Portage County Combined General Health District

University Hospitals
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Kent City Health Department

Mental Health & Recovery Board of Portage County

ILLUMINOLOGY

PORTAGE COUNTY

2025 Community Health Needs Assessment

September 2025

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COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

Portage County Health District, University Hospitals, Kent City Health Department, and Mental Health & Recovery Board of Portage County are pleased to provide a comprehensive overview of our community's health status and needs: the 2025 Portage County Community Health Needs Assessment (CHNA).

The 2025 Portage County CHNA is the result of a collaborative effort coordinated by Portage County Health District, University Hospitals, Kent City Health Department, Mental Health & Recovery Board of Portage County, and involving many other community partners. The intent of this effort is to help health departments, hospitals, social service agencies, other organizations, and community stakeholders better understand the health needs and priorities of Portage County residents.

Characterizing and understanding the prevalence of acute and chronic health conditions, access to care barriers, health disparities, and other health issues can help direct community resources to where they will have the biggest impact. Participating organizations will begin using the data reported in the 2025 Portage County CHNA to inform the development and implementation of strategic plans to meet the community's health needs, including the hospital's implementation strategy.

We hope the 2025 Portage County CHNA serves as a guide to target and prioritize limited resources, a vehicle for strengthening community relationships, and a source of information that contributes to keeping people healthy.

The 2025 Portage County CHNA provides a comprehensive overview of the community's health status, illuminating areas of strength as well as areas in which there could be improvement. Due to the existence and participation of the Kent City Health Department, this report presents Kent City data in addition to Portage County data.

Consistent with Public Health Accreditation Board requirements and IRS regulations, Portage County Health District, University Hospitals, Kent City Health Department, and Mental Health & Recovery Board of Portage County will use this report to inform the development and implementation of strategies to address these findings. It is intended that a wide range of stakeholders will also use this report for their own planning efforts.

Subsequent planning documents and reports will be shared with community stakeholders and with the public. For example, following the prioritization session, this document will include a preliminary list of community assets and resources that could possibly be mobilized and leveraged to address the priority health issues identified by this process. This list will be reviewed and (if necessary) revised by Portage County Health District, University Hospitals, Kent City Health Department, Mental Health & Recovery Board of Portage County, and their partners after the health department's Community Health Improvement Plan is formulated. The Portage County Health District will provide updates to this assessment as new data becomes available. Users of the 2025 Portage County CHNA are encouraged to send feedback and comments that can help improve the usefulness of this information when future editions are developed. Questions and comments about the 2025 Portage County CHNA may be directed to:

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Hospital and Public Health Compliance

Conducting periodic CHNAs are one critical way in which University Hospitals Portage Medical Center is working with partners to identify the greatest health needs, enabling them to ensure that resources are appropriately directed toward outreach, prevention, education, and wellness opportunities where the greatest impact can be realized. The 2025 Portage County CHNA will serve as a foundation for developing a collaborative Implementation Strategy (IS) for hospital partners to address identified needs.

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

Hospital and Public Health Compliance

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

Illuminology worked with Portage County Health District, University Hospitals, Kent City Health Department, and Mental Health & Recovery Board of Portage County to create one county-level CHNA/CHA that serves both the hospital and health department, as well as the entire Portage County community. This was done to exhibit their shared definition of community, data collection and analysis, and identification of priority needs. It aligns with the 2023 State Health Assessment, which is the most currently available report. This shift in the way health assessments are conducted is a deliberate attempt by the partners to work together more effectively and efficiently to comprehensively address the needs of the community. The 2025 Assessment also reflects the partners' desire to align health assessment planning both among partners at the local level and with state population health planning efforts – as described more fully in *Improving Population Health Planning in Ohio: Guidance for Aligning State and Local Efforts*, released by the Ohio Department of Health (ODH).

To view Ohio's State Health Assessment, please visit: https://odh.ohio.gov/about-us/state-health-assessment, and for the State Health Improvement Plan, please visit: https://odh.ohio.gov/about-us/sha-ship.

Hospital Internal Revenue Services (IRS) Requirements

The 2025 Portage County CHNA meets the requirements set forth under Treas. Reg. §1.501(r) ("Section 501(r)") and for the purposes of meeting these requirements, serves as the 2025 CHNA for University Hospitals Portage Medical Center. Certain hospitals as set forth in the Section 501(r) regulations are required to complete a CHNA and corresponding implementation strategy at least once every three years in accordance with regulations promulgated by the Internal Revenue Service pursuant to the Patient Protection and Affordable Care Act (ACA), 2010. University Hospitals adopted the last UH Portage CHNA on September 21, 2022.

Definition of Community and Service Area Determination

The community has been defined as Portage County. In looking at the community population served by the hospital facilities and Portage County as a whole, it was clear that all the facilities and partnering organizations involved in the collaborative assessment define their community to be the same. For example, 84% of University Hospitals Portage Medical Center's discharges in 2024 were residents of Portage County. In addition, many of the partner organizations provide services at the county-level. Defining the community as such also allows the hospitals to more readily collaborate with public health partners for both community health assessments and health improvement planning. Per Section 501(r) federal compliance, a joint CHNA is only allowable if it meets all the requirements of a separate CHNA; clearly identifies the hospital facilities involved; and if all the collaborating hospital facilities and organizations included in the joint CHNA define their community to be the same. (§1.501r-3(b)(6)(v)) This assessment meets 501(r) federal compliance for UH Portage Medical Center.

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

Inclusion of Vulnerable Populations

Portage County Health District, University Hospitals, Kent City Health Department, and Mental Health & Recovery Board of Portage County ensured the inclusion of vulnerable populations by including a survey of youth implemented in middle and high schools in Portage County, interviewing community members who have experience with vulnerable populations through Northeast Ohio Medical University's research, conducting focus groups with vulnerable populations including those who are un-housed and in recovery, and by exploring differences in the adult survey data based on vulnerable population inclusion. It is described more fully in the "About the Community Health Needs Assessment Process" section of this report. In addition, the Portage County Health District, University Hospitals, Kent City Health Department, Mental Health & Recovery Board of Portage County, and their partners include a variety of human social service organizations working collaboratively to complete the assessment.

Process and Methods For Engaging Community

This community health needs assessment process was commissioned by Portage County Health District, University Hospitals, Kent City Health Department, and Mental Health & Recovery Board of Portage County. Community members were involved in every step of the process from defining the scope and will be involved in prioritizing health issues. Portage County residents had opportunities to participate in the research via the adult survey and youth survey. Outreach methods included email and mail.

Quantitative and Qualitative Data Analysis

Primary data for the 2025 Portage County CHNA were obtained by independent researchers from Illuminology via an adult survey and a youth survey. An equity project conducted by Northeast Ohio Medical University students provided primary data from stakeholder interviews. Additionally, qualitative data was collected through focus groups. Wherever possible, local findings have been compared to other relevant data. As we move forward with planning strategies, we continue to commit to serving those in our county who experience health and basic needs disparities. Finally, additional information was collected from secondary data sources (e.g., vital statistics, Ohio Disease Reporting System, etc.) to supplement findings from the primary data collection. Detailed data collection methods are described later in this section.

Evaluation of Impact

The evaluation of impact is a report on the actions taken and effectiveness of strategies implemented since the last CHNA. University Hospitals' Evaluation of Impact can be found in Appendix L of this report.

Adoption by Board

The Board of Directors of University Hospitals adopted the 2025 Portage County CHNA on September 11, 2025.

Acknowledgements

Portage County CHA Steering Committee

Representatives from Portage County Combined General Health District (PCCGHD) and University Hospitals Portage Medical Center formed the Portage County CHA Steering Committee to guide Portage County community partners through the assessment process.

The Steering Committee included representatives from academia, education, healthcare, public health, and mental health and was comprised of: Kent State University (KSU), Northeast Ohio Medical University (NEOMED), AxessPointe Family Services, Portage County Health District (PCHD), University Hospitals, Kent City Health Department (KCHD), and Mental Health & Recovery Board of Portage County (MHRB).

Portage County Community Health Partners

PCCGHD, University Hospitals Portage Medical Center, Kent City Health Department, and Mental Health and Recovery Board of Portage County gratefully acknowledges the participation of a dedicated group of local partners and external stakeholders that gave generously of their time and expertise to help guide this CHA report:

Akron Children's Hospital
AxessPointe Family Services
Children's Advantage
Coleman Professional Services
Community Action Council
Consortium of Eastern Ohio Master of Public Health
Family and Community Services
Haymaker Farmers Market
Kent City Health Department
Kent State University College of Public Health
Kent State University Center for Public Policy & Health
Mental Health & Recovery Board of Portage County
Northeast Ohio Medical University
PARTA
Portage County Board of Health
Portage County Combined General Health District
Portage County Job & Family Services
Portage County Safe Communities Coalition
Portage County School Districts
Portage County WIC
Portage Park District
Portage Substance Abuse Community Coalition
Sequoia Wellness
Suicide Prevention Coalition of Portage County
Townhall II
University Hospitals Portage Medical Center
United Way of Portage County

Community Health Needs Assessment Process

The process followed by the 2025 Portage County CHNA reflected an adapted version of the Robert Wood Johnson Foundation's County Health Rankings and Roadmaps: Assess Needs and Resources process. This process is designed to help stakeholders "understand current community strengths, resources, needs, and gaps," so that they can better focus their efforts and collaboration.

Project Management

Portage County Health District, University Hospitals, Kent City Health Department, and Mental Health & Recovery Board of Portage County contracted with Illuminology, a central Ohio based research firm, to assist with this work. Illuminology is located at 5258 Bethel Reed Park, Columbus, OH 43220. Illuminology, represented by Karen A. Hines, Ph.D., and Orie V. Kristel, Ph.D., led the process for locating health status indicator data; for designing and conducting the adult survey; for collaborating with Portage County Health District to conduct the youth survey; and for creating the summary report. Illuminology has 27 years of experience related to research design, analysis, and reporting, and has conducted numerous community health assessments.

Portage County Health District, University Hospitals, Kent City Health Department, and Mental Health & Recovery Board of Portage County approved the process to be used in this health assessment. The primary phases of the Assess Needs and Resources process, as adapted for use in Portage County, included the following steps.

(1) Prepare to assess / generate questions. On January 30, 2025, community leaders, stakeholders, and community partners gathered at Portage County Health District to discuss their perspectives on emerging health issues in Portage County. Facilitated by Illuminology, this session provided an opportunity for community members to better understand the upcoming community health needs assessment process and to suggest indicators for consideration. Illuminology used the information from this session to identify which indicators could be assessed via secondary sources and which indicators needed to be included as part of the primary data collection efforts. See Appendix A for more information about this session.

During this kickoff meeting, three issues were identified as the most important issues that should be considered in the upcoming community health assessment process:

- Equitable Access to Health Resources
- Mental Health and Substance Use
- Financial Health Issues

The contents of this report lend some support to the most important issues identified during the kickoff meeting.

- Equitable Access to Health Resources
  - Around 5% of Portage County residents do not have health insurance.
  - Over half of adult residents (52%) have traveled outside the county for medical care.
  - The most common barriers that Portage residents face when obtaining needed community services (such as housing assistance, support groups, or nutritional assistance) are not being eligible for services (28%), and not knowing about the available services in the community (28%).
- Mental Health and Substance Use
  - Over one third (35%) of adult residents have been diagnosed with anxiety and 31% with depression.
  - Data on ACEs shows that nearly 28% of youth have lived with someone who was mentally ill or suicidal; 28% have experienced parental separation or divorce; and 25% have had a parent/adult in their home swear at, insult, or put them down.
  - Nearly one-third of adult residents (31%) reported binge drinking in the past 30 days, a rate that does not meet the Healthy People 2030 objective of 25%.

- Financial Health Issues
    - Portage County's poverty rate of 11% does not meet the Healthy People 2030 goal of 8%.
    - About 10% of county residents reported difficulty meeting basic needs, a struggle that disproportionately affects households with children and those with lower incomes.
    - Those with household income of less than $50,000 have more difficulty getting fresh fruits and vegetables (38%), are more likely to experiences barriers to community/public services (61%), and are more likely to have transportation issues (39%) than those with household income of $50,000 or more.

(2) Collect secondary data. Secondary data for this health assessment came from national sources (e.g., U.S. Department of Health and Human Services: *Healthy People 2030*; U.S. Census Bureau), state sources (e.g., Ohio Department of Health's Data Warehouse), and local sources (e.g., University Hospitals). Data for Portage County overall, Kent City, and Ohio were collected, when available. Rates and/or percentages were calculated when necessary. Illuminology located and recorded this information into a secondary data repository. All data sources are identified in the References section at the end of the report. To ensure community stakeholders are able to use this report to make well-informed decisions, only the most recent data available at the time of report preparation are presented. To be considered for inclusion in the 2025 Portage County CHNA, secondary data must have been collected or published in 2018 or later.

University Hospitals provided data on the prevalence of health-related outcomes by Census tract. Illuminology created maps using the data. The maps are displayed throughout report and in Appendix B. See the beginning of the appendix for the documentation describing details related to how the data were generated.

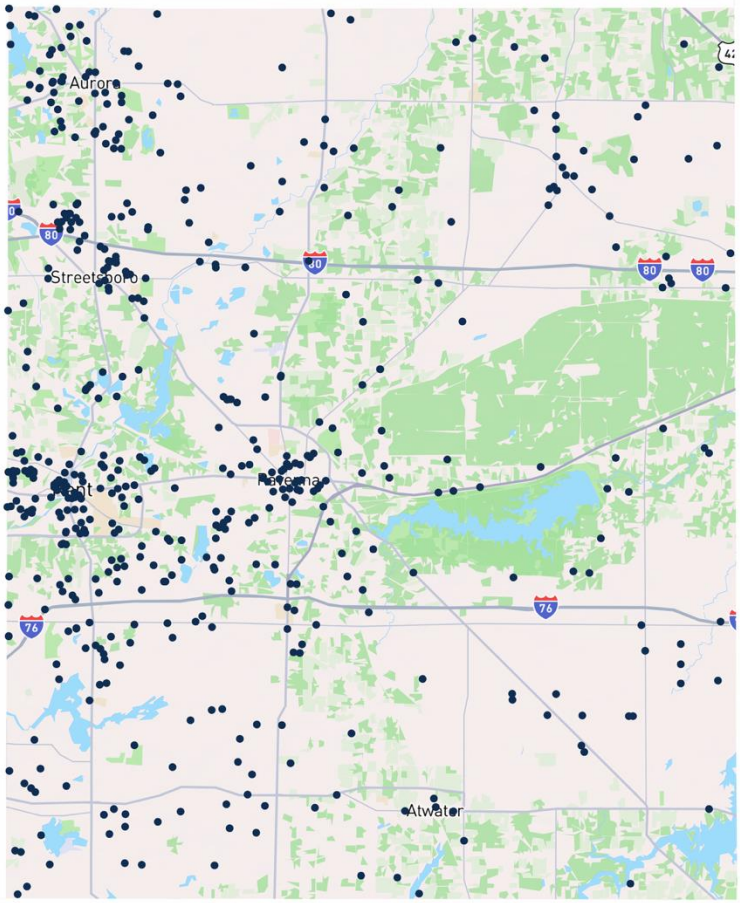
(3) Collect and analyze primary data from adult residents. A representative survey of Portage County adult residents was conducted (i.e., Portage County Health Survey). Fielded in multiple waves from March 29th, 2025 through June 5th, 2025, respondents completed a self-administered questionnaire, either on paper or online (see Appendix C).

For the survey mailing, a total of 2,200 addresses were randomly selected from the universe of residential addresses in Portage County and 1,200 addresses were randomly selected from the universe of residential addresses in which the sample data indicated there was likely a young adult in the household. In mid-March, 2025, a notification letter was sent to each household, asking the adult in the household who most recently had a birthday to complete the survey online. For 500 randomly selected participants, their mailing included $1 bill to encourage the household's participation. About four weeks after the initial mailing, a hard copy of the survey was sent to households that had not yet completed the survey online. This mailing also included a cover letter and a Business Reply Mail envelope so respondents could complete the survey and mail it back at no cost to them.

In total, 533 Portage County adult residents completed the survey, or 16% of the total number that were invited to participate. With a random sample of this size, the margin of error is ±4.2% at the 95% confidence level. In terms of geography, 78 residents from Kent City completed the survey; results are presented for Kent City in addition to Portage County overall.

Before analyzing responses to the survey, survey weights were computed; this step allows researchers to produce more accurate statistical estimates at the overall county level. First, a base weight was created that adjusted for unequal probabilities of selection into the survey (i.e., compensating for the number of adults in the household and whether the household had an indicator that there was likely a young adult in the household). Then, this base weight was adjusted so that respondents' demographic characteristics (i.e., age, gender, educational attainment, annual household income, presence of children in the household, and whether they are residents of Kent City or another part of the County) aligned with population benchmarks for Portage County. These population benchmarks were obtained from the U.S. Census Bureau's American Community Survey. This adjusted base weight was calculated via an iterative proportional fitting procedure within the STATA v17 software package; analyses of weighted data were conducted using complex survey [svy] commands within STATA v17.

Map of Residents Who Completed The Representative Survey



(4) Collect and analyze primary data from youth residents. The Portage County Health District worked with Illuminology and Portage County school districts to design and deploy a survey of youth to better understand the health status and needs of youth in the county. The survey was completed in Portage County schools. Overall, 251 students at least partially responded to the survey between April 21, 2025 and May 29, 2025. See Appendix G for the questions asked and responses to this survey.

(5) Gather community feedback through key informant interviews. Northeast Ohio Medical University students and Consortium of Eastern Ohio Master of Public Health students conducted research on food insecurity and transportation barriers which involved demographic and needs assessments, stakeholder interviews, literature reviews, and evaluation planning.

(6) Collect and analyze primary data through focus groups of vulnerable populations. Portage County Health District conducted focus groups at nonprofit organizations who serve the un-housed and in recovery populations.

(7) Identify Priority Health Needs. On July 17th, 2025, 38 members of Portage County Community Health Partners met in person to review the 2025 Portage County CHNA and to identify priority health issues. The meeting participants were divided into small groups, with each group asked to review a specific section of the 2025 Portage County CHNA, and, within that section, to identify potential priority health issues for consideration by the larger group. In addition to sharing their personal experience and history during these small-group conversations, meeting participants were asked to consider the following criteria when identifying potential priority health issues:

Equity: Degree to which specific groups are disproportionately affected by an issue.

Size: Number of persons affected, taking into account variance from benchmark data and targets.

Seriousness: Degree to which the health issue leads to death or disability, and impairs one's quality of life.

Feasibility: Ability of organization or individuals to reasonably combat the health issue given available resources. Related to the amount of control and knowledge (influence) organization(s) have on the issue.

Severity of the Consequences of Inaction: Risks associated with exacerbation of the health issue if not addressed at the earliest opportunity.

Trends: Whether or not the health issue is getting better or worse in the community over time.

Intervention: Any existing multi-level public health strategies proven to be effective in addressing the health issue.

Value: The importance of the health issue to the community.

Social Determinant / Root Cause: Whether or not the health issue is a root cause or social determinant of health that impacts one or more health issues.

Overall, a total of 20 potential priority health issues were identified by the Portage County Community Health Partners. A multi-voting technique, featuring two rounds of voting, was used to narrow down that list to **three broad priority health issues** with specific focus areas and **one cross-cutting factor** that affect Portage County residents.

Throughout the couple of weeks following the Prioritization Session, Steering Committee members reviewed and discussed the priority health needs and came to a consensus. These priority health needs are reviewed in the next section of this report.

(8) Share results with the community. This report presents the analysis and synthesis of all secondary and primary data collected during this effort. It will be posted on the Portage County Health District website (https://www.portagehealth.net/), and University Hospitals' website (www.UHhospitals.org/CHNA-IS) as well as other community partners' websites. This report will be used in subsequent community prioritization and planning efforts and will be widely distributed to organizations that serve and represent residents in the county.

PRIORITY HEALTH NEEDS

The three prioritized health needs and one cross-cutting factor affecting Portage County residents, as identified by the Portage County Community Health Partners, are displayed below and discussed in this section.

	PRIORITIZED HEALTH NEED: CHRONIC DISEASE
	AREAS OF FOCUS
1	**Cancer Mortality**
2	**Cardiovascular Disease**
3	**Nutrition & Physical Activity**

	PRIORITIZED HEALTH NEED: MENTAL HEALTH & SUBSTANCE MISUSE
	AREAS OF FOCUS
1	**Youth Depression & Suicide Ideation**
2	**Adult Depression Rates**
3	**Adult Anxiety**
4	**Adult Binge Drinking**
5	**Adult Substance Misuse**

	PRIORITIZED HEALTH NEED: POPULATION HEALTH & SAFETY
	AREAS OF FOCUS
1	**Food Insecurity**
2	**Unintentional Injury**
3	**Communicable Disease**
4	**Maternal & Infant Health**

CROSS-CUTTING FACTOR
Equitable Access and Sustainability of Community Resources
Equitable Access and Sustainability of Community Resources *This factor reflects both the* ***community's awareness of and ability to access*** *essential programs, services, and resources, as well as the impact of shifting funding and political environments, including changes in insurance coverage, program funding, and policy decisions. These dynamics influence the availability, continuity, and effectiveness of services that support overall health and well-being across all priority areas.*

	CROSS CUTTING FACTOR
1	**Equitable Access and Sustainability of Community Resources**
	AREAS OF FOCUS
1a	Transportation
1b	Housing
1c	Healthy Foods
1d	Specialized Care Providers
1e	Insurance Access

Priority #1: Chronic Disease

PRIORITIZED HEALTH NEED: CHRONIC DISEASE	
AREAS OF FOCUS	
1	**Cancer Mortality**
2	**Cardiovascular Disease**
3	**Nutrition & Physical Activity**

According to the CDC, heart disease and cancer are the two leading causes of death in the United States, prematurely ending lives and placing an immense burden on individuals, families, and healthcare systems. The profound impact of these diseases makes reducing their incidence and mortality a health priority.

Critically, both cancer and cardiovascular disease share many common, modifiable risk factors that are directly addressed by the third area of focus: nutrition and physical activity. These behaviors are the foundation of preventive medicine. A healthy diet and regular physical activity are powerful tools for mitigating the risk of developing chronic diseases, managing existing conditions, and improving overall quality of life and longevity. Therefore, focusing on these interconnected areas is essential for creating healthier populations and more resilient healthcare systems.

Portage County Community Health Partners noted that concern over cancer mortality stems from the fact that rates for nearly every type of cancer in their area are higher than the state average. (According to secondary data, the breast cancer rate is 71.3 in Portage County and 70.5 in Ohio overall; the colon & rectum cancer rate is 39.7 in Portage County and 36.2 in Ohio overall; the trachea, bronchus & lung cancer mortality rate is 38.7 in Portage County and 36.6 in Ohio overall; the pancreas cancer mortality rate is 14.5 in Portage County and 12.4 in Ohio overall; the breast cancer mortality rate is 12.8 in Portage County and 11.3 in Ohio overall; and the prostate cancer mortality rate is 9.1 in Portage County and 7.9 in Ohio overall). This is compounded by issues with preventative care, including a lack of availability and a potential unwillingness among residents to access cancer care services. For cardiovascular disease, the group noted that related deaths have not met the Healthy People 2030 objectives (according to secondary data, the coronary heart disease death rate is 231.8 in Portage County, while the Healthy People 2030 objective is 71.1). They also pointed to high rates of both hypertension and high cholesterol in Portage County and Kent as two of the most frequent diagnoses. Lastly, weight was highlighted because a combined 65% of the population is overweight or obese. The group attributed this to several factors, including a lack of nutrient-dense foods, insufficient education on healthy eating, and inadequate access to healthy food options and exercise.

Relevant indicators	See pages
Reasons for delaying care	40
Adult Body Mass Index	56
Nutrition & physical activity	57-59
Cardiovascular disease diagnoses	80
Cancer incidence and mortality rates	87
Coronary heart disease deaths	91

Priority #2: Mental Health and Substance Misuse

PRIORITIZED HEALTH NEED: MENTAL HEALTH AND SUBSTANCE MISUSE	
AREAS OF FOCUS	
1	**Youth Depression and Suicide Ideation**
2	**Adult Depression Rates**
3	**Adult Anxiety**
4	**Adult Binge Drinking**
5	**Adult Substance Misuse**

These five indicators are vital, interconnected measures of a community's overall well-being. According to the CDC, youth depression and suicide ideation are especially critical early warning signs, as they can set the stage for a lifetime of health and socioeconomic challenges, including chronic disease and persistent mental illness. The WHO states that high rates of adult depression and anxiety profoundly diminish quality of life and increase the risk for serious physical health conditions like heart disease.

Finally, sources such as NIMH, SAMHSA, and the CDC claim that adult binge drinking and substance misuse are not isolated behaviors; they are frequently intertwined with mental health struggles and act as significant drivers of preventable deaths, injuries, and chronic diseases like cancer and liver failure. Monitoring these five areas is therefore essential for identifying at-risk populations, designing effective interventions, and ultimately fostering a healthier society.

According to Portage County Community Health Partners, youth depression and suicide ideation was a significant concern, receiving a high number of votes in the voting process. The group noted there were persistently high rates and a particularly alarming increase in suicides among children aged 9 to 11. For adults, depression rates were a focus, especially their prevalence in rural and low-income communities (39% of respondents in Kent City and 31% of respondents in Portage County overall reported being diagnosed with a depressive disorder). Similarly, adult anxiety was highlighted as a noteworthy issue, with data showing particularly high rates among females in Kent (44.5% of female respondents reported being diagnosed with an anxiety disorder, compared to 23.6% of male respondents, and 54% of respondents in Kent City reported being diagnosed with an anxiety disorder, compared to 35% of respondents in Portage County overall). Concerns over adult binge drinking stemmed from it being a key finding where the community failed to meet national health targets (30.9% of respondents reported binge drinking, while the national target is 25.4%). Finally, adult substance misuse was integrated into a broader priority category with mental health, reflecting a general concern, while the conversation specifically highlighted that youth substance use, particularly drinking and vaping, is a known problem even if official data is lacking.

Relevant indicators	See pages
Adult mental health	65
Youth mental health	68
Adult substance use	72
Youth substance use	73, 75-76

Priority #3: Population Health and Safety

PRIORITIZED HEALTH NEED: POPULATION HEALTH AND SAFETY	
AREAS OF FOCUS	
1	**Food Insecurity**
2	**Unintentional Injury**
3	**Communicable Disease**
4	**Maternal & Infant Health**

These four issues are fundamental indicators of a community's overall health and equity. Food insecurity, the lack of reliable access to nutritious food, directly undermines health at every life stage, contributing to chronic disease and developmental challenges. A mother's health impacts her children both during pregnancy and throughout their lives.

In addition, according to Unicef, the period from conception through a child's second birthday—often called the "first 1,000 days"—is a unique window of development. Communicable diseases can spread rapidly and disproportionately impact vulnerable populations as well as reveal weaknesses in our public health systems. Finally, the CDC states that unintentional injury remains a leading cause of preventable death and disability across all age groups, highlighting the critical need for systemic safety measures in our homes, on our roads, and in our communities. Addressing these interconnected challenges is not merely about treating sickness but is essential for building a foundation of public safety, resilience, and well-being for all.

According to Portage County Community Health Partners, food insecurity was deemed a critical priority due to its high prevalence rate within the community, despite being slightly lower than in Ohio (14.1% food insecure households in Portage County; 15.3% food insecure households in Ohio). Concerns related to unintentional injury were highlighted through specific examples of high-risk situations, such as the high percentage of youth who admitted to the high risk behavior of being in a car with an intoxicated driver (9.7% of youth respondents reported this had occurred). The importance of communicable disease was directly linked to local data showing that gonorrhea and chlamydia were top infectious diseases in the county, a problem the group attributed to a community-wide "lack of understanding" about sexual health. Lastly, maternal and infant health was seen as a crucial focus because the community had failed to meet previous infant mortality targets (6.4 in Portage County, while the target is 5.0) and concerns were raised regarding racial disparities between the mortality rate for Black infants compared to White infants.

Relevant indicators	See pages
Food insecure and SNAP households	28
SNAP households in Kent City	49
Youth drinking and driving	73
Maternal and infant health	77
Infectious disease rates	90
Unintentional injury deaths	91

Portage County Health District will address all 3 priority needs and take into account the cross-cutting factor in its 2026-2028 Community Health Improvement Plan and University Hospitals Portage Medical Center will address all 3 priority needs and take into account the cross-cutting factor in its 2026-2028 Implementation Strategy.

Appendix M of this report presents a list of community assets and resources that could potentially help to address these prioritized health needs.

For context, Ohio's 2020-2022 State Health Improvement Plan (SHIP) identified three cross-cutting factors (i.e., social determinants of health that include community conditions, health behaviors, and access to care) as well as three health outcome categories (i.e., mental health and addiction, chronic disease, and maternal and infant health) that should be considered when planning to improve the community's health. Overall, there is very strong alignment between the 2025 Portage County CHNA's prioritized health needs and Ohio's 2020-2022 SHIP.

SHIP Priority Factors	Alignment with Portage Prioritized Health Need(s)	SHIP Priority Outcomes	Alignment with Portage Prioritized Health Need(s)
Community conditions • Housing affordability and quality • Poverty • K-12 student success • Adverse childhood experiences	Population health and safety; Equitable access	**Mental health and addiction** • Depression • Suicide • Youth drug use • Drug overdose deaths	Mental health and substance misuse
Health behaviors • Tobacco/nicotine use • Nutrition • Physical activity	Chronic disease; mental health and substance misuse	**Chronic disease** • Heart disease • Diabetes • Childhood conditions (asthma, lead)	Chronic disease
Access to care • Health insurance coverage • Local access to healthcare providers • Unmet need for mental health care	Population health and safety; Equitable access	**Maternal and infant health** • Preterm births • Infant mortality • Maternal morbidity	Population health and safety

Source for SHIP Priority Factors and SHIP Priority Outcomes:
https://dam.assets.ohio.gov/image/upload/odh.ohio.gov/SHIP/2020-2022/2020-2022-SHIP.pdf

Ohio's 2023 State Health Assessment (SHA) has been released. The SHA will help inform the priorities for the 2025-2029 SHIP. Although the priorities for the 2025-2029 SHIP have not been identified, input on preferred priorities is closely aligned with the priorities from the 2020-2022 SHIP (and therefore the priorities identified for the 2025 Portage County CHNA).

The full, original list of health issues considered by Portage County Community Health Partners is listed below in no particular order.

Mental health and substance misuse

Adult anxiety

Adult depression

Binge drinking

Bullying

Youth mental health

Youth substance misuse

Behavioral risk factors

Obesity

Internet safety

General health, death, and illness

Cancer mortality

Cardiovascular health

Infectious disease

Maternal and child health

Infant mortality

Gestational diabetes

Social determinants

Funding changes

Healthcare access

Lack of awareness

Medicaid

Food insecurity

Transportation

Housing

How to Read This Report

Key findings and *Healthy People 2030*. As shown on page 2, the 2025 Portage County CHNA is organized into multiple, distinct sections. Each section begins with story boxes that highlight and summarize the key research findings from the researchers' perspectives. For some indicators, Portage County is compared to the U.S. Department of Health and Human Services *Healthy People 2030* goal, indicated with text next to the *Healthy People 2030* logo.

Secondary data. Secondary data are presented in tables with a dark blue header.

Survey results. Adult survey results are presented in graphs and in tables with a medium blue header. Youth survey results are presented in tables with a light blue header. In some cases, the percentages may not sum to 100% due to rounding and/or because multiple responses were accepted. Some outlying values were winsorized (i.e., replaced with the highest or lowest non-outlying value). All numbers of participants listed are weighted values.

Community Voices. Descriptions of research conducted by Northeast Ohio Medical University are indented slightly and set off with a light blue border on the left side. Main themes discussed in the focus groups conducted with vulnerable populations are presented in tables with a dark gray header.

Health disparities between populations or areas in the community. Analyses explored statistically significant differences in the results of the adult survey based the demographic factors age, gender, income, geographic region, and presence of children in household. When these analyses suggested the presence of statistically significant differences among specific populations, the report tables display a magnifying glass symbol.

Sources for all secondary data included in this document are marked by an endnote and described in the report's References section (see Appendix D). Caution should be used in drawing conclusions in cases where data are sparse (e.g., counts less than ten).

COMMUNITY PROFILE

This section describes the demographic and household characteristics of the population in Portage County, which is located in northeastern Ohio. Portage County was founded about 217 years ago and covers 504 square miles. Ravenna is the county seat, and Kent is the largest city in this county.

RESIDENT DEMOGRAPHICS[1]		PORTAGE COUNTY	OHIO
Total Population	Total population	161,421	11,780,046
Gender	Male	48.7%	49.3%
	Female	51.3%	50.7%
Age	Under 5 years	4.3%	5.7%
	5-19 years	18.3%	19.0%
	20-64 years	59.6%	57.4%
	65+ years	17.8%	17.9%
Race/ Ethnicity	White	86.8%	76.5%
	African American	4.6%	12.1%
	Asian	1.7%	2.4%
	Indigenous	0.1%	0.1%
	Other race	0.4%	0.4%
	Two or more races	4.2%	3.9%
	Hispanic/Latino (any race)	2.2%	4.6%
Disability Status	People with a disability	13.1%	14.2%
Household Languages	Spanish	1.5%	3.0%
	Other Indo-European	2.5%	3.1%
	Asian & Pacific Island	1.1%	1.5%
	Other languages	0.9%	1.2%
	Limited English proficiency	0.9%	1.5%

Data are from 2019-2023

HOUSEHOLD CHARACTERISTICS[1]		PORTAGE COUNTY	OHIO
Marital Status (15+ years old)	Currently married	45.9%	47.1%
	Separated	1.0%	1.5%
	Divorced	11.4%	11.9%
	Widowed	6.1%	6.2%
	Never Married	35.5%	33.3%
Household Size	Household size (avg)	2.4	2.4
Household Members	Kids present	25.4%	28.3%
	Seniors present	32.1%	31.3%
	Grandparents as caregivers	6.0%	7.0%
Transportation	Without a vehicle	7.1%	7.4%
Internet	With broadband internet	88.4%	88.8%

Data are from 2019-2023

A statistical portrait of the adult respondents who completed the 2025 Portage County Health Survey is shown below. These percentages have been weighted to match population benchmarks for age, gender, household income, presence of children in the household, and Kent City residence. To see a breakdown of demographic variables by household income, see Appendix K.

ADULT RESPONDENT CHARACTERISTICS		PORTAGE COUNTY (average n=521)
Gender	Male	47.1%
	Female	51.2%
	Transgender	0.5%
	I prefer not to classify myself	1.2%
Age	18-29	26.1%
	30-39	13.5%
	40-49	13.6%
	50-59	15.5%
	60-69	17.2%
	70 or older	14.2%
Education	Less than 12th grade (no diploma)	4.8%
	High school degree/GED	34.8%
	Some college (no degree)	24.7%
	Associate's degree	7.3%
	Bachelor's degree	17.6%
	Graduate or professional degree	10.7%
Household Income	Less than $25,000	15.7%
	Between $25,000 and $49,999	19.2%
	Between $50,000 and $74,999	16.4%
	Between $75,000 and $99,999	13.5%
	$100,000 or more	35.2%
Household Characteristics	Household size	2.73
	Children in the home	25.4%
Geography	Reside in Kent City	17.9%
	Reside elsewhere in Portage County	82.1%

A statistical portrait of the respondents who completed the 2025 Portage County Youth Health Survey is shown next.

AGE & GRADE	PORTAGE COUNTY YOUTH
How old are you? (N=250)	
12 years or younger	6.0%
13 years old	10.0%
14 years old	15.6%
15 years old	24.8%
16 years old	24.0%
17 years old	5.2%
18 years old or older	14.4%
In what grade are you? (N=246)	
6th grade	0.8%
7th grade	17.5%
8th grade	19.9%
9th grade	31.7%
10th grade	6.1%
11th grade	4.1%
12th grade	19.9%

RACE & ETHNICITY	PORTAGE COUNTY YOUTH
Are you Hispanic or Latino? (N=236)	
Yes	6.8%
No	93.2%
How do you describe yourself? (N=235)	
American Indian/Alaska Native	4.3%
Asian	9.4%
Black or African American	16.2%
Native Hawaiian or other Pacific Islander	2.1%
White	71.5%
Other (please identify)	9.8%

SEX & GENDER	PORTAGE COUNTY YOUTH
What is your sex? (N=133)	
Female	48.1%
Male	49.6%
I identify as another sex	2.3%
To which gender identity do you most identify? (N=132)	
Woman/girl	47.0%
Man/boy	50.0%
Transgender	0.0%
Non-binary	3.0%
I identify as another gender	0.0%
I prefer not to answer	0.0%
Which of the following best describes you? (N=131)	
Heterosexual (straight)	80.9%
Gay or lesbian	3.1%
Bi-sexual	10.7%
I describe my sexual identity some other way	2.3%
I am not sure about my sexual identity (questioning)	2.3%
I do not know what this question is asking	0.8%

When Portage County adult residents were asked how they would like to receive information about health and community services, the most common communication preferences were printed materials (54%), emails (36%), and websites (32%).

PREFERENCE FOR RECEIVING INFO ABOUT HEALTH & COMMUNITY SERVICES – ADULT SURVEY	KENT CITY	PORTAGE COUNTY
Printed materials	47%	54%
Email	36%	36%
Website	34%	32%
Family/friends	29%	29%
Social media	25%	20%
Television	8%	12%
Newspaper	6%	8%
Radio	2%	5%
Other	19%	23%
None of these	7%	8%

As **age** increases, the likelihood of preferring to receive information through *printed materials* increases: 38.2% for those 18-29, 44.3% for those 30-39, 55.4% for those 40-49, 60.2% for those 50-59, 61.2% for those 60-69, and 73.8% for those 70 or older.

Those **age** 18-49 were less likely to prefer receiving information through *radio* (1.8%) than those 50 or older (8.1%).

Those with **household income** of $25,000 or more were more likely to prefer receiving information through *television* (12.4%) than those with household income of less than $25,000 (3.7%).

Those with **household income** of $25,000 or more were more likely to prefer receiving information through *websites* (37.3%) than those with household income of less than $25,000 (7.7%).

Those **age** 18-59 were more likely to prefer receiving information through *social media* (25.5%) than those 60 or older (10.7%).

Those with **household income** of $50,000 or more were more likely to prefer receiving information through social media (24.3%) than those with household income of less than $50,000 (13.8%). (marginally significant)

Females were more likely to prefer receiving information through *social media* (26.4%) than males (15.4%).

Those **age** 18-59 were less likely to prefer receiving information through *other sources* (17.7%) than those 60 or older (30.1%).

KENT CITY – SECONDARY DATA

RESIDENT DEMOGRAPHICS[1]		KENT CITY
Total Population	Total population	27,190
Gender	Male Female	45.7% 54.3%
Age	Under 5 years 5-19 years 20-64 years 65+ years	3.7% 24.7% 60.0% 11.6%
Race/ Ethnicity	White African American Asian Indigenous Other race Two or more races Hispanic/Latino (any race)	79.9% 8.3% 3.1% 0.1% 0.0% 5.6% 3.0%
Disability Status	People with a disability	11.8%
Household Languages	Spanish Other Indo-European Asian & Pacific Island Other languages Limited English proficiency	2.3% 3.7% 1.9% 1.9% 0.6%

Data are from 2019-2023

HOUSEHOLD CHARACTERISTICS[1]		KENT CITY
Marital Status (15+ years old)	Currently married	27.3%
	Separated	0.9%
	Divorced	6.7%
	Widowed	3.9%
	Never Married	61.2%
Household Size	Household size (avg)	2.1
Household Members	Kids present	20.8%
	Seniors present	24.0%
	Grandparents as caregivers	--
Transportation	Without a vehicle	15.3%
Internet	With broadband internet	85.1%

Data are from 2019-2023

SOCIAL DETERMINANTS OF HEALTH

This section provides insight into how Portage County residents fare when it comes to many social determinants of health, including levels of poverty, access to health care, and education outcomes. Social and structural determinants of health provide insight into what causes higher health risks or poorer health outcomes among specific populations, including community and other factors which contribute to health inequities or disparities.

KEY FINDINGS

- **Economic instability and food insecurity are significant health challenges for a notable portion of the county's population, especially in Kent City and for households with children.** Portage County's poverty rate of 11.4% does not meet the Healthy People 2030 goal. Furthermore, about 10% of county residents and 15% of Kent residents reported difficulty meeting basic needs, a struggle that disproportionately affects households with children and those with lower incomes. Research also identified key barriers to food access including lack of awareness of programs, transportation limitations, and stigma.
- **Despite high rates of health insurance, significant barriers to accessing healthcare exist, driven by a shortage of providers and difficulties in obtaining timely appointments.** While nearly 95% of Portage County residents have health insurance, the county has substantially fewer physicians and dentists per capita than the Ohio average. Consequently, over half of adult residents have traveled outside the county for medical care, and the most common reason for delaying care is the inability to get an appointment soon enough. This is also reflected in preventative care, where rates for mammograms and Pap tests do not meet national goals.
- **Significant disparities exist in health and access to services, with lower-income residents, younger adults, and households with children consistently facing more barriers.** For instance, residents with household incomes below $50,000 are more than five times as likely to have difficulty meeting basic needs compared to those with higher incomes. This lower-income group is also more likely to face transportation issues and more barriers to receiving needed community services. Additionally, younger adults (ages 18-49) are more likely to struggle with meeting basic needs and face transportation barriers compared to their older counterparts.

Economic Stability

Economic stability plays an important role in health, with at least one study on this topic showing that those with greater income had greater life expectancy (Chetty et al., 2016).[1]

EMPLOYMENT[2]		PORTAGE COUNTY	OHIO
Population (16+ yrs)	In labor force*	64.7%	63.3%
	Employed in civilian labor force	61.1%	60.1%
	Unemployed in civilian labor force**	3.4%	3.1%

*Data are from 2019-2023 *All people classified in the civilian labor force, plus members of the U.S. Armed Forces **Not currently working, actively seeking work, and available to accept a job; also includes those waiting to be called back to a job from which they had been laid off, and are available for work*

Economic instability is linked to food insecurity. People who are food insecure do not get adequate food or have disrupted eating patterns due to lack of money and other resources. The Healthy People 2030 goal of people living below poverty level in Portage county is not met.

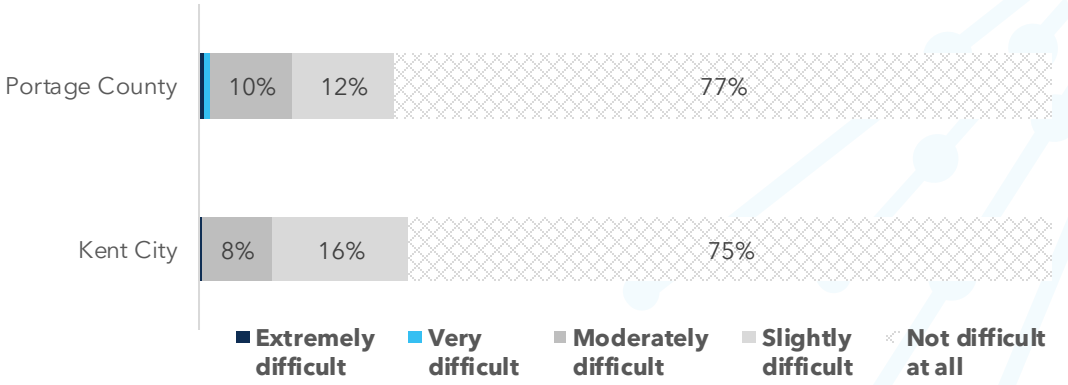
INCOME & POVERTY		PORTAGE COUNTY	OHIO
Income[2]	Median household Income	$72,822	$69,680
Poverty[2]	People below 100% FPL	11.4%	13.2%
	People below 125% FPL	15.6%	16.9%
	People below 200% FPL	27.9%	29.4%
Children[2]	In households below 100% FPL	13.4%	18.0%
Food Insecurity[2,3]	Food insecure households	14.1%	15.3%
	SNAP households	10.4%	12.4%

Data are from 2019-2023

Healthy People 2030 objective not met: people living below poverty level (Portage County **11.4%** vs. Target **8.0%**)[4]

According to the adult survey, about three-fourths of residents reported getting fresh fruits and vegetables is not difficult at all.

How difficult is it for your household to get fresh fruits and vegetables?



n_Portage County=530
n_Kent City=95

Those with **household income** of less than $50,000 are more likely to report getting fresh fruit and vegetables is at least slightly difficult (38.3%) than those with household income of $50,000 or more (16.2%).

Community Voices – Nourish Portage County

Below is some information from research conducted by Northeast Ohio Medical University.

PROJECT DESCRIPTION

The "Nourish Portage County" initiative is a proposed expansion program designed to address food insecurity in Portage County, Ohio—particularly in high-need zip codes like Windham and Ravenna. The project targets vulnerable populations such as low-income families, rural residents, and children, by improving access to nutritious food, education, and community resources. It leverages public health models to drive individual and community-level change.

METHODS USED

- **Demographic and Needs Assessment** using U.S. Census data and county-specific reports (CHA & CHIP).
- **Stakeholder Interviews** with key community organizations to identify gaps and challenges.
- **Literature Review** of national and regional food insecurity interventions.
- **Evaluation Planning** using surveys of community members and service providers to measure participation and effectiveness.

Thematic Analysis (Theoretical Framework)
Two main public health models guided the project:

Social Ecological Model (SEM)
Addresses food insecurity at multiple levels: individual, interpersonal, community, and policy.
Focuses on increasing access, reducing stigma, and improving resource availability.

Community Voices – Nourish Portage County – cont'd

Health Belief Model (HBM)

Examines individual perceptions related to food insecurity:

Perceived susceptibility, severity, benefits, barriers, cues to action, and self-efficacy.

Used to inform educational campaigns and reduce stigma around food assistance programs.

RESULTS & KEY FINDINGS

From interviews and data

Barriers Identified:

Lack of awareness about programs

Transportation limitations

Stigma associated with food assistance

Limited grocery store access in rural areas

Gaps in nutritional knowledge

Successes Noted:

Mobile food pantries and community gardens (e.g., Ametek Food Forest)

Food for Life Market at UH Portage

Increased programming through WIC and community outreach

Use in CHA

Identify priority health issues

Provides data-driven insights

Highlights gaps in services

Supports evidence-based planning

Guides resource allocation

Encourages stakeholder engagement

RECOMMENDATIONS & PROPOSED INTERVENTIONS

A multi-level intervention strategy includes:

Individual Level

"Seeding Subscribers" Mailers: Quarterly info on nutrition and food programs

"Harvest Happenings" Calendars: Monthly resources, tips, and event reminders

"Nourished Network": Personalized support for highly engaged individuals

Community Level

"Nourish Portage County" Social Media Pages: Raise awareness, reduce stigma, and build community engagement through platforms like Facebook, Instagram, and TikTok.

Promotion of Local Events: Farmers' markets, food drives, cooking classes

Community Engagement and Storytelling: Normalize seeking food assistance, share success stories, and encourage volunteerism

Policy & Structural Suggestions

Expand mobile food pantries

Advocate for better transportation access

Encourage partnerships with local healthcare and service providers

See Appendix F for the list of stakeholders interviewed and the questions they were asked.

Spending-to-income ratio is the ratio between the average spending among households that spend on the category and the median household income for the region. The overall spending patterns in Portage and Ohio were similar in 2024, with Portage households spending relatively less of their income on housing and day care facilities compared to the state.

SPENDING[5]		PORTAGE COUNTY	OHIO
Spending-to-Income Ratio	Gas and other fuels	3.3%	3.4%
	Home renter	15.1%	16.8%
	Homeowner	13.3%	14.6%
	Day care center & preschool	6.6%	7.5%
	Home child care	3.1%	3.3%
	Health Insurance	6.5%	6.8%
	Adult day care	9.8%	11.3%

Data are from 2024

According to the adult survey, 10% of Portage County residents, including 15% of Kent residents, report that it has been difficult to meet their own and/or their family's basic needs in the past 30 days.

Those with at least one **child in the household** are more likely to have had difficulty meeting basic needs in the past 30 days (17.9%) than those without any children in the household (7.7%). (marginally significant)

Those with **household income** of less than $50,000 are more likely to have had difficulty meeting basic needs in the past 30 days (22.8%) than those with household income $50,000 or more (4.2%).

Those **age** 18-49 are more likely to have had difficulty meeting basic needs in the past 30 days (16.8%) than those age 50 or older (3.4%).

According to the adult survey, 11% of Portage County residents and 11% of Kent City residents personally know someone in the community who was homeless in the past year.

Focus Group Themes – Vulnerable Populations

Open United Recovery Place (5 Participants)	
Health Insurance	Not an issue 4/5 were insured
Recovery Journey	Admitting relapses was hard Didn't want to admit they failed Positive experience with positive support system
Smoother Recovery?	More supportive criminal justice system Recognition program for those doing well Treatment facilities should be funded based on the people who recover Difficult to pay fines with no income
Transportation	Limited transportation on weekends PARTA runs once an hour on weekends
Food	One participant stated they received $64/month in food stamps. Also stated that isn't enough and the only reason they get by is because their wife goes to food banks for them More than half of the participants mentioned that they've visited a food bank at least twice
Housing	Not enough available housing Housing assistance programs are too long of a process Discouraging ** Must have an address to apply for housing assistance Those with kids/families are prioritized but single individuals also need housing too One participant shared that they will be moving into Portage Metropolitan Housing Authority after nearly 4 years of working towards it

Focus Group Themes – Vulnerable Populations (cont'd)

Shepherd's House (5 participants)	
Confusion about insurance coverage	Some things covered, some aren't Dual-enrollment questions/concerns Who can they ask for help?
Transportation	Limited transportation on weekends PARTA runs once an hour on weekends Residents on rt 14 must walk or find alternative transportation because there is no bus stop
Reason for their current situation (Financial Literacy)	Mismanaged finances (x2) Addiction
Housing Assistance Programs	Waitlist/timeline is extremely long
Advancing to independent living	Rent is too expensive Job stability issues Lack of financial assistance
Basic Needs	Sometimes they still are hungry after meals You can't bring outside food which makes it more difficult not to go hungry

Education

Educational attainment can affect employment opportunities and economic stability, which in turn impacts many health outcomes. The high school graduation rate in Portage County meets the Healthy People 2030 target goal.

CHILDHOOD EDUCATION		PORTAGE COUNTY	OHIO
Childhood Education	Students ready for kindergarten[1]	44.5%	36.5%
	3rd graders with reading proficiency[2]	99.8%	98.3%
	High school graduation rate[3]	93.6%	92.5%

Data are from 2022-2023

Healthy People 2030 objective met: high school students who graduate in 4 years (Portage County **93.6%** vs. Target **90.7%**)[4]

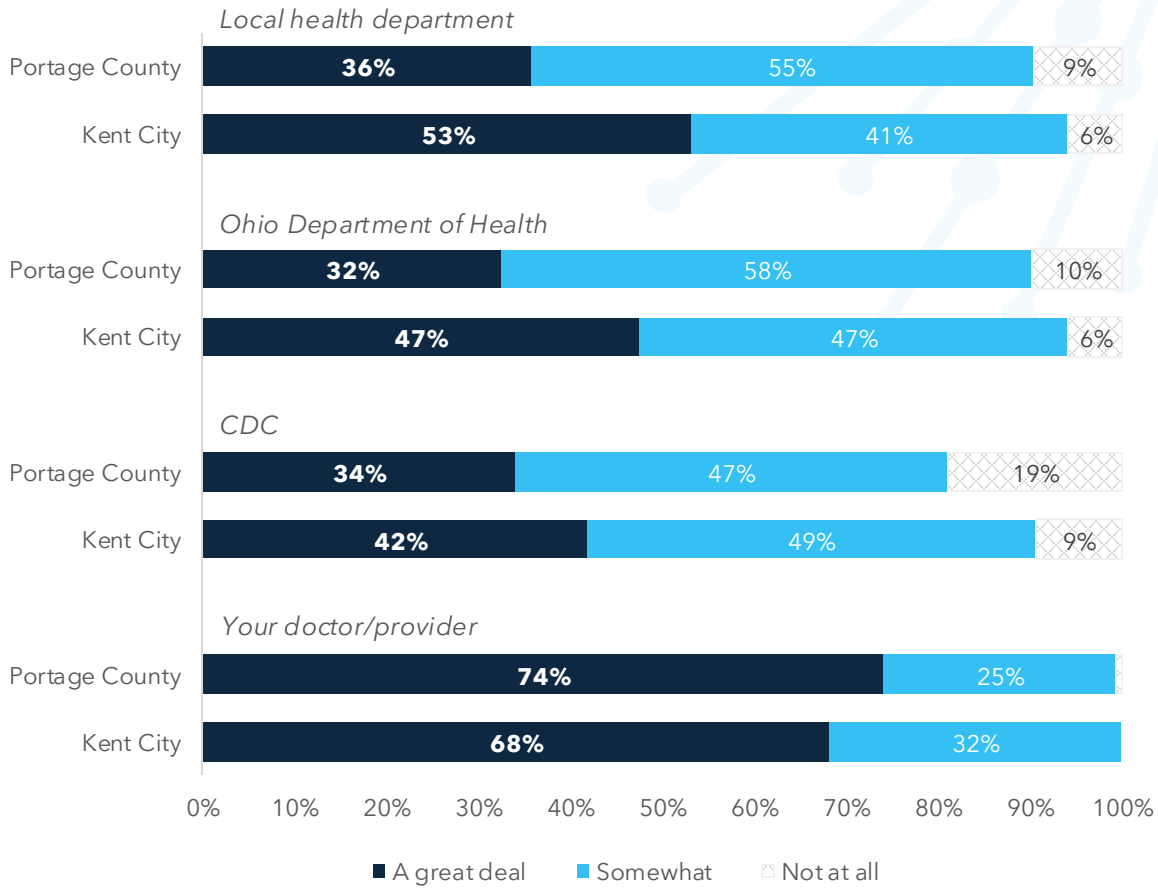
As shown in the following table, educational attainment rates are similar in Portage and Ohio overall.

EDUCATIONAL ATTAINMENT[5]		PORTAGE COUNTY	OHIO
Educational Attainment	No high school	1.8%	2.6%
	Some high school, no diploma	5.3%	5.7%
	High school graduate	35.8%	32.3%
	Some college, no degree	17.7%	19.4%
	Associate's degree	7.9%	9.0%
	Bachelor's degree	18.8%	19.0%
	Graduate or professional degree	12.7%	11.9%

Data are from 2019-2023

The exposure to and quality of education about health specifically can have important impacts on health behaviors and outcomes. Mistrust in medical advice from official sources was measured in the adult survey. A majority trust their doctors a great deal (74% Portage County; 68% Kent). Around half of Kent residents trust health departments and the CDC a great deal, compared to around one third of County residents overall.

In terms of recommendations made to improve health in general, how much do you trust the recommendations of the following?



average n_Portage County=517
average n_Kent City=95

Those who live in **Kent City** are more likely to trust the recommendations of the *local health department* a great deal (53.2%) than those living outside of Kent City (31.9%).

Those with at least one **child in the household** are more likely to trust the recommendations of the *local health department* a great deal (49.8%) than those without any children in the household (30.8%).

Those **age** 18-39 are more likely to trust the recommendations of the *local health department* a great deal (51.1%) than those age 40 or older (26.9%).

Those who live in **Kent City** are more likely to trust the recommendations of the *Ohio Department of Health* a great deal (47.4%) than those living outside of Kent City (29.1%).

Those **age** 18-39 are more likely to trust the recommendations of the Ohio Department of Health a great deal (45.6%) than those age 40 or older (24.8%).

Those with at least one **child in the household** are more likely to trust the recommendations of the *CDC* a great deal (45.9%) than those without any children in the household (29.6%).

Health Care Access

Healthcare access is the ability of individuals to obtain necessary and appropriate health services in a timely manner, encompassing availability, accessibility, affordability, acceptability, and quality of care. It is critically important because it leads to improved health outcomes, prevents disease, reduces health disparities, and enhances overall quality of life for individuals and communities. Ultimately, equitable healthcare access forms a cornerstone of a thriving society by ensuring its members can lead healthy, productive lives.

One factor of this affordability is the ability to utilize health insurance. Most Portage County residents have health insurance, though around 5% do not.

HEALTH INSURANCE[1]		PORTAGE COUNTY	OHIO
Health Insurance	Total with health insurance	94.8%	93.6%
Insurance Type	Private Health Insurance	72.9%	68.2%
	Public Health Coverage	34.8%	38.0%
Age	Age 65+ without health coverage	0.3%	0.5%
	Age 19-64 without health coverage	7.3%	8.8%
	Age ≤18 without health coverage	3.0%	4.7%

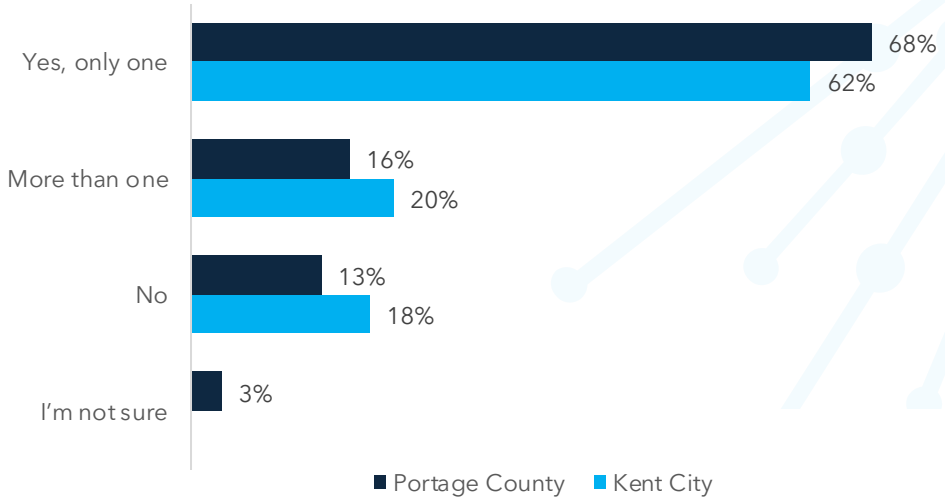
Data are from 2019-2023

HEALTH CARE PROVIDERS		PORTAGE COUNTY	OHIO
Licensed Practitioners[2,3,4]	Physicians (MDs and DOs)*	147.15	371.3
	Dentists*	52.6	65
	Mental health providers*	246.7	326
	Obstetric Clinicians**	108.5	--

*Data are from 2021-2023 *Rate per 100,000 population **Rate per 10,000 births*

A majority of Portage County adult residents (68%) have one person they consider their primary care provider. This is similar to Kent residents (62%).

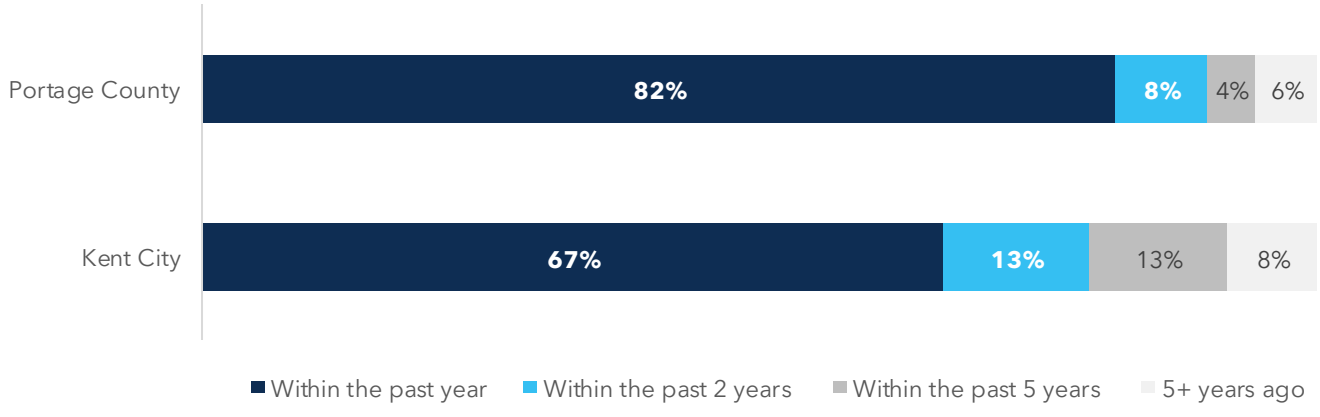
Do you have one person you think of as your Primary Care Provider?



n_Portage County=527
n_Kent City=95

However, Portage County adult residents overall (82%) are more likely to have visited a doctor within the past year for a checkup compared to only Kent adult residents (67%).

About how long has it been since you last visited a doctor for a routine checkup?

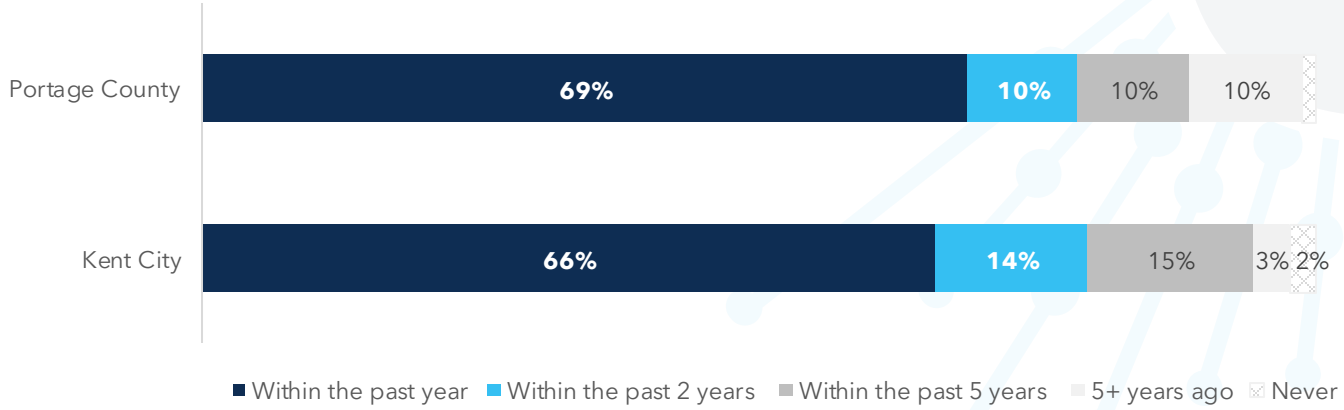


n_Portage County=529
n_Kent City=95

Those **age** 18-49 were less likely to have a routine checkup (74.0%) than those 50 or older (89.8%).

A majority of Portage County adult residents have visited a dentist in the past year (69% Portage; 66% Kent).

About how long has it been since you last visited a dentist or dental clinic for any reason?



n_Portage County=531
n_Kent City=94

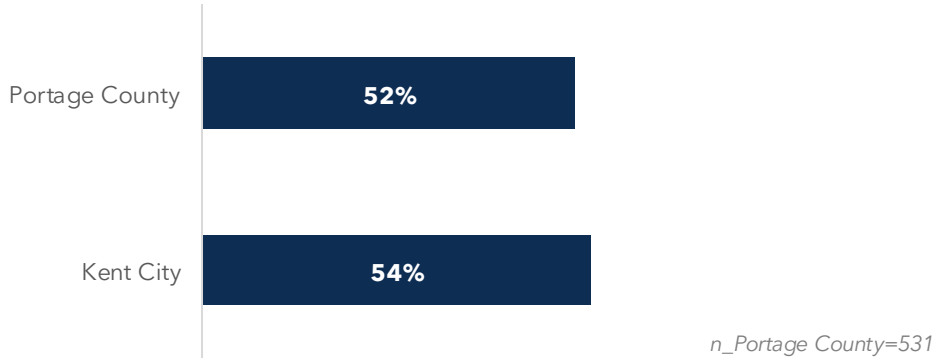
Those **age** 18-49 were less likely to visit the dentist within the past year (60.8%) than those 50 or older (75.7%).

Those with **household income** of $25,000 or more were more likely to visit the dentist within the past year (70.8%) than those with household income of less than $25,000 (50.4%).

Females were more likely to visit the dentist within the past year (74.0%) than males (62.3%).

Around half of adult residents have traveled outside of the County to receive health care (52% Portage; 54% Kent).

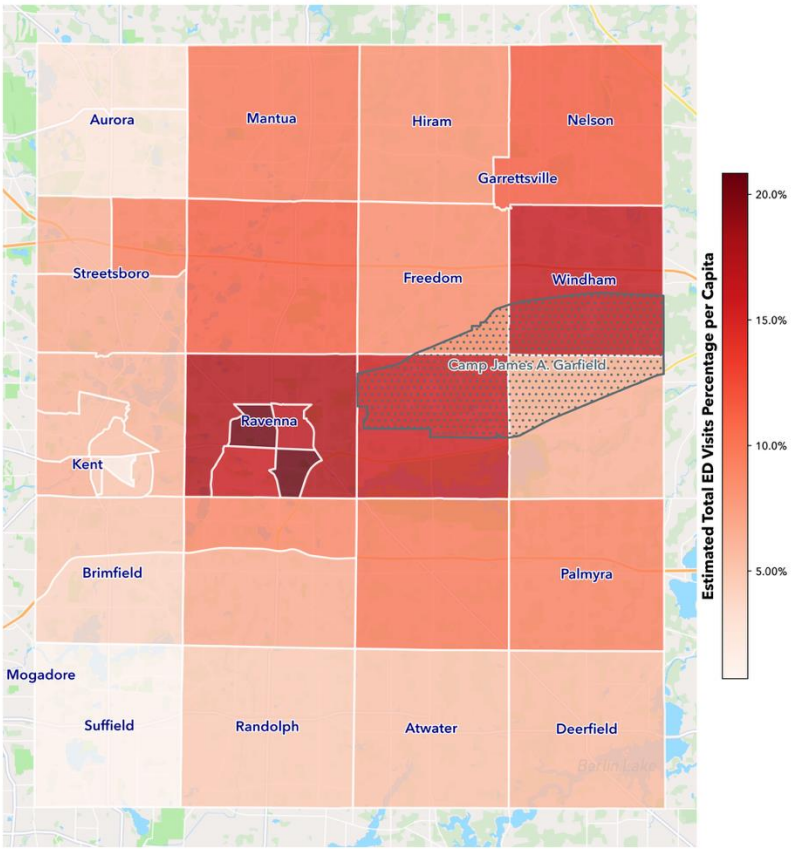
During the past 12 months, did you go outside of Portage County to receive needed health care?



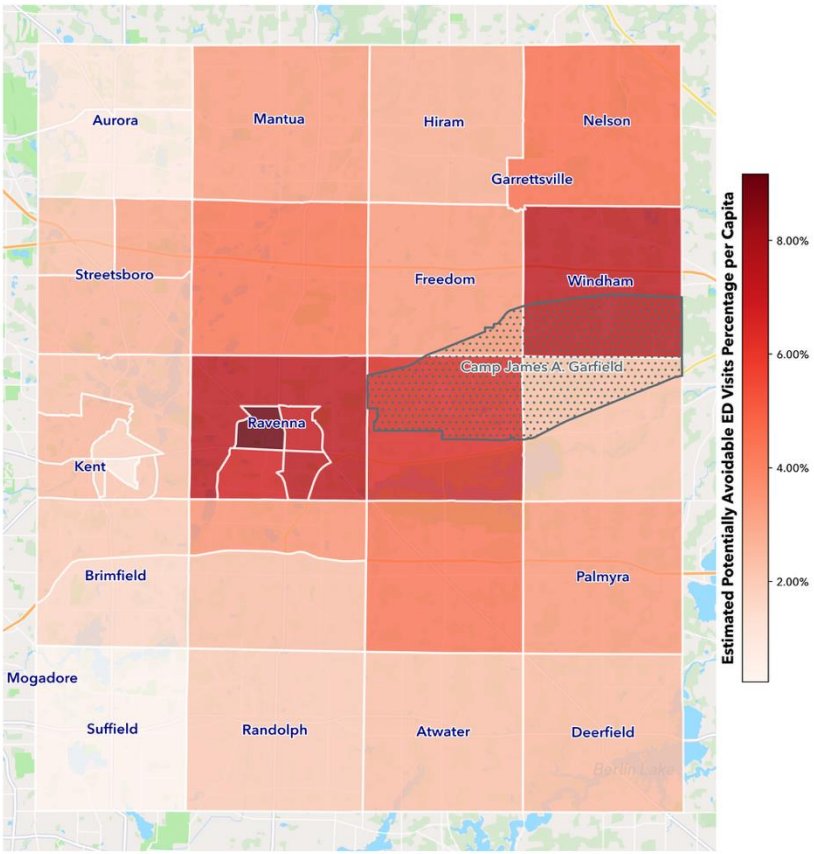
n_Portage County=531
n_Kent City=95

Those with **household income** of $50,000 or more were more likely to travel outside of Portage County in order to receive needed medical care (58.8%) than those with household income of less than $50,000 (40.4%).

Total ED Visits



Potentially Avoidable ED Visits



A majority of youth survey respondents have visited a dentist and a doctor in the past year (72% and 71%, respectively). See Appendix E for data from the Ohio Department of Health regarding school vaccines in Ohio.

HEALTH CARE ACCESS	PORTAGE COUNTY YOUTH
When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work? (N=193)	
Less than 1 year ago	72.0%
Between 1 and 2 years ago	9.8%
More than 2 years ago	4.7%
Never	1.6%
Don't know/not sure	11.9%
When did you last visit your doctor or healthcare provider for a routine check-up? (N=191)	
Less than 1 year ago	71.2%
1 to 2 years ago	14.1%
3 to 5 years ago	1.6%
5 or more years ago	1.6%
Never	0.5%
Don't know/not sure	11.0%

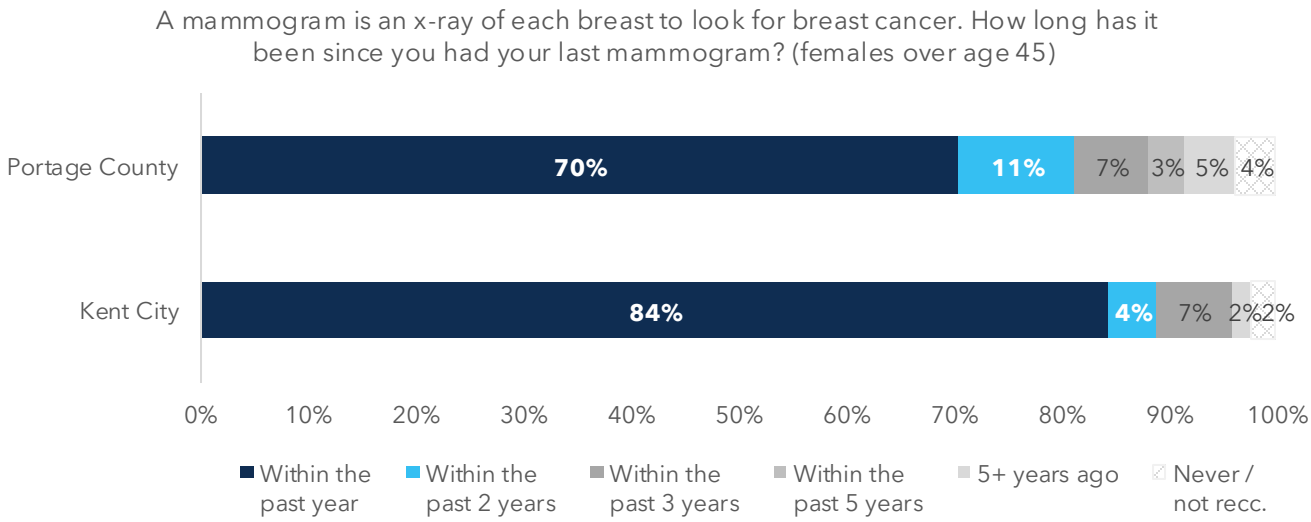
When adult residents in Portage County delay receiving physical health care or services, it is most commonly because they could not get an appointment sooner.

MAIN REASON FOR DELAYING PHYSICAL HEALTH CARE OR SERVICES – ADULT SURVEY	KENT CITY	PORTAGE COUNTY
Couldn't get an appointment soon enough	17%	10%
Inconvenient appointment times	10%	5%
Do not have insurance	13%	4%
Could not afford the co-pay	3%	4%
Don't have transportation	1%	1%
Couldn't get an appointment at all	0%	0%
Other	3%	5%
Did not need care	14%	14%
Did not delay getting care	39%	57%

A majority of Portage County adults, including Kent residents, were able to get necessary prescriptions filled (77% and 74%, respectively).

MAIN REASON FOR NOT FILLING PRESCRIPTIONS – ADULT SURVEY	KENT CITY	PORTAGE COUNTY
I can't afford the co-pay	1%	4%
I don't have insurance	13%	4%
I don't have transportation	0%	0%
Other	1%	2%
I had no prescriptions	11%	13%
I got them filled	74%	77%

The American Cancer Society recommends that women should start having annual mammograms at age 45 and may opt to have mammograms every other year starting at age 55.[5] According to the adult representative survey, 70% of women 45 or older in Portage County have had a mammogram in the past year; 84% in Kent have had one.



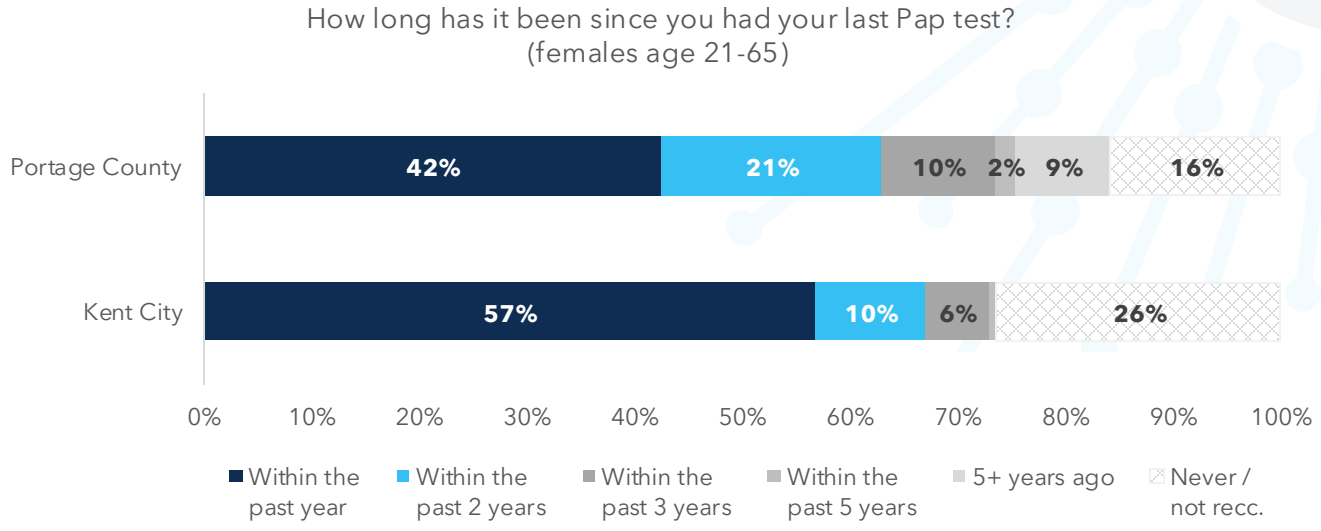
n_Portage County=132
n_Kent City=13

Those with **household income** of $25,000 or more were more likely to have had a mammogram in the past year (77.1%) than those with household income of less than $25,000 (34.3%).

As **age** increases, the likelihood of having a mammogram in the past year decreases: 94.0% for those 40-49, 69.1% for those 50-59, 60.9% for those 60-69, and 60.8% for those 70 or older.

Healthy People 2030 objective not met: females age 50-74 who had a mammogram in the past 2 years (Portage County **77.6%** vs. Target **80.3%**) [6]

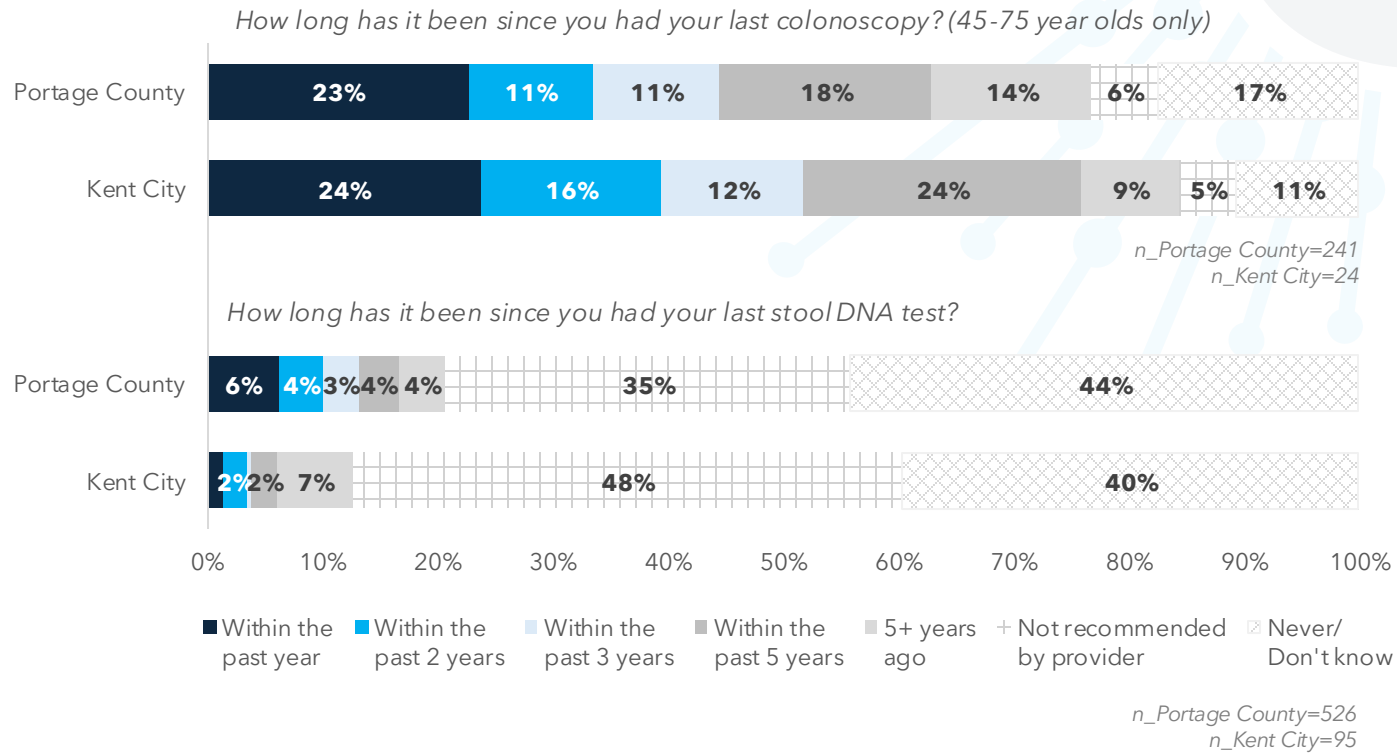
According to the Mayo Clinic, doctors normally recommend Pap tests every three years for women age 21 to 65.[7] According to the adult representative survey, 73.5% of women age 21 to 65 in both Portage County and Kent have had a Pap test within the past 3 years.



n_Portage County=196
n_Kent City=43

Healthy People 2030 objective not met: females age 21-65 who had a Pap test in the past 3 years (Portage County **73.0%** vs. Target **79.2%**)[8]

The United States Preventive Services Task Force (USPSTF) recommends that adults age 45-75 receive colorectal cancer screenings: a colonoscopy every 10 years, or a stool DNA test every 1-3 years.[9] A majority of both Portage County and Kent residents have had a colonoscopy in the past 5 years (63% and 76%, respectively).



Among those age 45-75, the likelihood of ever having a *colonoscopy* increases with **age**: 58.0% for those age 45-49, 76.7% for those age 50-59, 76.8% for those age 60-69, and 92.7% for those age 70 or older.

Among those age 45-75, those without any **children in the household** were more likely to have ever had a *colonoscopy* (80.2%) than those with at least one child in the household (53.2%).

Flu and COVID vaccination rates are similar among Kent and Portage County adults. Over half received a flu shot last year, and less than one third received a COVID shot.

VACCINES RECEIVED IN THE PAST YEAR – ADULT SURVEY	KENT CITY	PORTAGE COUNTY
Annual seasonal flu vaccine	54%	57%
COVID-19 vaccine/booster	30%	29%

When adults were asked why they did not get a flu shot, the most common answers among Kent and Portage residents were because they don't trust it and don't need it.

MAIN REASON FOR NOT GETTING FLU VACCINE THIS YEAR – ADULT SURVEY	KENT CITY	PORTAGE COUNTY
I don't trust it	15%	14%
I don't need it	19%	14%
Allergy or side effects	2%	3%
I would get sick from it	1%	2%
It does not work	0%	2%
I don't have time	4%	2%
Religious beliefs	0%	1%
Insurance will not cover it	0%	0%
It is too expensive	0%	0%
Other	8%	5%
I got it	50%	56%

According to the adult survey, the most common barriers that Portage and Kent residents face when obtaining needed community services (such as housing assistance, support groups, or nutritional assistance) are not being eligible for services, and not knowing about the available services in the community.

BARRIERS TO RECEIVING COMMUNITY/PUBLIC SERVICES – ADULT SURVEY	KENT CITY	PORTAGE COUNTY
Not eligible for services	28%	25%
Don't know about the services in my community	28%	18%
Time/effort is too great to access services	13%	8%
Embarrassment	7%	3%
Lack of transportation	6%	3%
None	47%	58%

Those with **household income** of less than $50,000 are more likely to have at least one barrier to receiving needed community services (60.7%) than those with household income of $50,000 or more (31.0%).

Neighborhood and Physical Environment

Neighborhood and environment refers to what extent individuals feel safe in their community and how the environment influences their quality of life.

NEIGHBORHOOD ACTIVITY		PORTAGE COUNTY	OHIO
Crime[1,2*]	Violent crime	1.3	3.6
	Property crime	19.9	31.0
Mortality[2,3]	Homicides	2	695
	Suicides	18	1,365
Abuse[4,5]	Child abuse & neglect cases	55	10,437
	Domestic violence incidents	471	28,910
Substance Use[6,7]	Unintentional drug overdose deaths	26	2,320
	Naloxone administrations by EMS	225	22,081
Motor Vehicle Incidents[8,9]	Fatal crashes (overall)	11	1077
	Fatal crashes (alcohol involvement)	2	341
	Reckless/OVI calls for service	2,289	63,298

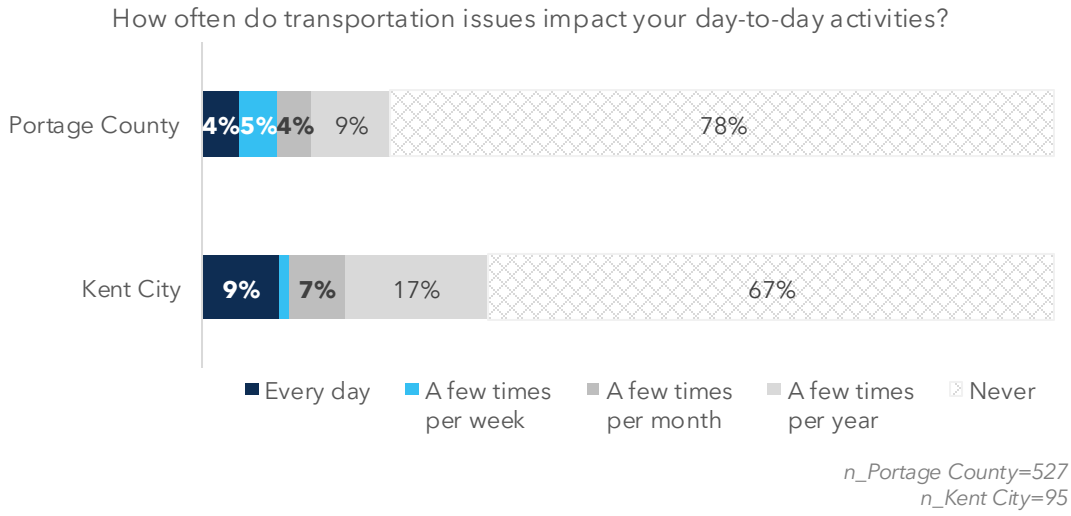
*Data are from 2023-2024 *Rate per 1,000 population*

A majority of Kent and Portage County adult residents do not have any issues with transportation (80% and 85%, respectively).

TRANSPORTATION ISSUES – ADULT SURVEY	KENT CITY	PORTAGE COUNTY
Financial issues	0%	5%
Sharing a vehicle	7%	4%
Don't have a vehicle	6%	3%
Don't have a valid driver's license	5%	3%
Lack of access to public transportation	1%	3%
None	80%	85%

Those with **household income** of less than $25,000 are more likely to have at least one barrier to transportation (52.3%) than those with household income of $25,000 or more (7.1%).

Those **age** 18-39 are more likely to have at least one barrier to transportation (26.7%) than those age 40 or older (5.7%).



n_Portage County=527
n_Kent City=95

Those with **household income** of less than $50,000 are more likely to have transportation issues impacting day-to-day life at least a few times per year (38.5%) than those with household income of $50,000 or more (14.4%).

Community Voices – Transportation Barriers

Below is some information from research conducted by Northeast Ohio Medical University.

PROJECT DESCRIPTION

This project addresses transportation barriers in Portage County, Ohio, focusing on how transportation accessibility impacts public health. The effort aims to reduce health disparities by improving transportation access for rural residents, older adults, individuals with disabilities, and low-income populations. The project was developed as part of a public health course and integrates theoretical frameworks with community-based solutions.

METHODS USED

- **Stakeholder Interviews:** Conducted with local healthcare and service organizations to assess transportation needs and challenges.
- **Community Needs Assessment:** Combined demographic data and transportation infrastructure analysis.
- **Literature Review:** Reviewed best practices and previous interventions in rural transportation systems.
- **Theoretical Frameworks:** Applied the Socio-Ecological Model (SEM) and Health Belief Model (HBM) to design multi-level interventions.

THEMATIC ANALYSIS USED

The project applied the **Socio-Ecological Model (SEM)** and **Health Belief Model (HBM)** to map and address transportation barriers:

SEM Levels:

Intrapersonal: Addressing knowledge gaps about transportation services.
Interpersonal: Encouraging volunteer-based support systems.
Organizational: Coordination between transit agencies and healthcare systems.
Community/Environmental: Infrastructure improvements and route expansion.
Policy: Implementation of voucher programs and pursuit of grant funding.

HBM Factors:

Perceived barriers: High costs, lack of information, limited service.
Perceived benefits: Improved access to healthcare, reduced isolation.
Cues to action: Outreach campaigns and provider engagement.

RESULTS & KEY FINDINGS

From Stakeholder Interviews:

Key Issues Identified:

Limited rural transit coverage.
Inconsistent and inadequate service times.
Lack of ADA-compliant transportation.
Financial burdens associated with transportation.

Impacts:

Reduced access to food, medical care, and community services.
Increased isolation and missed healthcare appointments.

Community Voices – Transportation Barriers – cont'd

Use in CHA

Identify priority health issues
Provides data-driven insights
Highlights gaps in services
Supports evidence-based planning
Guides resource allocation
Encourages stakeholder engagement

RECOMMENDATIONS

The project proposes a **multi-component intervention**:

Expand Public Transit (PARTA) Routes:
Reach rural and underserved areas.
Extend service hours to evenings and weekends.

Subsidized Transportation Vouchers:
Targeted at seniors, low-income residents, and those with disabilities.

Volunteer-Based Transportation Services:
Personalized door-to-door services for those with special needs.

Public Awareness Campaign:
Use brochures, social media, and community workshops to inform residents.

Infrastructure Improvements:
Build or repair sidewalks, enhance lighting and crosswalk safety near transit stops.

Each intervention maps to a specific determinant of transportation access (e.g., environmental, financial, informational).

See Appendix F for the stakeholders interviewed and the interview questions.

A notable geographical feature in Portage County is the James A. Garfield Joint Military Training Center (AKA Camp Ravenna or Ravenna Arsenal), which occupies a 21,000 acre parcel on the eastern edge of Portage County. It is a restricted access area in which community members do not reside, and transportation routes must navigate around. As such, it can present a barrier to Portage County residents attempting to access health resources in the region.

KENT CITY – SECONDARY DATA

Economic Stability

EMPLOYMENT[2]		KENT CITY
Population (16+ yrs)	In labor force*	63.5%
	Employed in civilian labor force	56.6%
	Unemployed in civilian labor force**	6.6%

*Data are from 2019-2023 *All people classified in the civilian labor force, plus members of the U.S. Armed Forces **Not currently working, actively seeking work, and available to accept a job; also includes those waiting to be called back to a job from which they had been laid off, and are available for work*

INCOME & POVERTY		KENT CITY
Income[2]	Median household Income	$42,524
Poverty[2]	People below 100% FPL	24.8%
	People below 125% FPL	29.7%
	People below 200% FPL	46.9%
Children[2]	In households below 100% FPL	21.7%
Food Insecurity[2,3]	Food insecure households	--
	SNAP households	14.2%

Data are from 2019-2023

Education

CHILDHOOD EDUCATION		KENT CITY
Childhood Education	Students ready for kindergarten[1]	34.9%
	3rd graders with reading proficiency[2]	100.0%
	High school graduation rate[3]	--

Data are from 2022-2023

EDUCATIONAL ATTAINMENT[5]		KENT CITY
Educational Attainment	No high school	1.4%
	Some high school, no diploma	3.4%
	High school graduate	25.3%
	Some college, no degree	19.0%
	Associate's degree	4.3%
	Bachelor's degree	23.3%
	Graduate or professional degree	23.2%

Data are from 2019-2023

Health Care Access

HEALTH INSURANCE[1]		KENT CITY
Health Insurance	Total with health insurance	95.0%
Insurance Type	Private Health Insurance	73.5%
	Public Health Coverage	30.6%
Age	Age 65+ without health coverage	0.7%
	Age 19-64 without health coverage	7.0%
	Age ≤18 without health coverage	1.4%

Data are from 2019-2023

BEHAVIORAL RISK FACTORS

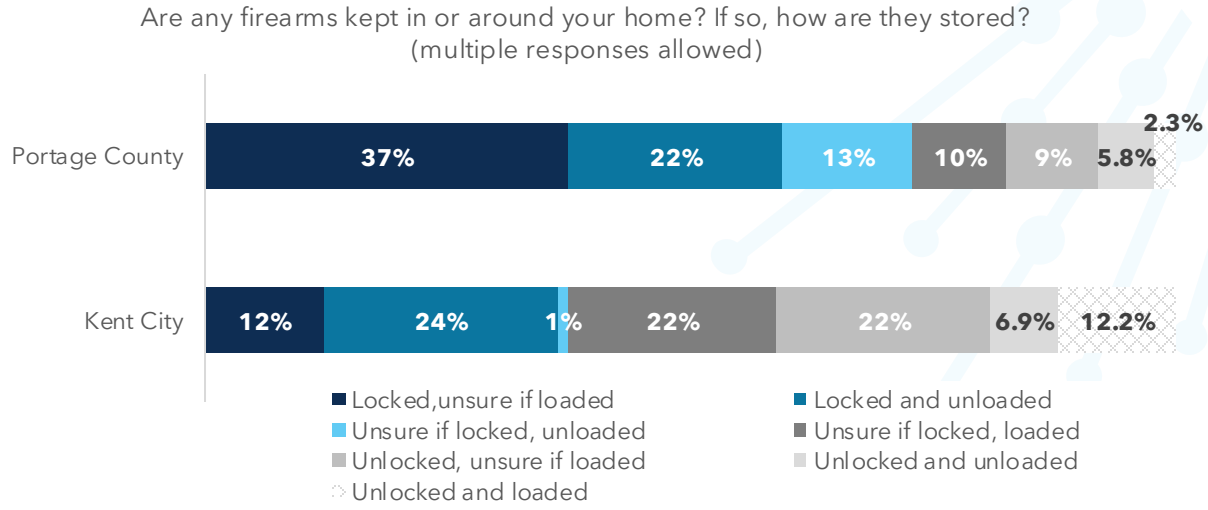
This section describes behaviors of Portage County residents that may impact their health outcomes.

KEY FINDINGS

- **Unhealthy lifestyle habits related to diet, physical activity, and sleep are prevalent among Portage County adults.** More than one-third of adult residents are considered obese based on BMI, and adults report being physically active for only 3.2 days in the past week on average. Additionally, the county does not meet the Healthy People 2030 objective for adults getting adequate sleep and, on average, adults spend nearly five hours a day on non-work-related screen time.
- **Youth in Portage County exhibit a mix of positive and concerning health and safety behaviors.** While a majority of youth report eating fruits (93%) and vegetables (86%) in the past week and always wearing a seatbelt (72%), a majority also consume sugar-sweetened beverages (86%) and caffeinated or energy drinks (55%). 77% of youth report spending three or more hours per day on screens on an average school day.

Personal Safety

A majority of Portage County and Kent adult residents do not have firearms in their homes. Kent residents are less likely to have them locked and unloaded compared to county residents overall.



n_Portage County=198
n_Kent City=24

The likelihood of having firearms kept in or around the home generally decreases as **household income** increases: 77.0% for less than $25,000, 69.2% for $25,000 to $49,999, 53.3% for $50,000 to $74,999, 55.2% for $75,000 to $99,999, and 41.1% for $100,000 or more.

Adult survey respondents were asked about activities they engage in while driving. The most common answers among Portage and Kent residents were talking on a hands-free cell phone (48% and 47%, respectively) and eating (34% and 49%, respectively).

ACTIVITIES WHILE DRIVING – ADULT SURVEY	KENT CITY	PORTAGE COUNTY
Talk on a hands-free cell phone	47%	48%
Eat	49%	34%
Use cell phone in other way	21%	13%
Text	20%	10%
Talk on a hand-held cell phone	8%	8%
Drive without a seatbelt	0%	3%
Read	0%	1%
Drive while impaired	0%	0%
Other	2%	1%
Don't do anything on this list while driving	10%	27%
Don't drive	11%	6%

Those who live in **Kent City** are more likely to *text while driving* (20.4%) than those who live outside of Kent City (8.1%).

Those who live in **Kent City** are more likely to *eat while driving* (49.2%) than those who live outside of Kent City (30.4%).

A majority of youth survey respondents always wear a seatbelt while riding in or driving a car (72%).

PERSONAL SAFETY	PORTAGE COUNTY YOUTH
During the past 30 days, while riding in or driving a car or other vehicle, how often did you wear a seatbelt? (N=232)	
I did not ride in or drive a car or other vehicle during the past 30 days	1.3%
Always	71.6%
Most of the time	17.7%
Sometimes	6.5%
Never	3.0%
During the past 30 days, did you drive a car or other vehicle while doing the following? (SELECT ALL THAT APPLY) (N=125)	
Eating	24.8%
Talking on cell phone	21.6%
Driving while tired or fatigued	16.8%
Texting	15.2%
Using cell phone other than talking or texting	9.6%
Applying makeup	8.0%
Drinking alcohol	2.4%
Reading	1.6%
Using illegal drugs	0.8%
Using marijuana	0.8%
Misusing prescription drugs	0.8%
I do not do any of the above while driving	64.0%

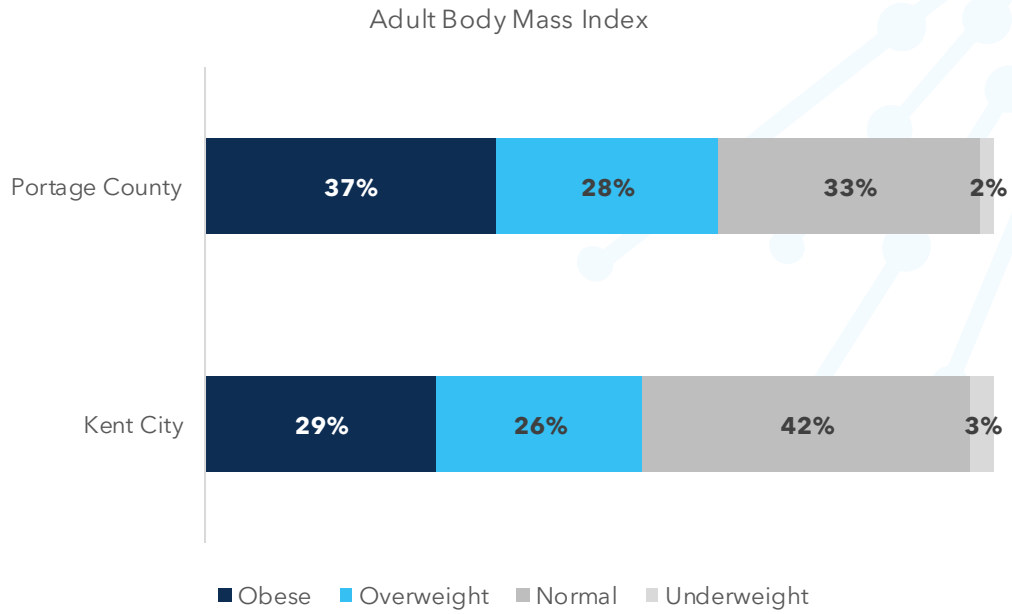
Sexual Behavior

Adult survey respondents were asked about the types of pregnancy prevention they used the last time they had sex. In Portage County overall, the most common responses were nothing (30%), condoms (14%), and withdrawal/other method (14%). Among Kent residents the most common responses were condoms (27%), birth control pills (16%), and nothing (16%).

PREGNANCY PREVENTION USED LAST TIME YOU HAD SEX – ADULT SURVEY	KENT CITY	PORTAGE COUNTY
No method was used to prevent pregnancy	16%	30%
Condoms	27%	14%
Birth control pills	16%	11%
An IUD or implant	6%	6%
A shot, patch, or birth control ring	3%	2%
Withdrawal or some other method	13%	14%
Not sure	7%	5%
Never had sexual intercourse with an opposite-sex partner	13%	7%

Weight, Diet, and Exercise

According to Body Mass Index (BMI) measurements, 37% of Portage County adult residents are obese, and 29% of Kent adult residents are obese.



Healthy People 2030 objective not met: adults age 20+ with a BMI ≥ 30 (Portage County **36.2%** vs. Target **36.0%**)[1]

According to the youth survey BMI measurements, 13% of Portage County youth respondents are obese.

BODY MASS INDEX	PORTAGE COUNTY YOUTH
BMI categories (N=104)	
Underweight	20.2%
Normal	56.7%
Overweight	10.6%
Obese	12.5%

BMI is just one measure of physical health. Age, sex, ethnicity, and muscle mass can influence the way BMI correlates with actual levels of body fat.[2] For example, a trained athlete may have a higher BMI due to increased muscle mass and may be deemed healthy by other measurements. Other ways to measure health are shown next, in the form of nutrition and physical activity.

According to U.S. Departments of Agriculture (USDA) and Health and Human Services (HHS), nutrient-dense foods such as fruits and vegetables are core elements of a healthy diet.[3] While Portage County residents overall and Kent residents specifically have similar eating patterns as shown below, Kent residents are eating fruits and vegetables a little less often compared to the county.

DURING THE PAST 7 DAYS, HOW MANY TIMES DID YOU... - ADULT SURVEY	KENT CITY	PORTAGE COUNTY
...drink 100% fruit juice such as orange juice, apple juice, or grape juice? (Do not count punch, sports drinks, or fruit-flavored drinks.)	1.1	1.6
...eat fruit? (Count fresh, frozen, or canned fruit; don't count fruit juice.)	4.3	4.6
...eat vegetables? (Include green salads.)	5.4	5.5
...drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop.)	1.8	1.9
...drink a can, bottle, or glass of a sports drink such as Gatorade or Powerade? (Do not count low-cal. sports drinks such as Propel, G2.)	0.6	0.7
...get food from a fast food restaurant? (A fast food restaurant is one where you usually order from a menu board at a counter or at a drive-thru.)	1.6	1.5

Those **age** 18-49 ate fruits less times during the last 7 days, on average, (4.0) than those 50 or older (5.4).

Those with **household income** of $50,000 or more ate fruits more times during the last 7 days, on average, (5.1) than those with household income of less than $50,000 (3.9).

Those **age** 18-49 ate vegetables less times during the last 7 days, on average, (5.0) than those 50 or older (6.0).

Those with **household income** of $50,000 or more ate vegetables more times during the last 7 days, on average, (5.9) than those with household income of less than $50,000 (4.8).

Those **age** 18-29 ate fast food more times during the last 7 days, on average, (2.3) than those 30 or older (1.4).

A majority of youth survey respondents have eaten fruit (93%) and vegetables (86%) in the past week. A majority have also had sugar sweetened beverages (86%), and over half have had caffeinated beverages (55%).

DIET & NUTRITION	PORTAGE COUNTY YOUTH
During the past 7 days, how many times did you have fruit per day? (N=193)	
0 times per day	7.3%
1 to 3 times per day	92.7%
During the past 7 days, how many times did you have vegetables per day? (N=193)	
0 times per day	14.0%
1 to 3 times per day	86.0%
During the past 7 days, how many times did you have sugar sweetened beverages per day? (N=193)	
0 times per day	23.0%
1 to 3 times per day	86.0%
During the past 7 days, how many times did you have caffeinated beverages or energy drinks per day? (N=193)	
0 times per day	44.7%
1 to 3 times per day	55.3%

During the past week, both Portage County and Kent adult residents exercised about 3 times and engaged in strength training about 2 times.

DURING THE PAST 7 DAYS, HOW MANY TIMES DID YOU... - ADULT SURVEY	KENT CITY	PORTAGE COUNTY
...engage in some type of exercise or physical activity for at least 30 minutes	3.4	3.2
...do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting	1.8	1.6

Those with **household income** of $50,000 or more engaged in *physical activity* on more days in the past 7 days, on average, (3.4) than those with household income of less than $50,000 (2.8).

Those **age** 40 or older engaged in *physical activity* on more days in the past 7 days, on average, (3.4) than those age 18-39 (2.8).

Those with **household income** of $25,000 or more were more likely to have engaged in *strength training* on at least one day in the past 7 days (48.6%) than those with household income of less than $25,000 (26.9%).

Those who live in **Kent City** were more likely to have engaged in *strength training* on at least one day in the past 7 days (60.5%) than those living outside of Kent City (42.7%).

Around 22% of youth survey respondents were physically active every day in the last week.

PHYSICAL ACTIVITY	PORTAGE COUNTY YOUTH
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 spent in any kind of physical activity that increases your heart rate and make you breathe hard some of the time.) (N=192)	
0 days	8.9%
1 day	6.3%
2 days	8.9%
3 days	10.9%
4 days	14.1%
5 days	15.1%
6 days	14.1%
7 days	21.9%

Personal Habits

In Portage County and Kent, adults are spending about 5 hours a day using devices with screens for non-work activities. Additionally, they are getting adequate amounts of sleep (i.e., at least 7 hours of sleep on average.)

PERSONAL HABITS – ADULT SURVEY	KENT CITY	PORTAGE COUNTY
How many hours do you spend using devices with screens for non-work related activities (on an average day)? This includes TVs, computers, tablets, mobile phones, etc.	4.9	4.9
How many hours of sleep do you get (on an average night)?	7.3	7.1

Those without any **children in the household** used screens for non-work activities for more hours each day, on average, (5.1) than those with at least one child in the household (4.3).

Healthy People 2030 objective not met: adults who get an average of at least 7 hours of sleep per day (Portage County **69.4%** vs. Target **73.3%**)[1]

A majority (71%) of youth survey respondents sleep between 6 to 8 hours on an average school night.

SLEEP	PORTAGE COUNTY YOUTH
On an average school night, how many hours of sleep do you get? (N=190)	
4 or less hours	8.4%
5 hours	11.6%
6 hours	24.2%
7 hours	25.3%
8 hours	21.6%
9 hours	6.8%
10 or more hours	2.1%

A majority (77%) of youth survey respondents have 3 or more hours of screen time on an average school day.

SCREEN TIME	PORTAGE COUNTY YOUTH
On an average school day, how many hours are spent on screen time (TV, video games, computer, etc.)? (N=192)	
0 hours	2.1%
Less than 1 hour	2.1%
1 hour	6.3%
2 hours	12.5%
3 hours	20.3%
4 hours	19.8%
5 hours	15.6%
6 or more hours	21.4%

ONLINE ACTIVITY	PORTAGE COUNTY YOUTH
If you have a social media account or online gaming account, which of the following apply? (SELECT ALL THAT APPLY) (N=115)	
I believe sharing personal information online is dangerous	41.7%
My account is currently checked private	31.3%
I have met in person all of the people in "my friends"	16.5%
My parents have the password to these accounts	13.0%
I have met in person all of the people I play online	11.3%
My friends have the password to some or all of these accounts	7.8%
I have been asked to meet someone I met online	7.0%
I have been bullied as a result of these accounts	6.1%
I share personal information about myself, such as where I live	4.3%
My parents do not know I have an account	1.7%
I have participated in sexual activity with someone I met online	1.7%
None of the above	27.8%
I do not have any of these accounts	7.8%

MENTAL HEALTH AND SUBSTANCE MISUSE

Mental health and substance misuse are integral to overall health because they profoundly impact an individual's ability to cope with daily stressors, maintain relationships, make sound decisions, and engage in self-care, all of which are foundational to physical well-being. Untreated mental health conditions and substance misuse can exacerbate or lead to chronic physical illnesses like cardiovascular disease and diabetes, underscoring the interconnectedness of mind and body in achieving holistic health.

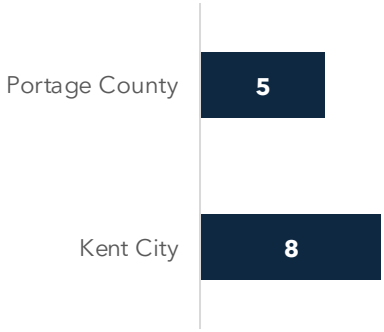
KEY FINDINGS

- **Mental health is a challenge, with high rates of anxiety, depression, and suicidal ideation, especially among youth and lower-income adults.** 35% of adult residents have been diagnosed with anxiety and 31% with depression, Furthermore, 11% of youth reported seriously considering a suicide attempt in the past year. Adults with household incomes less than $25,000 experienced more than double the number of poor mental health days compared to higher-income residents.
- **A substantial number of youth are exposed to adverse childhood experiences (ACEs) and peer victimization, which are known risk factors for poor long-term health.** The most common types of bullying reported by youth were verbal (30%) and indirect, such as spreading rumors (28%). Data on ACEs shows that nearly 28% of youth have lived with someone who was mentally ill or suicidal, and 28% have experienced parental separation or divorce.
- **Substance misuse among adults is characterized by high rates of binge drinking.** Nearly one-third of adult residents (31%) reported binge drinking in the past 30 days, a rate that does not meet the Healthy People 2030 objective.
- **The majority of youth are not vaping regularly and have not had more than a few sips of alcohol.** According to survey findings, 8% of youth have vaped at least once during the past 30 days. Regarding alcohol, 26% have ever had a drink of alcohol other than a few sips.

Mental Health

According to the adult survey, Kent residents had 8 days in the past month when their mental health wasn't good. That's higher than the 5 days reported in Portage County overall.

For how many days during the past 30 days was your **mental health** (including stress, depression, problems with emotion) not good?

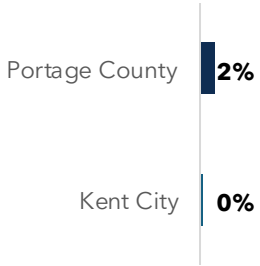


Those **age** 18-29 were more likely to have at least one poor mental health day (74.2%) than those 30 or older (43.1%).

Those who live in **Kent City** were more likely to have at least one poor mental health day during the past 30 days (72.1%) than those who live outside of Kent City (44.7%).

Those with **household income** less than $25,000 had more poor mental health days during the past 30 days, on average, (10.3) than those with household income $25,000 or more (4.6).

During the past 12 months, did you ever seriously consider attempting suicide? (Yes)

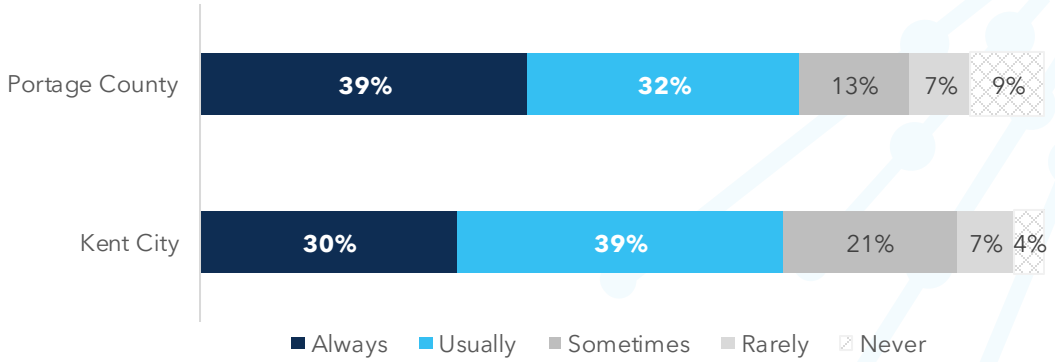


n_Portage County=528
n_Kent City=92

In addition to the statistically significant differences by age and gender listed in this section, please see AppendixJ for full breakdowns of the key mental health variables by age and gender.

Additionally, more Portage County adults always receive the social and emotional support they need compared with Kent residents (39% and 30%, respectively).

How often do you get the social and emotional support you need?



n_Portage County=521
n_Kent City=93

Those with **household income** of $50,000 or more were more likely to have the social and emotional support needed usually or always (75.7%) than those with household income of less than $50,000 (59.9%).

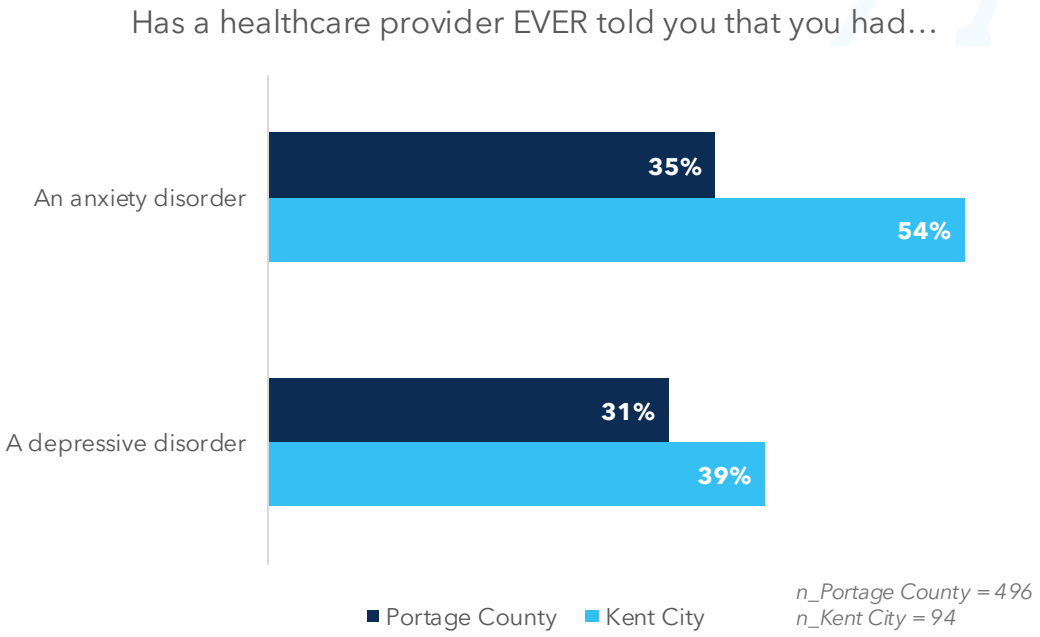
Adult residents in Portage and Kent who delayed getting mental health care or services most commonly did so because they had a hard time finding a provider (5% and 16%, respectively).

MAIN REASON FOR DELAYING MENTAL HEALTH CARE OR SERVICES – ADULT SURVEY	KENT CITY	PORTAGE COUNTY
Had a hard time finding a provider	16%	5%
Do not have insurance	8%	3%
Uncomfortable admitting a mental health issue	1%	2%
Inconvenient appointment times	4%	2%
Wait times were very long	0%	1%
Could not afford the co-pay	0%	0%
Don't have transportation	0%	0%
Couldn't get an appointment soon enough	0%	0%
Couldn't get an appointment at all	0%	0%
Couldn't get a virtual appointment	0%	0%
Other	7%	5%
Did not need care	34%	47%
I did not delay getting care	31%	33%

Males were more likely to report they didn't need care (58.4% than females (37.1%).

Those **age** 50 or older were more likely to report they didn't need care (62.4%) than those age 18-49 (32.8%).

Rates of anxiety and depression were higher among adults in Kent (54% and 39%, respectively) than in Portage County overall (35% and 31%, respectively).



Anxiety

Females were more likely to have anxiety disorder (44.5%) than males (23.6%).

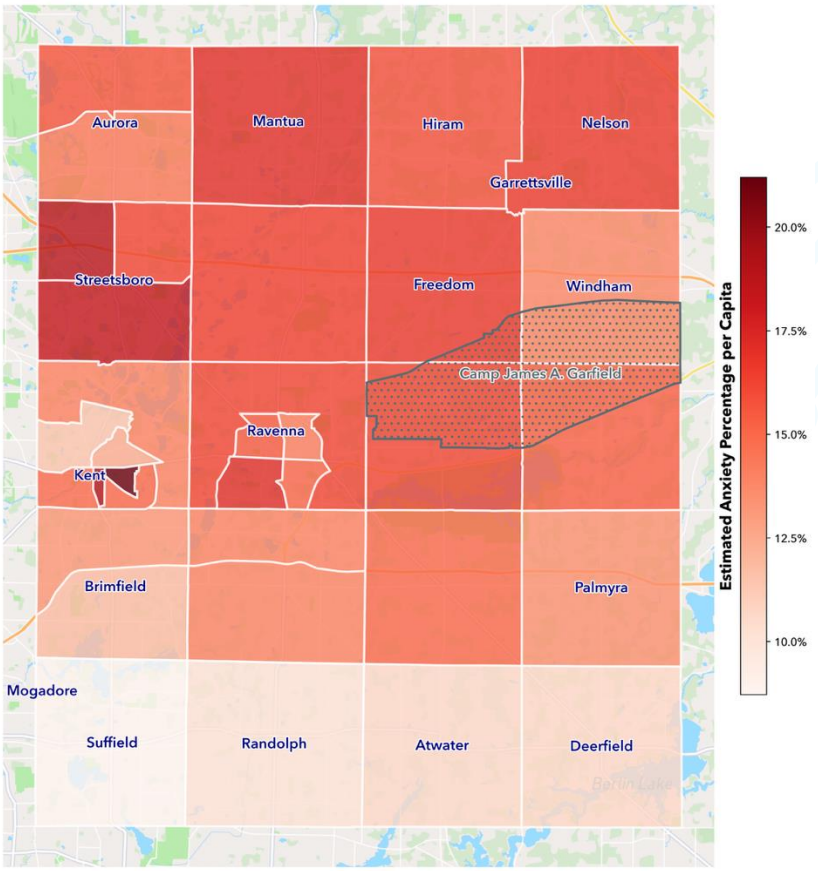
Those **age** 18-49 were more likely to have anxiety disorder (48.2%) than those 50 or older (18.3%).

Depression

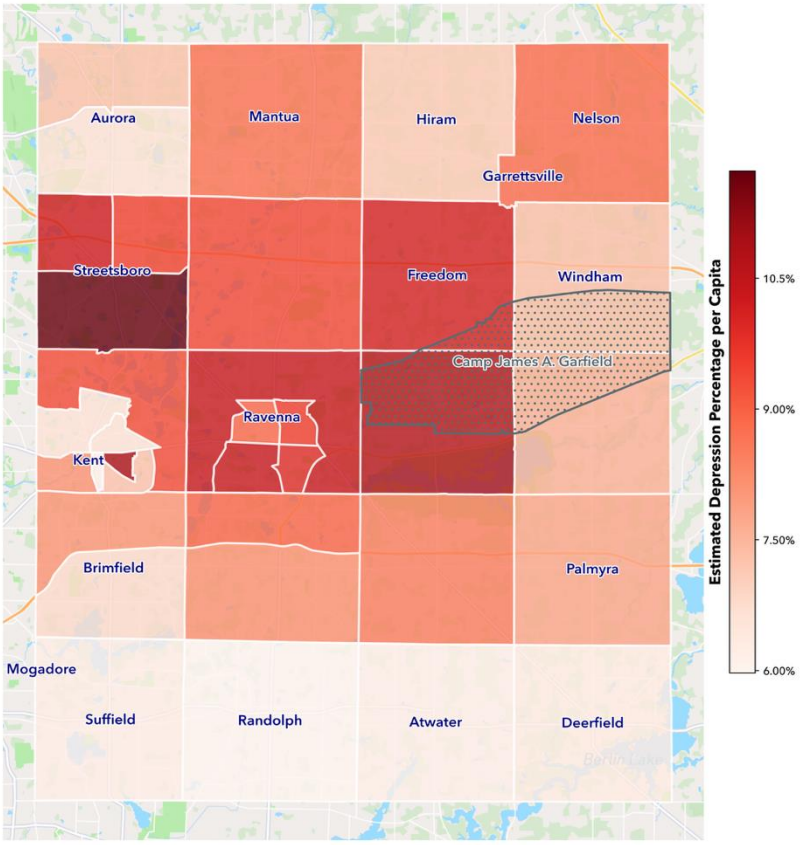
Those **age** 18-49 were more likely to have depression (41.2%) than those 50 or older (18.6%).

Those with **household income** of $50,000 or more were less likely to have depression (25.3%) than those with household income of less than $50,000 (41.9%).

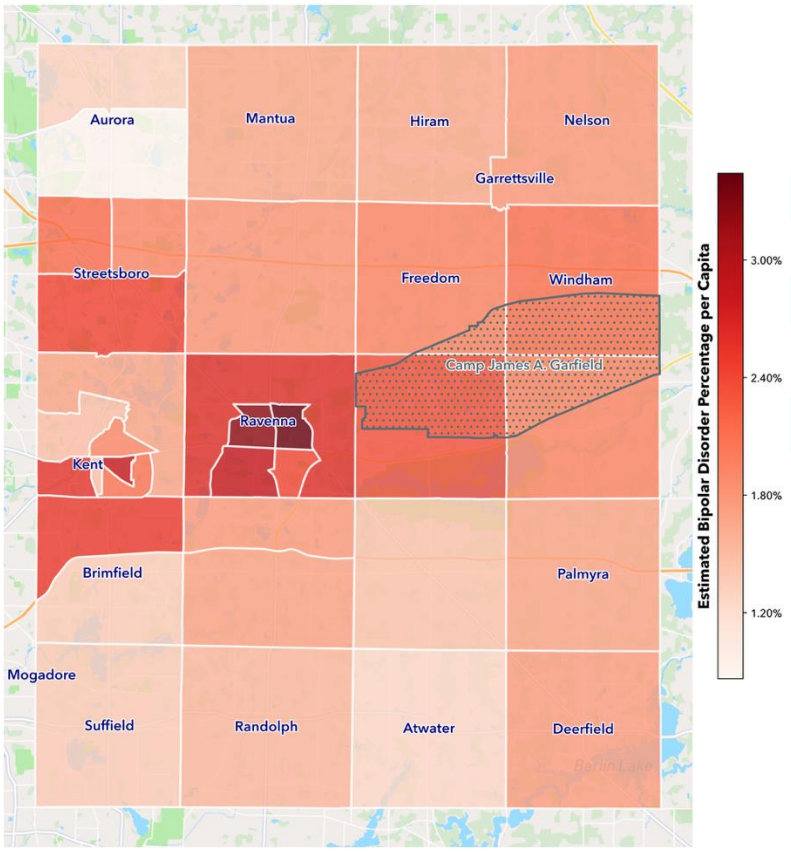
Anxiety



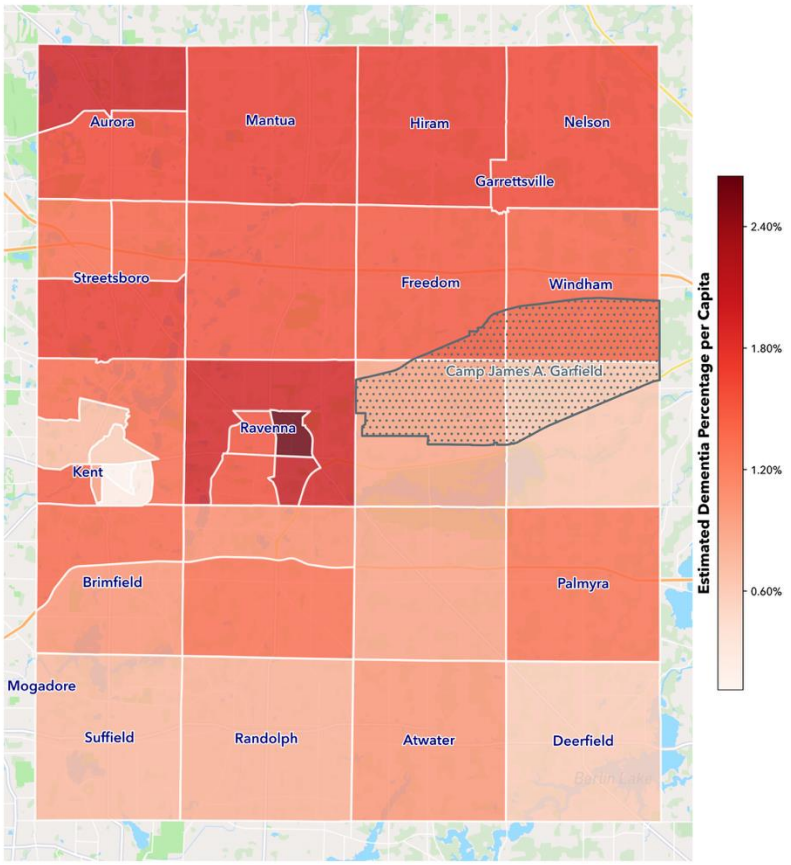
Depression



Bipolar Disorder



Dementia



Around 40% of youth respondents felt so sad or hopeless in the last year that they stopped doing some usual activities, and around 11% seriously considered attempting suicide. *[Please note that the number of respondents for these questions was relatively low. While they do demonstrate some amount of depression among Portage County youth, these values should not be considered representative of the entire youth population.]*

MENTAL HEALTH	PORTAGE COUNTY YOUTH
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? (N=125)	
Yes	39.2%
No	60.8%
During the past 12 months, did you ever seriously consider attempting suicide? (N=123)	
Yes	10.6%
No	89.4%

Around 7% of Portage County adult residents were abused in some form (e.g., sexually, physically, emotionally, etc.) during the past 12 months. In Kent, around 9% of adult city residents were abused in the same time frame,

A majority (82%) of youth survey respondents have not been physically abused in the past year. Those who have most commonly reported that it came from another teen/student (12%).

ABUSE	PORTAGE COUNTY YOUTH
During the past 12 months, has any of the following ever hit, slapped, or physically hurt you on purpose? (SELECT ALL THAT APPLY) (N=214)	
Boyfriend/Girlfriend	2.8%
Parent/Caregiver	5.1%
Other adult	3.3%
Other teen/student	11.7%
None of the above	81.8%
Have you ever been forced to do any of the following or had any of the following forced on you? (SELECT ALL THAT APPLY) (N=125)	
Sexual intercourse	2.4%
Oral sex	4.8%
Other sexual activity	2.4%
Touched or be touched in an unsafe way (sexual way)	12.0%
None of the above	86.4%

The most common types of bullying reported by youth survey respondents include verbal bullying (30%) and indirect bullying (28%).

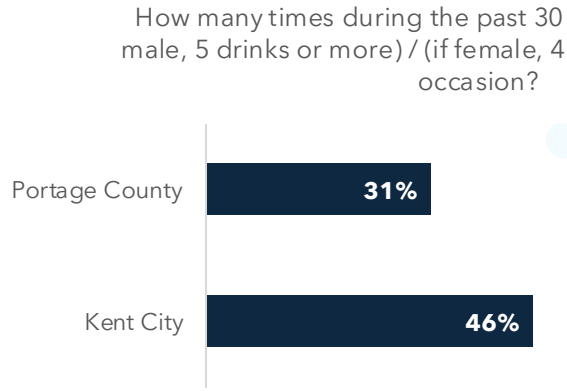
BULLYING	PORTAGE COUNTY YOUTH
Bullying is unwanted, aggressive behavior that involves a real or perceived power imbalance – such as physical strength, access to embarrassing information, or popularity – to control or harm others. During the past 12 months, have you ever experienced any of the following kinds of bullying? (SELECT ALL THAT APPLY) (N=125)	
Physically bullied (e.g. you were hit, kicked, punched, or people took your belongings)	8.0%
Verbally bullied (e.g. teased, taunted, or called you harmful names)	29.6%
Indirectly bullied (e.g. spread mean rumors about you or kept you out of a "group")	28.0%
Electronically bullied (e.g. teased, taunted, or threatened by e-mail, text, or another electronic method such as Instagram, Snapchat, TikTok, etc.)	16.0%
Sexually bullied (e.g. using nude or semi-nude pictures to pressure someone to have sex that does not want to, blackmail, intimate, or exploit another person)	4.8%
None of the above	56.0%

As shown in the next table, the most common types of adverse childhood experiences reported by youth survey respondents were living with someone who was mentally ill (28%) and having parents separate/divorce (28%).

ADVERSE CHILDHOOD EXPERIENCES	PORTAGE COUNTY YOUTH
Have you ever experienced any of the following? (SELECT ALL THAT APPLY) (N=202)	
You lived with someone who was depressed, mentally ill or suicidal	27.7%
You lived with someone who was a problem drinker or an alcoholic	18.8%
Your family did not look out for each other, feel close to each other, or support each other	17.8%
You lived with someone who served time or was sentenced to serve time in a prison, jail, or other correctional facility	10.4%
You lived with someone who used illegal street drugs, or who abused prescription medication	8.9%
You did not have enough to eat, had to wear dirty clothes, or had no one to protect you	7.4%
None of the above happened to me	58.4%
Have you ever experienced any of the following? (SELECT ALL THAT APPLY) (N=120)	
Your parents became separated or were divorced	27.5%
A parent or adult in your home swore at you, insulted you, or put you down	25.0%
A parent or adult in your home hit, beat, kicked, or physically hurt you in any way (not including spanking)	12.5%
Your parents or adults in your home slapped, hit, kicked, punched, or beat each other up	9.2%
Someone at least 5 years older than you or an adult touched you sexually	5.8%
Someone at least 5 years older than you or an adult tried to make you touch them sexually	2.5%
Someone at least 5 years older than you or an adult forced you to have sex	0.8%
None of the above happened to me	55.8%

Substance Use

In Portage County overall, nearly one third of adults reported binge drinking in the past month. Close to half of Kent residents reported binge drinking in the same time frame. Among Portage County residents who binge drank at least once, they binge drank 3.4 times, on average.



n_Portage County=514
n_Kent City=87

Those **age** 18-49 were more likely to have binge drunk on at least one day in the past 30 days (36.8%) than those age 50 or older (23.4%).

Those without any **children in the household** were more likely to have binge drunk on at least one day in the past 30 days (36.8%) than those with at least one child in the household (15.3%).

Healthy People 2030 objective not met: adults 21+ who binge drank in the past 30 days (5+ drinks if male; 4+ drinks if female) (Portage County **30.9%** vs. Target **25.4%**)[1]

Binge drank at least once in the past 30 days:

Age
18-29: 44.2%
30-39: 16.6%
40-49: 44.1%
50-59: 26.9%
60-69: 23.3%
70+: 19.6%

Gender
Male: 31.5%
Female: 30.4%

Education
Less than 12th grade: 20.0%
High school degree/GED: 24.9%
Some college: 39.7%
Associate's degree: 42.4%
Bachelor's degree: 29.8%
Graduate or professional degree: 23.0%

Household income
Less than $25,000: 25.2%
$25,000-$49,999: 29.1%
$50,000-$74,999: 16.9%
$75,000-$99,999: 44.3%
$100,000 or more: 33.8%

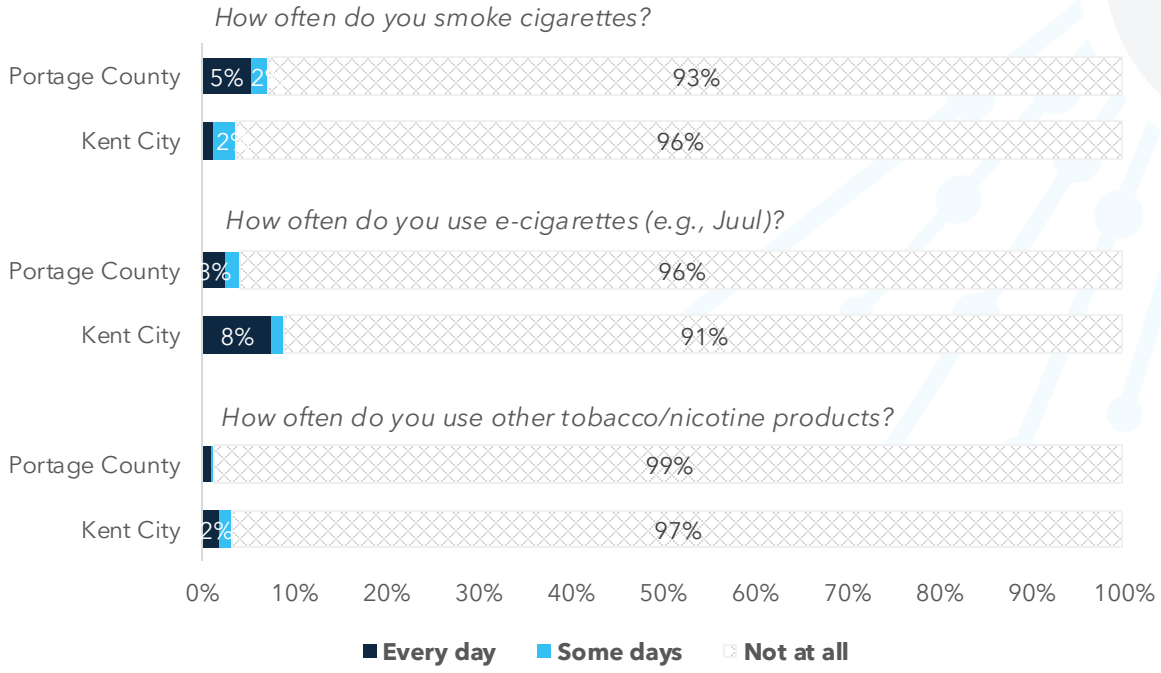
[1]Average is adjusted for outlying values

The age at which youth survey respondents had their first drink of alcohol varies widely, but it is slightly more common at 14 years old (4.0%).

ALCOHOL	PORTAGE COUNTY YOUTH
How old were you when you had your first drink of alcohol other than a few sips? (N=202)	
I have never had alcohol	40.1%
I have never had a drink of alcohol other than a few sips	34.2%
8 years old	3.0%
9 years old	1.0%
10 years old	1.5%
11 years old	3.5%
12 years old	3.0%
13 years old	3.5%
14 years old	4.0%
15 years old	3.0%
16 years old	1.5%
17 years old or older	2.0%

DRINKING & DRIVING	PORTAGE COUNTY YOUTH
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? (N=227)	
0 times	90.3%
1 time	5.3%
2 or 3 times	1.3%
4 or 5 times	1.3%
6 or more times	1.8%
During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol? (N=209)	
I did not drive a car or other vehicle during the past 30 days	34.9%
0 times	62.2%
1 time	1.0%
2 or 3 times	1.4%
4 or 5 times	0.0%
6 or more times	0.5%

Less than 10% of adults in Portage County and Kent are smoking cigarettes, using e-cigarettes, or using other tobacco/nicotine products.



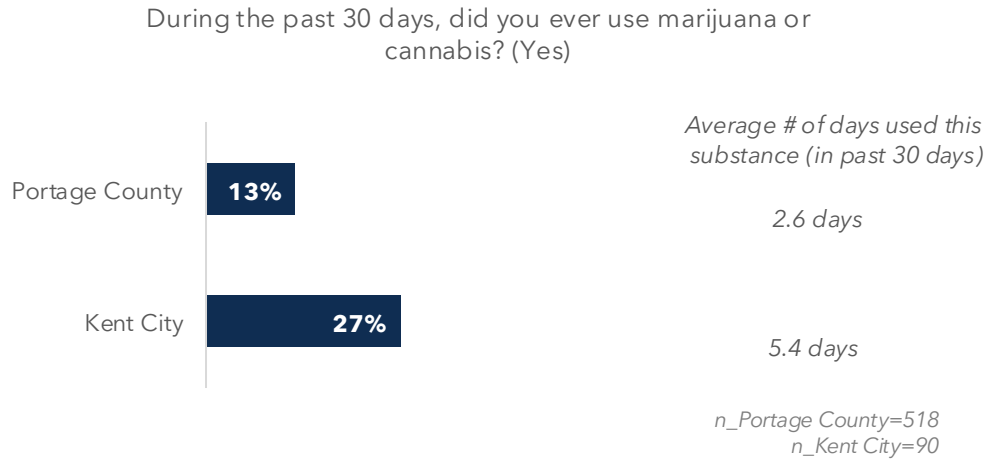
average n_Portage County=519
average n_Kent City=94

Females are more likely to smoke cigarettes every day or some days (11.6%) than males (3.1%).

A majority of youth survey respondents did not vape in the past 30 days. Those who did most commonly put nicotine (6%) or marijuana/THC (5%) in their vapes.

VAPING	PORTAGE COUNTY YOUTH
During the past 30 days, on how many days did you use an electronic vapor product? (N=208)	
0 days	92.3%
1 to 2 days	2.4%
3 to 5 days	1.0%
6 to 9 days	0.5%
10 to 19 days	0.5%
20 to 29 days	0.5%
All 30 days	2.9%
If you used electronic vapor products in the past 12 months, what did you put in them? (SELECT ALL THAT APPLY) (N=199)	
I did not use electronic vapor products in the past 12 months	88.9%
E-liquid or e-juice with nicotine	5.5%
Marijuana or THC in your e-liquid	4.5%
E-liquid or e-juice without nicotine	1.5%
Other drugs in your e-liquid	1.0%
Homemade e-liquid or e-juice	0.0%

Adult residents in Kent are using more marijuana/cannabis compared to Portage County overall (27% and 13%, respectively).



A majority of youth survey respondents have not used marijuana in the past month (92%).

DRUGS	PORTAGE COUNTY YOUTH
During the past 30 days, how many times did you use marijuana? (N=203)	
0 times	91.6%
1 to 2 times	3.4%
3 to 9 times	1.5%
10 to 19 times	1.5%
20 to 39 times	0.5%
40 or more times	1.5%
During your life, how many times have you used any form of cocaine (including powder or Crack)? (N=120)	
0 times	97.5%
1 or 2 times	2.5%
3 or more times	0.0%
During your life, how many times have you used Fentanyl (including Fentanyl-laced drugs? (N=120)	
0 times	99.2%
1 or 2 times	0.0%
3 or more times	0.8%
During your life, how many times have you took steroid pills, creams, or shots without a doctor's prescription? (N=121)	
0 times	97.5%
1 or 2 times	0.8%
3 or more times	1.7%
During your life, how many times have you used Ecstasy/MDMA/Molly? (N=121)	
0 times	99.2%
1 or 2 times	0.8%
3 or more times	0.0%
During your life, how many times have you used Synthetic marijuana also called Spice, fake weed, K2, or Black Mamba? (N=121)	
0 times	95.0%
1 or 2 times	3.3%
3 or more times	1.7%

MATERNAL AND CHILD HEALTH

This section reviews maternal and child health in Portage County.

KEY FINDINGS

- **Portage County is not meeting national health objectives for key infant health outcomes, including infant mortality and preterm births.** The infant mortality rate of 6.4 per 1,000 live births does not meet the Healthy People 2030 target goal of 5.0, and the preterm birth rate of 11.3% does not meet the target goal of 9.4%.

MATERNAL & INFANT HEALTH		PORTAGE COUNTY	OHIO
Maternal Health[1]	Cigarette use during 3rd trimester	6.1%	5.2%
	Gestational diabetes	8.1%	9.1%
	Complications from birth	2.3%	2.1%
	Breastfeeding at discharge	81.0%	77.1%
Infant Health[1,2,3]	Total births	1,323	126,896
	Infant mortality rate*	6.4	7.0
	Low birth weight babies	8.8%	8.7%
	Preterm birth rate	11.3%	11.3%

*Data are from 2019-2024 *Rate per 1,000 live births*

Healthy People 2030 objective not met: mothers who did not smoke cigarettes during pregnancy (Portage County **93.9%** vs. Target **95.7%**)[4]

Healthy People 2030 objective not met: infant deaths in the first year of life (Portage County **6.4** vs. Target **5.0**)[5]

Healthy People 2030 objective not met: preterm infants born before 37 completed weeks of gestation (Portage County **11.3%** vs. Target **9.4%**)[6]

GENERAL HEALTH, ILLNESS, AND DEATH

This section presents the general health and leading causes of death, illness, and injury for residents of Portage County.

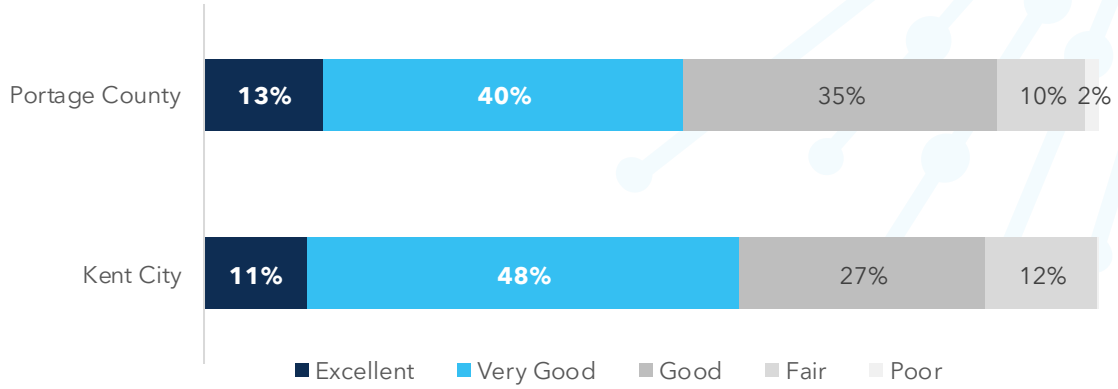
KEY FINDINGS

- **A high burden of chronic disease and mental health conditions affects the adult population, with high blood pressure (37%) and high cholesterol (32%) being the most common diagnoses.** According to a survey of residents, the most common diagnoses in Portage County overall were high blood pressure (37%) and anxiety (35%). The data also shows that the prevalence of numerous physical health conditions—including arthritis, COPD, coronary heart disease, and cancer—increases significantly for adults aged 50 and older.
- **Portage County does not meet key national health objectives for mortality, particularly for its leading causes of death.** The leading causes of death in the county are heart disease and cancer. The county's death rate for coronary heart disease is 231.8 per 100,000 population, substantially missing the Healthy People 2030 target of 71.1, and it also fails to meet national mortality rate objectives for lung cancer and colorectal cancer.
- **Significant demographic and geographic disparities in health outcomes are evident throughout the county.** For example, adults with household incomes of less than $50,000 are less likely to report being in very good health (41.2%) compared to those with higher incomes (60.7%). Maps show a higher estimated prevalence of many chronic conditions in areas such as Freedom and areas surrounding Ravenna compared to other parts of the county.

General Health

According to the representative survey, 40% of respondents have very good general health in the county overall. Nearly half (48%) of Kent City respondents have very good health.

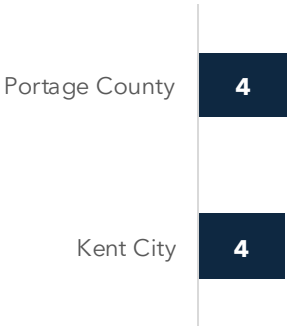
Would you say that in general your health is…



n_Portage County=533
n_Kent City=95

Those with **household income** of $50,000 or more were more likely to have extremely or very good health in general (60.7%) than those with household income of less than $50,000 (41.2%).

For how many days during the past 30 days was your **physical health** (including physical illness/injury) not good?



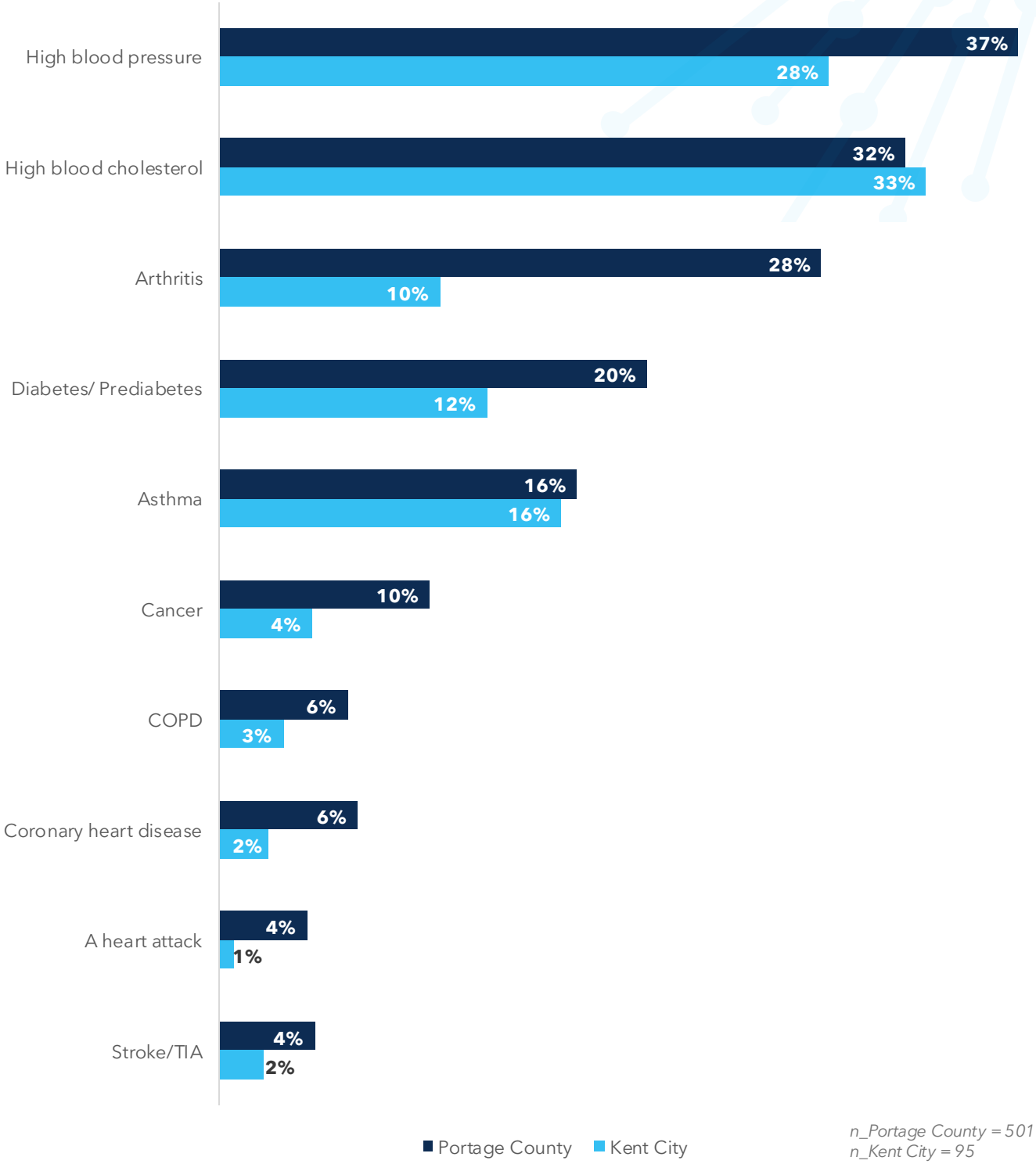
As **age** increases, average number of bad physical health days during the past 30 days increases: 6 days for those 18-49, 8 days for those 50-59, 9.5 days for those 60-69, and 12.5 days for those 70 or older (among those who had at least one poor physical health day).

Those with **household income** of $50,000 or more were more likely to have fewer bad physical health days during the past 30 days (3 days) than those with household income less than $50,000 (5 days).

Illness and Death

In the survey, Portage County adults were asked if they had ever been diagnosed with a variety of physical health conditions. The most common diagnoses were high blood pressure (37% Portage, 28% Kent) and high cholesterol (32% Portage, 33% Kent).

Has a healthcare provider EVER told you that you had…



n_Portage County = 501
n_Kent City = 95

Healthy People 2030 objective met: adults with high blood pressure (Portage **36.8%** vs. Target **41.9%**)[1]

Many subgroup differences exist for chronic illnesses:

Arthritis

Females were more likely to have arthritis (33.6%) than males (21.3%).

Those who live outside of **Kent City** were more likely to have arthritis (31.7%) than those who live in Kent City (10.1%).

Those with no **children in the household** were more likely to have arthritis (34.3%) than those with at least one child in the household (7.6%).

Those **age** 18-49 were less likely to have arthritis (10.4%) than those 50 or older (46.5%).

COPD

Those **age** 18-49 were less likely to have COPD (0%) than those 50 or older (13.2%).

Those with **household income** of $50,000 or more were less likely to have COPD (3.5%) than those with household income of less than $50,000 (11.4%).

Coronary heart disease

Those with no **children in the household** were more likely to have coronary heart disease (8.5%) than those with at least one child in the household (0%).

Those **age** 18-49 were less likely to have coronary heart disease (0%) than those 50 or older (14.0%).

Heart attack

Females were less likely to have a heart attack (0.9%) than males (5.5%).

Those **age** 18-49 were less likely to have a heart attack (0%) than those 50 or older (6.7%).

Diabetes

Those **age** 18-49 were less likely to have diabetes (11.5%) than those 50 or older (30.3%).

High blood pressure

Those **age** 18-49 were less likely to have high blood pressure (20.1%) than those 50 or older (53.9%).

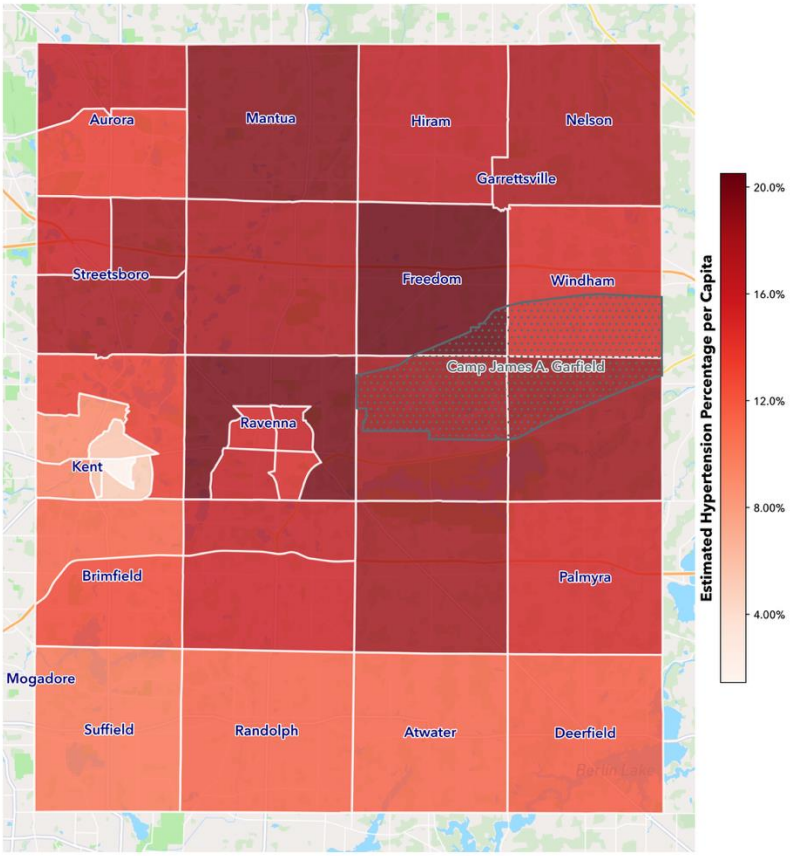
High blood cholesterol

Those **age** 18-49 were less likely to have high blood cholesterol (19.7%) than those 50 or older (46.7%).

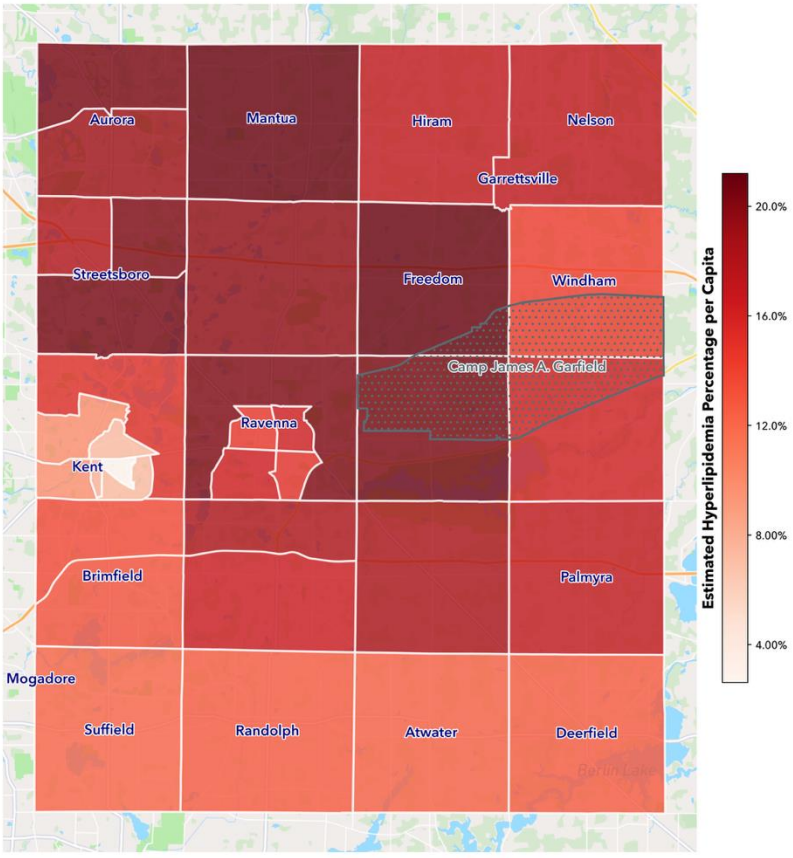
Cancer

Those **age** 18-49 were less likely to have cancer (1.3%) than those 50 or older (17.5%).

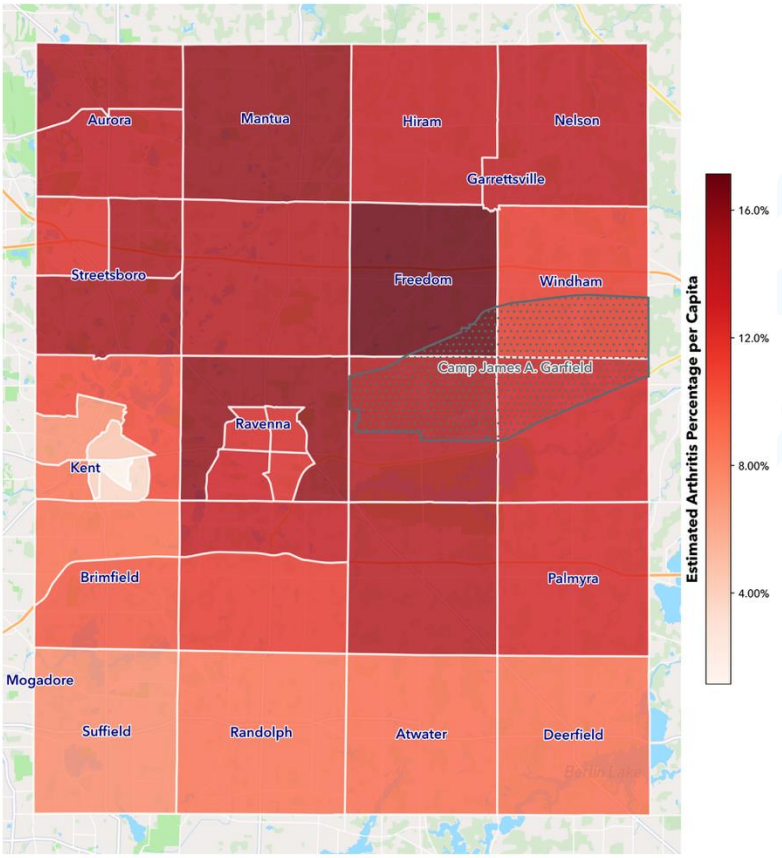
Hypertension



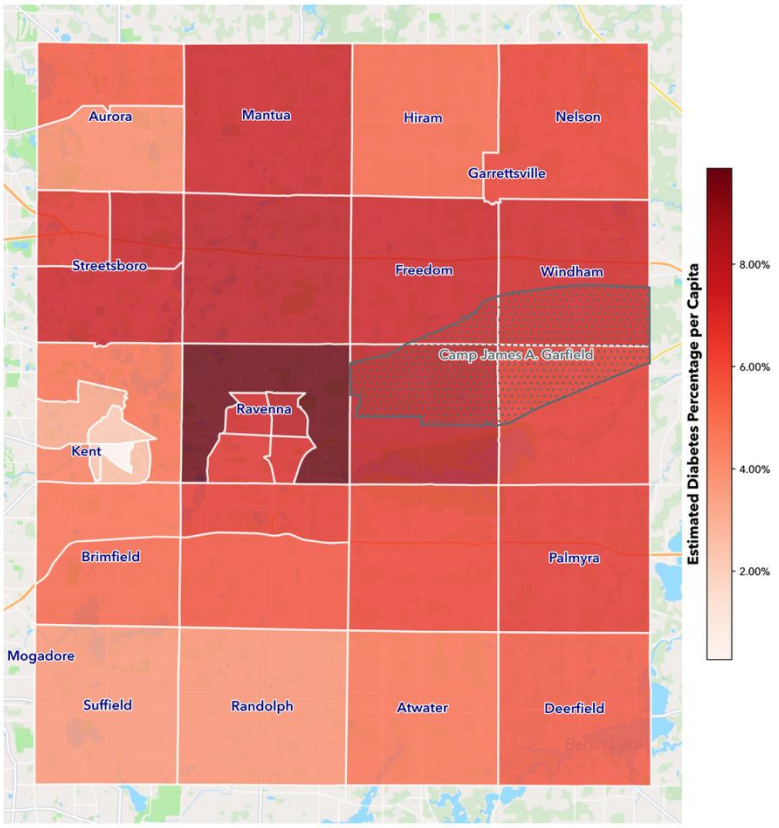
Hyperlipidemia



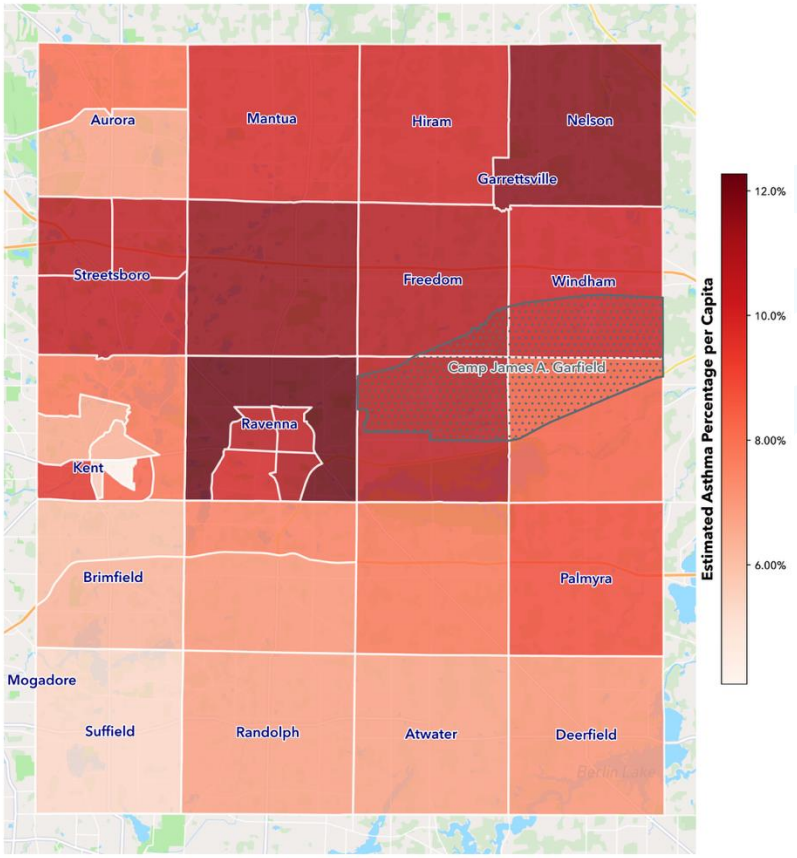
Arthritis



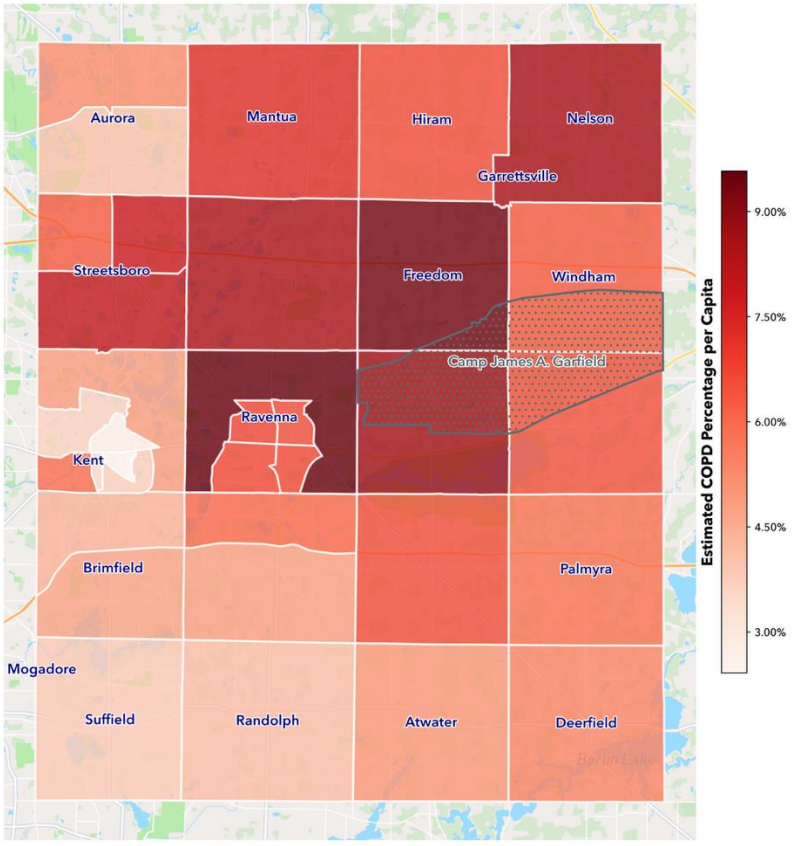
Diabetes



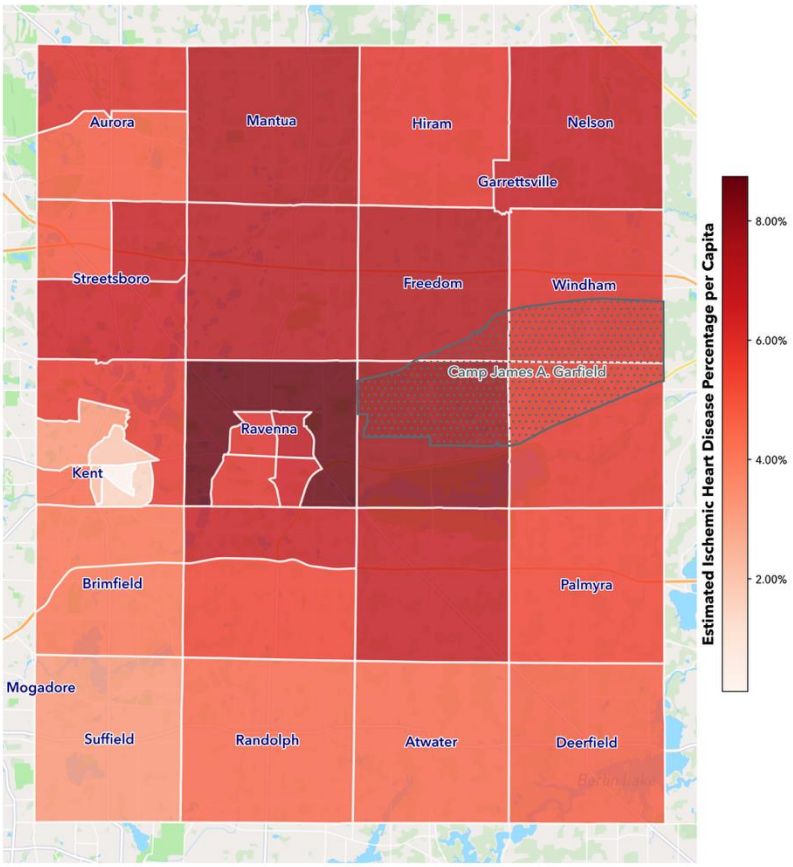
Asthma


Aurora
Mantua
Hiram
Nelson
Garrettsville
Streetsboro
Freedom
Windham
Camp James A. Garfield
Ravenna
Kent
Brimfield
Palmyra
Mogadore
Suffield
Randolph
Atwater
Deerfield
Berlin Lake
Estimated Asthma Percentage per Capita
12.0%
10.0%
8.00%
6.00%

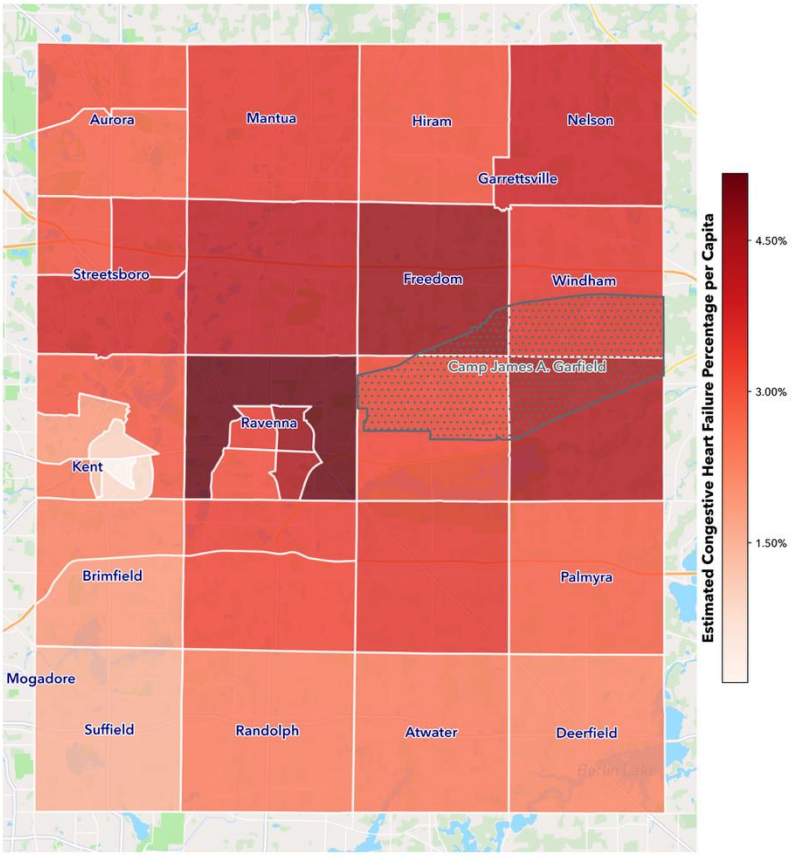
COPD


Aurora
Mantua
Hiram
Nelson
Garrettsville
Streetsboro
Freedom
Windham
Camp James A. Garfield
Ravenna
Kent
Brimfield
Palmyra
Mogadore
Suffield
Randolph
Atwater
Deerfield
Berlin Lake
Estimated COPD Percentage per Capita
9.00%
7.50%
6.00%
4.50%
3.00%

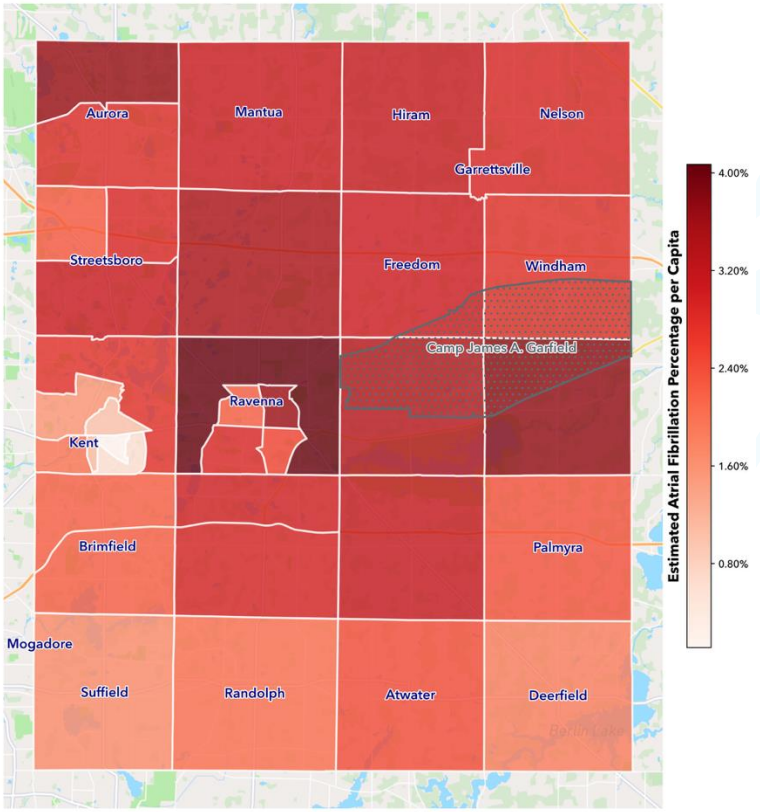
Ischemic Heart Disease



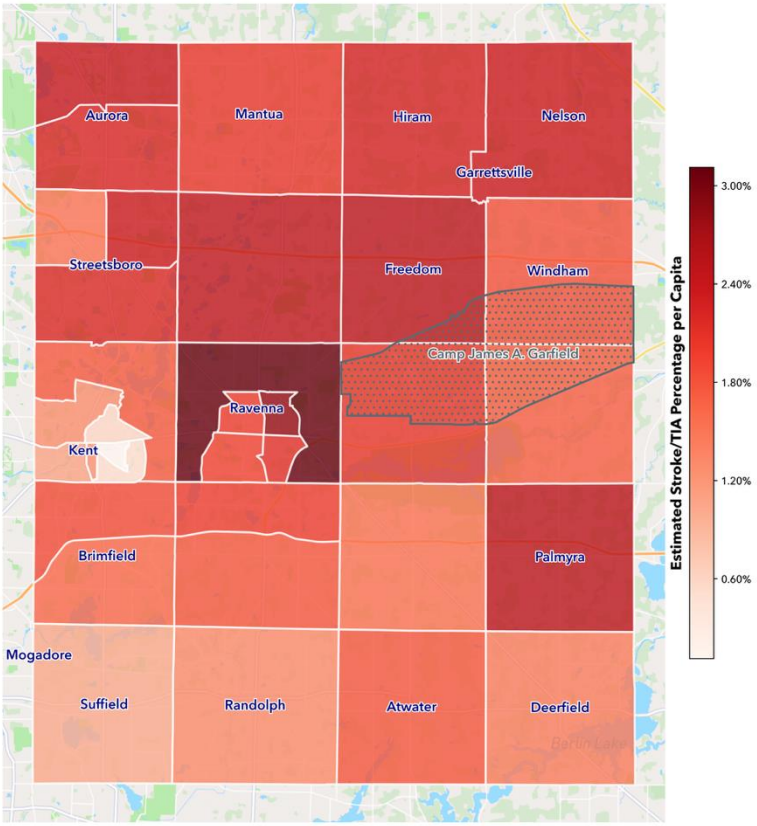
Congestive Heart Failure



Atrial Fibrillation



Stroke/TIA



Portage County does not meet the Healthy People 2030 goals for lung cancer or colorectal cancer death rates.

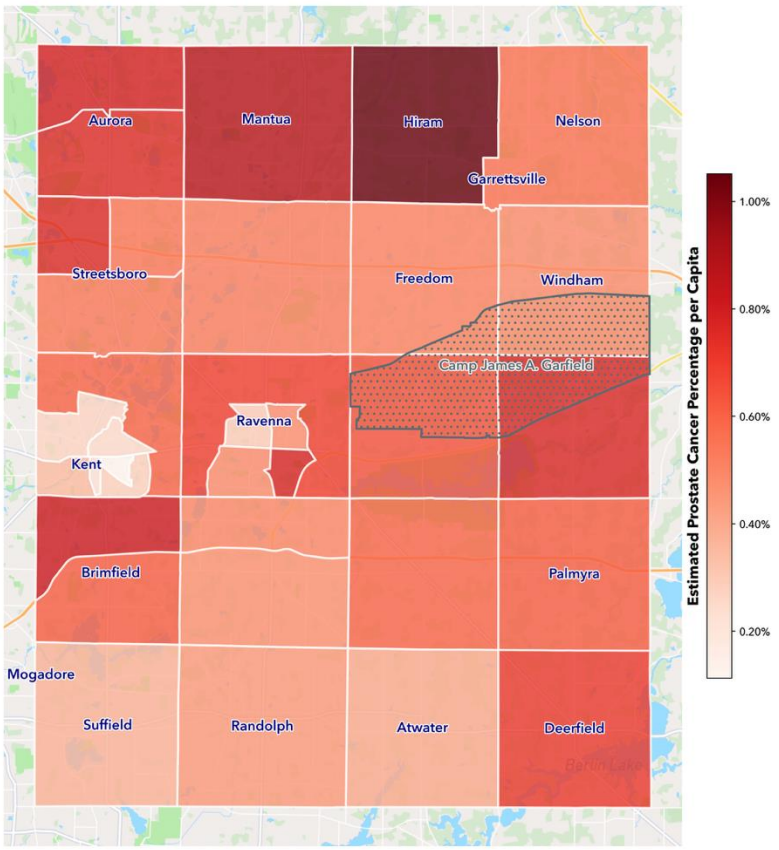
CANCER*		PORTAGE COUNTY	OHIO
Cancer Incidence[2]	Prostate	123.9	125.1
	Breast	71.3	70.5
	Lung & Bronchus	60.1	60.4
	Colon & Rectum	39.7	36.2
Cancer Mortality[3]	Trachea, bronchus, & lung	38.7	36.6
	Pancreas	14.5	12.4
	Breast	12.8	11.3
	Colon, rectum, & anus	12.7	14.5
	Prostate	9.1	7.9

*Data are from 2022-2024 *Rates per 100,000 population*

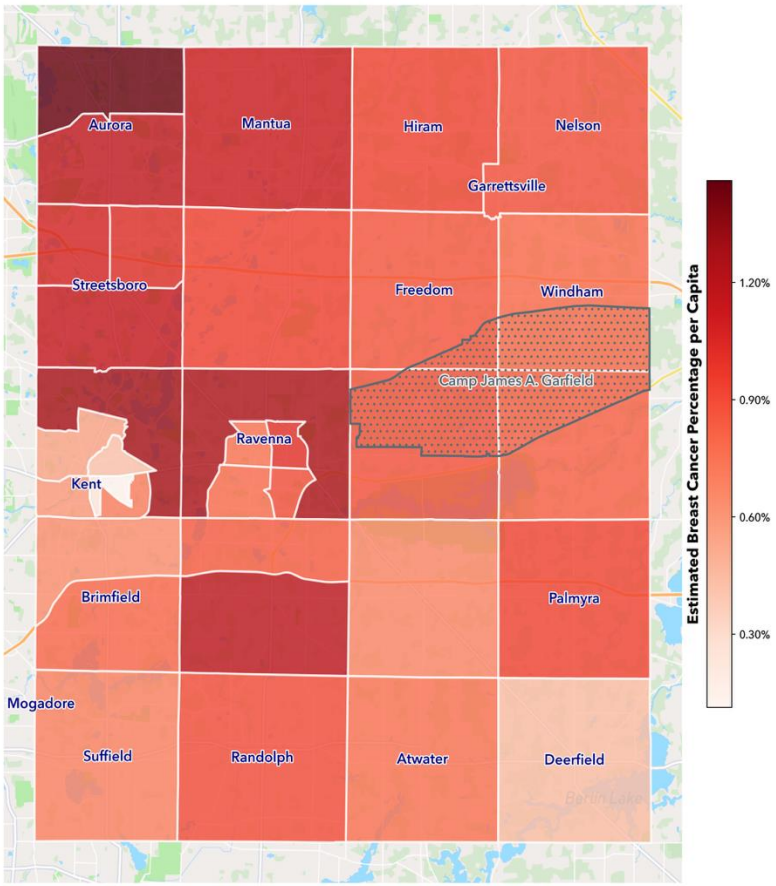
Healthy People 2030 objective not met: lung cancer deaths (Portage County **38.7** vs. Target **25.1**)[4]

Healthy People 2030 objective not met: colorectal cancer deaths (Portage County **12.7** vs. Target **8.9**)[5]

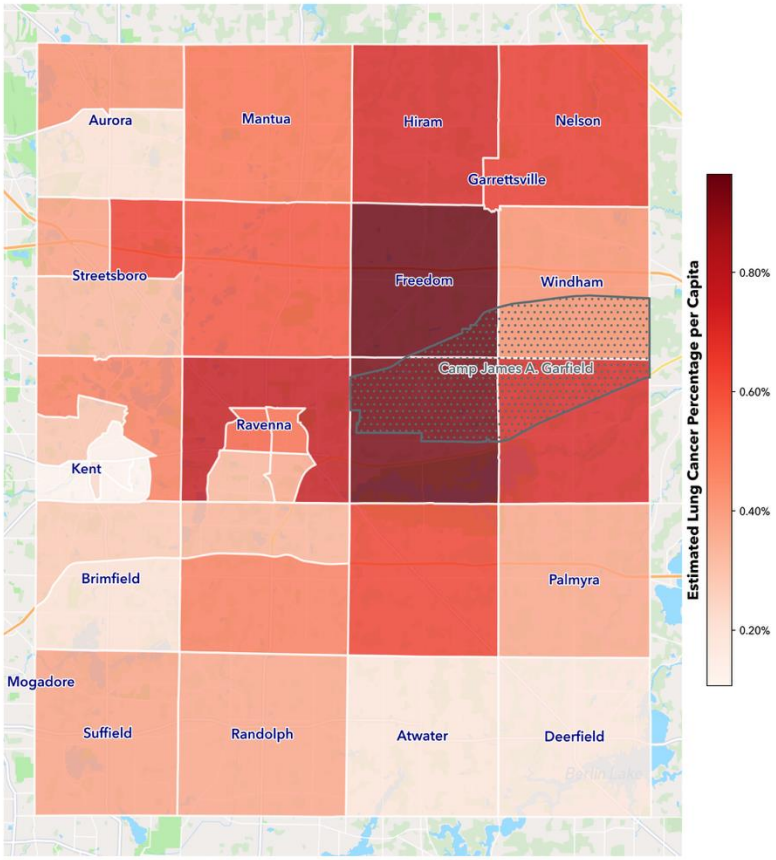
Prostate Cancer



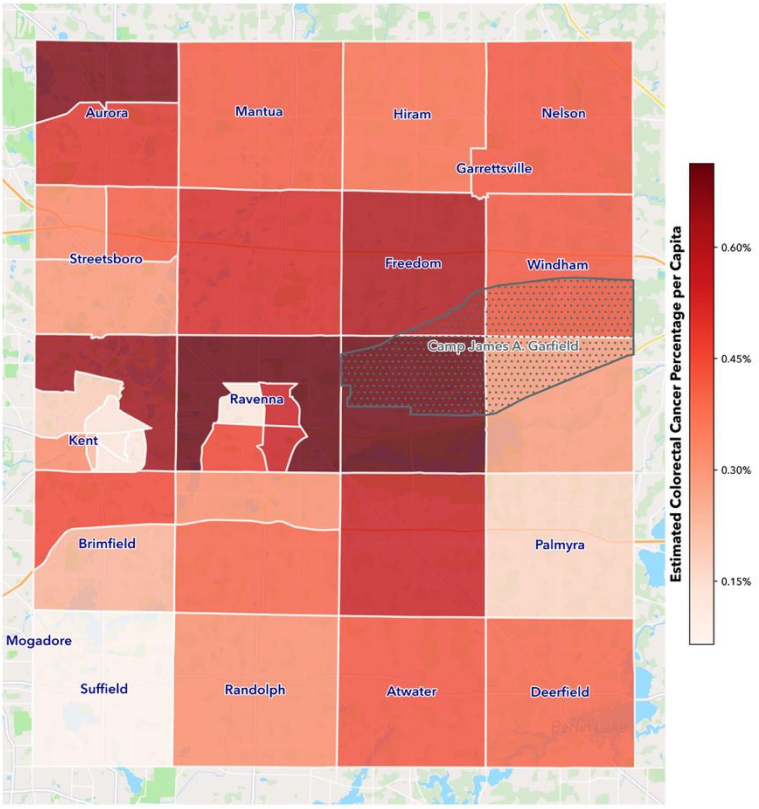
Breast Cancer



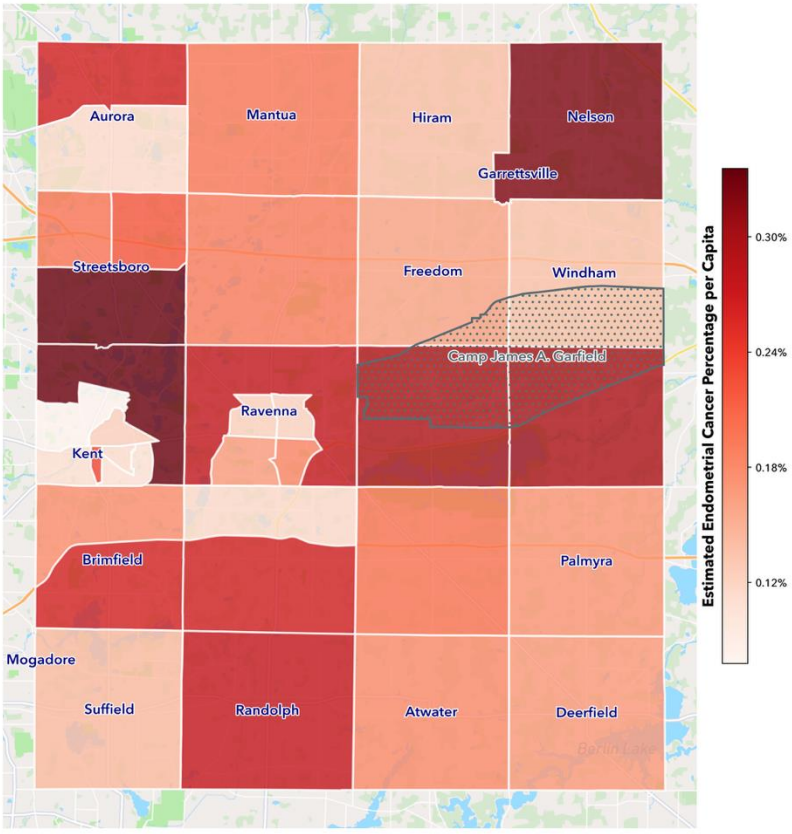
Lung Cancer



Colorectal Cancer



Endometrial Cancer

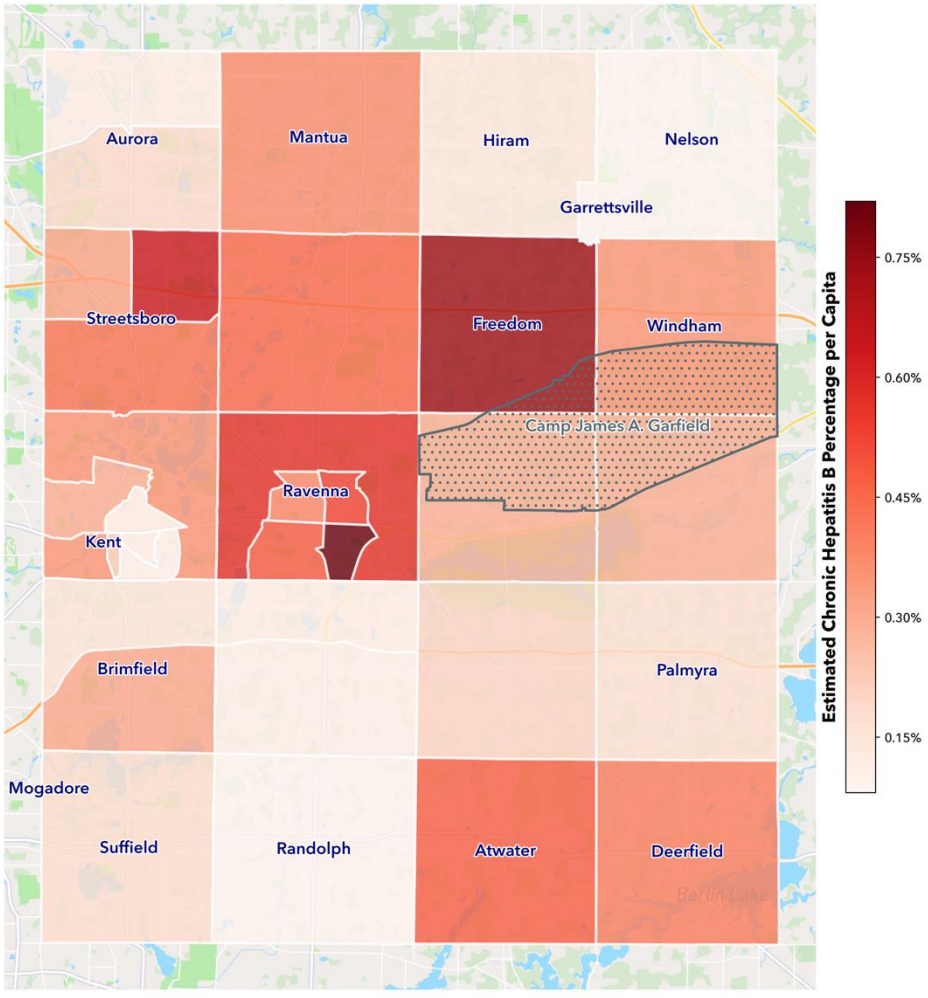


Infectious disease rates are generally lower in Portage County than they are in the state overall. See Appendix H for the 2024 Portage County Communicable Disease Report.

INFECTIOUS DISEASE*		PORTAGE COUNTY	OHIO
Infectious Diseases	Chlamydia incidence[6]	302.9	464.2
	Gonorrhea incidence[7]	76	168.8
	Living with diagnosed HIV[8]**	68.2	217.1
	Total Hep B cases[9]	10.5	17.0
	Total Hep C cases[10]	35.2	74.3

*Data are from 2023 *Rates per 100,000 population **All living persons ever diagnosed and reported with HIV and/or AIDS as of December 31, 2023*

Chronic Hepatitis B



The leading causes of death in both Portage County and Ohio overall are heart disease and cancer.

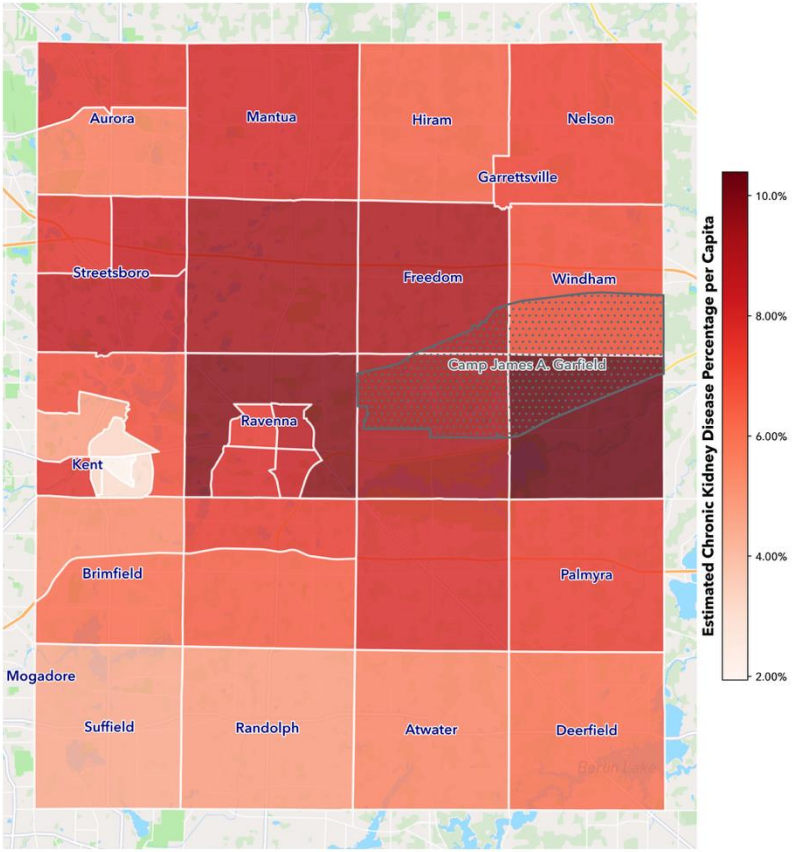
DEATHS[11]		PORTAGE COUNTY	OHIO
Total Deaths	Total deaths	1,641	126,646
Leading Causes of Death*	Diseases of heart	231.8	244.6
	Malignant neoplasms	204.7	212.7
	Chronic lower respiratory diseases	59.0	56.8
	Cerebrovascular diseases	42.4	63.3
	Accidents (unintentional injuries)	40.0	45.6
	Alzheimer disease	38.7	42.1
	Diabetes mellitus	29.5	31.8
	Nephritis, nephrotic syndrome, & nephrosis	18.4	19.4
	Chronic liver disease and cirrhosis	17.8	15.6

*Data are from 2024 *Rates per 100,000 population*

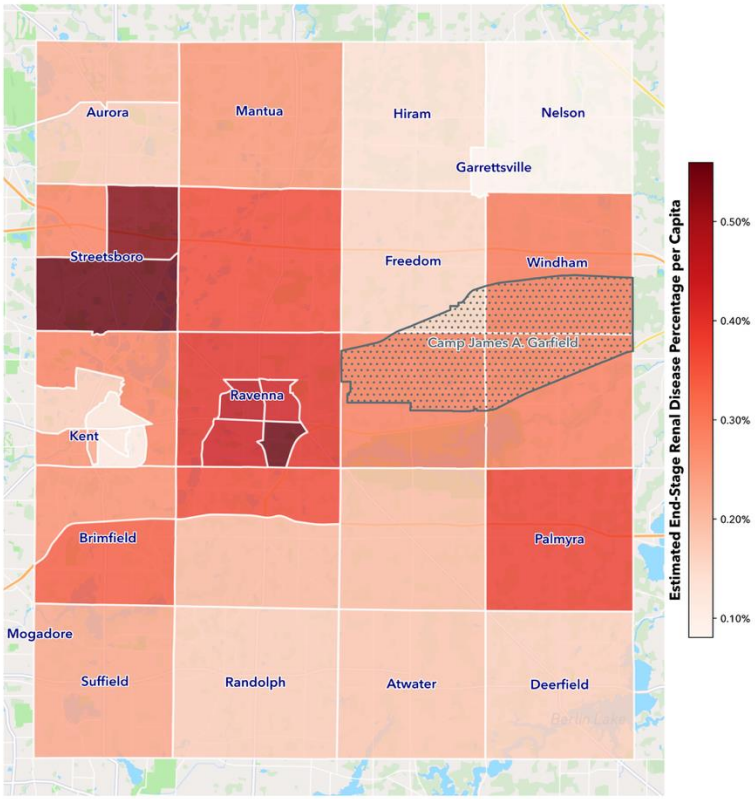
Healthy People 2030 objective not met: coronary heart disease deaths (Portage County **231.8** vs. Target **71.1**)[12]

Healthy People 2030 objective met: unintentional injury deaths (Portage County **40.0** vs. Target **43.2**)[13]

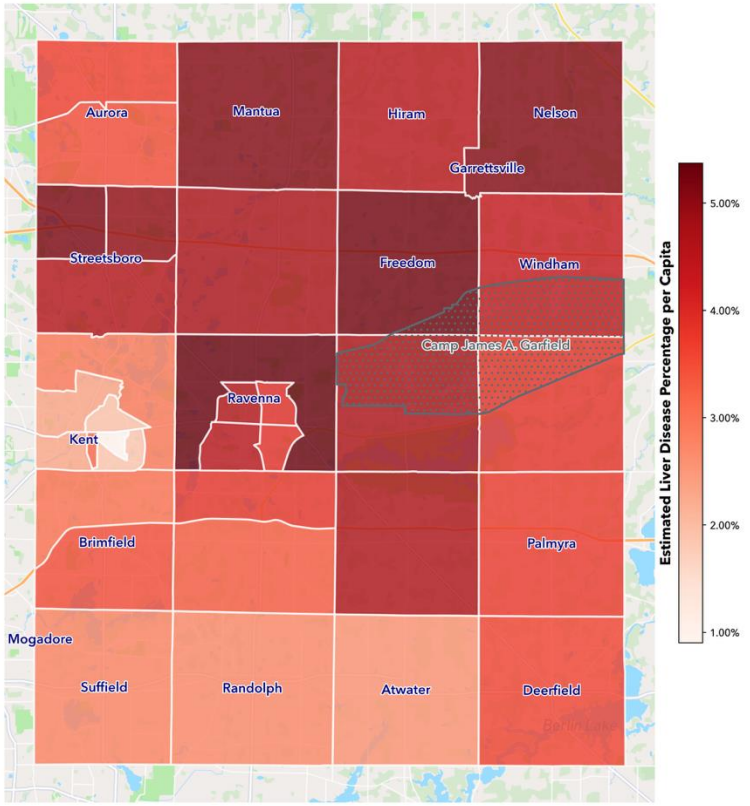
Chronic Kidney Disease



End-Stage Renal Disease



Liver Disease



APPENDIX A: Kickoff Meeting Debrief

The following pages show a debrief of the kickoff meeting.

Portage County's 2025 Community Health Assessment
Kickoff Debrief

On January 30th, 2025, a group of 36 Portage County community members representing a diverse array of public health, health system, social service, and other governmental entities participated in a robust discussion about the upcoming community health assessment (CHA) effort.

After receiving a brief orientation to the plan for this CHA effort, the community members split up into eight groups. The groups discussed several questions across three rounds, and most members switched groups between each round such that the groups were different for each round:

Discussion Questions:
Round 1: What does a healthy Portage County look like to you?
Round 2: Given your vision for a healthy Portage County, what do you think are the biggest barriers or issues that are keeping the county from getting there?
Round 3: Overall, what do you believe are the three most important issues that should be considered in our upcoming community health assessment and planning work?

After finishing the small group conversations, the community members shared their groups' perceptions of the most important issues to be considered in the CHA process to the large group. Overall, many groups discussed similar issues, resulting in a consensus that the following issues should be incorporated into this effort (at a broad level). Issues with accessing health resources, mental health and substance use, and issues related to finances were mentioned by multiple small groups.

- **Equitable Access to Health Resources**
    - Access to medical services including insurance coverage, transportation, prenatal care, mental health care, vaccinations
    - Education about and utilization of services, aided by centralized/easy to understand information
    - Rural and urban access issues
    - Meeting needs through trauma-informed, kind, empathetic services
- **Mental Health and Substance Use**
    - Overdose rates in the 50+ population
    - Alcohol usage concerns
    - Stigma
    - Childhood trauma
    - Social isolation of youth, seniors, new parents, etc.
- **Financial Health Issues**
    - Eligibility for insurance
    - Financial stability/education
    - Housing access (expensive, poor quality, few shelters)
    - Food insecurity

Other issues mentioned by groups included:

- Chronic disease prevention
- Maternal health/infant mortality
- Meeting needs of aging population
- Environmental health issues (water pollution, safe drinking water, sewer and wastewater systems, sustainability, green spaces)
- Health policy issues (regulation of vape shops/access to marijuana in retail locations)

Some small groups also mentioned issues that impact organizations' ability to meet local needs, like funding and personnel issues. Specifically, participants pointed to the disparity in funding Portage receives compared to other counties and the need for opportunities to secure additional funding, including non-government partnerships.

The following indicators and constructs come from participants' conversations during the kickoff meeting. Note that this list of indicators and constructs is not a final, comprehensive one; it will continue to evolve as this study proceeds. The indicators below may be measured and identified through secondary data sources, the adult health survey, the youth health survey, or community leader interviews, depending on best fit.

Potential Health Indicators to Measure

Health care access / utilization

- Health resource availability (licensed physicians, dentists, number who take Medicaid)
- Health insurance access by type & age
- ED and non-ED visits by major diagnosis
- ER visits for mental health reasons/substance abuse reasons
- Hospitalization rates
- Facilities for specialized care
- Last visit to PCP
- Public awareness of services
- Transportation access to services
- Utilization of health care services outside the county, and reasons for traveling for care
- Utilization of preventative screenings
- Vaccination rates
- Effect of COVID-19 on health care utilization
- Access to pharmacies and prescription assistance
- Trust in health care services
- Wait times for services
- Services/resources needed
- Awareness of resources in the community
- Reasons for not accessing services
- Sources of knowledge about health and wellness

- Awareness and utilization of local public health information resources
- How community leaders can motivate residents to participate in available services, access available resources
- How services can optimize care coordination to meet the needs of residents

Health behaviors

- Access to healthy foods/food deserts
- Nutrition choices/healthy eating patterns
- Exercise patterns

Physical health

- Life expectancy
- Current prevalence of chronic health conditions: e.g., heart disease, high blood pressure, diabetes, etc.
- Current prevalence of obesity
- Maternal health and infant mortality

Mental and social health & addiction

- Unintentional overdose rates
- Counts/rates of child abuse
- Suicide rate
- Narcan administrations
- Current prevalence of depression, anxiety, suicidal ideation
- Current prevalence of substance use: opiates, methamphetamines, alcohol (heavy/binge drinking), cigarette use, (teen) vaping, marijuana, heroin, prescription drugs
- Public awareness of mental health services
- Mental health's effects on engagement with family, capacity to work, etc.
- Social isolation/loneliness
- Mental/behavioral health provider availability
- Affordability of mental/behavioral health providers
- Current use of mental/behavioral health providers
- Beliefs about biggest mental health/substance use issues in the community
- Challenges in providing mental health and substance use services
- Staffing: Challenges filling positions (related to health resource availability)
- Staffing: Morale in mental health services, prevalence of burnout
- Mental health/substance use stigma

Social determinants

- Transportation (HHs w/o a car)
- Food insecurity
- Access to broadband internet and cellular service
- Cost-burdened households

- Employment rate
- Education levels and public school graduation data/attendance rates
- Affordability of housing
- Family types (including grandparents raising kids)
- SNAP households
- Public safety (crime, including domestic violence)
- Homeless shelters
- Community gardens
- Access to child care
- Housing types
- Public transportation access
- Recreational opportunities including walking trails, green spaces, and gyms
- Homelessness
- Housing stability
- Perceptions of safety and quality of housing/neighborhoods
- Perceptions of public safety resources (are they adequate?)
- Accessibility to green spaces/leisure spaces/walkable areas
- Air and water pollution

Vulnerable populations

- Older adults, children, parents of non-adult children, those with difficult accessing affordable housing, those with disabilities, non-English speaking or ESL individuals

Participant demographics

- Age
- Race/ethnicity
- Household size
- Presence of children in household
- Educational attainment
- Household income

APPENDIX B: Health Condition Prevalence Maps

The following pages show health condition prevalence maps and documentation about how the data were generated.

SECONDARY DATA

Contact: James Labadorf, james.labadorf@uhhospitals.org, 864.569.4678

Overview:

This data provides insights into community health by utilizing Electronic Health Record (EHR) data adjusted to reflect the demographic composition of the wider population based on census data. We employ **proportional stratification adjustment**, a statistical method that weights EHR patient records according to gender, race, and age group to align with the demographic proportions reported in census data.

Why Proportional Stratification Adjustment?

Raw EHR data often reflects the demographics of the patient population seeking care within a specific healthcare system. This population may not perfectly mirror the broader community due to various factors influencing healthcare access and utilization. To address this potential skew and generate more representative insights, we adjust the EHR data using census demographics.

This adjustment is crucial for several key reasons:

- **Representative Insights:** By aligning our data with census proportions, we mitigate potential biases stemming from demographic skews inherent in EHR data. This ensures our analyses are more representative of the entire community, not just the patient population actively engaging with our healthcare system.
- **Equitable Analysis:** Adjusting for demographic composition promotes fair analysis and resource allocation. Understanding healthcare needs across all demographic groups within the community, rather than just those heavily represented in EHR data, is essential for equitable healthcare planning and delivery.
- **Generalizable Findings:** Insights derived from proportionally adjusted data are more likely to be generalizable to the broader community. This enhances the applicability of our findings for understanding population-level trends and informing public health initiatives that aim to serve everyone within the region.

Benefits of Adjusted Data:

This data adjustment process significantly enhances the value and reliability of the data by:

- **Improving Accuracy:** Provides a more accurate representation of healthcare needs and resource utilization across the entire community, beyond just the patient population.
- **Enhancing Fairness:** Facilitates fairer analyses and decision-making regarding resource allocation and healthcare programs, ensuring equitable consideration of all demographic groups.
- **Supporting Better-Informed Decisions:** Enables data-driven decision-making based on a population-level perspective, leading to more effective and targeted healthcare interventions and strategies.

Data Safety and HIPAA Compliance:

Patient privacy is paramount. This data is designed with robust data safety measures and fully complies with HIPAA regulations. It is crucial to understand the following:

- **Aggregated and Statistically Adjusted Data:** The data **does not** present individual patient records. All data displayed is aggregated and statistically adjusted using proportional stratification.
- **No Protected Health Information (PHI):** The adjustment process ensures that no Protected Health Information (PHI) as defined by HIPAA is displayed or accessible within the data.
- **Population-Level Trends:** The data focuses exclusively on presenting population-level trends and insights derived from the adjusted data. It provides a broad overview of community health patterns, not individual patient information.
- **Anonymization through Adjustment:** Proportional stratification adjustment inherently anonymizes the data by shifting the focus from individual records to weighted group proportions based on census demographics.

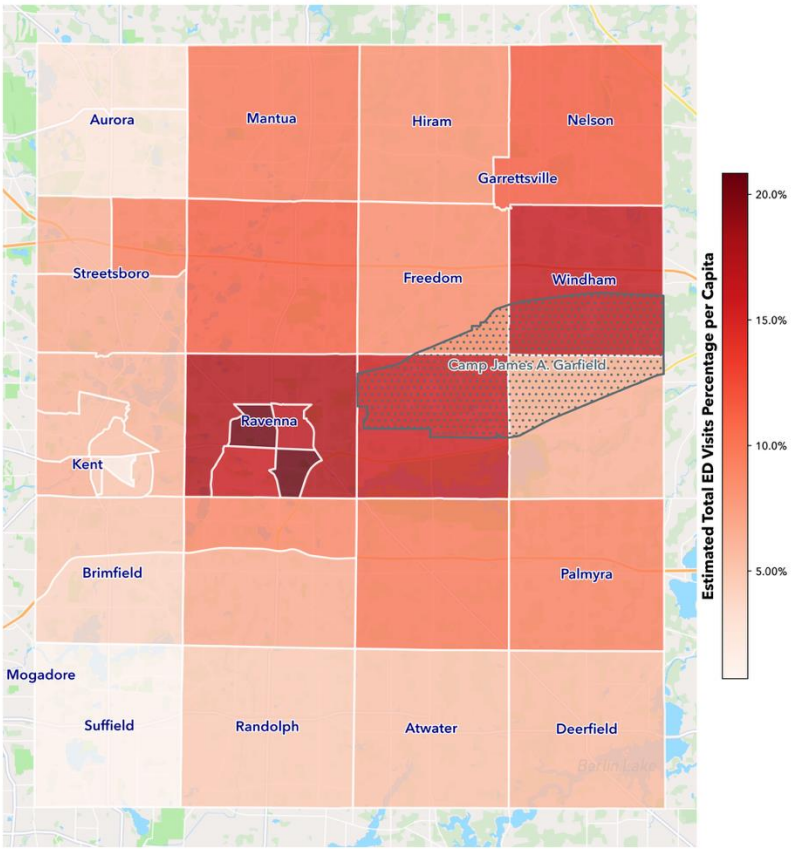
Value for Collaboration with Community Partners:

This data serves as a powerful tool for fostering collaboration and informed discussions with our community health partners. It offers a shared understanding of the community's healthcare landscape by:

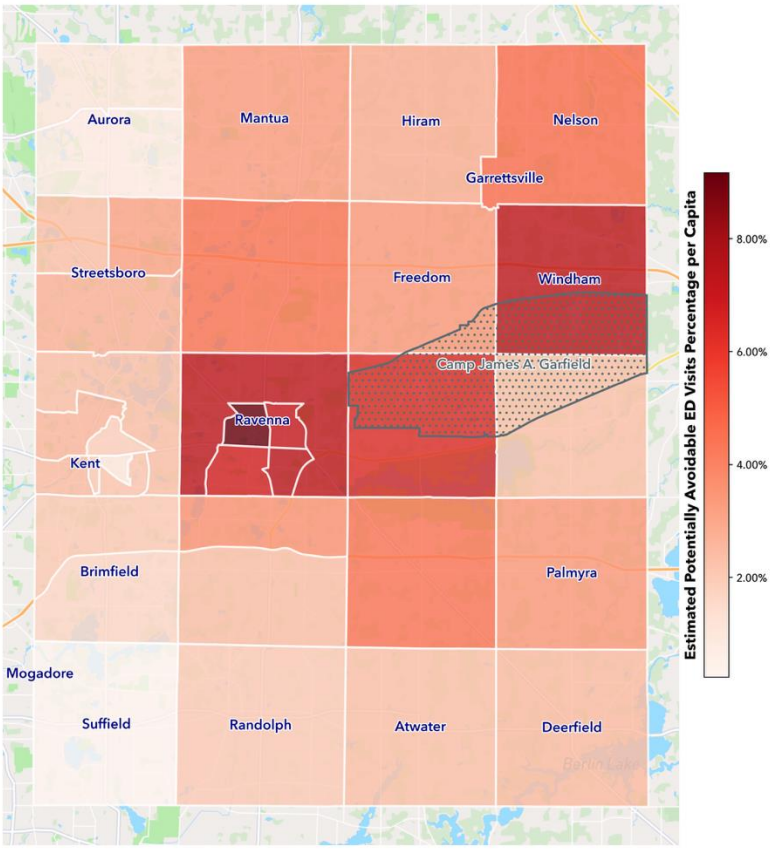
- **Providing a Representative Community View:** Offers insights into healthcare needs and resource utilization within the broader community, using statistically adjusted estimates that reflect census demographics.

- **Facilitating Anonymized Data Sharing:** Enables the sharing of valuable population-level trends and patterns without revealing any patient-specific information, addressing privacy concerns and fostering trust.
- **Supporting Strategic Planning and Coordinated Initiatives:** Provides a common data foundation for informed discussions, strategic planning, and the development of coordinated initiatives aimed at improving health outcomes across the region.
- **Enhancing Community-Wide Health Improvement Efforts:** Empowers collaborative efforts to address identified healthcare needs and optimize resource allocation for the benefit of the entire community.

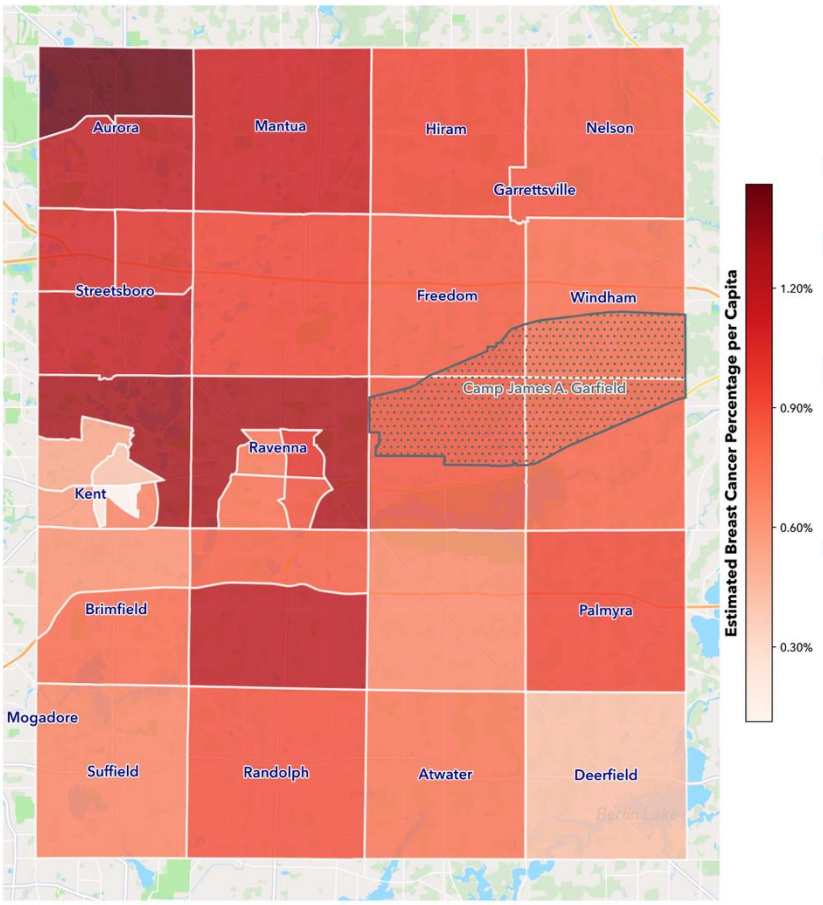
Total ED Visits



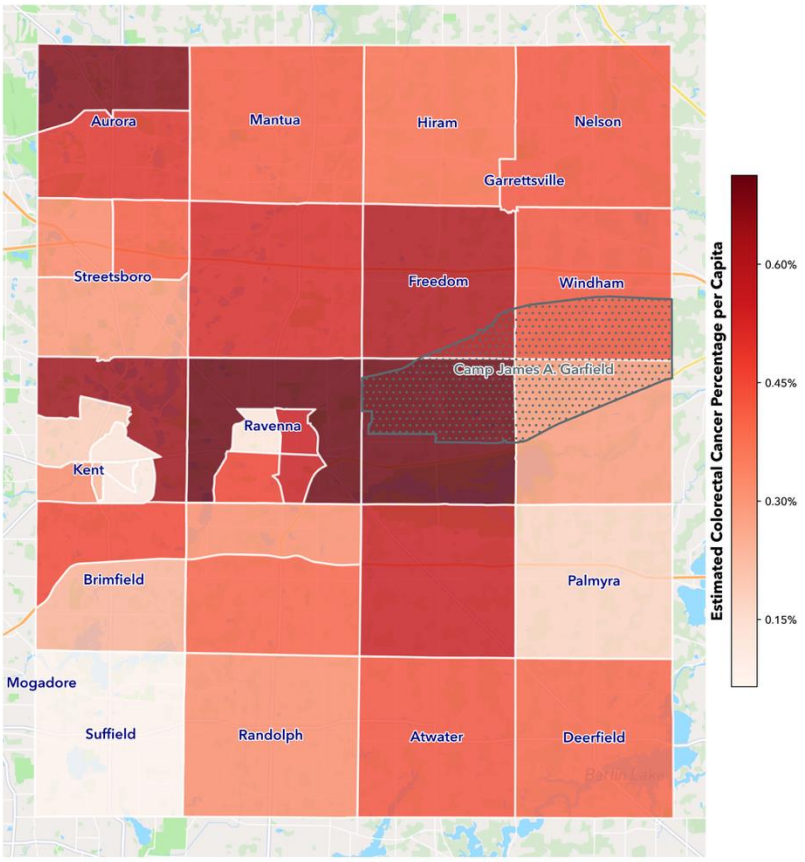
Potentially Avoidable ED Visits



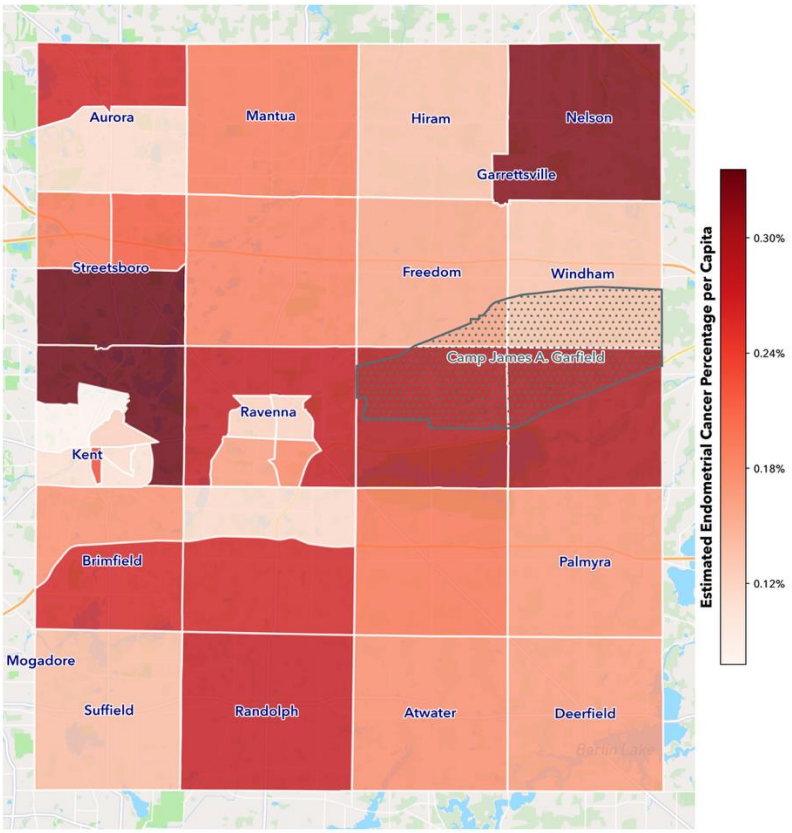
Breast Cancer



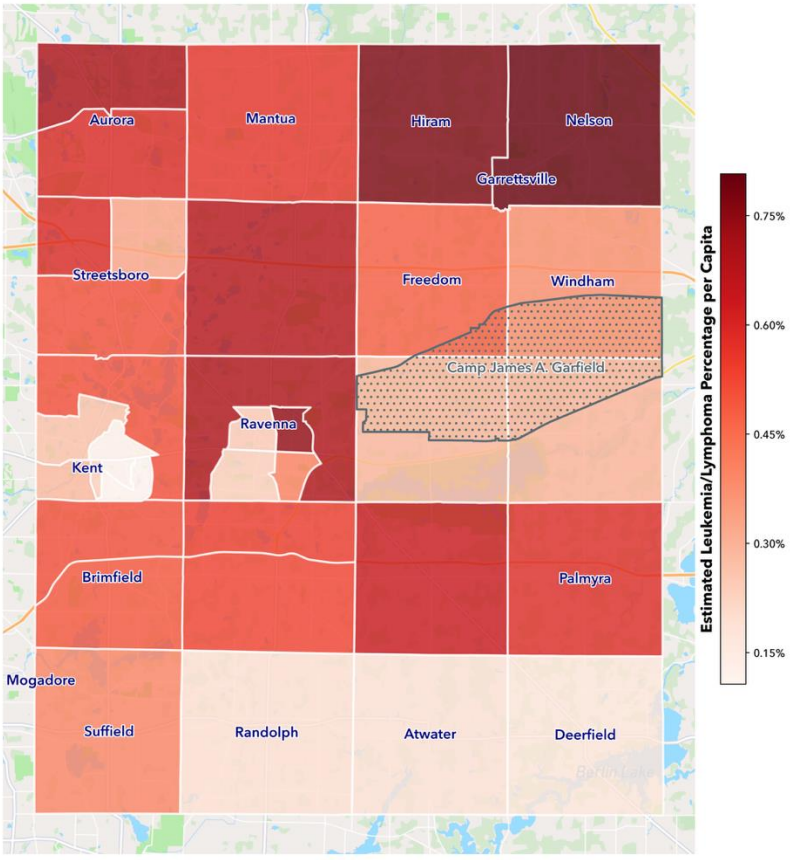
Colorectal Cancer



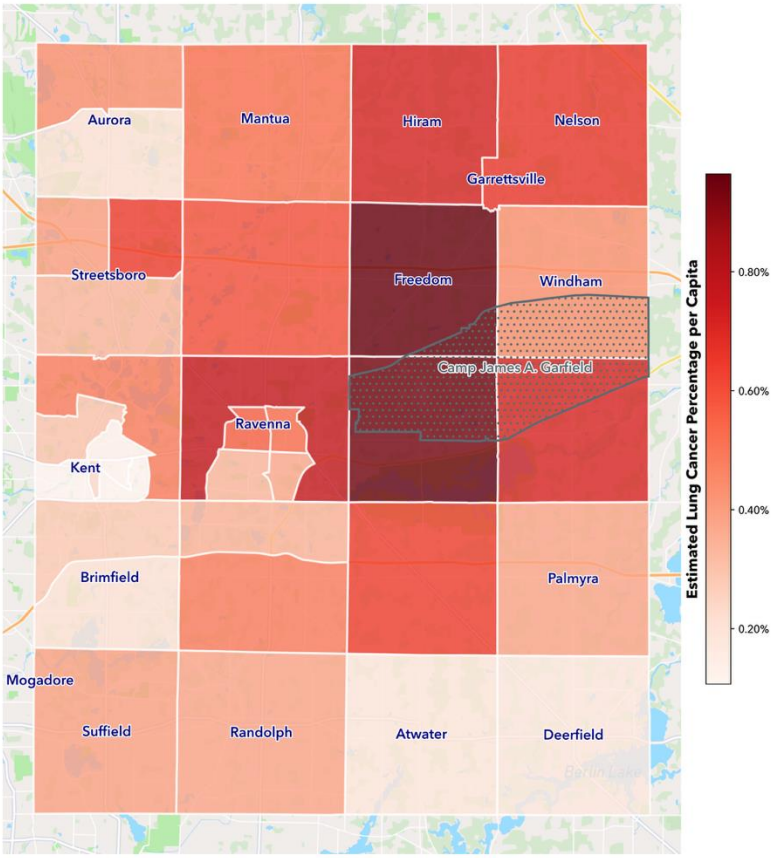
Endometrial Cancer



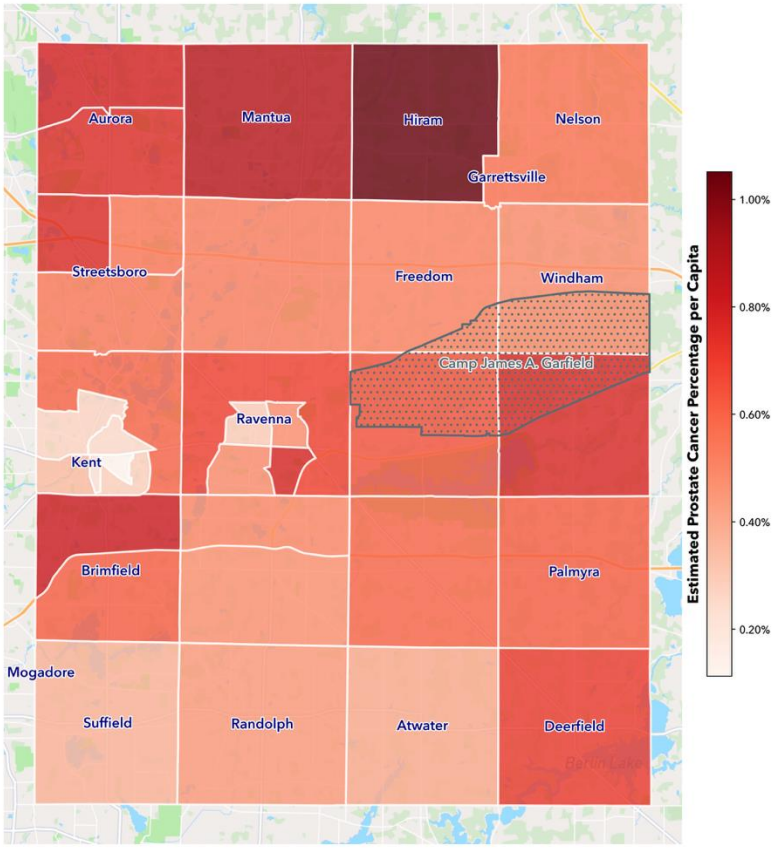
Leukemia/Lymphoma



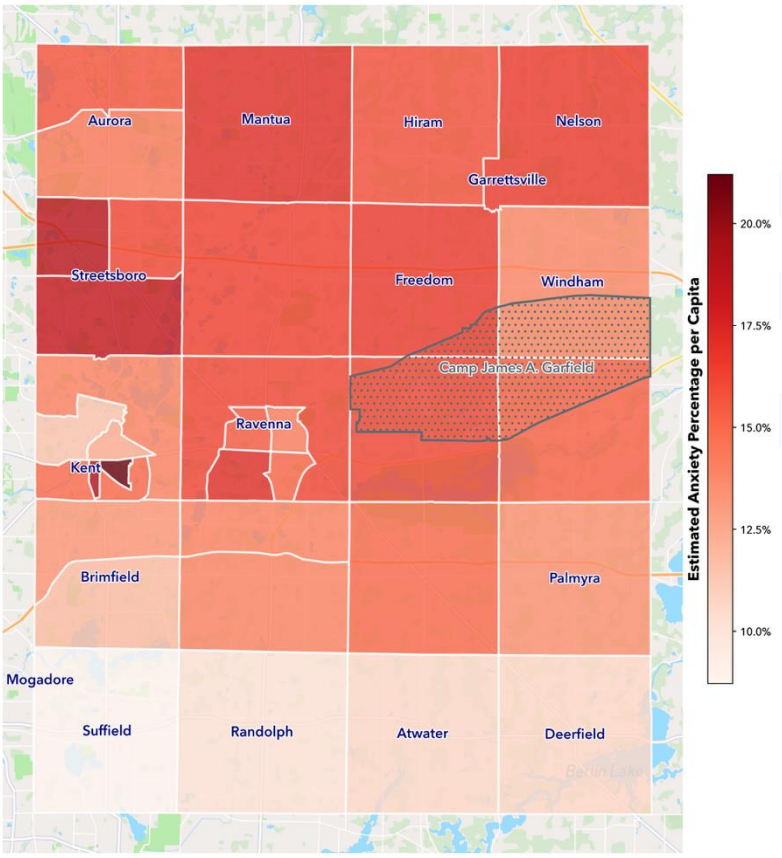
Lung Cancer



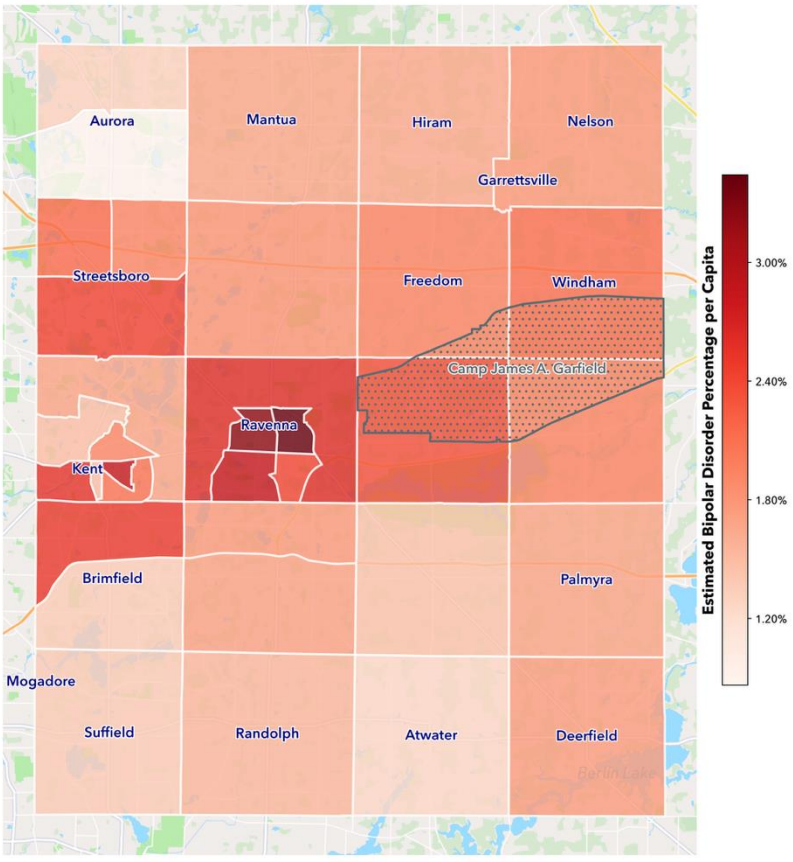
Prostate Cancer



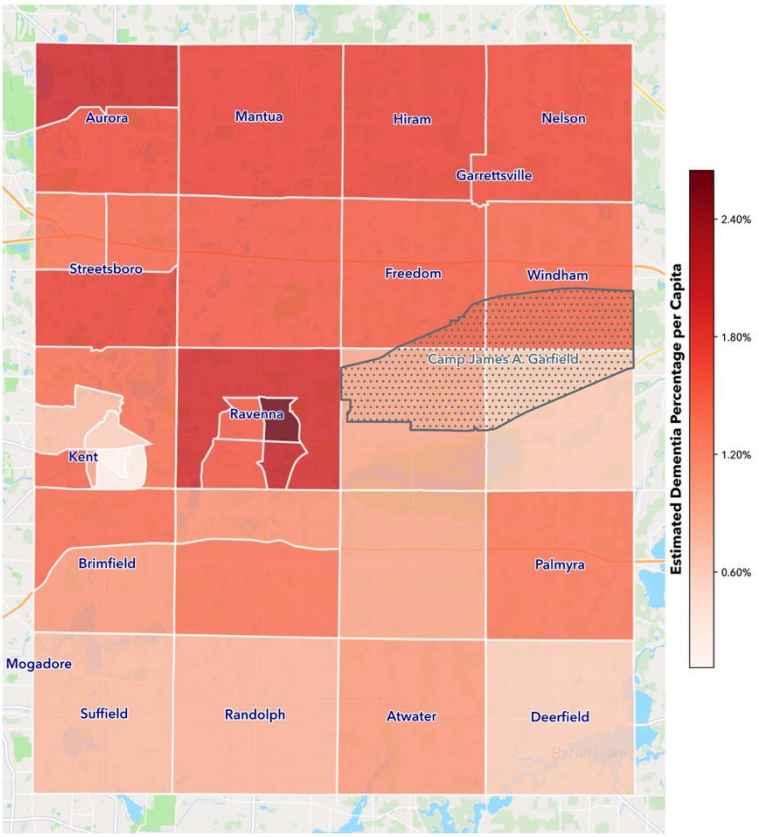
Anxiety



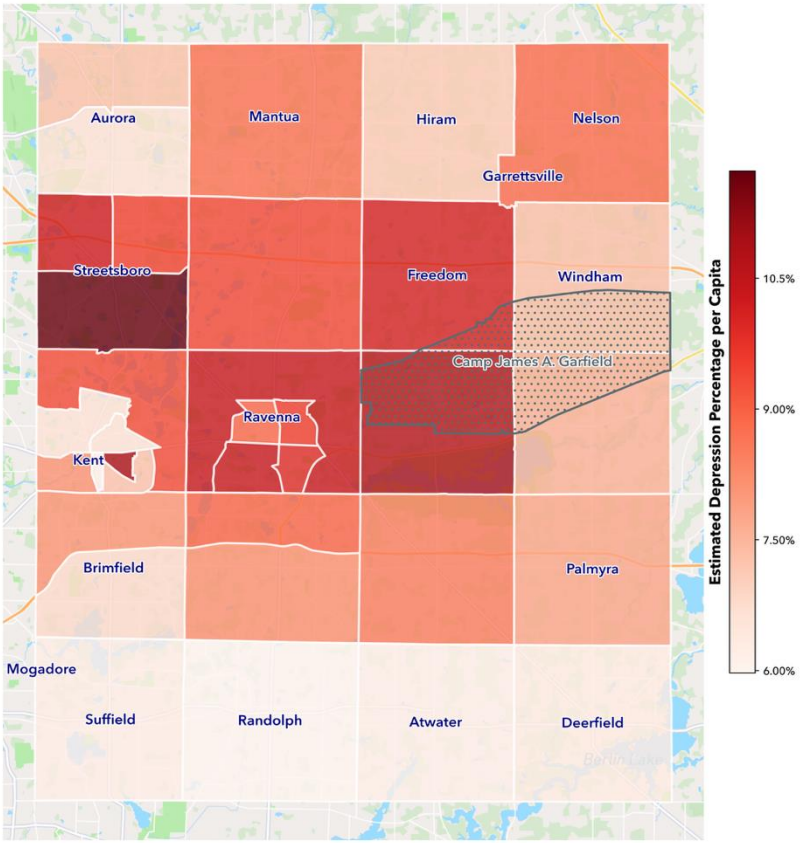
Bipolar Disorder



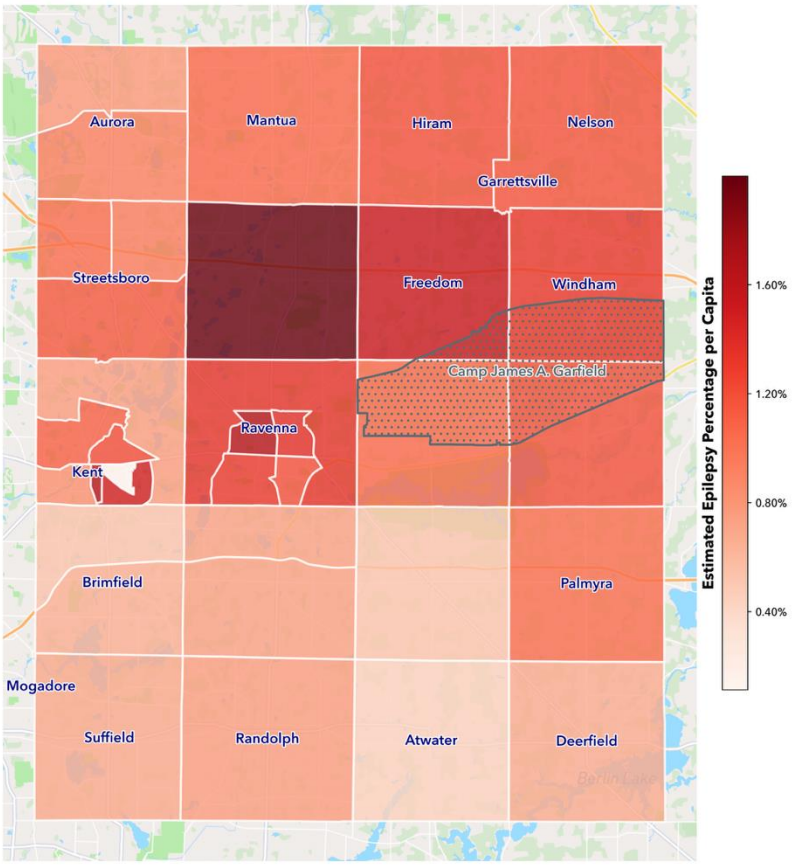
Dementia



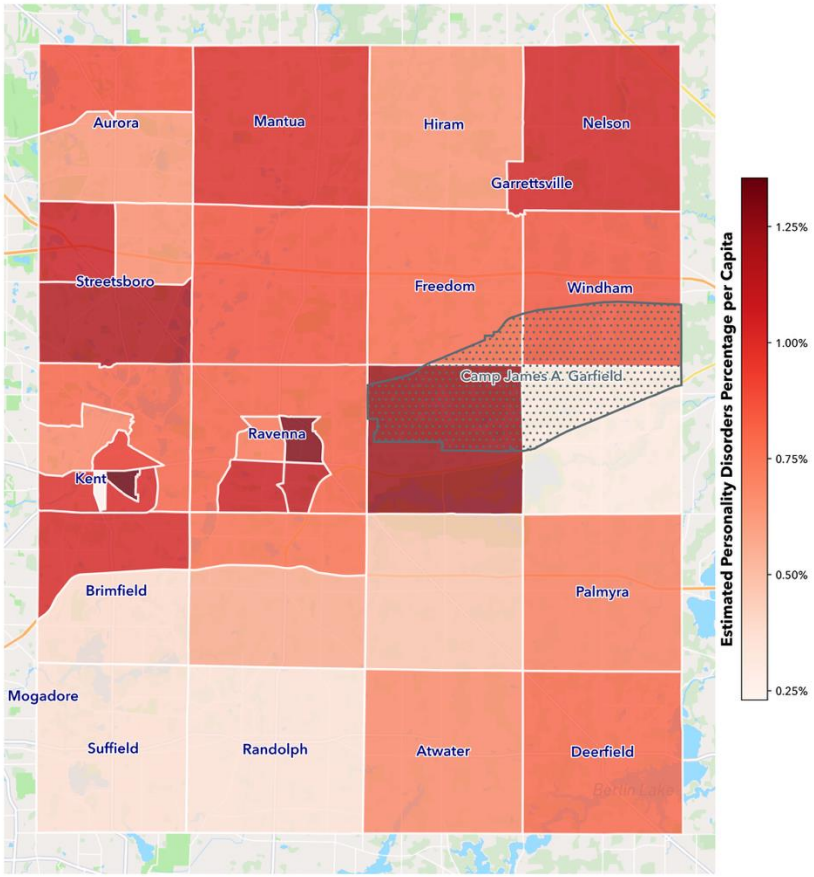
Depression



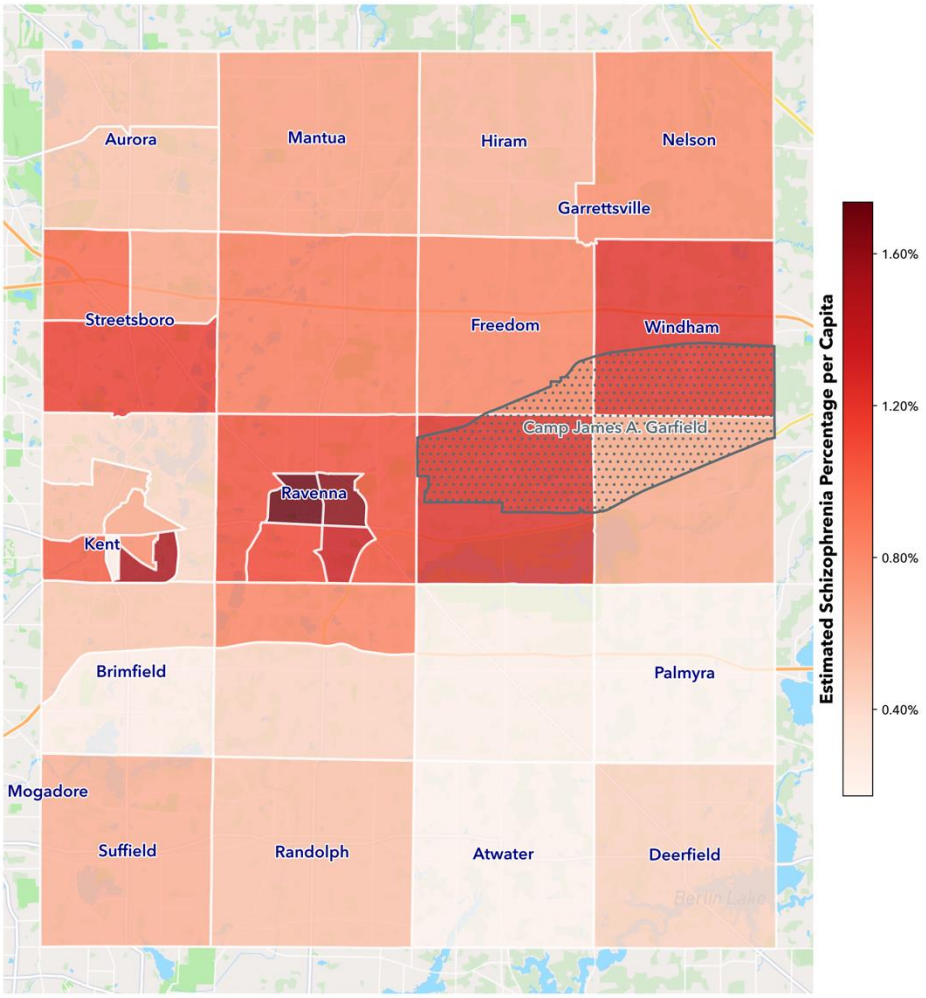
Epilepsy



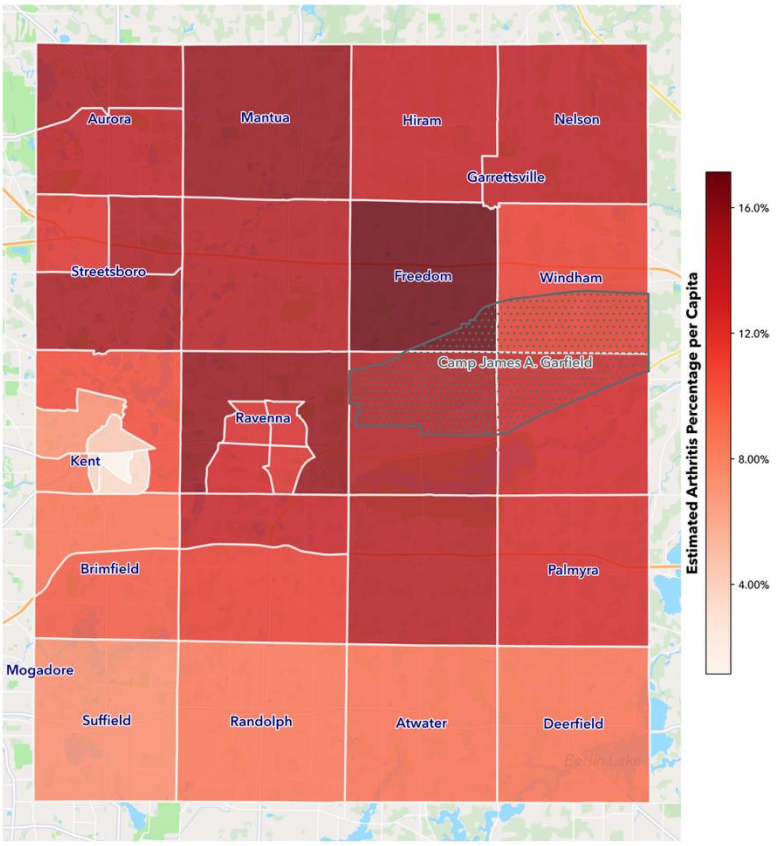
Personality Disorders



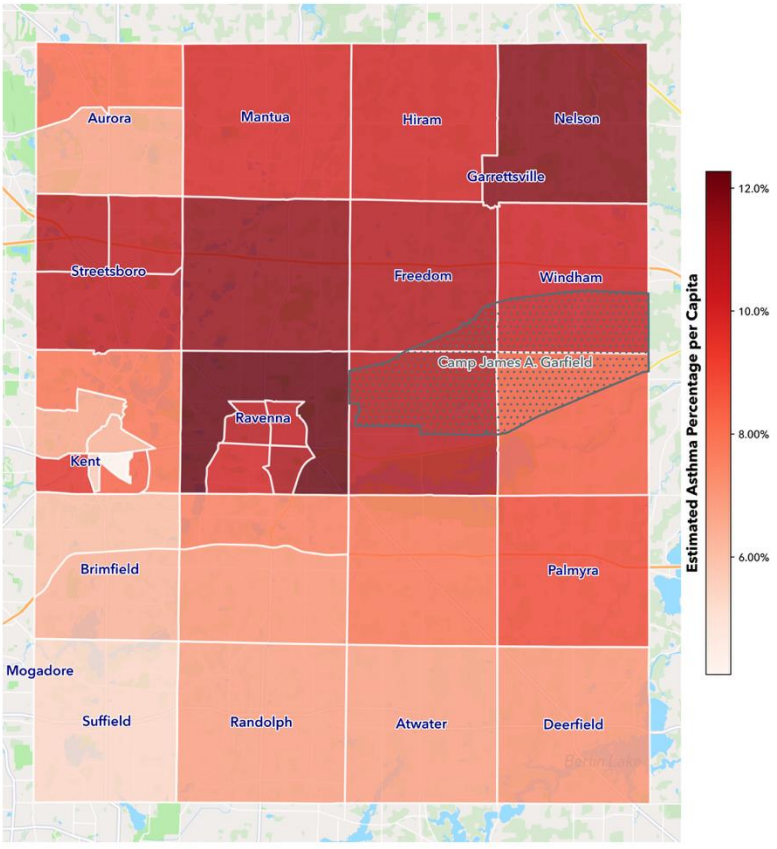
Schizophrenia



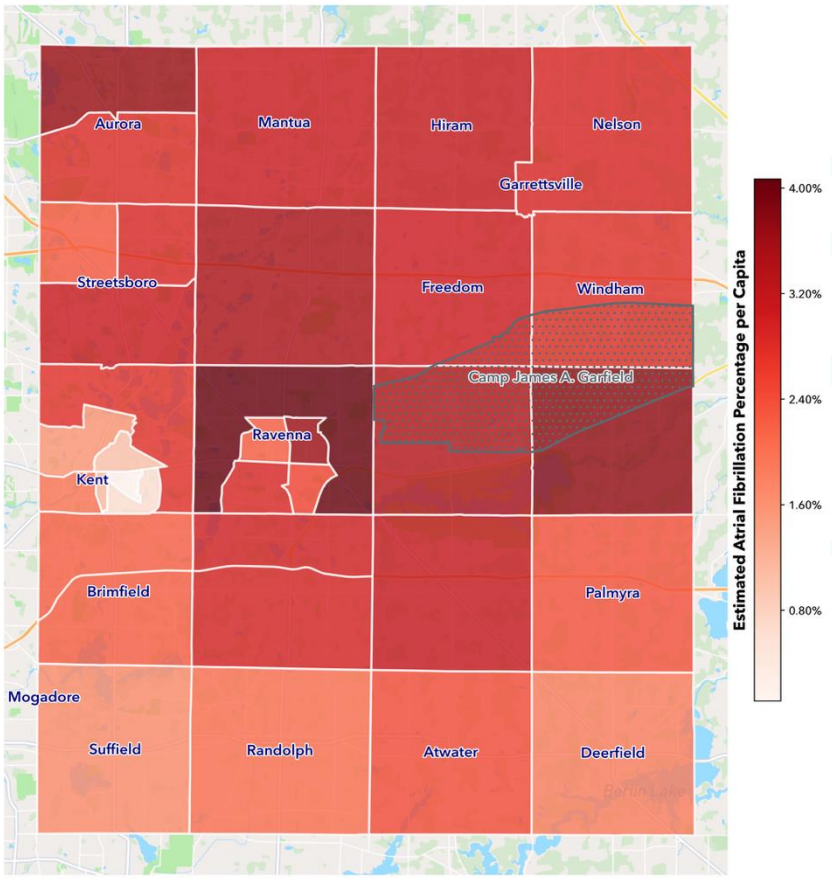
Arthritis



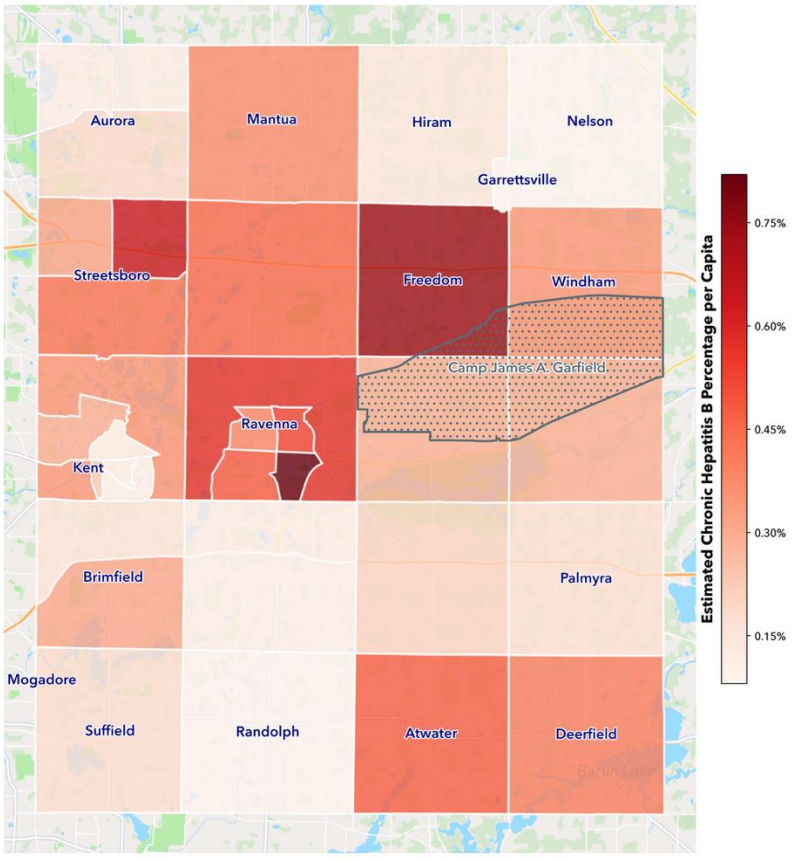
Asthma



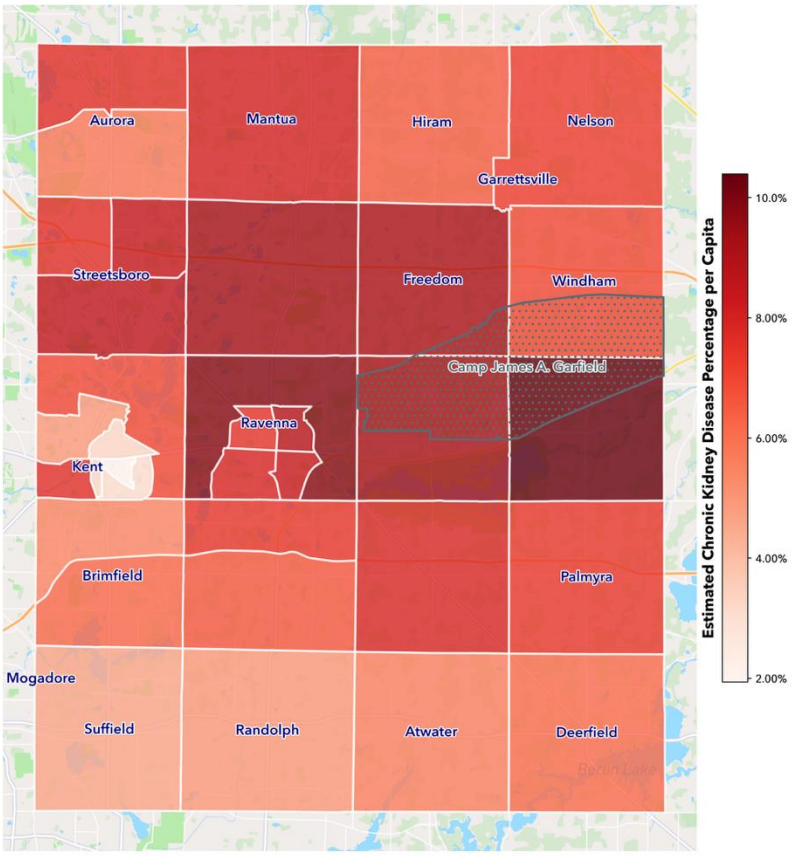
Atrial Fibrillation



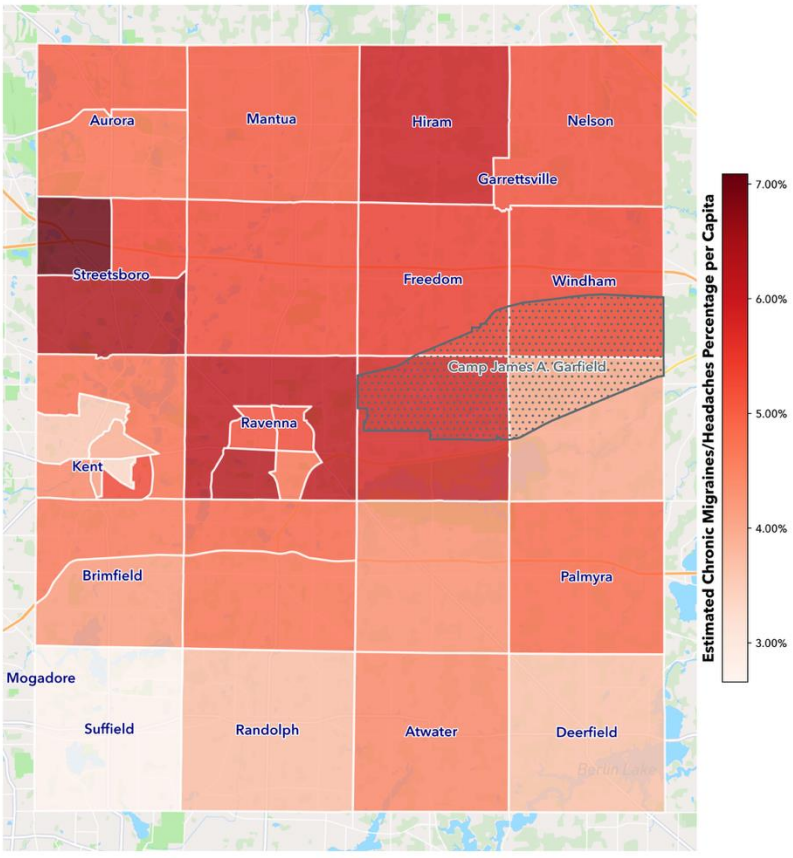
Chronic Hepatitis B



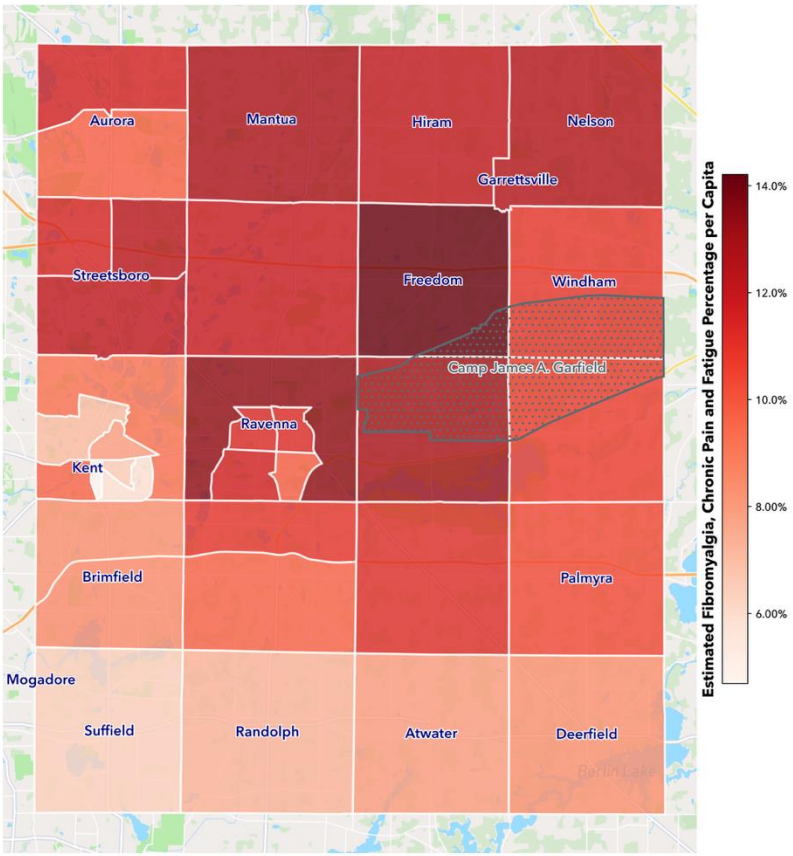
Chronic Kidney Disease



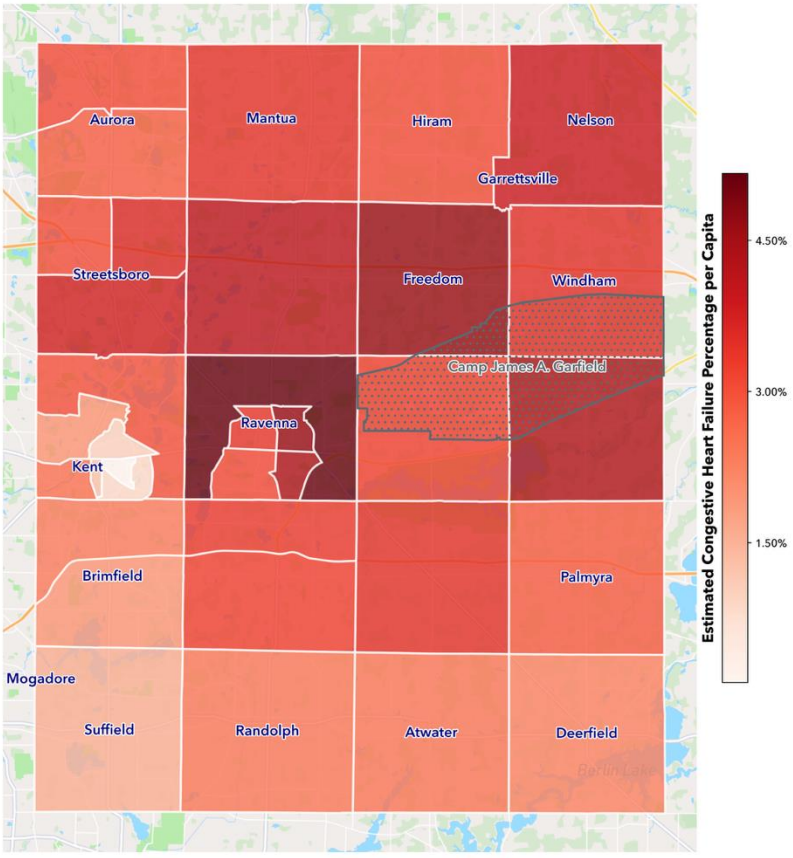
Chronic Migraines/Headaches



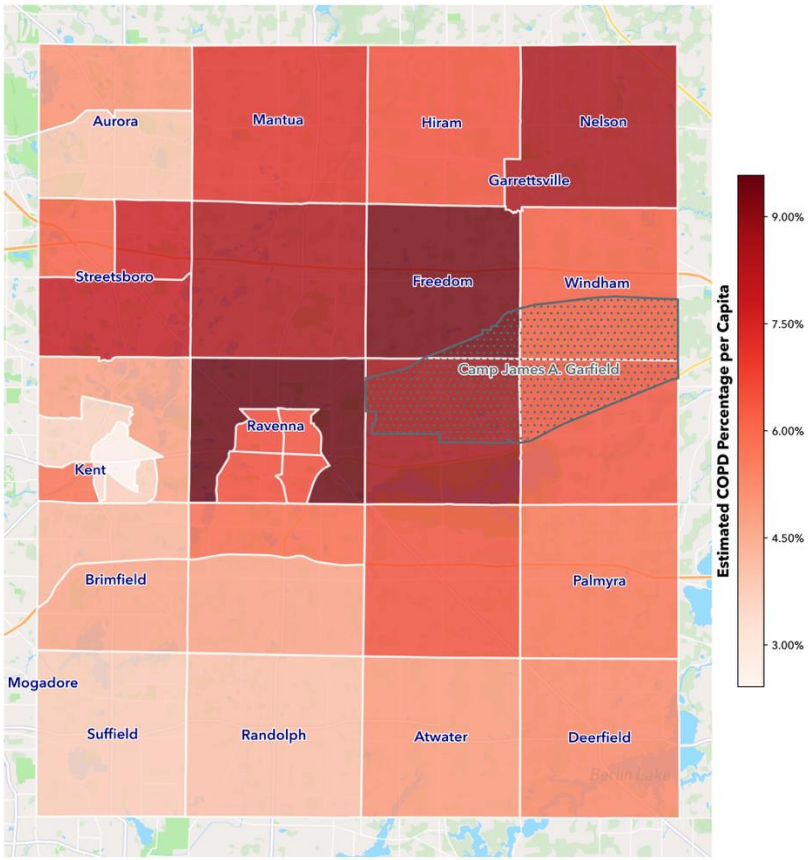
Chronic Pain and Fatigue



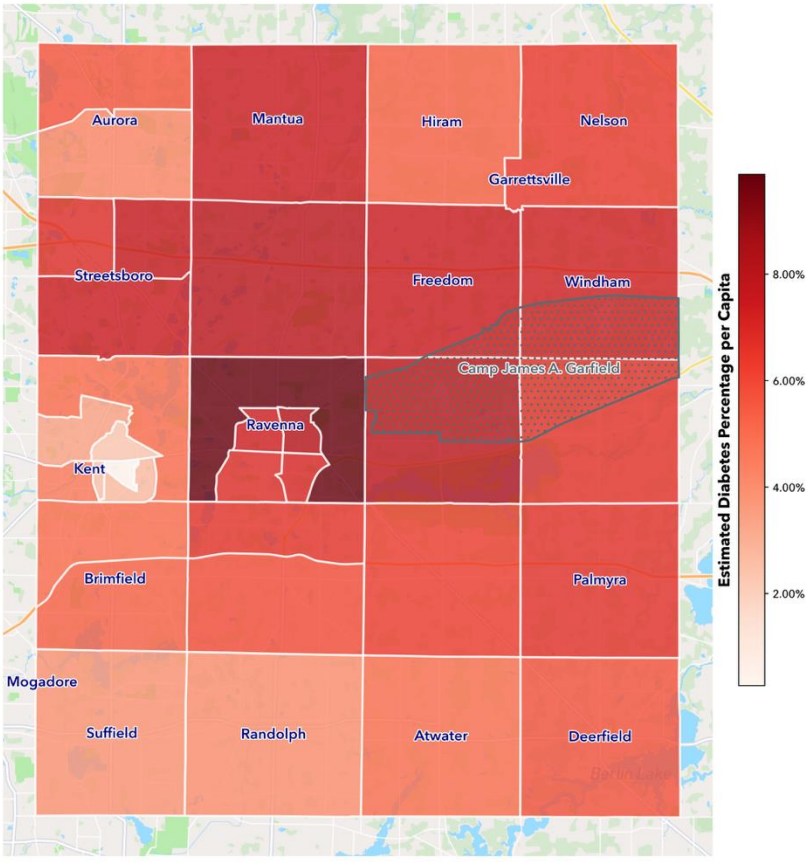
Congestive Heart Failure



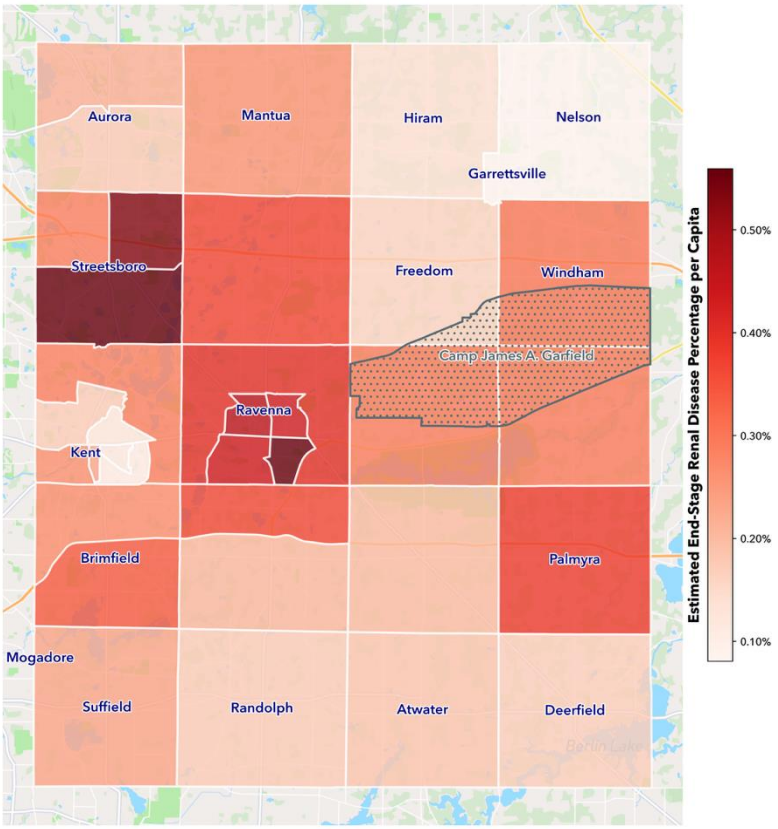
COPD



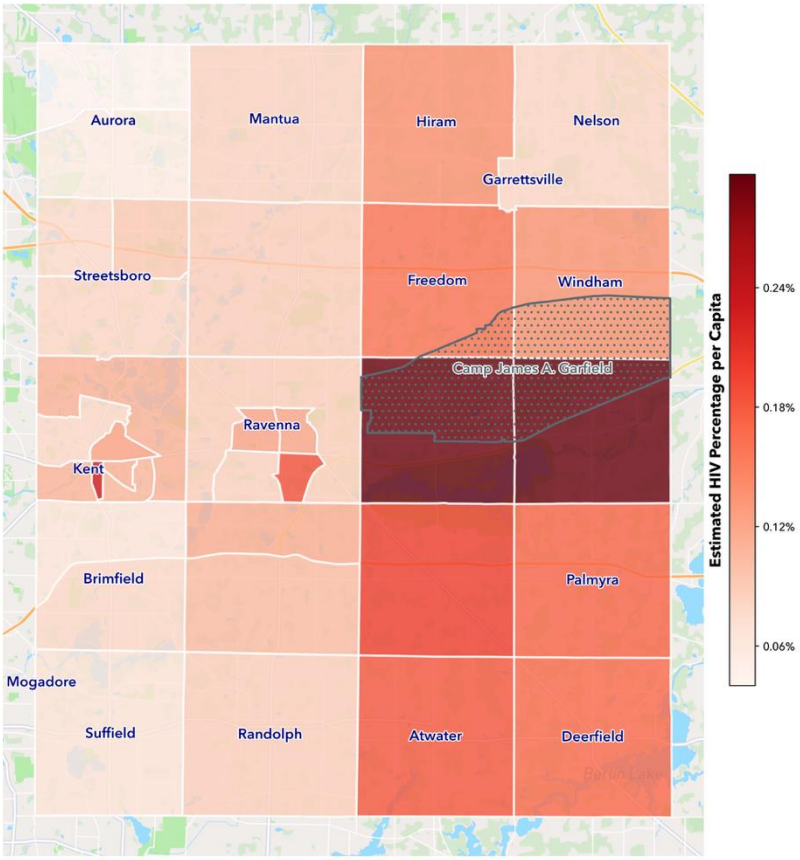
Diabetes



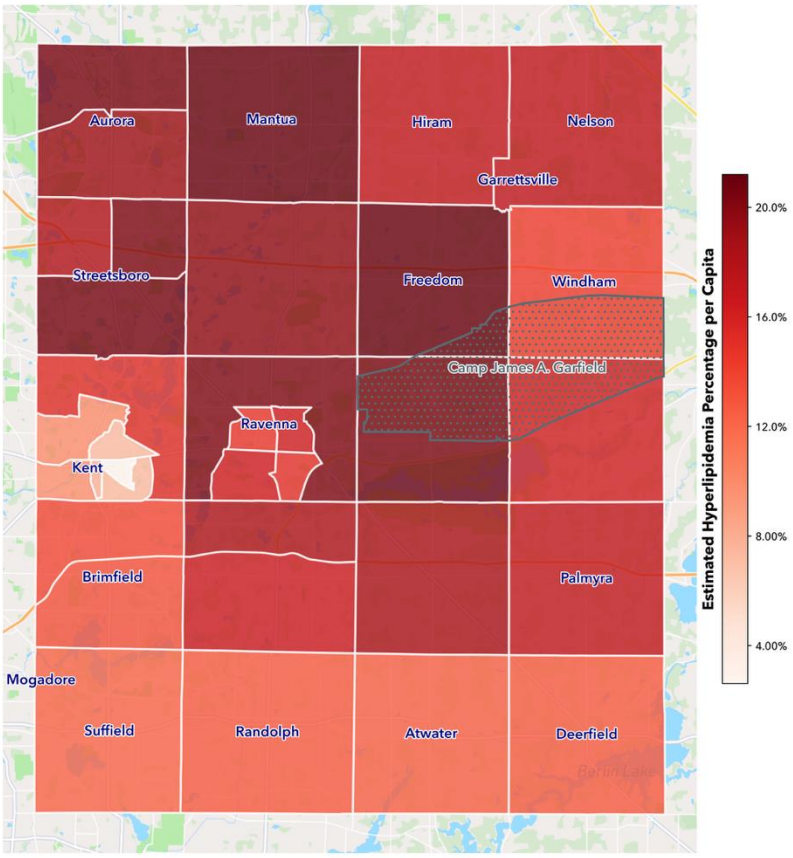
End-Stage Renal Disease



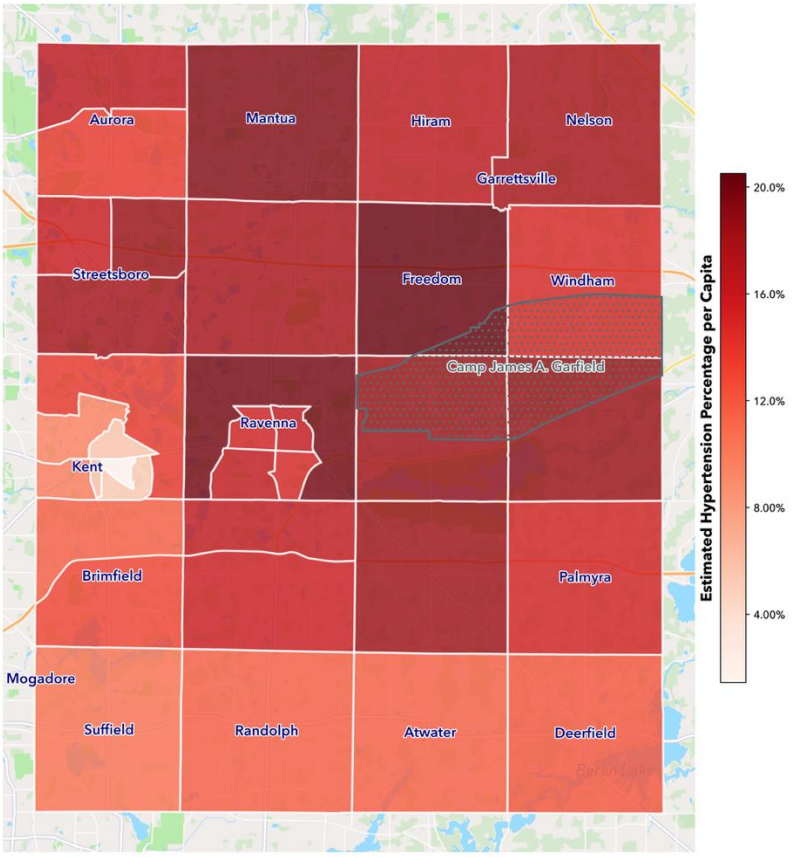
HIV



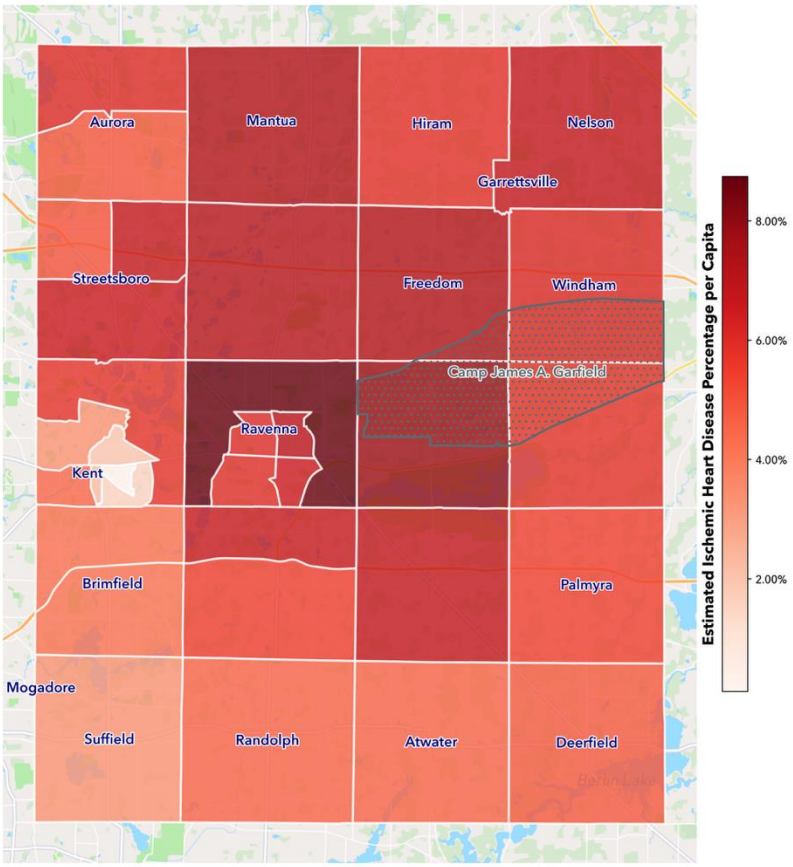
Hyperlipidemia



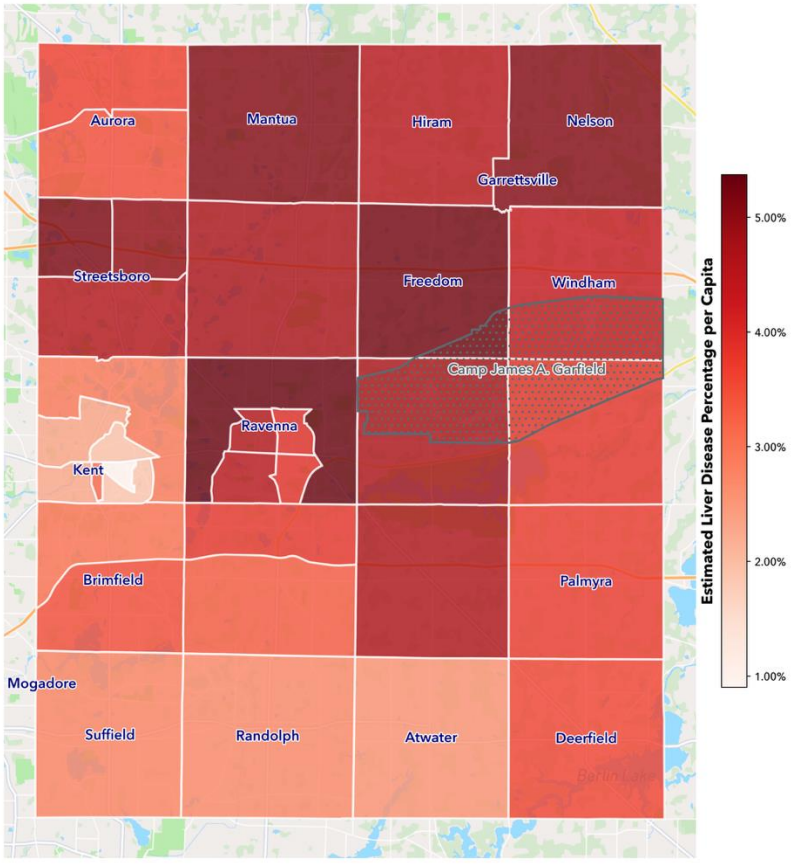
Hypertension



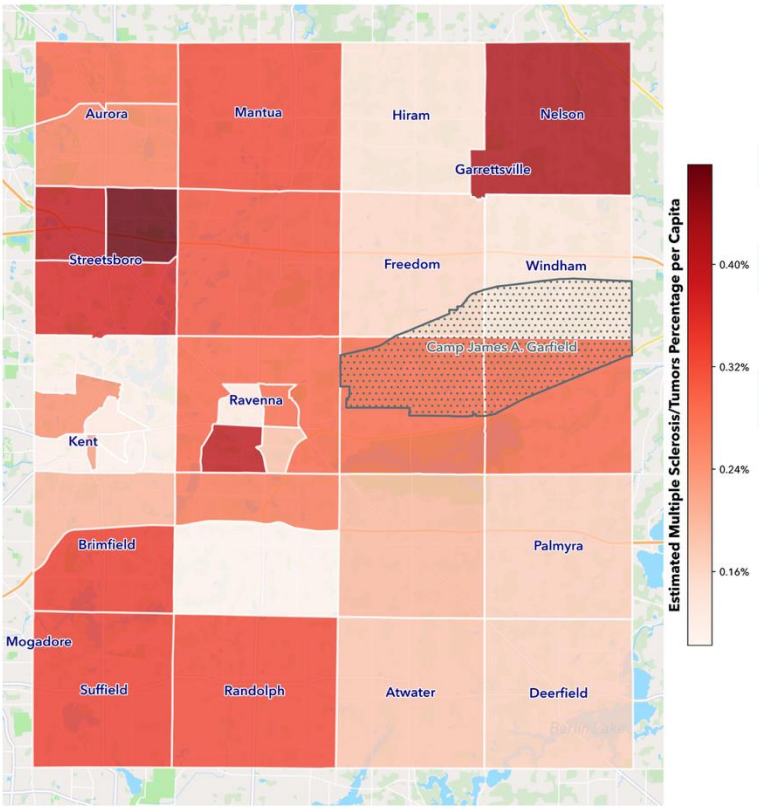
Ischemic Heart Disease



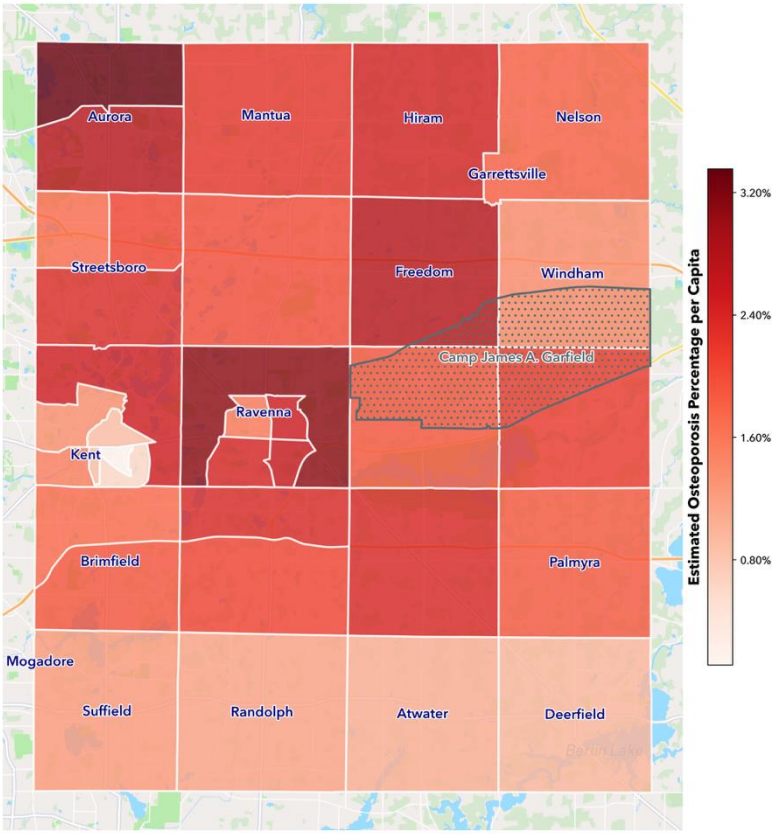
Liver Disease



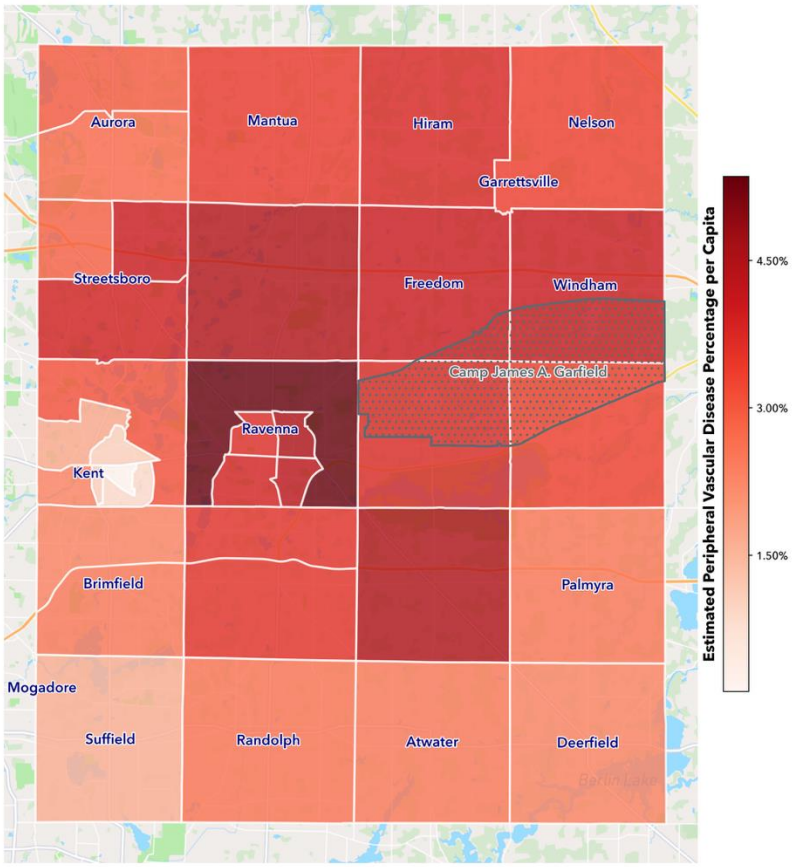
Multiple Sclerosis/Tumors



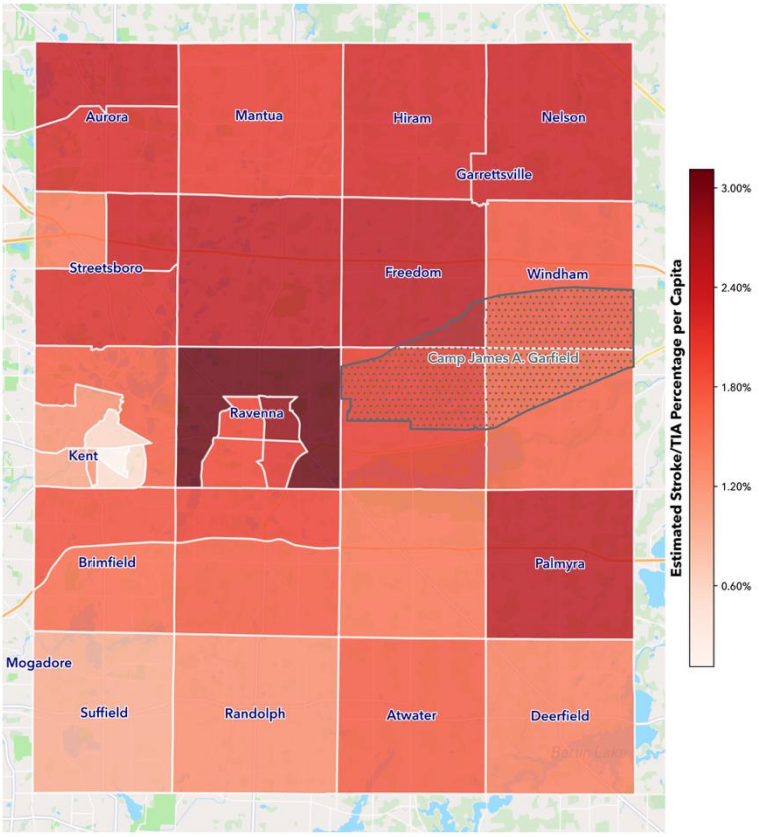
Osteoporosis



Peripheral Vascular Disease



Stroke/TIA



APPENDIX C: Adult Survey Questionnaire

The following pages show the adult survey questionnaire.

PORTAGE COUNTY HEALTH SURVEY

INSTRUCTIONS: This survey should be completed by the adult (age 18+) at this address who MOST RECENTLY had a birthday. All responses will remain confidential; please answer honestly.

GENERAL HEALTH INFORMATION

1. Would you say that in general your health is… [Circle one answer]

Excellent	Very good	Good	Fair	Poor

2. For how many days during the past 30 days was your **physical health** (including physical illness/injury) not good?

[Write a number] _____

3. Do you have one person you think of as your Primary Care Provider? [Circle one answer]

Yes, only one	More than one	No	I'm not sure

4. About how long has it been since you last visited a doctor for a routine checkup ("well visit")? [Circle one answer]

Within the past year (anytime less than 12 months ago)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 5 years (at least 2 years but less than 5 years ago)	5 or more years ago	Never

5. Has a healthcare provider EVER told you that you had… [For each question, circle one answer]

a. Asthma?	Yes	No	g. Diabetes/pre-diabetes?	Yes	No
b. Arthritis?	Yes	No	h. High blood pressure?	Yes	No
c. COPD?	Yes	No	i. High blood cholesterol?	Yes	No
d. Coronary heart disease?	Yes	No	j. An anxiety disorder?	Yes	No
e. A heart attack?	Yes	No	k. A depressive disorder?	Yes	No
f. Stroke/TIA?	Yes	No	l. Cancer?	Yes	No

6. In the past year, did you travel outside of Portage County in order to receive needed medical care?

[Circle one answer]

Yes	No

7. How do you prefer to receive information about health and community services? [Check all that apply]

- ☐ Printed materials (flyers, brochures)
- ☐ Newspaper
- ☐ Radio
- ☐ Television
- ☐ Website
- ☐ Social media
- ☐ Email
- ☐ Family/friends
- ☐ Other (please specify): _____
- ☐ None of these

HEALTHCARE COVERAGE

8. During the past 12 months, what is the main reason you delayed getting needed physical health care or services? [Fill in the circle for one answer only]

- ○ I did not delay getting care
- ○ I did not need care
- ○ I do not have insurance
- ○ I could not afford the co-pay
- ○ I don't have transportation
- ○ I couldn't get an appointment soon enough
- ○ I couldn't get an appointment at all
- ○ I couldn't get a virtual appointment
- ○ I don't have time/inconvenient appointment times
- ○ Other (please specify): _____

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9. In the past year, what is the <u>main reason</u> you didn't get necessary prescriptions filled? [Fill in the circle for one answer only]

- O I got them filled
- O I had no prescriptions
- O I don't have insurance
- O I can't afford the co-pay
- O I don't have transportation
- O Other (please specify): _____

PREVENTATIVE CARE

10. A mammogram is an x-ray of each breast to look for breast cancer. How long has it been since your last mammogram? [Circle one answer]

Not recommended by my provider	Within the past year (anytime less than 12 months ago)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 3 years (at least 2 years but less than 3 years ago)	Within the past 5 years (at least 3 years but less than 5 years ago)	5 or more years ago	Never had one	Don't know

11. A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test? [Circle one answer]

Not recommended by my provider	Within the past year (anytime less than 12 months ago)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 3 years (at least 2 years but less than 3 years ago)	Within the past 5 years (at least 3 years but less than 5 years ago)	5 or more years ago	Never had one	Don't know

12. The next questions are about colorectal (colon) cancer screening. A colonoscopy involves a tube inserted into the rectum to view the colon for signs of cancer or other health problems. You are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. For stool DNA testing, many people think of Cologuard as an example. It is a test kit that you complete at home and mail back in. How long has it been since you had your last…

a. **Colonoscopy?** [Circle one answer]

Not recommended by my provider	Within the past year (anytime less than 12 months ago)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 3 years (at least 2 years but less than 3 years ago)	Within the past 5 years (at least 3 years but less than 5 years ago)	Within the past 10 years (at least 5 years but less than 10 years ago)	10 or more years ago	Never	Don't know

b. **Stool DNA test?** [Circle one answer]

Not recommended by my provider	Within the past year (anytime less than 12 months ago)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 3 years (at least 2 years but less than 3 years ago)	Within the past 5 years (at least 3 years but less than 5 years ago)	Within the past 10 years (at least 5 years but less than 10 years ago)	10 or more years ago	Never	Don't know

13. Which vaccines have you had in the past year? [For each question, circle one answer]

a. Annual seasonal flu vaccine	Yes	No	Don't know
b. COVID-19 vaccine/booster	Yes	No	Don't know

14. What is the main reason you did not get the flu vaccine this year? [Fill in the circle for one answer only]

- O I got it
- O I don't need it
- O I couldn't get transportation
- O I would get sick from it
- O It does not work
- O Religious beliefs
- O It is not available
- O I don't have time
- O It is too expensive
- O Insurance will not cover it
- O Allergy or side effects
- O I don't trust it
- O Other (please specify): _____

DENTAL HEALTH

15. About how long has it been since you last visited a dentist or dental clinic for any reason? [Circle one answer]

Within the past year (anytime less than 12 months ago)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 5 years (at least 2 years but less than 5 years ago)	5 or more years ago	Never

MENTAL HEALTH AND SUBSTANCE USE

16. For how many days during the past 30 days was your **mental health** (including stress, depression, problems with emotions) not good?

[Write a number] _____

17. During the past 12 months, what is the main reason you delayed getting needed mental health care or services? [Fill in the circle for one answer only]

- O I did not delay getting care
- O I did not need care
- O I do not have insurance
- O I could not afford the co-pay
- O I don't have transportation
- O I couldn't get an appointment soon enough
- O I couldn't get an appointment at all
- O I couldn't get a virtual appointment
- O I don't have time/inconvenient appointment times
- O I was uncomfortable admitting a mental health issue
- O I had a hard time finding a provider
- O Wait times were very long
- O Other (please specify): _____

18. How often do you get the social and emotional support you need? [Circle one answer]

Always	Usually	Sometimes	Rarely	Never

19. During the past 12 months, did you ever seriously consider attempting suicide? [Circle one answer]

Yes	No

20. During the past 12 months, were you abused (sexually, physically, emotionally, financially, verbally, etc.) by any of the following? [Check all that apply]

- ☐ I was not abused in any way
- ☐ Spouse/partner
- ☐ Parent
- ☐ Paid caregiver
- ☐ Child
- ☐ Another person from outside your home
- ☐ Another family member living in your household
- ☐ Someone else

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21. Are any firearms now kept in or around your home? Include those kept in garages, outdoor storage areas, and vehicles. [Check all that apply]

- ☐ Yes, and they are unlocked
- ☐ Yes, and they are loaded
- ☐ Yes, but they are locked
- ☐ Yes, but they are unloaded
- ☐ No
- ☐ I don't know

Please call the National Suicide and Crisis Lifeline (988) if you need to talk with someone about suicide or how you are feeling right now.

22. During the past 30 days, on how many days did you use marijuana or cannabis? [Write a number] ___ ___

23. How often do you… [For each question, circle one answer]

a. Smoke cigarettes?	Every day	Some days	Not at all
b. Use e-cigarettes (e.g., Juul)?	Every day	Some days	Not at all
c. Use chewing tobacco, snuff, or snus?	Every day	Some days	Not at all
d. Use other tobacco/nicotine product(s)?	Every day	Some days	Not at all

24. One drink is equal to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. Considering all types of alcoholic beverages, how many times during the past 30 days did you have (*if male, 5 drinks or more | if female, 4 drinks or more*) on an occasion?

[Write a number] _____

HEALTH BEHAVIORS

25. Do you do any of the following while driving? [Check all that apply]

- ☐ Drive without a seatbelt
- ☐ Talk on a hand-held cell phone
- ☐ Talk on a hands-free cell phone
- ☐ Text
- ☐ Drive while impaired
- ☐ Read
- ☐ Eat
- ☐ Use cell phone for something other than talking
- ☐ Other (ex. apply make-up) (please specify): _____
- ☐ I don't drive
- ☐ I don't do anything on this list while driving

26. What did you or your partner use last time you had sex to keep from getting pregnant? [Check all that apply]

- ☐ I have never had sexual intercourse with an opposite-sex partner
- ☐ No method was used to prevent pregnancy
- ☐ Birth control pills (Do not count emergency contraception such as Plan B or the "morning after" pill.)
- ☐ Condoms
- ☐ An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
- ☐ A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
- ☐ Withdrawal or some other method
- ☐ Not sure

27. During the past 7 days, how many times did you…

a.	**…drink 100% fruit juice** such as orange juice, apple juice, or grape juice? (Do not count punch, sports drinks, or fruit-flavored drinks.)	[Write a number] _____
b.	**…eat fruit**? (Count fresh, frozen, or canned fruit; don't count fruit juice.)	[Write a number] _____
c.	**…eat vegetables**? (Include green salads.)	[Write a number] _____
d.	**…drink a can, bottle, or glass of soda or pop**, such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop.)	[Write a number] _____
e.	**…drink a can, bottle, or glass of a sports drink** such as Gatorade or Powerade? (Do not count low-calorie sports drinks such as Propel or G2.)	[Write a number] _____
f.	**…get food from a fast food restaurant?** (A fast food restaurant is one where you usually order from a menu board at a counter or at a drive-thru.)	[Write a number] _____

28. How difficult is it for your household to get fresh fruits and vegetables? [Circle one answer]

Extremely difficult	Very difficult	Moderately difficult	Slightly difficult	Not difficult at all

29. During the past 7 days, how many days did you engage in some type of exercise or physical activity for at least 30 minutes?

[Write a number] _____

30. During the past 7 days, how many days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups or weight lifting?

[Write a number] _____

31. On average, how many hours per day do you spend using devices with screens for non-work related activities? This includes TVs, computers, tablets, mobile phones, etc.

[Write a number] _____

32. On an average night, how many hours of sleep do you get?

[Write a number] _____

33. In terms of recommendations made to improve health in general, how much do you trust the recommendations of the following? [For each question, circle one answer]

a. Local health department	A great deal	Somewhat	Not at all
b. Ohio Department of Health	A great deal	Somewhat	Not at all
c. CDC	A great deal	Somewhat	Not at all
d. Your doctor/provider	A great deal	Somewhat	Not at all

SOCIAL DETERMINANTS OF HEALTH / ACCESS TO CARE

34. What barriers do you and your family/friends experience to obtaining needed community services, such as housing assistance, support groups, or nutritional assistance? [Check all that apply]

- ☐ None
- ☐ Don't know about the services in my community
- ☐ Time/effort is too great to access services
- ☐ Not eligible for services
- ☐ Embarrassment
- ☐ Lack of transportation

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35. What issues do you or those in your family face with transportation or getting where you need to go? [Check all that apply]

- ☐ None
- ☐ Financial issues
- ☐ Don't have a valid driver's license
- ☐ Don't have a vehicle
- ☐ Sharing a vehicle
- ☐ Lack of access to public transportation

36. How often do transportation issues impact your day-to-day activities? [Circle one answer]

Every day	A few times per week	A few times per month	A few times per year	Never

37. People who are unhoused don't have a regular and adequate place to live and sleep. Instead, people who are unhoused might live at a friend or family member's home, in a car, in a motel or hotel, outside, in a homeless shelter, or some other place. In the past year, have you, or anyone you personally know in Portage County, been unhoused? [Circle one answer]

Yes	No	Don't know

38. In the past 30 days, has it been difficult for you to meet your own, or your family's, general daily needs such as food, clothing, shelter, or utilities? [Circle one answer]

Yes	No	Don't know

OTHER QUESTIONS

These questions are for statistical purposes only. All responses will remain confidential.

39. What is your age? [Write a number] _____

40. How much do you weigh without shoes? [Write a number] _____ pounds

41. How tall are you without shoes? [Write two numbers] _____ feet / _____ inches

42. Which of the following best describes your gender? [Circle one answer]

Male	Female	Transgender	Non-binary	I prefer not to classify myself

43. Including yourself, how many people live in your household? [Write a number] ___ ___

44. And how many of these people are under age 18? [Write a number] ___ ___

45. What is the highest level of education you have completed? [Circle one answer]

Less than 12th grade (no diploma)	High school degree/GED	Some college (no degree)	Associate's degree	Bachelor's degree	Graduate or professional degree

46. Which of the following categories includes the total income of everyone living in your home in 2024, before taxes? [Circle one answer]

Less than $25,000	Between $25,000 and $49,999	Between $50,000 and $74,999	Between $75,000 and $99,999	$100,000 or more

{YOU ARE FINISHED! PLEASE USE THE ENVELOPE PROVIDED TO RETURN THIS SURVEY.
THANK YOU!}

Unique ID here

APPENDIX D: References

Community Profile

1. U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

Social Determinants of Health

Economic Stability

1. Chetty, R., Stepner, M., Abraham, S., Lin, S., Scuderi, B., Turner, N., Bergeron, A. & Cutler, D. (2016). The association between income and life expectancy in the United States, 2001-2014. Jama, 315(16), 1750-1766.
2. U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
3. Feeding America, Map the Meal Gap, 2023
4. Healthy People 2030 Objective SDOH-01 Reduce the proportion of people living in poverty , U.S. Department of Health and Human Services
5. Spending-to-Income Ratios. Claritas Consumer Spending Dynamix, 2024. Conduent Healthy Communities Institute. Retrieved from healthyneo.org

Education

1. Ohio Department of Education & Workforce. Kindergarten readiness assessment, 2022-2023
2. Ohio Department of Education & Workforce. Third grade reading guarantee, 2022-2023
3. Ohio Department of Education & Workforce, 2022-2023. Conduent Healthy Communities Institute. Retrieved from healthyneo.org
4. Healthy People 2030 Objective AH-08 Increase the proportion of high school students who graduate in 4 years , U.S. Department of Health and Human Services
5. U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

Health Care Access

1. U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
2. U.S. Department of Health & Human Services, Health Resources & Services Administration. Area Health Resources Files, 2022. Retrieved from https://data.hrsa.gov/topics/health-workforce/ahrf
3. University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, 2023
4. OB: Distribution of Obstetric Clinicians: Ohio, 2021. US Health Resources and Services Administration (HRSA), Area Health Resources Files, 2023; American Board of Family Medicine, 2018-2021; Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES), November 2023 file; National Center for Health Statistics, 2022 final natality data. Retrieved from www.marchofdimes.org/peristats.
5. Oeffinger KC, Fontham ET, Etzioni R, et al. Breast cancer screening for women at average risk: 2015 guideline update From the American Cancer Society. JAMA. 2015;314(15):1599-1614.
6. Healthy People 2030 Objective C-05 Increase the proportion of females who get screened for breast cancer, U.S. Department of Health and Human Services
7. Mayo Clinic Staff (2019) “Pap smear: Overview”

8. Healthy People 2030 Objective C-09 Increase the proportion of females who get screened for cervical cancer, U.S. Department of Health and Human Services

9. US Preventive Services Task Force. Screening for Colorectal Cancer: US Preventive Services Task Force Recommendation Statement. JAMA. 2021;325(19):1965–1977. doi:10.1001/jama.2021.6238

Neighborhood and Physical Environment

1. Violent Crime Rate. Ohio Department of Public Safety, Office of Criminal Justice Services, 2023. Conduent Healthy Communities Institute. Retrieved from healthyneo.org

2. Ohio Department of Public Safety, Office of Criminal Justice Services. Crime in Ohio Counties Dashboard, 2023. Retrieved from https://ocjs.ohio.gov/research-and-data/data-reports-and-dashboards/crime-in-ohio-counties

3. Ohio Department of Health, Bureau of Vital Statistics. DataOhio Portal. Mortality Interactive Dashboard, 2024

4. Ohio Department of Children & Youth, DataOhio Portal. Child Abuse and Neglect Referrals and Outcomes, 2024

5. Ohio Bureau of Criminal Identification and Investigation, Domestic Violence Incidents by County and Agency Report, 2024

6. Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2023, and from provisional data for years 2024 and later, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/mcd-icd10-provisional.html

7. Ohio Emergency Medical Services, Naloxone Administration by Ohio EMS Providers by County, Ohio, 2024

8. Ohio State Highway Patrol. OSTATS Crash Dashboard, 2024. Retrieved from https://statepatrol.ohio.gov/dashboards-statistics/ostats-dashboards/crash-dashboard

9. Ohio State Highway Patrol Operational Report. 2023. Retrieved from https://statepatrol.ohio.gov/dashboards-statistics/patrol-operational-reports

Behavioral Risk Factors

Weight, Diet, and Exercise

1. Healthy People 2030 Objective NWS-03 Reduce the proportion of adults with obesity, U.S. Department of Health and Human Services

2. Centers for Disease Control. Body Mass Index: Considerations for Practitioners, 2011

3. USDA and HHS, Dietary Guidelines for Americans, 2020-2025

Personal Habits

1. Healthy People 2030 Objective SH-03 Increase the proportion of adults who get enough sleep, U.S. Department of Health and Human Services

Mental Health and Substance Misuse

Substance Use

1. Healthy People 2030 Objective SU-10 Reduce the proportion of people aged 21 years and over who engaged in binge drinking in the past month, U.S. Department of Health and Human Services

Maternal and Child Health

1. Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Natality on CDC WONDER Online Database. Data are from the Natality Records 2016-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program
2. Ohio Department of Children & Youth Annual Report: Infant Mortality, 2023
3. Ohio Department of Health, Bureau of Vital Statistics. DataOhio Portal. Births Interactive Dashboard, 2024
4. Healthy People 2030 Objective MICH-10 Increase abstinence from cigarette smoking among pregnant women, U.S. Department of Health and Human Services
5. Healthy People 2030 Objective MICH-02 Reduce the rate of infant deaths, U.S. Department of Health and Human Services
6. Healthy People 2030 Objective MICH-07 Reduce preterm births, U.S. Department of Health and Human Services

General Health, Illness, and Death

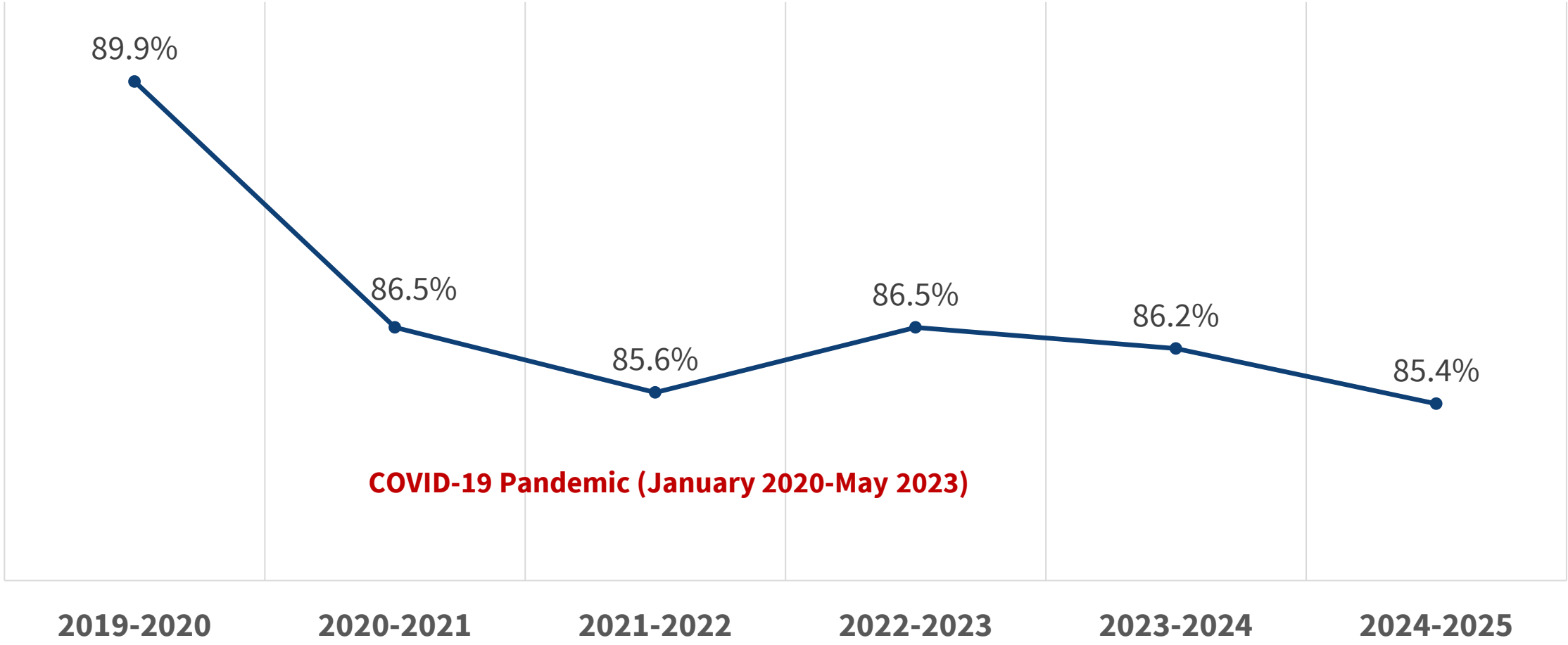
Illness and Death

1. Healthy People 2030 Objective HDS-04 Reduce the proportion of adults with high blood pressure, U.S. Department of Health and Human Services
2. Ohio Department of Health, Bureau of Vital Statistics. DataOhio Portal. Invasive Cancer Report Builder End-of-Year Incidence Data Interactive Dashboard, 2022
3. Ohio Department of Health, Bureau of Vital Statistics. DataOhio Portal. Mortality Interactive Dashboard, 2024
4. Healthy People 2030 Objective C-02 Reduce the lung cancer death rate, U.S. Department of Health and Human Services
5. Healthy People 2030 Objective C-06 Reduce the colorectal cancer death rate, U.S. Department of Health and Human Services
6. Ohio Department of Health, Chlamydia: Map of Cases by County, 2023
7. Ohio Department of Health, Gonorrhea: Map of Cases by County, 2023
8. Ohio Department of Health, HIV Surveillance Program. 2023
9. Ohio Department of Health, Viral Hepatitis Surveillance Program, Hepatitis B: Five year Status Report, 2023
10. Ohio Department of Health, Viral Hepatitis Surveillance Program, Hepatitis C: Five year Status Report, 2023
11. Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2023, and from provisional data for years 2024 and later, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.
12. Healthy People 2030 Objective HDS-02 Reduce coronary heart disease deaths, U.S. Department of Health and Human Services
13. Healthy People 2030 Objective IVP-03 Reduce unintentional injury deaths, U.S. Department of Health and Human Services

APPENDIX E: Ohio School Vaccine Data

The following pages show Ohio school vaccine data from ODH.

The **total percent of kindergarteners who met all requirements** was 85.4% in the 2024-2025 school year.

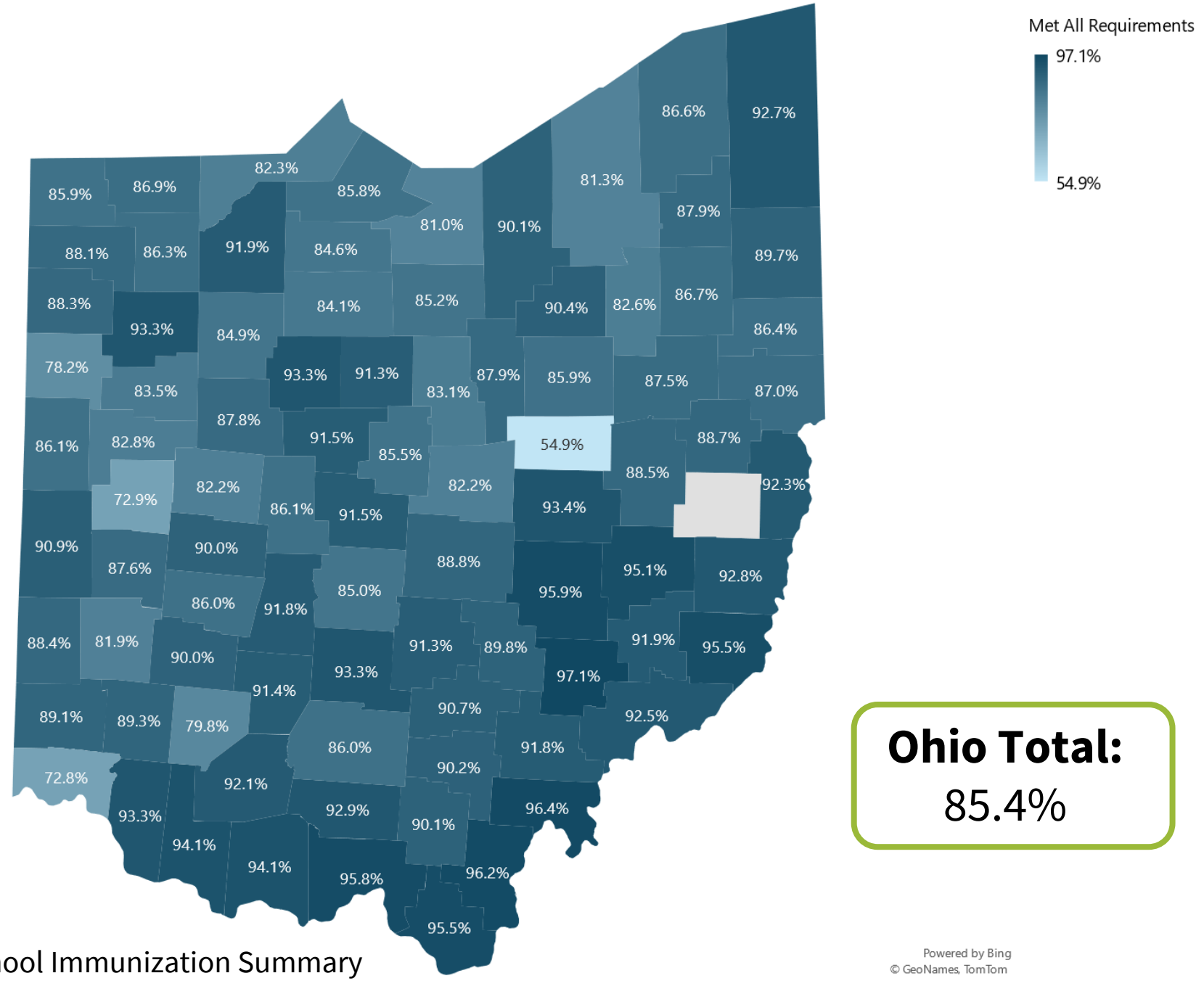


Source: Ohio Department of Health, Annual School Immunization Summary

Ohio Department of Health

2024-2025 School Year.

Coverage rates for kindergarteners **who met all requirements vary by county.**

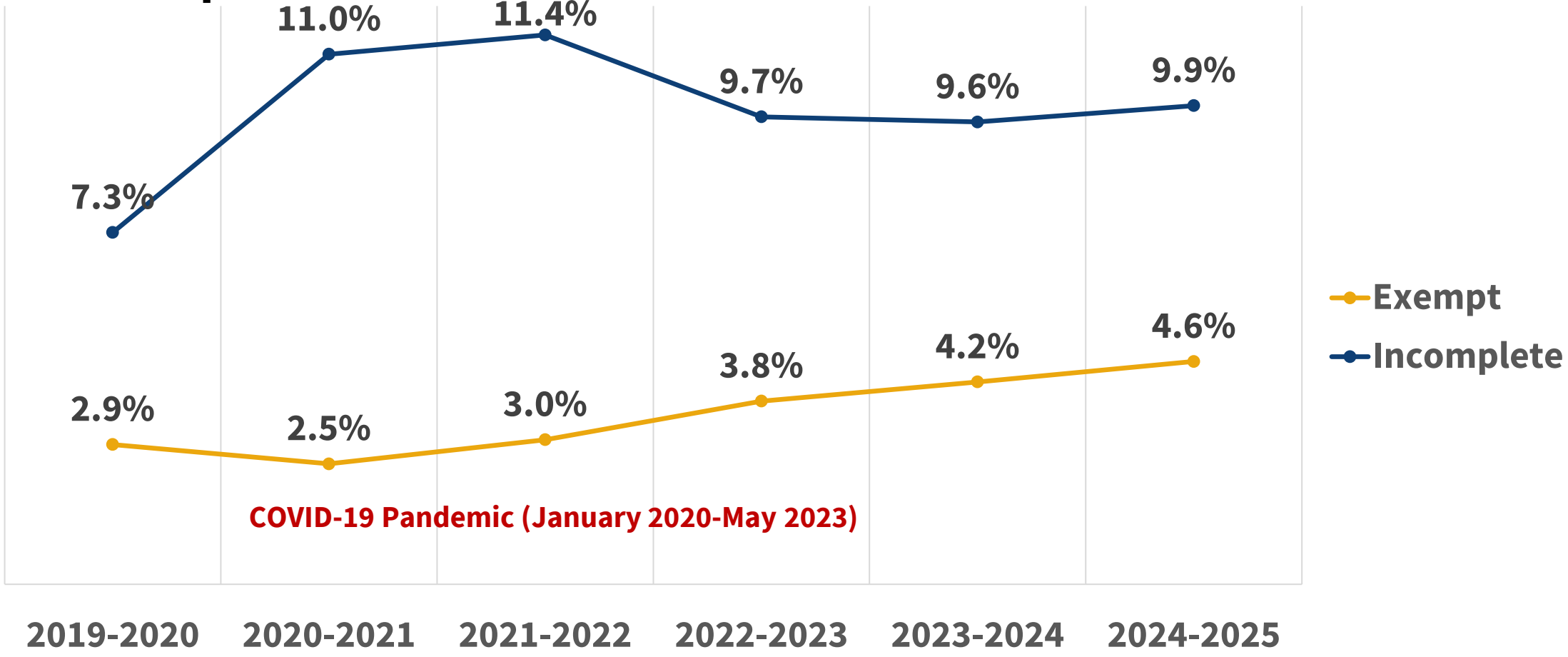


Ohio Total:
85.4%

Source: Ohio Department of Health, Annual School Immunization Summary

Percent of total incomplete records rose slightly from the previous school year and has remained above pre-pandemic levels.

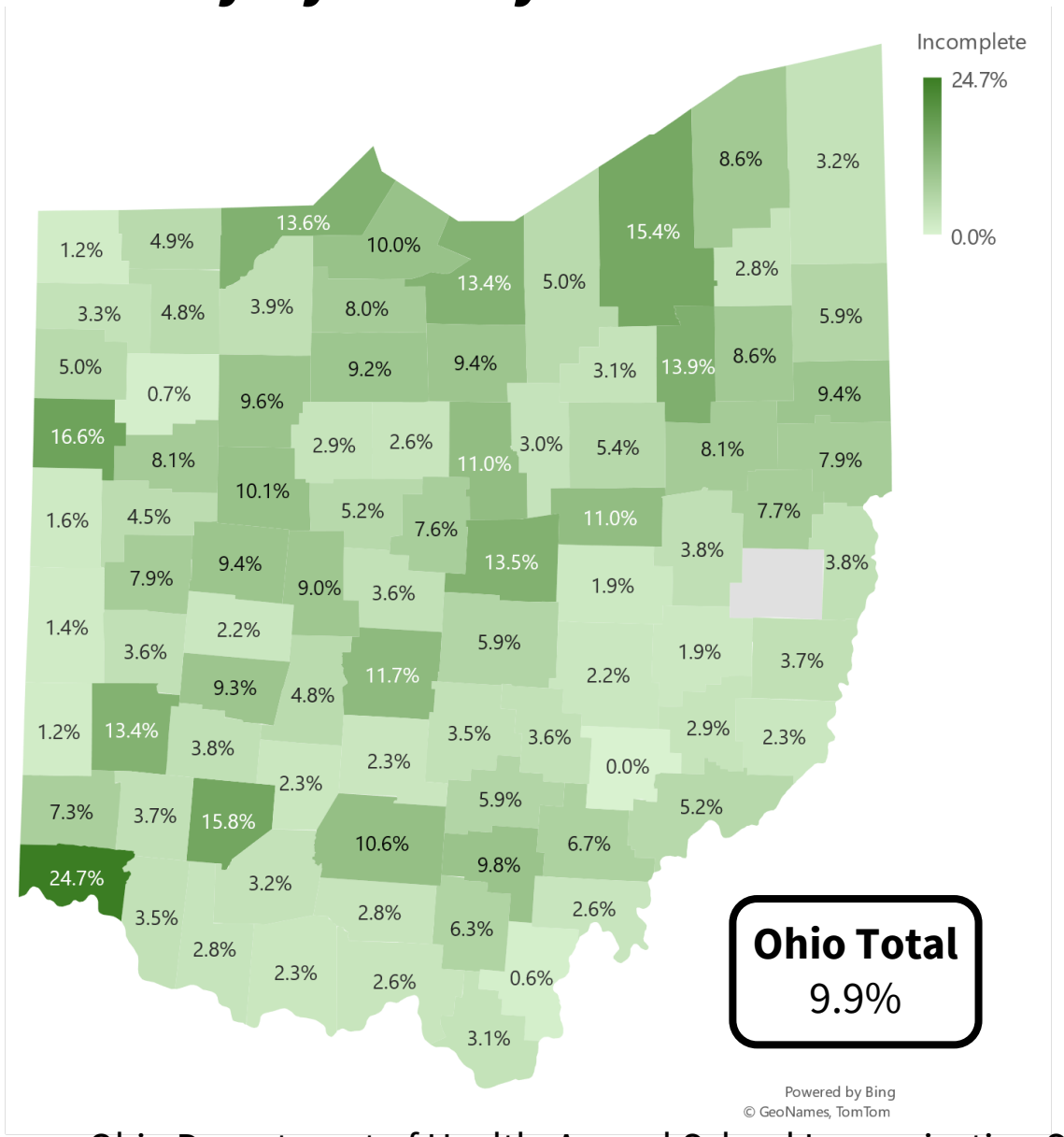
Ohio has seen an increase in exemptions since 2020-2021 school year, the COVID-19 pandemic.

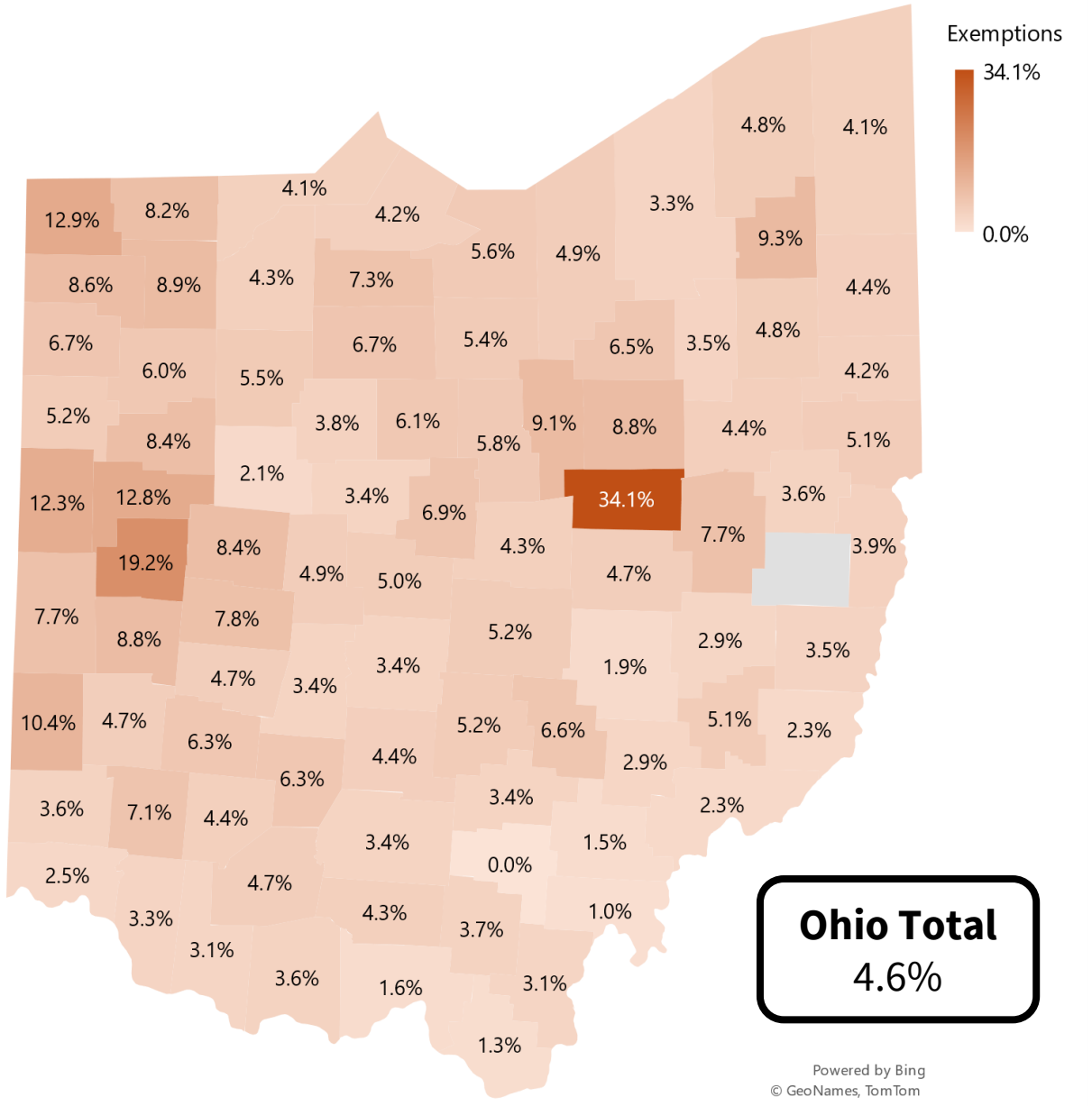


Source: Ohio Department of Health, Annual School Immunization Summary

Ohio Department of Health

2024-2025 school year: Kindergarten **incomplete** and **exemption** rates **vary by county.**

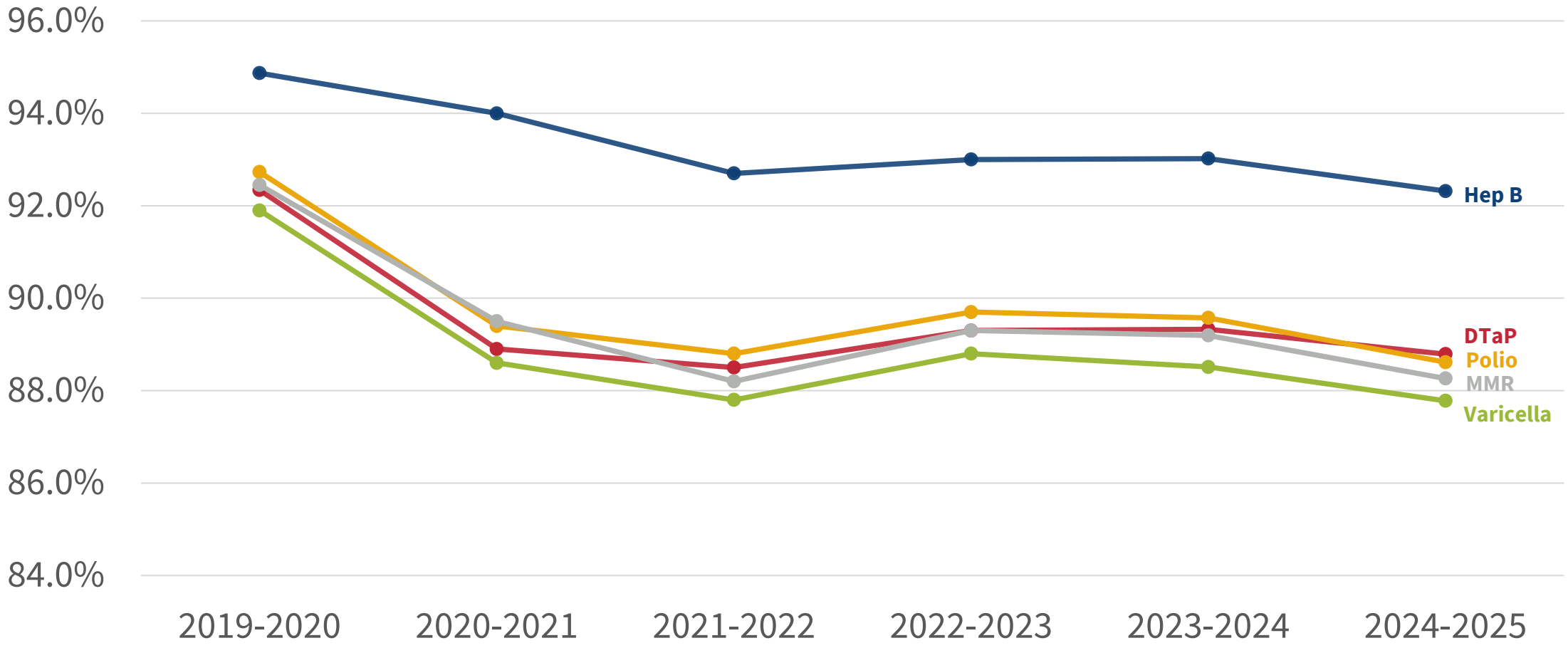




of

Source: Ohio Department of Health, Annual School Immunization Summary

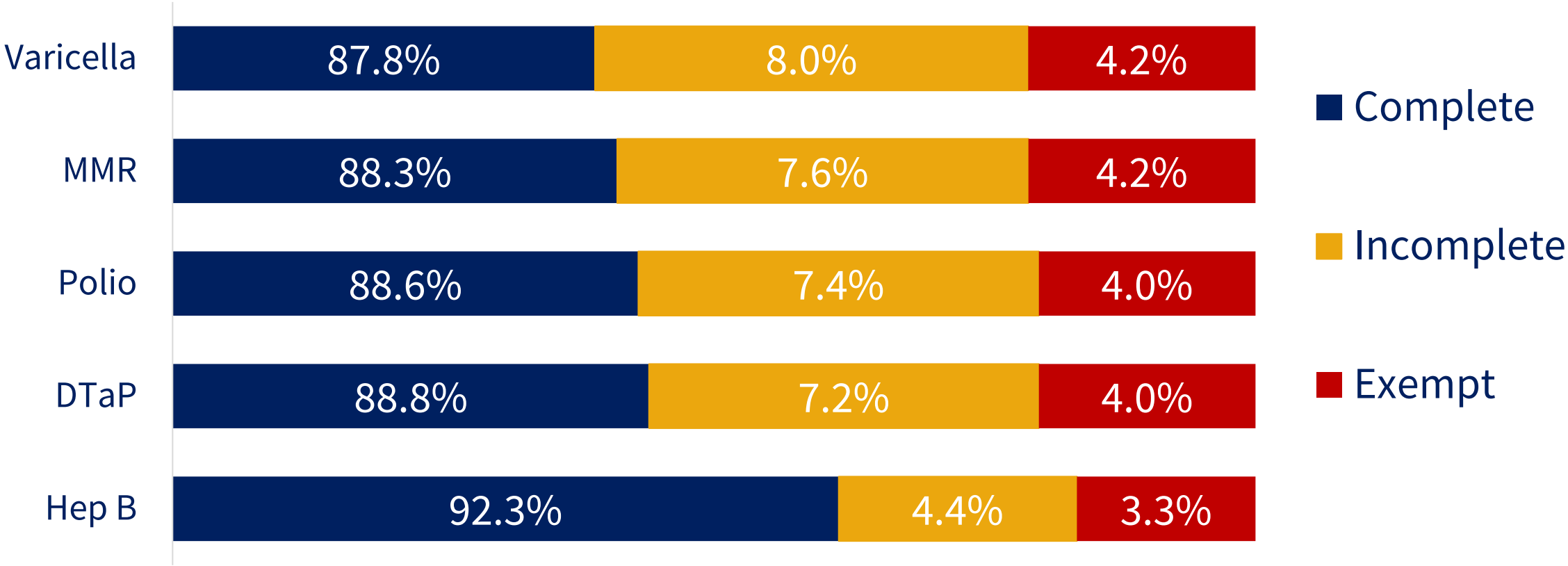
In 2024-2025, kindergarten **coverage decreased for all individual required antigens.** Largest decreases from the previous school year were seen for **Polio** (1%) and **MMR** (0.9%).



Source: Ohio Department of Health, Annual School Immunization Summary

Ohio Department of Health

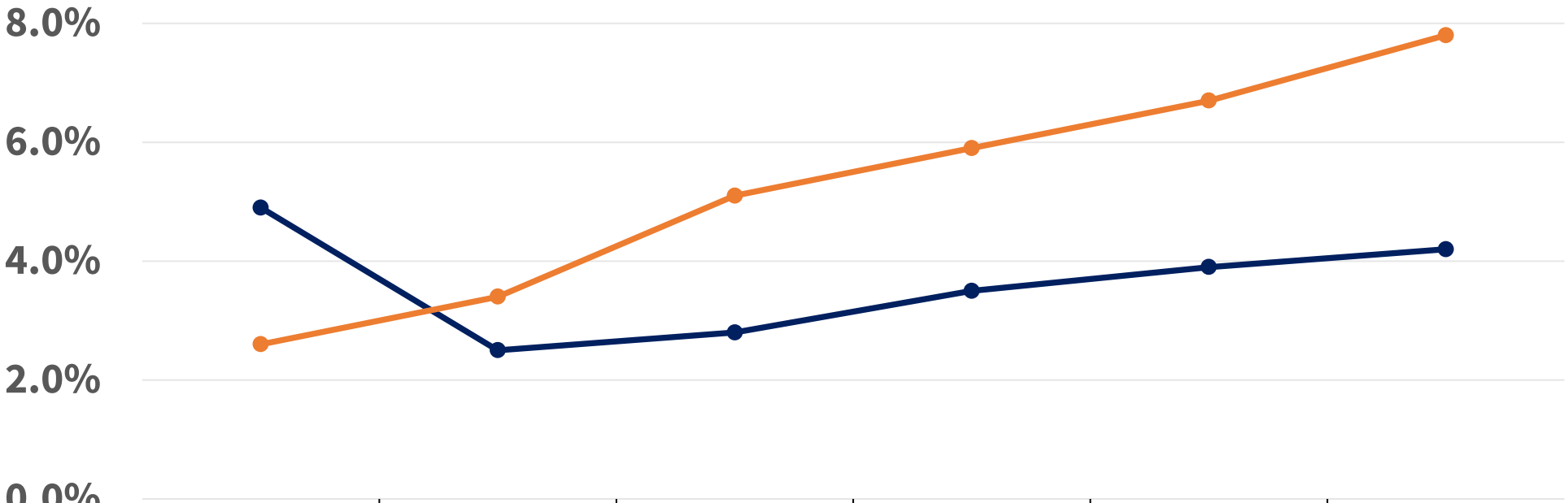
In 2024-2025, **all single antigens saw an increase in both incomplete and exemptions** reported. With a 0.2% to 0.6% increase in incomplete and an 0.2% to 0.4% increase in exemption rates as compared to the previous school year.



Source: Ohio Department of Health, Annual School Immunization Summary

Ohio Department of Health

Both public and private schools have seen an increase in total exemptions since the pandemic. Over the last school year, **public school** total exemptions **rate rose 0.3%**. **Private school** total exemptions **rate rose 1.1%**.



	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
Public	4.9%	2.5%	2.8%	3.5%	3.9%	4.2%
Private	2.6%	3.4%	5.1%	5.9%	6.7%	7.8%

Source: Ohio Department of Health, Annual School Immunization Summary

Ohio Department of Health

APPENDIX F: Northeast Ohio Medical University Interviews

The following pages show the stakeholders interviewed and the interview questions asked for the Northeast Ohio Medical University research.

Nourish Portage County

Stakeholders Interviewed

- Portage Learning Centers
- Portage County Job & Family Services
- University Hospitals Portage
- AxessPointe
- Portage County Health District

Stakeholder Survey Questions

- How would you describe the availability of fresh produce and healthy food options in Portage County? Which areas within the county do you feel have limited access to healthier food options?
- Are there transportation options available for individuals who need access to grocery stores or food assistance programs?
- Are there certain demographics or communities more affected by access/lack of access to nutritious food?
- How well are residents informed about food assistance programs that exist in Portage County? Do you feel there is a need for increased education?
- Do farmer's markets play a role in improving food insecurity in the county? Are these accessible to all communities including those individuals with limited transportation or mobility?
- How big of a role do the local schools and churches play in providing food or resources for people that are experiencing food insecurity?
- Is nutrition education integrated into the community programs available in the county?
- Do you think increasing access to and expanding delivery of Mobile Meal programs could be a strategy to improve food security of lesser served areas?
- What strategies do you think may help reduce food insecurity in the county?

Health Care Providers - Hospitals, Clinics, Home Health Agencies, or Insurance Groups

- How does food insecurity impact patient health outcomes in Portage County, and what trends have you observed?
- Would healthcare providers be willing to refer patients in need to a Mobile Meals program?
- Are there potential funding opportunities through healthcare initiatives, such as Medicare/Medicaid reimbursements or community health grants?
- Could we collaborate on nutrition education, wellness checks, or additional services for meal recipients?
- How can we ensure meals meet dietary needs for individuals with chronic conditions such as diabetes, heart disease, or food allergies?

For Government Officials (County & City Leaders, Public Health Officials, Social Services)

- What are the most pressing food insecurity challenges in Portage County, especially among seniors and homebound individuals?
- How does food insecurity impact healthcare costs and other public services in the county?
- Are there existing government programs or funding sources that could support a Meals on Wheels initiative?

- What policies or regulations would impact meal delivery operations, including food safety and volunteer requirements?
- What level of support could the county/city provide in terms of funding, transportation, or facilities?
- How can this program align with existing public health initiatives or social service efforts?

For Nonprofit & Community Leaders (Food Pantries, Senior Centers, Faith-Based Groups, Social Service Orgs)

- What gaps do you see in existing food assistance programs that a Meals on Wheels initiative could help fill?
- Are there any organizations currently offering meal delivery, and how could we collaborate instead of duplicating efforts?
- Would your organization be interested in partnering for meal preparation, distribution, or outreach?
- How do you currently engage volunteers, and what best practices could we use to recruit and retain delivery drivers?
- What challenges have similar food assistance programs faced in terms of sustainability, funding, or participation?

For Local Businesses & Food Providers (Restaurants, Grocery Stores, Farms, Food Distributors)

- Would your business be interested in donating surplus food, prepared meals, or ingredients to support this program?
- Are there opportunities for corporate sponsorships or fundraising partnerships?
- Could local restaurants or catering businesses participate in meal preparation for a fee or as part of a community initiative?
- How could we establish sustainable supply chain partnerships for food sourcing at an affordable cost?

For Potential Meal Recipients & Community Members

- What barriers prevent seniors or homebound individuals from accessing nutritious meals?
- What types of meals and dietary accommodations would be most beneficial?
- Would recipients be comfortable with volunteers checking in on their well-being during deliveries?
- How can we ensure dignity and accessibility in the application process (if one is developed)?
- What feedback do you have on other food assistance programs you've used?

Transportation Barriers

Stakeholders Interviewed

- University Hospitals (UH) Portage
- Portage Area Regional Transportation Authority (PARTA)
- Portage County Health District
- Coleman Health Services
- AxessPointe Community Health Centers
- Portage Metropolitan Housing Authority (PMHA)

Stakeholder Survey Questions

- What are the current Transportation options for residents of Portage County?
- What are the senior transportation options for medical appointments, or shopping trips?
- What are the transportation options for those that are reliant on a wheelchair or other medical equipment to get around?
- What would you consider to be some perceived barriers to accessing transportation, what would be some actual barriers that exist to prevent residents from having direct/ easy access to public means of transportation?
- What type of resources exist for residents who have little money to spend on transportation?
- How does Portage calculate out the amount of money to spend on transportation each fiscal year?
- Do you have any concerns about accessibility on public transportation, such as ramps, elevators, or designated seating?
- Are bus stops located in accessible locations within walking distance?
- What new transportation options would be beneficial to your community?
- How could the frequency of public transportation services be improved?
- Are there any specific routes that need to be added or adjusted?
- Are there any concerns about lighting or pedestrian safety at bus stops?
- Do you feel safe using public transportation in your neighborhood?
- What are the biggest challenges you face when trying to get around?
- Do you have any mobility limitations that affect your transportation options?
- Are there any specific areas in your neighborhood that are difficult to access by public transportation?
- How do you currently get around in your neighborhood and community?
- Which modes of transportation do you use most often (walking, biking, bus, car, taxi, rideshare)?
- Do you have access to a personal vehicle, and if so, how often do you use it?
- Can you please tell me what role a nurse plays in community outreach?
- What are some barriers that you as a community outreach nurse have been met with?
- What are the major barriers that are faced by the community residents of Portage County in your opinion?
- What are the barriers in transportation that community members have verbalized?
- What are available transportation options for medically Fragile patients that are offered?
- Does University Hospitals provide any type of transportation vouchers for patients that do not have any reliable transportation options to get them to/from medical appointments, treatment, and any other medically needed service?
- For the population in Portage County walking or biking to appointments would be a realistic option for residents daily.
- What might be some of the biggest challenges faced by the residents of portage county?
- Are there any areas of Portage County that you are aware of that have difficulty accessing public transportation?
- Do you feel that the barriers to transportation patients/residents face leads to noncompliance with medical care? Follow up appointments?

APPENDIX G: Youth Survey

The following pages show the questions asked and the results of the youth survey.

Note that some questions have very low numbers of responses. All of the questions were not shown to all of the students. Participating schools did not all use the same survey instrument, and some questions were only shown to a subset of respondents based on response criteria to previous questions in the survey.

PERSONAL SAFETY

Q1	How old are you?	Frequency	Percent	Cumulative Percent
	12 & under	15	6.0%	6.0%
	13 years old	39	15.6%	21.6%
	14 years old	62	24.8%	46.4%
	15 years old	60	24.0%	70.4%
	16 years old	13	5.2%	75.6%
	17 years old	36	14.4%	90.0%
	18 & over	25	10.0%	100.0%
	Missing	32		

Q2	In what Grade are you?	Frequency	Percent	Cumulative Percent
	Grade 6	2	0.8%	0.8%
	Grade 7	43	17.5%	18.3%
	Grade 8	49	19.9%	38.2%
	Grade 9	78	31.7%	69.9%
	Grade 10	15	6.1%	76.0%
	Grade 11	10	4.1%	80.1%
	Grade 12	49	19.9%	100.0%
	Missing	36		

Q4	What is your sex?	Frequency	Percent	Cumulative Percent
	Female	64	48.1%	48.1%
	Male	66	49.6%	97.7%
	Other Sex	3	2.3%	100.0%
	Missing	149		

Q5	To which gender identity do you most identify?	Frequency	Percent	Cumulative Percent
	Woman	62	47.0%	47.0%
	Man	66	50.0%	97.0%
	Trans	0	0.0%	97.0%
	Nonbinary	4	3.0%	100.0%
	Another gender	0	0.0%	100.0%
	Not answered	0	0.0%	100.0%
	Missing	150		

Q6	Which of the following best describes you?	Frequency	Percent	Cumulative Percent
	Hetero	106	80.9%	80.9%
	Gay	4	3.1%	84.0%
	Bisexual	14	10.7%	94.7%
	Other sexuality	3	2.3%	96.9%
	Questioning	3	2.3%	99.2%
	DK Sexuality	1	0.8%	100.0%
	Missing	151		

Q7	Are you Hispanic or Latino?	Frequency	Percent	Cumulative Percent
	No	220	93.2%	93.2%
	Yes	16	6.8%	100.0%
	Missing	46		

Q8	How do you describe yourself? [Select all that apply]			
	American Indian / Alaska Native	**Frequency**	**Percent**	**Cumulative Percent**
	Unchecked	225	95.7%	95.7%
	Checked	10	4.3%	100.0%
	Missing	47		
	Asian	**Frequency**	**Percent**	**Cumulative Percent**
	Unchecked	213	90.6%	90.6%
	Checked	22	9.4%	100.0%
	Missing	47		
	Black or African American	**Frequency**	**Percent**	**Cumulative Percent**
	Unchecked	197	83.8%	83.8%
	Checked	38	16.2%	100.0%
	Missing	47		
	Islander	**Frequency**	**Percent**	**Cumulative Percent**
	Unchecked	230	97.9%	97.9%
	Checked	5	2.1%	100.0%
	Missing	47		
	White	**Frequency**	**Percent**	**Cumulative Percent**
	Unchecked	67	28.5%	28.5%
	Checked	168	71.5%	100.0%
	Missing	47		
	Other (please identify)	**Frequency**	**Percent**	**Cumulative Percent**
	Unchecked	212	90.2%	90.2%
	Checked	23	9.8%	100.0%
	Missing	47		

Q9	How well do you think you're doing in school (e.g., Grades)?	Frequency	Percent	Cumulative Percent
	Poor	9	3.9%	3.9%
	Fair	40	17.2%	21.0%
	Good	77	33.0%	54.1%
	Very good	69	29.6%	83.7%
	Excellent	38	16.3%	100.0%
	Missing	49		

PERSONAL SAFETY

Q10	During the past 30 days, while riding in or driving a car or other vehicle, how often did you wear a seatbelt?	Frequency	Percent	Cumulative Percent
	I did not ride in or drive a car or other vehicle during the past 30 days	3	1.3%	1.3%
	Always	166	71.6%	72.8%
	Most of the time	41	17.7%	90.5%
	Sometimes	15	6.5%	97.0%
	Never	7	3.0%	100.0%
	Missing	50		

Q11a	a - 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?	Frequency	Percent	Cumulative Percent
	0 Times	205	90.3%	90.3%
	1 Time	12	5.3%	95.6%
	2 or 3 Times	3	1.3%	96.9%
	4 or 5 Times	3	1.3%	98.2%
	6 or More Times	4	1.8%	100.0%
	Missing	55		
Q11b	**b - During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?**	**Frequency**	**Percent**	**Cumulative Percent**
	Did not drive	73	34.9%	34.9%
	0 Times	130	62.2%	97.1%
	1 Time	2	1.0%	98.1%
	2 or 3 Times	3	1.4%	99.5%
	4 or 5 Times	0	0.0%	99.5%
	6 or More Times	1	0.5%	100.0%
	Missing	73		

Q12	During the past 30 days, did you drive a car or other vehicle while doing the following? (SELECT ALL THAT APPLY) [RESPONSE OPTIONS RANDOMIZED EXCEPT LAST OPTION]			
	Driving while tired or fatigued	**Frequency**	**Percent**	**Cumulative Percent**
	Checked	21	16.8%	100.0%
	Missing	157		
	Texting	**Frequency**	**Percent**	**Cumulative Percent**
	Unchecked	106	84.8%	84.8%
	Checked	19	15.2%	100.0%
	Missing	157		

Talking on cell phone	Frequency	Percent	Cumulative Percent
Unchecked	98	78.4%	78.4%
Checked	27	21.6%	100.0%
Missing	157		

Using cell phone other than talking or texting	Frequency	Percent	Cumulative Percent
Unchecked	113	90.4%	90.4%
Checked	12	9.6%	100.0%
Missing	157		

Reading	Frequency	Percent	Cumulative Percent
Unchecked	123	98.4%	98.4%
Checked	2	1.6%	100.0%
Missing	157		

Applying makeup	Frequency	Percent	Cumulative Percent
Unchecked	115	92.0%	92.0%
Checked	10	8.0%	100.0%
Missing	157		

Eating	Frequency	Percent	Cumulative Percent
Unchecked	94	75.2%	75.2%
Checked	31	24.8%	100.0%
Missing	157		

Drinking alcohol	Frequency	Percent	Cumulative Percent
Unchecked	122	97.6%	97.6%
Checked	3	2.4%	100.0%
Missing	157		

Using illegal drugs	Frequency	Percent	Cumulative Percent
Unchecked	124	99.2%	99.2%
Checked	1	0.8%	100.0%
Missing	157		

Using marijuana	Frequency	Percent	Cumulative Percent
Unchecked	124	99.2%	99.2%
Checked	1	0.8%	100.0%
Missing	157		

Misusing prescription drugs	Frequency	Percent	Cumulative Percent
Unchecked	124	99.2%	99.2%
Checked	1	0.8%	100.0%
Missing	157		

I do not do any of the above while driving	Frequency	Percent	Cumulative Percent
Unchecked	45	36.0%	36.0%
Checked	80	64.0%	100.0%
Missing	157		

Q13	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. During the past 12 months, how many times did you have a concussion from playing a sport or being physically active?	Frequency	Percent	Cumulative Percent
	0 Times	181	81.5%	81.5%
	1 Time	27	12.2%	93.7%
	2 Times	9	4.1%	97.7%
	3 Time	3	1.4%	99.1%
	4 or More Times	2	0.9%	100.0%
	Missing	60		

PERSONAL SAFETY

Q14	During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?	Frequency	Percent	Cumulative Percent
	0 Days	212	97.2%	97.2%
	1 Day	2	0.9%	98.2%
	2 or 3 Days	2	0.9%	99.1%
	4 or 5 Days	1	0.5%	99.5%
	6 or More Days	1	0.5%	100.0%
	Missing	64		

Q15	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?	Frequency	Percent	Cumulative Percent
	0 Days	187	86.2%	86.2%
	1 Day	8	3.7%	89.9%
	2 or 3 Days	19	8.8%	98.6%
	4 or 5 Days	0	0.0%	98.6%
	6 or More Days	3	1.4%	100.0%
	Missing	65		

Q16	During the past 12 months, has any of the following ever hit, slapped, or physically hurt you on purpose? (SELECT ALL THAT APPLY)			
	Boyfriend/Girlfriend	**Frequency**	**Percent**	**Cumulative Percent**
	Unchecked	208	97.2%	97.2%
	Checked	6	2.8%	100.0%
	Missing	68		
	Parent/Caregivers	**Frequency**	**Percent**	**Cumulative Percent**
	Unchecked	203	94.9%	94.9%
	Checked	11	5.1%	100.0%
	Missing	68		
	Other adult	**Frequency**	**Percent**	**Cumulative Percent**
	Unchecked	207	96.7%	96.7%
	Checked	7	3.3%	100.0%
	Missing	68		
	Other teen/student	**Frequency**	**Percent**	**Cumulative Percent**
	Unchecked	189	88.3%	88.3%
	Checked	25	11.7%	100.0%
	Missing	68		
	None of the above	**Frequency**	**Percent**	**Cumulative Percent**
	Unchecked	39	18.2%	18.2%
	Checked	175	81.8%	100.0%
	Missing	68		

Q17	Have you ever been forced to do any of the following or had any of the following forced on you? (SELECT ALL THAT APPLY) [RESPONSE OPTIONS RANDOMIZED EXCEPT LAST OPTION]			
	Sexual intercourse	**Frequency**	**Percent**	**Cumulative Percent**
	Unchecked	122	97.6%	97.6%
	Checked	3	2.4%	100.0%
	Missing	157		
	Oral sex	**Frequency**	**Percent**	**Cumulative Percent**
	Unchecked	119	95.2%	95.2%
	Checked	6	4.8%	100.0%
	Missing	157		
	Touched or be touched in an unsafe way (sexual way)	**Frequency**	**Percent**	**Cumulative Percent**
	Unchecked	110	88.0%	88.0%
	Checked	15	12.0%	100.0%
	Missing	157		
	Other sexual activity	**Frequency**	**Percent**	**Cumulative Percent**
	Unchecked	122	97.6%	97.6%
	Checked	3	2.4%	100.0%
	Missing	157		
	None of the above	**Frequency**	**Percent**	**Cumulative Percent**
	Unchecked	17	13.6%	13.6%
	Checked	108	86.4%	100.0%
	Missing	157		

Q18

During the past 12 months, have you ever been the victim of teasing or name calling because of any of the following? (SELECT ALL THAT APPLY) [RESPONSE OPTIONS RANDOMIZED EXCEPT LAST OPTION]

Your weight, size, or physical appearance	Frequency	Percent	Cumulative Percent
Unchecked	88	70.4%	70.4%
Checked	37	29.6%	100.0%
Missing	157		

Your gender/gender identity	Frequency	Percent	Cumulative Percent
Unchecked	118	94.4%	94.4%
Checked	7	5.6%	100.0%
Missing	157		

Your race or ethnic background	Frequency	Percent	Cumulative Percent
Unchecked	115	92.0%	92.0%
Checked	10	8.0%	100.0%
Missing	157		

Because of your sexual orientation	Frequency	Percent	Cumulative Percent
Unchecked	118	94.4%	94.4%
Checked	7	5.6%	100.0%
Missing	157		

None of the above	Frequency	Percent	Cumulative Percent
Unchecked	47	37.6%	37.6%
Checked	78	62.4%	100.0%
Missing	157		

Q19

Bullying is unwanted, aggressive behavior that involves a real or perceived power imbalance – such as physical strength, access to embarrassing information, or popularity – to control or harm others. During the past 12 months, have you ever experienced any of the following kinds of bullying? (SELECT ALL THAT APPLY) [RESPONSE OPTIONS RANDOMIZED EXCEPT LAST OPTION]

Physically bullied	Frequency	Percent	Cumulative Percent
Unchecked	115	92.0%	92.0%
Checked	10	8.0%	100.0%
Missing	157		

Verbally bullied	Frequency	Percent	Cumulative Percent
Unchecked	88	70.4%	70.4%
Checked	37	29.6%	100.0%
Missing	157		

Indirectly bullied	Frequency	Percent	Cumulative Percent
Unchecked	90	72.0%	72.0%
Checked	35	28.0%	100.0%
Missing	157		

Electronically bullied	Frequency	Percent	Cumulative Percent
Unchecked	105	84.0%	84.0%
Checked	20	16.0%	100.0%
Missing	157		

Sexually bullied	Frequency	Percent	Cumulative Percent
Unchecked	119	95.2%	95.2%
Checked	6	4.8%	100.0%
Missing	157		

None of the above	Frequency	Percent	Cumulative Percent
Unchecked	55	44.0%	44.0%
Checked	70	56.0%	100.0%
Missing	157		

Q20

During your life, how many times have you purposely hurt yourself (for example: cutting, burning, scratching, hitting, biting, etc.)?	Frequency	Percent	Cumulative Percent
0 Times	78	62.4%	62.4%
1 or 2 Times	17	13.6%	76.0%
3 to 9 Times	18	14.4%	90.4%
10 to 19 times	6	4.8%	95.2%
20 to 39 Times	2	1.6%	96.8%
40 or More Times	4	3.2%	100.0%
Missing	157		

MENTAL HEALTH

Q21	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?	Frequency	Percent	Cumulative Percent
	No	76	60.8%	60.8%
	Yes	49	39.2%	100.0%
	Missing	157		

Q22	During the past 12 months, did you ever seriously consider attempting suicide?	Frequency	Percent	Cumulative Percent
	No	110	89.4%	89.4%
	Yes	13	10.6%	100.0%
	Missing	159		

Q23	During the past 12 months, how many times did you actually attempt suicide?	Frequency	Percent	Cumulative Percent
	0 Times	4	30.8%	30.8%
	1 Time	3	23.1%	53.8%
	2 or 3 Times	4	30.8%	84.6%
	4 or 5 Times	1	7.7%	92.3%
	6 or More Times	1	7.7%	100.0%
	Missing	269		

Q24	During the past 12 months, did any suicide attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?	Frequency	Percent	Cumulative Percent
	No	7	77.8%	77.8%
	Yes	2	22.2%	100.0%
	Missing	273		

Q25	What causes you anxiety, stress, or depression? (SELECT ALL THAT APPLY) [RESPONSE OPTIONS RANDOMIZED EXCEPT LAST TWO OPTIONS]			
	Peer pressure	**Frequency**	**Percent**	**Cumulative Percent**
	Unchecked	89	72.4%	72.4%
	Checked	34	27.6%	100.0%
	Missing	159		
	Fighting in home	**Frequency**	**Percent**	**Cumulative Percent**
	Unchecked	90	73.2%	73.2%
	Checked	33	26.8%	100.0%
	Missing	159		

Poverty / no money	Frequency	Percent	Cumulative Percent
Unchecked	98	79.7%	79.7%
Checked	25	20.3%	100.0%
Missing	159		

Dating / relationships / breakups	Frequency	Percent	Cumulative Percent
Unchecked	81	65.9%	65.9%
Checked	42	34.1%	100.0%
Missing	159		

Fighting with friends	Frequency	Percent	Cumulative Percent
Unchecked	81	65.9%	65.9%
Checked	42	34.1%	100.0%
Missing	159		

Sports	Frequency	Percent	Cumulative Percent
Unchecked	88	71.5%	71.5%
Checked	35	28.5%	100.0%
Missing	159		

Being bullied	Frequency	Percent	Cumulative Percent
Unchecked	98	79.7%	79.7%
Checked	25	20.3%	100.0%
Missing	159		

Academic success	Frequency	Percent	Cumulative Percent
Unchecked	76	61.8%	61.8%
Checked	47	38.2%	100.0%
Missing	159		

Taking care of younger siblings	Frequency	Percent	Cumulative Percent
Unchecked	106	86.2%	86.2%
Checked	17	13.8%	100.0%
Missing	159		

Death of close family member or friend	Frequency	Percent	Cumulative Percent
Unchecked	87	70.7%	70.7%
Checked	36	29.3%	100.0%
Missing	159		

Parent is sick	Frequency	Percent	Cumulative Percent
Unchecked	113	91.9%	91.9%
Checked	10	8.1%	100.0%
Missing	159		

Alcohol or drug use in the home	Frequency	Percent	Cumulative Percent
Unchecked	116	94.3%	94.3%
Checked	7	5.7%	100.0%
Missing	159		

Parent divorce / separation	Frequency	Percent	Cumulative Percent
Unchecked	103	83.7%	83.7%
Checked	20	16.3%	100.0%
Missing	159		

Sexual orientation / gender identity	Frequency	Percent	Cumulative Percent
Unchecked	113	91.9%	91.9%
Checked	10	8.1%	100.0%
Missing	159		

Self-image	Frequency	Percent	Cumulative Percent
Unchecked	59	48.0%	48.0%
Checked	64	52.0%	100.0%
Missing	159		

Social media (Facebook, Instagram, etc)	Frequency	Percent	Cumulative Percent
Unchecked	104	84.6%	84.6%
Checked	19	15.4%	100.0%
Missing	159		

Current news / world events / political environment	Frequency	Percent	Cumulative Percent
Unchecked	94	76.4%	76.4%
Checked	29	23.6%	100.0%
Missing	159		

Not having a place to live	Frequency	Percent	Cumulative Percent
Unchecked	114	92.7%	92.7%
Checked	9	7.3%	100.0%
Missing	159		

Not having enough to eat	Frequency	Percent	Cumulative Percent
Unchecked	113	91.9%	91.9%
Checked	10	8.1%	100.0%
Missing	159		

Other (please specify)	Frequency	Percent	Cumulative Percent
Unchecked	118	95.9%	95.9%
Checked	5	4.1%	100.0%
Missing	159		

None of the above	Frequency	Percent	Cumulative Percent
Unchecked	100	81.3%	81.3%
Checked	23	18.7%	100.0%
Missing	159		

Q26

How do you deal with anxiety, stress, depression, or other personal problems? (SELECT ALL THAT APPLY) [RESPONSE OPTIONS RANDOMIZED EXCEPT FIRST AND LAST TWO OPTIONS]

I do not have anxiety, stress, or depression, or other personal problems	Frequency	Percent	Cumulative Percent
Unchecked	192	90.1%	90.1%
Checked	21	9.9%	100.0%
Missing	69		

Talk to someone in my family	Frequency	Percent	Cumulative Percent
Unchecked	152	71.4%	71.4%
Checked	61	28.6%	100.0%
Missing	69		

Contact a friend	Frequency	Percent	Cumulative Percent
Unchecked	147	69.0%	69.0%
Checked	66	31.0%	100.0%
Missing	69		

Exercise / sports	Frequency	Percent	Cumulative Percent
Unchecked	130	61.0%	61.0%
Checked	83	39.0%	100.0%
Missing	69		

Drink alcohol / smoke / use tobacco / use illegal drugs	Frequency	Percent	Cumulative Percent
Unchecked	206	96.7%	96.7%
Checked	7	3.3%	100.0%
Missing	69		

Sleep	Frequency	Percent	Cumulative Percent
Unchecked	99	46.5%	46.5%
Checked	114	53.5%	100.0%
Missing	69		

Creative outlet (music, art, journal, etc.)	Frequency	Percent	Cumulative Percent
Unchecked	120	56.3%	56.3%
Checked	93	43.7%	100.0%
Missing	69		

Shop	Frequency	Percent	Cumulative Percent
Unchecked	170	79.8%	79.8%
Checked	43	20.2%	100.0%
Missing	69		

Pray / Religious Use	Frequency	Percent	Cumulative Percent
Unchecked	168	78.9%	78.9%
Checked	45	21.1%	100.0%
Missing	69		

Social media:	Frequency	Percent	Cumulative Percent
Unchecked	151	70.9%	70.9%
Checked	62	29.1%	100.0%
Missing	69		

Play video games	Frequency	Percent	Cumulative Percent
Unchecked	146	68.5%	68.5%
Checked	67	31.5%	100.0%
Missing	69		

Use crisis lifeline / 988	Frequency	Percent	Cumulative Percent
Unchecked	209	98.1%	98.1%
Checked	4	1.9%	100.0%
Missing	69		

Other (please specify)	Frequency	Percent	Cumulative Percent
Unchecked	192	90.1%	90.1%
Checked	21	9.9%	100.0%
Missing	69		

None	Frequency	Percent	Cumulative Percent
Unchecked	197	92.5%	92.5%
Checked	16	7.5%	100.0%
Missing	69		

Q27

What would you do if you knew someone who was suicidal? (SELECT ALL THAT APPLY) [RESPONSE OPTIONS RANDOMIZED EXCEPT LAST TWO OPTIONS]

Call 911	Frequency	Percent	Cumulative Percent
Unchecked	186	88.6%	88.6%
Checked	24	11.4%	100.0%
Missing	72		

Contact crisis lifeline / 988	Frequency	Percent	Cumulative Percent
Unchecked	130	61.9%	61.9%
Checked	80	38.1%	100.0%
Missing	72		

Take them to the ER	Frequency	Percent	Cumulative Percent
Unchecked	201	95.7%	95.7%
Checked	9	4.3%	100.0%
Missing	72		

Contact a friend	Frequency	Percent	Cumulative Percent
Unchecked	161	76.7%	76.7%
Checked	49	23.3%	100.0%
Missing	72		

Contact a trusted adult	Frequency	Percent	Cumulative Percent
Unchecked	51	24.3%	24.3%
Checked	159	75.7%	100.0%
Missing	72		

Talk to them	Frequency	Percent	Cumulative Percent
Unchecked	47	22.4%	22.4%
Checked	163	77.6%	100.0%
Missing	72		

Contact your spiritual leader	Frequency	Percent	Cumulative Percent
Unchecked	196	93.3%	93.3%
Checked	14	6.7%	100.0%
Missing	72		

Other (please specify)	Frequency	Percent	Cumulative Percent
Unchecked	203	96.7%	96.7%
Checked	7	3.3%	100.0%
Missing	72		

Nothing	Frequency	Percent	Cumulative Percent
Unchecked	205	97.6%	97.6%
Checked	5	2.4%	100.0%
Missing	72		

28a

Have you ever experienced any of the following? (SELECT ALL THAT APPLY) [RESPONSE OPTIONS RANDOMIZED EXCEPT LAST OPTION]

Your family did not look out for each other, feel close to each other, or support each other	Frequency	Percent	Cumulative Percent
Unchecked	166	82.2%	82.2%
Checked	36	17.8%	100.0%
Missing	80		

You did not have enough to eat, had to wear dirty clothes, or had no one to protect you	Frequency	Percent	Cumulative Percent
Unchecked	187	92.6%	92.6%
Checked	15	7.4%	100.0%
Missing	80		

You lived with someone who was depressed, mentally ill or suicidal	Frequency	Percent	Cumulative Percent
Unchecked	146	72.3%	72.3%
Checked	56	27.7%	100.0%
Missing	80		

You lived with someone who was a problem drinker or an alcoholic	Frequency	Percent	Cumulative Percent
Unchecked	164	81.2%	81.2%
Checked	38	18.8%	100.0%
Missing	80		

You lived with someone who used illegal street drugs, or who abused prescription medication	Frequency	Percent	Cumulative Percent
Unchecked	184	91.1%	91.1%
Checked	18	8.9%	100.0%
Missing	80		

You lived with someone who served time or was sentenced to serve time in a prison, jail, or other correctional facility	Frequency	Percent	Cumulative Percent
Unchecked	181	89.6%	89.6%
Checked	21	10.4%	100.0%
Missing	80		

None of the above happened to me	Frequency	Percent	Cumulative Percent
Unchecked	84	41.6%	41.6%
Checked	118	58.4%	100.0%
Missing	80		

28b

Your parents became separated or were divorced	Frequency	Percent	Cumulative Percent
Unchecked	87	72.5%	72.5%
Checked	33	27.5%	100.0%
Missing	162		

Your parents or adults in your home slapped, hit, kicked, punched, or beat each other up	Frequency	Percent	Cumulative Percent
Unchecked	109	90.8%	90.8%
Checked	11	9.2%	100.0%
Missing	162		

A parent or adult in your home hit, beat, kicked, or physically hurt you in any way (not including spanking)	Frequency	Percent	Cumulative Percent
Unchecked	105	87.5%	87.5%
Checked	15	12.5%	100.0%
Missing	162		

A parent or adult in your home swore at you, insulted you, or put you down	Frequency	Percent	Cumulative Percent
Unchecked	90	75.0%	75.0%
Checked	30	25.0%	100.0%
Missing	162		

Someone at least 5 years older than you or an adult tried to make you touch them sexually	Frequency	Percent	Cumulative Percent
Unchecked	117	97.5%	97.5%
Checked	3	2.5%	100.0%
Missing	162		

Someone at least 5 years older than you or an adult touched you sexually	Frequency	Percent	Cumulative Percent
Unchecked	113	94.2%	94.2%
Checked	7	5.8%	100.0%
Missing	162		

Someone at least 5 years older than you or an adult forced you to have sex	Frequency	Percent	Cumulative Percent
Unchecked	119	99.2%	99.2%
Checked	1	0.8%	100.0%
Missing	162		

None of the above happened to me	Frequency	Percent	Cumulative Percent
Unchecked	53	44.2%	44.2%
Checked	67	55.8%	100.0%
Missing	162		

MENTAL HEALTH

Q29 **Which forms of nicotine/tobacco have you used in the past 12 months? (SELECT ALL THAT APPLY) [RESPONSE OPTIONS RANDOMIZED EXCEPT LAST OPTION]**

Cigarettes	Frequency	Percent	Cumulative Percent
Unchecked	204	98.1%	98.1%
Checked	4	1.9%	100.0%
Missing	74		

Vape products	Frequency	Percent	Cumulative Percent
Unchecked	192	92.3%	92.3%
Checked	16	7.7%	100.0%
Missing	74		

Cigars or Cigarillos (Black & Milds, Swishers, etc.)	Frequency	Percent	Cumulative Percent
Unchecked	204	98.1%	98.1%
Checked	4	1.9%	100.0%
Missing	74		

Zyns / nicotine pouches	Frequency	Percent	Cumulative Percent
Unchecked	204	98.1%	98.1%
Checked	4	1.9%	100.0%
Missing	74		

Chewing tobacco, snuff, dip (Redman, Skoal)	Frequency	Percent	Cumulative Percent
Unchecked	204	98.1%	98.1%
Checked	4	1.9%	100.0%
Missing	74		

Hookah	Frequency	Percent	Cumulative Percent
Unchecked	208	100.0%	100.0%
Checked	0	0.0%	100.0%
Missing	74		

I used another type of nicotine/tobacco product	Frequency	Percent	Cumulative Percent
Unchecked	208	100.0%	100.0%
Checked	0	0.0%	100.0%
Missing	74		

None	Frequency	Percent	Cumulative Percent
Unchecked	19	9.1%	9.1%
Checked	189	90.9%	100.0%
Missing	74		

Q30	During the past 30 days, on how many days did you use nicotine/tobacco products?	Frequency	Percent	Cumulative Percent
	0 days	5	26.3%	26.3%
	1 to 2 days	3	15.8%	42.1%
	3 to 5 days	1	5.3%	47.4%
	6 to 9 days	2	10.5%	57.9%
	10 to 19 days	0	0.0%	57.9%
	20 to 29 days	1	5.3%	63.2%
	All 30 days	7	36.8%	100.0%
	Missing	263		

VAPING

Q31	During the past 30 days, on how many days did you use an electronic vapor product?	Frequency	Percent	Cumulative Percent
	0 days	192	92.3%	92.3%
	1 to 2 days	5	2.4%	94.7%
	3 to 5 days	2	1.0%	95.7%
	6 to 9 days	1	0.5%	96.2%
	10 to 19 days	1	0.5%	96.6%
	20 to 29 days	1	0.5%	97.1%
	All 30 days	6	2.9%	100.0%
	Missing	74		

Q32

During the past 30 days, how did you usually get your own electronic vapor products? (SELECT ALL THAT APPLY) [RESPONSE OPTIONS RANDOMIZED EXCEPT LAST OPTION]

I bought them in a store such as a convenience store, supermarket, discount, store, or gas stations	Frequency	Percent	Cumulative Percent
Unchecked	13	86.7%	86.7%
Checked	2	13.3%	100.0%
Missing	267		

I got them at a vape store	Frequency	Percent	Cumulative Percent
Unchecked	11	73.3%	73.3%
Checked	4	26.7%	100.0%
Missing	267		

I got them on the internet	Frequency	Percent	Cumulative Percent
Unchecked	15	100.0%	100.0%
Checked	0	0.0%	100.0%
Missing	267		

I gave someone else money to buy them for me	Frequency	Percent	Cumulative Percent
Unchecked	12	80.0%	80.0%
Checked	3	20.0%	100.0%
Missing	267		

I borrowed them from someone else	Frequency	Percent	Cumulative Percent
Unchecked	11	73.3%	73.3%
Checked	4	26.7%	100.0%
Missing	267		

A person 18 years or older gave them to me	Frequency	Percent	Cumulative Percent
Unchecked	13	86.7%	86.7%
Checked	2	13.3%	100.0%
Missing	267		

I took them from a store or another person	Frequency	Percent	Cumulative Percent
Unchecked	14	93.3%	93.3%
Checked	1	6.7%	100.0%
Missing	267		

I got them some other way	Frequency	Percent	Cumulative Percent
Unchecked	11	73.3%	73.3%
Checked	4	26.7%	100.0%
Missing	267		

Q33

If you used electronic vapor products in the past 12 months, what did you put in them? (SELECT ALL THAT APPLY) [RESPONSE OPTIONS RANDOMIZED EXCEPT FIRST AND LAST OPTIONS]

I did not use electronic vapor products in the past 12 months	Frequency	Percent	Cumulative Percent
Unchecked	22	11.1%	11.1%
Checked	177	88.9%	100.0%
Missing	83		

E-liquid or e-juice with nicotine	Frequency	Percent	Cumulative Percent
Unchecked	188	94.5%	94.5%
Checked	11	5.5%	100.0%
Missing	83		

E-liquid or e-juice without nicotine	Frequency	Percent	Cumulative Percent
Unchecked	196	98.5%	98.5%
Checked	3	1.5%	100.0%
Missing	83		

Homemade e-liquid or e-juice	Frequency	Percent	Cumulative Percent
Unchecked	199	100.0%	100.0%
Checked	0	0.0%	100.0%
Missing	83		

Marijuana or THC in your e-liquid	Frequency	Percent	Cumulative Percent
Unchecked	190	95.5%	95.5%
Checked	9	4.5%	100.0%
Missing	83		

Other drugs in your e-liquid	Frequency	Percent	Cumulative Percent
Unchecked	197	99.0%	99.0%
Checked	2	1.0%	100.0%
Missing	83		

ALCOHOL CONSUMPTION

Q34	How old were you when you had your first drink of alcohol other than a few sips?	Frequency	Percent	Cumulative Percent
	I have never had alcohol	81	40.1%	40.1%
	I have never had a drink of alcohol other than a few sips	69	34.2%	74.3%
	8 years old	6	3.0%	77.2%
	9 years old	2	1.0%	78.2%
	10 years old	3	1.5%	79.7%
	11 years old	7	3.5%	83.2%
	12 years old	6	3.0%	86.1%
	13 years old	7	3.5%	89.6%
	14 years old	8	4.0%	93.6%
	15 years old	6	3.0%	96.5%
	16 years old	3	1.5%	98.0%
	17 years old or older	4	2.0%	100.0%
	Missing	80		

Q35	During your life, on how many days have you had at least one drink of alcohol?	Frequency	Percent	Cumulative Percent
	1 to 2 days	13	37.1%	37.1%
	3 to 9 days	9	25.7%	62.9%
	10 to 19 days	2	5.7%	68.6%
	20 to 39 days	7	20.0%	88.6%
	40 to 99 days	2	5.7%	94.3%
	100 or more days	2	5.7%	100.0%
	Missing	247		

Q36	During the past 30 days, on how many days did you have at least one drink of alcohol?	Frequency	Percent	Cumulative Percent
	0 days	18	52.9%	52.9%
	1 to 2 days	11	32.4%	85.3%
	3 to 5 days	4	11.8%	97.1%
	6 to 9 days	0	0.0%	97.1%
	10 to 19 days	1	2.9%	100.0%
	20 to 29 days	0	0.0%	100.0%
	All 30 days	0	0.0%	100.0%
	Missing	248		

Q37

During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row (if you are female) or 5 or more drinks of alcohol in a row (if you are male)?	Frequency	Percent	Cumulative Percent
0 days	9	56.3%	56.3%
1 day	3	18.8%	75.0%
2 days	2	12.5%	87.5%
3 to 5 days	1	6.3%	93.8%
6 to 9 days	0	0.0%	93.8%
10 to 19 days	1	6.3%	100.0%
20 days or more	0	0.0%	100.0%
Missing	266		

Q38

During the past 30 days, how did you usually get your alcohol? (SELECT ALL THAT APPLY) [RESPONSE OPTIONS RANDOMIZED EXCEPT FIRST AND LAST OPTIONS]

I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station	Frequency	Percent	Cumulative Percent
Unchecked	14	87.5%	87.5%
Checked	2	12.5%	100.0%
Missing	266		

At a party with other kids	Frequency	Percent	Cumulative Percent
Unchecked	10	62.5%	62.5%
Checked	6	37.5%	100.0%
Missing	266		

Someone bought it for me	Frequency	Percent	Cumulative Percent
Unchecked	12	75.0%	75.0%
Checked	4	25.0%	100.0%
Missing	266		

My parent gave it to me	Frequency	Percent	Cumulative Percent
Unchecked	9	56.3%	56.3%
Checked	7	43.8%	100.0%
Missing	266		

My friend's parent gave it to me	Frequency	Percent	Cumulative Percent
Unchecked	12	75.0%	75.0%
Checked	4	25.0%	100.0%
Missing	266		

I took it from a store or family member	Frequency	Percent	Cumulative Percent
Unchecked	13	81.3%	81.3%
Checked	3	18.8%	100.0%
Missing	266		

I bought it with a fake ID	Frequency	Percent	Cumulative Percent
Unchecked	16	100.0%	100.0%
Checked	0	0.0%	100.0%
Missing	266		

Other (please specify):	Frequency	Percent	Cumulative Percent
Unchecked	16	100.0%	100.0%
Checked	0	0.0%	100.0%
Missing	266		

Q39 **What has been your reason for not drinking alcohol? (SELECT ALL THAT APPLY)) [RESPONSE OPTIONS RANDOMIZED EXCEPT LAST TWO OPTIONS]**

I want to be healthy	Frequency	Percent	Cumulative Percent
Unchecked	97	48.0%	48.0%
Checked	105	52.0%	100.0%
Missing	80		

I have health concerns or conditions	Frequency	Percent	Cumulative Percent
Unchecked	177	87.6%	87.6%
Checked	25	12.4%	100.0%
Missing	80		

Legal consequences	Frequency	Percent	Cumulative Percent
Unchecked	147	72.8%	72.8%
Checked	55	27.2%	100.0%
Missing	80		

Parent/guardian would be upset	Frequency	Percent	Cumulative Percent
Unchecked	130	64.4%	64.4%
Checked	72	35.6%	100.0%
Missing	80		

I could face consequences in school (e.g., getting kicked out of extra-curricular activities)	Frequency	Percent	Cumulative Percent
Unchecked	145	71.8%	71.8%
Checked	57	28.2%	100.0%
Missing	80		

My personal values/beliefs	Frequency	Percent	Cumulative Percent
Unchecked	134	66.3%	66.3%
Checked	68	33.7%	100.0%
Missing	80		

My friends/peer group don't drink alcohol	Frequency	Percent	Cumulative Percent
Unchecked	163	80.7%	80.7%
Checked	39	19.3%	100.0%
Missing	80		

I just don't feel the need or interest in drinking	Frequency	Percent	Cumulative Percent
Unchecked	79	39.1%	39.1%
Checked	123	60.9%	100.0%
Missing	80		

Other (please specify)	Frequency	Percent	Cumulative Percent
Unchecked	186	92.1%	92.1%
Checked	16	7.9%	100.0%
Missing	80		

None	Frequency	Percent	Cumulative Percent
Unchecked	171	84.7%	84.7%
Checked	31	15.3%	100.0%
Missing	80		

DRUG USE

Q40

During the past 30 days, how many times did you use marijuana?	Frequency	Percent	Cumulative Percent
0 times	186	91.6%	91.6%
1 to 2 times	7	3.4%	95.1%
3 to 9 times	3	1.5%	96.6%
10 to 19 times	3	1.5%	98.0%
20 to 39 times	1	0.5%	98.5%
40 or more times	3	1.5%	100.0%
Missing	79		

Q41

During your life, how many times have you used the following drugs? [ROWS RANDOMIZED EXCEPT LAST ROW]

Any form of cocaine (including powder or Crack)	Frequency	Percent	Cumulative Percent
0 times	117	97.5%	97.5%
1 or 2 times	3	2.5%	100.0%
3 or more times	0	0.0%	100.0%
Missing	162		

Fentanyl (including Fentanyl-laced drugs)	Frequency	Percent	Cumulative Percent
0 times	119	99.2%	99.2%
1 or 2 times	0	0.0%	99.2%
3 or more times	1	0.8%	100.0%
Missing	162		

Took steroid pills, creams, or shots without a doctor's prescription	Frequency	Percent	Cumulative Percent
0 times	118	97.5%	97.5%
1 or 2 times	1	0.8%	98.3%
3 or more times	2	1.7%	100.0%
Missing	161		

Ecstasy/MDMA/Molly	Frequency	Percent	Cumulative Percent
0 times	120	99.2%	99.2%
1 or 2 times	1	0.8%	100.0%
3 or more times	0	0.0%	100.0%
Missing	161		

Synthetic marijuana (also called Spice, fake weed, K2, or Black Mamba)	Frequency	Percent	Cumulative Percent
0 times	115	95.0%	95.0%
1 or 2 times	4	3.3%	98.3%
3 or more times	2	1.7%	100.0%
Missing	161		

Q42

What has been your reason for not using drugs? (SELECT ALL THAT APPLY) [RESPONSE OPTIONS RANDOMIZED EXCEPT LAST TWO OPTIONS]

I have health concerns or conditions	Frequency	Percent	Cumulative Percent
Unchecked	160	79.6%	79.6%
Checked	41	20.4%	100.0%
Missing	81		

Legal consequences	Frequency	Percent	Cumulative Percent
Unchecked	127	63.2%	63.2%
Checked	74	36.8%	100.0%
Missing	81		

Parent / guardian would be upset	Frequency	Percent	Cumulative Percent
Unchecked	100	49.8%	49.8%
Checked	101	50.2%	100.0%
Missing	81		

I could face consequences in school (e.g., getting kicked out of extra-curricular activities)	Frequency	Percent	Cumulative Percent
Unchecked	132	65.7%	65.7%
Checked	69	34.3%	100.0%
Missing	81		

My personal values/beliefs	Frequency	Percent	Cumulative Percent
Unchecked	109	54.2%	54.2%
Checked	92	45.8%	100.0%
Missing	81		

My friends / peer group don't use drugs	Frequency	Percent	Cumulative Percent
Unchecked	147	73.1%	73.1%
Checked	54	26.9%	100.0%
Missing	81		

I just don't feel the need or interest in using drugs	Frequency	Percent	Cumulative Percent
Unchecked	63	31.3%	31.3%
Checked	138	68.7%	100.0%
Missing	81		

Other (please specify)	Frequency	Percent	Cumulative Percent
Unchecked	191	95.0%	95.0%
Checked	10	5.0%	100.0%
Missing	81		

None	Frequency	Percent	Cumulative Percent
Unchecked	173	86.1%	86.1%
Checked	28	13.9%	100.0%
Missing	81		

SEXUAL BEHAVIOR

Q43 **Where have you been taught about pregnancy prevention, sexually transmitted infections, AIDS or HIV infection, or the use of condoms? (SELECT ALL THAT APPLY) [RESPONSE OPTIONS RANDOMIZED EXCEPT LAST TWO OPTIONS]**

School	Frequency	Percent	Cumulative Percent
Unchecked	22	18.6%	18.6%
Checked	96	81.4%	100.0%
Missing	164		

My doctor / healthcare provider	Frequency	Percent	Cumulative Percent
Unchecked	83	70.3%	70.3%
Checked	35	29.7%	100.0%
Missing	164		

Parents	Frequency	Percent	Cumulative Percent
Unchecked	55	46.6%	46.6%
Checked	63	53.4%	100.0%
Missing	164		

Friends	Frequency	Percent	Cumulative Percent
Unchecked	89	75.4%	75.4%
Checked	29	24.6%	100.0%
Missing	164		

Siblings (brothers/sisters)	Frequency	Percent	Cumulative Percent
Unchecked	103	87.3%	87.3%
Checked	15	12.7%	100.0%
Missing	164		

Church	Frequency	Percent	Cumulative Percent
Unchecked	116	98.3%	98.3%
Checked	2	1.7%	100.0%
Missing	164		

Internet or other social media	Frequency	Percent	Cumulative Percent
Unchecked	82	69.5%	69.5%
Checked	36	30.5%	100.0%
Missing	164		

Somewhere else	Frequency	Percent	Cumulative Percent
Unchecked	111	94.1%	94.1%
Checked	7	5.9%	100.0%
Missing	164		

Have not been taught about these subjects	Frequency	Percent	Cumulative Percent
Unchecked	113	95.8%	95.8%
Checked	5	4.2%	100.0%
Missing	164		

Q44 **Have you ever participated in the following? (SELECT ALL THAT APPLY [RESPONSE OPTIONS RANDOMIZED EXCEPT LAST OPTION]**

Sexual intercourse	Frequency	Percent	Cumulative Percent
Unchecked	15	60.0%	60.0%
Checked	10	40.0%	100.0%
Missing	257		

Oral sex	Frequency	Percent	Cumulative Percent
Unchecked	16	64.0%	64.0%
Checked	9	36.0%	100.0%
Missing	257		

Anal sex	Frequency	Percent	Cumulative Percent
Unchecked	21	84.0%	84.0%
Checked	4	16.0%	100.0%
Missing	257		

Sexting (pictures and/or words)	Frequency	Percent	Cumulative Percent
Unchecked	16	64.0%	64.0%
Checked	9	36.0%	100.0%
Missing	257		

View pornography	Frequency	Percent	Cumulative Percent
Unchecked	17	68.0%	68.0%
Checked	8	32.0%	100.0%
Missing	257		

None of the above	Frequency	Percent	Cumulative Percent
Unchecked	13	52.0%	52.0%
Checked	12	48.0%	100.0%
Missing	257		

Q45	How old were you when you had sexual intercourse for the first	Frequency	Percent	Cumulative Percent
	11 years old or younger	1	10.0%	10.0%
	12 years old	0	0.0%	10.0%
	13 years old	0	0.0%	10.0%
	14 years old	1	10.0%	20.0%
	15 years old	3	30.0%	50.0%
	16 years old	2	20.0%	70.0%
	17 years old or older	3	30.0%	100.0%
	Missing	272		

Q46	During your life, with how many people have you had sexual intercourse?	Frequency	Percent	Cumulative Percent
	1 person	5	50.0%	50.0%
	2 people	3	30.0%	80.0%
	3 people	1	10.0%	90.0%
	4 people	0	0.0%	90.0%
	5 people	0	0.0%	90.0%
	6 or more people	1	10.0%	100.0%
	Missing	272		

Q47

The last time you had sexual intercourse, what method did you or your partner use to prevent pregnancy and/or sexually transmitted infections? (SELECT ALL THAT APPLY) [RESPONSE OPTIONS RANDOMIZED EXCEPT FIRST AND LAST OPTIONS]

No method was used to prevent pregnancy and/or sexually transmitted infections	Frequency	Percent	Cumulative Percent
Unchecked	10	100.0%	100.0%
Checked	0	0.0%	100.0%
Missing	272		

Birth control pills	Frequency	Percent	Cumulative Percent
Unchecked	6	60.0%	60.0%
Checked	4	40.0%	100.0%
Missing	272		

Condoms or Female Condoms	Frequency	Percent	Cumulative Percent
Unchecked	4	40.0%	40.0%
Checked	6	60.0%	100.0%
Missing	272		

A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)	Frequency	Percent	Cumulative Percent
Unchecked	8	80.0%	80.0%
Checked	2	20.0%	100.0%
Missing	272		

An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)	Frequency	Percent	Cumulative Percent
Unchecked	8	80.0%	80.0%
Checked	2	20.0%	100.0%
Missing	272		

"Pull-out" method	Frequency	Percent	Cumulative Percent
Unchecked	4	40.0%	40.0%
Checked	6	60.0%	100.0%
Missing	272		

Not sure	Frequency	Percent	Cumulative Percent
Unchecked	9	90.0%	90.0%
Checked	1	10.0%	100.0%
Missing	272		

DIET & NUTRITION

Q48

How do you describe your weight?	Frequency	Percent	Cumulative Percent
Very underweight	3	2.5%	2.5%
Slightly underweight	23	19.2%	21.7%
About the right weight	60	50.0%	71.7%
Slightly overweight	28	23.3%	95.0%
Very overweight	6	5.0%	100.0%
Missing	162		

Q49

Which of the following are you trying to do about your weight?	Frequency	Percent	Cumulative Percent
Lose weight	59	49.2%	49.2%
Gain weight	24	20.0%	69.2%
Stay the same weight	16	13.3%	82.5%
I am not trying to do anything about my weight	21	17.5%	100.0%
Missing	162		

Q50

During the past 30 days, did you do any of the following to lose weight or keep from gaining weight? (SELECT ALL THAT APPLY) [RESPONSE OPTIONS RANDOMIZED EXCEPT FIRST OPTION]

I did not do anything to lose weight or keep from gaining weight	Frequency	Percent	Cumulative Percent
Unchecked	78	68.4%	68.4%
Checked	36	31.6%	100.0%
Missing	168		

East less food, fewer calories, or foods low in fat	Frequency	Percent	Cumulative Percent
Unchecked	84	73.7%	73.7%
Checked	30	26.3%	100.0%
Missing	168		

Eat more fruits and vegetables	Frequency	Percent	Cumulative Percent
Unchecked	71	62.3%	62.3%
Checked	43	37.7%	100.0%
Missing	168		

Drink more water	Frequency	Percent	Cumulative Percent
Unchecked	67	58.8%	58.8%
Checked	47	41.2%	100.0%
Missing	168		

Exercise	Frequency	Percent	Cumulative Percent
Unchecked	57	50.0%	50.0%
Checked	57	50.0%	100.0%
Missing	168		

Skip meals	Frequency	Percent	Cumulative Percent
Unchecked	89	78.1%	78.1%
Checked	25	21.9%	100.0%
Missing	168		

Go without eating for 24 hours	Frequency	Percent	Cumulative Percent
Unchecked	104	91.2%	91.2%
Checked	10	8.8%	100.0%
Missing	168		

Take any diet pills, powders, or liquids without a doctor's advice	Frequency	Percent	Cumulative Percent
Unchecked	111	97.4%	97.4%
Checked	3	2.6%	100.0%
Missing	168		

Vomit or take laxatives	Frequency	Percent	Cumulative Percent
Unchecked	109	95.6%	95.6%
Checked	5	4.4%	100.0%
Missing	168		

Smoke cigarettes/e-cigarettes	Frequency	Percent	Cumulative Percent
Unchecked	113	99.1%	99.1%
Checked	1	0.9%	100.0%
Missing	168		

Use illegal drugs	Frequency	Percent	Cumulative Percent
Unchecked	114	100.0%	100.0%
Checked	0	0.0%	100.0%
Missing	168		

Other (please specify)	Frequency	Percent	Cumulative Percent
Unchecked	107	93.9%	93.9%
Checked	7	6.1%	100.0%
Missing	168		

Q51

During the past 7 days, how many times did you have the following per day? [ROWS RANDOMIZED]

Fruit	Frequency	Percent	Cumulative Percent
0 Times Per Day	14	7.3%	7.3%
1 To 3 Times Per Day	179	92.7%	100.0%
Missing	89		

Vegetables	Frequency	Percent	Cumulative Percent
0 Times Per Day	27	14.0%	14.0%
1 To 3 Times Per Day	166	86.0%	100.0%
Missing	89		

Sugar sweetened beverages	Frequency	Percent	Cumulative Percent
0 Times Per Day	44	23.0%	23.0%
1 To 3 Times Per Day	147	77.0%	100.0%
Missing	91		

Caffeinated beverages or energy drinks	Frequency	Percent	Cumulative Percent
0 Times Per Day	84	44.7%	44.7%
1 To 3 Times Per Day	104	55.3%	100.0%
Missing	94		

Q52

Please select the most appropriate response for you and your family for the following questions. [ROWS RANDOMIZED]

In the past 12 months, I worried about whether our food would run out before we got money to buy more.	Frequency	Percent	Cumulative Percent
Never true	157	82.2%	82.2%
Sometimes true	25	13.1%	95.3%
Often true	9	4.7%	100.0%
Missing	91		

In the past 12 months, the food that we bought just did not last, and we did not have money to get	Frequency	Percent	Cumulative Percent
Never true	160	84.7%	84.7%
Sometimes true	23	12.2%	96.8%
Often true	6	3.2%	100.0%
Missing	93		

In the past 12 months, there was nowhere nearby for me or my family to get food.	Frequency	Percent	Cumulative Percent
Never true	181	95.3%	95.3%
Sometimes true	7	3.7%	98.9%
Often true	2	1.1%	100.0%
Missing	92		

Q53	On an average school day, how many hours are spent on screen time (TV, video games, computer, etc.)?	Frequency	Percent	Cumulative Percent
	0 hours	4	2.1%	2.1%
	Less than 1 hour	4	2.1%	4.2%
	1 hour	12	6.3%	10.4%
	2 hours	24	12.5%	22.9%
	3 hours	39	20.3%	43.2%
	4 hours	38	19.8%	63.0%
	5 hours	30	15.6%	78.6%
	6 or more hours	41	21.4%	100.0%
	Missing	90		

Q54	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 spent in any kind of physical activity that increases your heart rate and make you breathe hard some of the time.)	Frequency	Percent	Cumulative Percent
	0 days	17	8.9%	8.9%
	1 day	12	6.3%	15.1%
	2 days	17	8.9%	24.0%
	3 days	21	10.9%	34.9%
	4 days	27	14.1%	49.0%
	5 days	29	15.1%	64.1%
	6 days	27	14.1%	78.1%
	7 days	42	21.9%	100.0%
	Missing	90		

Q55	When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?	Frequency	Percent	Cumulative Percent
	Less than 1 year ago	139	72.0%	72.0%
	Between 1 and 2 years ago	19	9.8%	81.9%
	More than 2 years ago	9	4.7%	86.5%
	Never	3	1.6%	88.1%
	Don't know / not sure	23	11.9%	100.0%
	Missing	89		

Q56	When did you last visit your doctor or healthcare provider for a routine check-up?	Frequency	Percent	Cumulative Percent
	Less than 1 year ago	136	71.2%	71.2%
	1 to 2 years ago	27	14.1%	85.3%
	3 to 5 years ago	3	1.6%	86.9%
	5 or more years ago	3	1.6%	88.5%
	Never	1	0.5%	89.0%
	Don't know / not sure	21	11.0%	100.0%
	Missing	91		

Q57	On an average school night, how many hours of sleep do you get?	Frequency	Percent	Cumulative Percent
	4 or less hours	16	8.4%	8.4%
	5 hours	22	11.6%	20.0%
	6 hours	46	24.2%	44.2%
	7 hours	48	25.3%	69.5%
	8 hours	41	21.6%	91.1%
	9 hours	13	6.8%	97.9%
	10 or more hours	4	2.1%	100.0%
	Missing	92		

Q58	During the past 30 days, where did you usually sleep?	Frequency	Percent	Cumulative Percent
	In my parent's or guardian's home	181	95.8%	95.8%
	In the home of a friend, family member, or other person because I had to leave my home or my parent or guardian cannot afford housing	2	1.1%	96.8%
	In a shelter or emergency housing	0	0.0%	96.8%
	In a motel or hotel	1	0.5%	97.4%
	In a car, park, campground, or other public place	0	0.0%	97.4%
	I do not have a usual place to sleep	0	0.0%	97.4%
	Somewhere else	5	2.6%	100.0%
	Missing	93		

Q59	Please select the most appropriate response for you and your family for the following questions. [ROWS RANDOMIZED]			
	I do not have any of these accounts	**Frequency**	**Percent**	**Cumulative Percent**
	Unchecked	106	92.2%	92.2%
	Checked	9	7.8%	100.0%
	Missing	167		
	I have met in person all of the people in "my friends"	**Frequency**	**Percent**	**Cumulative Percent**
	Unchecked	96	83.5%	83.5%
	Checked	19	16.5%	100.0%
	Missing	167		
	I have met in person all of the people I play online	**Frequency**	**Percent**	**Cumulative Percent**
	Unchecked	102	88.7%	88.7%
	Checked	13	11.3%	100.0%
	Missing	167		
	I share personal information about myself, such as where I live	**Frequency**	**Percent**	**Cumulative Percent**
	Unchecked	110	95.7%	95.7%
	Checked	5	4.3%	100.0%
	Missing	167		

My account is currently checked private	Frequency	Percent	Cumulative Percent
Unchecked	79	68.7%	68.7%
Checked	36	31.3%	100.0%
Missing	167		

My friends have the password to some or all of these accounts	Frequency	Percent	Cumulative Percent
Unchecked	106	92.2%	92.2%
Checked	9	7.8%	100.0%
Missing	167		

My parents have the password to these accounts	Frequency	Percent	Cumulative Percent
Unchecked	100	87.0%	87.0%
Checked	15	13.0%	100.0%
Missing	167		

My parents do not know I have an account	Frequency	Percent	Cumulative Percent
Unchecked	113	98.3%	98.3%
Checked	2	1.7%	100.0%
Missing	167		

I believe sharing personal information online is dangerous	Frequency	Percent	Cumulative Percent
Unchecked	67	58.3%	58.3%
Checked	48	41.7%	100.0%
Missing	167		

I have been bullied as a result of these accounts	Frequency	Percent	Cumulative Percent
Unchecked	108	93.9%	93.9%
Checked	7	6.1%	100.0%
Missing	167		

I have been asked to meet someone I met online	Frequency	Percent	Cumulative Percent
Unchecked	107	93.0%	93.0%
Checked	8	7.0%	100.0%
Missing	167		

I have participated in sexual activity with someone I met online	Frequency	Percent	Cumulative Percent
Unchecked	113	98.3%	98.3%
Checked	2	1.7%	100.0%
Missing	167		

None of the above	Frequency	Percent	Cumulative Percent
Unchecked	83	72.2%	72.2%
Checked	32	27.8%	100.0%
Missing	167		

Q60

In your day-to-day life, how often have any of the following things happened to you? [ROWS RANDOMIZED]

You are treated with less courtesy or respect than other people	Frequency	Percent	Cumulative Percent
At least once a week	21	19.3%	19.3%
A few times a month	11	10.1%	29.4%
A few times a year	25	22.9%	52.3%
Never	52	47.7%	100.0%
Missing	173		

You receive poorer service than other people at stores or restaurants	Frequency	Percent	Cumulative Percent
At least once a week	13	12.0%	12.0%
A few times a month	7	6.5%	18.5%
A few times a year	11	10.2%	28.7%
Never	77	71.3%	100.0%
Missing	174		

People act as if they are afraid of you	Frequency	Percent	Cumulative Percent
At least once a week	13	11.8%	11.8%
A few times a month	9	8.2%	20.0%
A few times a year	12	10.9%	30.9%
Never	76	69.1%	100.0%
Missing	172		

You are threatened or harassed	Frequency	Percent	Cumulative Percent
At least once a week	15	13.9%	13.9%
A few times a month	7	6.5%	20.4%
A few times a year	19	17.6%	38.0%
Never	67	62.0%	100.0%
Missing	174		

People criticize your accent or the way you speak	Frequency	Percent	Cumulative Percent
At least once a week	15	13.6%	13.6%
A few times a month	11	10.0%	23.6%
A few times a year	10	9.1%	32.7%
Never	74	67.3%	100.0%
Missing	172		

Q61

In your day-to-day life, how often have any of the following things happened to you? [ROWS RANDOMIZED]

Your Ancestry or National Origins	Frequency	Percent	Cumulative Percent
Unchecked	63	90.0%	90.0%
Checked	7	10.0%	100.0%
Missing	212		

Your race	Frequency	Percent	Cumulative Percent
Unchecked	53	75.7%	75.7%
Checked	17	24.3%	100.0%
Missing	212		

Your weight	Frequency	Percent	Cumulative Percent
Unchecked	44	62.9%	62.9%
Checked	26	37.1%	100.0%
Missing	212		

Your education or income level	Frequency	Percent	Cumulative Percent
Unchecked	56	80.0%	80.0%
Checked	14	20.0%	100.0%
Missing	212		

Your gender	Frequency	Percent	Cumulative Percent
Unchecked	57	81.4%	81.4%
Checked	13	18.6%	100.0%
Missing	212		

Your age	Frequency	Percent	Cumulative Percent
Unchecked	51	72.9%	72.9%
Checked	19	27.1%	100.0%
Missing	212		

Your height	Frequency	Percent	Cumulative Percent
Unchecked	53	75.7%	75.7%
Checked	17	24.3%	100.0%
Missing	212		

Your sexual orientation	Frequency	Percent	Cumulative Percent
Unchecked	58	82.9%	82.9%
Checked	12	17.1%	100.0%
Missing	212		

A physical disability	Frequency	Percent	Cumulative Percent
Unchecked	65	92.9%	92.9%
Checked	5	7.1%	100.0%
Missing	212		

Some other aspect of your physical appearance	Frequency	Percent	Cumulative Percent
Unchecked	36	51.4%	51.4%
Checked	34	48.6%	100.0%
Missing	212		

Q62+63	BMI Cat	Frequency	Percent	Cumulative Percent
	Underweight	21	20.2%	20.2%
	Normal	59	56.7%	76.9%
	Overweight	11	10.6%	87.5%
	Obese	13	12.5%	100.0%
	Missing	178		
	BMI Cat_stata	**Frequency**	**Percent**	**Cumulative Percent**
	Severe thinness	5	1.8%	1.8%
	Moderate thinness	4	1.4%	3.2%
	Mild thinness	12	4.3%	7.4%
	Normal range	59	20.9%	28.4%
	Pre-obese	11	3.9%	32.3%
	Obese class I	7	2.5%	34.8%
	Obese class II	4	1.4%	36.2%
	Obese class III	180	63.8%	100.0%

APPENDIX H: 2024 Communicable Diseases Report

The following pages show the Portage County Health District 2024 Annual Communicable Disease Report.

PORTAGE COUNTY HEALTH DISTRICT

ANNUAL COMMUNICABLE DISEASES REPORT 2024

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Abbreviations

1. **AAP (American Academy of Pediatrics)** - According to their website, the AAP is an organization of 67,000 pediatricians committed to the optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.
2. **CDC (Centers for Disease Control and Prevention)** - A national public health agency in the United States.
3. **CPO (Carbapenemase-producing organism)** - A bacterium (germ) that makes a compound allowing it to break down carbapenem antibiotics including imipenem, meropenem, doripenem, and ertapenem.
4. **GIS (Geographical Information Systems)** - Computer programs that are used to make maps and analyze geographical and spatial data.
5. **ODH (Ohio Department of Health)** - The health department serving the State of Ohio. ODH guidance is the basis for many local health department policies and programs.
6. **PCHD (Portage County Health District)** - The local health department serving Portage County. The full agency name is the Portage County Combine General Health District. We are proud to serve you!
7. **STI (Sexually Transmitted Infection)** - Defined by the Cleveland Clinic as infections or conditions that you can get from any kind of sexual activity involving your mouth, anus, or genitals.
8. **WHO (World Health Organization)** - According to their website, WHO was founded in 1948; they are the United Nations agency that connects nations, partners and people to promote health, keep the world safe and serve the vulnerable.

Overview

This report summarizes data and trends for probable and confirmed communicable disease cases reported to the Portage County Health District in 2024. The WHO defines a communicable disease as follows, “communicable, or infectious diseases, are caused by microorganisms such as bacteria, viruses, parasites and fungi that can be spread, directly or indirectly, from one person to another. Some are transmitted through bites from insects while others are caused by ingesting contaminated food or water.”

The State of Ohio has defined three groups of communicable diseases: Class A, Class B and Class C. Class A illnesses are “diseases of major public health concern because of the severity of disease or potential for epidemic spread.” Class A illnesses must be reported to the local health department immediately. Class B illnesses are “diseases of public health concern needing timely response because of potential for epidemic spread.” Class C illnesses are “outbreaks, unusual incidents or epidemics of other diseases.” There are various types of outbreaks: community, food-borne, healthcare associated, institutional, water-borne and zoonotic. Class B and C illnesses must be reported to the local health department by the end of the next business day after discovery. See Appendix.

Ohio Administrative Code 3701-3-02 establishes the legal reporting requirement of all Class A, B and C illnesses to the appropriate local health department. Upon receiving report of a communicable disease case, staff at PCHD may send educational materials regarding prevention/treatment of the diagnosed illness.

Alternatively, they may conduct a phone interview with the patient to collect clinical information and determine possible routes of exposure to the illness. Follow-up efforts are aimed at preventing additional cases of the illness within the community. All communicable disease case information reported to PCHD remains private.

The objectives of this report are:

- To increase public awareness of which communicable disease are most prominent in our community.
- To educate members of the public about prevention methods for various communicable diseases.
- To provide communicable disease information to community stakeholder agencies that they may use in pursuit of their stated missions.

Any questions or concerns regarding the contents of this report should be directed to Olivia Card, PCHD Epidemiologist.

Disclaimer: Case definitions are subject to change at any time. Case numbers reported here represent the number of probable and confirmed cases for which Portage County held jurisdiction at the time of data export from the Ohio Disease Reporting System extract application. The terms *confirmed* and *probable* do not pertain to medical diagnoses, rather they denote the formal status of a case for public health surveillance purposes. Case statuses are determined using clinical and epidemiological information.

Index of Illnesses

Illness	Exposure Route	Signs/ Symptoms	Prevention and Mitigation Measures
Candida auris (C. auris)	Physical contact	• If acute, typical infection symptoms • If colonized, asymptomatic	• Direct patient care providers wear correct PPE • Good hand hygiene • Regular screenings in healthcare settings
Carbapenemase - producing organism (CPO)	Physical contact	• If acute, typical infection symptoms • If colonized, asymptomatic	• Direct patient care providers wear correct PPE • Good hand hygiene • Regular screenings in healthcare settings
Food- or water-borne illnesses (salmonellosis, campylobacteriosis, yersinosis, cryptosporidiosis, legionellosis, listeriosis, vibriosis, Shiga toxin-producing E. Coli, shigellosis, giardiasis, cyclosporiasis)	Contaminated food/water	• Diarrhea (sometimes bloody) • Abdominal cramping • Nausea/vomiting • Fever/chills	• Prepare food according to proper guidelines and maintain proper food storage tempartures • Do not ingest non-potable water • Wash hands before eating, after contact with animals, after handling raw meat/eggs, after using the bathroom, and after being outdoors

Haemophilus influenzae	Naturally occurs	• Wide range of serious infections	• Vaccinate against type B Haemophilus influenzae (3 or 4 doses) • Seek medical attention for suspected infections
Hepatitis B (Acute)	Blood, Sex	• Yellow-skin • Liver inflammation • Anorexia • Vomiting • Fever • Clay-colored stools	• Safe sexual practices • Do not share needles • Wear proper PPE when appropriate • Vaccination
Hepatitis B (Chronic)	Blood, Sex	No symptoms	• Use safe sexual practices • Do not share needles • Wear proper PPE when appropriate • Vaccination
Hepatitis B (Perinatal)	Birth	• Varies case to case	• Women should be tested for hepatitis during every pregnancy
Hepatitis C (Acute)	Blood	• Yellow skin • Fatigue • Asymptomatic	• Do not share needles • Wear proper PPE when appropriate
Hepatitis C (Chronic)	Blood	No symptoms	• Do not share needles • Wear proper PPE when appropriate

Hepatitis C (Perinatal)	Birth	No symptoms	• Women should be tested for hepatitis during every pregnancy
Influenza (Flu)	Airborne, droplet	• Fever/chills • Headache • Congestion • Sore throat • Body aches • Nausea/vomiting • Fatigue	• Annual vaccination • Practice good hand hygiene • Only reportable in certain cases, including hospitalization or positive test from the ODH lab
Lyme Disease	Tick bite	• Headache • Fever/chills • Joint swelling • Body aches • Extreme fatigue • Rash • Facial droopiness	• Use approved repellants • Wear appropriate clothing while engaging in outdoor activities • Regular tick checks
Meningitis	Inflammation of brain due to bacteria or some viruses	• Headache • Fever • Malaise • Stiff neck • Abdominal pain • Nausea/vomiting	• Vaccinate against viral illness when possible • Practice good hand hygiene • Seek treatment for suspected meningitis cases immediately
Meningococcal disease	Naturally occurs	• Fever/chills • Body aches • Nausea/vomiting • Malaise • Rash • Limb pain	• Vaccination (2 doses) • Seek treatment for suspected meningitis cases immediately

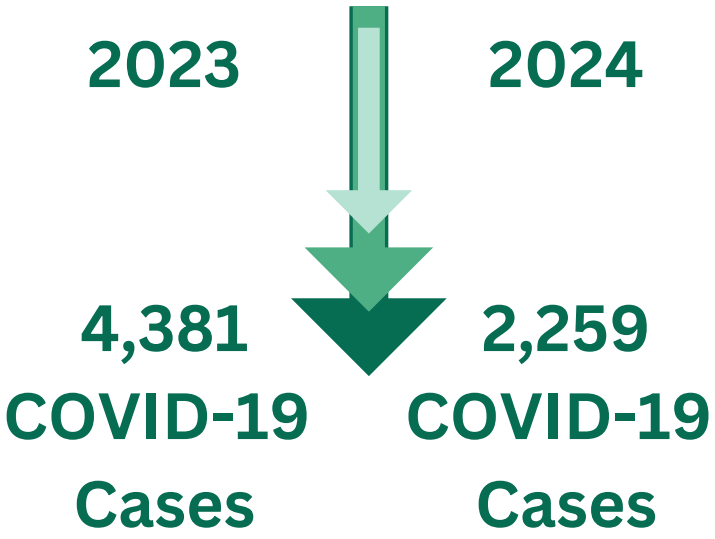
Pertusiss (Whooping cough)	Airborne, Droplet	• Uncontrolled coughing • Inability to breathe/ turning blue while coughing • "Whoop" noise when breathing in after coughing • Throwing up when coughing	• Vaccination (5 or more doses)
Streptococcal infections (Invasive)	Naturally occurs	• Fever • Discomfort	• Pregnant women should be tested for Streptococcal Group B bacteria during each pregnancy • Seek medical attention for suspected infections
Streptococcus pneumoniae (Invasive)	Droplet	• Varies depending on site of infection	• Get vaccinated • Seek medical attention for suspected infections • Sometimes resistant to antibiotics • Also called pneumococcal disease
Syphilis (All stages)	Sex, Birth	• Varies depending on stage and individual	• Use safe sexual practices • Women should be tested for syphilis during every pregnancy
Varicella (Chickenpox/Shingles)	Physical contact	• Fever • Itching • Generalized rash	• Vaccination (2 doses)

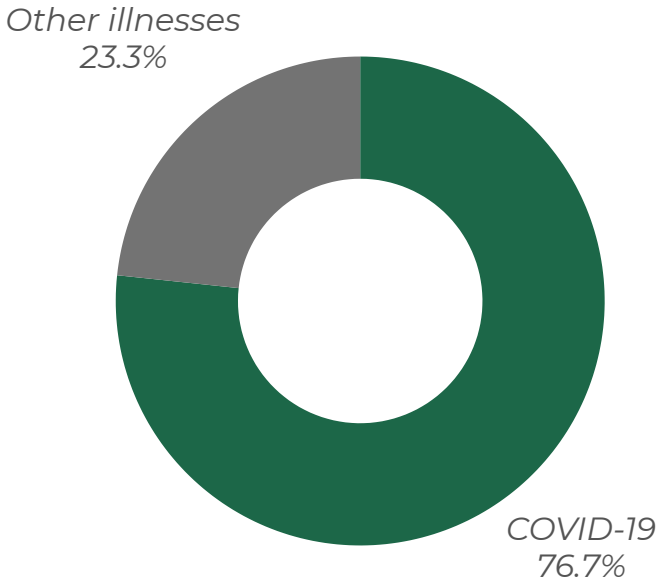
COVID-19

While COVID-19 was still the most prevalent communicable disease in Portage County during 2024, it will not be the focus of this report. For more information about COVID-19 cases in Portage County, please see the Portage County Health District COVID-19 dashboard on our website under the “COVID-19 Resources” tab.

There has been a reduction in the number of Portage County COVID-19 cases each year since 2020. Per guidance from ODH, PCHD no longer conducts COVID-19 contact tracing. However, COVID-19 is still considered a Class B reportable condition, and any positive tests should be reported to the local health department.

Reporting by Portage County residents can be completed on the PCHD website using the forms under the “COVID-19 Resources” tab. Individuals may use the “Report Positive Results” button under self reporting. Daycares, schools, nursing homes, and other organizations/institutions should use the links under the “For Businesses & K-12 Schools” heading to report clusters of two or more cases.



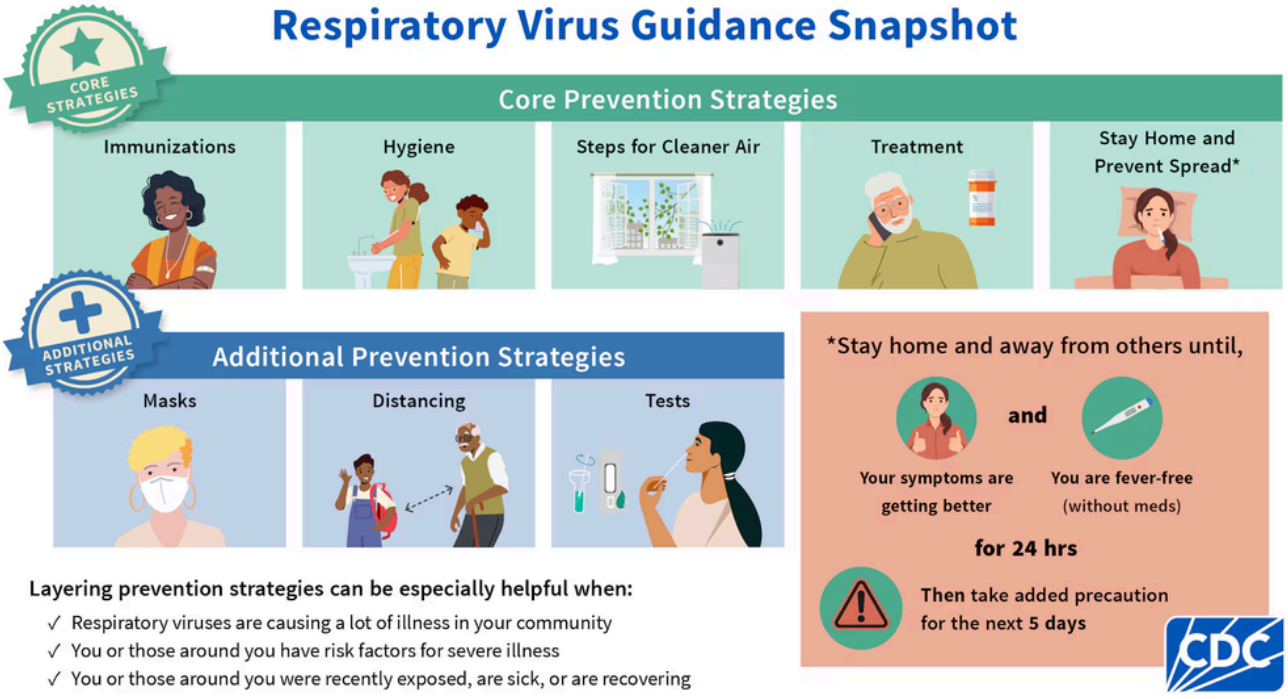


Respiratory Illness

Besides COVID-19, several other respiratory illnesses have circulated throughout Portage County this year, including Influenza (flu), Respiratory Syncytial Virus (RSV), Human Metapneumovirus (HMPV), and possibly Mycoplasma Pneumonia (“walking pneumonia”).

These illnesses can be difficult for public health agencies to track for a variety of reasons. Suspected viral illnesses are often treated with over-the-counter medications to manage symptoms. In those cases, it may not be necessary to identify the specific virus causing a person’s illness, and testing is never pursued. Additionally, ODH does not require healthcare facilities to report single cases of RSV, HMPV, or the flu (without hospitalization or death). This means that unless there are several, connected cases of one of these respiratory illnesses, public health officials are not informed.

The graphic below summarizes the most current respiratory virus management recommendations from the CDC.



2024 Top Non-COVID Illnesses

Reportable Condition	Case Count	Case Rate
Chlamydia infection	285	174.98
Influenza hospitalization	74	45.43
Gonococcal infection	70	42.98
Chronic Hepatitis C	50	30.70
Campylobacteriosis Salmonella	23	14.12
CPO	22	13.51
Syphilis (all stages)	18	11.05
Lyme Disease	17	10.44
Giardia ODH Positive Influenza Lab Result Streptococcal - Group A	11	6.75

Table 1. Rates are reported as the number of cases per 100,000 residents.

Top Ten Ranked Reportable Conditions

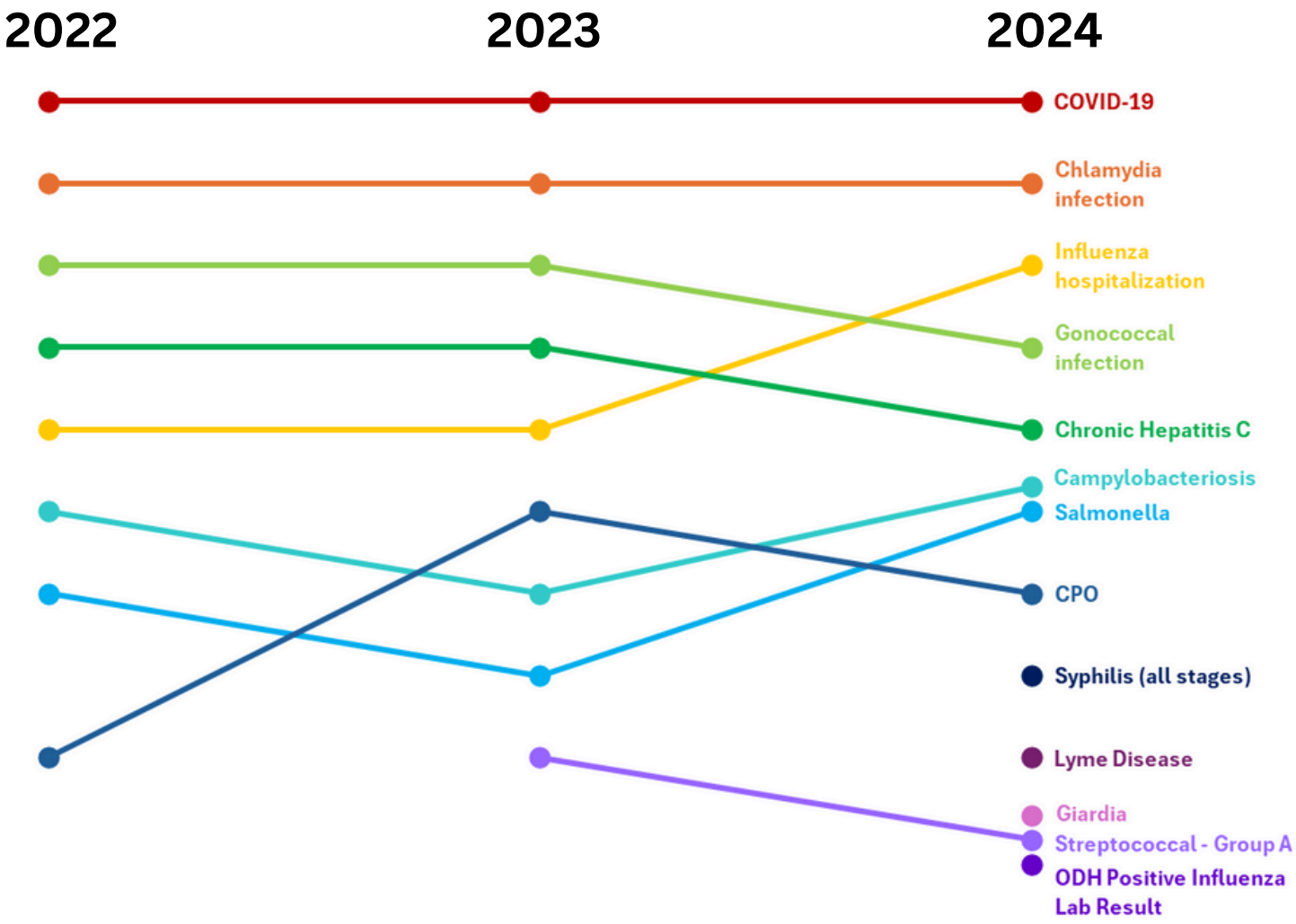
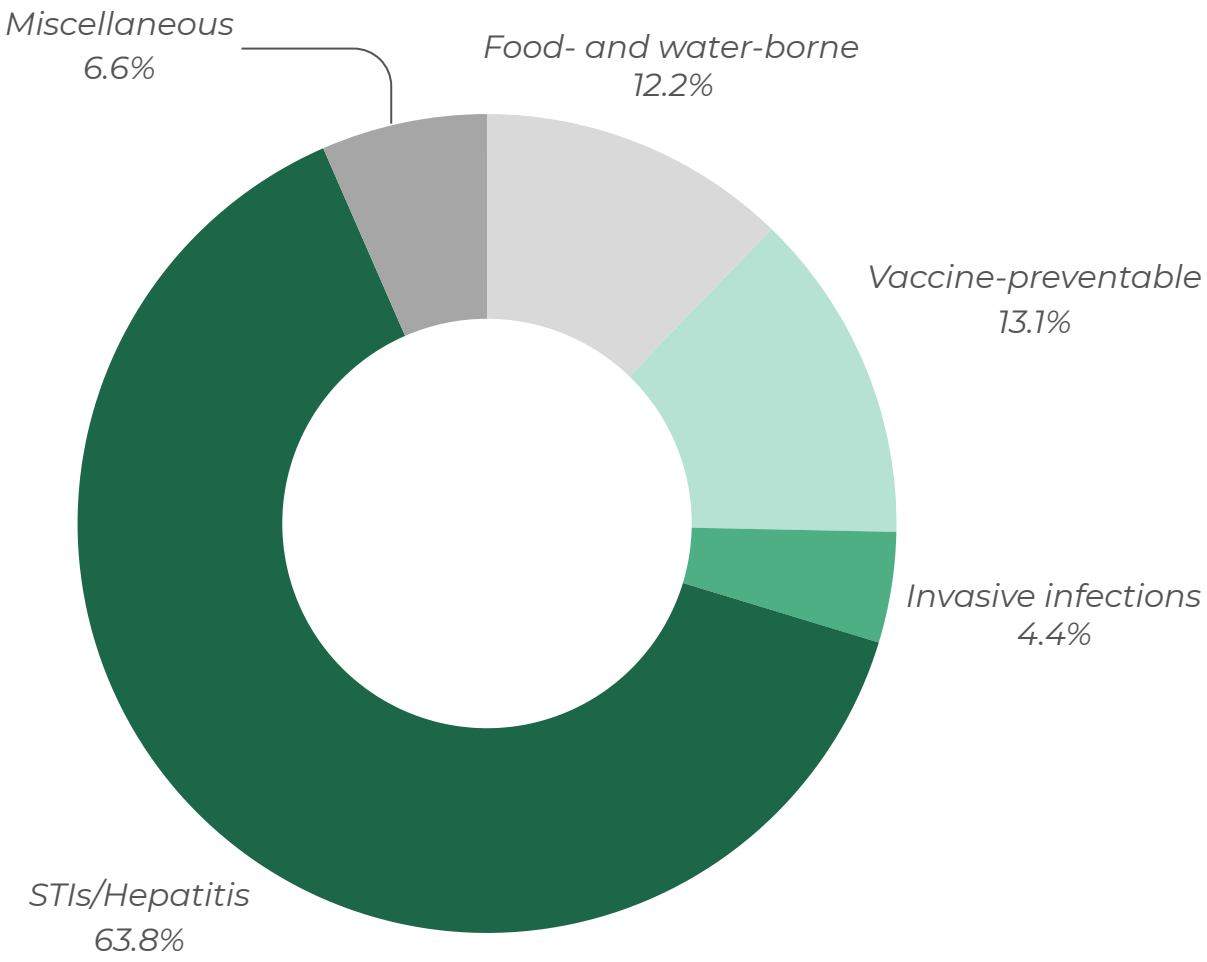


Figure 1. This chart shows the top ten most prevalent communicable diseases in Portage County during 2024. COVID-19 and Chlamydia remain at ranks one and two, but influenza hospitalizations surpassed gonorrhea and chronic hepatitis C cases, moving into rank three from rank five. Campylobacteriosis and salmonella cases were equal in number, and shared rank six. CPO, which jumped sharply in rank from 2022 to 2023, moved down to rank seven. Cases of syphilis at any stage were combined for reporting in 2024, which is different from the 2023 report. As a result, syphilis is included in the top ten most prevalent reportable conditions this year, even though there were only two fewer cases in 2023 compared to 2024. Notably, Lyme Disease moved into rank nine following an anecdotally "worse than normal" tick presence in Portage County during the summer of 2024.

Case Numbers by Type of Illness

Below are graphs displaying the number of communicable disease cases (excluding COVID-19) within five major groups:

- **Food- and water-borne illnesses:** from eating contaminated food, and drinking or inhaling droplets from contaminated water.
- **Vaccine-preventable illnesses:** can be prevented with immunizations
- **Invasive infections:** bacterial growth in normally sterile body sites
- **STIs and Hepatitis:** spread through sex or exposure to contaminated blood
- **Miscellaneous illnesses:** illnesses not otherwise categorized, including illnesses from tick bites and healthcare-associated pathogens



Food- and Water-Borne Illnesses

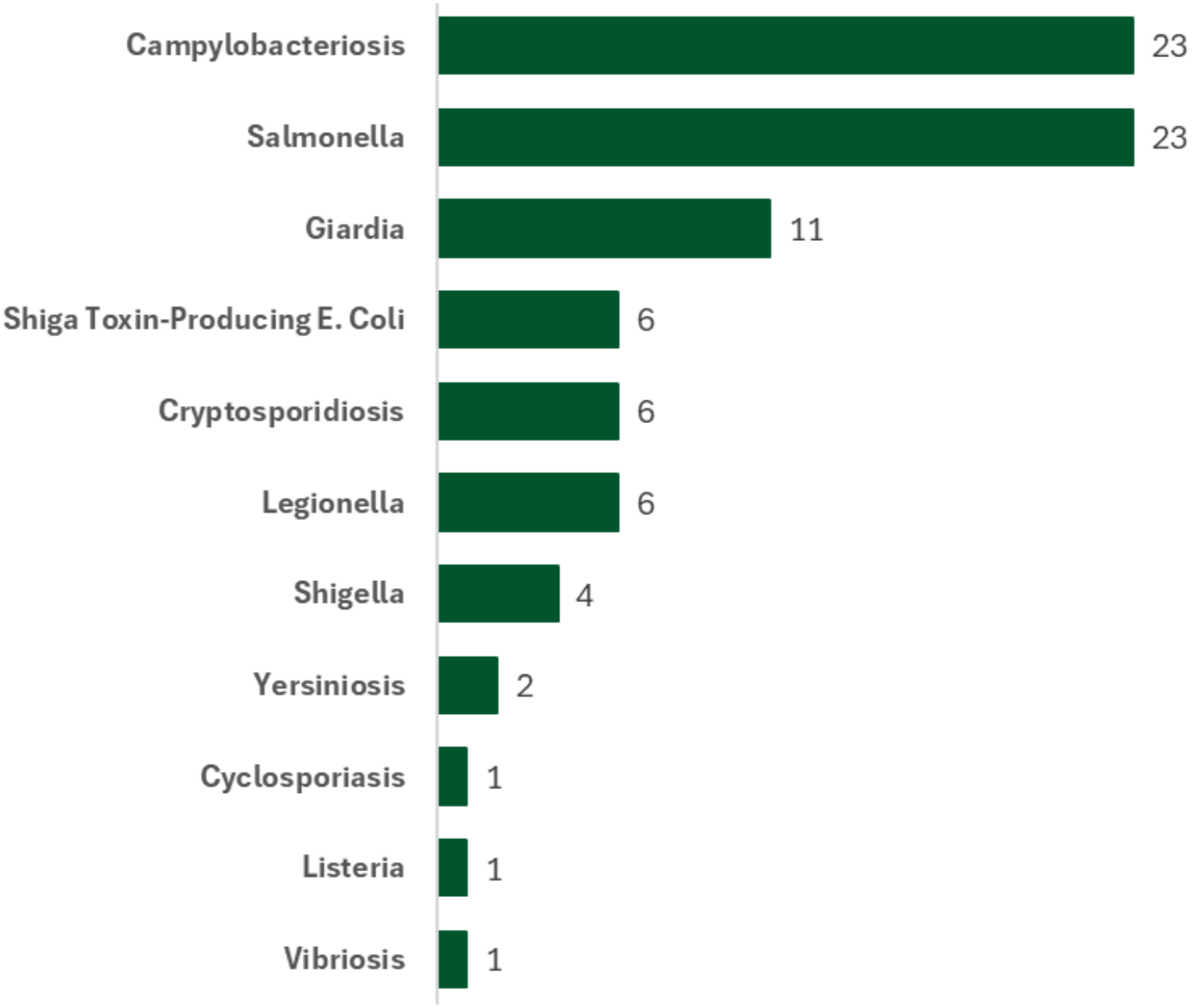


Figure 2a. The chart shows the number of cases of each condition diagnosed in Portage County residents in 2024.

Vaccine-Preventable Illnesses

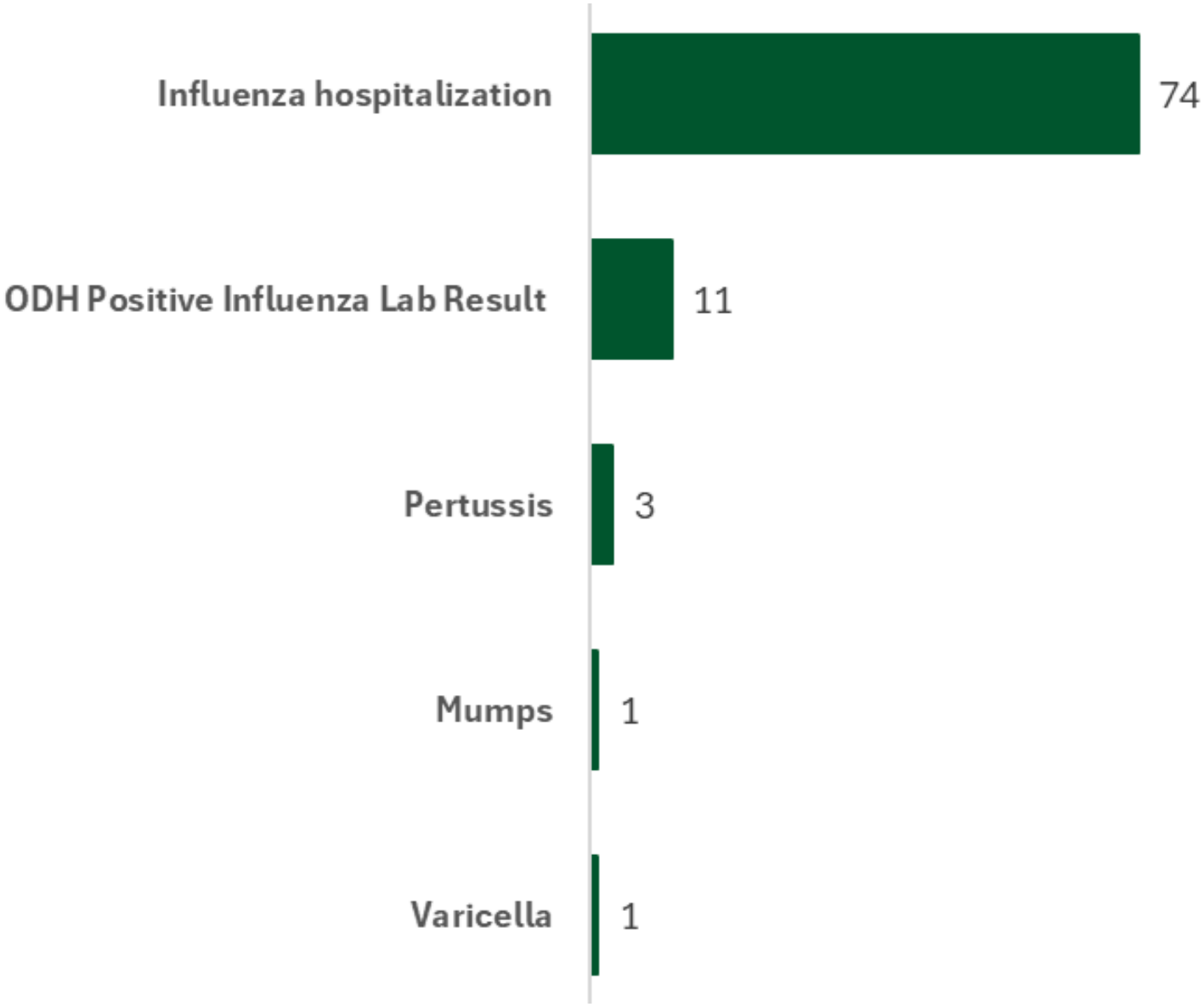


Figure 2b. The chart shows the number of cases of each condition diagnosed in Portage County residents in 2024.

Invasive Infections

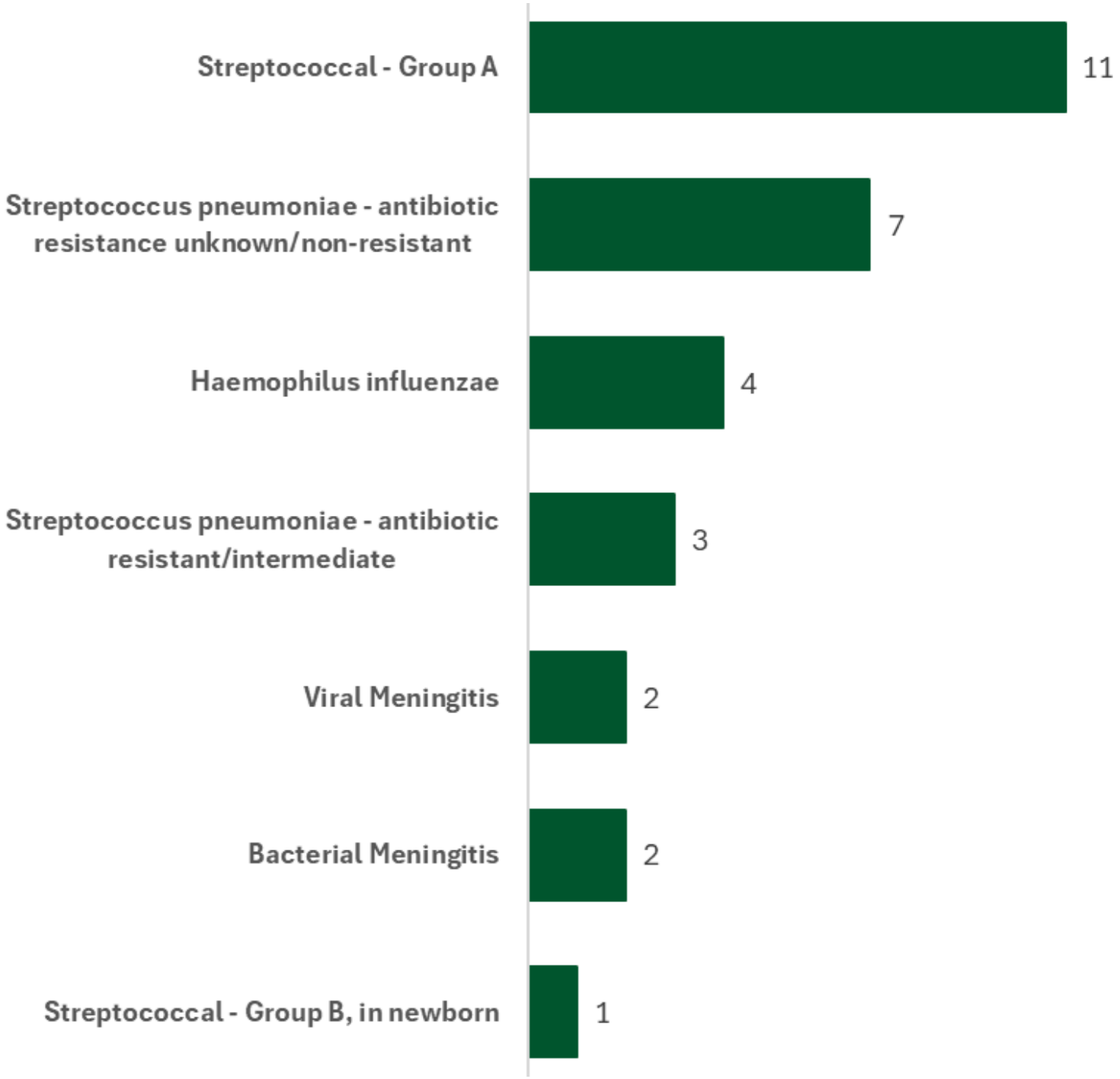


Figure 2c. The chart shows the number of cases of each condition diagnosed in Portage County residents in 2024.

Sexually Transmitted Infections and Hepatitis

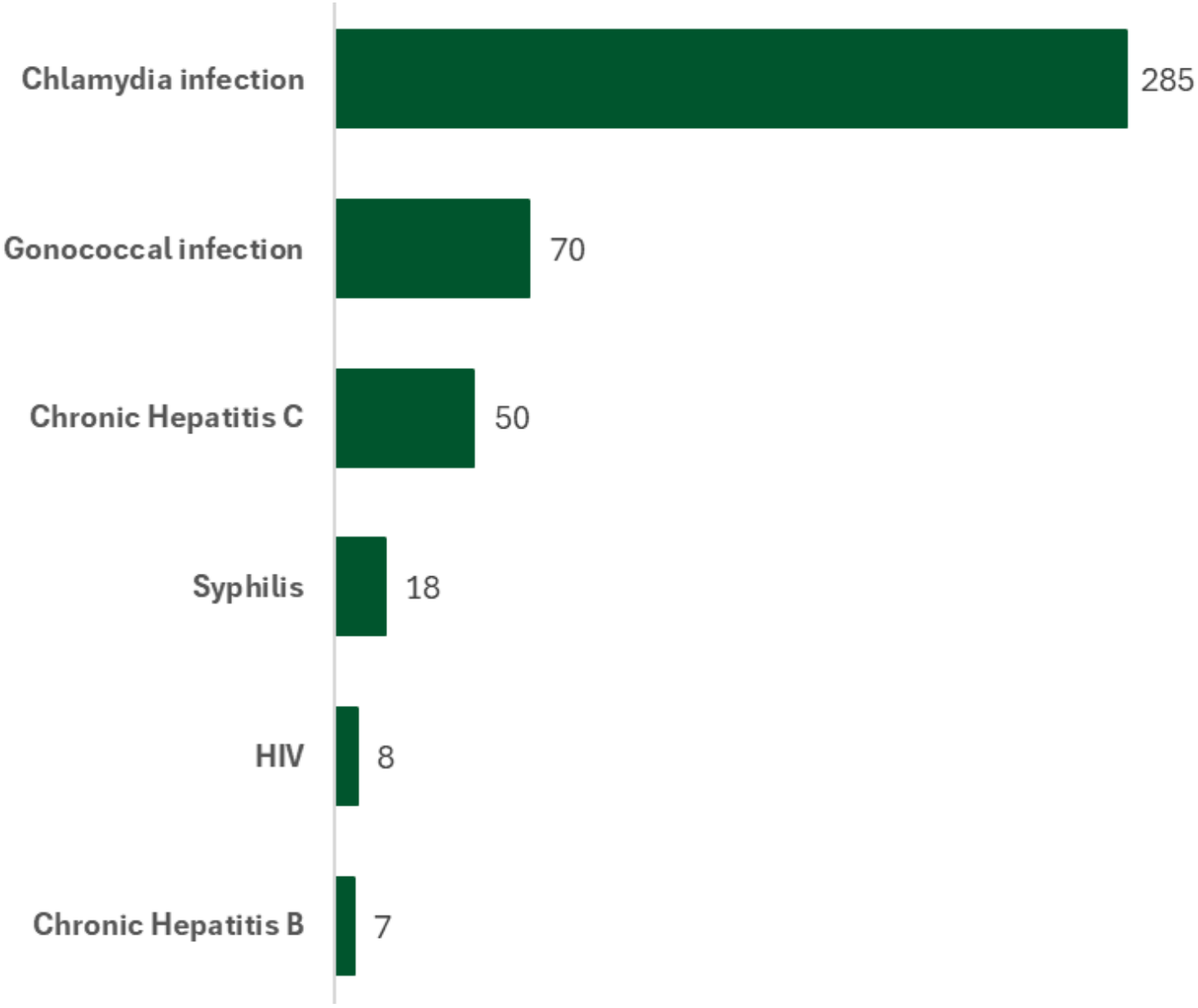


Figure 2d. The chart shows the number of cases of each condition diagnosed in Portage County residents in 2024.

Miscellaneous Illnesses

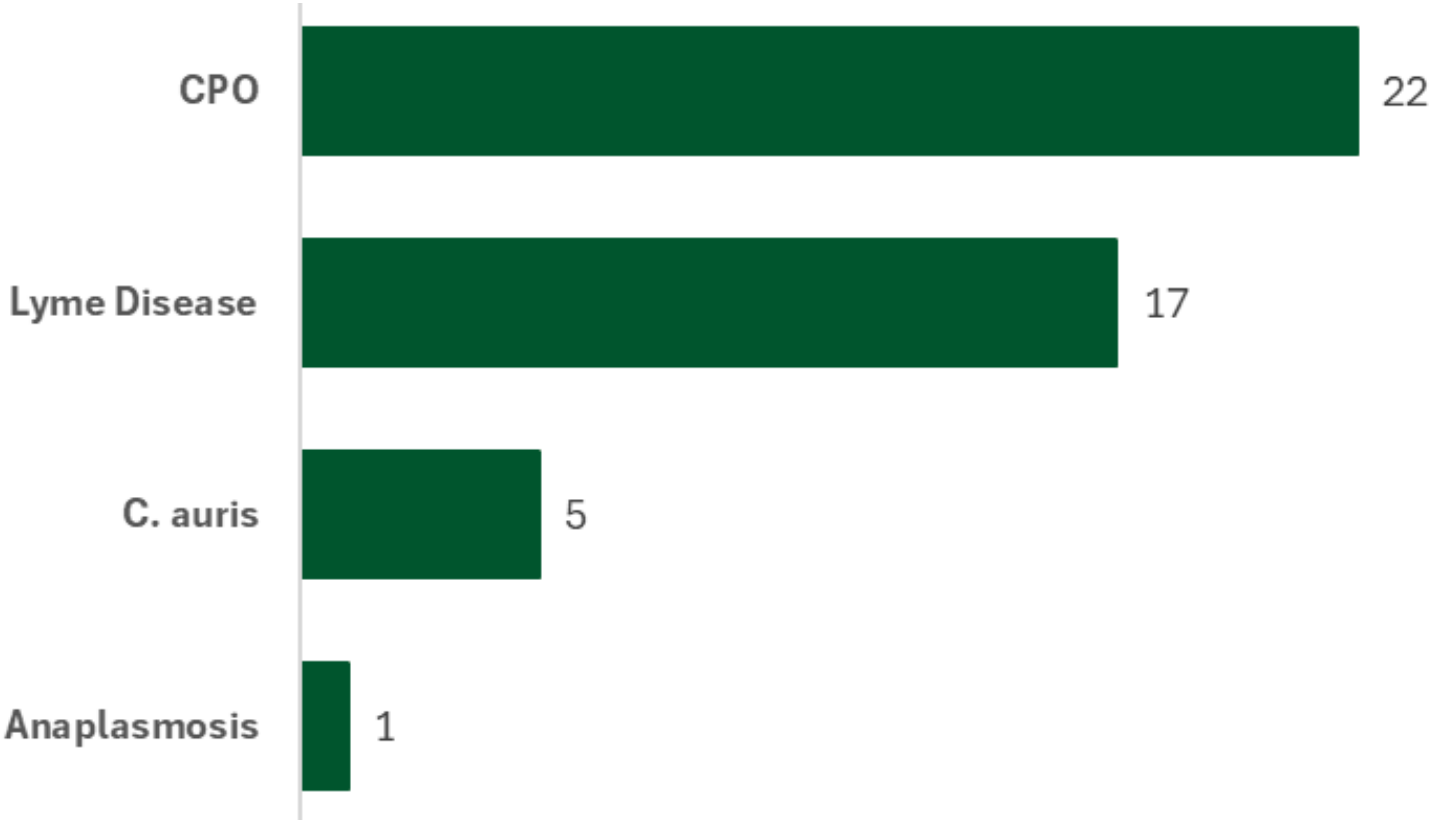


Figure 2e. The chart shows the number of cases of each condition diagnosed in Portage County residents in 2024.

Sexually Transmitted Infections: Three-Year Trends

Condition	2022	2023	2024	Trend direction
Chlamydia	427	420	285	Down
Gonorrhea	108	105	70	Down
HIV	0	5	8	Up
Syphilis	30	16	18	Variable

Table 2. Perhaps the most notable change displayed in the table above is the massive decrease in chlamydia cases from 2023 to 2024. While chlamydia is still one of the most prevalent pathogens in Portage County, it is encouraging that case numbers are decreasing. Gonorrhea cases decreased by approximately 33% from 2023 to 2024, which is also very positive. Unfortunately, the same cannot be said for HIV cases. Despite zero new Portage County HIV cases in 2022, five new cases were diagnosed in 2023 and eight were diagnosed in 2024. This may not actually represent an increase in new cases, but rather an increase in testing frequency. New home test kits are less expensive and more convenient than laboratory testing, meaning more people can test for HIV now than before. With more individuals testing, more HIV cases will be discovered. The direction of the trend in HIV cases over the next few years will be telling.

Hepatitis: Three-Year Trends

Condition	2022	2023	2024	Trend direction
Acute Hepatitis B	0	0	0	Steady
Chronic Hepatitis B	10	15	7	Variable
Perinatal Hepatitis B	0	0	0	Steady
Acute Hepatitis C	0	0	0	Steady
Chronic Hepatitis C	83	66	50	Down
Perinatal Hepatitis C	1	0	0	Steady

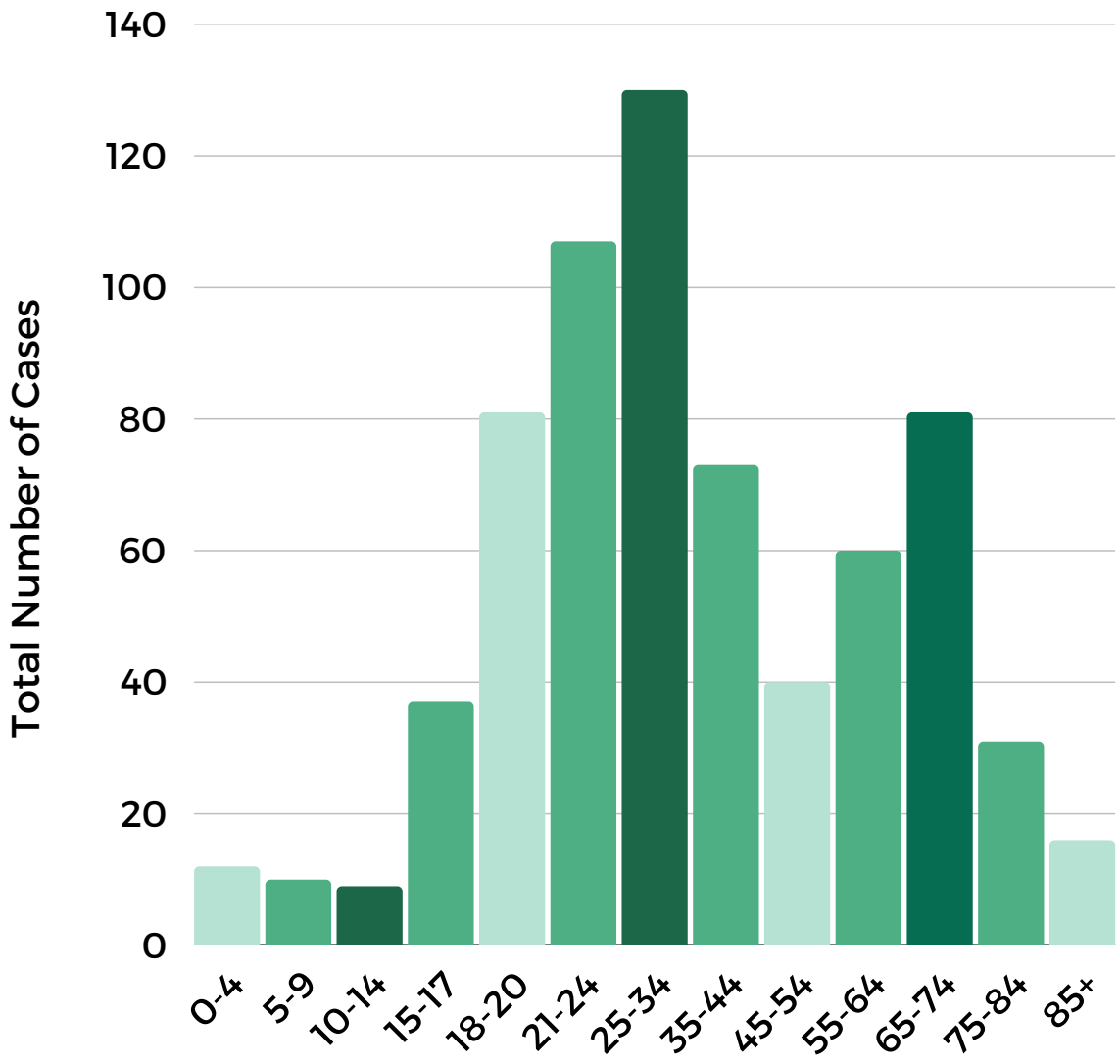
Table 3. For the fourth year in a row, the number of new chronic hepatitis C cases has decreased. Hepatitis C predominantly results from shared needles. Chronic disease and mental health/substance use were both priorities identified by PCHD and several partner agencies in our 2020 and 2023 community health improvement plans. It appears that the efforts undertaken by PCHD and partners to reduce substance use and chronic disease have been effective. Some of the initiatives being pursued include:

- Determining if a van can be used to provide mobile healthcare and harm reduction in Portage County
- Educating agency staff and Portage County residents about transportation options to increase access to healthcare and healthy foods
- Addressing mental health issues and stigma in our community to prevent individuals from coping with crises by using substances

Case Numbers by Demographic Group

Below are tables displaying the number of communicable disease cases (excluding COVID-19) within various demographic groups, including 13 age groups:

- Children, **4 and younger**
- Children, **5-9** years old
- Children, **10-14** years old
- Adolescents, **15-17** years old
- Adults, **18-20** years old
- Adults, **21-24** years old
- Adults, **25-34** years old
- Adults, **35-44** years old
- Adults, **45-54** years old
- Adults, **55-64** years old
- Adults, **65-74** years old
- Adults, **75-84** years old
- Adults, **85 and older**



4 Years and Younger

Reportable Condition	Cases
• Influenza hospitalization	4
• Salmonella	2
• Campylobacteriosis • Lyme Disease • Cryptosporidiosis • Pertussis • Viral Meningitis • Streptococcal - Group B, in newborn	1

Table 4. The estimated number of children 4 years old or younger living in Portage County in 2024 was 7, 128. The most common reportable condition in this age group was influenza hospitalizations. Children can experience more severe symptoms from the flu because their immune systems are still developing. This might include high fevers and dehydration. This age group also had some cases of food- and water-borne illness. Children are more susceptible to food- and water-borne illness. Additionally, those types of illnesses can be the result of poor hand hygiene, which might be an issue in young children who are just becoming potty trained and learning how to correctly wash their hands. Young children also tend to put their hands in their mouth frequently while teething, eating, playing or sucking their thumbs. Finally, there was a case of pertussis, which is preventable with vaccination of expecting parents, and infants aged two, four, six and eight months.

5-9 Years

Reportable Condition	Cases
• Campylobacteriosis	3
• Influenza hospitalization • ODH Positive Influenza Lab Result	2
• Giardia • Shiga Toxin-Producing E. Coli • Streptococcus pneumoniae - antibiotic resistance unknown/non-resistant	1

Table 5. The estimated number of children 5-9 years old living in Portage County in 2024 was 7,506. The most common reportable condition in this age group was campylobacteriosis, which is a food-borne illness. There were other cases of food- or water-borne illness reported in this age group, specifically giardia and E. coli. As stated above, children are more likely to contract food-borne illnesses than healthy adults. Children with poor hand hygiene are also at greater risk of developing food-borne illnesses. Like children 4 and younger, this age group had some influenza hospitalizations and positive influenza lab results from ODH. This is expected because children sometimes experience worse flu symptoms than healthy adults.

10-14 Years

Reportable Condition	Cases
• Chlamydia infection	2
• Influenza hospitalization • Campylobacteriosis • Giardia • ODH Positive Influenza Lab Result • Cryptosporidiosis • Pertussis • Yersiniosis	1

Table 6. The estimated number of children 10-14 years old living in Portage County in 2024 was 8,499. There were two cases of chlamydia in this age group, emphasizing the importance of sexual health education for this age group. There were also several cases of food-borne illness in this age group. Children this age already reheat their own food, and may be learning to make meals for themselves. It is important that they understand proper food preparation guidelines, and sanitization practices to avoid food-borne illness.

15-17 Years

Reportable Condition	Cases
• Chlamydia infection	30
• Gonococcal infection	4
• Syphilis • Pertussis • Streptococcus pneumoniae - antibiotic resistant/intermediate	1

Table 7. The estimated number of adolescents 15-17 years old living in Portage County in 2024 was 5,600. In 2024, this age group had 37 cases of non-COVID communicable diseases, of which 35 were STIs. This included chlamydia, gonorrhea and syphilis. According to the CDC, “in 2019, 27.4% of high school students reported being currently sexually active (i.e., past three months), and nearly half (46%) of those students did not use a condom at last sex.” The American Academy of Pediatrics (AAP) states that sexuality education is more effective when it begins before a person becomes sexually active. The AAP encourages developmentally appropriate sexual education beginning at early ages and continuing throughout adolescence. Furthermore, the AAP reports that sexual education is associated with REDUCED sexual activity, including a fewer number of partners. Additionally, sexual education is effective to increase the use of condoms and contraceptives for those individuals who do engage in sexual activities. Other benefits from sexual education reported by the AAP include increased ability to: build and maintain healthy/safe relationships, engage in healthy communication/decision-making regarding sex, and understand care needed to support sexual/reproductive health.

18-20 Years

Reportable Condition	Cases
• Chlamydia infection	71
• Gonococcal infection	5
• Salmonella	2
• Giardia • ODH Positive Influenza Lab Result • Chronic Hepatitis B	1

Table 8. The estimated number of people 18-20 years old living in Portage County in 2024 was 10,470. STIs were very prevalent in this age group as well. Individuals in this age group may be starting to make their own medical decisions, including whether or not to obtain STI screenings. While regular STI screenings are NOT a substitute for the use of condoms or other barriers, they are still important to maintaining good sexual health. In many cases, STIs do not cause symptoms right away, meaning some people who carry an STI do not know they have it. Regular screening can help detect STIs in these asymptomatic people and prevent further spread. You may choose to discuss regular STI testing with any sexual partners you have; if your partner also receives regular STI testing, that lowers (but does not eliminate) the risk that you will contract an STI. Even if that is the case, you should still practice safe sex for several reasons including testing errors, potential dishonesty from your partner about testing or their STI status, and the possibility your partner could have contracted an STI between their last test and the present. Furthermore, some STIs might not be tested for by your partner's provider, and they could be carrying one or more of those infections.

21-24 Years

Reportable Condition	Cases
• Chlamydia infection	87
• Gonococcal infection	10
• Syphilis	4
• ODH Positive Influenza Lab Result	2
• Influenza hospitalization • Giardia • Streptococcus pneumoniae - antibiotic resistant/intermediate • Shiga Toxin-Producing E. Coli	1

Table 9. The estimated number of people 21-24 years old living in Portage County in 2024 was 11,569. STIs are also very prevalent in this age group. As stated above, using safe sexual practices, getting regular STI testing, and communicating with your partners about their STI status and recent testing are all helpful practices for STI prevention.

25-34 Years

Reportable Condition	Cases
• Chlamydia infection	71
• Gonococcal infection	30
• Chronic Hepatitis C	7
• Influenza hospitalization • Chronic Hepatitis B • Syphilis	3
• Lyme Disease • ODH Positive Influenza Lab Result • Shiga Toxin-Producing E. Coli • Shigella	2

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25-34 Years (continued)

Reportable Condition	Cases
• Giardia • HIV • Cryptosporidiosis • Campylobacteriosis • Salmonella	1

Table 10. The estimated number of people 24-35 years old living in Portage County in 2024 was 21,081. STIs and chronic hepatitis were both prevalent in this age group, further underscoring the need for adequate sexual education before individuals become sexually active. This is the youngest age group with chronic hepatitis C cases. Hepatitis C is often spread when people share needles. No matter how well you know someone, you should never share needles with them for any reason. There are safe syringe sites in Portage County at AxessPointe in Kent, at Summit County Public Health (SCPH) in Akron, and at Oak St. Health in Akron. SCPH also offers wound care at their building during the safe syringe clinic; additionally, they have a mobile safe syringe clinic with varying locations. Their website has more details. Hepatitis C can be cured, so if you suspect that you have been exposed, seek testing and care as soon as possible.

35-44 Years

Reportable Condition	Cases
• Chlamydia infection	19
• Gonococcal infection	14
• Chronic Hepatitis C	10
• Campylobacteriosis • Syphilis	6
• Influenza hospitalization • Salmonella	3
• Streptococcal - Group A	2

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35-44 Years (continued)

Reportable Condition	Cases
• Lyme Disease • ODH Positive Influenza Lab Result • Giardia • HIV • Chronic Hepatitis B • Streptococcus pneumoniae - antibiotic resistance unknown/non-resistant • Haemophilus influenzae • Mumps • Varicella • Vibriosis	1

Table 11. The estimated number of people 35-44 years old living in Portage County in 2024 was 17,754. Surprisingly, STIs were the most prevalent reportable conditions for this age group. According to the CDC:

> *Health behaviors and experiences during adolescence set the stage for health into adulthood. Specifically, adolescents' behaviors and experiences related to sexual health, violence, substance use, and poor mental health and suicide can increase their risks for sexually transmitted infections (STI), including HIV, and unintended or mistimed pregnancy.*

In other words, adequate sexual education during adolescence can help promote safe and responsible sexual practices as an adult. Ensuring that Portage County youth get proper sexual and mental health education may ultimately help reduce adult cases of STIs.

45-54 Years

Reportable Condition	Cases
• Influenza hospitalization	8
• Chronic Hepatitis C	7
• Salmonella • HIV • Gonococcal infection • Syphilis	3
• Chlamydia infection • Campylobacteriosis • C. auris • Lyme Disease • Giardia	2
• Streptococcal - Group A • Cryptosporidiosis • Haemophilus influenzae	1

Table 12. The estimated number of people 45-54 years old living in Portage County in 2024 was 18,202. This age group displayed a variety of reportable conditions, but the most common was influenza hospitalizations, followed closely by chronic hepatitis C. Other illnesses included food- and water-borne illnesses and invasive infections.

55-64 Years

Reportable Condition	Cases
• Influenza hospitalization	12
• Chronic Hepatitis C	10
• Lyme Disease • CPO	5
• Gonococcal infection	3
• Chlamydia infection • Campylobacteriosis • Salmonella • ODH Positive Influenza Lab Result • HIV • Streptococcus pneumoniae - antibiotic resistance unknown/non-resistant • Haemophilus influenzae	2

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55-64 Years (continued)

Reportable Condition	Cases
• Streptococcal - Group A • Chronic Hepatitis B • Shiga Toxin-Producing E. Coli • Legionella • Syphilis • C. auris • Shigella • Streptococcus pneumoniae - antibiotic resistant/intermediate • Bacterial Meningitis • Yersiniosis • Cyclosporiasis	1

Table 13. The estimated number of people 55-64 years old living in Portage County in 2024 was 22,259. Like the 45-54 age group, this age group displayed a variety of reportable conditions, with influenza hospitalizations and chronic hepatitis C being the most prevalent.

65-74 Years

Reportable Condition	Cases
• Influenza hospitalization	20
• Chronic Hepatitis C	13
• CPO	12
• Lyme Disease • Streptococcal - Group A	6
• Salmonella	5
• Campylobacteriosis • Legionella	3
• Giardia	2

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65-74 Years (continued)

Reportable Condition	Cases
• Gonococcal infection • Chlamydia infection • Shigella • Viral Meningitis • Anaplasmosis • Listeria • HIV • Chronic Hepatitis B • Streptococcus pneumoniae - antibiotic resistance unknown/non-resistant • Cryptosporidiosis • Shiga Toxin-Producing E. Coli	1

Table 14. The estimated number of people 65-74 years old living in Portage County in 2024 was 19,492. This age group is similar to the previous two, in that influenza hospitalizations and chronic hepatitis C are the most prevalent reportable conditions. Notably, this age group had the highest number of CPO, Streptococcal Group A, and Lyme Disease cases. CPO and invasive Streptococcal infections tend to occur more frequently in older, immunocompromised individuals with comorbidities, like diabetes, organ failure, or cancer. On the other hand, members of this age group are often retired, and therefore have more leisure time. Many fill this time with outdoor activities, like yardwork, gardening, or hiking; this leads to more encounters with ticks, and therefore, an elevated risk of Lyme Disease. While forests and tall grass may have more ticks, mowed lawns and landscaped gardens can still harbor these Lyme Disease-carrying bugs. Ticks need shade and moisture to survive, and they can find that around our homes (e.g. in leaves under a deck). Moreover, ticks can spend short periods in sunny areas, like lawns, then return to a shadier, cooler area if they don't get a chance to bite. Always be cautious of ticks when spending time outdoors, especially when there is no snow on the ground.

75-84 Years

Reportable Condition	Cases
• Influenza hospitalization	12
• Salmonella • CPO	4
• Chronic Hepatitis C	3
• Campylobacteriosis • Streptococcus pneumoniae - antibiotic resistance unknown/non-resistant	2
• Streptococcal - Group A • Cryptosporidiosis • Legionella • C. auris	1

Table 15. The estimated number of people 75-84 years old living in Portage County in 2024 was 10,055. This age group mainly suffered from influenza hospitalization, food- or water-borne illness and invasive infections.

85 Years+

Reportable Condition	Cases
• Influenza hospitalization	8
• Campylobacteriosis	2
• Salmonella • CPO • Giardia • Legionella • C. auris • Bacterial Meningitis	1

Table 16. The estimated number of people 85 years and older living in Portage County in 2024 was 3,258. Most of the reportable conditions in this age group can be attributed to aging and/or an immunocompromised status. Severe cases of influenza leading to hospitalization, CPO, C. auris, and bacterial meningitis are all conditions that primarily occur in those with weakened immune systems, such as the elderly. When possible, try to avoid visiting elderly loved ones while you are, or have recently been, ill. Wearing a mask and washing your hands frequently during visits can also help prevent the spread of any illness, especially during respiratory illness season (October-March). If you live with someone older and you are ill, try to isolate yourself from them as much as possible, and use a separate bathroom from them if you are able. Finally, if you have an older family member or friend, pay attention to any unexplained lingering or recurring symptoms they might have, and encourage them to inform their healthcare provider.

Top Non-COVID Illness Age-Specific Rates

2023 versus 2024

Condition	4 and younger		5-9 years		10-14 years	
	2023	2024	2023	2024	2023	2024
Chlamydia	0	0	0	0	11.84	23.53
Influenza hospitalization	0	56.12	13.14	26.65	23.67	11.77
Gonococcal infection	0	0	0	0	0	0
Chronic Hepatitis C	0	0	0	0	0	0
Campylobacteriosis	X	14.03	X	39.97	X	11.77
Salmonella	X	28.06	X	0	X	0

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Condition	15-17 years		18-20 years		21-24 years	
	2023	2024	2023	2024	2023	2024
Chlamydia	975.27	535.71	963.01	678.13	941.55	752.01
Influenza hospitalization	0	0	0	0	0	8.64
Gonococcal infection	104.49	71.43	66.74	47.76	211.85	86.44
Chronic Hepatitis C	0	0	0	0	0	0
Campylobacteriosis	X	0	X	0	X	0
Salmonella	X	0	X	19.10	X	0

table continued on next page

Condition	25-34 years		35-44 years		45-54 years	
	2023	2024	2023	2024	2023	2024
Chlamydia	505.12	336.80	171.27	107.02	16.29	10.99
Influenza hospitalization	4.81	14.23	5.71	16.90	21.72	43.95
Gonococcal infection	187.62	142.31	119.89	78.86	10.86	16.48
Chronic Hepatitis C	115.46	33.21	74.22	56.33	48.88	38.46
Campylobacteriosis	X	4.74	X	33.80	X	10.99
Salmonella	X	4.64	X	16.90	X	16.48

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Condition	55-64 years		65-74 years		75-84 years	
	2023	2024	2023	2024	2023	2024
Chlamydia	13.29	8.99	5.26	5.13	0	0
Influenza hospitalization	22.14	53.91	15.79	102.61	80.69	119.34
Gonococcal infection	8.86	13.48	5.26	5.13	0	0
Chronic Hepatitis C	44.29	44.93	42.10	66.69	23.05	29.84
Campylobacteriosis	X	8.99	X	15.39	X	19.89
Salmonella	X	8.99	X	25.65	X	39.78

table continued on next page

Condition	85+ years	
	2023	2024
Chlamydia	0	0
Influenza hospitalization	64.52	245.55
Gonococcal infection	0	0
Chronic Hepatitis C	0	0
Campylobacteriosis	X	61.39
Salmonella	X	30.69

Table 17. The largest changes from 2023 to 2024 occurred in chlamydia case and flu hospitalization rates.

In 2023, the 15-17 age group had the highest chlamydia rate, followed by the 18-20 and 21-24 age groups. The chlamydia rate for each of those groups was over 900 cases per 100,000 individuals. In 2024, the 21-24 age group had the highest chlamydia rate followed by the 18-20 year and 15-17 age groups. The 2024 chlamydia rate for all three groups was 750 cases per 100,000 individuals and below.

Influenza hospitalization rates for the 65-74 age group increased by nearly 7 times between 2023 and 2024. Additionally, the influenza hospitalization rate for the 85+ age group almost quadrupled from 2023 to 2024.

Many age groups saw decreases in gonococcal case rates, especially the 21-24 age group. Finally, there were varying trends in Chronic Hepatitis C rates between age groups. Many age groups held steady at their 2023 Chronic Hepatitis C case rate, while the rates of some decreased drastically (25-34, 35-44), and the rates of others increased (65-74, 75-84).

Top Non-COVID Illness Race-Specific Rates

2023 versus 2024

Condition	Single Race, White	Multiracial or Not White	Unknown Race
Chlamydia	101.31	429.39	39
Influenza hospitalization	46.31	32.41	2
Gonococcal infection	27.50	89.12	10
Chronic Hepatitis C	27.50	12.15	9
Campylobacteriosis	15.20	8.10	0
Salmonella	13.75	4.05	3

Table 18. Rates in this table are reported per 100,000 individuals. The “Unknown Race” column displays case numbers, rather than case rates, for each reportable condition.

Top Non-COVID Illness Sex-Specific Rates

2023 versus 2024

Condition	Male		Female	
	2023	2024	2023	2024
Chlamydia	163.79	117.38	350.03	229.54
Influenza hospitalization	16.38	45.44	13.28	43.04
Gonococcal infection	84.41	49.22	45.87	37.06
Chronic Hepatitis C	39.06	36.60	42.24	25.12
Campylobacteriosis	X	17.67	X	10.76
Salmonella	X	7.57	X	20.32

Table 19. Rates in this table are reported per 100,000 individuals. There were two individuals of unknown sex that were hospitalized for influenza in 2024.

Mapping

The following pages contain maps that show zipcode-level case rates per 100,000 individuals for common Portage County communicable diseases. These maps were created using ESRI's ArcGIS Online program. Data displayed in the maps was extracted from the Ohio Disease Reporting System database.

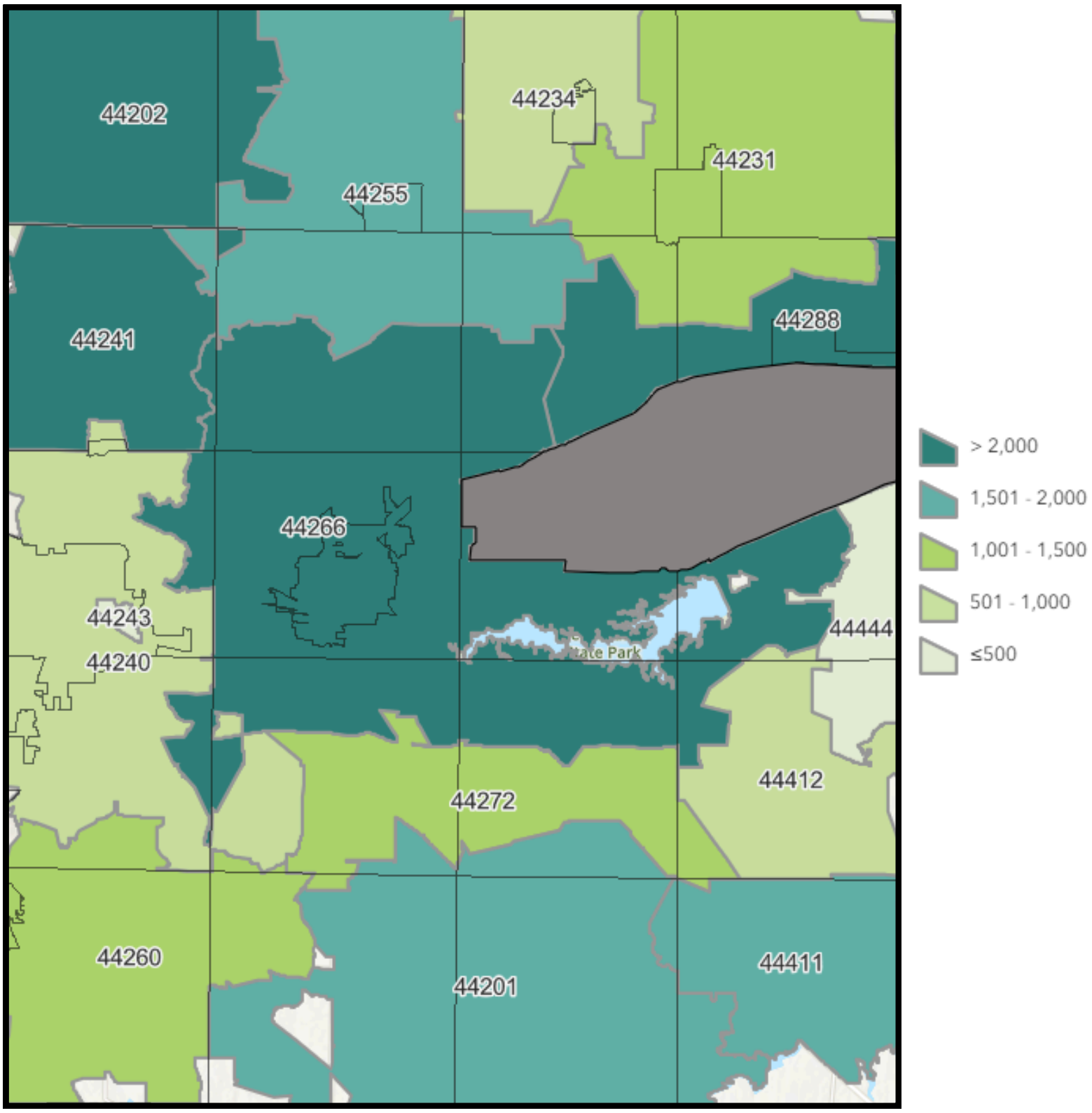
There are seven maps, each showing different rates for the zipcodes:

- Overall case rate for all reportable conditions, including COVID
- Chlamydia case rate
- Influenza hospitalization rate
- Gonococcal infection case rate
- Chronic Hepatitis C case rate (for new cases only)
- Campylobacteriosis case rate
- Salmonella case rate

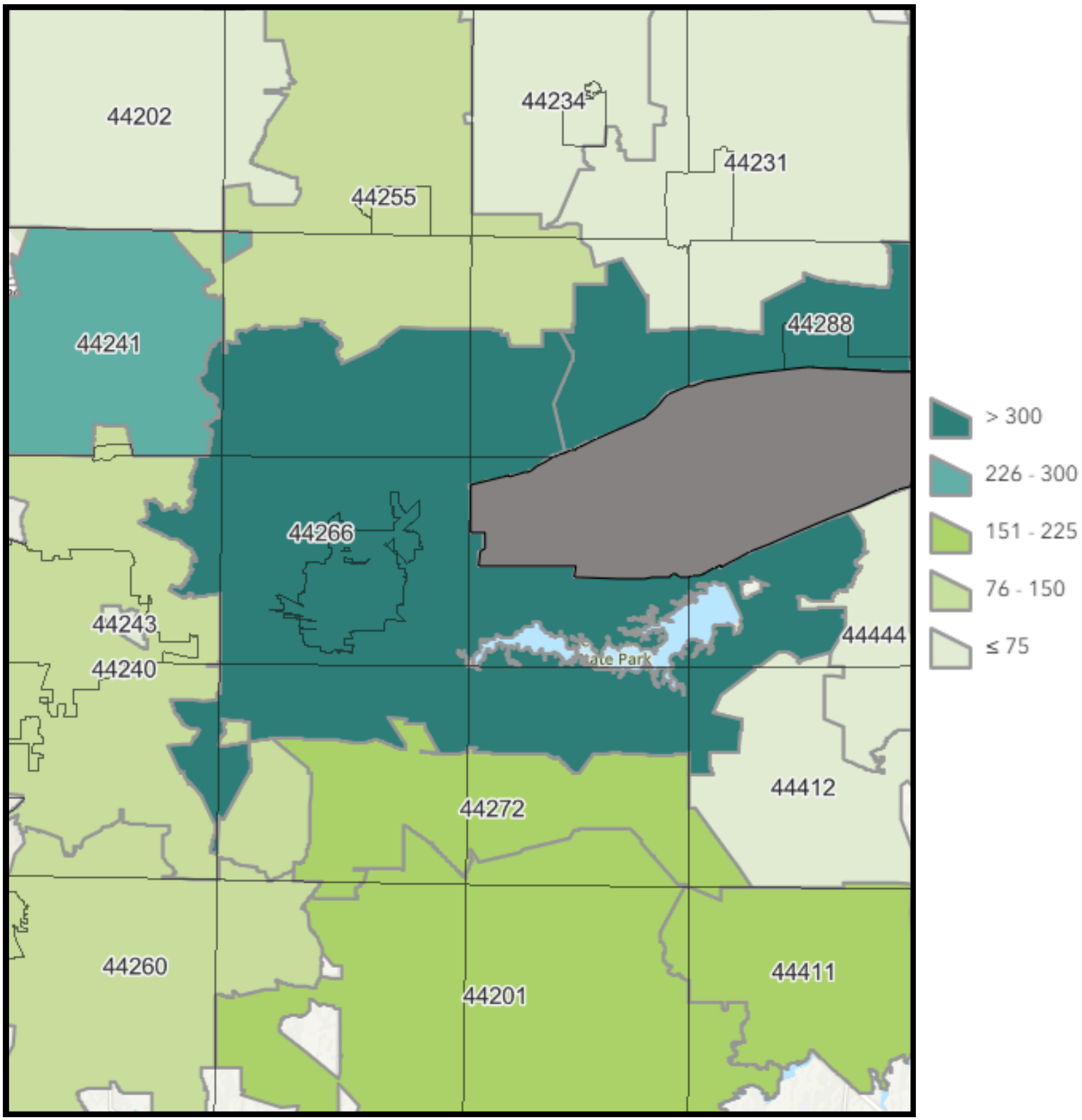
Zipcode areas with case rates of zero have the appearance of the "base map." These areas are cream colored with visible roads and bodies of water. Areas with case rates greater than zero range in color from a pale grey-green (lowest rate) to a dark teal (highest rate). These areas are outlined with thick grey borders.

The thin black lines on each map represent Portage County township and city borders. The dark grey block on each map is the James A. Garfield Munitions Arsenal, also called "Camp Ravenna" or "The Ravenna Arsenal."

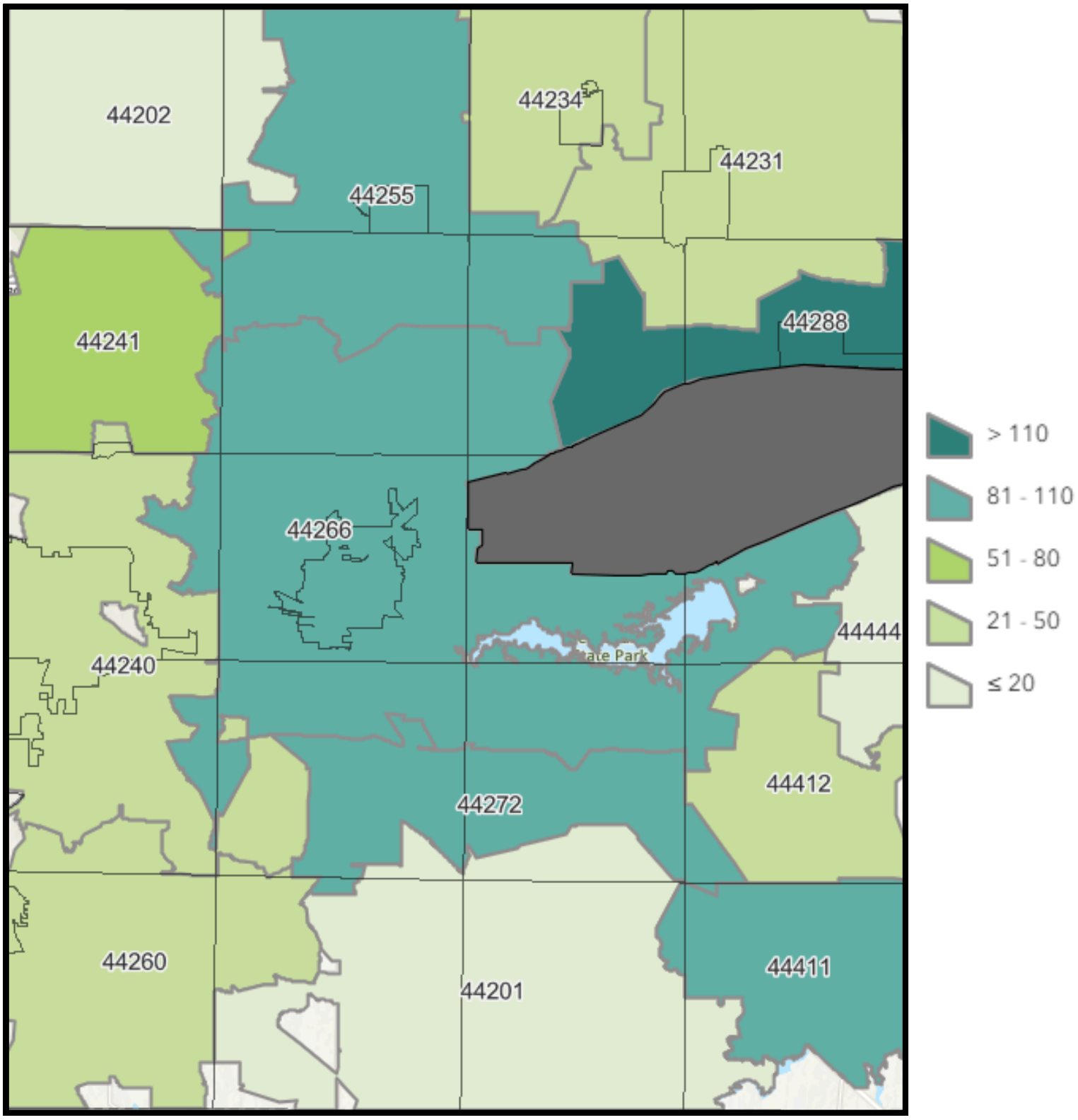
Rate of All Communicable Disease Cases



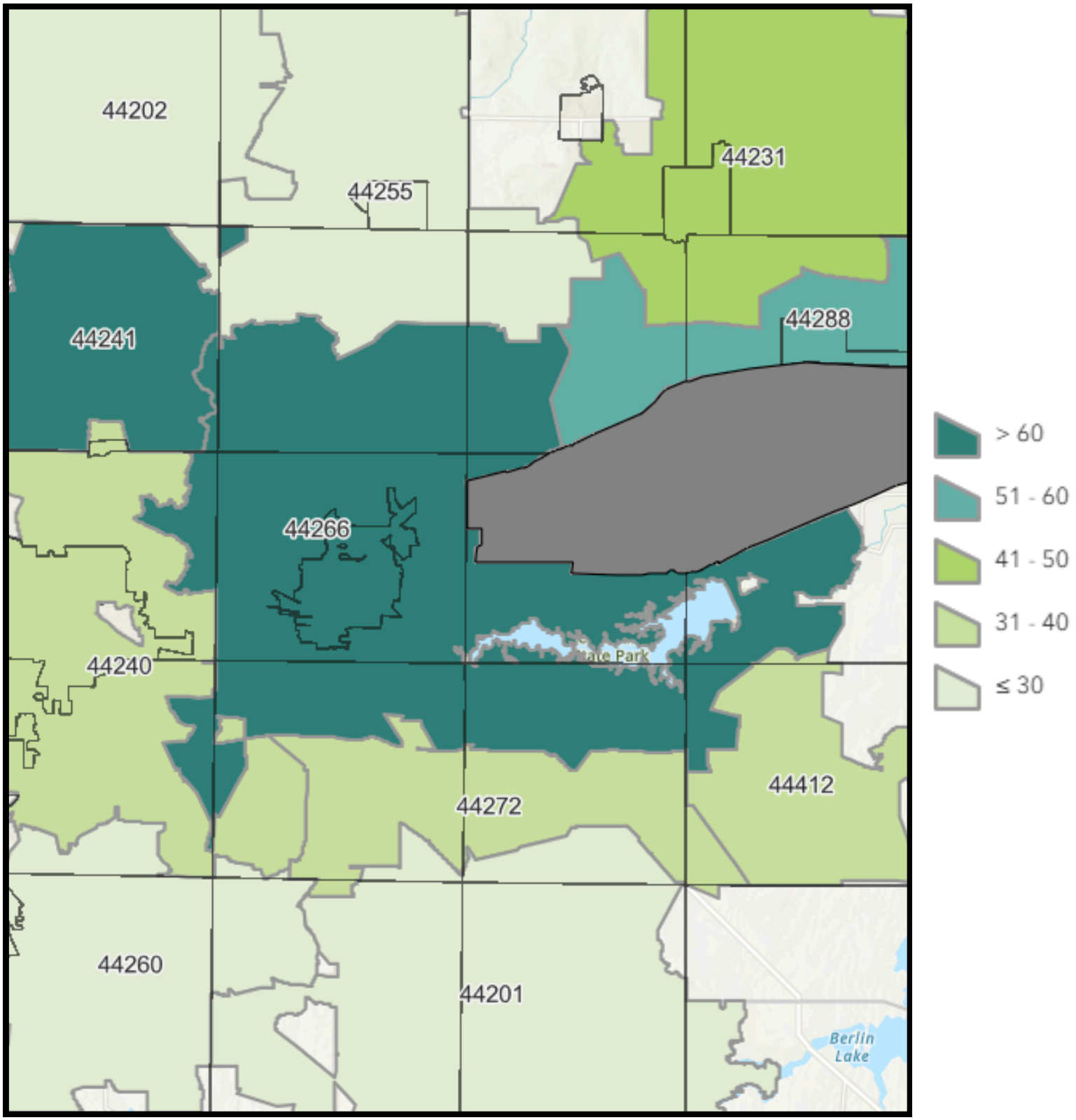
Rate of Chlamydia Cases



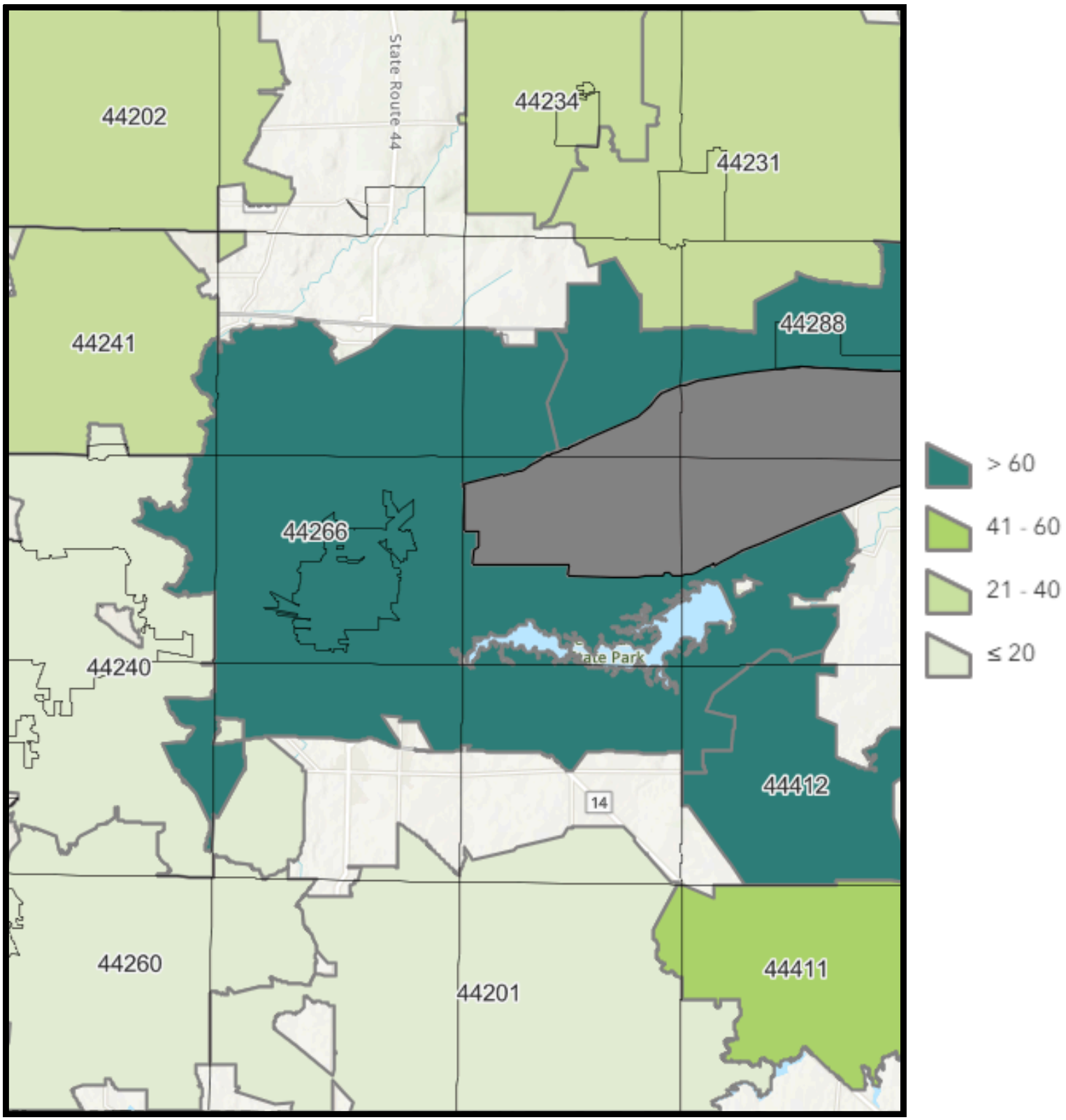
Rate of Influenza Hospitalizations



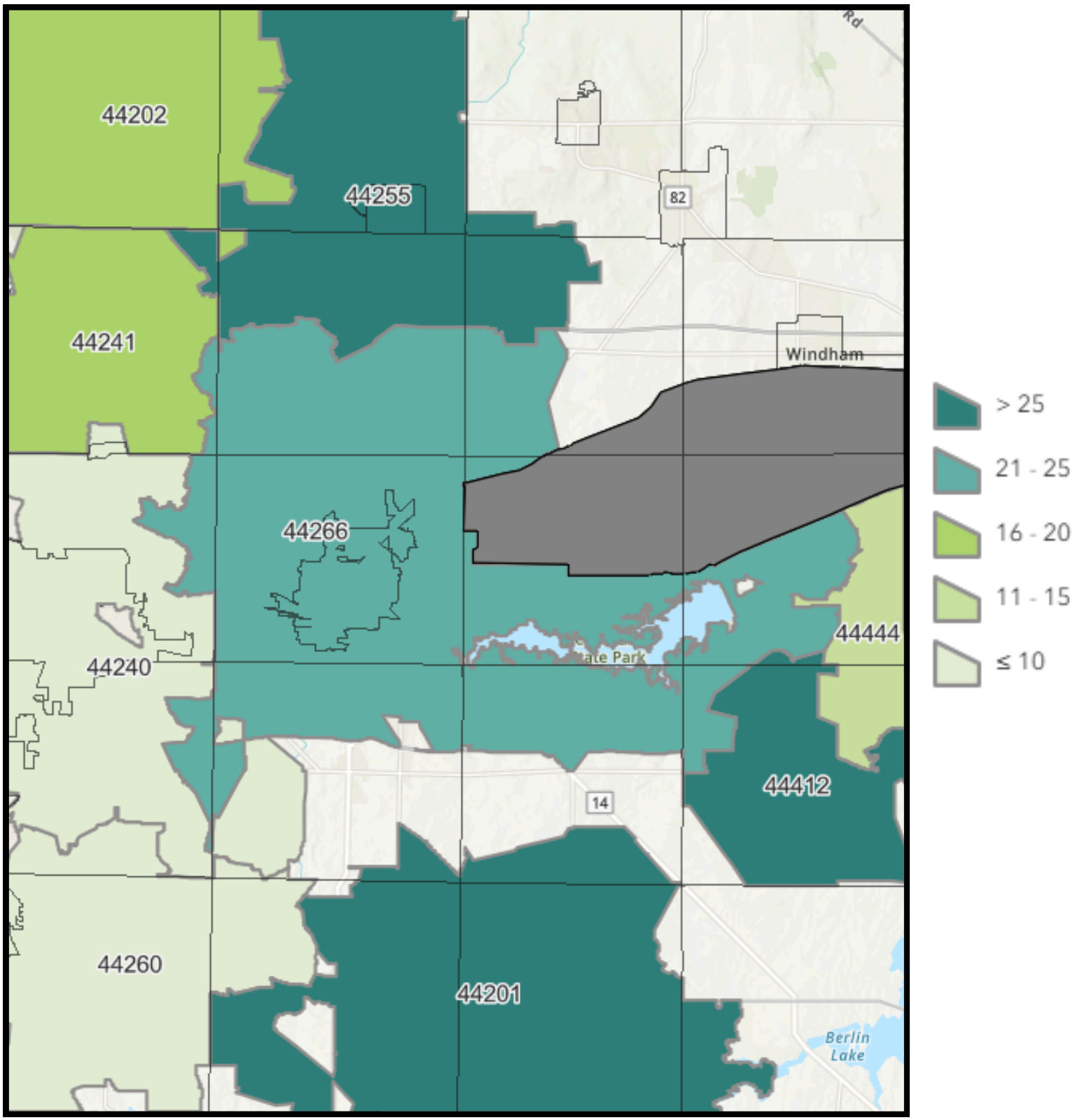
Rate of Gonococcal Infections



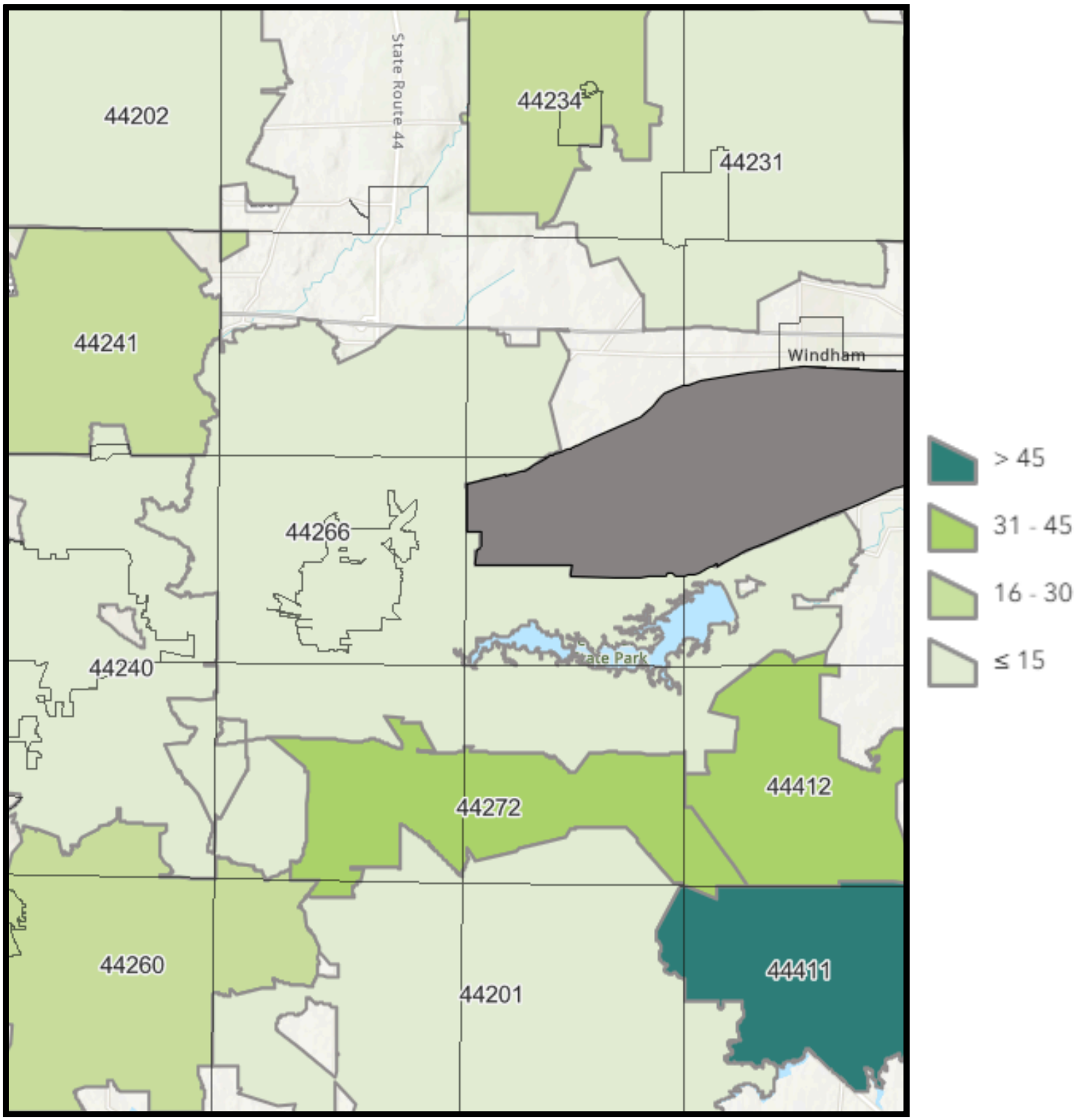
Rate of Chronic Hepatitis C cases



Rate of Campylobacteriosis Cases



Rate of Salmonella Cases



Appendix

Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio

From the Ohio Administrative Code Chapter 3701-3; Effective August 1, 2019

Class A:

Diseases of major public health concern because of the severity of disease or potential for epidemic spread – report immediately via telephone upon recognition that a case, a suspected case, or a positive laboratory result exists.

- Anthrax
- Botulism, foodborne
- Cholera
- Diphtheria
- Influenza A – novel virus infection
- Measles
- Meningococcal disease
- Middle East Respiratory Syndrome (MERS)
- Plague
- Rabies, human
- Rubella (not congenital)
- Severe acute respiratory syndrome (SARS)
- Smallpox
- Tularemia
- Viral hemorrhagic fever (VHF), including Ebola virus disease, Lassa fever, Marburg hemorrhagic fever, and Crimean-Congo hemorrhagic fever

Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other disease of major public health concern, because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, outbreak, epidemic, related public health hazard or act of bioterrorism.

Class B:

Disease of public health concern needing timely response because of potential for epidemic spread – report by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known.

- Amebiasis
- Arboviral neuroinvasive and non-neuroinvasive disease:
  - Chikungunya virus infection
  - Eastern equine encephalitis virus disease
  - LaCrosse virus disease (other California serogroup virus disease)
  - Powassan virus disease
  - St. Louis encephalitis virus disease
  - West Nile virus infection
  - Western equine encephalitis virus disease
  - Yellow fever
  - Zika virus infection
  - Other arthropod-borne diseases
- Babesiosis
- Botulism
  - infant
  - wound
- Brucellosis
- Campylobacteriosis
- *Candida auris*
- Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)
  - CP-CRE *Enterobacter* spp.
  - CP-CRE *Escherichia coli*
  - CP-CRE *Klebsiella* spp.
  - CP-CRE other
- Chancroid
- *Chlamydia trachomatis* infections
- Coccidioidomycosis
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- *E. coli* O157:H7 and Shiga toxin-producing *E. coli* (STEC)
- Ehrlichiosis/anaplasmosis
- Giardiasis
- Gonorrhea *(Neisseria gonorrhoeae)*
- *Haemophilus influenzae* (invasive disease)
- Hantavirus
- Hemolytic uremic syndrome (HUS)
- Hepatitis A
- Hepatitis B (non-perinatal)
- Hepatitis B (perinatal)
- Hepatitis C (non-perinatal)
- Hepatitis C (perinatal)
- Hepatitis D (delta hepatitis)
- Hepatitis E
- Influenza-associated hospitalization
- Influenza-associated pediatric mortality
- Legionnaires' disease
- Leprosy (Hansen disease)
- Leptospirosis
- Listeriosis
- Lyme disease
- Malaria
- Meningitis:
  - Aseptic (viral)
  - Bacterial
- Mumps
- Pertussis
- Poliomyelitis (including vaccine-associated cases)
- Psittacosis
- Q fever
- Rubella (congenital)
- *Salmonella* Paratyphi infection
- *Salmonella* Typhi infection (typhoid fever)
- Salmonellosis
- Shigellosis
- Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF)
- *Staphylococcus aureus*, with resistance or intermediate resistance to vancomycin (VRSA, VISA)
- Streptococcal disease, group A, invasive (IGAS)
- Streptococcal disease, group B, in newborn
- Streptococcal toxic shock syndrome (STSS)
- *Streptococcus pneumoniae*, invasive disease (ISP)
- Syphilis
- Tetanus
- Toxic shock syndrome (TSS)
- Trichinellosis
- Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB)
- Varicella
- Vibriosis
- Yersiniosis

Class C:

Report an outbreak, unusual incident or epidemic of other diseases (e.g. histoplasmosis, pediculosis, scabies, staphylococcal infections) by the end of the next business day.

Outbreaks:

- Community
- Foodborne
- Healthcare-associated
- Institutional
- Waterborne
- Zoonotic

NOTE:

Cases of AIDS (acquired immune deficiency syndrome), AIDS-related conditions, HIV (human immunodeficiency virus) infection, perinatal exposure to HIV, all CD4 T-lymphocyte counts and all tests used to diagnose HIV must be reported on forms and in a manner prescribed by the Director.

Ohio Department of Health

Know Your ABCs (Alphabetical Order)

Effective August 1, 2019

Name	Class
Amebiasis	B
Anthrax	A
Arboviral neuroinvasive and non-neuroinvasive disease	B
Babesiosis	B
Botulism, foodborne	A
Botulism, infant	B
Botulism, wound	B
Brucellosis	B
Campylobacteriosis	B
Candida auris	B
Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)	B
Chancroid	B
Chlamydia trachomatis infections	B
Chikungunya	B
Cholera	A
Coccidioidomycosis	B
Creutzfeldt-Jakob disease (CJD)	B
Cryptosporidiosis	B
Cyclosporiasis	B
Dengue	B
Diphtheria	A
E. coli O157:H7 and Shiga toxin-producing *E. coli* (STEC)	B
Eastern equine encephalitis virus disease	B
Ehrlichiosis/Anaplasmosis	B
Giardiasis	B
Gonorrhea (*Neisseria gonorrhoeae*)	B
Haemophilus influenzae (invasive disease)	B
Hantavirus	B
Hemolytic uremic syndrome (HUS)	B
Hepatitis A	B
Hepatitis B (non-perinatal)	B
Hepatitis B (perinatal)	B
Hepatitis C (non-perinatal)	B
Hepatitis C (perinatal)	B
Hepatitis D (delta hepatitis)	B
Hepatitis E	B
Influenza A – novel virus	A
Influenza-associated hospitalization	B
Influenza-associated pediatric mortality	B
LaCrosse virus disease (other California serogroup virus disease)	B
Legionnaires' disease	B
Leprosy (Hansen disease)	B
Leptospirosis	B
Listeriosis	B
Lyme disease	B
Malaria	B

Name	Class
Measles	A
Meningitis, aseptic (viral)	B
Meningitis, bacterial	B
Meningococcal disease	A
MERS	A
Mumps	B
Other arthropod-borne diseases	B
Outbreaks: community, foodborne, healthcare-associated, institutional, waterborne, zoonotic	C
Pertussis	B
Plague	A
Poliomyelitis (including vaccine-associated cases)	B
Powassan virus disease	B
Psittacosis	B
Q fever	B
Rabies, human	A
Rubella (congenital)	B
Rubella (not congenital)	A
Salmonella Paratyphi infection	B
Salmonella Typhi infection (typhoid fever)	B
Salmonellosis	B
Severe acute respiratory syndrome (SARS)	A
Shigellosis	B
Smallpox	A
Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF)	B
St. Louis encephalitis virus disease	B
Staphylococcus aureus, with resistance or intermediate resistance to vancomycin (VRSA, VISA)	B
Streptococcal disease, group A, invasive (IGAS)	B
Streptococcal disease, group B, in newborn	B
Streptococcal toxic shock syndrome (STSS)	B
Streptococcus pneumoniae, invasive disease (ISP)	B
Syphilis	B
Tetanus	B
Toxic shock syndrome	B
Trichinellosis	B
Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB)	B
Tularemia	A
Varicella	B
Vibriosis	B
Viral hemorrhagic fever (VHF)	A
West Nile virus infection	B
Western equine encephalitis virus disease	B
Yellow fever	B
Yersiniosis	B
Zika virus infection	B

Ohio Department of Health

Data Sources

1. American Academy of Pediatrics
2. Centers for Disease Control and Prevention
3. Healthy Northeast Ohio
4. Ohio Department of Health Infectious Disease Control Manual
5. Ohio Disease Reporting System
6. World Health Organization

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APPENDIX I: Vulnerable Populations Focus Groups

The following pages show the questions asked and the results of the focus groups.

Focus Group Discussion Guide –
Community Health Assessment for Unhoused Populations

Open United Recovery (O.U.R) Place

Recovery & Health

1. Are you getting the health care and services that you need?
2. Do you have health insurance?
3. Has recovery been hard for you? Why? Has there been anything good about it?
4. Is there anything you wish you had to make recovery easier or better?

Independent Stability

5. What kinds of problems have you had with transportation and getting where you need to go?
6. Can you tell me about a time where you had to choose between buying food or buying something else you needed? **(warm clothes, medications, utilities, etc.)**
7. How often in the last 30 days have you visited a food pantry?
8. Tell me some things that have made it hard to live on your own.
9. Do you feel safe where you're staying now?
10. Have you ever stayed in a relationship just because you needed a place to stay or couldn't afford to leave?
11. If you have had to apply for housing assistance programs, how did that go?
    a. *Depending on the answer:* How did that make you feel?

General

12. What are some things people assume without getting to know you first?
13. Can you make calls or go online whenever you need to? Is it hard for you to find a phone, computer or wifi to use?

Shepherd's House

Basic Needs Support

1. Are you getting the health care and services that you need?
2. Do you have health insurance?
3. Has it been hard to get the stuff you need, like food, warm clothes, medication, soap, that kind of stuff? Tell me more about that.
4. Have you ever had something bad happen because you couldn't get somewhere you needed to be? (If they need prompting: Maybe you've missed an interview for a job you really needed, or you were outside in really cold weather because you couldn't get a bus).

Independent Stability

5. What kinds of problems have you had with transportation and getting where you need to go?
6. What events took place that brought you to Shepherd's House? How did you get here?
7. If you have had to apply for housing assistance programs, how did that go?
    a. *Depending on the answer:* How did that make you feel?
8. What are the main things keeping you from moving out of Shepherd's House?

General

9. Have you ever felt like people were looking down on you for trying to get help? (If they need prompting: Like has anyone ever looked at you weird for using food stamps at a store)
10. How often in the last 30 days have you visited a food pantry?
11. Can you make calls or go online whenever you need to? Is it hard for you to find a phone, computer or wifi to use?

Participants Quote	Code	Category
• I receive 64$ a month in food stamps, and that isn't enough • Ravenna needs more pop-up food pantries	Inadequate Food Assistance	Basic Needs Barrier, Economic Vulnerability
• Can't get to AxessPointe on the bus • PARTA not running on Sundays • The bus runs every hour on weekends • Residents on Route 14 must walk or find alternative transportation because there is no bus stop	Transportation Limitations	Access to Services
• I've been waiting to get into PMHA for 4 Years. The system doesn't care about people like us • Housing assistance programs take too long, and you start to get discouraged • Prioritization of those with families and kids before single individuals	Housing Inequalities	Access to Services, Basic Needs Barrier
• You get treatment then go back to being homeless. Of course you'll relapse • Courts don't care if you're in recovery. They make money from ankle bracelets and drug testing.	Post-Treatment Gap	Systemic Barriers
• I'm in my current situation due to mismanaged finances • The cost of living along with limited employment opportunities makes it difficult to transition into independent living	Financial Restraint	Economic Vulnerability, Access to Services
• Medicaid covers prescriptions, but not over-the-counter meds • Dual enrollment with United Healthcare and Medicaid, insurances program has too many complexities and not easy to understand	Health Insurance Gap	Access to Services

APPENDIX J: Mental Health, Age, and Gender

Mental health (including stress, depression, problems with emotions) was not good for 1 or more days during the past 30 days		PORTAGE COUNTY ADULT SURVEY
Age (n=487)	18-29	74.2%
	30-39	51.9%
	40-49	48.4%
	50-59	47.7%
	60-69	28.7%
	70+	40.5%
	All	51.2%
Gender (n=489)	Male	42.3%
	Female	57.6%
	Transgender	100%
	I prefer not to classify myself	93.8%
	All	51.1%

Seriously considered attempting suicide in the past 12 months		PORTAGE COUNTY ADULT SURVEY
Age (n=511)	18-29	5.9%
	30-39	2.7%
	40-49	0.0%
	50-59	2.6%
	60-69	<0.1%
	70+	0.1%
	All	2.3%
Gender (n=513)	Male	0.1%
	Female	4.4%
	Transgender	0.0%
	I prefer not to classify myself	0.0%
	All	2.3%

How often do you get the social and emotional support you need?				PORTAGE COUNTY ADULT SURVEY	
Age (n=508)	Never	Rarely	Sometimes	Usually	Always
18-29	2.3%	12.4%	22.9%	27.2%	35.3%
30-39	6.6%	6.9%	14.4%	26.3%	45.7%
40-49	9.0%	11.8%	16.4%	35.0%	27.7%
50-59	3.4%	6.6%	7.1%	32.4%	50.6%
60-69	16.8%	2.5%	7.7%	29.0%	44.0%
70+	18.8%	2.5%	58.5%	38.0%	34.9%
All	8.8%	7.6%	13.4%	30.8%	39.5%
Gender (n=510)	Never	Rarely	Sometimes	Usually	Always
Male	13.2%	9.7%	10.6%	26.8%	39.7%
Female	4.9%	5.9%	14.0%	34.5%	40.8%
Transgender	0.0%	0.0%	0.0%	100%	0.0%
I prefer not to classify myself	0.0%	0.0%	93.8%	6.2%	0.0%
All	8.7%	7.6%	13.3%	30.8%	39.6%

During the past 12 months, what is the main reason you delayed getting needed mental health care or services?		PORTAGE COUNTY ADULT SURVEY	
Age (n=510)	I did not delay getting care	I did not need care	I was uncomfortable admitting a mental health issue
18-29	30.7%	32.4%	0.9%
30-39	43.3%	28.2%	7.5%
40-49	49.3%	38.3%	0.7%
50-59	19.8%	56.6%	3.2%
60-69	30.2%	64.3%	1.5%
70+	29.7%	66.6%	0.9%
All	33.0%	46.7%	2.2%
Gender (n=512)	I did not delay getting care	I did not need care	I was uncomfortable admitting a mental health issue
Male	25.7%	58.4%	1.4%
Female	40.4%	37.1%	3.3%
Transgender	0.0%	0.0%	0.0%
I prefer not to classify myself	0.0%	21.4%	0.0%
All	32.8%	46.7%	2.3%

APPENDIX K: Demographics and Income

Breakdown of demographics by household income				PORTAGE COUNTY ADULT SURVEY	
Education* (n=510)	Less than $25,000	$25,000 - $49,999	$50,000 - $74,999	$75,000 - $99,999	$100,000 or more
Less than 12th grade	60.0%	20.0%	20.0%	0.0%	0.0%
High school degree/GED	19.0%	21.6%	15.6%	15.7%	28.0%
Some college	16.8%	24.1%	18.5%	12.3%	28.3%
Associate's degree	3.4%	15.8%	28.4%	15.3%	37.1%
Bachelor's degree	6.4%	11.4%	11.6%	15.9%	54.8%
Graduate or professional degree	5.2%	15.1%	12.6%	10.4%	56.8%
All	15.7%	19.2%	16.4%	13.5%	35.2%
Age* (n=508)	Less than $25,000	$25,000 - $49,999	$50,000 - $74,999	$75,000 - $99,999	$100,000 or more
18-29	26.0%	26.8%	8.6%	10.8%	27.8%
30-39	20.2%	15.5%	23.7%	14.8%	25.9%
40-49	1.6%	5.5%	9.3%	29.4%	54.3%
50-59	3.7%	1.7%	19.5%	7.3%	67.9%
60-69	14.3%	24.6%	18.1%	14.2%	28.8%
70+	20.6%	33.1%	26.4%	7.5%	12.5%
All	15.7%	19.1%	16.5%	13.5%	35.3%

**Statistically significant difference ($p \leq .05$)*

Breakdown of demographics by household income (cont'd)				PORTAGE COUNTY ADULT SURVEY	
Gender* (n=509)	Less than $25,000	$25,000 - $49,999	$50,000 - $74,999	$75,000 - $99,999	$100,000 or more
Male	8.9%	16.2%	18.1%	15.0%	41.7%
Female	21.5%	20.8%	15.4%	12.2%	30.2%
Transgender	100%	0.0%	0.0%	0.0%	0.0%
I prefer not to classify myself	0.0%	83.8%	0.0%	16.2%	0.0%
All	15.6%	19.2%	16.4%	13.5%	35.2%
Household (n=510)	Less than $25,000	$25,000 - $49,999	$50,000 - $74,999	$75,000 - $99,999	$100,000 or more
No children in the household	16.8%	19.8%	17.6%	13.7%	32.1%
At least one child in the household	12.6%	17.7%	13.1%	12.9%	43.7%
All	15.7%	19.2%	16.4%	13.5%	35.2%
Geography (n=510)	Less than $25,000	$25,000 - $49,999	$50,000 - $74,999	$75,000 - $99,999	$100,000 or more
Live in Kent City	24.2%	27.5%	8.7%	7.5%	32.1%
Live somewhere else in Portage County	13.7%	17.3%	18.2%	14.9%	35.9%
All	15.7%	19.2%	16.4%	13.5%	35.2%

**Statistically significant difference ($p \leq .05$)*

APPENDIX L: University Hospitals - Evaluation of Impact

The following pages show the Evaluation of Impact from University Hospitals.

University Hospitals Portage Medical Center

UH Portage Medical Center is a 107 licensed-bed hospital that provides an array of services, including but not limited to surgical, cardiovascular, orthopedic, and rehabilitation. The second largest employer in Portage County, our medical staff consists of nearly 400 physicians in over 40 medical specialties. Located in Ravenna, Ohio, UH Portage Medical Center facilities principally serve residents of Portage County and include Level III Trauma services, comprehensive imaging facilities, a network of physician practices, and outpatient centers. Established in 1894, the hospital has a long and storied history of caring for the community.

Evaluation of Impact

University Hospitals Portage Medical Center Community Health Improvement Efforts

The following evaluation of impact pertains to the actions taken since the last Portage County CHNA in 2022. The assessment was done jointly between University Hospitals Portage Medical Center, Portage County Board of Health, and Portage County Community Health Partners, in alignment with Ohio's State Health Assessment (SHA) and State Health Improvement Plan (SHIP). The 2022 CHNA was adopted by University Hospitals in September of 2022, and the 2023-2025 Implementation Strategy was adopted in March of 2023. This evaluation report covers the period January 2023– December 2024. Outcomes from the 2023-2025 period will be further analyzed in early 2026, in order to include 2025 progress in total, and to further inform prospective 2026 implementation strategies.

Upon review of the 2022 Community Health Needs Assessments, hospital leadership for University Hospitals Portage Medical Center isolated three top priority community health needs:

1. Mental Health, Substance Use and Addiction

2. Chronic Disease

3. Family, Pregnancy, Infant and Child Health (FPICH)

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

- Increase the number of prediabetes, hypertension, and BMI screenings in Portage County.
- Increase access to fruit and vegetables in Portage County.
- Continue and expand SDOH screenings and referrals in Portage County.

- Increase knowledge of healthy pregnancy and postpartum, as well as reproductive health and wellness through education and outreach.
- Increase screening of pregnant individuals for smoking by 5%.
- Increase the number of prediabetes, hypertension, and BMI screenings in Portage County.
- Decrease risk of suicide among gun owners in Portage County.
- Increase awareness of and participation in the Ohio Quit Line by 5%.

Impact

UH Portage Medical Center has made significant strides in addressing the aforementioned health strategies through their community health improvement strategies within the community. Through extensive education and screening programs, the UH Portage community outreach team conducted a total of 3,739 screenings for obesity risk factors, including hypertension, BMI, and pre-diabetes, over 2023 and 2024. Collaborating with the Portage County Health Department Community Health Worker (CHW) program, they facilitated 53 referrals for obesity risk factors and food insecurity. Additionally, their community education initiatives on nutrition and physical activity reached 7,538 participants. UH Portage also increased access to fresh produce through partnerships with the WIC Farmers' Market Nutrition Program, benefiting 5,525 participants, and the Senior Nutrition Program, which served 7,130 senior citizens. Furthermore, their efforts in food security reached 22,774 people through various food banks and pantries, and 21,440 children through the Ravenna School Raven Pack program.

In the realm of family, pregnancy, infant, and child health (FPICH), UH Portage Medical Center has focused on enhancing knowledge and resources for healthy pregnancies and reproductive health. By hosting and participating in community events, they reached 215 attendees in 2023. They also referred 48 pregnant individuals to the UH tobacco treatment counseling program over the two years, aiming to reduce smoking among pregnant individuals. These efforts are part of a broader goal to increase screening for smoking by 5% by the end of 2025.

Addressing mental health, substance use, and addiction, the UH Portage has worked to reduce stigma and improve support systems. They hosted roundtables with 340 employers to discuss mental health and addiction issues in the workplace. Community town halls on mental health issues attracted 110 attendees, fostering open dialogue and awareness. Efforts to decrease suicide risk among gun owners included providing gun safety and suicide prevention information to 50 primary care offices and reaching 700 participants at community outreach events. Additionally, UH Portage increased referrals to smoking cessation services, with a total of 294 referrals over the two years.

Overall, UH Portage Medical Center's initiatives have had a profound impact on the community, addressing critical health priorities through education, screenings, and partnerships. Their comprehensive approach to chronic conditions, FPICH, and mental health demonstrates a commitment to improving the well-being of Portage County residents. By leveraging community resources and fostering collaboration, UH Portage continues to make strides in enhancing health outcomes and supporting vulnerable populations.

Hospital Leadership Interviews

In order to provide a qualitative context regarding University Hospitals Portage Medical Center successes and opportunities for improvement related to the implementation strategies, a discussion guide comprised of four anchor questions was utilized to frame an interview with University Hospitals Portage leadership and caregivers on March 6, 2025.

1. What were the most significant successes and strategies in program implementation and community engagement?
2. What strategies experienced barriers to implementation, or were unable to be implemented?
3. How have community partnerships strengthened program implementation and community engagement?
4. Are there any opportunities that could potentially be leveraged in the future to improve the community's health?

As a result of this conversation, the following qualitative themes emerged pertaining to University Hospitals Portage Medical Center’s community health implementation strategy from 2023-2025: 1) Addressing Chronic Conditions, 2) Combating Food Insecurity and Improving Nutrition, 3) Strengthening Program Implementation and Community Engagement through Partnerships, and 4) Opportunities for Future Improvement. The following quotes illustrate these themes:

Addressing Chronic Conditions

UH Portage Medical Center's efforts in addressing chronic conditions have had a profound impact on the community. By conducting thousands of screenings for obesity risk factors, hypertension, BMI, and pre-diabetes, they have significantly increased awareness and early detection of these conditions. The UH Portage outreach team highlighted the hospital's success, stating, "the chronic disease pieces of it are certainly something the

hospital is pretty good at," which underscores their expertise and effectiveness in this area. The collaboration with the Portage County Health Department's Community Health Worker (CHW) program has facilitated referrals, ensuring that individuals at risk receive the necessary support and resources.

The regular blood pressure screenings implemented by UH Portage have also contributed to improving community health, with a growing number of repeat participants. The team mentioned, "offering BP screens weekly at a variety of locations," which has provided consistent monitoring and support for individuals managing hypertension. These initiatives have not only improved individual health outcomes but have also fostered a sense of community engagement and trust in the hospital's services.

UH Portage Medical Center's comprehensive approach to chronic disease management has empowered the community with knowledge, resources, and support, leading to better health outcomes and a stronger, healthier community.

Combating Food Insecurity and Improving Nutrition

UH Portage Medical Center has made significant strides in combating food insecurity and improving nutrition within the community. The UH Portage team emphasized the success of their food insecurity programming, stating, "whether it's independent programming we've done here in Portage or [UH] Food for Life Market numbers." UH Portage increased access to fresh produce through partnerships with programs like the WIC Farmers' Market Nutrition Program and the Senior Nutrition Program. The team highlighted the impact of these initiatives, mentioning the farmers markets set up in metropolitan housing communities to directly provide resources to those most in need.

UH Portage Medical Center has also provided substantial support to the Ravenna School Raven Pack program, serving a total of 21,440 children over 2023 and 2024. This collaboration has been instrumental in addressing food insecurity and ensuring that thousands of children in the Ravenna School District receive essential resources. The team's ongoing efforts and partnerships have significantly impacted the well-being of these students, demonstrating their commitment to improving community health. The team also discussed the pilot project with the Haymaker Farmers Market, which tracks the redemption of produce vouchers, providing valuable data to support their impact. This collaboration is a crucial strategy to increase access to fresh produce for the community.

Overall, UH Portage Medical Center's comprehensive approach to food insecurity and nutrition has empowered the community with access to healthy food options, education

on nutrition, and support for vulnerable populations. Their initiatives have fostered a sense of community engagement and trust, leading to better health outcomes and a stronger, healthier community.

Strengthening Program Implementation and Community Engagement through Partnerships

UH Portage Medical Center has significantly strengthened program implementation and community engagement through robust partnerships. The team highlighted the importance of these collaborations, stating, "we certainly are working with some gardens, but we don't have that direct impact on probably like starting the gardens and things like that." This reflects their strategy of leveraging community resources and partnerships to enhance their impact. UH Portage further emphasized the hospital's presence in various community settings, noting, "we're everywhere in the county. We're in the businesses. We're in the senior centers. We're in the schools."

The team discussed their deep-rooted relationships with community partners, which have been crucial in expanding their reach and effectiveness. The team mentioned positive feedback from community leaders, stating, "our community leaders see us out there, and that gives a lot of positive feedback." This trust and respect have been built through consistent involvement in community activities and events, reinforcing UH Portage Medical Center's role as a reliable partner.

Opportunities for Future Improvement

Building on the theme of long-term community empowerment, the UH Portage team is well-positioned to expand its outreach in ways that not only address immediate health needs but also foster sustainable growth and opportunity. As the team put it, “we’ve really been able to let them know that the hospital can be a stepping stone for a future for them,” highlighting the transformative potential of career development initiatives. These efforts could be further enriched by deepening partnerships with local schools, expanding mentorship programs, and integrating workforce readiness into health education events.

In addition to career-focused outreach, the team has expressed interest in enhancing data collection and evaluation methods to better understand and communicate their impact. As the team noted, “if we can figure out ways to measure… I think that’s something we all are looking for.” Collaborating with consultants and leveraging new tools could help identify meaningful metrics that align with both community needs and organizational goals.

The UH Portage team is excited to continue exploring new opportunities and strategies which demonstrate the team's openness to innovative, community-centered solutions. Continuing to build on these ideas, while remaining flexible and responsive, offers a strong foundation for future progress.

APPENDIX M: Community Resources

The following pages show the community resources that could be leveraged to help improve the health of the community.

Mental Health & Substance Misuse:

- AxessPointe Family Services
- Children's Advantage
- Coleman Professional Services
- Hope Town
- Kent City Health Department
- Law Enforcement
- Mental Health & Recovery Board of Portage County
- Ohio Department of Mental Health & Addiction Services
- Portage County Combined General Health District
- Portage County Overdose Fatality Review Board
- Portage County Safe Communities Coalition
- Portage County Suicide Fatality Review Board
- Portage Substance Abuse Community Coalition
- Recovery Works Portage
- Suicide Prevention Coalition
- Townhall II
- University Hospitals Portage Medical Center

Chronic Disease:

- AxessPointe Family Services
- Kent State University
- NEOMED Free Clinic
- Northeast Ohio Medical University (NEOMED)
- Portage County Combined General Health District
- Portage Park District
- University Hospitals Portage Medical Center

Population Health & Safety:

- Akron Canton Food Bank
- Akron Children's Hospital
- Haymaker Farmers' Market
- Kent City Health Department
- Northeast Ohio Medical University (NEOMED)
- Portage County Combined General Health District
- Portage County Safe Communities Coalition
- Portage County Safe Kids Coalition
- United Way
- University Hospitals Portage Medical Center

Equitable Access and Sustainability of Community Resources:

- AxessPointe Family Services
- Haymaker Farmers' Market
- Portage Area Regional Transit Authority (PARTA)

- Portage County Combined General Health District
- Portage County Job and Family Services
- Portage Metropolitan Housing Authority
- United Way
- University Hospitals Portage Medical Center