ILLUMINOLOGY

PORTAGE COUNTY
COMBINED GENERAL
HEALTH DISTRICT

University Hospitals
The Science of Health. *The Art of Compassion.*

KENT CITY
HEALTH
DEPARTMENT

Mental Health &
Recovery Board
OF PORTAGE COUNTY

PORTAGE COUNTY

2026-2028 Community Health Improvement Plan

EXECUTIVE SUMMARY

Members of Portage County Community Health Partners met in person and participated in large and small group discussions on July 17th, 2025. During this session, members reviewed the recently completed Community Health Needs Assessment (CHNA) and identified the three most important health issues facing residents in Portage County and one cross-cutting factor.

Prioritized Health Needs

Chronic disease

Mental health and substance misuse

Population health and safety

Cross-Cutting Factor

Equitable access and sustainability of community resources

Three work groups were formed to begin drafting health improvement plans for each health priority, following a systematic process informed by County Health Rankings. The plans drafted by each group provide the specific details that will be used to address the community health priorities and track progress over time.

Portage County's 2026-2028 Community Health Improvement Plan (CHIP) identifies health priorities, goals, objectives, and action steps that the community will use to develop and implement projects, programs, and policies to improve the health of its residents.

Implementation of the CHIP will begin in 2026. On an annual basis, Portage County will publish a report outlining progress made towards accomplishing the goals outlined in the work plan and reconvene community partners to discuss progress and necessary revisions. The original group of community partners, along with additional community members, will be invited to provide ongoing guidance and support throughout the implementation of this CHIP and any revisions that may be necessary; the composition of this group will be expanded and maintained as this work progresses. The CHIP is scheduled to be implemented over a three-year period.

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INTRODUCTION

Beginning in early 2025, the Portage County Health District completed a comprehensive assessment of the health of its residents. The 2025 Portage County Community Health Needs Assessment (CHNA) considered a wide range of information, including disease rates, quality of life issues, causes of death, community resources, and self-reported health status to paint a picture of the health of Portage County residents. Residents and partners can access the most recent CHNA at the following link: (Portage County 2025 Community Health Needs Assessment.pdf).

Based on the 2025 Portage County CHNA, the community health stakeholders embarked on a comprehensive strategic planning process focused on improving the health of the community. This began with a review and identification of priority health needs (considering the 2025 CHNA data) and finished with the creation of a Community Health Improvement Plan (CHIP) for addressing those priorities. The CHIP is comprehensive and long term, detailing action steps that will be used by public health system partner organizations as they implement projects, programs, and policies in Portage County.

This report provides a description of the process used to engage the community and stakeholders in the development of the CHIP. Following the process summary, there is a section for each identified priority that includes the goals and strategies selected for each health priority, as well as information to demonstrate the significance of the priority. A work plan that includes more detailed objectives, action steps, and evidence-based strategies for each priority can be found in Appendix A. This report concludes with lists of planning participants and community resources that could be engaged to improve the health of the community.

The Portage County Health District contracted with Illuminology, a central Ohio research firm, to design the CHIP process, to facilitate multiple group meetings, and to draft this document.

PUBLIC HEALTH COMPLIANCE

Conducting periodic CHNAs and CHIPs is one critical way in which Portage County Health District, University Hospitals, Kent City Health Department, and Mental Health & Recovery Board of Portage County are 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.

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.

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.

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. 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 and develop the CHIP.

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 to prioritizing health issues to developing CHIP strategies. Portage County residents had opportunities to participate in the research via the adult survey and youth survey for the CHNA. Outreach methods included email and mail.

ACKNOWLEDGEMENTS

Portage County CHA Steering Committee

Representatives from Portage County Health District and University Hospitals Portage Medical Center formed the Portage County CHA Steering Committee to guide Portage County community partners through the assessment and planning 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

Portage County Combined General Health District, 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 CHIP 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

Portage County Combined General Health District

The Portage County Combined General Health District was awarded National Public Health Accreditation on June 11, 2019, and National Public Health Reaccreditation in February of 2026, by the Public Health Accreditation Board located in Alexandria, Virginia. These milestone accomplishments signify to Portage County residents that they are being served by a health district that has met rigorous nationally recognized, performance-focused, and evidence-based standards for public health. Accreditation has strengthened the Agency's continuous commitment towards meeting the 10 Essential Services of Public Health including quality improvement, workforce development, strategic planning, and performance management.

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

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

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

Serving the Cities of: Aurora, Ravenna, Streetsboro

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

Vision Statement
Healthy People. Healthy Environments. Healthy Communities.

Values
Accountability, Communication, Dedication, Ethics, Innovation.

CHIP DEVELOPMENT PROCESS

Identifying the Community's 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.

The full, original list of 20 potential priority health issues identified and 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

Maternal and child health

Infant mortality

Gestational diabetes

General health, death, and illness

Cancer mortality

Cardiovascular health

Infectious disease

Social determinants

Funding changes

Healthcare access

Lack of awareness

Medicaid

Food insecurity

Transportation

Housing

A multi-voting technique, featuring two rounds of voting, was used to narrow down this 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.

PRIORITY HEALTH NEEDS

The prioritized health needs of Portage County residents, as identified by the Portage County Community Health Partners, include: **chronic disease, mental health & substance misuse, and population health & safety; equitable access and sustainability of community resources** was identified as a cross-cutting factor.

Chronic Disease

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

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.

Food insecurity, the lack of reliable access to nutritious food, directly undermines health at every life stage, contributing to chronic disease and developmental challenges. 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).

Relevant indicators:
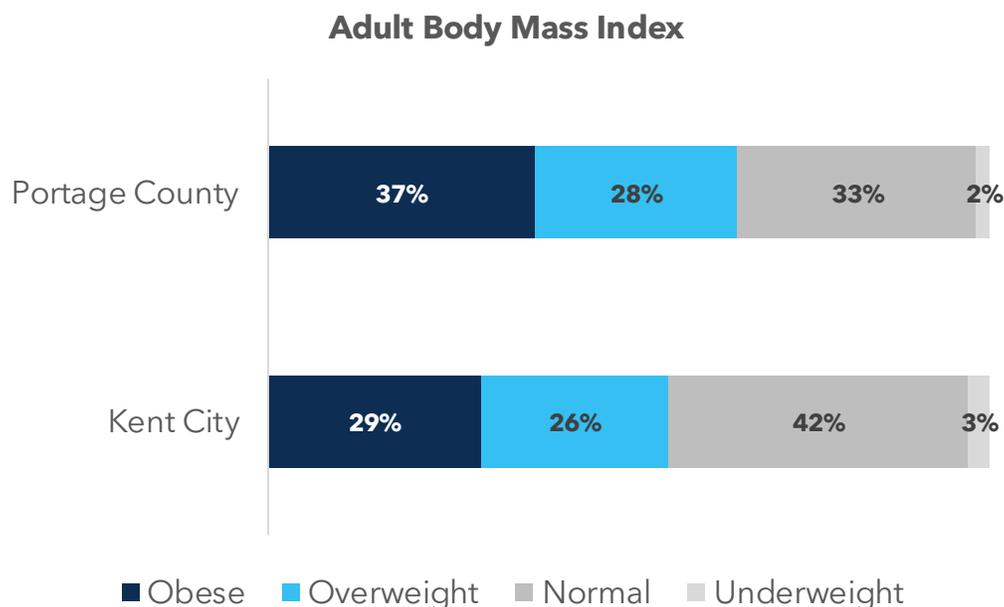
Reasons for delaying care

Adult Body Mass Index

Nutrition & physical activity

Cardiovascular disease diagnoses

Cancer incidence and mortality rates

Coronary heart disease deaths

Food insecure and SNAP households

SNAP households in Kent City

The following pages display the relevant findings from the CHNA.

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%**

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

Adult Body Mass Index

Portage County: Obese 37% | Overweight 28% | Normal 33% | Underweight 2%

Kent City: Obese 29% | Overweight 26% | Normal 42% | Underweight 3%

■ Obese ■ Overweight ■ Normal ■ Underweight

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

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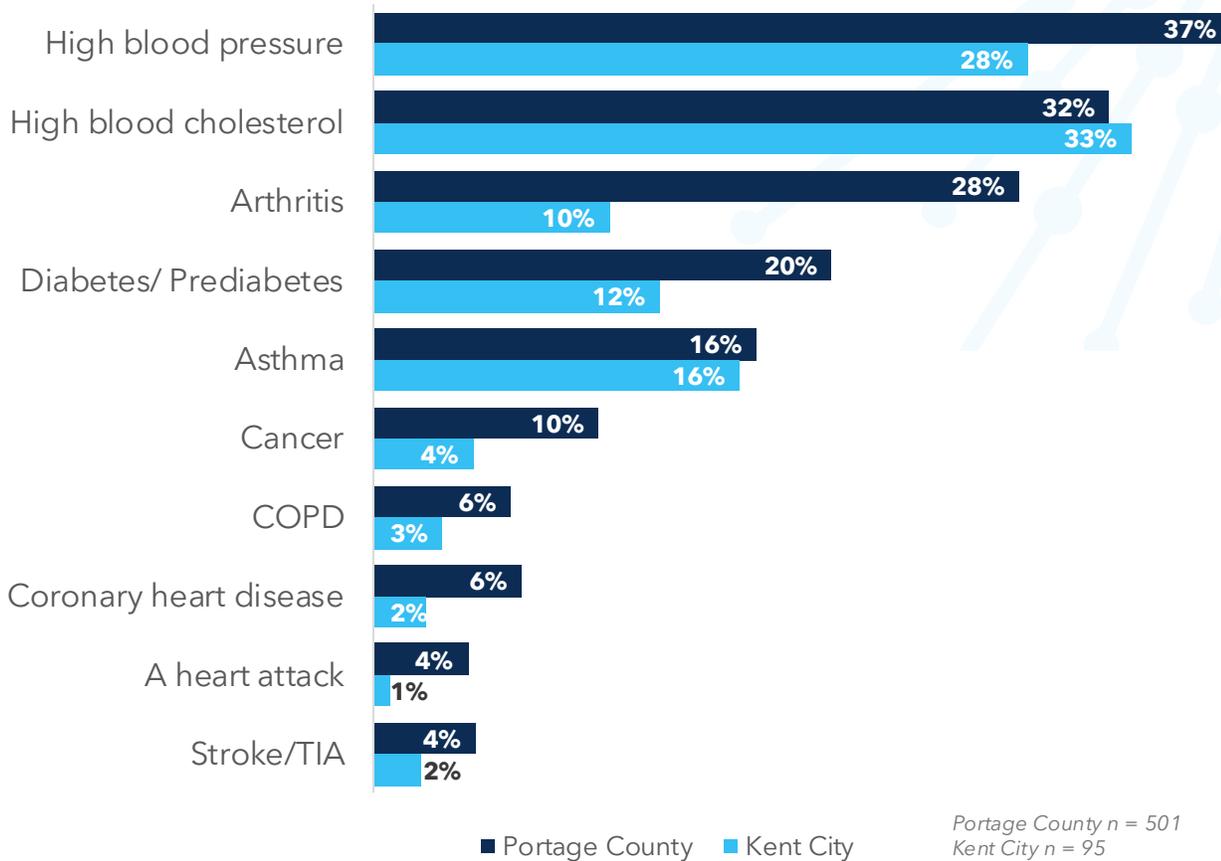
Those who live in **Kent City** were more likely to have engaged in **strength training** on at least one day in the past 7 days (60.5%) than those living outside of Kent City (42.7%).

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%

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...

Condition	Portage County	Kent City
High blood pressure	37%	28%
High blood cholesterol	32%	33%
Arthritis	28%	10%
Diabetes/ Prediabetes	20%	12%
Asthma	16%	16%
Cancer	10%	4%
COPD	6%	3%
Coronary heart disease	6%	2%
A heart attack	4%	1%
Stroke/TIA	4%	2%

■ Portage County   ■ Kent City

Portage County n = 501
Kent City n = 95

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

Many subgroup differences exist related to 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%).
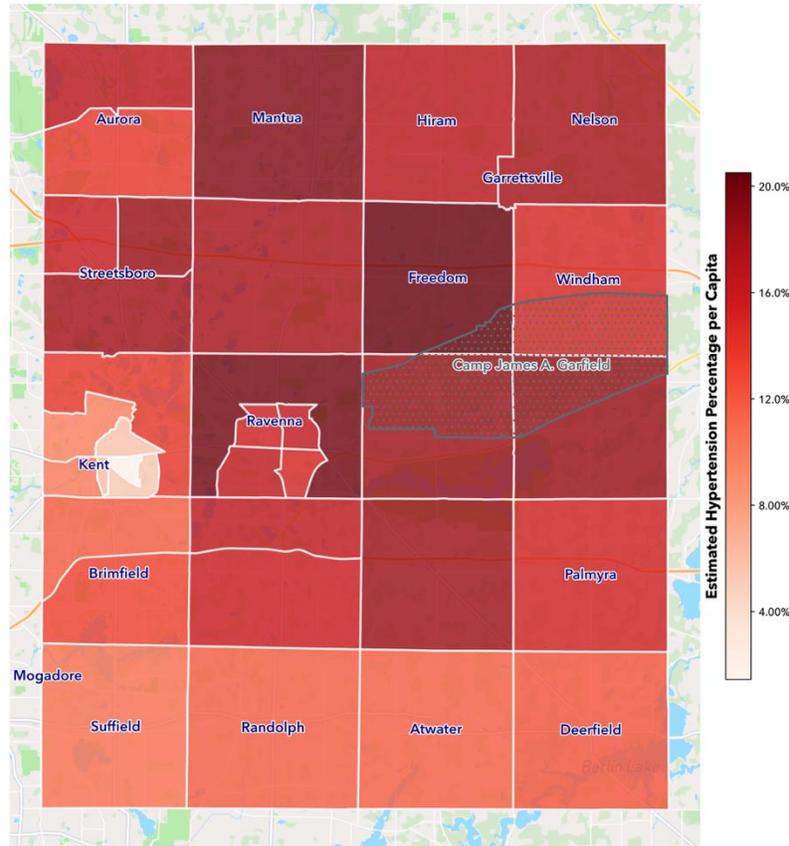
High blood cholesterol

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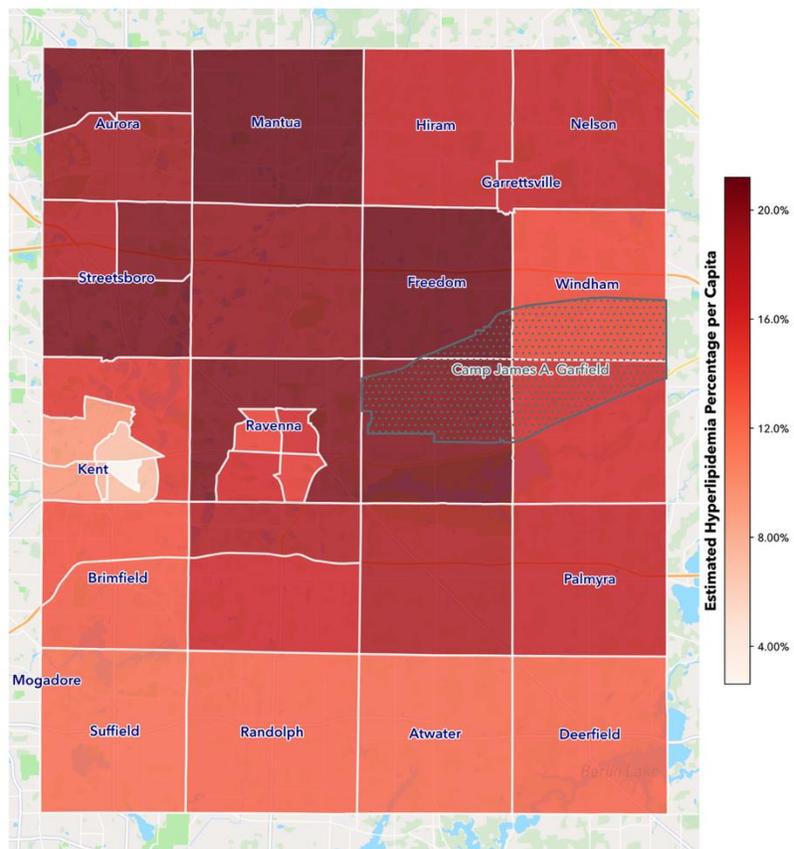
Cancer

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

Hypertension

Hyperlipidemia

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

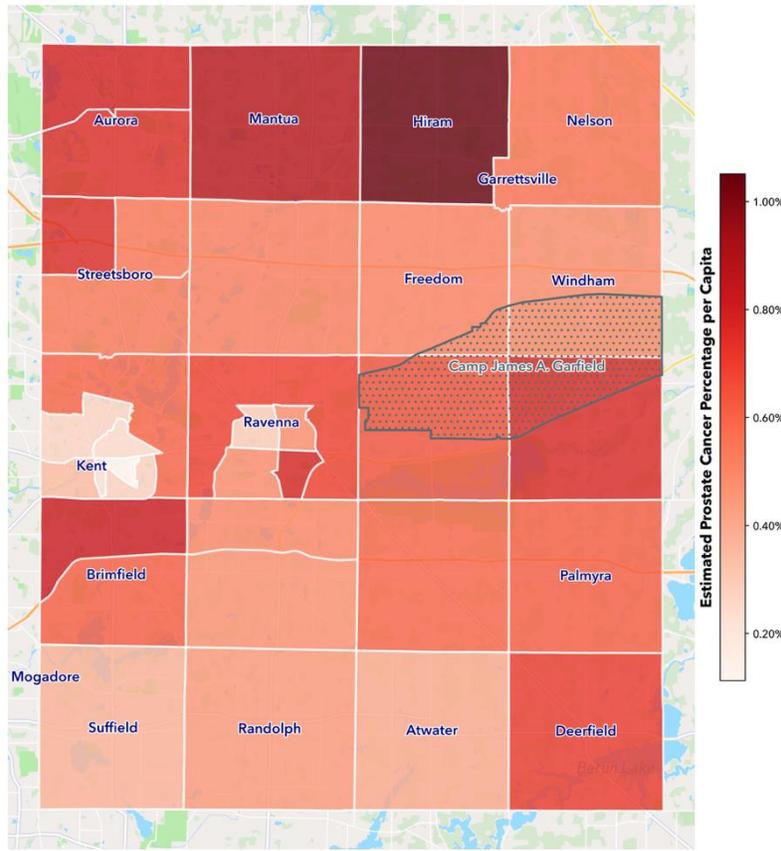| CANCER*		PORTAGE COUNTY	OHIO
Cancer Incidence[2]	Prostate	123.9	125.1
	Breast	71.3	70.5
	Lung & Bronchus	60.1	60.4
	Colon & Rectum	39.7	36.2
Cancer Mortality[3]	Trachea, bronchus, & lung	38.7	36.6
	Pancreas	14.5	12.4
	Breast	12.8	11.3
	Colon, rectum, & anus	12.7	14.5
	Prostate	9.1	7.9

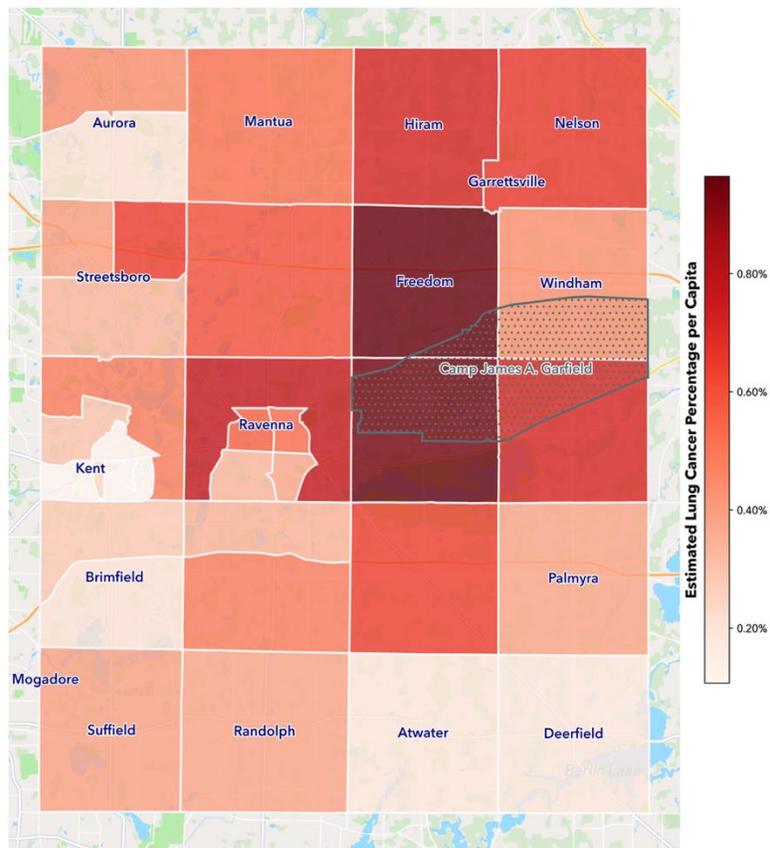**Healthy People 2030 objective not met:**
lung cancer deaths (Portage County **38.7** vs. Target **25.1**)[4]
colorectal cancer deaths (Portage County **12.7** vs. Target **8.9**)[5]

Prostate Cancer

Lung Cancer

Colorectal Cancer

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

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

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	KENT CITY	OHIO
Income[2]	Median household Income	$72,822	$42,524	$69,680
Poverty[2]	People below 100% FPL People below 125% FPL People below 200% FPL	11.4% 15.6% 27.9%	24.8% 29.7% 46.9%	13.2% 16.9% 29.4%
Children[2]	In households below 100% FPL	13.4%	21.7%	18.0%
Food Insecurity[2,3]	**Food insecure households** **SNAP households**	**14.1%** **10.4%**	**--** **14.2%**	**15.3%** **12.4%**

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

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:

Adult mental health

Youth mental health

Adult substance use

Youth substance use

The following pages display the relevant findings from the CHNA.
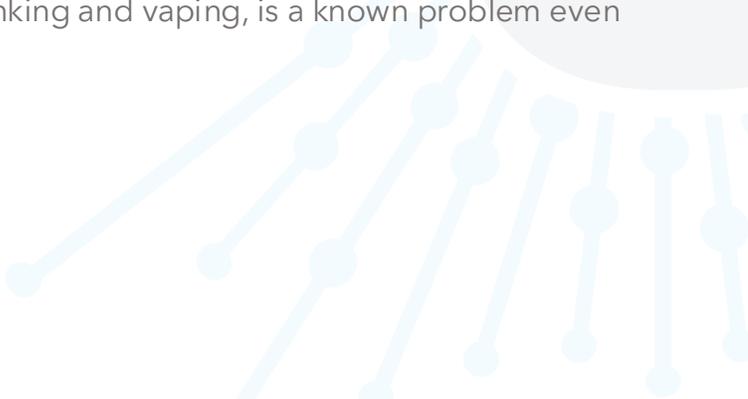
Rates of anxiety and depression were higher among adults in Kent (54% and 39%, respectively) than in Portage County overall (35% and 31%, respectively).

Has a healthcare provider EVER told you that you had...

An anxiety disorder
- Portage County: **35%**
- Kent City: **54%**

A depressive disorder
- Portage County: **31%**
- Kent City: **39%**

■ Portage County   ■ Kent City

n_Portage County = 496
n_Kent City = 94
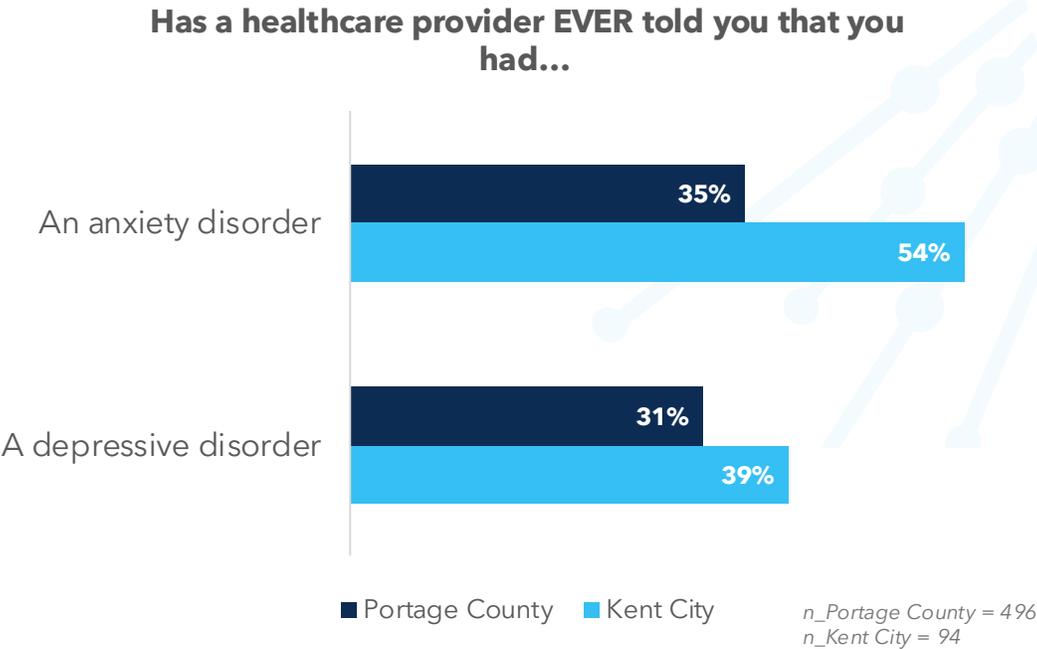
Females were more likely to have been diagnosed with an **anxiety** disorder (44.5%) than males (23.6%).

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

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

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

Anxiety
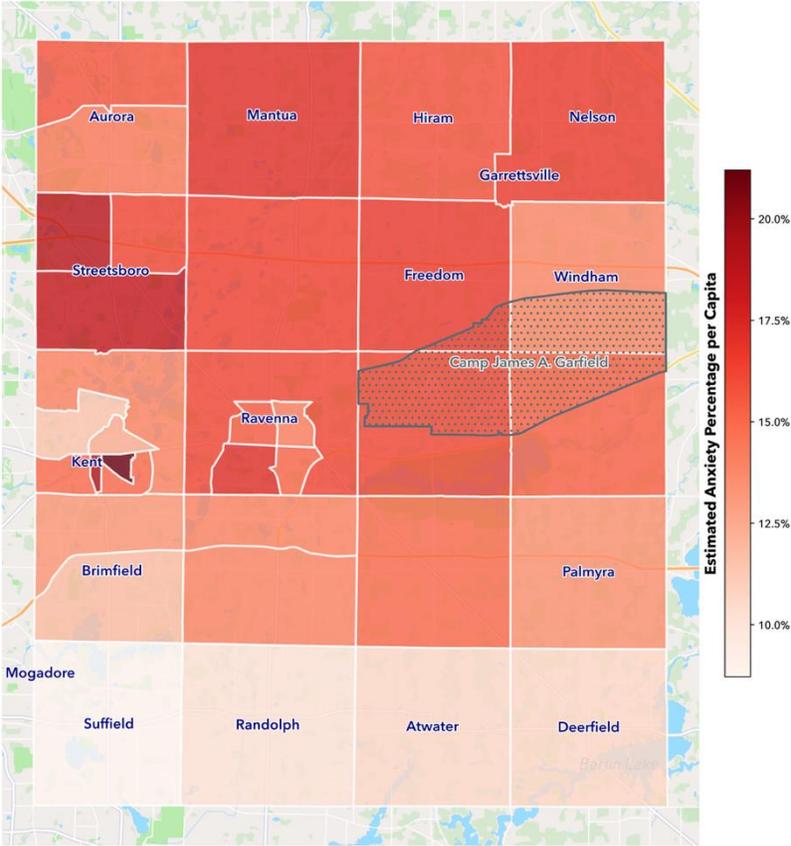
Depression

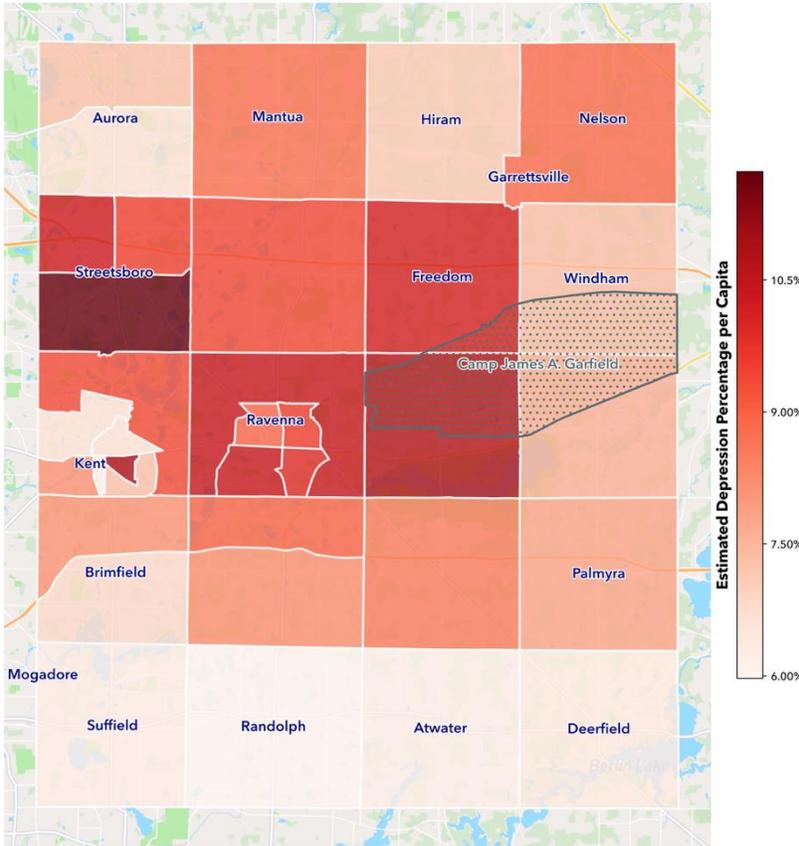Around 40% of youth respondents felt so sad or hopeless in the last year that they stopped doing some usual activities, and around 11% seriously considered attempting suicide. *[Please note that the number of respondents for these questions was relatively low. While they do demonstrate some amount of 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%

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

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?

Portage County **31%**
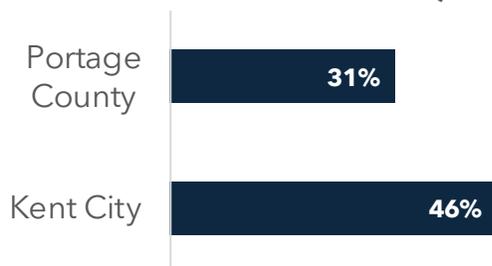
Kent City **46%**

n_Portage County=514
n_Kent City=87

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]

Those **age** 18-49 were more likely to have **binge drank** 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 drank** on at least one day in the past 30 days (36.8%) than those with at least one child in the household (15.3%).

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%

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%

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

During the past 30 days, did you ever use marijuana or cannabis? (Yes)

Portage County   13%

Kent City   27%

Average # of days used this substance (in past 30 days)

n_Portage County=518
n_Kent City=90
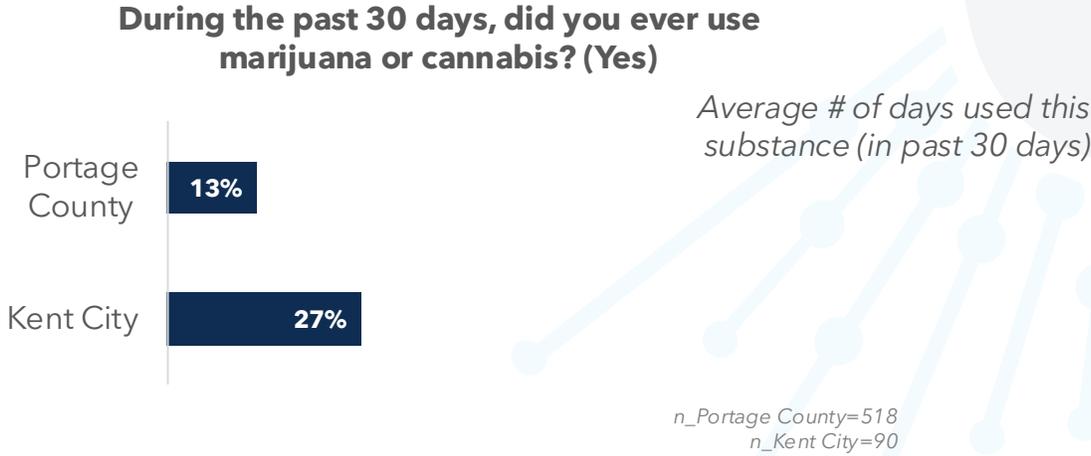
A majority of youth survey respondents did not vape in the past 30 days. Those who did most commonly put nicotine (6%) or marijuana/THC (5%) in their vapes.

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%

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%

DRUGS (cont'd)	PORTAGE COUNTY YOUTH
During your life, how many times have you taken 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%

Population Health and Safety

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

These issues are fundamental indicators of a community's overall health and equity. 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. Additionally, 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.

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:

Drinking and driving

Maternal and infant health

Infectious disease rates

Unintentional injury deaths

The following pages display the relevant findings from the CHNA.

Nearly 10% of youth rode in a vehicle operated by someone who had been drinking alcohol at least once in the past 30 days.

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%

A majority of Portage County adult residents do not have firearms in their homes.

Are any firearms kept in or around your home? If so, how are they stored? (multiple responses allowed)

| Portage County | Locked, unsure if loaded 37% | Locked and unloaded 22% | 13% | 10% | 9% | 5.8% | Unlocked and unloaded 2.3% |

Legend:
- Locked, unsure if loaded
- Locked and unloaded
- Unsure if locked, unloaded
- Unsure if locked, loaded
- Unlocked, unsure if loaded
- Unlocked and unloaded
- Unlocked and loaded

n_Portage County=198

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

Portage County is not meeting national health objectives for key infant health outcomes, including infant mortality and preterm births.

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]

infant deaths in the first year of life (Portage County **6.4** vs. Target **5.0**)[5]

preterm infants born before 37 completed weeks of gestation (Portage County **11.3%** vs. Target **9.4%**)[6]

Infectious disease rates are generally lower in Portage County than they are in the state overall.

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
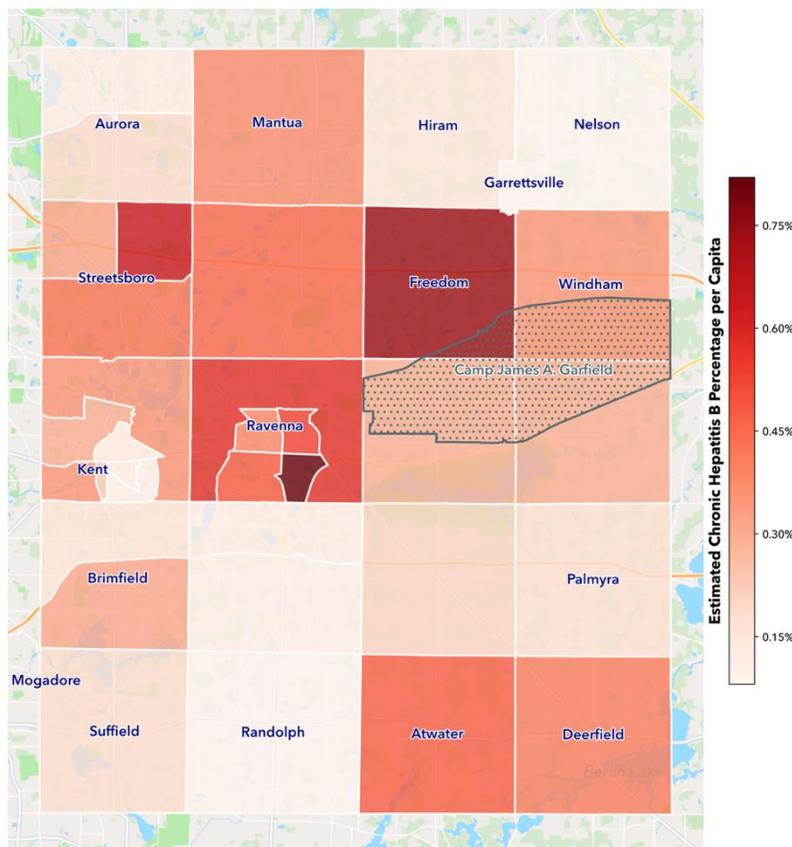
Cross-Cutting Factor: Equitable Access and Sustainability of Community Resources

CROSS-CUTTING FACTOR	
1	**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.*
AREAS OF FOCUS	
1a	Transportation
1b	Housing
1c	Healthy Foods
1d	Specialized Care Providers
1e	Insurance Access

Finally, the cross-cutting factor was identified: Equitable Access and Sustainability of Community Resources. This factor was taken into account in creating the CHIP and should be considered throughout the cycle of implementation.

The Portage County Health District will address all 3 priority needs in the 2026-2028 Community Health Improvement Plan and will take into account the cross-cutting factor throughout.

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 good 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 & safety** **Equitable access**	**Mental health and addiction** • Depression • Suicide • Youth drug use • Drug overdose deaths	**Mental health & substance misuse**
Health behaviors • Tobacco/nicotine use • Nutrition • Physical activity	**Mental health & substance misuse** **Chronic disease**	**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 & safety** **Equitable access**	**Maternal and infant health** • Preterm births • Infant mortality • Maternal morbidity	**Population health & 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).

Creating the Community Health Improvement Plan

After identifying the three priority health needs and cross-cutting factor, Portage County community health stakeholders had the opportunity to indicate their interest in participating in work groups to develop three work plans. Then, the CHIP work groups began their efforts to create the work plans that comprise the main portion of the CHIP. They considered the priorities and needs of residents in the community in order to identify goals, key measures, objectives, action steps, time frames, and accountable persons/organizations related to each priority area. The product of these meetings was a work plan for each of three prioritized health issues; these work plans define the actions of this CHIP. Detailed work plans can be found in Appendix A.

During the work group meetings, members reviewed the findings from the 2025 CHNA that were relevant to their priority health need. They also discussed, broadly, what they would ideally like the community to look like in terms of the priority need and what the barriers would be to achieving that ideal (including social determinants of health and health inequities that might make it more difficult to achieve the ideal).

Several overarching principles were considered during the creation of these work plans: the concepts of evidence-based public health practice, social determinants of health, SMART objectives (specific, measurable, achievable and actionable, relevant, and time-oriented), and priority alignment with Ohio's 2020-2022 State Health Improvement Plan.

Overviews of the CHIP goals and strategies follow.

OVERVIEW OF CHIP STRATEGIES AND GOALS

Chronic Disease

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. 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 the interconnected areas of cancer mortality, cardiovascular disease, nutrition & physical active, and food insecurity is essential for creating healthier populations and more resilient healthcare systems. See page 12 for more details.

Alignment with National Priorities

Healthy People 2030 goals that relate to chronic disease are Objective NWS-03 (reduce the proportion of adults with obesity), Objective HDS-04 (reduce the proportion of adults with high blood pressure), Objective C-02 (reduce the lung cancer death rate), Objective C-06 (reduce the colorectal cancer death rate), Objective HDS-02 (reduce coronary heart disease deaths), and Objective SHOH-01 (reduce the proportion of people living in poverty).

Alignment with SHIP

Chronic disease aligns with Ohio's priority health factor "health behaviors," and priority health outcome "chronic disease."

Strategy 1: Provide programs and information related to tobacco, lung cancer, and smoking cessation; provide lung cancer screenings.

Goal: Reduce the lung cancer mortality rate.

Strategy 2: Increase education about and improve access to colon cancer screenings and colon cancer prevention.

Goal: Decrease colon cancer rates.

Strategy 3: Educate the community on chronic disease risk factors; increase access to preventive screenings and monitoring devices.

Goal: Decrease atherosclerotic cardiovascular disease deaths.

Strategy 4: Educate Portage County residents on healthy eating and active living.

Goal: Improve nutrition and physical activity.

Strategy 5: Increase access to and participation in community-based nutrition programs and opportunities such as farmers' markets.

Goal: Reduce food insecurity.

Mental Health & Substance Misuse

Youth depression and suicide ideation are 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. High rates of adult depression and anxiety profoundly diminish quality of life and increase the risk for serious physical health conditions. Additionally, adult binge drinking and substance misuse are frequently intertwined with mental health struggles and act as significant drivers of preventable deaths, injuries, and chronic diseases. Therefore, monitoring the five areas of youth depression & suicide ideation, adult depression, adult anxiety, adult binge drinking, and adult substance use is essential for identifying at-risk populations, designing effective interventions, and ultimately fostering a healthier society. See page 25 for more details.

Alignment with National Priorities

The Healthy People 2030 goal in the 2025 CHNA that relates to mental health and substance abuse is Objective SU-10 (Reduce the proportion of people aged 21 years and over who engaged in binge drinking in the past month).

Alignment with SHIP

Mental health and substance abuse aligns with Ohio's priority health factor "health behaviors," and priority health outcome "mental health and addiction".

Strategy 1: Conduct suicide prevention and mental health outreach to Portage County youth and analyze youth mental health data.

Goal: Improve youth mental health.

Strategy 2: Provide community-based activities and trainings to raise awareness about adult mental health and analyze adult mental health data.

Goal: Improve adult mental health.

Strategy 3: Increase access to substance misuse educational programming and harm reduction items.

Goal: Reduce adult and youth substance misuse.

Population Health and Safety

Communicable diseases can spread rapidly and disproportionately impact vulnerable populations as well as reveal weaknesses in our public health systems. A mother's health impacts her children both during pregnancy and throughout their lives. Additionally, 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. As our virtual world continues to expand, concerns arise regarding online safety & security. Addressing these interconnected challenges of unintentional injury, communicable disease, maternal & infant health, and online safety & security is not merely about treating sickness but is essential for building a foundation of public safety, resilience, and well-being for all. See page 34 for details.

Alignment with National Priorities

Healthy People 2030 objectives related to population health and safety are Objective SHOH-01 (reduce the proportion of people living in poverty), Objective IVP-03 (reduce unintentional injury deaths), Objective MICH-10 (increase abstinence from cigarette smoking among pregnant women), Objective MICH-02 (reduce the rate of infant deaths), and Objective MICH-07 (reduce preterm births).

Alignment with SHIP

Population health and safety aligns with Ohio's priority health factors "community conditions" and "access to care," and priority health outcome "maternal and infant health."

Strategy 1: Provide educational programming about various unintentional injuries and distribute safety devices.

Goal: Reduce unintentional injury incidence.

Strategy 2: Monitor communicable and vector-borne disease rates, increase access to vaccines, and offer educational programming.

Goal: Reduce communicable and vector-borne diseases.

Strategy 3: Track maternal, fetal, and child health outcomes; provide support to families.

Goal: Improve maternal, child, and infant health.

Strategy 4: Raise awareness of and educate on online safety.

Goal: Improve cybersecurity and internet safety for youth and adults.

SUMMARY & NEXT STEPS

The 2026-2028 Portage County Community Health Improvement Plan is the culmination of stakeholder efforts to identify the most important health issues in Portage County and collaboratively develop plans to address those issues. These detailed work plans created by stakeholders outline goals, objectives, and strategies developed for the purpose of improving the health of Portage County residents (see Appendix A).

Portage County Health District will publish annual CHIP reports to share updates on the progress made towards work plan objectives. These reports will include narrative summaries, quantitative and qualitive data, and other actionable insights. The original CHIP planning participants, along with any new community partners, will meet yearly to review these progress reports and discuss successful progress towards goals and identify opportunities for improvement.

Revisions to the CHIP components (timelines, objectives, lead agencies, etc.) may be proposed based on feedback and evaluation findings. Community stakeholders will review and reach agreement on any proposed changes. Any formal revisions to the CHIP will be clearly documented and dated, and updated CHIP documents will be made publicly available.

Participation in this process is open to Portage County residents and community organizations. If you or your organization would like to participate in or comment on the CHIP, please contact Amy Cooper, Portage County Health District, at 330-296-9919, ext. 200.

2026-2028 Portage County Community Health Improvement Plan (CHIP)

Work plans

CHNA Priority 1: Chronic Disease

CHNA Priority 1: Chronic Disease				
Strategy 1: Provide programs and information related to tobacco, lung cancer, and smoking cessation; provide lung cancer screenings.				
Goal: Reduce the lung cancer mortality rate.				
Objective:		**Data Source**		**Time Period**
1. By December 31, 2028, reduce the trachea, bronchus, and lung cancer mortality rate from 36.45/100,000 to 32.81/100,000 (10% decrease).		ODH Bureau of Vital Statistics		Annually
2. By December 31, 2028, reduce the adult cigarette smoking rate from 7% to 5.6% (20% decrease).		Community Health Assessment Adult Survey		As available
Action Step:	**Objectives Addressed**	**Lead Person or Organization(s)**	**Data Source**	**Target Data/Metric**
<u>Activity 1</u>: Continue referring residents to the University Hospitals Portage Medical Center (UH Portage) smoking cessation program	1, 2	Mindy Gusz, UH Portage	UH Portage	Number of residents referred to the UH Portage smoking cessation program each quarter
<u>Activity 2</u>: Continue offering tobacco harm reduction items through vending machines at Portage County Health District (PCHD) and UH Portage	1, 2	Josh Sexton, Portage County Health District	PCHD	Number of tobacco harm reduction items distributed from vending machines each quarter, analyzed by zip code
<u>Activity 3</u>: Continue providing Quit Kits to residents	1, 2	Jalessa Caples, Kent City Health Department	Kent City Health Department	Number of Quit Kits provided each quarter

Portage County Health District

University Hospitals Portage Medical Center

Activity 4: Distribute tobacco cessation resource guide	1, 2	Jalessa Caples, Kent City Health Department	Kent City Health Department	Number of resource guides distributed each quarter Number of views each quarter
Activity 5: Increase distribution of resources related to tobacco and lung cancer as part of the ACS Health Equity Program	1, 2	Mindy Gusz, UH Portage	UH Portage	Number of resources distributed each quarter
Activity 6: Increase lung cancer CT screenings through UH Portage	1, 2	Mindy Gusz, UH Portage	UH Portage	Number of lung cancer screenings each year[1]
Activity 7: Provide education about the dangers of and misconceptions about vaping	1, 2	Jalessa Caples, Kent City Health Department	Kent City Health Department	Number of people provided with educational information each quarter
Activity 8: Explore school-based tobacco programs and tobacco resources to share with youth. Understand what is currently being done and opportunities for expansion.	1,2	Sarah Gehring, Townhall II	Townhall II	Number of participants in school-based programs each year Number of resources provided each year
Collaborative Partners: UH Portage, PCHD, Kent City Health Department, Townhall II				
Specific Opportunities to address Policy, Equity or Access: Access to smoking cessation programs/materials, Access to screenings, Health equity				
Target Population: Adults; youth; residents who smoke cigarettes, vape, and/or use other tobacco products				

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[1] The number of lung screenings in 2025 was 1,322 (818 performed at Kent).

University Hospitals
Portage Medical Center

Ohio SHIP Alignment: Health behaviors, Chronic disease

CHNA Priority 1: Chronic Disease

Strategy 2: Increase education about and improve access to colon cancer screenings and colon cancer prevention.

Goal: Decrease colon cancer rates.

Objective:	Data Source	Time Period
1. By December 31, 2028, reduce colon and rectum cancer incidence rates from 39.7/100,000 to 35.7/100,000 (10% decrease).	ODH Bureau of Vital Statistics	Annually
2. By December 31, 2028, reduce colon, rectum, and anus cancer mortality rates from 20.05/100,000 to 18.05/100,000 (10% decrease).	ODH Bureau of Vital Statistics	Annually

Action Step:	Objectives Addressed	Lead Person or Organization(s)	Data Source	Target Data/Metric
Activity 1: Increase education about colon cancer screenings and colon cancer prevention, including information about nutrition and physical activity - Topic: Limitations of Cologuard - Topic: Screenings recommended starting at age 45 (for those with average risk) - Audience: businesses – when University Hospitals Portage Medical Center	1,2	Mindy Gusz, UH Portage Cowan Stevens, Axess Family Services	UH Portage Axess Family Services	Number of colonoscopies provided each year Number of people provided with educational information each quarter Number of people referred by Axess Family Services for colonoscopies

(UH Portage) provides biometric screenings - Audience: Geographic areas with high prevalence of colon cancer according to the (UH Portage) data; NAACP - Outlet: National Colorectal Cancer Awareness Month (March)				
Activity 2: Improve access to colon cancer screenings - Bulk order and send out Cologuard - Explore other ways to improve access to screenings	1,2	Cowan Stevens, Axess Family Services	Axess Family Services	Number of Cologuard kits distributed each year

Collaborative Partners: UH Portage, Axess Family Services

Specific Opportunities to address Policy, Equity or Access: Access to screenings, Health equity

Target Population: Adults, Adults 45+

Ohio SHIP Alignment: Health behaviors, Chronic disease

CHNA Priority 1: Chronic Disease

Strategy 3: Educate the community on chronic disease risk factors; increase access to preventive screenings and monitoring devices.

Goal: Decrease atherosclerotic cardiovascular disease deaths.

Objective:	Data Source	Time Period

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1. By December 31, 2028, reduce the coronary heart disease death rate from 78.37/100,000 to 70.53/100,000 (10% decrease).		ODH Bureau of Vital Statistics	Annually
2. By December 31, 2028, reduce high blood pressure prevalence from 37% to 33.3% (10% decrease).		Portage County 2025 Community Health Needs Assessment Adult Survey	As available
3. By December 31, 2028, reduce high cholesterol prevalence from 32% to 28.8% (10% decrease).		Portage County 2025 Community Health Needs Assessment Adult Survey	As available
4. By December 31, 2028, reduce Stroke/TIA prevalence from 4% to 3.6% (10% decrease).		Portage County 2025 Community Health Needs Assessment Adult Survey	As available

Action Step:	Objectives Addressed	Lead Person or Organization(s)	Data Source	Target Data/Metric
Activity 1: Educate the community on chronic disease risk factors and prevention and conduct the following screenings: blood pressure, body mass index, cholesterol, and pre-diabetes screenings (track separately)	1,2,3,4	Mindy Gusz, UH Portage	UH Portage	Number of BMI screenings each year Number of blood pressure screenings each year Number of cholesterol screenings each year Number of pre-diabetes screenings each year
Activity 2: Maintain intern role for American Heart Association Rural at Heart Program Intern will implement and promote use of blood pressure machines in libraries	1,2,4	Mindy Gusz, UH Portage Amy Cooper, Portage County Health District	UH Portage	Number of blood pressure machines available in libraries

Portage County Health District

University Hospitals Portage Medical Center

Activity 3: Promote cardiac CT for cardiac calcium score tests	1,4	Mindy Gusz, UH Portage	UH Portage	Number of coronary artery calcium score tests performed at UH Portage each year[2]

Collaborative Partners: UH Portage, Northeast Ohio Medical University Free Clinic, PCHD

Specific Opportunities to address Policy, Equity or Access: Access to screenings, Access to medical equipment, Health equity

Target Population: Adults

Ohio SHIP Alignment: Health behaviors, Chronic disease

CHNA Priority 1: Chronic Disease

Strategy 4: Educate Portage County residents on healthy eating and active living.

Goal: Improve nutrition and physical activity.

Objective:	Data Source	Time Period
1. By December 31, 2028 increase the amount of times adults eat vegetables in a week from 5.5 to 6.6 (20% increase – behavioral outcome).	Portage County 2025 Community Health Needs Assessment Adult Survey	As available
2. By December 31, 2028, increase the amount of times adults eat fruit in a week from 4.6 to 5.5 (20% increase).	Portage County 2025 Community Health Needs Assessment Adult Survey	As available
3. By December 31, 2028, increase the percentage of youth who eat fruit 1-3 times per day from 92.7% to 95.0% (10% increase is over 100%).	Portage County 2025 Community Health Needs Assessment Youth Survey	As available
4. By December 31, 2028, increase the percentage of youth who eat vegetables 1-3 times per day from 86% to 90% (10% increase is 94.6% - seems too high).	Portage County 2025 Community Health Needs Assessment Youth Survey	As available

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[2] Number of CTs provided in 2025: 3,514 (2,507 performed at Kent)

5. By December 31, 2028, increase the amount of times adults engage in physical activity in a week from 3.2 to 3.5 (10% increase).		Portage County 2025 Community Health Needs Assessment Adult Survey	As available	
6. By December 31, 2028, increase the percentage of youth who engage in physical activity every day in a week from 22% to 26% (20% increase).		Portage County 2025 Community Health Needs Assessment Youth Survey	As available	
Action Step:	**Objectives addressed**	**Lead Person or Organization(s)**	**Data Source**	**Target Data/Metric**
<u>Activity 1</u>: Continue physical activity programming made available by University Hospitals Portage Medical Center (UH Portage) and Portage Parks (Parks Rx Program) Increase awareness of programs Include corporate connections Continue Portage Park District's community group hiking opportunities	5,6	Mindy Gusz, UH Portage Jennifer White, Portage Park District	UH Portage	Number of participants in physical activity programming each quarter
<u>Activity 2</u>: Continue community education on nutrition Include corporate connections	1,2,3,4	Mindy Gusz, UH Portage	UH Portage	Number of people provided with educational information each quarter
<u>Activity 3</u>: Provide community education on physical activity Include corporate connections Continue Portage Park District's Junior Ranger program	5,6	Mindy Gusz, UH Portage Kim Plough, Portage County Health District Joan Seidel, Kent City Health Department	UH Portage	Number of people provided with educational information each quarter

		Jennifer White, Portage Park District		
Activity 4: Continue providing Eating Smart Being Active, a nutrition and physical activity education program	1,2,3,4,5,6	Jeannie Yount, OSU Extension	OSU Extension	Number of participants Progress according to entry and exit paperwork

Collaborative Partners: UH Portage, Portage Park District, PCHD, Kent City HD, OSU Extension

Specific Opportunities to address Policy, Equity or Access: Access to physical activity opportunities, Access to nutrition education, Food equity

Target Population: Adults, Youth

Ohio SHIP Alignment: Health behaviors, Chronic disease

CHNA Priority 1: Chronic Disease

Strategy 5: Increase access to and participation in community-based nutrition programs and opportunities such as farmers' markets.

Goal: Reduce food insecurity.

Objective:	Data Source	Time Period
1. By December 31, 2028, reduce food insecurity from 14.1% to 11.3% (20% decrease).	Feeding America	As available
2. By December 31, 2028, reduce food insecurity for children from 16.5% to 13.2% (20% decrease).	Feeding America	As available
3. By December 31, 2028, increase the % of adults who find it not difficult at all to get fresh fruits and vegetables from 77% to 84.7% (10% increase).	Portage County 2025 Community Health Needs Assessment Adult Survey	As available

Action Step:	Objectives Addressed	Lead Person or Organization(s)	Data Source	Target Data/Metric
Activity 1: Participate in and increase awareness of the Senior Nutrition Program.	1,3	Mindy Gusz, UH Portage Kate DeAngelis, Haymaker Farmers' Market in Kent	Haymaker Farmers' Market	Number of visits
Activity 2: Participate in and increase awareness of the Power of Produce kids' program	1,2	Mindy Gusz, UH Portage Kate DeAngelis, Haymaker Farmers' Market in Kent	Haymaker Farmers' Market	Number of visits
Activity 3: Continue and expand referrals and participation addressing food insecurity and its impact on health at the University Hospitals Portage Food For Life Market.	1,2,3	Mindy Gusz, UH Portage	UH Portage	Number of patients seen at the PCP market by referral each quarter Number of people served each year
Activity 4: Increase awareness of the Portage County Community Resource Guide[3]	1,2,3	Audrey Riley, Portage County Job and Family Services	Portage County Job and Family Services	Number of people who received information about the guide each year (JFS will check on number of clicks, use of QR code – information officer) Number of hard copies distributed (if possible)
Activity 5: Continue implementing a Social Determinant of Health Screening Tool that includes food insecurity	1,2,3	Cowan Stevens, Axess Family Services	Axess Family Services	Number of referrals made for those meeting criteria for food insecurity each year Number of resources provided each year, analyzed by zip code

[3] https://www.portagecounty-oh.gov/job-family-services/pages/resource-guides

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Portage Medical Center

Activity 6: Continue and expand school-based programs to address food insecurity Continue to partner and participate with Raven Packs which is a community wide initiative to feed food-insecure students in the Ravenna Schools and community. The bags are delivered directly to the schools Birdie bags - Birdie bags are delivered to participating Portage County schools to provide bags of food, snacks and pantry items for food –insecure children	1,2,3	Mindy Gusz, UH Portage Laura Wunderle, Raven packs Candice Curtis, Birdie Bags	UH Portage	Number of Raven packs distributed each year Number of meals given each year[4] Number of snacks given each year Number of visits to pantries each year
Activity 7: Continue Axess Family Services efforts to reduce food insecurity through food pantry and other efforts	1,2,3	Cowan Stevens, Axess Family Services	Axess Family Services	Number of people served each year
Activity 8: Host pop-up pantries in Portage County at least 4 times per month (PCHD, KCHD, NEOMED, KSU)	1,2,3	Sarah Meduri, Portage County Health District	Akron Canton Regional Food Bank	Number of families served
Collaborative Partners: UH Portage, Haymaker Farmers' Market in Kent, Portage Senior Center, Portage County Job and Family Services, PCHD, Axess Family Services, Raven Pack Program (Ravenna City Schools), Birdie Bags (Kent City Schools), Akron Canton Regional Food Bank				
Specific Opportunities to address Policy, Equity or Access: Food equity, Access to healthy food options				

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[4] The following data was received regarding Birdie Bags in 2025: Total BCFF Delivered Bags- 25,700; Average # of Kids Served- 1,950; Total # of Meals Given- 154,200; Total # of Snacks Given- 102,800; Total # of Visits to Pantry- 2,533; Average # of Kids Served from Pantry- 9

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Target Population: Adults, Youth, Seniors, SNAP recipients	
Ohio SHIP Alignment: Health behaviors, Chronic disease	

CHNA Priority 2: Mental Health and Substance Misuse

CHNA Priority 2: Mental Health and Substance Misuse

Strategy 1: Conduct suicide prevention and mental health outreach to Portage County youth and analyze youth mental health data.

Goal: Improve youth mental health.

Objective:	Data Source	Time Period
1. By Dec. 31, 2028, reduce youth (ages 0-19) mental health ED visits from 244 to 219.6 (10% decrease).	EpiCenter	Annually
2. By Dec. 31, 2028, reduce percent of youth who screen high risk in signs of suicide from 3.51% to 3.2% (10% decrease).	Townhall II	As available
3. By Dec. 31, 2028, reduce youth suicide ideation from 10.6% to 8.5% (20% decrease).	Portage County 2025 Community Health Needs Assessment Youth Survey	As available
4. By Dec. 31, 2028, reduce youth persistent sadness from 39.2% to 35.3% (10% decrease).	Portage County 2025 Community Health Needs Assessment Youth Survey	As available

Action Step:	Objectives Addressed	Lead Person or Organization(s)	Data Source	Target Data/Metric
<u>Activity 1</u>: Conduct suicide prevention and mental health outreach to individuals and community groups/organizations to increase awareness and address youth mental health	1,2,3,4	Karyn Kravetz, Mental Health & Recovery Board Sarah Gehring, Townhall II	Townhall II	Number of students participating each year, analyzed by school

Include prevention education for middle school and high school students (Townhall II) Include Signs of Suicide for middle school and high school students (Townhall II) Explore what other programs are being implemented in schools				
Activity 2: Continue Mobile Response and Stabilization Services (MRSS) referrals and activities	1,2,3,4	Bill Russell, Coleman Health Services	Coleman Health Services	Number of MRSS episodes of care each year
Activity 3: Track and report 988 data for Portage County youth	1,2,3	Sydney Butts, Townhall II	988 Data	Review and summary of 988 calls originating from Portage County youth each year
Activity 4: Track and report Portage County youth data for ED and urgent care for attempted suicides to identify possible trends	1,2,3	Olivia Artman, Portage County Health District	EpiCenter	Review and summary of Portage County youth data for ED and urgent care for attempted suicides each year
Activity 5: Evaluate Coroner's Data Report (monthly) to determine number of deaths by suicide among youth to identify possible trends and/or prevention strategies	1,2,3	Olivia Artman, Portage County Health District Terra Howell-Muth, Mental Health & Recovery Board	Coroner's Report	Review and summary of Portage County youth suicides each year

University Hospitals
Portage Medical Center

Activity 6: Collect and evaluate youth ACEs scores from behavioral health agencies in Portage County	1,2,3,4	Terra Howell-Muth, Mental Health & Recovery Board	Behavioral Health Partner Agencies	Review and summary of Portage County youth ACES scores each year
Activity 7: Evaluate trends in MRSS data in Portage County	1,2,3,4	Bill Russell, Coleman Health Services	Coleman Health Services	Review and summary of Portage County MRSS data each year

Collaborative Partners: Mental Health & Recovery Board, Townhall II, Coleman Health Services, Portage County Health District

Specific Opportunities to address Policy, Equity or Access: Health equity

Target Population: Youth

Ohio SHIP Alignment: Health behaviors, Mental health and addiction

CHNA Priority 2: Mental Health and Substance Misuse

Strategy 2: Provide community-based activities and trainings to raise awareness about adult mental health and analyze adult mental health data.

Goal: Improve adult mental health.

Objective:	Data Source	Time Period
1. By Dec. 31, 2028, reduce adult (20+ years old) mental health ER visits from 625 to 562.5 (10% decrease).	EpiCenter	Annually
2. By Dec. 31, 2028, reduce adult suicides (20+ years old) from 19 to 15 (20% decrease).	Coroner's Report	Annually

PORTAGE COUNTY HEALTH DISTRICT

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3. By Dec. 31, 2028, reduce average adult poor mental health days in the last 30 days from 5 to 4.5 (10% decrease).		Portage County 2025 Community Health Needs Assessment Adult Survey	As available	
4. By Dec. 31, 2028, reduce adult suicide ideation from 2% to 1.6% (20% decrease).		Portage County 2025 Community Health Needs Assessment Adult Survey	As available	
5. By Dec. 31, 2028, increase the percentage of adults who always or usually receive the social and emotional support they need from 71% to 78.1% (10% increase).		Portage County 2025 Community Health Needs Assessment Adult Survey	As available	

Action Step:	Objectives Addressed	Lead Person or Organization(s)	Data Source	Target Data/Metric
Activity 1: Conduct adult suicide prevention and mental health outreach Trainings/education: - Question, Persuade, Refer (QPR) trainings - Mental Health First Aid (MHFA) - Gun locks with educational information - Continue promotion of 988 Explore audiences to target (e.g., businesses, veterans, rural community)	1,2,3,4,5	Karyn Kravetz, Mental Health & Recovery Board	Mental Health & Recovery Board	Number of trainings conducted each year Number of gun locks provided each year
Activity 2: Open and operate Coleman Crisis Center	1,2,3,4,5	Karyn Kravetz, Mental Health & Recovery Board	Mental Health & Recovery Board	Number of adult mental health emergency department visits each year Number of people utilizing crisis center each year

Activity		Responsible Party	Data Source	Measurement
Activity 3: Track and report 988 data for Portage County adults	1,2,3,4,5	Sydney Butts, Townhall II	988 Data	Review and summary of 988 calls originating from Portage County adults each year
Activity 4: Track and report Portage County adult data for ED and urgent care for attempted suicides to identify possible trends	1,2,3,4,5	Olivia Artman, Portage County Health District	EpiCenter	Review and summary of Portage County adult data for ED and urgent care for attempted suicides each year
Activity 5: Evaluate Coroner's Data Report (monthly) to determine number of deaths by suicide among adults to identify possible trends and/or prevention strategies	1,2,3,4,5	Olivia Artman, Portage County Health District Terra Howell-Muth, Mental Health & Recovery Board	Coroner's Report	Review and summary of Portage County adult suicides each year
Activity 6: Collect and evaluate adult ACEs scores from behavioral health agencies in Portage County	1,2,3,4,5	Terra Howell-Muth, Mental Health & Recovery Board	Behavioral Health Partner Agencies	Review and summary of Portage County adult ACES scores each year
Activity 7: Provide resources for suicide loss survivors	2,4,5	Karyn Kravetz, Mental Health & Recovery Board	Mental Health & Recovery Board	Number of people provided with information each year
Activity 8: Provide Crisis Intervention Team (CIT) de-escalation training for first responders	1,2,3,4,5	Karyn Kravetz, Mental Health & Recovery Board	Mental Health & Recovery Board	Number of people trained each year
Collaborative Partners: Mental Health & Recovery Board, UH Portage, Townhall II, Portage County Health District				

Specific Opportunities to address Policy, Equity or Access: Health equity	
Target Population: Adults	
Ohio SHIP Alignment: Health behaviors, Mental health and addiction	

CHNA Priority 2: Mental Health and Substance Misuse

Strategy 3: Increase access to substance misuse educational programming and harm reduction items.

Goal: Reduce adult and youth substance misuse.

Objective:	Data Source	Time Period
1. By Dec. 31, 2028, reduce substance misuse ED visits from 267 to 213 (20% decrease).	EpiCenter	Annually
2. By Dec. 31, 2028, reduce substance misuse deaths from 25 to 20 (20% decrease).	Coroner's Report	Annually
3. By Dec. 31, 2028, reduce percent of adults who binge drank from 31% to 24.8% (20% decrease).	Portage County 2025 Community Health Needs Assessment Adult Survey	As available
4. By Dec. 31, 2028, reduce percent of adults who used marijuana from 10.8% to 8.6% (20% decrease).	HealthyNeo	As available
5. By Dec 31, 2028, reduce percent of youth who used marijuana in the past month from 8.4% to 6.7% (20% decrease).	Portage County 2025 Community Health Needs Assessment Youth Survey	As available

Action Step:	Objectives Addressed	Lead Person or Organization(s)	Data Source	Target Data/Metric
Activity 1: Continue distributing Narcan and educating Portage County residents on how and when to use Narcan	1,2	Josh Sexton, Portage County Health District Kent City HD Townhall II	Portage County Health District Kent City Health Department Townhall II	Number of community kits distributed each year Number of law enforcement kits distributed each year Number of people trained each year

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		Mindy Gusz UH Portage		Number of community reported reversals each year Number of law enforcement reported reversals each year
Activity 2: Continue providing harm reduction items in the vending machines at PCHD, University Hospitals (UH) Portage Medical Center, Townhall II, and probation	1,2,3,4,5	Josh Sexton, Portage County Health District Mamie Sawyer-Brewer, Townhall II	Portage County Health District	Number of harm reduction items distributed each quarter
Activity 3: Continue Operation New Beginnings – the Portage County Mental Health and Recovery Board sends a letter to each person arrested for a DUI in Portage County. A couple of weeks later Townhall II reaches out with a call offering their services	1,2,3	Karyn Kravetz, Mental Health & Recovery Board Townhall II	Townhall II	Number of people starting services each quarter
Activity 4: Explore options for providing training to bartenders, especially those bartending during outdoor festivals	1,2,3	Karyn Kravetz, Mental Health & Recovery Board	Mental Health & Recovery Board	Number of options explored each quarter
Activity 5: Continue and expand the "Drink Less, Be Your Best" CDC campaign	1,2,3	Karyn Kravetz, Mental Health & Recovery Board	Mental Health & Recovery Board	Number of ads displayed each quarter Number of participant ad engagements each quarter Number of types of media used for ads each quarter

Activity		Responsible Party	Lead Organization	Measure
Activity 6: Review all substance-attributable deaths (including alcohol) and develop strategies for prevention	1,2,3,4,5	Karyn Kravetz, Mental Health & Recovery Board Olivia Artman, Portage County Health District	Mental Health & Recovery Board	Review conducted and report written each year
Activity 7: Track use of safe needle exchange and disposal	1,2	Angela DeJulius, Axess Family Services	Axess Family Services	Number of needles exchanged
Activity 8: Provide education to adults and youth about the dangers of and misconceptions about marijuana	4,5	Jalessa Caples, Kent City Health Department	Kent City Health Department	Number of adults provided with information each year Number of youth provided with information each year
Activity 9: Provide programs and wraparound services after criminal justice system involvement among those with a background of substance misuse; provide opportunities and prevent future substance misuse issues	1,2,3,4,5	Bridget Stuntz, OhioMeansJobs	OhioMeansJobs	Number of individuals participating in programs/services

Collaborative Partners: PCHD, Kent City HD, UH Portage, Townhall II, Mental Health & Recovery Board, OhioMeansJobs, Axess Family Services

Specific Opportunities to address Policy, Equity or Access: Access to harm reduction items, Workplace policies

Target Population: Adults, Youth, Substance users, Residents arrested for DUI, Bartenders, Residents involved in the criminal justice system

Ohio SHIP Alignment: Health behaviors, Mental health and addiction

CHNA Priority 3: Population Health and Safety

CHNA Priority 3: Population Health and Safety				
Strategy 1: Provide educational programming about various unintentional injuries and distribute safety devices.				
Goal: Reduce unintentional injury incidence.				

Objective:		Data Source		Time Period
1. By Dec. 31, 2028, reduce youth unintentional ingestions per year from 381 to 343 (10% decrease).		Poison Control on EpiCenter (calls about kids aged 0-5)		Annually
2. By Dec. 31, 2028, reduce ED visits from falls among seniors (65+ years old) per year from 3,065 to 2,452 (20% decrease).		EpiCenter		Annually
3. By Dec. 31, 2028, reduce motor vehicle crash fatalities per year from 17 to 15.		Portage County Health District (Traffic Fatality Board)		Annually
4. By Dec. 31, 2028, reduce fatal motor vehicle crashes per year from 16 to 15.		Portage County Health District (Traffic Fatality Board)		Annually

Action Step:	Objectives Addressed	Lead Person or Organization(s)	Data Source	Target Data/Metric
Activity 1: Continue distributing car seats, providing installations, and providing car seat checks	3, 4	Rachel Belvin, Portage County Health District Sara Slanina, Kent City Health Department Akron Children's Hospital	Portage County Health District (PCHD) Kent City Health Department Akron Children's Hospital	Number of car seats distributed each quarter Number of car seats installed each quarter Number of car seats checked each quarter
Activity 2: Continue Safe Communities Grant: Click it or Ticket, Drive Sober Get Pulled Over, distracted driving (Phones Down)	3, 4	Kylee McCracken, Portage County Health District	Portage County Health District; Traffic Fatality Review Board	Number of ads displayed each quarter Number of participant ad engagements each quarter

Continue "Save a Life" high school tours – use simulators demonstrating distracted driving risks (Safe Communities grant)				Number of types of media used for ads each quarter Number of events each year Percent of residents wearing seatbelts each quarter Number of people reached Number of participants in tours in 2025
Activity 3: Promote bike safety for adults and children (e.g., helmets, safe cycling routes) Continue Safe Mobility Project, Put a Lid On It Campaign, Safe Bike Week, Safety Town	3, 4	Kylee McCracken, Portage County Health District	Portage County Health District UH Portage Medical Center Kent City Health Department Akron Children's Hospital	Number of participants each year
Activity 4: Hold events to promote pedestrian safety among children including Safe Kids Portage County's Walk to School Day in October	3, 4	Kylee McCracken, Portage County Health District/Safe Kids Coalition	Portage County Health District	Number of events held each year Number of people participating in events each year
Activity 5: Distribute home safety checklists, flyers, and kits	1	Mario Marelos, Akron Children's Hospital	Akron Children's Hospital	Number of checklists distributed each quarter

		Portage County Metropolitan Housing		
Activity 6: Distribute safety items received through Safe Kids (gun locks, carbon monoxide detectors, fire extinguishers, medicine boxes, lock boxes, and/or prescription disposal pouches) and other entities	1	Kylee McCracken, Safe Kids Portage County, PCHD Karyn Kravetz, Mental Health & Recovery Board	Safe Kids Portage County, Portage County Health District	Distributed each quarter: Number of gun locks Number of carbon monoxide detectors Number of fire extinguishers Number of medicine boxes Number of lock boxes Number of prescription disposal pouches
Activity 7: Provide education to prevent unintentional ingestions (e.g., swallowing button batteries) - Expand unintentional ingestion education at Safety Town: Poison prevention education (event for kids entering kindergarten). Provide stickers and magnets to reinforce messaging. - Expand education at community fairs (i.e., through Portage Park District and Fire Dept). Provide stickers and magnets to reinforce messaging. - Child injury awareness month – extra social media promotions - Educate through Community Paramedicine	1	Kylee McCracken Portage County Health District/ Safe Kids Sara Slanina, Kent City Health Department	Safe Kids Portage County, Portage County Health District	Number of residents provided with educational information each year Number of educational events each year Number of stickers and magnets distributed each year Number of views on social media each year

Activity 8: Provide education to prevent unintentional ingestions of medicines and THC Explore possibilities and partnerships to provide this education.	1	Kylee McCracken Portage County Health District/ Safe Kids Karyn Kravetz, Mental Health & Recovery Board	PCHD MHRB	Number of people educated each year
Activity 9: Explore options for connecting with Townhall II, churches, and schools and partnering to enhance parent education and unintentional injury prevention through the teenage years	1	Kylee McCracken Portage County Health District/ Safe Kids	Safe Kids Portage County, Portage County Health District	Number of programs offered as part of partnerships each year
Activity 10: Stay Active and Independent for Life (SAIL) program offered at senior centers and other locations in Portage County	2	Kim Plough, Portage County Health District Joan Seidel, Kent City Health Department Mindy Gusz, UH Portage	Portage County Health District Kent City Health Department UH Portage	Number of participants each quarter Number of events each quarter
Activity 11: Provide safety awareness education for teen drivers (e.g., Safe Mobility Project, None 4 Under 21, 4-H CARTEENS)	3	Catie Noyes-Johnson, OSU Extension 4H Kylee McCracken Portage County Health District/Safe Communities	OSU Extension Akron Children's Hospital	Number of teens provided with education each year Number of programs/presentations provided each year

Activity 12: Provide unintentional injury awareness education to first year Kent State students Explore options for expanding to other colleges/universities and high schools	1	Dr. Marie Walters, UH Portage ED Physician	UH Portage	Number of students educated each year Number of schools participating each year

Collaborative Partners: PCHD, Kent City Health Department, Akron Children's Hospital, Portage County Metropolitan Housing, UH Portage, OSU Extension 4H

Specific Opportunities to address Policy, Equity or Access: Access to child safety equipment, Access to unintentional injury education

Target Population: Youth, Adults, Seniors

Ohio SHIP Alignment: Community conditions, Access to care, Maternal and infant health

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CHNA Priority 3: Population Health and Safety

Strategy 2: Monitor communicable and vector-borne disease rates, increase access to vaccines, and offer educational programming.

Goal: Reduce communicable and vector-borne diseases.

Objective:	Data Source	Time Period
1. By Dec. 31, 2028, reduce flu hospitalizations per flu season from 194 to 174.6 (2024-2025 season, Oct 1-Apr 1) (10% decrease).	ODRS	Annually
2. By Dec. 31, 2028, increase vaccination uptake for: Tdap - (5% increase) MMR - (5% increase) MMRV - (5% increase)	Impact-SIIS	Annually

Varicella - (5% increase)			
3. By Dec. 31, 2028, reduce cases of Lyme Disease per year from 32 to 29 (10% decrease).		ODRS	Annually
4. By Dec. 31, 2028, monitor for cases of West Nile virus (2 in 2025).		ODRS	Annually
5. By Dec. 31, 2028, reduce cases of STIs (chlamydia, gonorrhea, HIV, syphilis) per year from 332 to 266. Chlamydia – from 247 to 198 Gonorrhea – 62 to 50 Syphilis – 16 to 13 HIV – 7 to 6 Total – 332 to 266		ODRS	Annually

Action Step:	Objectives Addressed	Lead Person or Organization(s)	Data Source	Target Data/Metric
Activity 1: Provide immunization clinics throughout Portage County	1,2	Morgan Cole, Portage County Health District Joan Seidel, Kent City Health Department	PCHD	Number of vaccines given each year Number of vaccine clinics each year
Activity 2: Continue with Get Vaccinated Ohio Grant – Educate providers about vaccine coverage disparities using the IQIP tool, which identifies under-vaccinated groups and supports targeted provider outreach to increase vaccination rates	1,2	Morgan Cole, Portage County Health District	PCHD	Number of providers given educational information each year
Activity 3: Monitor flu, measles, and pertussis vaccination rates	1,2	Morgan Cole, Portage County Health District	ODRS	Annual vaccination rates

Portage County Health District

University Hospitals Portage Medical Center

Activity		Person Responsible	Data Source	Measure
Activity 4: Continue monitoring STI rates	5	Olivia Artman, Portage County Health District Joan Seidel, Kent City Health Department	ODRS	Quarterly number of confirmed cases
Activity 5: Continue Sexual Health Educational Program – Provide condoms and other safer sex items to (a) individuals and (b) organizations. Offer classes at different facilities covering anatomy, menstrual health, and healthy relationships	5	Josh Sexton, Portage County Health District	Sexual Health Educational Program spreadsheet which monitors supplies and classes/ presentations.	Number of safer sex items handed out each year Number of sexual health classes offered each year Number of sexual health class participants each year Number of sexual health organizational partners each year
Activity 6: Offer tick and vector-borne illness education and events. Monitor (e.g. mosquito trapping) - Park RX - Tick walk and talk - Kent City Health Department – conduct case interviews and pass out tick information. - Portage Park District work with PCHD – educates residents to wear bug spray, check for ticks, etc. - Tick stations – signs and collection of ticks at park entrances. QR code to provide information. Passive tick surveillance (goes to PCHD)	3, 4	Olivia Artman, Portage County Health District Natalie Menke, Portage County Health District Jennifer White, Portage Park District Joan Seidel, Kent City Health Department	PCHD	Number of residents educated

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Collaborative Partners: PCHD, Kent City Health Department, Portage Park District
Specific Opportunities to address Policy, Equity or Access: Health equity, Access to vaccines, Access to sexual health education, Access to vector-borne disease education
Target Population: Adults, Youth
Ohio SHIP Alignment: Community conditions, Access to care, Maternal and infant health

CHNA Priority 3: Population Health and Safety

Strategy 3: Track maternal, fetal, and child health outcomes; provide support to families.
Goal: Improve maternal, child, and infant health.

Objective:	Data Source	Time Period
1. By December 31, 2028, increase enrollment in the WIC program by 5%.	WIC	Annually
2. By December 31, 2028, provide summaries (each year) of initial birth weight and growth/development of WIC participants as well as breastfeeding rates of WIC participants.	WIC	Annually
3. By December 31, 2028, increase community use of programs that provide support to families with young children by 5%.	PCHD, Townhall II, Children's Advantage, Akron Children's Hospital	Annually
4. By December 31, 2028, increase community use of programs that support families with children in building positive emotional relationships with one another by 5%.	PCHD, Townhall II, Children's Advantage, Akron Children's Hospital	Annually
5. By December 31, 2028, increase community use of programs that educate about child abuse prevention/awareness by 5%.	Children's Advocacy Center (CAC)	Annually

Action Step:	Objectives Addressed	Lead Person or Organization(s)	Data Source	Target Data/Metric

Activity 1: Increase enrollment in WIC program	1	Amy Cooper, Portage County Health District	WIC	Number of people enrolled in WIC program each year
Activity 2: Track initial birth weight and growth/development of WIC participants	2	Amy Cooper, Portage County Health District	WIC	Review and summary of WIC participants' initial birth weight and growth/development each year
Activity 3: Track breastfeeding rates of mom WIC participants	2	Amy Cooper, Portage County Health District	WIC	Review and summary of WIC participants' breastfeeding rates each year
Activity 4: Provide PRC (Prevention, Retention, Contingency) Family Support Services – child development, safety, nutrition education and material goods for infants/children birth to age 3	3,4	Rachel Belvin, Portage County Health District	PCHD	Number of baby safety gear items distributed each year
Activity 5: Juvenile Detention Center - track child absenteeism and provide specific outreach to those parents	4	Jessica Tamba, Juvenile Detention Center	Juvenile Detention Center	Number of parents who received outreach each year
Activity 6: Offer Parenting Classes (Triple P)	3,4	Sarah McCully, Townhall II Lori Pamer, Children's Advantage	Townhall II Children's Advantage	Number of parenting classes offered each year
Activity 7: Offer Nurturing Families program – one-on-one sessions with prenatal and age 0-5 categories	3, 4	Heather Trnka, Akron Children's Hospital	Akron Children's Hospital	Number of participants in program each year

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Activity 8: Provide presentations on child abuse prevention/awareness	5	Leanne Biltz, Children's Advocacy Center	CAC	Number of attendees of presentations each year

Collaborative Partners: Portage County WIC, PCHD, Juvenile Detention Center, Townhall II, Children's Advantage, Akron Children's Hospital, Children's Advocacy Center

Specific Opportunities to address Policy, Equity or Access: Food equity, Juvenile justice policy

Target Population: Adults, Youth, Families, Pregnant people, WIC participants

Ohio SHIP Alignment: Community conditions, Access to care, Maternal and infant health

CHNA Priority 3: Population Health and Safety

Strategy 4: Raise awareness of and educate on online safety.

Goal: Improve cybersecurity and internet safety for youth and adults.

Objectives:	Data Source	Time Period
1. By Dec. 31, 2028, reduce youth electronic bullying from 16% to 12.8% (20% decrease).	Portage County 2025 Community Health Needs Assessment Youth Survey	As available
2. By Dec. 31, 2028, increase the percent of youth who believe sharing personal information online is dangerous from 41.7% to 50.0% (20% increase).	Portage County 2025 Community Health Needs Assessment Youth Survey	As available
3. By Dec. 31, 2028, increase community use of programs that educate about cybersecurity and/or sextortion by 5%.	Children's Advocacy Center and participating organizations in Activity 1	Annually

Action Step:	Objectives Addressed	Lead Person or Organization(s)	Data Source	Target Data/Metric

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Activity				
Activity 1: Explore partnerships and best practices for improving cybersecurity. - What is happening in the state/other geographies? - What is Townhall II doing? - What is CAC doing? - Incorporate the Do It For James Foundation? - What is JFS doing? - Partner with Kent State students - Incorporate 50+ Support Committee - Explore how to delay time when youth start using social media - Partner with We Care Seniors - Mental Health and Recovery Board can provide information about cybersecurity with its senior substance use education	1,2,3	Portage County Health District Townhall II Children's Advocacy Center Mental Health and Recovery Board Kent State University	PCHD	Review of data each year Number of partnerships established each year Number of residents educated each year
Activity 2: Provide community education on cybersecurity and sextortion.	3	Leanne Biltz, Assistant Director, Children's Advocacy Center	CAC	Number of residents educated each year

Collaborative Partners: PCHD, Townhall II, CAC, Mental Health and Recovery Board, Kent State University

Specific Opportunities to address Policy, Equity or Access: Cybersecurity policy

Target Population: Adults, Youth, Seniors

Ohio SHIP Alignment: Community conditions, Access to care

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APPENDIX B: Community Health Resources

The following page displays the health resources in the community.

COMMUNITY HEALTH RESOURCES

Health assets & resources available to address community health and social needs.

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