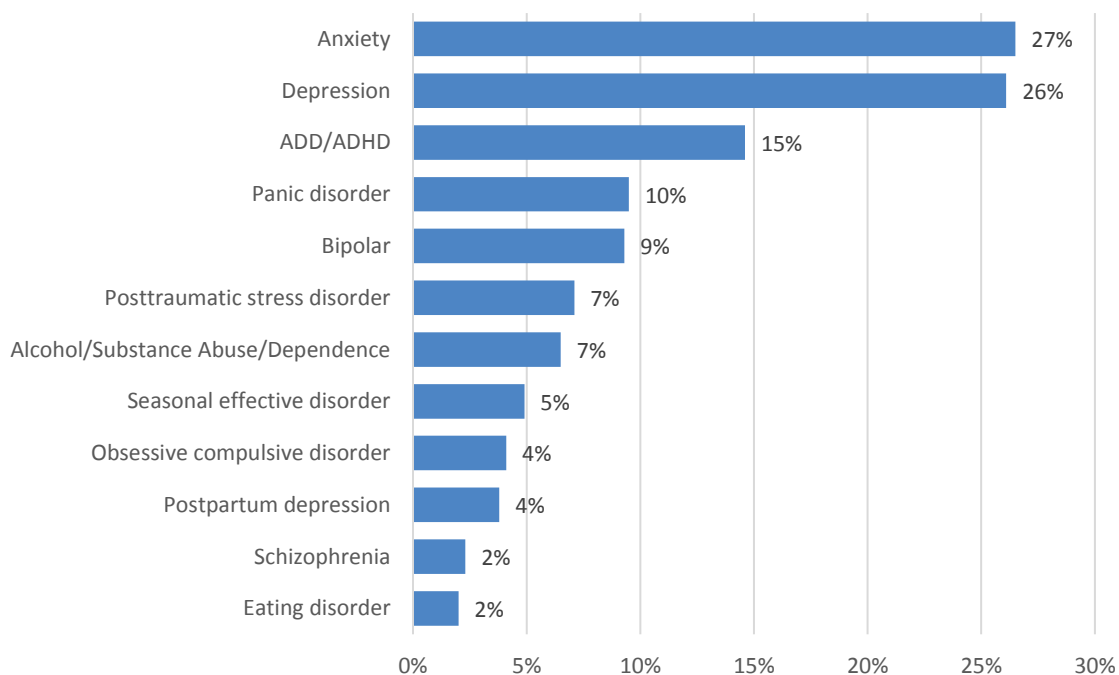
Obsessive Compulsive Disorder- A small percentage of residents, 4.1%, had either been diagnosed or had an immediate family member who had been diagnosed with obsessive compulsive disorder. Groups of residents who were more likely to have been diagnosed or had an immediate family member who was diagnosed with obsessive compulsive disorder include residents with children in the home.

Postpartum Depression- A small percentage of residents, 3.8%, had either been diagnosed or had an immediate family member who had been diagnosed with postpartum depression. Groups of residents who were more likely to have been diagnosed or had an immediate family member who was diagnosed with postpartum depression include residents with children in the home and those ages 18 to 24.

Schizophrenia- A small percentage of residents, 2.3%, had either been diagnosed or had an immediate family member who had been diagnosed with schizophrenia.

Eating Disorder- A small percentage of residents, 2.0%, had either been diagnosed or had an immediate family member who had been diagnosed with an eating disorder. Groups of residents who were more likely to have been diagnosed or had an immediate family member who was diagnosed with an eating disorder include females, residents ages 18 to 24, and those who are divorced.

Resident/Immediate Family Member Diagnosed With. . .



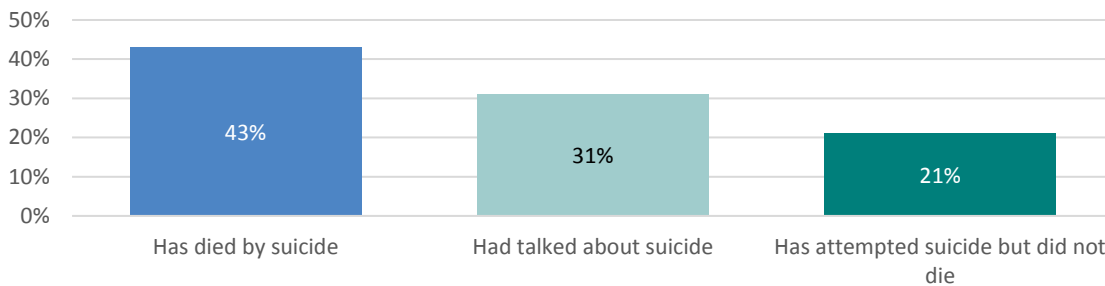


Less than half of residents, 43%, have known someone who has died by suicide. Residents who were more likely to know someone who has died from suicide include females, residents ages 25 to 64 and those with some college education.

Less than a third of residents, 31%, know someone who has talked about thoughts of suicide. Groups of residents more likely to know someone who has talked about suicidal thoughts include females, residents ages 18 to 44, those with children in the home, residents with some college or more education, those who are single or divorced, and renters.

Less than a quarter of residents, 21%, know someone who has attempted suicide but did not die. Groups of residents more likely to know someone who attempted suicide include females, residents ages 18 to 44, those with children in the home, residents who are employed part-time, and renters.

Know Someone Who.



YOUTH SURVEY

- Over a quarter of high school students, 27.4%, have felt so sad or hopeless almost every day for two weeks or more in a row that stopped them from doing their usual activities sometime in the last 12 months.
- Less than a quarter of high school students, 21.9%, have seriously considered suicide sometime in the past 12 months. Slightly fewer, 14.9%, of middle school students have thought about killing themselves sometime in the past.
- More than one-tenth of high school students, 13.1%, and 9.4% of middle school students reported making a plan about how they would attempt suicide.
- A small percentage of high school students, 7.6%, have attempted suicide sometime in the past 12 months. Most, 88.2%, of these attempts did not result in an injury, poisoning, or overdose that needed to be treated by a doctor or nurse. Even fewer, 2.0%, of middle school students have attempted suicide sometime in the past.

Summary: Sad Feelings and Suicide			
		High School Students	Middle School
Felt sad or hopeless and stopped doing activities	Yes	27.4%	-
	No	72.6%	-
Considered suicide	Yes	21.9%	14.9%
	No	78.1%	85.1%
Ever made a plan to attempt suicide	Yes	13.1%	9.4%
	No	86.9%	90.6%
Attempted suicide	Yes	7.6%	2.0%
	No	92.4%	98.0%



SECONDARY DATA ANALYSIS

Mental Health Providers refers to the ratio of the county population to the number of mental health providers including psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental health care. In 2015, marriage and family therapists and mental health providers that treat alcohol and other drug abuse were added to this measure. In Ohio, there is 1 Mental Health Provider for every 470 residents. The ratio in Carroll County is much, much worse with there being 1 Mental Health Provider for every 2,490 county residents. There are only eleven mental health providers, total, in Carroll County.

Mental Health Providers										
	2014		2015		2016		2017		2018	
	# of Provider	Ratio	# of Provider	Ratio	# of Provider	Ratio	# of Provider	Ratio	# of Provider	Ratio
Carroll	7	4,049	9	3,130	9	3,090	10	2,770	11	2,490
Ohio	14,531	778	14,630	700	14,640	630	10,980	560	8,790	470

SOURCE: County Health Ranking. Original Source: HRSA Area Resource File.

The number suicide deaths in Carroll County has only slightly varied over the past five years. In the state of Ohio, however, there has been a 23% increase in the number of suicide deaths over the past five years.

Number of Suicide Deaths						
	2014	2015	2016	2017	2018	% Change
Carroll County	4	3	6	6	3	-25%
Ohio	1494	1645	1705	1751	1838	+23%

SOURCE: Ohio Department of Health, Data Warehouse. NA=Indicates rates have been suppressed for counts < 10

Poor mental health days is based on survey responses to the question: “Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” The value reported the average number of days a county’s adult residents report that their mental health was not good. The average number of poor mental health days was slightly less in Carroll County than it was in the state.

Number of Poor Mental Health Days				
	2006-2012	2014	2015	2016
Carroll	4.3	4.0	4.0	4.1
Ohio	3.8	4.3	4.0	4.3

SOURCE: County Health Ranking. Original Source: The Behavioral Risk Factor Surveillance System (BRFSS).

QUALITATIVE DATA

Community Leaders

The majority of community leaders, 76%, disagreed that there are enough mental and behavioral health providers in the area.



ALCOHOL AND SUBSTANCE ABUSE

COMMUNITY SURVEY

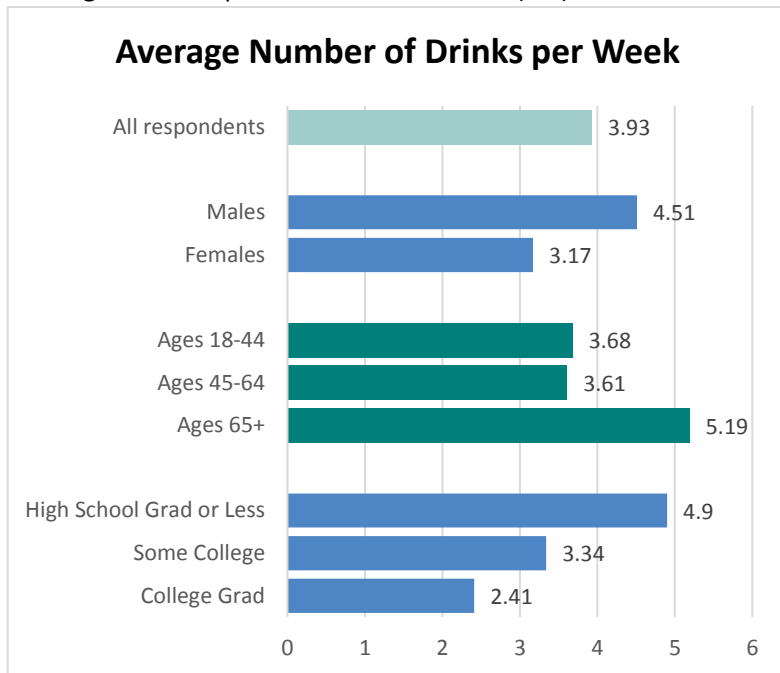
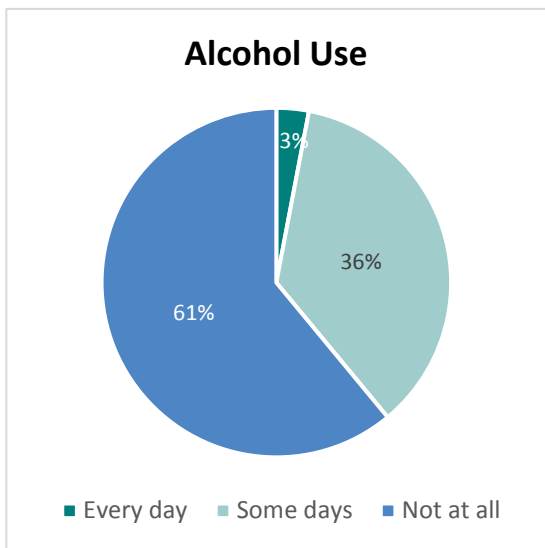
- More than a third of residents, 38.7%, reported drinking alcoholic beverages such as beer, wine, malt beverages or liquor at least some days.
- More than a quarter of residents, 27%, report that they get rid of unused medication by taking it to a take back center. Less than a quarter of residents, 23%, reported that they keep unused medication in case they need it again. Even fewer, 18%, reported that they use all their medication or don't have any unused medication.
- One fifth of residents, 25%, reported that they know someone who has taken something to get high in the past year. Less than one-sixth of residents, 13%, know someone who was treated for a drug overdose with Narcan.
- The drugs that were mentioned most often by residents as a problem in the community include heroin, methamphetamine, Opioids/Narcotics, Fentanyl, marijuana, and cocaine.
- More than half of residents, 57%, felt that there are not enough treatment options for drug and alcohol addiction in their community.

Summary: Prescription and Substance Abuse			
		% of residents	N
Alcohol consumption	Every day	2.9%	384
	Some days	35.8%	
	Not at all	61.3%	
	Average number of drinks per week	3.93	
How typically get rid of unused prescription medication	Flush down toilet	13.0%	366
	Throw them in trash	15.6%	
	At a Take Back Center	27.1%	
	Give them to someone else who needs them	0.4%	
	Keep them in case I need them in the future	22.8%	
	Something else	3.7%	
	Take all medication/no unused medication	17.5%	
Know someone who takes something to get high	Yes	24.8%	382
	No	75.2%	
Know someone treated with Narcan	Yes	12.6%	383
	No	87.4%	
Types of drugs serious problem in county (open-ended, top 3)	Heroin	51.0%	202
	Meth	30.2%	
	Opioids/Narcotics	19.8%	
Think there are enough treatment options in County	Yes	43.3%	302
	No	56.7%	

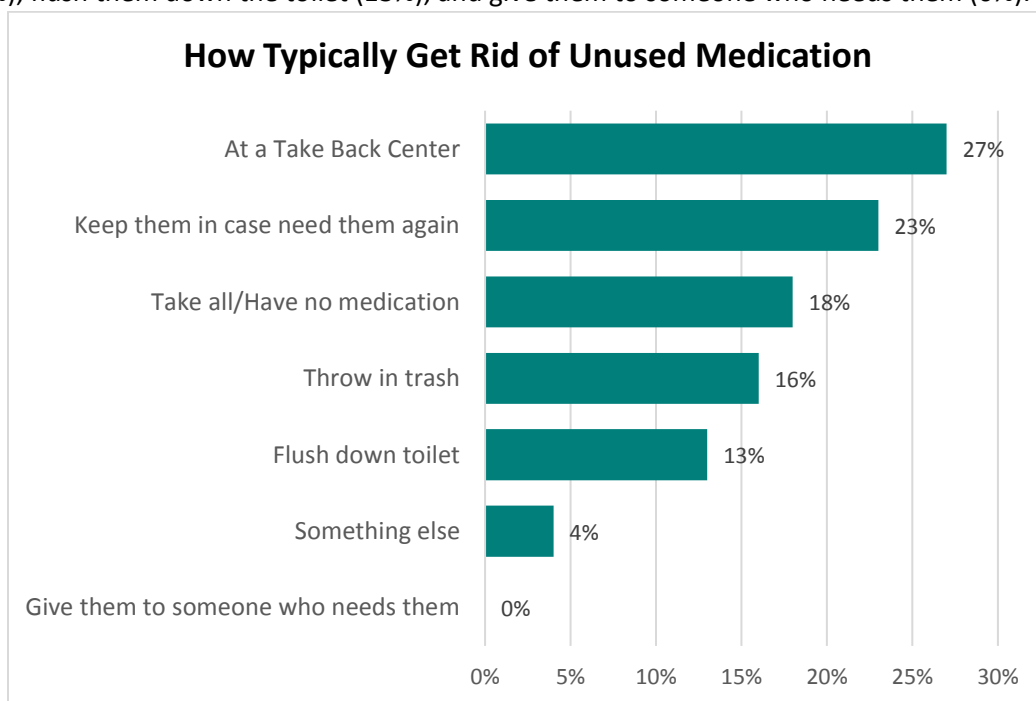
More than a third of residents, 38.7%, reported drinking alcoholic beverages such as beer, wine, malt beverages or liquor at least some days with 2.9% reporting drinking alcohol every day. Groups of residents more likely to drink alcoholic beverages include males, residents who are employed full-time or retired,



and those with an annual income over \$25,000. The average number of alcoholic beverages per week was 3.93 for all residents. Groups of residents with significantly higher averages include males (4.51), residents ages 65 and over (5.19) and those with a high school diploma or less education (4.9).



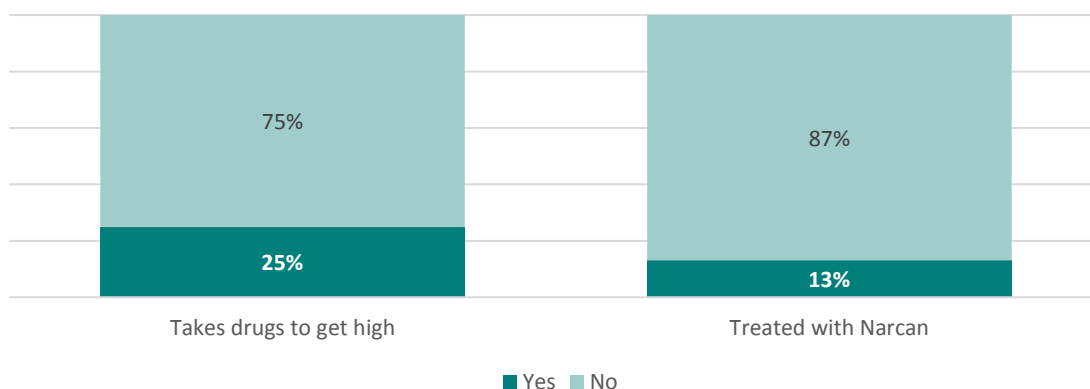
More than a quarter of residents, 27%, report that they get rid of unused medication by taking it to a take back center. Less than a quarter of residents, 23%, reported that they keep unused medication in case they need it again. Even fewer, 18%, reported that they use all their medication or don't have any unused medication. Other ways of disposing of medication include, in order of importance, through them in the trash (16%), flush them down the toilet (13%), and give them to someone who needs them (0%).



One fifth of residents, 25%, reported that they know someone who has taken something to get high in the past year. Groups of residents who were more likely to know someone who took something to get high include residents ages 18 to 44, those with children in the home, residents who are employed full-time or unemployed, those with an annual income of \$25,000 to \$50,000, and residents who are single or divorced. The most common drugs used to get high were marijuana, heroin, and pain killers.

Less than one-sixth of residents, 13%, know someone who was treated for a drug overdose with Narcan. Groups of residents more likely to know someone who was treated with Narcan include residents ages 18 to 44, those with children in the home, and residents who are unemployed or employed full-time.

Know Someone Who. . . .



Drugs Taken to Get High				
	# of FIRST Responses	% of FIRST Responses	# of TOTAL Responses	% of Residents
Marijuana	43	58.9%	47	64.4%
Heroin	9	12.3%	12	16.4%
Pain killers	7	9.6%	9	12.3%
Methamphetamine	3	4.1%	4	5.5%
Opioids	2	2.7%	4	5.5%
Prescription drug	1	1.4%	4	5.5%
Cocaine	0	0.0%	4	5.5%
Alcohol	3	4.1%	3	4.1%
Street drugs	2	2.7%	2	2.7%
Pills	2	2.7%	2	2.7%
Tobacco	0	0.0%	2	2.7%
Fentanyl	0	0.0%	1	1.4%
MISCELLANEOUS	1	1.4%	2	2.7%
Total	73	(n=73)	96	(n=73)
<i>Question: What would that be?</i>				

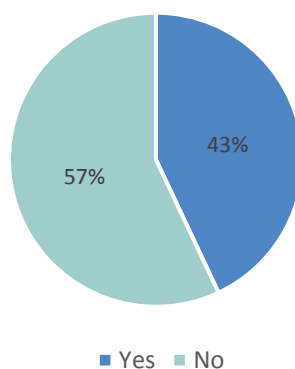


Nearly two-thirds, 63.5% of residents, reported that there were particular drugs they feel are a serious problem in Carroll County. The drugs that were mentioned most often by residents as a problem in the community include, in order of importance, heroin, methamphetamine, Opioids/Narcotics, Fentanyl, marijuana, and cocaine.

Problem Drugs in Community				
	# of FIRST Responses	% of FIRST Responses	# of TOTAL Responses	% of Residents
Heroin	85	42.1%	103	51.0%
Methamphetamine	33	16.3%	61	30.2%
Opioids/Narcotics	33	16.3%	40	19.8%
Fentanyl	18	8.9%	31	15.3%
Marijuana	17	8.4%	31	15.3%
Cocaine	10	5.0%	23	11.4%
Prescription drugs	1	0.5%	10	5.0%
Pills	1	0.5%	5	2.5%
Pain medication	2	1.0%	4	2.0%
Oxycodone	1	0.5%	4	2.0%
Vaping	1	0.5%	3	1.5%
Alcohol	0	0.0%	2	1.0%
Anxiety meds/Xanax	0	0.0%	2	1.0%
MISCELLANEOUS	0	0.0%	3	1.5%
Total	202	(n=202)	322	(n=202)
<i>Question: What would that be? (follow-up to: Are there any particular drugs that you feel are a serious problem in Carroll County?)</i>				

More than half of residents, 57%, felt that there are not enough treatment options for drug and alcohol addiction in their community. Groups of residents more likely to think that there are not enough treatment options in the community include females and residents with children in the home.

Think There Are Enough Treatment Options in County



YOUTH SURVEY

- More than half of high school students, 55.5%, and nearly one-third, 29.5%, had drank alcohol (more than just a few sips) sometime in the past. Students were told that alcohol includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka or whiskey and did not include drinking a few sips of wine for religious purposes.
- The high school students were asked a series of follow-up questions regarding alcohol use.
 - More than a quarter of high school students, 27.1%, had drank at least one drink of alcohol in the past 30 days. Only a small percentage of students, 2.1%, reported drinking alcohol 10 or more days in the past month.
 - More than a sixth of high school students, 17.2%, reported drinking 4 (for girls) or 5 (for boys) drinks in row or within a couple of hours at least 1 time during the past 30 days.
 - One in ten high school students had six or more alcoholic drinks in a row sometime during the past 30 days.
 - The most common way that high school usually get the alcohol that they drink was that someone gave it them (11.0%).

Summary: Alcohol			
		High School	Middle School
Ever drank alcohol	Yes	55.5%	29.5%
	No	45.5%	70.5%
Age first tried alcohol	Never tried alcohol	45.5%	69.4%
	8 or younger	9.7%	3.5%
	9-10 years old	2.8%	10.5%
	11-12 years old	6.2%	11.8%
	13-14 years old	17.9%	5.9%
	15-16 years old	16.6%	-
	17 or older	1.4%	-
Number of days had at least one drink of alcohol in past 30 days	0 days	72.9%	-
	1 or 2 days	16.0%	-
	3 to 9 days	9.1%	-
	10 or more times	2.1%	-
Number of days had 4/5 or more drinks of alcohol in a row within a couple of hours in past 30 Days	None	82.8%	-
	1 day	6.9%	-
	2 days	6.2%	-
	3 to 9 days	2.8%	-
	10 or more days	1.4%	-
Largest number of alcoholic drinks had in a row in past 30 days	No drinks in past 30 days	75.9%	-
	1 or 3 drinks	8.3%	-
	4 to 9 drinks	11.0%	-
	10 or more drinks	4.8%	-
How usually got alcohol in past 30 days	Did not drink alcohol	71.7%	-
	Bought it in a store	1.4%	-
	Save someone money to buy it	4.1%	-
	Someone gave it to me	11.0%	-
	Some other way	11.7%	-

- Less than a tenth of high school students, 7.6%, and 6.7% of middle school students reported taking prescription pain medicine without a doctor's prescription or differently than how it was prescribed. Examples of prescription pain medications given include codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.
- Only a small percentage of high school students, 1.4%, reported taking prescription pain medicine without a prescription 40 or more times in their lifetime.

Summary: Prescription Medication

		High School Students	Middle School
Ever taken prescription pain medicine without prescription	Yes	7.6%	6.7%
	No	92.4%	93.3%
Number of times taken prescription pain medicine without a prescription	0 times	92.4%	-
	1 or 2 times	4.1%	-
	3 to 9 times	0.7%	-
	10 to 19 times	1.4%	-
	40 or more times	1.4%	-

- More than a quarter of high school students, 26.4%, have used marijuana sometime in their lifetime. Nearly one-tenth, 9.0%, have used marijuana 100 or more times in their lifetime. Marijuana use for middle school students was much less common with just 6.5% reporting using marijuana in the past.
- One-sixth of high school students, 17.0%, reported using marijuana in the past 30 days. A notable amount, 4.9%, reported using marijuana 20 or more times in the past 30 days.
- Drug use, other than marijuana, was relatively low for high school students: 4.1% reported sniffing glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays; 1.4% reported using cocaine, including powder, crack, or freebase; 1.4% reported using methamphetamine also called speed, crystal meth, crank, ice or meth; 0.7% reported using ecstasy (also known as MDMA), and no students reported using Heroin, also known as smack, junk, or China White.
- Only one, or 0.7%, of the high school students reported using a needle to inject any illegal drugs into their body.
- Less than one-tenth, 7.0%, of high school students reported that, sometime in the last 12 months, someone had offered, sold, or given them an illegal drug on school property.

Summary: Marijuana and other drug use.

		High School	Middle
Ever used marijuana	Yes	26.4%	6.5%
	No	73.6%	93.5%
Number of times used marijuana in lifetime	0 times	73.6%	-
	1 or 2 times	9.7%	-
	3 to 19 times	5.6%	-
	20 to 99 times	2.1%	-
	100 or more times	9.0%	-
Age when tried marijuana for the first time	Never tried marijuana	73.1%	92.5%
	10 years old or younger	1.4%	4.1%
	11 or 12 years old	4.1%	1.4%
	13 or 14 years old	10.3%	2.0%
	15 or 16 years old	11.0%	-

Summary: Marijuana and other drug use.			
		High School	Middle
Number of times used marijuana in past 30 days	0 times	83.0%	-
	1 or 2 times	6.4%	-
	3 to 19 times	5.6%	-
	20 or more times	4.9%	-
Ever used following drugs	Any form of cocaine	1.4%	-
	Sniffed glue or inhaled	4.1%	-
	Heroin	0.0%	-
	Methamphetamine	1.4%	-
	Ecstasy	0.7%	-
	Any other drugs	4.7%	-
Anyone offered or sold illegal drugs on school property	Yes	93.0%	-
	No	7.0%	-

SECONDARY DATA ANALYSIS

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

Percentage of Adults Reporting Binge or Heavy Drinking					
	2006-2012	2014	2015	2016	Change
Carroll County	17%	16%	15%	17%	0%
Ohio	18%	19%	19%	19%	+1%

SOURCE: County Health Ranking. Original Source: The Behavioral Risk Factor Surveillance System (BRFSS)

In 2009, the percentage of driving deaths with alcohol involvement in Carroll County was considerably higher than the state. However, since then the percentage of driving deaths with alcohol involvement in Carroll County has decreased more rapidly than the state and as of 2017, the percentage for Carroll County was 14% lower than the state average (19% compared to 33%).

Percentage of Driving Deaths with Alcohol Involvement						
	2009-2013	2010-2014	2011-2015	2012-2016	2013-2017	Change
Carroll County	47%	40%	22%	16%	19%	-28%
Ohio	36%	35%	34%	34%	33%	-3%

SOURCE: County Health Ranking. Original Source: National Center for Health Statistics

The table below represents the percentage of unduplicated clients in treatment with a primary diagnosis of alcohol use disorder. On average, 39.9% percent of client admissions in the county were associated with a primary diagnosis of alcohol abuse or dependence in SFY 2016. It should be noted that this data comes from the Ohio Mental Health & Addiction Services (OhioMHAS) Multi Agency Community Information System (MACSIS). While MACSIS data is required for billing purposes, there are minimal sanctions for failing to submit so underreporting of these numbers is likely. It should also be noted that reported data only reflects information for clients whose treatment was provided with public dollars.

Percentage of Unduplicated Clients - Treatment for Alcohol Use Disorder						
	SFY 2011	SFY 2013	SFY 2014	SFY 2015	SFY 2016	Change
Carroll	50.0%	51.0%	49.3%	38.9%	39.9%	-10.1%
Ohio Avg.	37.3%	30.2%	32.7%	29.7%	20.3%	-17.0%

SOURCE: Ohio Mental Health & Addiction Services, Multi Agency Community Information Systems.

The number of unintentional drug overdose deaths in Carroll County has doubled since 2010. The unintentional drug overdose death rate for Ohio was higher than the rate for Carroll County.

Number of Unintentional Drug Overdose Deaths, 2010-2017										
	2010	2011	2012	2013	2014	2015	2016	2017	Change	Rate*
Carroll	3	0	4	2	3	5	3	6	100%	17.2
Ohio	1,544	1,772	1,914	2,110	2,531	3,050	4,050	4,854	214%	27.8

**Rate per 100,000 Population, SOURCE: 2017 Ohio Drug Overdose Data: General Findings*

The table below represents the percentage of unduplicated clients in treatment with a primary diagnosis of opiate use disorder. On average, 32.0% percent of client admissions in the county were associated with a primary diagnosis of opiate abuse or dependence in SFY 2016, double the percent in SFY 2011.

Percentage of Unduplicated Clients - Treatment for Opiate Use Disorder						
	SFY 2011	SFY 2013	SFY 2014	SFY 2015	SFY 2016	Change
Carroll	15.9%	NA	18.2%	21.7%	32.0%	+16.1%
Ohio Avg.	24.6%	30.4%	38.6%	43.7%	49.9%	+25.3%

SOURCE: Ohio Mental Health & Addiction Services, Multi Agency Community Information Systems.

The table below represents the percentage of unduplicated clients in treatment with a primary diagnosis of cannabis use disorder. On average, 18.3% percent of client admissions in the county were associated with a primary diagnosis of cannabis abuse or dependence in SFY 2016.

Percentage of Unduplicated Clients - Treatment for Cannabis Use Disorder				
	SFY 2014	SFY 2015	SFY 2016	Change 2014-2016
Carroll	NA	16.0%	18.3%	+2.3%
Ohio Avg.	7.9%	7.5%	17.2%	+

SOURCE: Ohio Mental Health & Addiction Services, Multi Agency Community Information Systems.

The table below examines per capita distribution of prescription opioids with data from The Ohio State Board of Pharmacy's automated prescription reporting system (OARRS). Doses per capita is a measure that gives the average number of doses dispensed for each individual resident in a county in a year. Rates are likely underestimated because data from drugs dispensed at physician offices and the Veteran's administration are not included in the calculations. In 2017, the rates for the county were lower than the state. Over the five-year time span in which data is available, rates have decreased in both the county and the state although the decrease in the county was significantly lower.

Prescription Opioid Doses per Capita						
	2013	2014	2015	2016	2017	Rate Change
Carroll	47.2	47.8	45.5	42.4	38.4	-8.8
Ohio	67.4	65.1	60.8	55.1	49.3	-26.9

SOURCE: Ohio Mental Health & Addiction Services, Multi Agency Community Information Systems.

The table below examines per capita distribution of prescription benzodiazepines with data from The Ohio State Board of Pharmacy's automated prescription reporting system (OARRS). In 2017, the rates for the county were slightly lower than the state. Over the five-year time span in which data is available, rates have decreased in both the county and the state although the decrease in the county was slightly lower.

Prescription Benzodiazepine Doses per Capita						
	2013	2014	2015	2016	2017	Rate Change
Carroll	23.0	22.4	20.5	18.6	18.7	-18.7%
Ohio	25.5	24.8	23.8	22.0	20.2	-20.8%

SOURCE: Ohio Mental Health & Addiction Services, Multi Agency Community Information Systems.

MATERNAL, INFANT AND CHILD HEALTH

SECONDARY DATA ANALYSIS

Less than one-tenth of births in Carroll County in 2017 were low birth weight (7.4%). The number of low-birth-weight births has remained consistent over the past five years.

Carroll County Low Birth Weight					
	2014	2015	2016	2017	2018
# Low birth weight (LBW)	20	24	19	23	20
% Low birth weight (LBW)	7.6%	8.2%	7.0%	8.0%	7.4%

LBW= Births less than 5 pounds, 8 ounces, SOURCE: Ohio Department of Health Data Warehouse.

The case rates per 100,000 for very low birth weight, low birth weight and normal birth case rates were all lower in Carroll County than Ohio as a whole. The high birth weight case rate was considerably higher in Carroll County than Ohio (214.2 compared to 189.0). The case rates per 100,000 for very pre-term births was considerably higher in Carroll County than it was for the state (57.1 in county compared to 41.6 for the state).

Birth Weight Distribution, 2017					
	Carroll County		Ohio		Difference per 100,000
	Case Count	Rate per 100,000	Case Count	Rate per 100,000	
Very low birth weight (<1500g)	4	28.5	2,113	35.6	-7.1
Low birth weight (1500g-2499g)	19	135.7	9,761	164.8	-29.1
Normal weight (2500g-3999g)	235	1,678.4	113,704	1,919.4	-24.1
High birth weight (4000g+)	30	214.2	11,200	189.0	25.2

Gestational Age Distribution, 2017					
	Case Count	Rate per 100,000	Case Count	Rate per 100,000	Difference per 100,000
Very pre-term (<32 weeks)	8	57.1	2,469	41.6	+15.5
Pre-term (32-37 weeks)	18	128.5	11,727	197.9	-69.4
Term (37 to 41 weeks)	263	1,878.4	122,263	2,063.9	-185.5
Post-term (42+ weeks)	0	0.0	320	5.4	-5.4

SOURCE: Carroll County General Health District, Originally extracted from Ohio Department of Health Data Warehouse

The percentage of pregnant women accessing prenatal care in the first trimester in the county is significantly lower than the state (60.9% compared to 72.7%).

Trimester of Entry into Prenatal Care					
	2014	2015	2016	2017	2018
CARROLL COUNTY					
None	1.7%	1.9%	0.8%	0.4%	0.0%
First Trimester	67.9%	60.7%	63.6%	61.3%	60.9%
Second Trimester	24.1%	30.0%	29.3%	32.5%	33.2%
Third Trimester	6.3%	7.5%	6.2%	5.8%	5.9%
OHIO					
None	2.1%	1.8%	1.6%	1.6%	1.6%
First Trimester	70.7%	71.8%	71.8%	71.9%	72.7%
Second Trimester	21.8%	21.3%	21.5%	21.4%	20.9%
Third Trimester	5.4%	5.1%	5.1%	5.0%	4.9%

SOURCE: Ohio Department of Health Data Warehouse.

The number of births women of childbearing age has increased slightly over the last five years in Carroll County while the number in Ohio has a whole has slightly decreased.

Live Birth Count						
	2014	2015	2016	2017	2018	Change
Carroll	264	292	270	289	269	+1.9%
Ohio	139,514	139,312	138,198	136,894	135,226	-3.1%

SOURCE: Ohio Department of Health Data Warehouse.

The number of births to young mothers increased significantly from 2014 to 2018 in Carroll County. At the same time, the number of births to young mothers in the state as a whole significantly declined.

Number of Births by Young Mothers, 2014-2018									
	2014				2018				Change 2014-2018
	>15	15-17	18-19	Total	>15	15-17	18-19	Total	
Carroll	0	6	10	16	0	5	16	21	+31.3%
Ohio	120	2,407	7,068	9,595	56	1,666	5,379	7,101	-26.0%

SOURCE: Ohio Health Department Secure Data Warehouse

The adolescent birth rate for teens ages 15-19 in the county is slightly lower than the state. It should be noted that the teen adolescent birth rate in both the county and Ohio has been declining each year.

Teen Birth Rate						
	2013	2014	2015	2016	2017	Change
Carroll	31	33	30	25	24	-22.6%
Ohio	36	34	21	28	26	-27.8%

Rate is the Number of births per 1,000 female population ages 15-19, SOURCE: County Health Rankings:

In 2017, the infant mortality rate in Carroll County was 3.5, considerably lower than Ohio's infant mortality rate of 7.2 and a decrease from 2013 when the rate in Carroll County was 7.24. The five-year average annual infant mortality rate was also lower for Carroll County (5.8) than the state (7.2).

Infant Mortality Rate, 2013 and 2017						
	2013			2017		
	# of Deaths	# of Births	Rate*	# of Deaths	# of Births	Rate*
Carroll	2	276	7.24	1	289	3.5
Ohio	1,024	139,035	7.37	982	136,895	7.2

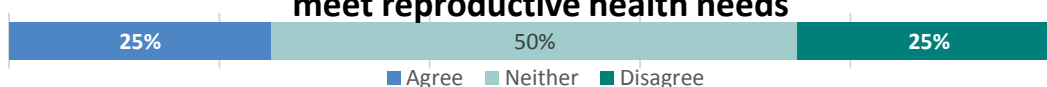
Number of all infant deaths (within 1 year), per 1,000 live births.

Ohio 5-Year Average Annual Infant Mortality Rate, 2013-2017			
	# total births	# total deaths	Rate*
Carroll	1,391	8	5.8
Ohio	692,954	4,990	7.2

Number of all infant deaths (within 1 year), per 1,000 live births.
SOURCE: Ohio Health Department, 2017 Ohio Infant Mortality Report

QUALITATIVE DATA

Family Planning Services are accessible and available to meet reproductive health needs



HEALTHY LIVING

COMMUNITY SURVEY

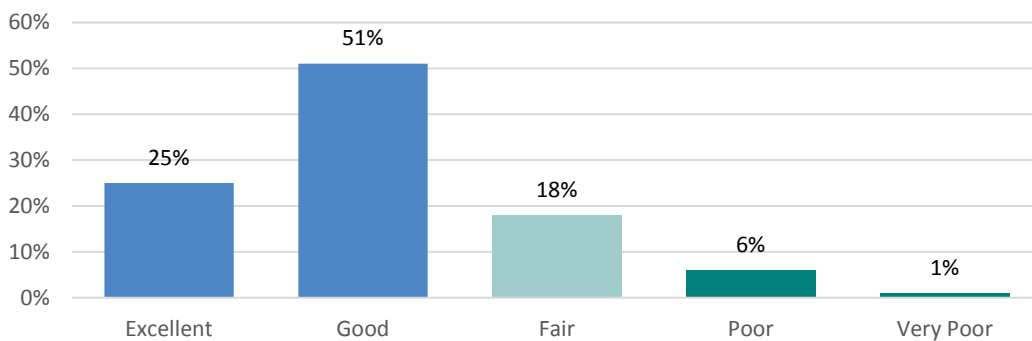
- More than three-quarters, 75.7% of residents had a favorable rating of their health. Another 17.8% rated their health as fair. Only a small percentage of residents, 6.5%, had an unfavorable rating.
- Nearly three-quarters of residents, 72%, had exercised in the past month. The most common reasons for not exercising was physical limitations and poor health.
- Nearly half of the residents, 45%, reported that their weight is about right, a decrease. Half, 50%, reported being overweight. Nearly a third of residents, 32%, reported being told by a doctor that they were obese or overweight.
- The most common problem getting needed food was cost with over a third, 35.8%, stating this to be the case. More than a quarter of residents, 27.1%, stated that the distance from the store made it difficult for them to get the food they need.
- Nearly a quarter of residents, 24%, reported having difficulty getting fresh fruits and vegetables in their neighborhood.
- A tenth, 10%, eat fresh fruits and vegetables 0-1 times a week while 37%, eat fresh fruits and vegetables 2 to 4 times a week, and slightly fewer, 32%, eat fresh fruits and vegetables once a day. Slightly less than a quarter of residents, 21%, eat fresh fruits or vegetables 2 or more times a day.

Summary: Healthy Living			
		# of Responses	% of Responses
How would you rate your health	Excellent/good	75.7%	382
	Fair	17.8%	
	Poor/very poor	6.5%	
Exercise in past month	Yes	71.6%	384
	No	28.4%	
Self-described weight	Overweight	49.3%	381
	About right	45.2%	
	Underweight	5.5%	
What makes it difficult to get food needed	Cost of food	35.8%	384
	Distance from the store	27.1%	
	Time for shopping	18.5%	
	Quality of food	18.1%	
	Safety	6.1%	
	Something else	4.6%	
How difficult to get fresh food & vegetables neighborhood	Very difficult	6.4%	382
	Somewhat difficult	18.0%	
	Not at all difficult	75.6%	
How often eat fresh fruits and vegetables	0-1 times/week	10.2%	382
	2-4 times/week	36.9%	
	Once a day	31.6%	
	2-4 times a day	17.4%	
	5 or more times a day	3.9%	

All residents were asked to describe their health on a five-point scale: excellent, good, fair, poor or very poor. Nearly one-quarter of residents, 24.6%, rated their health as excellent. Another half of residents, 51.1%, rated their health as good. Combined, 75.7% had a favorable rating of their health. Another 17.8% of residents rated their health as fair. Only a small percentage of residents, 6.5%, had an unfavorable rating of their health, with 5.8% rating their health as poor and 0.7% as very poor.

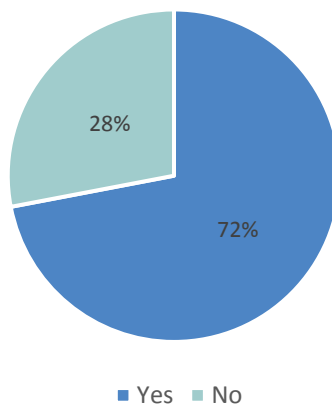
Groups of residents more likely to rate their health favorably include males, residents ages 18 to 44, college graduates, those who are employed, residents with an annual income of \$50,000 or more, those who are married, and homeowners. Groups of residents more likely to have an unfavorable rating of their health include females, residents ages 45 and over, those with some college education, unemployed residents, those with an annual income under \$25,000, divorced residents, and renters.

Personal Health Rating



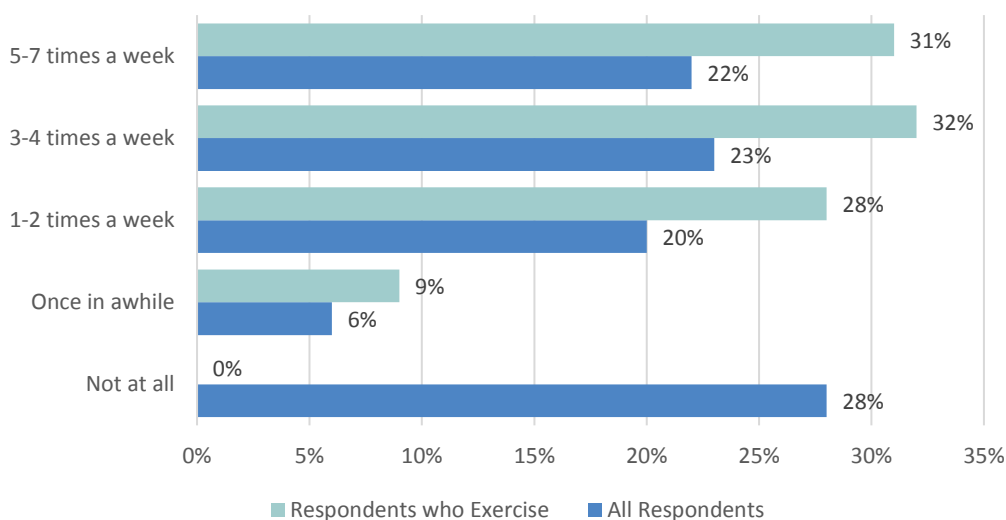
Nearly three-quarters of residents, 72%, had exercised in the past month. Groups of residents more likely to exercise included residents with children in the home, those ages 18 to 44, residents with some college or more education, those who are employed part-time, residents with an annual income over \$75,000, and those who are single. Groups of residents more likely to not have exercised in the past month include residents with no children in the home, those ages 65 and over, residents with a high school diploma or less education, retired residents, those with an annual income under \$50,000, and residents who are divorced or widowed.

Exercised in Past Month



All residents, regardless of whether they exercised in the past month were asked how often they exercise in an average week. Of those who exercise, 9% only exercise once in a while (6% of all residents). More than one-quarter of residents, 28%, exercise one to two times a week (20% of all residents). Another 32% of exercising residents exercise 3 to 4 times per week (23% of all residents), and 31% exercise 5 to 7 times a week (22% of all residents).

How Often Exercise



The residents who do not exercise on a regular basis were asked for some of the reasons that make exercise difficult. The most common response, given by nearly half, 48.2%, was that they had a physical limitation that prevented them from exercising. The second most common reason, given by 25.9% of residents, was that they had poor health. Other reasons that exercise was difficult include, in order of importance, not having enough time (16.5%), pain (7.1%), lack of self-discipline (7.1%), and age (7.1%).

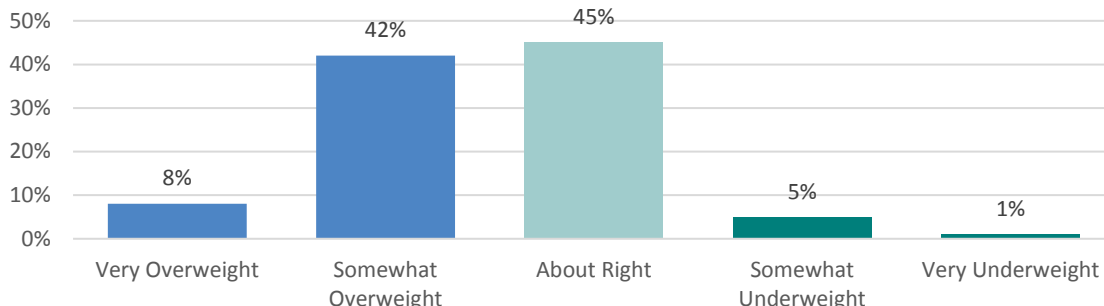
Reasons Exercising Is Difficult				
	# of 1 st Responses	% of 1 st Responses	# of all Responses	% of Answering Resident
Physical limitations	34	40.0%	41	48.2%
Poor Health	16	18.8%	22	25.9%
Lack of time	13	15.3%	14	16.5%
Pain	4	4.7%	6	7.1%
Lack of self-discipline	5	5.9%	6	7.1%
Age	6	7.1%	6	7.1%
Weather	2	2.4%	3	3.5%
Too tired	2	2.4%	2	2.4%
Affordability	0	0.0%	1	1.2%
No transportation	1	1.2%	1	1.2%
Don't like exercise/physical activity	1	1.2%	1	1.2%
Poor road conditions	1	1.2%	1	1.2%
No place to exercise	0	0.0%	1	1.2%
Total	85	(n=85)	105	(n=85)





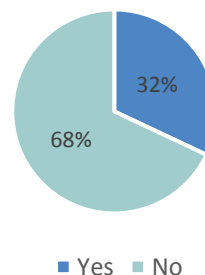
Nearly half of the residents, 45%, reported that their weight is about right, a decrease. Half, 50%, reported being overweight. Just a small percentage, 6%, reported being underweight. Groups of residents who were more likely to report that they were overweight include females and residents ages 45 to 64.

Self Described Weight



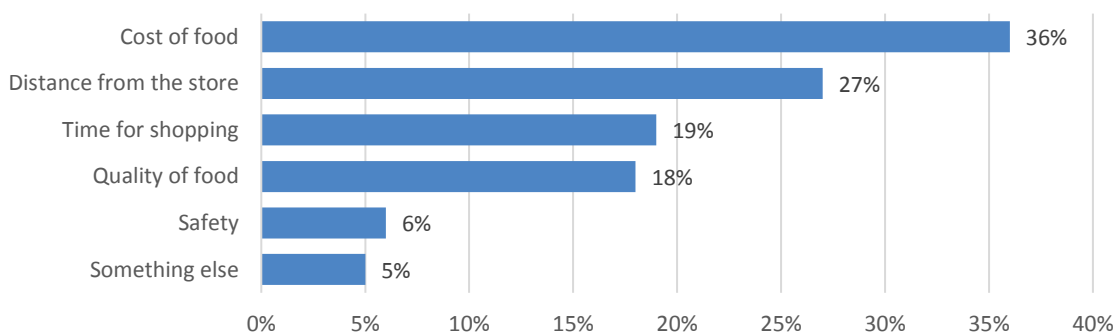
Nearly a third of residents, 32%, reported being told by a doctor that they were obese or overweight. Groups of residents who were more likely to have been told by a doctor that they were overweight include females, residents ages 45 to 64, those with some college or more education, residents with an annual income of \$25-\$50,000 or over \$75,000, and renters.

Doctor Ever Told You Obese or Overweight



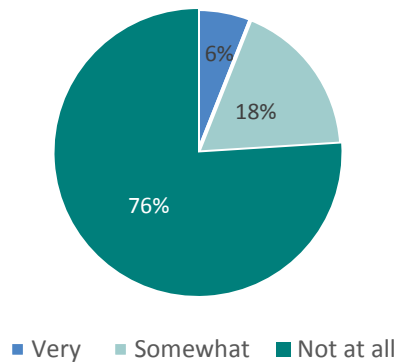
The most common problem getting needed food was cost with over a third, 35.8%, stating this to be the case. More than a quarter of residents, 27.1%, stated that the distance from the store made it difficult for them to get the food they need. Other things that made it difficult for residents to get the food they need include, in order of importance, time to go shopping (18.5%), quality of food (18.1%) and safety (6.1%). It should be noted that residents in the south portion of the county were nearly twice as likely as those in the north to report that distance to the store makes it difficult for them to get fresh fruits and vegetables (42.2% in south compared to 23.1% in north).

What Makes it Difficult to Get Needed Food



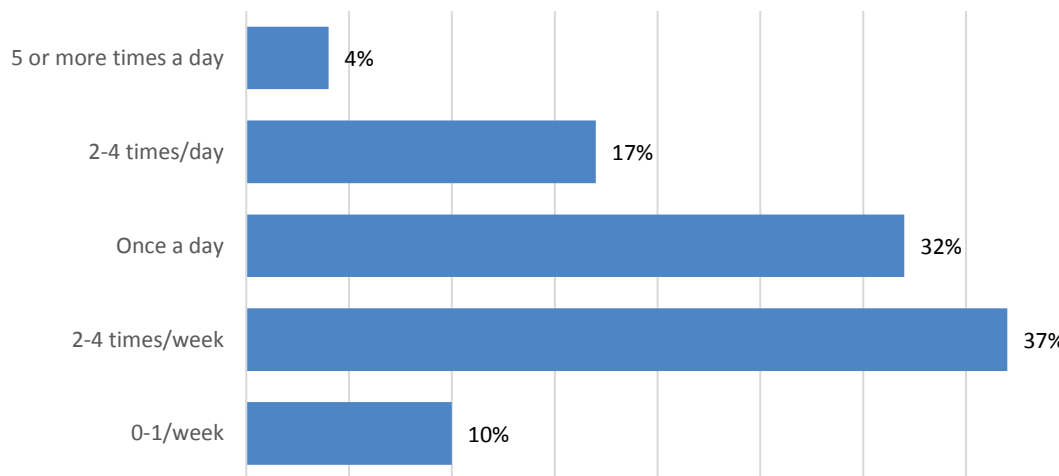
Nearly a quarter of residents, 24%, reported having difficulty getting fresh fruits and vegetables in their neighborhood. Groups of residents who were more likely to have difficulty getting fresh fruits and vegetables in their neighborhood include females, residents ages 25 to 44, those who unemployed, widowed residents, and residents of the southern part of the county.

How Difficult to Get Fresh Fruits and Vegetables in Neighborhood



A tenth of residents, 10%, eat fresh fruits and vegetables 0-1 times a week while 37%, eat fresh fruits and vegetables 2 to 4 times a week, and slightly fewer, 32%, eat fresh fruits and vegetables once a day. Slightly less than a quarter of residents, 21%, eat fresh fruits or vegetables 2 or more times a day.

How Often Eat Fresh Fruits and Vegetables



YOUTH SURVEY

- More than a quarter of high school students, 28.4%, are considered overweight or obese based on their BMI which was calculated using their self-reported height and weight.
- A slightly higher percentage of high school students, 34.5%, categorized themselves as either slightly or very overweight. For middle school students, the percentage of students who thought of themselves as overweight was significantly lower, 25.3%.
- Nearly half of high school students, 46.1%, and a notable percentage of middle school students, 41.8%, reported that they are currently trying to lose weight.

Summary: Body Weight			
		High School	Middle
Weight Category (based on BMI score)	Underweight	10.2%	-
	Normal	61.3%	-
	Overweight	17.5%	-
	Obese	10.9%	-
Self-described weight	Very underweight	3.5%	2.1%
	Slightly underweight	15.5%	16.4%
	About the right weight	46.5%	56.2%
	Slightly overweight	27.5%	20.5%
	Very overweight	7.0%	4.8%
What trying to do with weight	Lose weight	46.1%	41.8%
	Gain weight	12.8%	8.9%
	Stay the same weight	18.4%	19.9%
	Not trying to do anything	22.7%	29.5%

The next set of questions focused on the food that the students ate or drank over the past 7 days. Students were reminded to think about all the meals and snacks they had from the time they got up until they went to bed including what they ate at home, at school, at restaurants, or anywhere else.

- Nearly one-tenth of high school students, 9.2%, reported not eating fruit at all in the past week. Nearly half, 48.5%, reported eating fruit in the past week but ate less than one serving of fruit a day. Slightly fewer, 42.2%, reported eating fruit daily with 11.9% eating 3 or more servings a day.
- Less than one-tenth of high school students, 6.3%, reported not eating vegetables at all in the past week. More than half, 52.9%, reported eating vegetables in the past week but ate less than one serving of vegetables a day. Substantially fewer, 40.8%, reported eating vegetables daily with 11.2% eating 3 or more servings a day.
- Approximately one-fifth, 20.3%, of high school students reported drinking at least one can, bottle, or glass of soda or pop a day with 8.4% reporting drinking 3 or more glasses a day. More than a third of students, 39.9%, reported not drinking soda at all in the past week while the remaining 39.9% drank soda sporadically or less than once a day.
- Over one-third, 37.4%, of high school students reported drinking at least one glass of milk a day with 10.8% reporting drinking 3 or more glasses a day. More than a fifth, 21.6%, reported not drinking milk at all in the past week while the remaining 41.0% drank milk sporadically or less than once a day.
- Less than half, 40.5%, of middle school students and even fewer high school students, 31.7%, reported eating breakfast everyday over the past week. More than one-fifth of high school students, 21.1%, and slightly fewer middle school students, 16.2%, reported not eating breakfast at all over the past week.

Summary: Healthy Eating			
		High School Students	Middle School
Number of times ate fruit in past week	None in past week	9.2%	-
	1 to 3 times in week	23.9%	-
	4 to 6 times in week	24.6%	-
	1 time a day	16.9%	-
	2 times a day	13.4%	-
	3 or more times a day	11.9%	-
Number of times ate vegetables in past week	None in past week	6.3%	-
	1 to 3 times in week	25.4%	-
	4 to 6 times in week	27.5%	-
	1 time a day	19.0%	-
	2 times a day	10.6%	-
	3 or more times a day	11.2%	-
Number of times drank soda in past week	None in past week	39.9%	-
	1 to 3 times in week	35.7%	-
	4 to 6 times in week	4.2%	-
	1 glass a day	7.0%	-
	2 glasses a day	4.9%	-
	3 or more glasses a day	8.4%	-
Number of times drank milk in past week	None in past week	21.6%	-
	1 to 3 times in week	27.3%	-
	4 to 6 times in week	13.7%	-
	1 glass a day	11.5%	-
	2 glasses a day	15.1%	-
	3 or more glasses a day	10.8%	-
Number of days in past week ate breakfast	None	21.1%	16.2%
	1 to 2 days	20.4%	10.8%
	3 to 4 days	12.0%	17.6%
	5 to 6 days	14.8%	14.9%
	All 7 days	31.7%	40.5%

- Middle school students were much more likely than high school students to report being physically active for more than 60 minutes a day each day for the past week; 42.9% of middle schoolers compared to 33.6% of high school students. A small percentage of students, 9.1% of high school students and 5.4% of middle school students, reported not being physically active at all over the past week. Physical activity was defined as any activity that increased their heart rate and made them breath hard some of the time.
- One fifth, 20.4% of high school students and 12.8% of middle school students indicated that they do not watch TV on an average school day. An additional 19.0% of high school students and 25.0% of middle school students watch less than an hour of TV on a school day. Around a quarter, 23.2% of high school and 26.4% of middle school, students watch an average of 3 or more hours of television on an average school day.
- One-sixth, 14.1% of high school students and 12.8% of middle school students indicated that they do not play video or computer games on an average school day. An additional 9.9% of high school



students and 14.2% of middle school students play less than an hour of video or computer games on a school day. Over a third, 42.1% of high school and 36.5% of middle school, students play an average of 3 or more hours of computer or video games on an average school day. Students were instructed to include time playing games, watching videos, texting or using social media on their smartphone, computer, Xbox, PlayStation, iPad or other tablet.

- Approximately one-sixth, 14.2% high school and 17.5% middle school, students reported getting 5 hours or less of sleep a night. Middle school students are much more likely to report getting 8 or more hours of sleep than high school students, 45.7% compared to 29.7%.

Summary: Physical Activity			
		<i>High School Students</i>	<i>Middle School</i>
Number of days in past week were physically active for at least 60 minutes	None	9.1%	5.4%
	1 to 2 days	10.5%	13.6%
	3 to 4 days	26.6%	15.6%
	5 to 6 days	20.3%	22.5%
	All 7 days	33.6%	42.9%
Number of hours watch TV on average school day	Do not watch TV on school day	20.4%	12.8%
	Less than 1 hour	19.0%	25.0%
	1 hour	17.6%	14.2%
	2 hours	19.7%	21.6%
	3 hours	12.7%	14.9%
	4 or more hours	10.5%	11.5%
Number of hours play video or computer games on average school day	Do not play games on school day	14.1%	12.8%
	Less than 1 hour	9.9%	14.2%
	1 hour	10.6%	17.6%
	2 hours	13.4%	18.9%
	3 hours	19.0%	12.8%
	4 or more hours	33.1%	23.7%
Number of hours sleep on average school night	4 hours or less	7.1%	10.1%
	5 hours	7.1%	7.4%
	6 hours	27.0%	10.1%
	7 hours	29.1%	26.8%
	8 hours	23.4%	25.5%
	9 or more hours	6.3%	20.2%

SECONDARY DATA ANALYSIS

Poor physical health days is based on survey responses to the question: “Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?” The value reported is the average number of days a county’s adult residents report that their physical health was not good. The average number of poor physical health days was slightly less for the county than the state.

Number of Poor Physical Health Days		
	2006-2012	2016
Carroll	4.8	3.9
Ohio	3.7	4.0

SOURCE: County Health Ranking. Original Source: The Behavioral Risk Factor Surveillance System (BRFSS),

Physical inactivity is the estimated percent of adults ages 20 and older reporting no leisure time physical activity. Examples of physical activities provided include running, calisthenics, golf, gardening, or walking for exercise. More than a quarter of adults in both Carroll County are considered physically inactive, a number that has remained steady over the last several years.

Percentage of Adults Physically Inactive						
	2011	2012	2013	2014	2015	% Change
Carroll	29%	27%	24%	24%	28%	-1%
Ohio	26%	26%	25%	26%	25%	-1%

SOURCE: County Health Rankings. Original Source: National Center for Chronic Disease Prevention and Health Promotion

More than a third of adults in Carroll County have a BMI of 30 or more. The percentage of obese adults has slightly increased over the past several years.

Adult Obesity - Percentage of Adults that Report a BMI of 30 or More						
	2011	2012	2013	2014	2015	% Change
Carroll	32%	35%	35%	34%	35%	+3%
Ohio	30%	30%	31%	32%	32%	+2%

SOURCE: County Health Rankings. Original Source: National Center for Chronic Disease Prevention and Health Promotion

The table below represents the percentage of population with adequate access to locations for physical activity. Locations for physical activity are defined as parks or recreational facilities. The percentage of Carroll County residents with access to locations for physical activity is alarmingly low. Less than a third of county residents, 30%, have access compared to a statewide average of 84%. Only four of Ohio’s 88 counties have a smaller percentage of population with adequate access.

Percentage of Population with Access to Exercise Opportunities						
	2012	2013	2014	2016	2018	% Change
Carroll	34%	60%	60%	39%	30%	-4%
Ohio	78%	83%	83%	85%	84%	+6

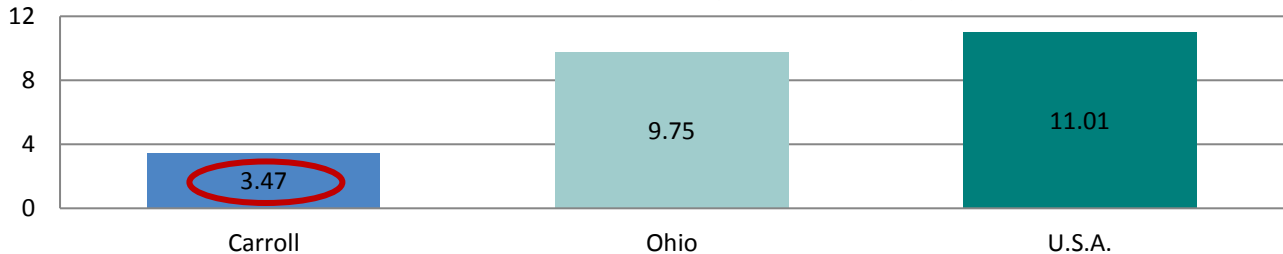
SOURCE: County Health Rankings. Original Source: Business Analyst, Delorme map data





When looking at the rate of recreation and fitness facilities per 100,000 population for Carroll County compared to the rates in the state and country as a whole, the difference is immense. The rate of facilities per 100,000 population in Carroll County is just 3.47, which is nearly a third of the state’s rate of 9.75 and more than a third of the country’s rate of 11.01.

Rate of Recreation/Fitness Facilities per 100,000 population, 2016



Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016.

The Food Environment Index equally weights two indicators of the food environment: (1) limited access to healthy foods, which estimates the percentage of the population who are low income and do not live close to a grocery store and (2) food insecurity, which estimates the percentage of the population who did not have access to a reliable source of food during the past year. The Food Environment Index ranges from 0 (worst) to 10 (best). The Food Environmental Index is slightly better in Carroll County than Ohio.

Food Environment Index						
	2012	2013	2014	2015	2016	% Change
Carroll	7.9	7.7	7.9	8.1	8.1	+2.5%
Ohio	7.1	6.9	7.0	6.6	6.7	-5.6%

SOURCE: County Health Rankings. Original Source: United States Department of Agriculture (USDA)

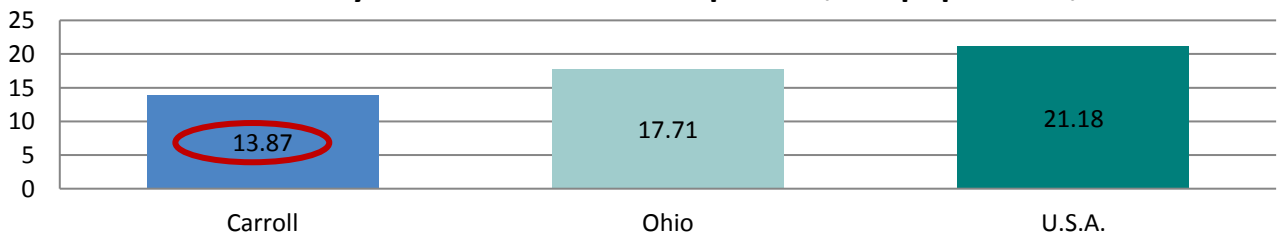
Carroll County has a lower percentage of the population who are food insecure or do not have access to a grocery store than the state.

Food Insecurity Rate				
	2015	2016	2017	% Change
Carroll	14%	13%	13%	-1%
Ohio	16%	15%	15%	-1%

Source: Feeding America, 2018. Map the Meal Gap: <http://map.feedingamerica.org/county/2016/overall/ohio>

When looking at the rate of grocery store establishments per 100,000 population for Carroll County compared to the rates in the state and country as a whole, the difference is significant. The rate of establishments per 100,000 population in Carroll County is 13.87, which is considerably smaller than the state’s rate of 17.71 and the country’s rate of 21.18.

Rate of Grocery Store Establishments per 100,000 population, 2016



Note: This indicator is compared to the state average. Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source geography: ZCTA



QUALITATIVE DATA

Community Focus Group

- Community residents offered the following as things around where they live that help them to be healthy: lack of air pollution compared to other places, decent parks, lower crime rates makes people more comfortable to be and walk outside, and residents who raise their own eggs, proteins and vegetables.
- One thing that multiple residents cited as something that makes it harder for them to be healthy was that the only places to eat out in the area are fast food restaurants, there are no healthier alternatives.
- There are several barriers that residents mentioned that is keeping their community from doing what needs to be done to improve the health and quality of life of community residents including a lack of jobs, economic issues, lack or quality housing, and lack of local higher education opportunities.

COMMUNICABLE DISEASES, VACCINATIONS AND PREVENTION SERVICES

COMMUNITY SURVEY

- The majority of residents, 95%, have had their blood pressure checked sometime in the past with 84% having it checked within the past year. A small percentage of residents, 8%, have never had their blood pressure checked or have not had it checked in the past five years.
- More than three-quarters of residents, 77%, have had their blood cholesterol checked sometime in the past with 61% having it checked within the past year. A small percentage of residents, 8%, have never had their blood cholesterol checked or have not had it checked in the past five years.
- Nearly three-quarters of female residents, 73%, have had a mammogram sometime in the past with 40% having one within the past year.
- More than half of male residents, 56%, have had a PSA test sometime in the past with 35% having the test within the past year.
- Half of residents, 50%, have had a colonoscopy sometime in the past with 13% having the test within the past year.
- Less than a third of residents, 31%, have had an exam to check for potential skin cancer sometime in the past with 17% having the test within the past year.

Summary: Prevention, Testing and Screening			
		% of Residents	N
Ever had test?	Blood Pressure Check	94.8%	384
	Blood Cholesterol Check	77.4%	382
	Mammogram	73.4%	194
	PSA test for prostate cancer	56.5%	180
	Colonoscopy	50.1%	380
	Skin Cancer Exam	30.9%	381

- Less than half, 42%, indicated that they did get a flu shot in the last year. The most common reasons for not getting the flu vaccination were that they don't see the need for the shot and that they just don't want one.
- Nearly two-thirds residents with children, 61%, reported that their child had NOT received a flu vaccination in the past year. Most parents, 96%, reported that their children are up to date on their vaccinations.
- Residents with babies were asked where they are most likely to go to for baby vaccinations. The following were mentioned: family doctor (39.5%), health department (35.7%), and the pediatrician (24.8%).

Summary: Immunizations			
		% of Residents	N
Get flu vaccination in past year	Yes	42.4%	384
	No	57.6%	
Child had flu vaccination in past year	Yes	39.4%	116
	No	60.6%	
Children's vaccinations up to date	Yes	95.9%	117
	No	4.1%	

Blood Pressure Check

The majority of residents, 95%, have had their blood pressure checked sometime in the past with 84% having it checked within the past year. A small percentage of residents, 8%, have never had their blood pressure checked or have not had it checked in the past five years. Groups of residents more likely to have **never** had their blood pressure checked include residents ages 18 to 44, those with children in the home, residents who are unemployed, those who are single or divorced, and residents with no insurance. Groups of residents more likely to have had their blood pressure checked **in the past year** include females, residents ages 65 and over, those with no children, residents with some college or more education, those who are retired, widowed residents, and residents with health insurance.

Blood Cholesterol Check

More than three-quarters of residents, 77%, have had their blood cholesterol checked sometime in the past with 61% having it checked within the past year. A small percentage of residents, 8%, have never had their blood cholesterol checked or have not had it checked in the past five years. Groups of residents more likely to have **never** had their blood cholesterol checked include residents ages 18 to 44, those with children in the home, residents who are employed, those who are single or divorced, residents with a high school diploma or less education, renters, those who live in the northern part of the county, and residents with no insurance. Groups of residents more likely to have had their blood cholesterol checked **in the past year** include residents ages 45 and over, those with no children, residents with some college or more education, those who are retired, widowed residents, those who live in the southern part of the county, and residents with health insurance.



Mammogram

Nearly three-quarters of female residents, 73%, have had a mammogram sometime in the past with 40% having one within the past year. More than a quarter of female residents, 27%, have never had a mammogram. Groups of residents more likely to have **never** had a mammogram include residents ages 18 to 44, those with children in the home, residents who are employed, those who are single, and residents with no insurance. Groups of residents more likely to have had a mammogram **in the past year** include residents ages 45 and over, those with no children, those who are retired, married residents, and residents with health insurance.

PSA test for Prostate Cancer

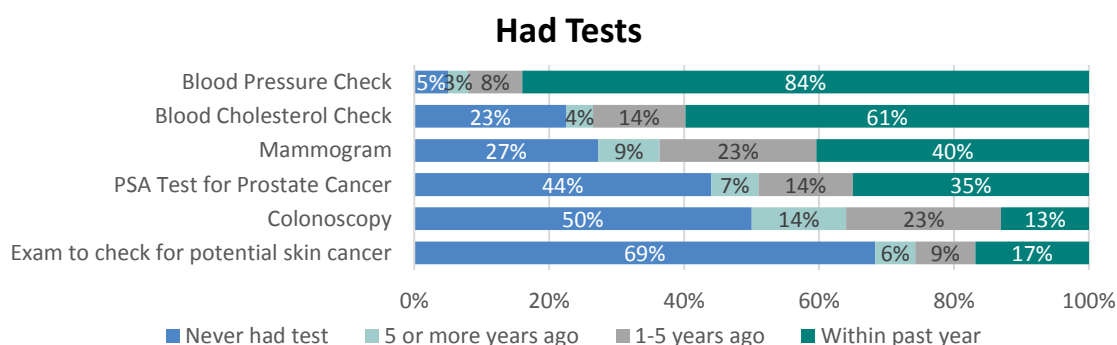
More than half of male residents, 56%, have had a PSA test sometime in the past with 35% having the test within the past year. A significant percentage of males residents, 44%, have never had a PSA test. Groups of residents more likely to have **never** had a PSA test include residents ages 18 to 44, those with children in the home, residents who are employed full-time, and residents of the southern part of the county. Groups of residents more likely to have had a PSA test **in the past year** include residents ages 45 and over, those with no children, and residents who are employed part-time or retired.

Colonoscopy

Half of residents, 50%, have had a colonoscopy sometime in the past with 13% having the test within the past year. Half of residents, 50%, have never had a colonoscopy and an additional 14% have not had a colonoscopy in the past five years. Groups of residents more likely to have **never** had a colonoscopy include residents ages 18 to 44, those with children in the home, residents who are employed, those who are single, renters and residents with no health insurance. Groups of residents more likely to have had a colonoscopy **in the past year** include residents ages 45 and over, those with no children, residents who are retired, those who are divorced, and residents with health insurance.

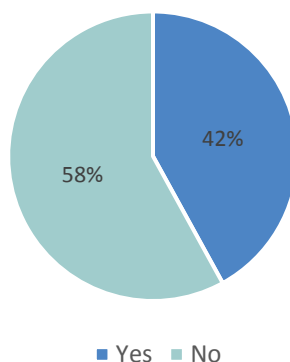
Skin Cancer Exam

Less than a third of residents, 31%, have had an exam to check for potential skin cancer sometime in the past with 17% having the test within the past year. More than two-thirds, 69%, have never had a skin cancer exam and an additional 6% have not had one in the past five years. Groups of residents more likely to have **never** had a skin cancer exam include residents ages 18 to 44, those with children in the home, residents who are employed full-time, those with a high school diploma or less education, residents with an annual income under \$25,000 and residents with no health insurance. Groups of residents more likely to have had a skin cancer exam **in the past year** include residents ages 65 and over, those with no children, residents who are retired, those with some college or more education, those with an annual income of \$50,000 or more, and residents with health insurance.



Less than half, 42%, indicated that they did get a flu shot in the last year. Groups of residents that were more likely to have received the flu vaccination include residents ages 65 and over, those with no children in the home, females, retired residents, those with health insurance, and residents of the northern part of the county.

Received Flu Vaccination in the Past Year



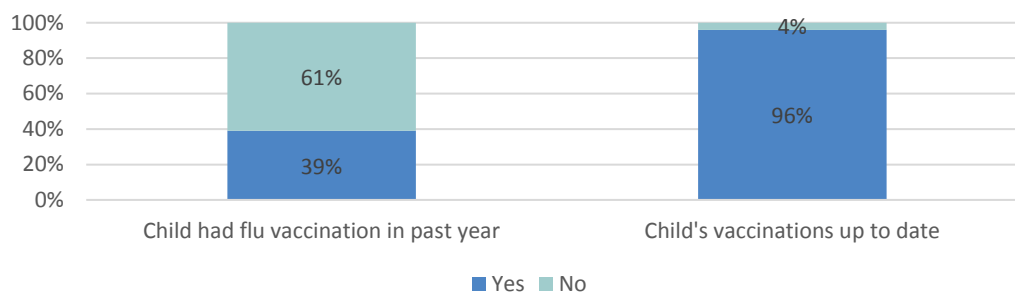
Residents who did not get a flu vaccination in the past year were asked a follow-up question as to why they did not get the vaccine. The most common reasons for not getting the flu vaccination were that they don't see the need for the shot and that they just don't want one. Each of these responses were given by 21.4% of residents who did not get the flu vaccine, or 11.5% of all residents. Another one-fifth of residents who did not get vaccinated, 19.4%, did not get the vaccination because they believe that the vaccination makes people sick (10.4% of all residents). Other reasons for not receiving the flu vaccination include, in order of importance, don't believe in vaccinations (7.8%), they never got around to it (7.3%), they have never had one before (6.8%), and they don't have time to get vaccinated (5.3%).

Why Not Get Flu Vaccination			
	# of Responses	% of Responses	% of ALL residents
I don't get sick/Didn't see the need	44	21.4%	11.5%
Personal preference/choice/didn't want one	44	21.4%	11.5%
The vaccination makes me/others sick	40	19.4%	10.4%
Don't believe in vaccinations	16	7.8%	4.2%
Forget/Didn't get around to it	15	7.3%	3.9%
Never had one before	14	6.8%	3.6%
I don't have time to get vaccinated	11	5.3%	2.9%
Allergic to it	6	2.9%	1.6%
No insurance/Cost	4	1.9%	1.0%
Fear of needles/Hate shots	3	1.5%	0.8%
Flu vaccine can't protect from all flu strains	3	1.5%	0.8%
Doctor said I didn't need one	3	1.5%	0.8%
Wasn't available when I went to doctor	2	1.0%	0.5%
Miscellaneous	1	0.5%	0.3%
Total	206	(n=206)	(n=384)

Nearly two-thirds residents with children, 61%, reported that their child had NOT received a flu vaccination in the past year. Most parents, 96%, reported that their children are up to date on their vaccinations. The main reasons that their children were not up to date on their vaccines was that they do not believe in vaccines (2 parents) and it is not a priority for them (1 parent).

Residents with babies were asked where they are most likely to go to for baby vaccinations. The following were mentioned: family doctor (39.5%), health department (35.7%), and the pediatrician (24.8%).

Child Vaccinations



SECONDARY DATA ANALYSIS

Communicable disease rates tended to be higher for the majority of communicable diseases in Carroll County when compared to the state of Ohio (with the exception of Hepatitis C and Shigellosis). The communicable diseases that had significantly higher rates in Carroll County than the state of Ohio were Lyme (+102.5 difference), Influenza associated hospitalizations (+43.2 difference) and Campylobacteria (+22.0 difference).

Communicable Disease Rates, 2017					
	Carroll County		Ohio		Difference per 100,000
	Case Count	Rate per 100,000	Case Count	Rate per 100,000	
Campylobacteria	11	39.8	2,080	17.8	+22.0
Cryptosporidiosis	3	10.8	643	5.5	+5.3
E-coli	3	10.8	287	2.5	+8.3
Giardiasis	2	7.2	427	3.7	+3.5
Hepatitis A	1	3.6	51	0.4	+3.2
Hepatitis C, acute and chronic	33	119.3	21,882	188.4	-69.1
Influenza associated hospitalizations	40	144.6	11,819	101.4	+43.2
Lyme	29	104.8	270	2.3	+102.5
Measles	1	3.6	1	0.0	+3.6
Salmonellosis	7	25.3	1,390	11.9	+13.4
Shigellosis	1	3.6	616	5.3	-1.7
Spotted Fever, Rickettsiosis	1	3.6	39	0.3	+3.3
Streptococcal, Group A, invasive	5	18.1	635	5.4	+12.7
Streptococcal pneumoniae, invasive	4	14.5	1,235	10.6	+3.9
Varicella	2	7.2	471	4.0	+3.2
Yersiniosis	3	10.3	51	0.4	+9.9

SOURCE: Carroll County General Health District, Originally extracted from Ohio Department of Health Data Warehouse

Communicable disease rates that have risen significantly over the past four years include Influenza associated hospitalizations (151.1 increase), Lyme Disease (84.0 increase), Hepatitis C (16.0 increase, and Salmonellosis (14.8 increase).

Communicable Disease Counts and Rates, Carroll County, 2015-2018									
	2015		2016		2017		2018		Rate Change
	#	Rate	#	Rate	#	Rate	#	Rate	
ENTERIC DISEASES									
Campylobacteria	3	10.6	7	25.2	11	39.8	5	18.3	+7.7
Cryptosporidiosis	0	0.0	4	14.4	3	10.3	0	0.0	-
E-coli, unspecified	0	0.0	2	7.2	1	3.6	0	0.0	-
Giardiasis	1	3.6	0	0.0	2	7.2	1	3.7	+0.1
Listeriosis	2	7.1	0	0.0	0	0.0	0	0.0	-7.1
Salmonellosis	2	7.1	4	14.4	7	25.3	6	21.9	+14.8
Shigellosis	1	3.6	0	0.0	1	3.6	1	3.7	+0.1
Yersiniosis	0	0.0	1	3.6	2	7.2	0	0.0	-
HEPATITIS									
Hepatitis A	0	0.0	0	0.0	0	0.0	1	3.7	+3.7
Hepatitis B, non-perinatal	-	-	2	7.2	0	0.0	0	0.0	-
Hepatitis C	-	-	25	89.9	33	119.3	29	105.9	+16.0
VACCINE PREVENTABLE DISEASES									
Influenza-associated hosp.	17	60.3	9	32.4	39	141.0	58	211.8	151.5
Pertussis	0	0.0	2	7.2	3	3.6	1	3.7	3.7
Varicella	0	0.0	1	3.6	0	0.0	2	7.3	7.3
VECTORBORNE AND ZONOTIC									
Leptospirosis	0	0.0	1	3.6	0	0.0	0	0.0	-
Lyme Disease	0	0.0	0	0.0	6	21.7	23	84.0	+84.0
Malaria	0	0.0	1	3.6	0	0.0	0	0.0	-
OTHER REPORTABLE DISEASES									
Legionnaire's	2	7.1	1	3.6	0	0.0	1	3.7	-3.4
Meningitis (viral)	0	0.0	1	3.6	0	0.0	0	0.0	-
MOTT	1	3.6	3	10.8	-	-	0	0.0	-3.6
Streptococcal, Group A	1	3.6	0	0.0	5	18.1	1	3.7	+0.1
STSS- Toxic Shock Syndrome	1	3.6	0	0.0	0	0.0	0	0.0	-3.6
Streptococcus pneumoniae	2	7.1	6	21.6	3	10.9	3	7.3	+0.2

Rate=per 100,000 population, number of cases is confirmed and probable
SOURCE: Carroll County General Health District, Originally extracted from Ohio Department of Health Data Warehouse

Preventable hospital stays are measured as the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees. Ambulatory-care sensitive conditions (ACSC) are usually addressed in an outpatient setting and do not normally require hospitalization if the condition is well-managed. Hospitalization for diagnoses treatable in outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal. The measure may also represent a tendency to overuse hospitals as a main source of care. Over the past five years, the number of preventable hospital stays has decreased by more than 25% in both the county and the state.

Preventable Hospital Stays						
	2012	2013	2014	2015	2016	% Change
Carroll	64	50	58	57	44	-31.3%
Ohio	72	65	60	57	51	-29.2%

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

Mammography screening represents the percent of female Medicare enrollees age 67-69 that had at least one mammogram over a two-year period. Less than half, 41%, of female Medicare enrollees ages 67-69 in Carroll County reported having a mammogram in the past two years.

Mammography Screening						
	2011	2012	2013	2014	2016	% Change
Carroll	61.7%	52.6%	55%	53%	41%	-17.4%
Ohio	60.4%	60.3%	60%	61%	41%	-3.6%

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

CHRONIC DISEASE MANAGEMENT

COMMUNITY SURVEY

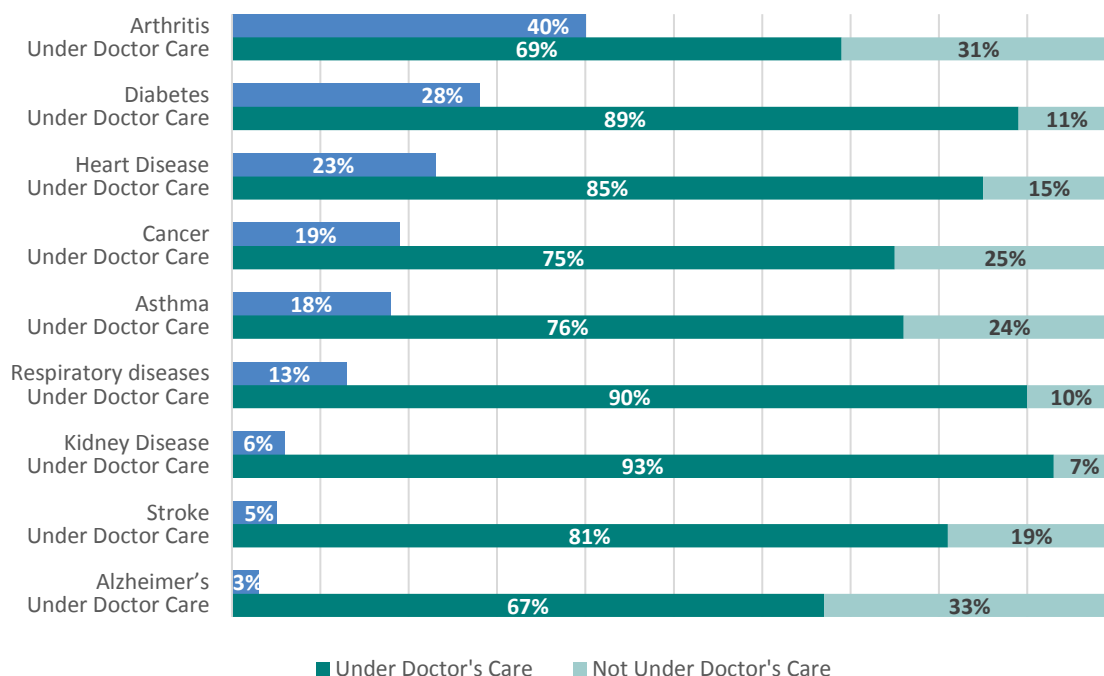
- Residents were given a list of nine chronic diseases and asked if they or a member of their immediate family have ever been diagnosed with the disease by a health care professional. The chronic diseases most prevalent were arthritis, diabetes, and heart disease or heart attack.

Summary: Chronic Disease Management		
	<i>Resident or Immediate Family Been Diagnosed</i>	<i>Currently Seeing Doctor*</i>
Arthritis	39.9%	69.3%
Diabetes	27.5%	88.9%
Heart disease or heart attack	22.7%	84.5%
Any form of cancer	19.2%	75.1%
Asthma	18.2%	75.6%
Lower respiratory diseases	12.9%	89.6%
Kidney disease	5.5%	92.8%
Stroke	5.4%	80.6%
Alzheimer's	2.6%	67.1%

**Asked only of residents diagnosed with condition*

Residents were given a list of nine chronic diseases and asked if they or a member of their immediate family have ever been diagnosed with the disease by a health care professional.

Diagnosis of Chronic Diseases



- ✓ **ARTHRITIS:** Less than half of residents, 40%, reported that either them or a member of their immediate family was diagnosed with arthritis. Of those who have been diagnosed with arthritis, 69% are currently seeing a doctor for regular checkups. Groups of residents more likely to be diagnosed with arthritis include females, residents ages 45 and over (especially over 65), those who are retired or unemployed, residents with an annual income under \$25,000, those who are widowed and residents with no insurance.
- ✓ **DIABETES:** More than a quarter of residents, 27.5%, reported that either them or a member of their immediate family was diagnosed with diabetes. Of those diagnosed with diabetes, 89.9% are currently seeing a doctor for regular checkups of the disease. Groups of residents more likely to be diagnosed with diabetes include females, residents ages 65 and over, non-college graduates, those who are retired or employed part-time, and residents without insurance.
- ✓ **HEART DISEASE:** Nearly a quarter of residents, 22.7%, reported that either them or a member of their immediate family was diagnosed with heart disease or heart attack. Of those who have been diagnosed with heart disease or heart attack, 84.5% are currently seeing a doctor for regular checkups of the disease. Groups of residents more likely to be diagnosed with heart disease or heart attack include residents ages 65 and over, those with a high school diploma or less education, retirees, and residents with no insurance.
- ✓ **CANCER:** Less than one fifth of residents, 19.2%, reported that either them or a member of their immediate family was diagnosed with any form of cancer. Of those who have been diagnosed with cancer, 75.1% are currently seeing a doctor for regular checkups of the disease. Groups of residents



more likely to be diagnosed with any form of cancer include residents ages 65 and over, renters, and those with no children in the home.

- ✓ **ASTHMA:** Slightly fewer, 18.2%, reported that either them or a member of their immediate family was diagnosed with asthma. Of those who have been diagnosed with asthma, 75.6% are currently seeing a doctor for regular checkups of the disease. Groups of residents more likely to be diagnosed with asthma include females, residents ages 18 to 24, unemployed residents, and renters.
- ✓ **RESPIRATORY DISEASE:** A little more than one in ten residents, 12.9%, reported that either them or a member of their immediate family was diagnosed with lower respiratory disease. Of those who have been diagnosed with a lower respiratory disease, 89.6% are currently seeing a doctor for regular checkups of the disease. Groups of residents more likely to be diagnosed with a lower respiratory disease include residents ages 45 and over, those who are unemployed and residents with no children in the home.
- ✓ **KIDNEY DISEASE:** Only 5.5%, of residents reported that either them or a member of their immediate family was diagnosed with kidney disease. Of those who have been diagnosed with kidney disease, 92.8% are currently seeing a doctor for regular checkups of the disease. Due to the small percentage of residents diagnosed with this condition, there are no statistically significant difference.
- ✓ **STROKE:** Five percent of residents reported that either them or a member of their immediate family was diagnosed with stroke. Of those who have been diagnosed with a stroke, 80.6 are currently seeing a doctor for regular checkups of the disease. Due to the small percentage of residents diagnosed with this condition, there are no statistically significant demographic difference.
- ✓ **ALZHEIMER'S:** Only a small percentage of residents, 2.6%, reported that either them or a member of their immediate family was diagnosed with Alzheimer's . Due to the small percentage of residents diagnosed with this condition, there are no statistically significant demographic difference.

SECONDARY DATA ANALYSIS

The number of resident deaths in Carroll County has decreased by approximately 13% over the past five years. The age group that saw the largest increase in the last five years in Carroll County was ages 25-44.

Carroll County Resident Deaths						
	2014	2015	2016	2017	2018	% Change
Carroll	379	305	309	375	330	-12.9%
Ohio	114,517	118,014	119,574	123,650	124,294	+10.0%
CARROLL COUNTY BY AGE GROUP						
<1	2	1	2	1	1	-50.0%
1-4	1	0	0	1	0	-100%
5-14	1	2	0	1	0	-100%
15-24	5	4	2	6	4	-20.0%
25-34	2	4	4	6	3	+50.0%
35-44	4	7	6	12	6	+50.0%
45-54	21	10	18	18	16	-23.8%
55-64	54	34	38	50	35	-35.2%
65-74	85	57	71	76	60	-29.4%
75-84	86	88	81	97	94	+9.3%
85+	118	98	87	107	111	-5.9%

SOURCE: Ohio Department of Health, ODH Data Warehouse, *2017 is not yet finalized and may change



The top two causes of death in Carroll County in 2018 were cancer and heart disease. When looking at five-year trends, the causes of death that had the largest increase were cerebrovascular and diabetes.

Death Rates for General Causes of Death (death per 100,000 population)												
	Carroll County						Ohio					
	2014	2015	2016	2017	2018*	Change	2014	2015	2016	2017	2018*	Change
Malignant Neoplasms	225.1	147.5	154.1	213.7	150.6	-49%	219.2	218.6	219.5	219.9	165.3	-33%
Diseases of the heart	205.5	156.2	156.2	200.9	205.8	0%	232.7	241.5	235.8	240.1	191.1	-22%
Alzheimer's Disease	36.4	27.8	32.8	38.4	25.7	-42%	35.2	40.0	43.3	43.9	34.7	-1%
CLRD	84.0	66.9	54.8	76.4	51.6	-63%	58.3	62.0	60.3	62.7	49.0	-19%
Cerebrovascular	46.0	45.7	31.6	51.1	53.5	14%	49.9	51.1	51.5	55.1	42.6	-17%
Diabetes	26.9	31.3	36.1	29.0	33.1	19%	31.4	31.4	30.7	32.1	25.4	-24%
Suicide	-	-	-	-	-	-	12.8	14.2	14.7	14.9	15.2	16%
Flu & Pneumonia	-	-	-	-	-	-	21.1	21.0	18.8	19.2	15.7	-34%
Accidents	64.7	50.9	41.0	98.4	59.1	-9%	53.3	58.0	68.8	76.9	63.8	16%

CLRD- Chronic Lower Respiratory Diseases, SOURCE: Ohio Department of Health, ODH Data Warehouse, *2018 is not yet finalized and may change

Cancer incidence rates were considerably higher in Carroll County than Ohio for the following types of cancer: breast, lung, and oral. Cancer incidence rates were lower in Carroll County than Ohio for colon and prostate cancer.

Cancer Incidences in Carroll County and Ohio						
	Number of Cases				Age Adjusted Rate (2016)	% Change 2013-2016
	2013	2014	2015	2016		
CARROLL COUNTY						
Bladder	12	11	8	11	24.8	-9.1%
Brain and other CNS	4	1	1	1	-	-300.0%
Breast	19	18	27	31	76.7	38.7%
Cervix	1	2	1	1	-	0.0%
Colon & Rectum	22	14	20	12	28.1	-83.3%
Esophagus	2	5	6	3	-	33.3%
Hodgkin's Lymphoma	0	0	0	2	-	100.0%
Kidney & Renal Pelvis	9	5	7	9	20.7	0.0%
Larynx	3	1	0	2	-	-50.0%
Leukemia	4	2	2	2	-	-100.0%
Liver & Intrahepatic Bile Duct	4	2	2	2	-	-100.0%
Lung and Bronchus	34	31	28	29	69.0	-17.2%
Skin	8	8	6	9	26.2	11.1%
Non-Hodgkin's Lymphoma	9	11	6	9	18.5	0.0%
Oral Cavity & Pharynx	4	7	8	6	16.7	33.3%
Other Sites/Types	10	15	11	17	51.0	41.2%
Ovary	2	2	1	1	-	-100.0%
Pancreas	7	9	3	4	-	-75.0%
Prostate	21	12	22	21	88.9	0.0%
Stomach	3	0	3	3	-	0.0%
Testis	0	0	0	2	-	100.0%
Thyroid	5	7	6	4	-	-25.0%
Uterus	7	5	4	5	-	-40.0%
TOTAL	190	168	172	186	-	-2.2%

Cancer Incidences in Carroll County and Ohio						
OHIO						
Bladder	3,140	3,192	3,153	3,134	21.2	-0.2%
Brain and Other CNS	980	894	916	919	7.0	-6.6%
Breast	9,330	9,495	9,642	9,718	68.9	4.0%
Cervix	463	482	479	490	8.1	5.5%
Colon & Rectum	5,734	5,943	6,090	5,730	40.2	-0.1%
Esophagus	731	757	772	808	5.4	9.5%
Hodgkin's Lymphoma	307	335	342	331	2.8	7.3%
Kidney & Renal Pelvis	2,376	2,374	2,514	2,464	17.4	3.6%
Larynx	644	582	634	579	3.9	-11.2%
Leukemia	1,675	1,711	1,682	1,596	11.6	-4.9%
Liver & Intrahepatic Bile Duct	1,000	1,018	1,113	1,085	7.0	7.8%
Lung and Bronchus	9,780	9,996	10,183	9,653	64.9	-1.3%
Skin	2,637	3,141	3,450	3,577	26.2	26.3%
Non-Hodgkin's Lymphoma	2,641	2,615	2,769	897	18.6	-194.4%
Oral Cavity & Pharynx	1,693	1,696	1,782	2,641	11.7	35.9%
Other Sites/Types	5,094	5,004	5,135	4,925	35.0	-3.4%
Ovary	827	811	842	721	9.5	-14.7%
Pancreas	1,803	1,898	1,966	1,783	12.0	-1.1%
Prostate	7,118	6,859	7,253	7,316	100.7	2.7%
Stomach	955	901	880	872	6.0	-9.5%
Testis	286	337	332	293	5.4	2.4%
Thyroid	1,859	1,891	1,844	1,902	15.6	2.3%
Uterus	2,207	2,325	2,381	2,480	31.0	11.0%
TOTAL	63,280	64,257	66,154	63,914	-	1.0%

SOURCE: Carroll County General Health District, Originally extracted from Ohio Department of Health Data Warehouse

The table below measures the percentage of the county population with a disability. Disabilities include difficulties with hearing, vision, cognition, ambulation, and self-care. The percentage of the population with disabilities has slightly decreased over the past four years.

Disability Status by Age					
	2014	2015	2016	2017	Change
Total Population	27,914	27,543	27,370	27,095	-3.0%
% with a Disability	16.1%	12.1%	13.4%	12.6%	-3.5%
# with a Disability	4,493	3,346	3,657	3,406	-31.9%
<i># under 18</i>	<i>621</i>	<i>211</i>	<i>415</i>	<i>306</i>	<i>-102.9%</i>
<i># 18-64</i>	<i>2,183</i>	<i>1,246</i>	<i>1,567</i>	<i>1,392</i>	<i>-56.8%</i>
<i>#65 and over</i>	<i>1,689</i>	<i>1,889</i>	<i>1,675</i>	<i>1,708</i>	<i>+1.1%</i>

SOURCE: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

The percentage of students with disabilities in the county is outlined in the table below. These children will have Individual Education Plans (IEPs) at school. Carrollton Exempted Village has a slightly higher percentage of students with disabilities than Brown local.

Students with Disabilities, 2017-2018 District Level Data					
District	District Type	2018 Rating	# Total Students	# Students Disabilities	% Students Disabilities
Brown Local	Public	Meets Requirements	626	100	15.9%
Carrollton Exempted Village	Public	Meets Requirements	1940	337	17.4%
COUNTY TOTAL	-	-	2,566	437	17.0%

SOURCE: Ohio Department of Education

QUALITATIVE DATA

Community Focus Group

- Community residents worry most about access to care issues, specifically the lack of emergency services. They worry that if something serious happens to them or a family member, that they will not make it to the hospital in time due to the long wait times for ambulance services and the hospital facilities being so far away.
- Community residents were asked about their experiences with chronic diseases like diabetes, heart disease, hypertension, asthma, or obesity and asked how it has effected their lives. A summary of their responses are below:
 - It's difficult to get the appointments that are needed. If you do get an appointment, sometimes the wait time to be seen is months.
 - Travel and transportation are major barriers.
 - Patient needs are put on the backburner.
 - Healthcare for chronic diseases is expensive , plus takes time and resources to manage.
 - Have to go out of the county to see the specialists needed to treat chronic diseases.
 - It's frustrating to know that you could get all the help needed if lived in another state, but want to stay where they are.

TRANSPORTATION

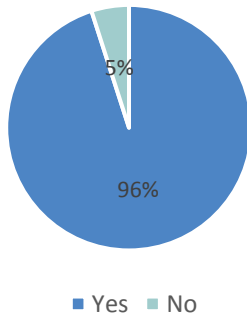
COMMUNITY SURVEY

- Most residents, 95.5%, indicated that they have access to reliable transportation.
- The main mode of transportation for most residents, 86%, was a car. Another 8% usually use friends or family to get where they need to go while 3% of residents walk.

Summary: Transportation			
		%	#
Have access to reliable transportation	Yes	95.5%	384
	No	4.5%	
How get where need to go most often	Own car	86.0%	384
	Friend/family member	7.5%	
	Carroll County Transit	0.8%	
	Walk	2.8%	
	Borrow a car	1.2%	
	Bike	0.4%	
	Other	1.4%	

Most residents, 95.5%, indicated that they have access to reliable transportation. Residents who were more likely to have access to reliable transportation include residents who are employed full-time or retired, those with an annual income over \$50,000, residents who are married or widowed, and residents of the northern part of the county.

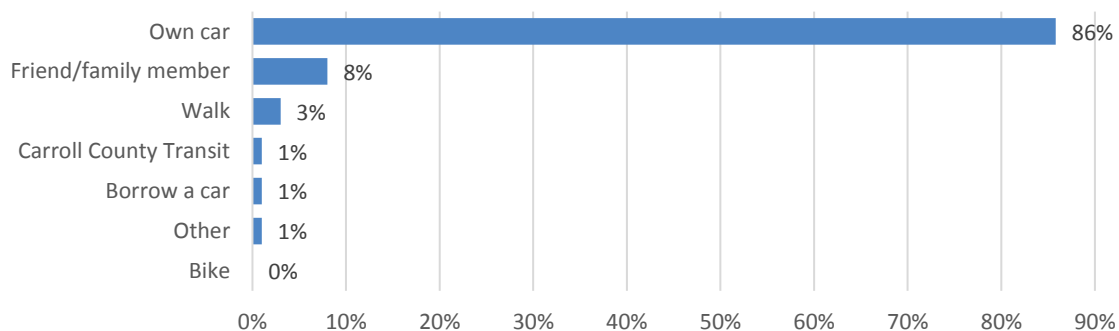
Have Reliable Transportation



The main mode of transportation for most residents, 86%, was a car. Another 8% usually use friends or family to get where they need to go while 3% of residents walk. Groups of residents more likely to own a car include males, college graduates, residents who are employed full-time or retired, those who are married and homeowners.

Groups of residents more likely to not own a car include residents with a high school diploma or less education, those who are unemployed, residents with an annual income under \$25,000, those who are single, and renters.

How Get to Where Need to Go Most Often



SECONDARY DATA ANALYSIS

Driving alone to work is the percentage of the workforce that usually drives alone to work. The numerator is the number of workers who commute alone to work via a car, truck, or van. The denominator is the total workforce. Driving alone to work is an indicator of poor public transit infrastructure and sedentary behaviors. Most of the workforce in Carroll County, 85%, drives alone to work and this percentage has stayed stagnant over time.

Driving Alone to Work: % of the workforce that drives alone to work						
	2009-2013	2010-2014	2011-2015	2012-2016	2013-2017	% Change
Carroll	83%	83%	83%	84%	83%	-
Ohio	83%	84%	83%	83%	83%	-

SOURCE: County Health Rankings. Original Source: American Community Survey, 5-year estimates

Among workers who commute in their car alone, the percentage that commute more than 30 minutes in Carroll County was 42%, considerably higher than the state percentage of 30%.

Long Commute Driving Alone to Work: % of that drives alone to work that commute <30 minutes						
	2009-2013	2010-2014	2011-2015	2012-2016	2013-2017	% Change
Carroll	49%	46%	47%	44%	42%	-7%
Ohio	29%	29%	30%	30%	30%	+1%

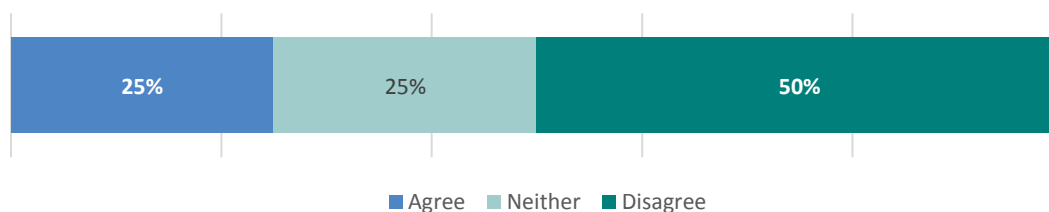
SOURCE: County Health Rankings. Original Source: American Community Survey, 5-year estimates
<http://www.countyhealthrankings.org/app/ohio/2019/measure/factors/137/map>

QUALITATIVE DATA

Community Leaders

Half of the community leaders who were surveyed did not agree that there was enough transportation available when residents needed it to get to medical appointments.

Transportation for medical appointments is available for residents when needed



ENVIRONMENTAL QUALITY

SECONDARY DATA ANALYSIS

The table below represents the average daily amount of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers. These particles can be directly emitted from sources such as forest fires, or they can form when gases emitted from power plants, industries and automobiles react in the air. Particulate matter has been improving in the County since 2008 and is similar to the state average.

Air Pollution - Particulate matter					
	2008	2011	2012	2014	% Change
Carroll	14.4	14.1	11.6	11.3	-21.5%
Ohio	13.4	13.5	11.3	11.5	-14.2%

SOURCE: County Health Ranking. Original Source: CDC WONDER Environmental Data
<http://www.countyhealthrankings.org/app/ohio/2019/measure/factors/125/map>

SAFETY, INJURY AND VIOLENCE

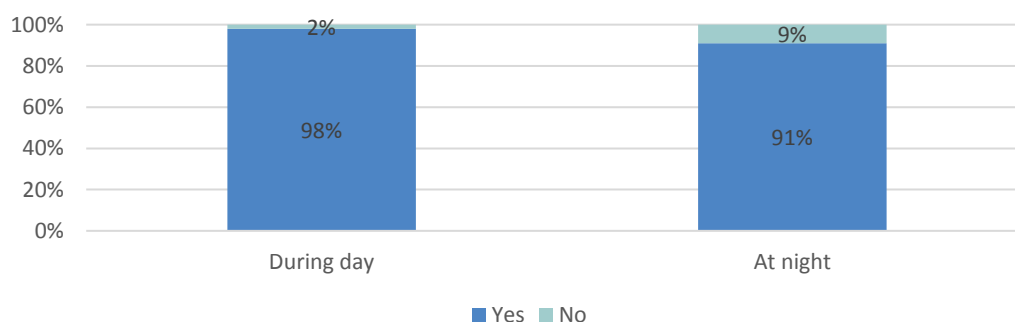
COMMUNITY SURVEY

- Nearly all, 97.6% residents feel safe in their neighborhood the day and the majority, 90.8%, feel safe in their neighborhood at night.

Summary: Safety			
		% of residents	# of residents
Feel safe in neighborhood	During the day	97.6%	383
	At night	90.8%	382

Nearly all, 97.6% residents feel safe in their neighborhood the day. Groups of residents more likely to not feel safe during the day include unemployed residents, those with an annual income under \$50,000, residents who are single and those who live the southern part of the county. The majority, 90.8%, feel safe in their neighborhood at night. Groups of residents more likely to not feel safe at night include females, residents who are unemployed, and those with children in the home.

Feel Safe in Neighborhood



YOUTH SURVEY

- Two-thirds of middle school students report riding a bicycle. Of those who do, nearly three-quarters, 72.0%, report never wearing a helmet (this makes up 60.0% of all middle school students surveyed). Only a small percentage of middle school students who ride bikes, 4.0%, report always wearing a helmet when riding (3.3% of all middle school students).
- Less than half of middle school students, 47.3%, report riding a skateboard or rollerblading. Of those who do ride or rollerblade, more than three-quarters, 78.9%, report never riding a helmet (37.3% of all middle school students surveyed.) Only a small percentage of middle school students who ride or rollerblade, 1.3%, report always wearing a helmet when riding (0.7% of all middle school students).
- More than half of high school students, 54.1%, and nearly two-thirds, 65.5%, of middle school students indicate always wearing their seatbelt when riding in a car. Only a small percentage, 2.7% of high school and 2.0% of middle school students, reported never wearing a seatbelt. The remaining 43.2% of high school and 32.4% of middle school students, wear their seatbelt some of the time.
- Half of high school students had driven a car in the past 30 days. About one in ten who drive reported driving a car or other vehicle when they had been drinking alcohol (4.8% of all high school students).
- More than one-tenth, 12.6%, of high school students reported riding in a car or other vehicle driven by someone who had been drinking alcohol sometime in the past 30 days. Around one-fifth of middle school students, 21.5%, report having rode in a car driven by someone who had been drinking alcohol sometime in the past.
- Of the high school students who had drove a car or other vehicle in the past 30 days, 29.2% reported texting or emailing while driving.

Summary: Safety			
		High School	Middle
How often wear helmet when ride a bicycle	<i>Do not ride a bicycle</i>	-	16.7%
	Never wear a helmet	-	60.0%
	Rarely wear a helmet	-	12.0%
	Sometimes wear a helmet	-	8.0%
	Always wear a helmet	-	3.3%
How often wear helmet when ride a skateboard or roller blade	<i>Do not ride a skateboard</i>	-	52.7%
	Never wear a helmet	-	37.3%
	Rarely wear a helmet	-	6.0%
	Sometimes wear a helmet	-	3.3%
	Always wear a helmet	-	0.7%
How often wear seatbelt when riding in a car with someone else	Never	2.7%	2.0%
	Rarely or sometimes	9.6%	11.5%
	Most of the time	33.6%	20.9%
	Always	54.1%	65.5%
Drove car when had drank alcohol in past 30 days	Did not drive a car	50.0%	-
	No	45.2%	-
	Yes	4.9%	-
Rode in a car driven by someone who had been drinking alcohol	Yes	12.6%	21.5%
	No	87.4%	65.1%
	Unsure	-	13.4%
How many days texted or emailed while driving in past 30 days	Did not drive car	50.7%	-
	0 days	34.9%	-
	1-9 days	7.6%	-
	10 or more days	6.8%	-

- Nearly one-fifth of high school students, 19.2%, reported getting in a physical fight sometime in the past year while 5.1% reported being in a physical fight on school property in the past year.
- More than one-tenth of high school students, 13.2%, indicate that they have been forced to have sexual intercourse when they did not want to.
- Nearly one in ten, 9.6% of high school students reported that sometime during the past 12 months, someone forced them to do sexual things that they did not want to do such as kissing, touching, or being physically forced to have sexual intercourse (4.1% reported it happened 1 time, 3.4% reported it happened 2 to 5 times and 2.0% reported it happened 6 or more times).
- High school students were also asked if someone they were dating or going out with forced them to do sexual things, they did not want to do sometime in the past 12 months. More than a third of high school students, 34.9%, reported that they had not dated anyone in the past 12 months. Of those who had dated someone, 8.4% reported being forced to do sexual things that they did not want to do (this constitutes 4.8% of all high school students).
- Bullying tends to be more prevalent in middle school than high school. For these questions, bullying was defined as when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again and NOT when two students of about the same strength or power argue or fight or tease each other in a friendly way. Less than half of middle school students, 42.3%, reported haven been bullied on the school property. For high school students, the percentage was lower, 22.1%. In addition, 26.7% of middle school and 17.1% of high school students report being bullied electronically in the past 12 months; this includes being bullied through texting, Instagram, Facebook and other social media.
- Nearly one-fifth, 19.7%, of high school students and 15.4% of middle school students report having a concussion from playing a sport or being active sometime in the past twelve months. A small percentage of students, 7.0% for high school and 8.0% for middle school, report having more than one concussion in the past year.

Summary: Violence-related behaviors and bullying			
		<i>High School</i>	<i>Middle</i>
Number of times in physical fight in past year	0 times	80.8%	-
	1 time	6.8%	-
	2 to 5 times	8.2%	-
	6 or more times	4.2%	-
Been in physical fight in past year on school property	Yes	5.1%	-
	No	94.9%	-
Ever been forced to have sexual intercourse	Yes	13.2%	-
	No	86.8%	-
Been forced to do sexual things in past 12 months	Yes	9.6%	-
	No	90.4%	-
Been forced to do sexual things in past 12 months by someone they were dating	Did not date anyone	34.9%	-
	Yes	60.3%	
	No	4.9%	
Been bullied on school property	Yes	22.1%	42.3%
	No	77.9%	57.7%
Been bullied electronically	Yes	17.1%	26.7%
	No	82.9%	73.3%
Number of times had a concussion from sports or being active in 12 months	0 times	80.3%	84.6%
	1 time	12.7%	7.4%
	2 or more times	7.0%	8.0%



SECONDARY DATA ANALYSIS

The death rate for unintentional injuries in Carroll County has decreased by nearly 10% over the past five years and the rate was slightly lower in the county than the state in 2018. Homicides are rare in Carroll County with only two homicides, both in 2016, occurred in Carroll County over the past 5 years.

Injury and Homicide Death Rate (death per 100,000 population)												
	Carroll County						Ohio					
	2014	2015	2016	2017	2018*	Change	2014	2015	2016	2017	2018*	Change
Unintentional Injuries	64.7	50.9	41.0	98.4	59.1	-9.5%	50.6	55.8	66.5	75.1	63.8	+21%
Homicide	-	-	-	-	-	-	5.2	6.0	6.6	7.6	6.9	+25%

*SOURCE: Ohio Department of Health, ODH Data Warehouse, *2018 is not yet finalized and may change*

The violent crime rate below is represented as an annual rate per 100,000 population. Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault. The violent crime rate for Carroll County is lower than the state although it has been increasing.

Violent Crime Rate						
	2008-2010	2009-2011	2010-2012	2012-2014	2014-2016	% Change
Carroll	85	77	119	197	170	+50.0%
Ohio	332	318	307	290	293	-11.7%

SOURCE: County Health Ranking. Original Source: Uniform Crime Reporting – FBI.

While the firearm fatality rate, the number of deaths due to firearms per 100,000 population, is slightly lower in the county than it is in the state, the rate is increasing more rapidly in the county than the state.

Firearm Fatality Rate				
	2011-2015	2012-2016	2013-2017	% Change
Carroll	7	9	10	+30.0%
Ohio	11	12	12	+8.3%

SOURCE: County Health Ranking. Original Source: Uniform Crime Reporting – FBI.,

Since 2013, the number of children placed outside of their home by Children Services has increased but the increase has not been as rapid as it has been for the state.

Children Placed Outside of Home by PCSA				
	2013	2016	2018	% Change
Carroll	15	19	16	+6.3%
Ohio	21,987	23,553	26,737	+17.8%

SOURCE: PCSAO Factbook



Over the past five years the total number of maltreatment allegations in the county has increased slightly. In Carroll County, the number of allegations has been increasing for sexual abuse, emotional maltreatment, families in need of services or dependency, and incidents of multiple allegations. At the same time, allegations for physical abuse and neglect have been declining.

Total Number of Maltreatment Allegations, 2013- 2018				
	2013	2016	2018	Change
Carroll County	196	214	202	+3.0%
Ohio	100,139	97,602	101,243	-1.1%
Count of Maltreatment Allegations by Maltreatment Type: PHYSICAL ABUSE				
Carroll County	47	20	22	-113.6%
Ohio	28,817	29,659	30,264	+4.8%
Count of Maltreatment Allegations by Maltreatment Type: NEGLECT				
Carroll County	48	45	35	-37.1%
Ohio	28,819	25,098	25,827	-11.6%
Count of Maltreatment Allegations by Maltreatment Type: SEXUAL ABUSE				
Carroll County	23	31	33	+30.3%
Ohio	10,153	9,040	9,137	-11.1%
Count of Maltreatment Allegations: EMOTIONAL MALTREATMENT				
Carroll County	4	9	5	+20.0%
Ohio	1,505	1,301	1,203	-25.1%
Count of Maltreatment Allegations: MULTIPLE ALLEGATIONS				
Carroll County	46	64	58	+20.7%
Ohio	13,348	13,827	17,861	+25.3%
Count of Maltreatment Allegations: FAMILY IN NEED OF SERVICES/DEPENDENCY/OTHER				
Carroll County	28	45	49	+42.9%
Ohio	17,541	18,856	17,001	-3.2%

SOURCE: PCSAO Factbook

The table below shows the number of youths under age 18 adjudicated for felony-level offenses over a 5-year period. The rate is the number of adjudications per 1,000 youths in the population. Overall, the number of youths adjudicated for felonies in the county has declined over the time period. In fact, in 2017, there were no youth in Carroll County who were adjudicated for felony-level offenses.

Adolescents Adjudicated for Felonies, Number per year and Rate per 1,000											
	2013		2014		2015		2016		2017		% Change 2013-2017
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	
Carroll	6	1.0	3	0.5	7	1.2	1	0.2	0	0.0	-500%
Ohio	4,636	1.8	4,674	1.8	4,576	1.7	4,745	1.8	4,496	1.7	-3.1%

The # of those under age 18 adjudicated for felony-level offenses. The rate is the number of adjudications per 1,000 adolescents in the population.

SOURCE: Kids Count Data Center. <http://datacenter.kidscount.org>. Original Source: Ohio Department of Youth Services, Profile of Youth Adjudicated or Committed for Felony Offenses: Extracted from <http://www.dys.ohio.gov/DNN/LinkClick.aspx?fileticket=LrjWax5QyWg%3d&tabid=117&mid=873>.

REPRODUCTIVE AND SEXUAL HEALTH

YOUTH SURVEY

- More than a quarter of high school students, 28.2%, have had sexual intercourse (8.4% had intercourse for the first time at age 13 or younger, 14.8% were 14 or 15 years old and 4.9% were 16 years old or older.)
- Nearly half of those who have had sexual intercourse, 47.5%, have had sex with only one person.
- Less than one-sixth of high school students who have had sexual intercourse, 15.0%, reported drinking alcohol or doing drugs before they had sexual intercourse the last time.
- Condoms was the most common method used to prevent pregnancy.
- Most, 90.7%, high school students identify as heterosexual or straight, 1.4% identify as gay or lesbian, and 5.7% identify as bisexual.
- Less than one in ten, 9.2%, high school students report being tested for a sexually transmitted disease (STD) such as chlamydia or gonorrhea in the past 12 months.

Summary: Sexual Behavior			
		High School Students	Number of residents
Age had sexual intercourse for the first time	Never had sexual intercourse	71.8%	142
	13 or younger	8.4%	
	14 to 15 years old	14.8%	
	16 years old or older	4.9%	
Number of people had sexual intercourse with during lifetime	Never had sexual intercourse	71.8%	142
	1 person	13.4%	
	2 or 3 people	7.0%	
	4 or more people	6.3%	
Drank alcohol or did drugs before sexual intercourse the last time	Never had sexual intercourse	71.8%	142
	Yes	4.2%	
	No	24.0%	
Method used to prevent pregnancy last time had sexual intercourse	Never had sexual intercourse	71.8%	142
	No method was used	3.6%	
	Birth control pills	5.1%	
	Condoms	13.1%	
	IUD or implant	1.5%	
	Withdraw or some other method	2.9%	
	Not sure	3.6%	
Sexual orientation	Heterosexual (straight)	90.7%	140
	Gay or lesbian	1.4%	
	Bisexual	5.7%	
	Not sure	2.1%	
Been tested for STD in past 12 months	Yes	9.2%	142
	No	88.0%	
	Not sure	2.8%	

SECONDARY DATA ANALYSIS

The rate below depicts the number of persons living with diagnosed HIV per 100,000 population. The rate in Carroll County is significantly lower than the state rate and is declining.

Rate of Population Living with Diagnosed HIV Infection						
	2014	2015	2016	2017	2018	Change
Carroll	35.5	32.4	39.8	32.9	33.2	-6.9%
Ohio	184.3	187.7	195.4	201.0	206.4	+10.7%

Source: Ohio Department of Health, Ohio HIV Surveillance Tables

The Gonorrhea rate is the number of persons per 100,000 population with Gonorrhea. Once again, the rate in Carroll County is significantly lower than the state rate and is declining.

Gonorrhea Rate (per 100,000)						
	2014	2015	2016	2017	2018	Change
Carroll	46.1	28.8	10.8	36.5	32.9	-40.1%
OHIO	138.3	143.1	176.8	205.8	216.3	+36.1%

SOURCE: Ohio Department of Health, STD Surveillance

The Chlamydia Rate is the number of persons per 100,000 population with Chlamydia. The rate in Carroll County is significantly lower than the state rate and is declining.

Chlamydia Rate (per 100,000)						
	2014	2015	2016	2017	2018	Change
Carroll	262.3	219.3	184.3	248.3	252.0	-4.1%
OHIO	468.4	489.9	521.8	526.8	543.4	+13.8%

SOURCE: Ohio Department of Health, STD Surveillance

The Syphilis Rate is the number of persons per 100,000 population with Syphilis. While the Syphilis Rate for Carroll County is considerably lower than the state's rate, it has been increasing over the past five years.

Syphilis Rate (per 100,000)						
	2014	2015	2016	2017	2018	Change
Carroll	0.0	0.0	3.6	3.7	3.7	+100%
OHIO	10.5	11.7	13.9	16.4	16.4	+36.0%

SOURCE: Ohio Department of Health, STD Surveillance

HEALTH EDUCATION AND COMMUNICATION

Community Focus Group

- The internet is a common source that community residents use to get health related information. Specific sites mentioned include WebMD, Google, and social media. Family and friend recommendations were also mentioned.
- Community residents had the following suggestions for how they would like to receive health-related information in the future: sending information home from school with children, social media, flyers in the community, and direct mail pieces. One resident mentioned the need for a directory that lists all the health-related services in the county.

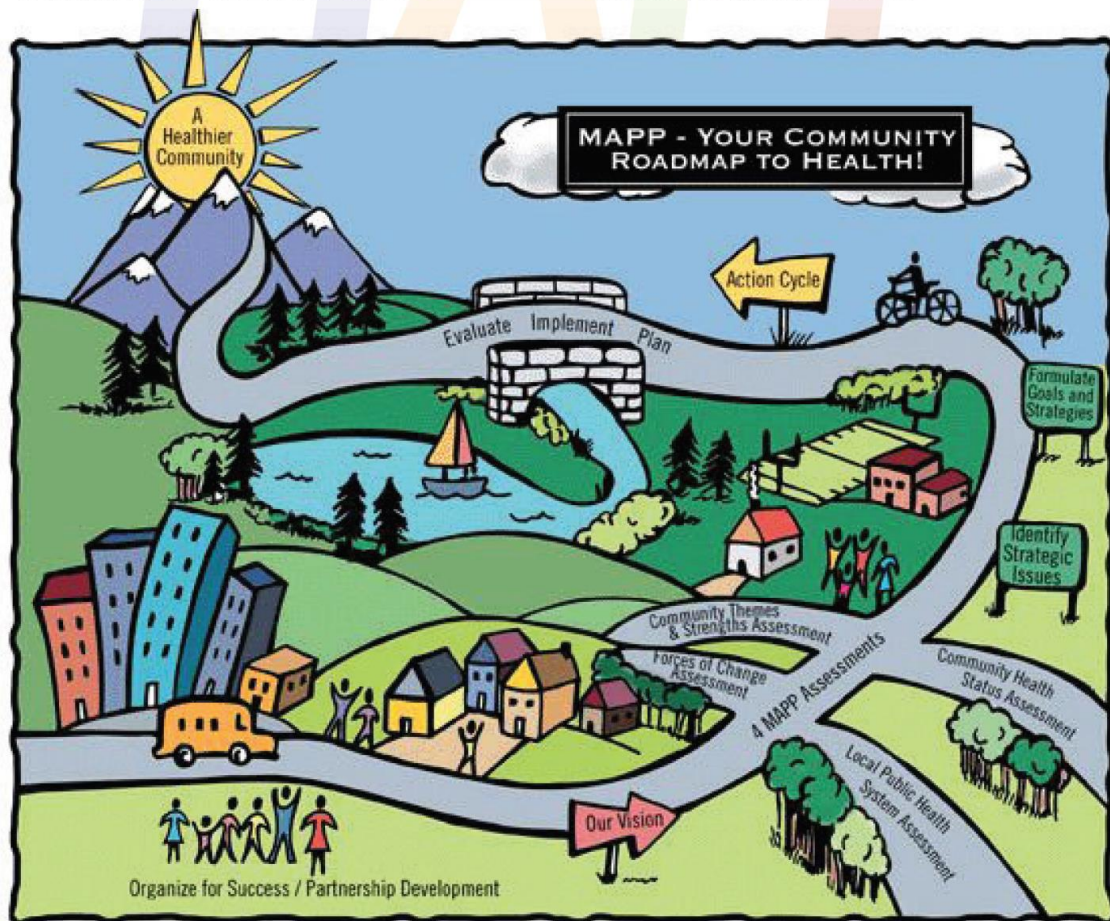


Appendix: MAPP Process

Mobilizing for Action through Planning and Partnership (MAPP)

The Carroll County General Health District (CCGHD) has utilized the Mobilizing for Action through Planning and Partnerships (MAPP) strategic planning process to improve community health in the development of both the 2013 and 2017 Carroll County Community Health Improvement Plans (CHIP). This process is facilitated by public health and is a great tool that helps communities prioritize public health issues and identify resources to address them. The MAPP model was developed by the National Association of County and City Health Officials (NACCHO), in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). A work group composed of local health officials, CDC representatives, community representatives, and academicians developed MAPP between 1997 and 2000.

The CCGHD utilizes the MAPP model to achieve benefits that can be derived through facilitation of the process, such as; creating a healthier community and a better quality of life, increasing the visibility of public health within the community, better anticipation and management of change, a stronger public health infrastructure, and community engagement and ownership for public health issues. MAPP is a continuous process that will be implemented every three (3) years in Carroll County and will be reviewed frequently by identified committees and coalitions. Monitoring progress on a regular basis will ensure that strategies are implemented according to specified timelines, and goals are being met which will ultimately lead to community health improvement. ●



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Appendix: Survey Results by Income and Age

Summary: Access to Health Care, Insurance Coverage					
		% of all Residents	Under \$25,000	\$25-\$75,000	Over \$75,000
Insurance coverage*	Not insured	9.7%	9.9%	8.8%	1.4%
	Employer paid	38.4%	12.5%	40.8%	71.6%
	Private insurance	11.0%	5.7%	10.9%	13.5%
	Medicare	31.2%	47.7%	32.8%	12.2%
	Medicaid	9.7%	23.9%	6.3%	1.4%
Services covered by insurance	Preventative care	86.8%	84.1%	87.3%	93.2%
	Prescription assistance	91.2%	89.0%	91.0%	94.5%
	Dental services	66.5%	61.7%	63.9%	75.3%
	Vision services	68.3%	72.0%	63.6%	76.7%
	Emergency room care	91.4%	87.7%	94.0%	94.5%
	Hospitalization*	93.1%	86.6%	97.0%	94.5%
	Long term care*	54.2%	46.3%	50.6%	69.4%
Have primary care provider	Family planning (birth control)*	47.4%	34.6%	45.7%	66.7%
	Yes	83.6%	83.5%	81.8%	89.0%
Length of time since last routine check-up	No	16.4%	16.5%	18.2%	11.0%
	Within past year	74.1%	83.5%	71.6%	74.3%
	Within past 2 years	10.3%	4.4%	11.5%	14.9%
	Within past 5 years	6.1%	3.3%	6.6%	8.1%
	5 or more years ago	7.8%	7.7%	9.3%	2.7%
Where receive health care most often	Never	1.6%	1.1%	1.1%	0.0%
	Primary care or family doctor	73.8%	80.9%	68.9%	82.4%
	The emergency room	4.9%	3.4%	6.1%	0.0%
	Stat Care	15.6%	7.9%	18.3%	13.5%
	VA hospital	1.8%	N/A	N/A	N/A
	A free clinic	1.1%	N/A	N/A	N/A
	Health department clinic	1.0%	N/A	N/A	N/A
	Community Health Center	0.8%	N/A	N/A	N/A
Location of Health Care	Somewhere else	0.9%	7.9%	6.7%	4.1%
	In Carroll County	67.2%	62.9%	71.7%	62.2%
Where children receive health care most often	Outside Carroll County	32.8%	37.1%	28.3%	37.8%
	Primary care or family doctor	72.7%	52.9%	67.3%	88.6%
	The emergency room	6.0%	11.8%	9.1%	0.0%
	Stat Care	17.3%	35.3%	14.5%	11.4%
	A free clinic	1.6%	0.0%	3.6%	0.0%
	Community Health Center	0.8%	0.0%	1.8%	0.0%
Location of healthcare	Somewhere else	1.6%	0.0%	3.6%	0.0%
	In Carroll County	59.9%	66.7%	64.2%	50.0%
Services needed unable to get	Outside Carroll County	40.1%	33.3%	35.8%	50.0%
	Yes	13.1%	14.4%	15.4%	8.1%
Specialist unable to find*	No	86.9%	85.6%	84.6%	91.9%
	Yes	36.5%	24.4%	38.7%	44.6%
Specialist unable to find*	No	63.5%	75.6%	61.3%	55.4%

Summary: Access to Oral Health Care					
		% of all Residents	Under \$25,000	\$25-\$75,000	Over \$75,000
Last Dental Checkup*	Within past year	62.3%	45.6%	65.7%	77.0%
	Within past 2 years	11.0%	18.9%	8.8%	6.8%
	Within past 5 years	7.9%	7.8%	8.8%	6.8%
	5 or more years ago	16.0%	24.4%	16.0%	8.1%
	Never	2.8%	3.3%	0.6%	1.4%

Summary: Smoking and Tobacco Use					
		% of all Residents	Under \$25,000	\$25-\$75,000	Over \$75,000
Tobacco usage	Everyday	21.9%	23.1%	24.2%	13.5%
	Some days	6.1%	7.7%	5.5%	8.1%
	Not at all	72.0%	69.2%	70.3%	78.4%
Electronic Cigarette/Vape Usage	Everyday	2.4%	3.3%	1.6%	2.7%
	Some days	3.2%	4.3%	2.7%	2.7%
	Not at all	94.5%	92.4%	95.6%	94.6%

Summary: Mental Health					
		% of all Residents	Under \$25,000	\$25-\$75,000	Over \$75,000
Number of days in past 30 that mental health was not good*	None	63.5%	58.7%	63.6%	72.6%
	1-5 days	16.7%	16.3%	15.9%	20.5%
	6-10 days	5.9%	4.3%	9.1%	1.4%
	11-15 days	3.1%	5.4%	3.4%	1.4%
	16-20 days	3.4%	3.3%	2.8%	0.0%
	21-25 days	0.8%	2.2%	0.6%	0.0%
	More than 25 days	6.5%	9.8%	5.1%	4.1%
Seen a counselor or psychiatrist in past year	Yes- had to wait 10+ days	6.4%	2.2%	8.4%	5.4%
	Yes- did not have to wait	10.9%	13.0%	9.0%	12.2%
	No	82.7%	84.8%	82.6%	82.4%
Resident/Immediate Family Member Diagnosed by Medical Professional	ADD/ADHD	14.6%	12.1%	14.9%	14.9%
	Alcohol/Substance Abuse/Dependence	6.5%	4.4%	7.7%	4.0%
	Anxiety	26.5%	30.8%	27.5%	17.6%
	Bipolar	9.3%	10.9%	10.5%	4.1%
	Depression*	26.1%	30.8%	28.0%	14.9%
	Eating disorder	2.0%	2.2%	2.2%	2.7%
	Panic disorder	9.5%	11.0%	10.0%	5.4%
	Postpartum depression	3.8%	3.3%	5.0%	0.0%
	Posttraumatic stress disorder	7.1%	6.6%	5.5%	6.8%
	Obsessive compulsive disorder	4.1%	2.2%	6.1%	2.7%
	Schizophrenia	2.3%	1.1%	2.2%	1.4%
	Seasonal effective disorder	4.9%	4.4%	6.1%	2.7%
Know someone who. . . .	Has died by suicide	43.3%	36.3%	43.6%	50.7%
	Has talked about thoughts of suicide	31.4%	27.5%	32.4%	33.8%
	Has attempted suicide, but didn't die	21.3%	17.6%	24.2%	20.3%

Summary: Prescription and Substance Abuse					
		% of all Residents	Under \$25,000	\$25-\$75,000	Over \$75,000
Alcohol consumption*	Every day	2.9%	1.1%	3.3%	4.0%
	Some days	35.8%	26.1%	39.8%	46.7%
	Not at all	61.3%	72.8%	56.9%	49.3%
	Average number of drinks per week	3.93	4.15	4.21	3.40
How typically get rid of unused prescription medication	Flush down toilet	13.0%	8.0%	13.7%	14.3%
	Throw them in trash	15.6%	12.6%	21.1%	10.0%
	At a Take Back Center	27.1%	28.7%	22.3%	32.9%
	Give them to someone who needs them	0.4%	0.0%	0.0%	1.4%
	Keep them in case need them in future	22.8%	25.3%	22.9%	20.0%
	Something else	3.7%	3.4%	3.4%	5.7%
Know someone takes something to get high*	Yes	24.8%	15.6%	28.9%	29.3%
	No	75.2%	84.4%	71.1%	70.7%
Know someone treated with Narcan	Yes	12.6%	11.1%	11.5%	18.9%
	No	87.4%	88.9%	88.5%	81.1%
Enough treatment options in County	Yes	43.3%	47.8%	46.5%	35.9%
	No	56.7%	52.2%	53.5%	64.1%
Summary: Healthy Living					
How would you rate your health*	Excellent/good	75.7%	59.8%	77.9%	87.9%
	Fair	17.8%	27.2%	17.1%	10.8%
	Poor/very poor	6.5%	13.1%	5.0%	1.4%
Exercise in past month*	Yes	71.6%	57.1%	68.5%	90.7%
	No	28.4%	42.9%	31.5%	9.3%
How often exercise per week (of those who exercised)	Once in awhile	8.9%	9.6%	10.4%	5.9%
	1-2 times	27.9%	26.9%	31.2%	29.4%
	3-4 times	32.2%	30.8%	29.6%	35.3%
	5-7 times	31.0%	32.7%	28.8%	29.4%
Self-described weight	Overweight	49.3%	53.2%	51.7%	48.6%
	About right	45.2%	39.1%	42.7%	48.6%
	Underweight	5.5%	7.6%	5.7%	2.7%
Doctor said obese or overweight	Yes	32.3%	32.2%	31.8%	41.9%
	No	67.7%	67.8%	68.2%	58.1%
What makes it difficult to get food needed	Cost of food	35.8%	36.3%	37.4%	29.3%
	Quality of food	18.1%	17.6%	17.7%	18.9%
	Time for shopping	18.5%	20.9%	17.0%	24.0%
	Safety*	6.1%	16.5%	1.7%	4.0%
	Distance from the store	27.1%	29.7%	24.2%	34.7%
	Something else	4.6%	5.5%	2.8%	8.0%
How difficult to get fresh food & vegetables neighborhood	Very difficult	6.4%	5.6%	7.1%	5.5%
	Somewhat difficult	18.0%	21.1%	15.9%	19.2%
	Not at all difficult	75.6%	73.3%	76.9%	75.3%
How often eat fresh fruits and vegetables	0-1 times/week	10.2%	10.0%	14.4%	4.1%
	2-4 times/week	36.9%	43.3%	34.3%	37.8%
	Once a day	31.6%	30.0%	28.2%	33.8%
	2-4 times a day	17.4%	14.4%	18.8%	21.6%
	5 or more times a day	3.9%	2.2%	4.4%	2.7%



Summary: Prevention, Testing and Screening, and Immunizations

		<i>% of all Residents</i>	<i>Under \$25,000</i>	<i>\$25-\$75,000</i>	<i>Over \$75,000</i>
Ever had test?	Mammogram	73.4%	81.4%	81.5%	69.2%
	PSA test for prostate cancer	56.5%	60.0%	57.1%	65.6%
	Colonoscopy	50.1%	67.3%	49.4%	50.0%
	Skin Cancer Exam*	30.9%	19.5%	45.2%	42.7%
	Blood Cholesterol Check	77.4%	77.8%	76.7%	89.0%
	Blood Pressure Check	94.8%	93.4%	95.1%	98.6%
Get flu shot in past year	Yes	42.4%	47.3%	39.8%	45.3%
	No	57.6%	52.7%	60.2%	54.7%
Child had flu vaccination	Yes	39.4%	43.8%	40.7%	41.2%
	No	60.6%	56.3%	59.3%	58.8%
Kids shots Up to date	Yes	95.9%	88.2%	96.4%	100.0%
	No	4.1%	11.8%	3.6%	0.0%

Summary: Chronic Disease Management (Resident or Immediate Family Diagnosed)

	<i>% of all Residents</i>	<i>Under \$25,000</i>	<i>\$25-\$75,000</i>	<i>Over \$75,000</i>
Arthritis*	39.9%	53.3%	39.2%	25.7%
Diabetes	27.5%	30.8%	26.5%	23.0%
Heart disease or heart attack	22.7%	29.7%	17.6%	20.3%
Any form of cancer	19.2%	19.8%	17.1%	23.0%
Asthma	18.2%	19.8%	15.4%	14.9%
Lower respiratory diseases	12.9%	15.6%	10.5%	9.3%
Kidney disease	5.5%	6.6%	5.5%	2.7%
Stroke	5.4%	8.9%	5.0%	1.3%
Alzheimer's	2.6%	3.3%	1.7%	1.4%

Summary: County as a Place to Live Transportation and Safety

		<i>% of all Residents</i>	<i>Under \$25,000</i>	<i>\$25-\$75,000</i>	<i>Over \$75,000</i>
County as a place to live	Excellent/Good	85.6%	79.4%	87.3%	87.6%
	Fair	11.5%	18.5%	11.0%	8.2%
	Poor/Very Poor	2.9%	2.2%	1.7%	4.1%
Have access to reliable transportation	Yes	95.5%	92.3%	94.5%	100.0%
	No	4.5%	7.7%	5.5%	0.0%
How get where need to go most often*	Own car	86.0%	76.4%	90.1%	97.3%
	Friend/family member	7.5%	13.5%	5.0%	1.4%
	Carroll County Transit	0.8%	1.1%	0.0%	0.0%
	Walk	2.8%	4.5%	2.8%	0.0%
	Borrow a car	1.2%	0.0%	1.1%	1.4%
	Bike	0.4%	1.1%	0.0%	0.0%
	Other	1.4%	3.4%	0.6%	0.0%
Feel safe in neighborhood	During the day	97.6%	97.8%	97.3%	100.0%
	At night	90.8%	89.0%	92.8%	93.2%

SENIOR CITIZENS

Summary: Access to Health Care, Insurance Coverage					
		% of all Residents	Ages 65+	Ages 45-64	Ages 18-44
Insurance coverage*	Not insured	9.7%	3.0%	8.2%	16.9%
	Employer paid	38.4%	11.9%	46.9%	50.0%
	Private insurance	11.0%	11.9%	9.5%	11.3%
	Medicare	31.2%	67.3%	21.1%	14.5%
	Medicaid	9.7%	5.9%	14.3%	7.3%
Services covered by insurance	Preventative care	86.8%	83.8%	88.3%	87.5%
	Prescription assistance	91.2%	87.9%	92.0%	93.7%
	Dental services*	66.5%	42.4%	64.2%	90.2%
	Vision services*	68.3%	53.0%	63.5%	88.3%
	Emergency room care	91.4%	90.0%	90.5%	92.9%
	Hospitalization	93.1%	93.9%	94.2%	91.9%
	Long term care*	54.2%	34.0%	53.3%	73.2%
	Family planning (birth control)*	47.4%	15.3%	42.6%	81.1%
	Have primary care provider*	Yes	83.6%	94.2%	85.8%
No		16.4%	5.8%	14.2%	27.1%
Length of time since last routine check-up*	Within past year	74.1%	90.2%	77.9%	57.1%
	Within past 2 years	10.3%	5.9%	9.4%	14.3%
	Within past 5 years	6.1%	2.0%	4.0%	12.0%
	5 or more years ago	7.8%	1.0%	8.1%	12.8%
	Never	1.6%	1.0%	0.7%	3.8%
Where receive health care most often*	Primary care or family doctor	73.8%	84.3%	78.8%	60.6%
	The emergency room	4.9%	2.0%	2.7%	9.1%
	Stat Care	15.6%	7.8%	13.0%	24.2%
	VA hospital	1.8%	N/A	N/A	N/A
	A free clinic	1.1%	N/A	N/A	N/A
	Health department clinic	1.0%	N/A	N/A	N/A
	Community Health Center	0.8%	N/A	N/A	N/A
	Somewhere else	0.9%	5.9%	5.5%	6.1%
Location of Health Care	In Carroll County	67.2%	67.3%	67.1%	66.9%
	Outside Carroll County	32.8%	32.7%	32.9%	33.1%
Where children receive health care most often*	Primary care or family doctor	72.7%	66.7%	68.4%	73.7%
	The emergency room	6.0%	0.0%	5.3%	6.3%
	Stat Care	17.3%	0.0%	26.3%	15.8%
	A free clinic	1.6%	0.0%	0.0%	2.1%
	Community Health Center	0.8%	33.3%	0.0%	0.0%
	Somewhere else	1.6%	0.0%	0.0%	2.1%
Location of healthcare	In Carroll County	59.9%	33.3%	68.4%	58.9%
	Outside Carroll County	40.1%	66.7%	31.6%	41.1%
Services needed unable to get*	Yes	13.1%	4.9%	12.8%	19.7%
	No	86.9%	95.1%	87.2%	80.3%
Specialist unable to find*	Yes	36.5%	27.2%	36.7%	43.6%
	No	63.5%	72.8%	63.3%	56.4%

Summary: Access to Oral Health Care					
		% of all Residents	Ages 65+	Ages 45-64	Ages 18-44
Last Dental Checkup*	Within past year	62.3%	52.5%	58.4%	73.9%
	Within past 2 years	11.0%	11.9%	14.8%	6.0%
	Within past 5 years	7.9%	5.0%	12.1%	5.2%
	5 or more years ago	16.0%	27.7%	13.4%	10.4%
	Never	2.8%	3.0%	1.3%	4.5%

Summary: Smoking and Tobacco Use					
		% of all Residents	Ages 65+	Ages 45-64	Ages 18-44
Tobacco usage*	Everyday	21.9%	6.9%	22.8%	32.3%
	Some days	6.1%	2.9%	10.1%	3.8%
	Not at all	72.0%	90.2%	67.1%	63.9%
Electronic Cigarette/Vape Usage*	Everyday	2.4%	1.0%	1.3%	5.3%
	Some days	3.2%	1.0%	1.3%	7.5%
	Not at all	94.5%	98.1%	97.3%	87.2%

Summary: Mental Health					
		% of all Residents	Ages 65+	Ages 45-64	Ages 18-44
Number of days in past 30 that mental health was not good	None	63.5%	75.2%	56.6%	61.8%
	1-5 days	16.7%	10.9%	17.9%	19.8%
	6-10 days	5.9%	2.0%	9.7%	4.6%
	11-15 days	3.1%	3.0%	4.1%	2.3%
	16-20 days	3.4%	4.0%	2.8%	3.8%
	21-25 days	0.8%	0.0%	0.0%	2.3%
	More than 25 days	6.5%	5.0%	9.0%	4.6%
Seen a counselor or psychiatrist in past year*	Yes- had to wait 10+ days	6.4%	1.0%	6.1%	11.0%
	Yes- did not have to wait	10.9%	2.0%	10.9%	18.1%
	No	82.7%	97.1%	83.0%	70.9%
Resident/Immediate Family Member Diagnosed by Medical Professional	ADD/ADHD*	14.6%	2.9%	12.8%	26.3%
	Alcohol/Substance Abuse/Dependence*	6.5%	0.0%	4.1%	14.3%
	Anxiety*	26.5%	10.8%	30.4%	33.8%
	Bipolar*	9.3%	1.9%	8.7%	16.5%
	Depression*	26.1%	11.7%	32.2%	30.3%
	Eating disorder	2.0%	1.9%	2.0%	2.3%
	Panic disorder	9.5%	3.9%	10.8%	12.0%
	Postpartum depression	3.8%	1.0%	3.4%	6.1%
	Posttraumatic stress disorder	7.1%	3.9%	8.1%	9.0%
	Obsessive compulsive disorder	4.1%	2.9%	4.7%	3.8%
	Schizophrenia	2.3%	0.0%	2.7%	3.8%
Seasonal effective disorder	4.9%	2.0%	6.1%	6.0%	
Know someone who. . . .	Has died by suicide*	43.3%	32.0%	48.0%	47.0%
	Has talked about thoughts of suicide*	31.4%	16.5%	32.9%	41.7%
	Has attempted suicide, but didn't die*	21.3%	5.9%	24.8%	28.8%

Summary: Prescription and Substance Abuse					
		% of all Residents	Ages 65+	Ages 45-64	Ages 18-44
Alcohol consumption	Every day	2.9%	1.9%	3.4%	3.0%
	Some days	35.8%	27.2%	41.6%	36.1%
	Not at all	61.3%	70.9%	55.0%	60.9%
	Average number of drinks per week	3.93	5.19	3.61	3.68
How typically get rid of unused prescription medication*	Flush down toilet	13.0%	11.2%	11.2%	16.8%
	Throw them in trash	15.6%	17.3%	14.0%	16.0%
	At a Take Back Center	27.1%	28.6%	32.9%	19.2%
	Give them to someone who needs them	0.4%	0.0%	0.0%	0.8%
	Keep them in case need them in future	22.8%	11.2%	21.0%	34.4%
	Something else	3.7%	5.1%	3.5%	3.2%
Know someone takes something to get high*	Yes	24.8%	11.0%	18.9%	41.7%
	No	75.2%	89.0%	81.1%	58.3%
Know someone treated with Narcan*	Yes	12.6%	7.8%	9.4%	19.5%
	No	87.4%	92.2%	90.6%	80.5%
Enough treatment options in County	Yes	43.3%	47.9%	44.6%	38.5%
	No	56.7%	52.1%	55.4%	61.5%
Summary: Healthy Living					
How would you rate your health*	Excellent/good	75.7%	70.3%	70.4%	84.9%
	Fair	17.8%	21.8%	20.8%	12.0%
	Poor/very poor	6.5%	7.9%	8.7%	3.0%
Exercise in past month*	Yes	71.6%	60.2%	70.9%	81.2%
	No	28.4%	39.8%	29.1%	18.8%
How often exercise per week (of those who exercised)	Once in awhile	8.9%	8.2%	11.4%	6.4%
	1-2 times	27.9%	26.2%	21.0%	35.8%
	3-4 times	32.2%	31.1%	33.3%	32.1%
	5-7 times	31.0%	34.4%	34.3%	25.7%
Self-described weight*	Overweight	49.3%	51.9%	56.4%	38.7%
	About right	45.2%	41.2%	35.6%	58.9%
	Underweight	5.5%	6.9%	8.1%	2.3%
Doctor said obese or overweight	Yes	32.3%	32.0%	37.8%	25.8%
	No	67.7%	68.0%	62.2%	74.2%
What makes it difficult to get food needed	Cost of food*	35.8%	24.5%	34.2%	46.6%
	Quality of food	18.1%	13.7%	18.8%	20.3%
	Time for shopping	18.5%	12.6%	19.5%	21.8%
	Safety	6.1%	8.8%	5.4%	4.5%
	Distance from the store	27.1%	28.4%	27.5%	25.6%
	Something else*	4.6%	6.8%	6.7%	0.8%
How difficult to get fresh food & vegetables neighborhood	Very difficult	6.4%	3.9%	6.8%	8.3%
	Somewhat difficult	18.0%	17.5%	18.4%	18.0%
	Not at all difficult	75.6%	78.6%	74.8%	75.5%
How often eat fresh fruits and vegetables*	0-1 times/week	10.2%	7.9%	10.7%	11.3%
	2-4 times/week	36.9%	34.7%	43.6%	31.6%
	Once a day	31.6%	38.6%	30.9%	27.1%
	2-4 times a day	17.4%	16.8%	12.8%	22.6%
	5 or more times a day	3.9%	2.0%	2.0%	7.5%



Summary: Prevention, Testing and Screening, and Immunizations

		% of all Residents	Ages 65+	Ages 45-64	Ages 18-44
Ever had test?	Mammogram*	73.4%	95.9%	88.0%	42.3%
	PSA test for prostate cancer*	56.5%	88.0%	70.0%	13.3%
	Colonoscopy*	50.1%	78.0%	61.5%	16.0%
	Skin Cancer Exam*	30.9%	40.2%	36.8%	18.2%
	Blood Cholesterol Check*	77.4%	91.2%	89.9%	53.6%
	Blood Pressure Check*	94.8%	99.0%	97.3%	88.7%
Get flu shot in past year*	Yes	42.4%	61.8%	35.6%	34.8%
	No	57.6%	38.2%	64.4%	65.2%
Child had flu vaccination	Yes	39.4%	33.3%	29.4%	41.7%
	No	60.6%	66.7%	70.6%	58.3%
Kids shots up to date	Yes	95.9%	100.0%	100.0%	94.7%
	No	4.1%	0.0%	0.0%	5.3%

Summary: Chronic Disease Management (Resident or Immediate Family Diagnosed)

	% of all Residents	Ages 65+	Ages 45-64	Ages 18-44
Arthritis*	39.9%	62.1%	43.2%	18.8%
Diabetes*	27.5%	39.2%	31.5%	14.3%
Heart disease or heart attack*	22.7%	36.9%	22.8%	11.3%
Any form of cancer*	19.2%	28.7%	20.8%	19.3%
Asthma	18.2%	11.8%	20.1%	21.1%
Lower respiratory diseases*	12.9%	18.0%	17.4%	3.8%
Kidney disease	5.5%	8.8%	4.7%	3.8%
Stroke	5.4%	6.9%	7.4%	2.3%
Alzheimer's	2.6%	2.0%	3.4%	2.3%

Summary: County as a Place to Live Transportation and Safety

		% of all Residents	Ages 65+	Ages 45-64	Ages 18-44
County as a place to live	Excellent/Good	85.6%	87.2%	83.8%	86.4%
	Fair	11.5%	10.8%	12.8%	10.5%
	Poor/Very Poor	2.9%	2.0%	3.4%	3.1%
Have access to reliable transportation	Yes	95.5%	96.1%	98.0%	93.2%
	No	4.5%	3.9%	2.0%	6.8%
How get where need to go most often*	Own car	86.0%	86.4%	88.6%	81.3%
	Friend/family member	7.5%	10.7%	7.4%	6.0%
	Carroll County Transit	0.8%	1.0%	1.3%	0.0%
	Walk	2.8%	0.0%	0.7%	7.5%
	Borrow a car	1.2%	0.0%	1.3%	2.2%
	Bike	0.4%	0.0%	0.0%	0.7%
	Other	1.4%	1.9%	0.7%	2.2%
Feel safe in neighborhood	During the day	97.6%	97.1%	99.3%	96.2%
	At night	90.8%	90.2%	93.9%	87.9%



Appendix: Research Methodology

The Center for Marketing and Opinion Research (CMOR) conducted the 2019 Carroll County Community Health Needs Assessment on behalf of the Carroll County Health Needs Advisory Committee.

This report includes indicators in the following focus areas:

- Community Needs/Social Determinants
- Access to Health Care
- Oral Health
- Smoking/Tobacco Use
- Mental Health and Suicide
- Alcohol and Substance Abuse
- Maternal, Infant, and Child Health
- Healthy Living
- Communicable Diseases, Vaccinations and Prevention Services
- Chronic Disease Management
- Transportation
- Environmental Quality
- Safety, Injury and Violence
- Reproductive and Sexual Health
- Health Education and Communication

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

COMMUNITY SURVEY

The first phase of the project consisted of the collection of primary data utilizing a random sample telephone survey of Carroll County households that included a representative sample of Carroll County residents. A combination of telephone and web interviews were utilized in order to ensure representativeness of the population. This method also ensured that the correct number of interviews would be completed to meet the targeted sampling error.

The final sample of the survey consisted of a total of 384 residents. The general population statistics derived from the sample size provide a precision level of plus or minus 5.0% within a 95% confidence interval. Data collection began on September 16th, 2019 and ended on October 23th, 2019. Most calling took place between the evening hours of 5:15 pm and 9:15 pm. Some interviews were conducted during the day and on some weekends to accommodate resident schedules. The interviews took an average of 16.9 minutes.

YOUTH SURVEY

Confidential surveys were distributed to a sample of middle and high school students from Carrollton Local School District, the largest school district in the county. A total of 297 surveys were completed (146 for high school and 151 for middle school). The survey covered the following topics: safety, violence-related behaviors, bullying, sad feelings and attempted suicide, cigarette smoking, electronic vapor products, other tobacco products, drinking alcohol, prescription pain medicine, marijuana and other drug use, sexual behavior, body weight, food and beverages, physical activity, and concussions.





QUALITATIVE DATA: COMMUNITY LEADER SURVEY AND COMMUNITY FOCUS GROUP

In addition to the data mentioned above, additional qualitative data was gathered in order to provide some contextual information to the primary and secondary data. The qualitative data included a Community Leader survey which consisted of a paper survey completed by 8 members of the county's health coalition as well as a focus group of a diverse set of eight community residents. The focus group was conducted on December 5th, 2019 and took place in the community room at Aultman Carrollton. The focus group was moderated by CMOR.

SECONDARY DATA ANALYSIS

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

Sources of Data:

- ✓ 2017 Ohio Drug Overdose Data
- ✓ Behavioral Risk Factor Surveillance System (BRFSS)
- ✓ Business Analyst, Delorme map data
- ✓ Carroll County General Health District
- ✓ Centers for Disease Control and Prevention WONDER Environmental Data
- ✓ County Health Rankings
- ✓ Dartmouth Atlas of Health Care
- ✓ Feeding America
- ✓ HRSA Area Resource File
- ✓ National Center for Health Statistics/Census Bureau
- ✓ National Center for Chronic Disease Prevention and Health Promotion
- ✓ Ohio Department of Education
- ✓ Ohio Department of Health, 2017 Ohio Infant Mortality Report
- ✓ Ohio Department of Health Data Warehouse
- ✓ Ohio Department of Health, STD Surveillance
- ✓ Ohio Department of Job and Family Services, Office of Workforce Development
- ✓ Ohio Department of Medicaid
- ✓ Ohio Development Services Agency, Ohio County Profiles
- ✓ Ohio Housing Finance Agency
- ✓ Ohio Department of Youth Services
- ✓ Ohio Mental Health and Addiction Services
- ✓ Public Children Services Association of Ohio (PCSAO)
- ✓ Uniform Crime Reporting - FBI
- ✓ U.S. Census Bureau - American Fact Finder, American Community Survey
- ✓ U.S. Department of Agriculture (USDA)

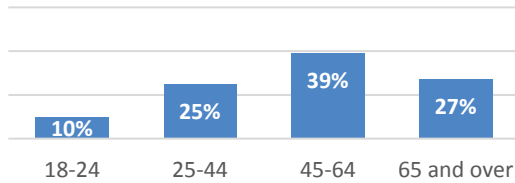




Appendix: Participant Characteristics

COMMUNITY SURVEY

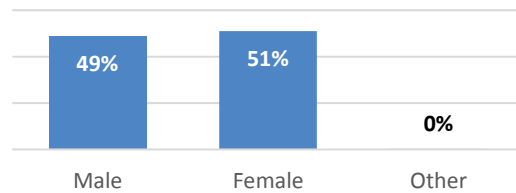
Respondent Age



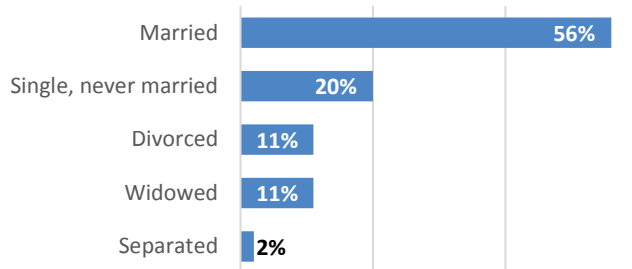
Age	N	%
18-24	38	9.9%
25-44	95	24.7%
45-64	149	38.8%
65 and over	102	26.6%
Total	384	100.0%

Gender	N	%
Male	187	48.8%
Female	196	51.0%
Other	1	0.3%
Total	384	100.0%

Respondent Gender



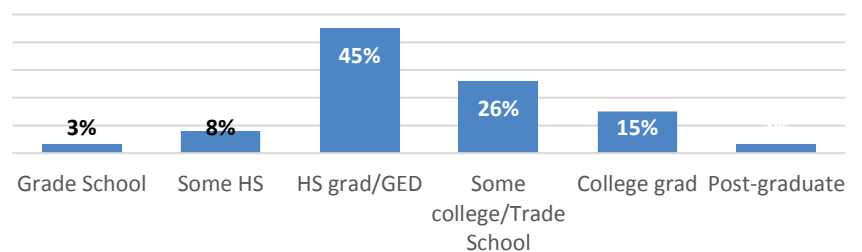
Marital Status



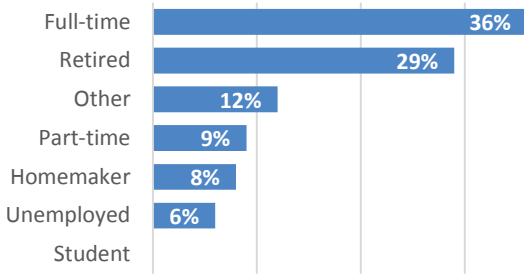
Marital Status	N	%
Married	213	55.6%
Single, never married	77	20.1%
Divorced	42	11.0%
Widowed	43	11.2%
Separated	8	2.1%
Total	384	100.0%

Education	N	%
Grade School	12	3.1%
Some High School	29	7.6%
HS grad/GED	173	45.3%
Some college/Trade	98	25.6%
College grad	58	15.2%
Post-graduate	12	3.2%
Total	382	100.0%

Education Attainment



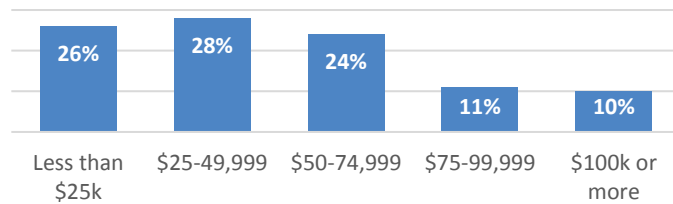
Employment Status



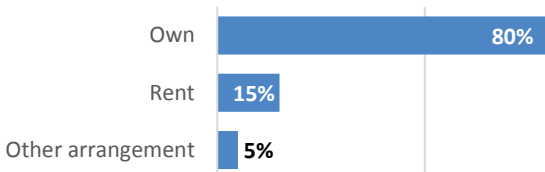
Employment Status	N	%
Full-time	137	35.6%
Retired	111	28.9%
Other	46	12.0%
Part-time	35	9.0%
Homemaker	32	8.3%
Unemployed	22	5.8%
Student	1	0.3%
Total	384	100.0%

Income	N	%
Less than \$25k	91	26.2%
\$25-49,999	98	28.1%
\$50-74,999	84	24.2%
\$75-99,999	38	11.1%
\$100k or more	36	10.4%
Total	347	100.0%

Household Income



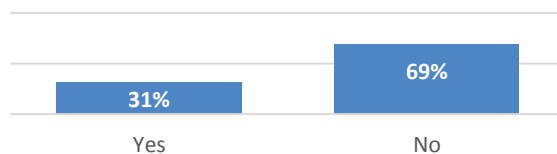
Own or Rent



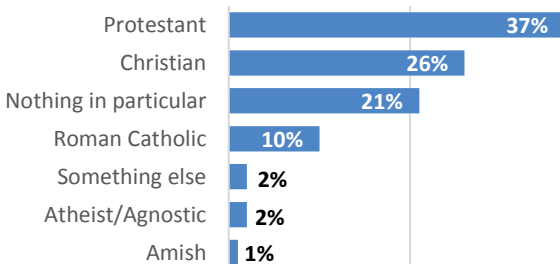
Own or Rent	N	%
Own	304	79.8%
Rent	59	15.4%
Other arrangement	19	4.9%
Total	381	100.0%

Children	N	%
Yes	118	30.9%
No	264	69.1%
Total	382	100.0%

Children in Household



Religion



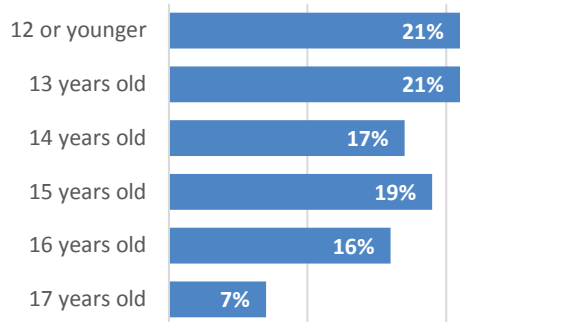
Present Religion	N	%
Protestant	125	37.3%
Christian	88	26.2%
Nothing in particular	70	20.7%
Roman Catholic	35	10.4%
Something else	9	2.4%
Atheist/Agnostic	6	1.8%
Amish	4	1.1%
Total	336	100.0%





YOUTH SURVEY

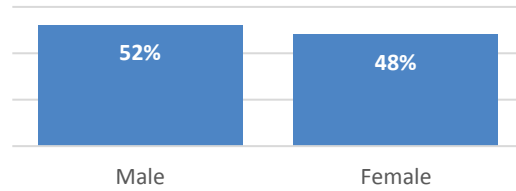
Age



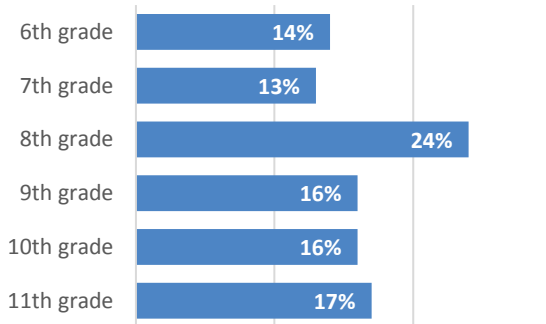
Age	N	%
12 or younger	61	20.7%
13 years old	61	20.7%
14 years old	49	16.6%
15 years old	56	19.0%
16 years old	48	16.3%
17 years old	20	6.8%
Total	295	100.0%

Gender	N	%
Male	147	51.8%
Female	137	48.2%
Total	284	100.0%

Gender



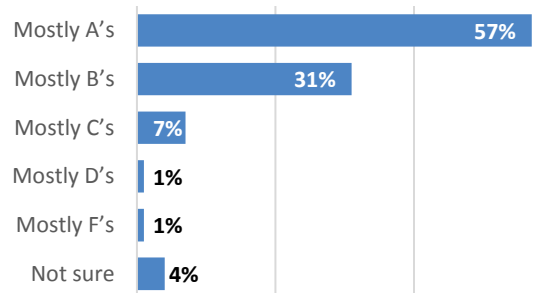
Grade



Grade	N	%
6 th grade	40	14.0%
7 th grade	38	13.3%
8 th grade	68	23.9%
9 th grade	46	16.1%
10 th grade	46	16.1%
11 th grade	47	16.5%
Total	285	100.0%

Grades in School	N	%
Mostly A's	164	56.6%
Mostly B's	90	31.0%
Mostly C's	21	7.2%
Mostly D's	2	0.7%
Mostly F's	2	0.7%
Not sure	11	3.8%
Total	290	100.0%

Grades in School



Carroll County 2019 CHA Survey Final

(verify live in county)

Community Need/Social Determinants

1. Overall, how would you rate YOUR COUNTY as a place to live... would you say excellent, good, fair, poor, or very poor?
2. **What do you think is the MOST important health related issue or challenge facing your community?**
 - **What other health related issues or challenges are facing your community?**

Access to Health Care

3. **Do you have one person or group you think of as your doctor or healthcare provider?**
 4. **When you are in need of health care, where do you receive it MOST often?**
 - Primary care or family doctor
 - Emergency room
 - Stat Care
 - Health department clinic
 - VA hospital
 - Community health center
 - Free clinic
 - Something else I did not mention? What would that be?
 - ADD: IS THIS IN THE COUNTY?
- REPEAT FOR CHILDREN- ASK OF PARENTS ONLY
5. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.
 - Within the past year
 - Within the past 2 years
 - Within the past 5 years
 - 5 or more years ago
 - Never
 6. How long has it been since you last visited a dentist or a dental clinic for a routine checkup? A routine checkup is a cleaning, x-rays, dentist evaluation, not a visit for a specific tooth condition.
 - Within the past year
 - Within the past 2 years
 - Within the past 5 years
 - 5 or more years ago
 - Never
 7. **Do you currently have health insurance?**
 - IF NO: Why don't you have health insurance
 - IF YES: Which one of the following categories best describes your current health insurance plan?
 - Private insurance- Employer paid
 - Private insurance- Self paid
 - Medicare
 - Medicaid
 - IF YES: I am going to read you a list of services that are sometimes covered by health care plans. Are the following services covered by YOUR health insurance? Please indicate yes or no after each item.
 - Preventative care
 - Prescription assistance
 - Dental services

- Vision services
 - Emergency room care
 - Hospitalization
 - Long term care
 - Family planning (Birth Control)
8. **Were there any healthcare services that you or a family member needed in the past year that you were unable to get? If yes: What was it that you needed? Why were you unable to get the needed service?**
 9. **In the past two years, have you or a family member needed to see a specialist or doctor that you were unable to find locally or had to wait more than 30 days to schedule an appointment?**
 - IF YES: What type of specialist or doctor was it?

Mental Health

10. **Thinking about your MENTAL health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?**
11. **In the past year, have you or a family member seen a counselor or psychiatrist?**
IF YES: Have you or a family member had to wait more than 10 days to see a counselor or psychiatrist?
12. **Has a doctor, nurse, or other health professional EVER diagnosed you or an immediate family member with any of the following mental health issues:**

<ol style="list-style-type: none"> a. ADD/ADHD b. Alcohol/Substance Abuse or dependence c. Anxiety d. Bipolar e. Depression f. Eating disorder 	<ol style="list-style-type: none"> g. Panic Disorder h. Postpartum depression i. Posttraumatic stress disorder j. Obsessive compulsive disorder k. Schizophrenia l. Seasonal affective disorder
--	---
13. **Do you know someone who:**
 - a. **Has died by suicide?**
 - b. **Has talked about thoughts of suicide?**
 - c. **Has attempted suicide, but did not die?**

Tobacco Use

14. **Do you smoke cigarettes, cigars, chewing tobacco, or use other tobacco products every day, some days, or not at all?**
 - In the next six months, how likely do you think it is that you will try to quit smoking or using tobacco? Would you say very likely, somewhat likely, or not at all likely?
15. **Do you currently use electronic cigarettes, e-cigarettes, or vape every day, some days, or not at all?**

Alcohol & Substance Use

16. **Do you drink alcoholic beverages such as beer, wine, malt beverages or liquor every day, some days, or not at all?**
 - IF YES: How many alcoholic beverages do you drink each week on average?
17. **How do you typically get rid of left over or unused prescription medications?**
READ LIST, SELECT ONE RESPONSE (1) Flush them down the toilet (2) Throw them in the trash (3) Take them to a Take Back Center or event (4) Give them to someone else who needs them (5) Keep them in case you need them in the future (6) Something I hadn't mentioned? What would that be?
18. **Do you know someone who has taken something to get high in the past year? IF YES: What would that be?**
19. **Do you know anyone who was treated for a drug overdose with Narcan?**
20. **Are there any particular drugs that you feel are a serious problem in Carroll County? IF YES: WHAT would that be?**
UPDATED, take multiple response
21. **Do you think there is enough treatment options for drug and alcohol addiction in your community?**

Healthy Living

22. **Generally, how would you describe your health: excellent, good, fair, poor or very poor?**
23. **During the past month, other than your regular job, did you participate in any physical activity or exercise such as walking, running, lifting weights, team sports, golf or gardening for exercise?**
 - IF YES: How often do you exercise in an average week? Not at all, 1-2 times, 3-4 times, or 5 to 7?
 - IF NO: What are some things that make exercise difficult for you?
24. **How would you describe your own personal weight situation right now -- very overweight, somewhat overweight, about right, somewhat underweight, or very underweight?**
 - Has a doctor ever told you, you were obese or overweight?
25. **How difficult is it for you to get fresh fruits and vegetables in your neighborhood? Would you say it is very difficult, somewhat difficult or not at all difficult?**
26. **What makes it difficult to get fresh fruits and vegetables? Cost of food, Quality of food, Time for shopping, Safety, Distance to the store, Something I haven't mentioned? What would that be?**
27. **How often do you eat fresh fruits or vegetables? 0-1 times/week, 2-4 times/week, once a day, 2-4 times/day, or 5 or more times a day?**

Chronic Diseases

28. **Has a doctor, nurse, or other health professional EVER diagnosed you or anyone in your household with any of the following chronic diseases:**
 - Diabetes
 - Arthritis
 - Heart disease or heart attack
 - Stroke
 - Any form of cancer
 - Asthma
 - Kidney disease
 - Alzheimer's
 - A Respiratory disease such as COPD or emphysema
 - IF YES: Is that person currently seeing a doctor for regular checkups for this condition?

Prevention, Testing, and Screening (POTENTIAL AREA TO CUT IF STILL TOO LONG)

29. (FEMALES) **Have you ever had a mammogram? IF YES: How long has it been since your last mammogram?**
30. (MALES) **Have you ever had a PSA test, for prostate cancer? IF YES: How long has it been since your last PSA test?**
31. **Have you ever had a colonoscopy? IF YES: How long has it been since your last one?**
32. **Have you ever had an exam to check for potential skin cancer? IF YES: How long has it been since your last one?**
33. **Have you ever had your blood cholesterol checked? IF YES: How long has it been since you last had that checked?**
34. **Have you ever had your blood pressure checked? IF YES: How long has it been since you last had that checked?**

Vaccinations

35. **Did you get a flu vaccination in the past year?**
 - IF NO, ASK: What is the MAIN reason you did not get a flu vaccination?
36. **Are there any children in your household under 18 years of age?**
37. **Are the children in your household in each of the following age groups?**
 - a. newborn-2 years old
 - b. 3-5 years old
 - c. 6-12 years old
 - d. 13-18 years old
38. (PARENTS) **Has your child had a flu vaccination in the past year?**
39. (PARENTS) **Are your children up to date on their vaccinations?**
 - a. If no: What is the main reason that your children are not up to date on their vaccinations?
 - b. If newborn to 2: Where do you go for your baby's vaccinations?

SAFETY:

40. Do you feel safe out in your neighborhood during the day? How about at night?

Transportation

41. Do you have access to reliable transportation when you need it?

42. How do you regularly get to where you need to go?

- a. Walk
- b. Bike
- c. Carroll County Transit
- d. Own car
- e. Borrow a car
- f. Friend/Family member
- g. Other _____

Demographics

43. Now just a few more questions and we will be done. In what year were you born?

44. What is the highest grade of school or year of college you have completed?

45. Including yourself, how many people live in your current residence?

46. Is the total yearly income for your family ...before taxes, under...or over \$50,000

[IF UNDER 50 ASK]: Is it under or over \$25,000?

[IF OVER 50 ASK]: Is it under or over \$75,000?

[IF OVER 75 ASK]: Is it under or over \$100,000?

47. What is your PRESENT marital status-Single- never married, divorced, separated, widowed, or married?

48. Are you currently employed?

- IF YES: Are you employed either full time or part-time? IF part-time, ASK How many hours a week do you work?
- IF NO: Are you retired, homemaker-not employed outside the home, student not working or unemployed?

49. What is the city of your mailing address? UPDATED

50. What TOWNSHIP do you live in?

51. Do you rent or own your current residence?

52. What is your present religion, if any?

53. RECORD RESPONDENT GENDER

2019 Community Health Needs Assessment

Pregnant Women Questions

1. What do you think are the greatest needs of pregnant women in Carroll County?
2. What are some problems, barriers, or gaps in services that prevent pregnant women from receiving health related care they need?
3. Thinking about your own health...What do you worry about most?
4. The following is a list of needs that YOU may have. Please indicate whether each item is a major need, a minor need, or is not a need for YOU.

Needs	Major Need	Minor Need	Not a Need
Lack of resources available in the health-care system			
No time to seek help/assistance			
Financial costs associated with services			
Feeling that one should be able to do it on one's own			
Reluctance to talk to others about your moods or anxieties			
Reluctance from family or friends to talk about emotional aspects of pregnancy/postpartum			
Feeling tired			
Young children or family needs			
Fear of injury/harm to unborn baby			
Lack of resources available in the health-care system			
No time to seek help/assistance			
Financial costs associated with services			
Feeling that one should be able to do it on one's own			

Please leave any additional comments you would like to share in the space below:

2019 Community Health Needs Assessment

Older Adult Questions

- 1. What do you think are the greatest needs of older adults in Carroll County?**
- 2. What are some problems, barriers, or gaps in services that prevent seniors from receiving health related care they need?**
- 3. Thinking about your own health...What do you worry about most?**
- 4. If you could change one thing about how older adults are treated or served in Carroll County, what would it be?**
- 5. What is it about aging or older adults that you would like others in the community have more information about?**

6. The following is a list of needs that YOU may have. Please indicate whether each item is a major need, a minor need, or is not a need for YOU.

Needs	Major Need	Minor Need	Not a Need
Access to healthcare/primary care doctor			
Access to a healthcare specialist			
Nutrition/food information			
Help with the cost of health insurance			
Help with the cost of prescriptions			
Dental health information			
Counseling (for depression, other)			
Home care services			
Locating programs/resources			
Help with financial matters			
Caregiver support			
Adult day care services			
Transportation for medical needs			

Please leave any additional comments you would like to share in the space below:

2019 State and Local Youth Risk Behavior Survey

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to improve health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

Directions

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: A B ● D.
- If you change your answer, erase your old answer completely.

1. How old are you?
 - A. 12 years old or younger
 - B. 13 years old
 - C. 14 years old
 - D. 15 years old
 - E. 16 years old
 - F. 17 years old
 - G. 18 years old or older

2. What is your sex?
 - A. Female
 - B. Male

3. In what grade are you?
 - A. 9th grade
 - B. 10th grade
 - C. 11th grade
 - D. 12th grade
 - E. Ungraded or other grade

4. Are you Hispanic or Latino?
 - A. Yes
 - B. No

5. What is your race? (**Select one or more responses.**)
 - A. American Indian or Alaska Native
 - B. Asian
 - C. Black or African American
 - D. Native Hawaiian or Other Pacific Islander
 - E. White

6. How tall are you without your shoes on?
 Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

Example

Height	
Feet	Inches
5	7
③	⑩
④	①
●	②
⑥	③
⑦	④
	⑤
	⑥
	●
	⑧
	⑨
	⑩
	⑪

Height	
Feet	Inches
③	⑩
④	①
⑤	②
⑥	③
⑦	④
	⑤
	⑥
	⑦
	⑧
	⑨
	⑩
	⑪

7. How much do you weigh without your shoes on?
 Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example

Weight		
Pounds		
1	5	2
①	①	①
●	②	②
③	③	●
	④	④
	●	⑤
	⑥	⑥
	⑦	⑦
	⑧	⑧
	⑨	⑨

Weight		
Pounds		
①	①	①
②	②	②
③	③	③
	④	④
	⑤	⑤
	⑥	⑥
	⑦	⑦
	⑧	⑧
	⑨	⑨

The next 4 questions ask about safety.

8. How often do you wear a seat belt when **riding** in a car driven by someone else?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
9. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
10. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
- A. I did not drive a car or other vehicle during the past 30 days
 - B. 0 times
 - C. 1 time
 - D. 2 or 3 times
 - E. 4 or 5 times
 - F. 6 or more times
11. During the past 30 days, on how many days did you **text or e-mail** while **driving** a car or other vehicle?
- A. I did not drive a car or other vehicle during the past 30 days
 - B. 0 days
 - C. 1 or 2 days
 - D. 3 to 5 days
 - E. 6 to 9 days
 - F. 10 to 19 days
 - G. 20 to 29 days
 - H. All 30 days

The next 11 questions ask about violence-related behaviors.

12. During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club?
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
13. During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club **on school property**?
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
14. **During the past 12 months**, on how many days did you carry a **gun**? (Do **not** count the days when you carried a gun only for hunting or for a sport, such as target shooting.)
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
15. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
16. During the past 12 months, how many times has someone threatened or injured you with **a weapon** such as a gun, knife, or club **on school property**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times

17. During the past 12 months, how many times were you in a **physical fight**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
18. During the past 12 months, how many times were you in a **physical fight on school property**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
19. Have you ever been physically forced to have sexual intercourse when you did not want to?
- A. Yes
 - B. No
20. During the past 12 months, how many times did **anyone** force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times

21. During the past 12 months, how many times did **someone you were dating or going out with** force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)
- A. I did not date or go out with anyone during the past 12 months
 - B. 0 times
 - C. 1 time
 - D. 2 or 3 times
 - E. 4 or 5 times
 - F. 6 or more times
22. During the past 12 months, how many times did **someone you were dating or going out with** physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)
- A. I did not date or go out with anyone during the past 12 months
 - B. 0 times
 - C. 1 time
 - D. 2 or 3 times
 - E. 4 or 5 times
 - F. 6 or more times

The next 2 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

23. During the past 12 months, have you ever been bullied **on school property**?
- A. Yes
 - B. No
24. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)
- A. Yes
 - B. No

The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

25. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?
- A. Yes
 - B. No

26. During the past 12 months, did you ever **seriously** consider attempting suicide?
A. Yes
B. No
27. During the past 12 months, did you make a plan about how you would attempt suicide?
A. Yes
B. No
28. During the past 12 months, how many times did you actually attempt suicide?
A. 0 times
B. 1 time
C. 2 or 3 times
D. 4 or 5 times
E. 6 or more times
29. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
A. **I did not attempt suicide** during the past 12 months
B. Yes
C. No

The next 4 questions ask about cigarette smoking.

30. Have you ever tried cigarette smoking, even one or two puffs?
A. Yes
B. No
31. How old were you when you first tried cigarette smoking, even one or two puffs?
A. I have never tried cigarette smoking, not even one or two puffs
B. 8 years old or younger
C. 9 or 10 years old
D. 11 or 12 years old
E. 13 or 14 years old
F. 15 or 16 years old
G. 17 years old or older
32. During the past 30 days, on how many days did you smoke cigarettes?
A. 0 days
B. 1 or 2 days
C. 3 to 5 days
D. 6 to 9 days
E. 10 to 19 days
F. 20 to 29 days
G. All 30 days

33. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?
- A. I did not smoke cigarettes during the past 30 days
 - B. Less than 1 cigarette per day
 - C. 1 cigarette per day
 - D. 2 to 5 cigarettes per day
 - E. 6 to 10 cigarettes per day
 - F. 11 to 20 cigarettes per day
 - G. More than 20 cigarettes per day

The next 3 questions ask about electronic vapor products, such as JUUL, Vuse, MarkTen, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.

34. Have you ever used an electronic vapor product?
- A. Yes
 - B. No
35. During the past 30 days, on how many days did you use an electronic vapor product?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
36. During the past 30 days, how did you **usually** get your own electronic vapor products? (Select only **one** response.)
- A. I did not use any electronic vapor products during the past 30 days
 - B. I bought them in a store such as a convenience store, supermarket, discount store, gas station, or vape store
 - C. I got them on the Internet
 - D. I gave someone else money to buy them for me
 - E. I borrowed them from someone else
 - F. A person who can legally buy these products gave them to me
 - G. I took them from a store or another person
 - H. I got them some other way

The next 3 questions ask about other tobacco products.

37. During the past 30 days, on how many days did you use **chewing tobacco, snuff, dip, snus, or dissolvable tobacco products**, such as Copenhagen, Grizzly, Skoal, or Camel Snus? (Do not count any electronic vapor products.)
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
38. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
39. During the past 12 months, did you ever try **to quit** using **all** tobacco products, including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, and electronic vapor products?
- A. I did not use any tobacco products during the past 12 months
 - B. Yes
 - C. No

The next 5 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

40. How old were you when you had your first drink of alcohol other than a few sips?
- A. I have never had a drink of alcohol other than a few sips
 - B. 8 years old or younger
 - C. 9 or 10 years old
 - D. 11 or 12 years old
 - E. 13 or 14 years old
 - F. 15 or 16 years old
 - G. 17 years old or older

41. During the past 30 days, on how many days did you have at least one drink of alcohol?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
42. During the past 30 days, on how many days did you have **4** or more drinks of alcohol in a row, that is, within a couple of hours (if you are **female**) or **5** or more drinks of alcohol in a row, that is, within a couple of hours (if you are **male**)?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 to 5 days
 - E. 6 to 9 days
 - F. 10 to 19 days
 - G. 20 or more days
43. During the past 30 days, what is the largest number of alcoholic drinks you had in a row, that is, within a couple of hours?
- A. I did not drink alcohol during the past 30 days
 - B. 1 or 2 drinks
 - C. 3 drinks
 - D. 4 drinks
 - E. 5 drinks
 - F. 6 or 7 drinks
 - G. 8 or 9 drinks
 - H. 10 or more drinks
44. During the past 30 days, how did you **usually** get the alcohol you drank?
- A. I did not drink alcohol during the past 30 days
 - B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
 - C. I bought it at a restaurant, bar, or club
 - D. I bought it at a public event such as a concert or sporting event
 - E. I gave someone else money to buy it for me
 - F. Someone gave it to me
 - G. I took it from a store or family member
 - H. I got it some other way

The next 3 questions ask about marijuana use. Marijuana also is called pot, weed, or cannabis.

45. During your life, how many times have you used marijuana?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 to 99 times
 - G. 100 or more times
46. How old were you when you tried marijuana for the first time?
- A. I have never tried marijuana
 - B. 8 years old or younger
 - C. 9 or 10 years old
 - D. 11 or 12 years old
 - E. 13 or 14 years old
 - F. 15 or 16 years old
 - G. 17 years old or older
47. During the past 30 days, how many times did you use marijuana?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

The next question asks about synthetic marijuana use. Synthetic marijuana also is called Spice, fake weed, K2, King Kong, Yucatan Fire, or Skunk.

48. During your life, how many times have you used synthetic marijuana?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

The next question asks about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For this question, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.

49. During your life, how many times have you taken **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

The next 8 questions ask about other drugs.

50. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
51. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
52. During your life, how many times have you used **heroin** (also called smack, junk, or China White)?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

53. During your life, how many times have you used **methamphetamines** (also called speed, crystal meth, crank, ice, or meth)?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
54. During your life, how many times have you used **ecstasy** (also called MDMA)?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
55. During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
56. During your life, how many times have you used a needle to inject any **illegal** drug into your body?
- A. 0 times
 - B. 1 time
 - C. 2 or more times
57. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
- A. Yes
 - B. No

The next 9 questions ask about sexual behavior.

58. Have you ever had sexual intercourse?
- A. Yes
 - B. No

59. How old were you when you had sexual intercourse for the first time?
- A. I have never had sexual intercourse
 - B. 11 years old or younger
 - C. 12 years old
 - D. 13 years old
 - E. 14 years old
 - F. 15 years old
 - G. 16 years old
 - H. 17 years old or older
60. During your life, with how many people have you had sexual intercourse?
- A. I have never had sexual intercourse
 - B. 1 person
 - C. 2 people
 - D. 3 people
 - E. 4 people
 - F. 5 people
 - G. 6 or more people
61. During the past 3 months, with how many people did you have sexual intercourse?
- A. I have never had sexual intercourse
 - B. I have had sexual intercourse, but not during the past 3 months
 - C. 1 person
 - D. 2 people
 - E. 3 people
 - F. 4 people
 - G. 5 people
 - H. 6 or more people
62. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
- A. I have never had sexual intercourse
 - B. Yes
 - C. No
63. The **last time** you had sexual intercourse, did you or your partner use a condom?
- A. I have never had sexual intercourse
 - B. Yes
 - C. No

64. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)
- A. I have never had sexual intercourse
 - B. No method was used to prevent pregnancy
 - C. Birth control pills
 - D. Condoms
 - E. An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
 - F. A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
 - G. Withdrawal or some other method
 - H. Not sure
65. During your life, with whom have you had sexual contact?
- A. I have never had sexual contact
 - B. Females
 - C. Males
 - D. Females and males
66. Which of the following best describes you?
- A. Heterosexual (straight)
 - B. Gay or lesbian
 - C. Bisexual
 - D. Not sure

The next 2 questions ask about body weight.

67. How do **you** describe your weight?
- A. Very underweight
 - B. Slightly underweight
 - C. About the right weight
 - D. Slightly overweight
 - E. Very overweight
68. Which of the following are you trying to do about your weight?
- A. **Lose** weight
 - B. **Gain** weight
 - C. **Stay** the same weight
 - D. I am **not trying to do anything** about my weight

The next 9 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

69. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
- A. I did not drink 100% fruit juice during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
70. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- A. I did not eat fruit during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
71. During the past 7 days, how many times did you eat **green salad**?
- A. I did not eat green salad during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
72. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)
- A. I did not eat potatoes during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day

73. During the past 7 days, how many times did you eat **carrots**?
- A. I did not eat carrots during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
74. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
- A. I did not eat other vegetables during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
75. During the past 7 days, how many times did you drink a **can, bottle, or glass of soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** count diet soda or diet pop.)
- A. I did not drink soda or pop during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
76. During the past 7 days, how many **glasses of milk** did you drink? (Count the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)
- A. I did not drink milk during the past 7 days
 - B. 1 to 3 glasses during the past 7 days
 - C. 4 to 6 glasses during the past 7 days
 - D. 1 glass per day
 - E. 2 glasses per day
 - F. 3 glasses per day
 - G. 4 or more glasses per day

77. During the past 7 days, on how many days did you eat **breakfast**?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

The next 5 questions ask about physical activity.

78. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
79. On an average school day, how many hours do you watch TV?
- A. I do not watch TV on an average school day
 - B. Less than 1 hour per day
 - C. 1 hour per day
 - D. 2 hours per day
 - E. 3 hours per day
 - F. 4 hours per day
 - G. 5 or more hours per day
80. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent playing games, watching videos, texting, or using social media on your smartphone, computer, Xbox, PlayStation, iPad, or other tablet.)
- A. I do not play video or computer games or use a computer for something that is not school work
 - B. Less than 1 hour per day
 - C. 1 hour per day
 - D. 2 hours per day
 - E. 3 hours per day
 - F. 4 hours per day
 - G. 5 or more hours per day

81. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
82. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)
- A. 0 teams
 - B. 1 team
 - C. 2 teams
 - D. 3 or more teams

The next question asks about concussions. A concussion is when a blow or jolt to the head causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out.

83. During the past 12 months, how many times did you have a concussion **from playing a sport or being physically active**?
- A. 0 times
 - B. 1 time
 - C. 2 times
 - D. 3 times
 - E. 4 or more times

The next 6 questions ask about other health-related topics.

84. Have you ever been tested for HIV, the virus that causes AIDS? (Do **not** count tests done if you donated blood.)
- A. Yes
 - B. No
 - C. Not sure
85. During the past 12 months, have you been tested for a sexually transmitted disease (STD) other than HIV, such as chlamydia or gonorrhea?
- A. Yes
 - B. No
 - C. Not sure

86. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?
- A. During the past 12 months
 - B. Between 12 and 24 months ago
 - C. More than 24 months ago
 - D. Never
 - E. Not sure
87. Has a doctor or nurse ever told you that you have asthma?
- A. Yes
 - B. No
 - C. Not sure
88. On an average school night, how many hours of sleep do you get?
- A. 4 or less hours
 - B. 5 hours
 - C. 6 hours
 - D. 7 hours
 - E. 8 hours
 - F. 9 hours
 - G. 10 or more hours
89. During the past 12 months, how would you describe your grades in school?
- A. Mostly A's
 - B. Mostly B's
 - C. Mostly C's
 - D. Mostly D's
 - E. Mostly F's
 - F. None of these grades
 - G. Not sure

**This is the end of the survey.
Thank you very much for your help.**