



**AVITA**  
HEALTH SYSTEM



**Richland  
Public Health**  
Prevent. Promote. Protect.

DELIVERED BY:

*Moxley*  
PUBLIC HEALTH

# 2023 COMMUNITY HEALTH NEEDS ASSESSMENT

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# A NOTE FROM AVITA HEALTH SYSTEM & RICHLAND PUBLIC HEALTH



Avita Health System and Richland Public Health strive to bring together people and organizations to improve community wellness. The community health needs assessment process is one way we can live out our mission. In order to fulfill this mission, we must be intentional about understanding the health issues that impact residents and work together to create a healthy community.

A primary component of creating a healthy community is assessing the needs and prioritizing those needs for impact. In 2023, Avita Health System and Richland Public Health partnered to conduct a comprehensive Community Health Needs Assessment (CHNA) to identify primary health issues, current health status, and other health needs. The results from the assessment provide critical information to those in a position to make a positive impact on the health of the region's residents. The results also enable community members to measure impact and strategically establish priorities to then develop interventions and align resources.

Avita Health System, Richland Public Health, and the many health partners conduct CHNAs for measuring and addressing the health status of the Richland County community. We have chosen to assess Richland County as our community because this is where we, and those we serve, live and work. We collect both quantitative and qualitative data in order to make decisions on how to better meet the health needs of our community. We want to provide the best possible care for our residents, and we can use this report to guide us in our strategic planning and decision-making concerning future programs and health resources.

The 2023 Richland County Community Health Needs Assessment would not have been possible without the help of numerous Richland County organizations, acknowledged on the following pages. It is vital that assessments such as this continue so we know where to direct our resources and use them in the most advantageous ways.

The work of public health is a community job that involves individual facets, including our community members, working together to be a thriving community of health and well-being at home, work, and play.

More importantly, the possibility of this report relies solely on the participation of individuals in our community who committed to participating in interviews and completing our community member survey. We are grateful for those individuals who are committed to the health of the community, as we are, and take the time to share their health concerns, needs, praises, and behaviors.

Sincerely,

*Cinda Kropka*

**Cinda Kropka**  
Corporate Compliance & Privacy Officer

*Julie Chaya*

**Dr. Julie Chaya**  
Health Commissioner

# ACKNOWLEDGEMENTS



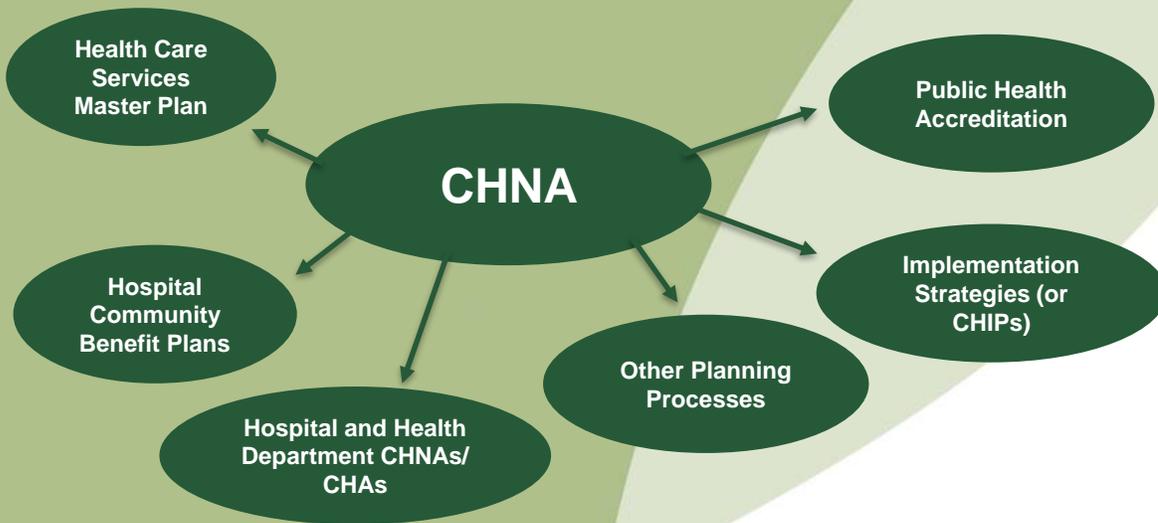
This Community Health Needs Assessment (CHNA) was made possible thanks to the collaborative efforts of Avita Health System, Richland Public Health, community partners, local stakeholders, non-profit partners and community residents (listed below). Their contributions, expertise, time and resources played a critical part in the completion of this assessment.

## AVITA HEALTH SYSTEM & RICHLAND PUBLIC HEALTH WOULD LIKE TO RECOGNIZE THE FOLLOWING INDIVIDUALS AND ORGANIZATIONS FOR THEIR CONTRIBUTIONS TO THIS REPORT:

- Area Agency on Aging
- Avita Health System
- Black/Brown Coalition of Mansfield
- Community Health Access Project (CHAP)
- Community Action/Capable Youth (CACY)
- DRM Productions
- Ignited
- Jobs & Family Services/
- Keim Farm
- Maddox Memorial Church of God in Christ
- Mansfield City Council
- Mansfield City School District
- Mansfield Richland County Public Library/  
First Call 211
- Mansfield Urban Minority Alcoholism and  
Drug Abuse Outreach Program (UMADAOP)
- Mansfield YMCA & YWCA
- Mid-Ohio Education Service Center National  
Association for the Advancement of Colored  
People (NAACP)
- NAMI (National Alliance on Mental Illness)
- Richland County
- North End Community Improvement  
Collaboration (NECIC)
- OhioHealth Mansfield Hospital
- Ohio Community Action Board
- Ontario Local School District
- Partners for Prevention Coalition of  
Richland County
- Pioneer Career and Technology Center  
School District
- Richland Area Chamber & Economic  
Development
- Richland County Children's Services
- Richland County Commissioners
- Richland County Foundation
- Richland County Mental Health &  
Recovery Services Board
- Richland County Regional Planning  
Commission
- Richland County Youth & Family Council
- Richland NewHope
- Richland Public Health
- Shiloh Medical Center
- The Ohio State University Mansfield
- Third Street Family Health Services
- United Way

# INTRODUCTION

## WHAT IS A COMMUNITY HEALTH NEEDS ASSESSMENT?



A community health needs assessment (CHNA) is a tool that is used to guide community benefit activities and several other purposes. For hospitals, it is used to identify and address key health needs and supports the development of community benefit plans mandated by the state of Ohio and the federal government. For health departments, it is used to identify and address key health needs and supports the requirements for accreditation through the Public Health Accreditation Board (PHAB). The data from a CHNA is furthermore used to inform community decision-making, the prioritization of health needs and the development, implementation and evaluation of an Implementation Strategy/Improvement Plan (CHIP).

The CHNA is an important piece in the development of an Implementation Strategy/CHIP because it helps the community to understand the health-related issues that need to be addressed. To identify and address the critical health needs of the county, Avita Health System & Richland Public Health utilized the most current and reliable information from existing sources and then collected new data through interviews, focus groups and surveys with community residents and leaders.



# OVERVIEW

## THE PROCESS

In order to produce a comprehensive Community Health Needs Assessment (CHNA), Avita Health System and Richland Public Health followed a process that included the following steps:

- STEP 1:** Plan and prepare for the assessment.
- STEP 2:** Define the community.
- STEP 3:** Identify data that describes the health and needs of the community.
- STEP 4:** Understand and interpret the data.
- STEP 5:** Define and validate priorities.
- STEP 6:** Document and communicate results.



### Affordable Care Act (Federal) Requirements

Enacted on March 23, 2010, the Affordable Care Act (ACA) provided guidance at a national level for CHNAs for the first time. Federal requirements included in the ACA stipulate that hospital organizations under 501(c)(3) status must adhere to new 501(r) regulations, one of which is conducting a CHNA and Implementation Strategy every three years.

### Accreditation Requirements

The Public Health Accreditation Board (PHAB) Standards & Measures serves as the official guidance for PHAB national public health department accreditation and includes requirements for the completion of Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs) for local health departments.

### Ohio Department of Health Requirements

The Ohio Department of Health (ODH) is required by state law to provide guidance to hospitals and local health departments on community health needs assessments and implementation plans. In July 2016, HB 390 (ORC 3701.981) was enacted by Ohio in order to improve population health planning in the state by identifying health needs and priorities by conducting a CHNA and subsequently developing an Implementation Strategy/CHIP to address those needs in the community.

**THE 2023 RICHLAND COUNTY CHNA MEETS ALL OHIO DEPARTMENT OF HEALTH AND FEDERAL REGULATIONS.**



# OVERVIEW

## THE PROCESS

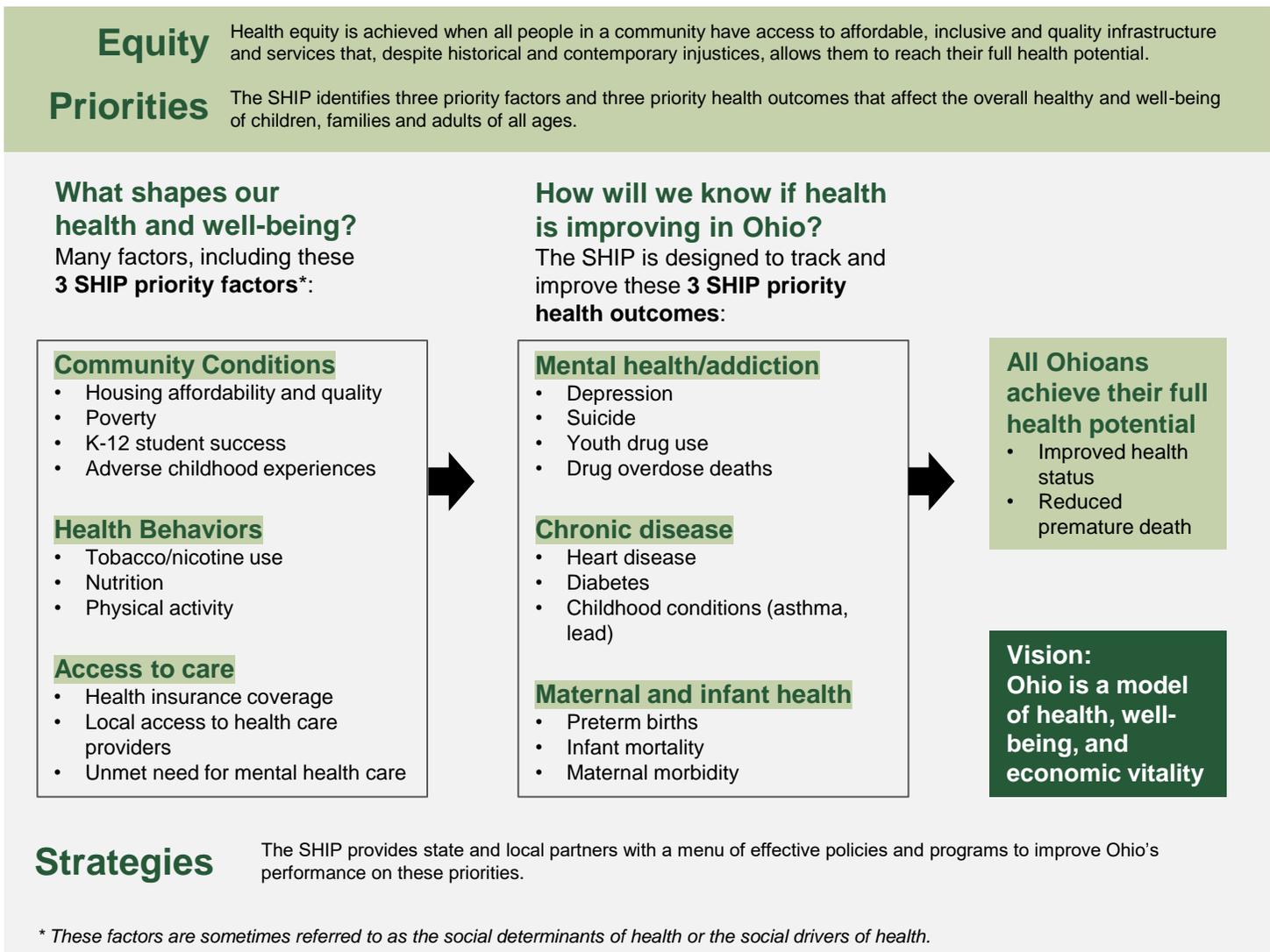
### Ohio Department of Health (ODH) Requirements

The following image shows the framework from ODH that this report followed while also adhering to federal requirements and the community's needs.

Avita Health System and Richland Public Health desired to align with the priorities and indicators of the Ohio Department of Health (ODH). To do this, they used the following guidelines when prioritizing the health needs of their community.

First, Avita Health System and Richland Public Health used the same language as the state of Ohio when assessing the factors and health outcomes of their community in the 2023 Richland County Community Health Assessment.

Figure 1: Ohio State Health Improvement Plan (SHIP) Framework



# STEP 1 PLAN AND PREPARE FOR THE ASSESSMENT



## **IN THIS STEP, AVITA HEALTH SYSTEM AND RICHLAND PUBLIC HEALTH:**

- ✓ DETERMINED WHO IN THE COUNTY WOULD PARTICIPATE IN THE NEEDS ASSESSMENT PROCESS
- ✓ PLANNED FOR COMMUNITY ENGAGEMENT
- ✓ ENGAGED COUNTY LEADERSHIP
- ✓ DETERMINED HOW THE COMMUNITY HEALTH NEEDS ASSESSMENT WOULD BE CONDUCTED
- ✓ DEVELOPED A PRELIMINARY TIMELINE

# PLAN AND PREPARE

Avita Health System and Richland Public Health began planning for the 2023 Community Health Needs Assessment (CHNA) in 2023. They involved hospital and county leadership and kept their respective boards informed of the assessment activities, allocated funds to the process, and most importantly, engaged the community through various established relationships with leaders of organizations and people populations, in collaboration with Moxley Public Health.

The assessment team worked together to formulate a timeline for the multi-step process of planning and conducting a CHNA. They then formed a timeline for the process.

**“ Community health needs assessments are the foundation for improving and promoting the health of community members. The role of community assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors. ”**



# PREVIOUS CHNA & IMPLEMENTATION STRATEGY/IMPROVEMENT PLAN (CHIP)

## BRIEF SUMMARY OF 2020 CHNA

In 2020, Richland County conducted the previous Community Health Needs Assessment (CHNA). Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The Implementation Strategy/Improvement Plan (CHIP) associated with the 2020 CHNA addressed nutrition, physical activity and weight, diabetes, and heart disease and stroke. A fourth priority, COVID-19, was added after the Implementation Strategy was published. The progress and impact of the strategies that Richland County used to address these significant health needs can be found in **Appendix B**.



## PREVIOUS CHNA AND IMPLEMENTATION STRATEGY/CHIP AVAILABILITY TO COMMUNITY

A Community Health Needs Assessment (CHNA) and Implementation Strategy/Improvement Plan (CHIP) are to be made widely available to the community/public and comments and feedback are to be solicited. The previous CHNA and Implementation Strategy/CHIP were made widely available to the public on the following website:

Avita Health System: <https://avitahealth.org/about-us/#community-wellness>

Written comments on this report were solicited on the website where the report was posted.

## RICHLAND COUNTY 2021-2023 PRIORITY HEALTH NEEDS

A community workgroup developed the 2021-2023 Implementation Strategy/CHIP by reviewing the 2020 CHNA. The workgroup reviewed and discussed the priority areas and the agreement through unanimous vote was that the following priority health issues could be positively impacted by strategies and activities conducted by the hospital and county:

- Nutrition, Physical Activity and Weight
- Diabetes
- Heart Disease and Stroke
- COVID-19 (added after Implementation Strategy/CHIP was published)

## IMPACT/PROCESS EVALUATION OF 2021-2023 STRATEGIES

In collaboration with community partners, Richland County developed and approved an Implementation Strategy/Improvement Plan (CHIP) report for 2021-2023 to address the significant health needs that were identified in the 2020 Community Health Assessment. The county chose to address: nutrition, physical activity and weight, diabetes, and heart disease and stroke, with COVID-19 being added as a priority afterwards. **Appendix B** describes the evaluation of the strategies that were planned in the 2021-2023 Implementation Strategy/CHIP.

STEP 2  
**DEFINE THE  
RICHLAND COUNTY  
SERVICE AREA**



**IN THIS STEP, AVITA HEALTH  
SYSTEM AND RICHLAND  
PUBLIC HEALTH:**

- ✓ DESCRIBED THE RICHLAND  
COUNTY SERVICE AREA
- ✓ DETERMINED THE PURPOSE OF THE  
NEEDS ASSESSMENT

# DEFINING THE RICHLAND COUNTY SERVICE AREA



For the purposes of this report, Avita Health System and Richland Public Health define their primary service area as being made up of Richland County, Ohio.



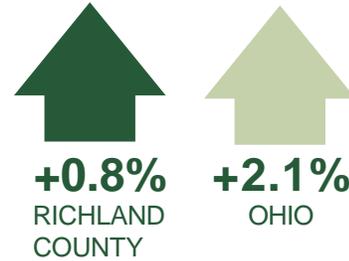
RICHLAND COUNTY SERVICE AREA			
GEOGRAPHIC AREA	ZIP CODE	GEOGRAPHIC AREA	ZIP CODE
Fredericktown*	43019	Plymouth*	44865
Ashland*	44805	Shelby	44875
Bellville	44813	Shiloh	44878
Butler	44822	Mansfield	44901
Crestline*	44827	Mansfield	44902
Galion*	44833	Mansfield	44903
Greenwich*	44837	Mansfield	44904
Lucas	44843	Mansfield	44905
Ontario	44862	Mansfield	44906
Perrysville*	44864	Mansfield	44907

\*While portions of these communities lie outside of Richland County, the associated ZIP Codes are at least partially contained within Richland County and form part of Avita Health System's service area.

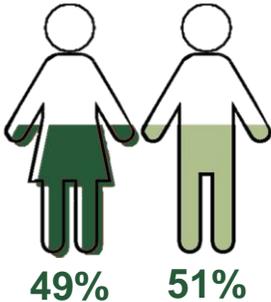
# RICHLAND COUNTY AT-A-GLANCE



The population of Ohio is increasing.  
The Richland County population is  
increasing at a slightly lower rate<sup>1</sup>



The % of males and  
females is **nearly equal**<sup>3</sup>



**7%**  
of Richland County  
residents are  
veterans, the same  
as the state<sup>4</sup>

**Over half of veterans in the  
service area are aged 65+<sup>4</sup>**



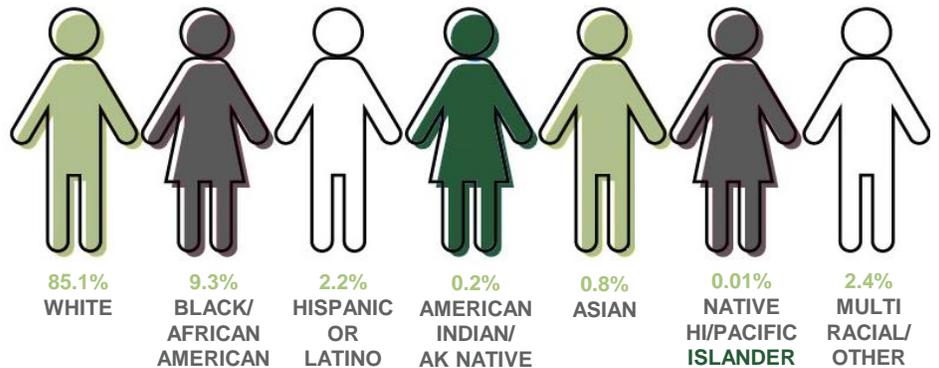
Youth ages 0-19 and  
seniors 65+ make up  
**44% OF THE  
POPULATION**

In the Richland  
County service area<sup>5</sup>  
**1 in 5** Richland County  
residents are age 65+<sup>6</sup>

The **majority (85%)** of the population in Richland County identifies as **white**  
as their only race, while **Black/African Americans** number nearly **10%**<sup>1</sup>



**96%**  
of the population  
in the Richland  
County service  
area speaks  
**only English**  
and only **2%** are  
**foreign-born**<sup>7</sup>



The age-adjusted  
mortality rate in  
Richland County is  
**4% higher** than the  
state of Ohio<sup>8</sup>



**1 in 213** Richland  
County residents will  
**die prematurely**,  
which is higher than the  
Ohio state rate <sup>9</sup>



Richland county is ranked in  
the **bottom half** of healthiest  
counties in Ohio  
based on **health factors that  
we can modify** <sup>9</sup>

# THINGS PEOPLE LOVE ABOUT THE COMMUNITY FROM INTERVIEWS & FOCUS GROUPS

*"It's a big town feel, in a not-so-big town. There is skiing, racing, and downtown life. There is not much traffic. A good place to raise a family."*  
- Community Member Focus Group

*"The county has come far, and it is diverse. The negative narrative is being taken back."*  
- Community Member Focus Group

*"It's very collaborative. Everyone works together and has their share in it. That's not always the case in other counties."*  
- Community Member Interview

*"[There are] great partners that work well together; people are willing to do their part."*  
- Community Member Interview

*"The resources seem to be sustainable. They are being expanded to other areas. There is work being done to address food deserts."*  
- Community Member Focus Group

*"People work together to solve problems."*  
- Community Member Interview

*"I have lived here all my life. People are for each other....[the community is] willing to help a neighbor. Richland made me who I am and I'm proud of my county."*  
- Community Member Focus Group

*"There were no African-Americans and females working in the prison 40 years ago, but things have changed for the better. It has come a long way."*  
- Community Member Focus Group

*"It feels like a bigger town while still having a tight-knit community; we know each other's families and kids."*  
- Community Member Focus Group

*"What I love about living here is all the outdoor activities available. Hiking, kayaking, running, etc. Lots of places to enjoy these things."*  
- Community Member Focus Group

*"Lots of opportunities for family..."*  
- Community Member Focus Group

*"I love the accessibility of the area and the friendly people and the laid-back lifestyle."*  
- Community Member Interview

# TOP PRIORITIES FROM INTERVIEWS & FOCUS GROUPS

## Major health issues affecting people in community (community interviews):

1. Mental health/behavioral health
2. Substance use/drug addiction
3. Obesity/overweight
4. Heart disease
5. Diabetes
6. Suicide
7. Hypertension

## Top socioeconomic, behavioral, and/or environmental factors (community interviews):

1. Lack of transportation
2. Poverty
3. Health education
4. Food deserts/no supermarkets/only dollar stores
5. Lack of affordable housing

## Major health issues affecting people in community (community focus groups):

1. Mental health disorders
2. Substance use
3. Lack of health education
4. Lack of specialists/health care providers
5. Transportation
6. Crime and violence
7. Chronic diseases

## Top health concerns impacting the community (community focus groups):

1. Housing challenges
2. Drug overdose deaths
3. Community health and safety

*“The bus only runs 6 am-6 pm and doesn’t run on the weekends. People have no ability to get groceries and don’t want to take kids on the bus.”*

- Community Member Focus Group

*“There is a need for additional education not just for chronic illnesses, but to help their child succeed and grow and to give them an outlet other than trouble.”*

- Community Member Focus Group

*“More and more students [are] living in hotels, doubled up.”*

- Community Member Interview

*“Addiction issues are big in the community; substance abuse disorder is on the rise.”*

- Community Member Focus Group

*“Lots of people live in unsafe housing with varmints, not clean, too crowded.”*

- Community Member Interview

# TOP PRIORITIES FROM INTERVIEWS & FOCUS GROUPS

## Sub-populations in the area that face barriers to accessing health care and social services (community interviews):

1. Low-income
2. Black and Brown communities/Black, Indigenous, People of Color
3. Elderly/aging population
4. Amish/Mennonite community

## What resources do you use in the community to address your health needs? (community focus groups):

1. Third Street Family Health Services
2. North End Community Improvement Collaborative (NECIC)
3. Avita Health System

## Sub-populations in the area that face barriers to accessing health care and social services (community focus groups):

1. Youth/children
2. Elderly
3. Black community/Black, Indigenous, People of Color
4. Low-income
5. Under or unemployed
6. Amish/Mennonite community

## Top resources that are lacking in the community (community focus groups):

1. Mental health care
2. Shopping
3. Entertainment

*"The Black community and some other minority groups [face challenges]. There are resources, but people don't know how to navigate them. Young adults aren't seeking health care or preventive practices. Across the board, health care is not obtained unless it is too late."*

- Community Member Interview

*"Black, Indigenous, People of Color youth that are aging out of the foster systems [face challenges]."*

- Community Member Focus Group

*"Black, Indigenous, People of Color residents with developmental disabilities are often overlooked."*

- Community Member Focus Group

*"We have urban gardening and put up greenhouses in an old potato chip factory. This helped to address produce deserts."*

- Community Member Interview

*"You have to travel to Columbus for entertainment."*

- Community Member Focus Group

*"I think a lot of people don't know where to go or feel uncomfortable going [to seek help]...There are many stigmas and a lack of accessibility, especially in the North End, where we see a lot of poverty."*

- Community Member Interview

STEPS 3, 4 & 5

# IDENTIFY, UNDERSTAND, AND INTERPRET THE DATA AND PRIORITIZE HEALTH NEEDS



## **IN THIS STEP, AVITA HEALTH SYSTEM & RICHLAND PUBLIC HEALTH:**

- ✓ REVIEWED SECONDARY DATA FOR INITIAL PRIORITY HEALTH NEEDS
- ✓ COLLECTED PRIMARY DATA THROUGH INTERVIEWS, FOCUS GROUPS, AND A COMMUNITY MEMBER SURVEY
- ✓ COLLECTED COMMUNITY INPUT AND FEEDBACK
- ✓ REVIEWED PRIOR ASSESSMENTS AND REPORTS
- ✓ ANALYZED AND INTERPRETED THE DATA
- ✓ IDENTIFIED DISPARITIES AND CURRENT ASSETS
- ✓ IDENTIFIED AND UNDERSTOOD CAUSAL FACTORS
- ✓ ESTABLISHED CRITERIA FOR SETTING PRIORITIES
- ✓ VALIDATED PRIORITIES
- ✓ IDENTIFIED AVAILABLE RESOURCES
- ✓ DETERMINED RESOURCE OPPORTUNITIES



## UNDERSTANDING PRIORITIZATION OF HEALTH NEEDS

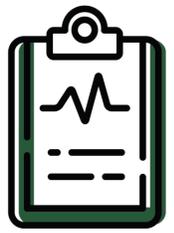


**HEALTH FACTORS** are components of someone’s environment, policies, behaviors, and health care that affect the health outcomes of residents of a community. (Examples include housing, crime/violence, access to healthcare, nutrition and access to healthy foods, economic security, etc.)

**HEALTH OUTCOMES** are health results, diseases or changes in the human body. (Examples include chronic diseases, mental health, suicide, injury, and maternal/infant health.)

*In order to align with the Ohio Department of Health’s initiative to improve health, well-being, and economic vitality, Avita Health System and Richland Public Health included the state’s priority factors and health outcomes when assessing the community.*

# SECONDARY DATA EXISTING DATA SOURCES



## ASSESSING HEALTH NEEDS USING SECONDARY DATA

Initially, the health needs were assessed through a review of the secondary health data collected and analyzed prior to the interviews, focus groups and survey. Significant health needs were identified from the secondary data using the following criteria.

### Criteria for Identification of Initial Significant Health Needs:

1. The size of the problem (relative portion of population afflicted by the problem).
2. The seriousness of the problem (impact at individual, family, and community levels).
3. To determine size or seriousness of the problem, the health need indicators of Richland County service area identified in the secondary data were measured against benchmark data, specifically county rates, state rates, national rates and/or Healthy People 2030 objectives (Healthy People 2030 benchmark data can be seen in **Appendix A**).

The analysis of secondary data yielded a preliminary list of significant health needs (seen in the list to the right), which then informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs, discover gaps in resources, and gather the prioritization of these needs by the community.

## REVIEW OF RICHLAND COUNTY CHNA DATA

In order to build upon the work that was initiated previously, the prior 2020 CHNA was reviewed. When making final decisions for the 2024-2026 Implementation Strategy/Improvement Plan (CHIP), previous efforts will be assessed and analyzed.

## SECONDARY DATA DEFINITIONS

### Behavioral Risk Factor Surveillance System (BRFSS) Region 3:

Richland County is part of BRFSS Region 3, which also includes Crawford, Erie, Huron, Ottawa, Sandusky, Seneca, and Wyandot Counties.

**HIV Planning Region 2:** Richland County is part of HIV Planning Region 2, which also includes Seneca, Erie, Huron, Wyandot, Crawford, Ashland, Marion, and Knox Counties.

**National Survey on Drug Use and Health (NSDUH) Region:** Richland County is part of an NSDUH Region that also includes Delaware, Morrow, Huron, Crawford, Marion, and Union Counties.

When data is only available at the regional level, this will be indicated in the report.

## 2023 HEALTH NEEDS TO BE ASSESSED

Below lists the health needs that were assessed by secondary data listed in alphabetical order.

- Community conditions (housing, education, economic security, internet access, etc.)
- Access to health care (primary, dental/oral, and mental)
- Chronic diseases (asthma, cancer, diabetes, heart disease, stroke, etc.)
- COVID-19
- HIV/AIDS and Sexually Transmitted Infections (STIs)
- Maternal and infant health
- Mental health
- Nutritional and physical activity
- Preventative practices (vaccines/immunizations, screenings, mammograms, cancer screenings)
- Substance use (alcohol and drugs)
- Tobacco and nicotine use
- Leading causes of death

**The secondary and primary data collection will ultimately inform the decisions on health needs that the county will address in the Implementation Strategy/CHIP.**

# DATA COLLECTION

## PRIMARY

Secondary data collection and discussions with hospital leadership, resulted in identifying community health needs that were further assessed in the primary data collection - key informant interviews, focus groups, and a community member survey. The information and data from both the secondary and primary data collection will ultimately inform the needs assessment report and the decisions on health needs that the community will address in its Implementation Strategy/Improvement Plan (CHIP).



### COMMUNITY HEALTH NEEDS IDENTIFIED IN SECONDARY DATA TO BE ASSESSED IN PRIMARY DATA

---

Access to health care (health insurance coverage, local access to providers, unmet need for mental health care)

---

Chronic diseases (asthma, cancer, childhood conditions, diabetes, heart disease, stroke, etc.)

---

Community conditions (childcare, crime/violence, housing, education, economic stability)

---

HIV/AIDS and Sexually Transmitted Infections (STIs)

---

Maternal and infant health

---

Mental health (depression and suicide)

---

Nutritional/physical activity

---

Preventative practices (vaccines/immunizations, screenings, mammograms/pap smears)

---

Substance use (alcohol and drugs)

---

Tobacco and nicotine use

# PRIMARY DATA COLLECTION

## KEY INFORMANT INTERVIEWS

Key informant interviews were used to gather information and opinions from persons who represent the broad interests of the community. We spoke with **26 experts** from various organizations serving the community and included leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies (a complete list of participants can be seen in **Appendix C**). The interview questions asked can be seen below.



### KEY INFORMANT INTERVIEW QUESTIONS:

#### Broad questions asked at the beginning of the interview

What are some of the major health issues affecting individuals in the community?

---

What are the most important socioeconomic, behavioral, or environment factors that impact health in the area?

---

Who are some the populations in the area that are not regularly accessing health care and social services? Why?

#### Questions asked for each health need

What are the issues/challenges/barriers faced for the health need?

---

Are there specific sub-populations and areas in the community that are most affected by this need?

---

Where do community residents go to receive help or obtain information for this health need? (resources, programs, and/or community efforts)

# PRIMARY DATA COLLECTION

## FOCUS GROUPS

Focus groups were used to gather information and opinions from specific sub-populations in the community who are most affected by health needs. We conducted **7 focus groups** with a total of **38 people** in the community. Additionally, we had conversations with over 100 people from the Amish and Mennonite community in Richland County at a health and safety fair attended by hundreds of residents. Focus groups included leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies (a complete list of groups represented and focus group details can be seen in **Appendix D**). The focus group questions asked can be seen below.



### FOCUS GROUP QUESTIONS:

---

What are your biggest health concerns/issues in our community?

---

How do these health concerns/issues impact our community?

---

What are some populations/groups in our community that face barriers to accessing health and social services?

---

What existing resources/services do you use in our community to address your health needs? How do you access information about health and health and social services? Does this information meet your needs?

---

What resources do you think are lacking in our community? What health information is lacking in our community? How could this information best reach you and our community?

---

Do you have any ideas for how to improve health/address health issues in our community?

---

Do you have any other feedback/thoughts to share with us?

# PRIMARY DATA COLLECTION COMMUNITY-WIDE SURVEY



Each key informant interview participant was asked to complete an online survey to assess and prioritize the health needs identified by secondary data collection. Additionally, the health department, hospital, and community partners shared the survey link with clients, patients, and others who live and/or work in the community. This resulted in **420 responses** to the community survey. The survey questions and demographics can be found in **Appendix E**.

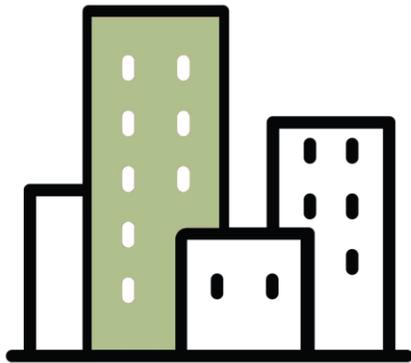
## HEALTH NEEDS RANKED IN THE COMMUNITY MEMBER SURVEY

- #1 Mental health and access to mental health care
- #2 Substance use
- #3 Income/poverty and Employment
- #4 Crime and violence
- #5 Adverse childhood experiences (e.g. child abuse, mental health, family issues, trauma)
- #6 Food insecurity (e.g. not being able to access and/or afford healthy food)
- #7 Access to childcare
- #8 Access to health care (e.g. doctors, hospitals, specialists, medical appointments, etc.)
- #9 Housing and homelessness
- #10 Nutrition and physical health/exercise
- #11 Chronic diseases (e.g. heart disease, diabetes, cancer, asthma)
- #12 Education (e.g. early childhood education, elementary school, post-secondary education)
- #13 Transportation (e.g. public transit, cars, cycling, walking)
- #14 Tobacco and nicotine use/smoking
- #15 Preventive care and practices (e.g. mammograms, vaccinations)
- #16 Environmental conditions (e.g. air and water quality)
- #17 Internet/Wi-Fi access
- #18 Maternal, infant and child health (e.g. pre-term births, infant mortality, maternal mortality)
- #19 HIV/AIDS and Sexually Transmitted Infections (STIs)

# PRIORITY HEALTH FACTORS OF RICHLAND COUNTY RANKED AND ANALYZED

County Health Rankings & Roadmaps is an organization that ranks counties for each state in the U.S. according to health factors data. Social and economic indicators are examined as contributors to the health of a county's residents. Ohio has 88 counties, which are ranked from 1 to 88 according to social and economic factors. A ranking of 1 is the county with the best factors and a ranking of 88 is the county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and other factors.

Many factors shape the health and well-being of a community. To follow the framework of the state of Ohio, this report first ranks the health factors of Richland County as they are prioritized by the community in the community member survey.



**Richland County is ranked 58<sup>th</sup> of 88 ranked counties in Ohio, according to social and economic factors (with 1 being the best), placing it in the lower middle range of the state's counties<sup>10</sup>**



# #1 HEALTH NEED MENTAL HEALTH



MENTAL HEALTH AND ACCESS TO MENTAL HEALTHCARE was the #1 RANKED HEALTH NEED reported in the community member survey, with over 60% of respondents selecting this option. Mental Health was one of the most commonly mentioned “major healthcare issues” in the community member interviews<sup>10</sup>

**ALMOST 27%**

OF RICHLAND COUNTY RESIDENTS WHO RESPONDED TO THE 2023 COMMUNITY MEMBER SURVEY RATE THEIR ACCESS TO MENTAL OR BEHAVIORAL HEALTH SERVICES AS LOW OR VERY LOW, WITH ANOTHER 39% RATING IT AS NEUTRAL<sup>11</sup>

## IN OUR COMMUNITY



in Ohio with major depressive episodes in the past year **did not receive mental health services**<sup>33</sup>



in Ohio with major depressive episodes in the past year received some **consistent mental health services** (7+ visits)<sup>33</sup>



in Richland County have been diagnosed with **depression and suicidal ideation** by a mental health professional<sup>34</sup>



in Richland County experienced **frequent mental distress** (2+ weeks/ month in the past year)<sup>35</sup>

THE 2023 COUNTY HEALTH RANKINGS FOUND THAT RICHLAND COUNTY HAS **MORE MENTAL HEALTH PROVIDERS** RELATIVE TO ITS POPULATION WHEN COMPARING THE RATIO TO OHIO. **39%** OF SURVEY RESPONDENTS SAY THAT MENTAL HEALTHCARE ACCESS IS LACKING IN THE COMMUNITY<sup>10</sup>



**RICHLAND COUNTY**  
230:1

**OHIO**  
330:1

**ONLY 23% OF RESIDENTS WHO RESPONDED TO THE 2023 COMMUNITY MEMBER SURVEY REQUIRING MENTAL OR BEHAVIORAL HEALTH SERVICES RECEIVED ALL THE THEY CARE NEEDED**<sup>13</sup>



Richland County’s suicide rate of 22 per 100,000 is **higher than Ohio’s rate of 19 per 100,000**<sup>33</sup>

**5%** of Richland County adults have considered attempting suicide in the past year vs. **4%** for Ohio<sup>33</sup>

*“Mental health is a big concern in the community; we feel it is not being addressed; people need more access to counseling/therapy/options to talk and manage emotions/concerns they have.”*  
- Community Member Interview

# #1 HEALTH NEED MENTAL HEALTH

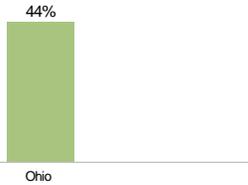


## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

### ABILITY TO GET HELP FOR MENTAL HEALTH ISSUES

HP 2030 TARGET: 69%  
DESIRED DIRECTION: ↑

✗ Ohio does not yet meet the target. This % was not available for Richland County<sup>34</sup>

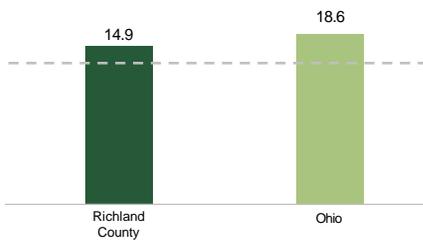


### SUICIDE RATE

HP 2030 TARGET: 12.8 PER  
100,000

DESIRED DIRECTION: ↓

✗ Richland County does not yet meet the target<sup>35</sup>



*"There is a shortage of psychiatrists in the area. Community mental health is serving fewer people due to lack of staff. Residential placement is lacking."*

- Community Member Interview

*"There is school and adolescent suicide education and prevention. Most kids are talking about it and some schools are offering services. But a lot of schools are hesitant to even talk about it."*

- Community Member Interview

*"Some agencies still require access to a computer for their first appointment, and that can be an issue. They don't have a live person picking up for some of the agencies and this can be a struggle for those in crisis."*

- Community Member Interview

## PRIORITY POPULATIONS MENTAL HEALTH

While **mental health** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

**RESIDENTS OF MANSFIELD in 44903** were more likely to say that out-of-pocket costs were barriers to accessing mental/behavioral health services on the community member survey<sup>13</sup>

Only 6% of **MANSFIELD (44907)** residents rated their overall mental health as excellent. This was significantly less than the rest of Mansfield and Richland County (in the community member survey)<sup>14</sup>



Mental health was a top five health concern in **MANSFIELD (44903 & 44906)** and **SHELBY (44875)** in the community member survey<sup>11</sup>

**LOWER INCOME RESIDENTS** are more likely to have mental health challenges<sup>14</sup>

**35-44 YEAR OLDS** were most likely to rank their access to mental healthcare as low or very low in the community member survey<sup>12</sup>

### Top issues/barriers for mental health (reported in interviews):

1. Lack of mental health care services
2. Waitlists
3. Insurance did not cover cost of services
4. Office hours didn't work with schedule
5. Stigma of mental/behavioral health

### Sub-populations most affected by mental health (reported in interviews):

1. Youth

# #2 HEALTH NEED SUBSTANCE USE



In the community survey, Richland County residents ranked **MENTAL HEALTH AND ACCESS, SUBSTANCE USE, and INCOME/POVERTY** as the top issues that are very important for healthcare leaders to address<sup>20</sup>

## IN OUR COMMUNITY

IN THE COMMUNITY SURVEY, **OVER HALF OF RICHLAND COUNTY RESPONDENTS (52%) REPORTED SUBSTANCE USE AS ONE OF THEIR TOP HEALTH CONCERNS**<sup>11</sup>



**1 in 5 adults in Richland County reported binge drinking within the past month**<sup>36</sup>

**9%** of local and Ohio teens have used alcohol in the past month<sup>34</sup>

**5%** of local and Ohio teens have binge drank in the past 30 days<sup>34</sup>

**40%** of local teens perceive alcohol use as a moderate or great risk<sup>34</sup>

**21%** of motor vehicle crash deaths involve alcohol, compared to 33% for Ohio<sup>37</sup>



According to data from Richland County Children's Services, out of 230 oral drug tests done in 2022 on clients 18 and under, **96 were positive for substances that included cocaine, marijuana, and fentanyl (for a 42% positivity rate). This may be related to drug exposure/access from parents and guardians**<sup>38</sup>

*"There are several agencies available for substance abuse treatment; we now have a detox center, we have residential [facilities] for substance abuse, several mental health agencies, and we have a crisis hotline."  
- Community Member Interview*

*"Addiction issues are big in the community, and substance abuse disorder is on the rise."  
- Community Member Focus Group*



In 2020 in Richland County, **2,686** people received treatment for substance use disorder, and **1,673** received treatment for **opiate use disorder**<sup>37</sup>

The rate of Richland County NSDUH\* region teen marijuana use is similar to that of Ohio (**6%**). **26%** of teens perceive marijuana use to have **moderate or great risk**<sup>37</sup>



\*National Survey on Drug Use and Health

ER visit rates for suspected overdoses are consistently higher in Richland County compared to Ohio. **73** of every **10,000** emergency department visits in the county can be attributed to suspected overdose. While this rate declined from 2017 to 2020, the rate of unintentional drug overdose deaths rose during this same period<sup>37</sup>



# #2 HEALTH NEED SUBSTANCE USE



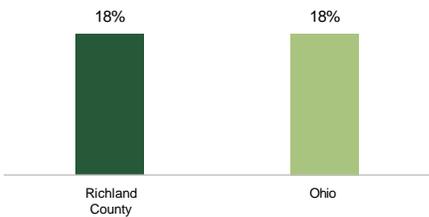
"There are drug dealers that hang out by transitional homes for recovering addicts. The homes are in bad areas that does not support recovery."  
- Community Member Interview

"Most behavioral health programs have a waiting list."  
- Community Member Interview



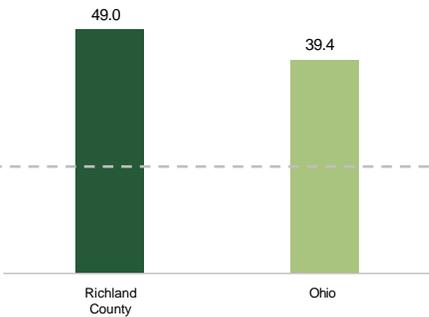
## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

### ADULT BINGE DRINKING



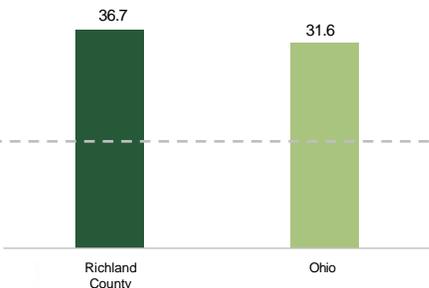
HP 2030 TARGET: 25%  
DESIRED DIRECTION: ↓  
✓ Richland County meets/exceeds the target<sup>36</sup>

### DRUG OVERDOSE DEATHS PER 100,000



HP 2030 TARGET: 20.7 PER 100,000  
DESIRED DIRECTION: ↓  
✗ Richland County does not yet meet the target<sup>37</sup>

### OPIOID OVERDOSE DEATHS PER 100,000



HP 2030 TARGET: 13.1 PER 100,000  
DESIRED DIRECTION: ↓  
✗ Richland County does not yet meet the target<sup>37</sup>

## PRIORITY POPULATIONS SUBSTANCE USE

While **substance use** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



In the community survey, 70% of **MANSFIELD (44907)** residents rated substance use in their top five community concerns, significantly more than in Mansfield (44906) (41%)<sup>11</sup>

According to research, **BOYS** are more likely than girls to try drinking alcohol at a younger age<sup>38</sup>



Binge drinking was **HIGHEST AMONG MEN, ADULTS AGES 25 TO 39, and HIGHER INCOME HOUSEHOLDS**<sup>36</sup>

According to the community survey, over half of Richland County residents **AGED 35-44 (61%)** feel substance use is a top health concern in the community, significantly more than those in the 25-34 age category (38%)<sup>11</sup>



Binge drinking rates were **HIGHEST AMONG WHITE** residents<sup>36</sup>

11% of people who are **HOMELESS** in the service area experienced chronic substance use challenges<sup>24</sup>



**YOUTH** are more impacted by substance use due to their developing brains<sup>35</sup>

### Top issues/barriers for substance use (reported in interviews):

1. Youth drug use
2. Higher than average community drug use
3. Increase in drug overdose deaths

# #3

# HEALTH NEED ECONOMIC STABILITY

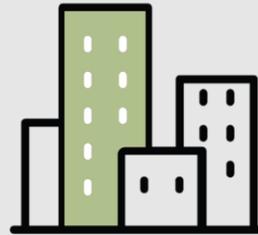
## INCOME/POVERTY AND EMPLOYMENT



ECONOMIC STABILITY INCLUDES INCOME, EDUCATION, EMPLOYMENT, AND MANY OF THE MOST IMPORTANT SOCIAL FACTORS THAT IMPACT THE COMMUNITY'S HEALTH...

9% OF RICHLAND COUNTY TEENS 16-19 ARE AT RISK BECAUSE THEY ARE NOT IN SCHOOL OR UNEMPLOYED, WHICH IS HIGHER THAN THE 6% SEEN STATEWIDE<sup>39</sup>

NEARLY ONE-THIRD OF THESE TEENS DO HOLD A HIGH SCHOOL DIPLOMA<sup>39</sup>



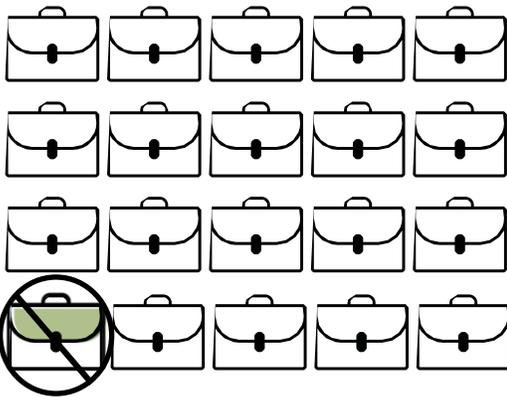
RICHLAND COUNTY IS RANKED 58 OUT OF 88 COUNTIES IN OHIO FOR SOCIAL AND ECONOMIC FACTORS (THE LOWER A RANKING IS, THE BETTER), PLACING IT IN THE BOTTOM HALF OF THE STATE'S COUNTIES<sup>8</sup>

## IN OUR COMMUNITY



RICHLAND COUNTY'S MEDIAN HOUSEHOLD INCOME IS NEARLY \$10,000 LOWER THAN THE STATE AVERAGE<sup>40</sup>

RICHLAND COUNTY: \$52,605  
OHIO: \$61,138



1 IN 20  
RICHLAND COUNTY AND OHIO ADULTS ARE UNEMPLOYED<sup>41</sup>

THE HIGHEST LOW-INCOME (49%) AND POVERTY (18%) RATES ARE FOUND IN MANSFIELD (44902)<sup>40</sup>

1 IN 5 CHILDREN IN RICHLAND COUNTY LIVE IN POVERTY<sup>40</sup>

LIVES IN POVERTY<sup>40</sup>



RICHLAND COUNTY



OHIO

IS LOW-INCOME<sup>40</sup>



RICHLAND COUNTY



OHIO

"Bring in high-paying jobs. When the jobs left, so did the community promises; it took half the population."

- Community Member Focus Group

"Poverty is considerably high, especially in the city and rural areas."

- Community Member Interview

# #3

## HEALTH NEED ECONOMIC STABILITY INCOME/POVERTY AND EMPLOYMENT



ONLY 8% OF LOW-INCOME RICHLAND COUNTY ADULTS UTILIZE **FOOD STAMPS**<sup>31</sup>

### ACCORDING TO THE U.S. CENSUS BUREAU

3% OF RICHLAND COUNTY AND OHIO RESIDENTS RECEIVE **PUBLIC ASSISTANCE**<sup>42</sup>

7% OF RICHLAND COUNTY RESIDENTS RECEIVE **SUPPLEMENTAL SECURITY INCOME (SSI)**, COMPARED TO 6% FOR OHIO<sup>42</sup>



*"Living wage needs to be re-evaluated; you can't expect people to make \$15/hour and get a home that costs upward of \$1,200 a month and then on top of that buy food and deal with the economy, we have the highest inflation that we have seen in a while."*

- Community Member Interview

*"Manufacturing jobs are gone and jobs for people without a college degree to have a livable wage."*

- Community Member Interview

*"Most jobs have minimal pay. There was a GM plant that closed, and this started a decline. There has been a decline in population due to people moving to find better jobs. Public transportation is an issue, even with Richland County Transit. The service doesn't run 24/7."*

- Community Member Interview

Top issues/barriers for income/poverty and employment (reported in interviews):

1. Higher than-average poverty in the community
2. Lower-than-average incomes

Sub-populations most affected by income/poverty and employment (reported in interviews):

1. Mansfield North End
2. Black, Indigenous, People of Color
3. Elderly

### PRIORITY POPULATIONS INCOME/POVERTY AND EMPLOYMENT

While **income/poverty and employment** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



According to the community survey, there are significantly more residents working full-time in **Shelby (44875) - 93%** - than in **MANSFIELD (44903) - 75%**<sup>15</sup>

**SHELBY (44875)** residents were 37% more likely to rate employment as one of their top concerns on the community survey than residents of Mansfield (44903 & 44907)<sup>11</sup>



30% of **CHILDREN**, 14% of **SENIORS**, and 44% of **FEMALE HEADS-OF-HOUSEHOLD (HoH)** living with their minor children, live in poverty<sup>40</sup>

51% of Richland County 35-44 year old survey respondents earn a household income of more than \$100,000 per year, significantly more than **25-34** and **55-64 YEAR OLDS**<sup>16</sup>

In the community survey, those with a **HIGH SCHOOL DEGREE OR EQUIVALENT** were 33% more likely to rank employment as a top concern than those with a graduate degree<sup>11</sup>



According to research, people who are **IMMIGRANTS AND/OR EXPERIENCE LANGUAGE BARRIERS** may have additional challenges with accessing employment, education, and health and social services<sup>40</sup>

Science says that **PEOPLE WITH DISABILITIES** may experience additional challenges obtaining and maintaining employment, and having sufficient income support if they cannot work<sup>29</sup>

# #4 HEALTH NEED CRIME AND VIOLENCE



83% OF COMMUNITY MEMBERS FEEL THAT ADDRESSING CRIME AND VIOLENCE IN THE COMMUNITY IS IMPORTANT OR VERY IMPORTANT<sup>20</sup>

## IN OUR COMMUNITY

RICHLAND COUNTY'S 2021 PROPERTY AND VIOLENT CRIME RATES ARE HIGHER THAN THE STATE OF OHIO OVERALL. HOWEVER, RATES HAVE SIGNIFICANTLY DECREASED SINCE 2017 AT BOTH COUNTY AND STATE LEVELS<sup>43</sup>

### PROPERTY CRIME RATES PER 100,000<sup>43</sup>



### VIOLENT CRIME RATES PER 100,000<sup>43</sup>



### GUN VIOLENCE IN MANSFIELD<sup>78</sup>

- 8 gun homicides as of August 2023, including 7 in the first 5 months, the most in over 10 years
- Mansfield Police Department has recovered more than 10 guns per month on average
- Reports of "shots fired," were up almost 80% in the first half of 2023 compared to 2022, averaging >1 per day

## PRIORITY POPULATIONS CRIME AND VIOLENCE

While crime and violence is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

According to the community survey, 58% of respondents in MANSFIELD (44907) reported that crime and violence was a top-ranked concern<sup>11</sup>

### Top issues/barriers for crime and violence (reported in interviews):

1. Crime/violence due to drugs
2. Increase in shootings/gun violence
3. Gang activity

### Sub-populations most affected by crime and violence (reported in interviews):

1. Youth, particularly in low-income areas
2. Mansfield/downtown areas
3. People with mental/behavioral health challenges

"There is an uptake in youth crime and violence, people aren't doing enough, and they need more support on parenting skills. No one wants to admit they are struggling to raise their kids."

- Community Member Focus Group

"Law enforcement and the detectives are doing everything that they can, and they are really reaching out to the community to get anything that they know. We have some unsolved crimes right now that are concerning for our citizens. There has been an increase in murders this first half of the year."

- Community Member Interview

"2023 has been difficult. There has been an increase in homicides."

- Community Member Interview

# #5 HEALTH NEED ADVERSE CHILDHOOD EXPERIENCES



ADVERSE CHILDHOOD EXPERIENCES (ACEs), INCLUDING ABUSE, NEGLECT, MENTAL ILLNESS, SUBSTANCE ABUSE, DIVORCE/SEPARATION, WITNESSING VIOLENCE, AND HAVING AN INCARCERATED RELATIVE CAN HAVE LIFELONG IMPACTS<sup>44</sup>

FIVE OF THE TOP 10 LEADING CAUSES OF DEATH ARE ASSOCIATED WITH ACEs<sup>44</sup>

92% OF SURVEY RESPONDENTS SAID THAT CHILD ABUSE WAS AN

“IMPORTANT” OR “VERY IMPORTANT”

ISSUE TO ADDRESS IN THE COMMUNITY<sup>17</sup>

## IN OUR COMMUNITY

RICHLAND COUNTY CHILDREN SERVICES’ 2021 ANNUAL REPORT SHARED THE FOLLOWING DATA ON THE SERVICES IT PROVIDED THAT YEAR<sup>74</sup>:



### Cases

Provided services to **1,725** alleged child victims. On average, **151** cases were worked every month by **36** caseworkers



### Protective Ongoing Services:

- Average ongoing cases per quarter: **279**
- Number of children receiving ongoing services: **581**



### Screening/Assessment Investigations:

Calls into the Agency Screening department: **6,693**  
Screened-in and investigated a total of **1,158** allegations  
Of those, there were:

- **398** Neglect
- **325** Physical abuse
- **146** Sexual abuse
- **62** Emotional maltreatment
- **62** Dependency
- **165** FINS (Family In Need of Assistance)



### Agency Visitation Center:

- Supervised visits at the agency: **3,443**
- Supervised visits at outside facilities: **0**



### Kinship Care

Children in kinship care per quarter: **202**  
Average kinship cases per quarter: **112**



### Foster Care/Institutional Care

Children in Agency custody: **126** average  
Total days in care: **45,182**  
Total placement costs: **\$2,551,608**  
At the end of 2021, the Agency had **69** licensed foster homes



### Adoption Services

Number of children placed in adoptive homes: **20**  
Number of adoptions finalized: **18**



### Family Team Meetings (FTMs) & Team Decision-Making Meetings (TDMs)

Held **1,228** FTMs and **249** TDMs in 2021



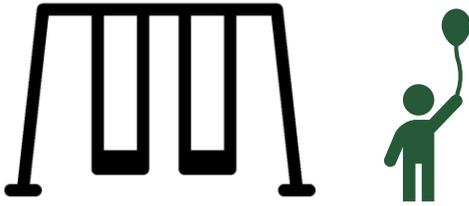
### Independent Living

Children aging out of care in 2021: **5**

# #5

# HEALTH NEED

## ADVERSE CHILDHOOD EXPERIENCES (ACEs)



*"Our pediatricians have been looking at this [ACEs] more. People are being more educated on it. I hear more and more professionals think about this when treating individuals."*

- Community Member Interview

Research shows that youth with the most assets are **MORE LIKELY TO**:<sup>44</sup>

- Do Well In School
- Be Civically Engaged
- Value Diversity

Research shows that youth with the most assets are **LEAST LIKELY TO** have problems with:<sup>44</sup>

- Alcohol Use
- Violence
- Sexual Activity

### Top issues/barriers for Adverse Childhood Experiences (reported in interviews):

1. Mental health support for children
2. Substance use and domestic violence

### Sub-populations most affected by Adverse Childhood Experiences (reported in interviews):

1. Low-income children
2. Black, Indigenous, People of Color
3. Children of parents with substance use issues
4. Foster children

## PRIORITY POPULATIONS ADVERSE CHILDHOOD EXPERIENCES

While **adverse childhood experiences** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



**GIRLS** were more likely than boys to report adverse events at both the regional and state levels<sup>44</sup>



### CHILDREN WITH THE FOLLOWING RISK FACTORS:<sup>44</sup>

- Lower income
- Precarious housing and/or homelessness
- Parents have mental health and/or substance use challenges
- Witnessing violence and incarceration
- Parents are divorced/separated
- Lack of connection to trusted adults



Significantly more **MANSFIELD** (44903) - 41% - ranked "adverse childhood experiences" as a top health concern in the community survey<sup>11</sup>

# #6 HEALTH NEED FOOD INSECURITY



According to Feeding America, 13% of Richland County residents, and 12% of Ohioans overall experience **FOOD INSECURITY**<sup>45</sup>



When asked what resources were lacking in the community, **40%** of Richland County survey respondents answered affordable food<sup>14</sup> **33%** of survey respondents ranked access to healthy food as a top health concern<sup>11</sup>

## IN OUR COMMUNITY



The rate of food insecurity is higher in Richland County children (**16%**), than it is in Richland County adults (**13%**)<sup>45</sup>



When asked about the major health issues affecting the Richland County community, factors relating to food insecurity were mentioned in almost **75%** of the interviews conducted with community leaders



**Mansfield (44902)** has the highest proportion of households receiving food stamps (**40%**), **Lucas (44843)** has the highest proportion of senior households (**49%**), and **Butler (44822)** has the highest proportion of single moms with children (**69%**)<sup>45</sup>



The percentage of students in Richland County who are eligible for the National School Lunch Program (NSLP) Free & Reduced Price Meals is **83%** on average, with rates as high as **100% for 7 schools** in 2021<sup>48</sup>



### PLACES TO ACCESS FOOD IN COUNTY:<sup>46</sup>

- 17 full-service supermarkets
- 31 limited-service stores
- 126 SNAP\* benefit retailers
- 2 farmer's markets
- 96 fast-food and take-out restaurants
- 21 free meal locations
- 9 food pantries
- 4 free fresh produce distributions

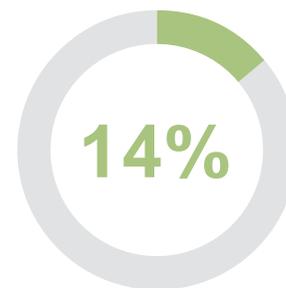
The United States Department of Agriculture (USDA) rates 9 out of 30 Richland County census tracts as 'low-income' or 'low-access'<sup>46</sup>

\*Supplemental Nutrition Assistance Program

A **similar rate** of Richland County and Ohio households access **SNAP\* benefits**<sup>47</sup>

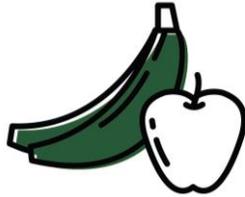
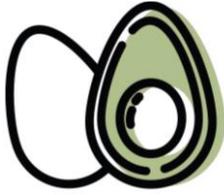


**RICHLAND  
COUNTY**



**OHIO**

# #6 HEALTH NEED FOOD INSECURITY



*"Our community has produce giveaways and a garden in the North End. They have done a lot to get healthy food in the community and all across the county."*

- Community Member Interview

*"There isn't much access to healthy food or nutrition education throughout the county. Many grocery stores have closed and are being replaced by Dollar Generals. People have to travel far to access healthy food."*

- Community Member Interview

*"The grocery store in Shelby recently shut down. Some have to drive 20 minutes to access a grocery store. Many stores aren't accessible by foot because of the lack of sidewalks."*

- Community Member Interview

## Top issues/barriers for food insecurity (reported in interviews):

1. Food deserts/only options are Dollar Generals
2. Transportation
3. Need for education and access

## Sub-populations most affected by food insecurity (reported in interviews):

1. Low-income
2. Mansfield North End

## PRIORITY POPULATIONS FOOD INSECURITY

While **food insecurity** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



According to research, food insecurity among **BLACK OR LATINO INDIVIDUALS** is higher than white individuals in 99% of American counties. 9 out of 10 high food insecurity counties are **RURAL**. 1 in 3 people facing hunger are unlikely to qualify for SNAP<sup>\*47</sup>

Research says that 39% of food insecure residents in Richland County are below the SNAP<sup>\*</sup> threshold of **130%** of the **POVERTY** level<sup>46</sup>

According to the community survey, over 54% of **GALION\*\*** residents feel that access to healthy foods needs to be addressed in Richland County<sup>11</sup>

According to the community survey, Richland County residents **AGED 25-34** (43%) rank access to healthy foods as more of a health concern in the community<sup>11</sup>

Survey respondents **25-34 YEARS OLD** felt that resources were lacking more for affordable food (56%) than those who were 35-64 years old<sup>14</sup>

\*Supplemental Nutrition Assistance Program

\*\*While portions of this community lie outside of Richland County, the associated ZIP Code is at least partially contained within Richland County and forms part of Avita Health System's service area.

# #7 HEALTH NEED ACCESS TO CHILDCARE



ACCORDING TO THE 2020 OHIO CHILDCARE RESOURCE AND REFERRAL ASSOCIATION ANNUAL REPORT, THE AVERAGE COST OF CHILDCARE IN OHIO RANGES FROM \$3,731 PER YEAR FOR SCHOOL-AGED CHILDREN CARED FOR OUTSIDE OF SCHOOL HOURS TO \$10,161 PER YEAR FOR INFANTS UNDER ONE YEAR OF AGE<sup>49</sup>

## IN OUR COMMUNITY



27% OF RICHLAND COUNTY COMMUNITY MEMBERS SURVEYED REPORTED THAT ACCESS TO CHILDCARE IS A VERY CONCERNING ISSUE IN THEIR COMMUNITY<sup>11</sup>



ACCORDING TO THE GROUNDWORK OHIO STATEWIDE SURVEY, 40% OF WORKING PARENTS STATED THAT THEY HAVE HAD TO CUT BACK ON WORKING HOURS TO CARE FOR THEIR CHILDREN<sup>52</sup>

80% OF OHIOANS SURVEYED SAY THAT QUALITY CHILDCARE IS EXPENSIVE WHERE THEY LIVE<sup>52</sup>

*“Trying to find someone that you trust and will provide quality care for your child while trying to work doesn’t make you feel good as a parent. You can’t function properly at work, and during the pandemic no one was taking children.”*

- Community Member Interview

*“When my kids were younger my wife had to stay home from work because childcare cost more than her salary. This left us as a one income home.”*

- Community Member Interview

## PRIORITY POPULATIONS ACCESS TO CHILDCARE

While **access to childcare** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

60% of **WOMEN** who responded to the community survey rated access to childcare as a “very important” need to address in Richland County<sup>15</sup>

**LOWER-INCOME RESIDENTS** may have challenges affording childcare<sup>50</sup>



**SINGLE PARENTS** who lack social support may have a greater need for childcare<sup>52</sup>

According to the community survey, Richland County residents **AGED 25-44** (43%) were significantly more likely to report childcare among their top five health concerns than residents 35-64<sup>11</sup>

### Top issues/barriers for access to childcare (reported in interviews):

1. Lack of affordable childcare facilities
2. Lack of childcare for second and third-shift employees
3. People don’t make enough money
4. Staffing ratios too high/not enough staff/ poor quality staffing

### Sub-populations most affected by access to childcare (reported in interviews):

1. Low-income
2. Single parents
3. Middle-class

# #8 HEALTH NEED ACCESS TO HEALTHCARE



## IN OUR COMMUNITY

ACCORDING TO THE HEALTH RESOURCES  
AND SERVICE ADMINISTRATION

### RICHLAND COUNTY

HAS LESS ACCESS TO PRIMARY CARE PROVIDERS THAN OHIO  
OVERALL, WHILE MORE ACCESS TO DENTAL CARE PROVIDERS<sup>53</sup>

RICHLAND COUNTY  
2,020:1<sup>10</sup>



OHIO  
1,291:1<sup>10</sup>

13% of community survey respondents say that  
primary healthcare access is lacking in the community<sup>14</sup>

RICHLAND COUNTY  
1,530:1<sup>10</sup>



OHIO  
1,566:1<sup>10</sup>

16% of community survey respondents say that  
dental healthcare access is lacking in the community<sup>14</sup>

8% of community survey respondents say that  
vision healthcare access is lacking in the community<sup>14</sup>

## BARRIERS TO CARE AND IMPACTS



18% of community  
survey respondents  
could not obtain a  
necessary prescription  
medication in the past  
year<sup>18</sup>



29% of community  
survey respondents  
have delayed or gone  
without medical care  
due to being unable to  
get an appointment<sup>17</sup>



6% of survey  
respondents lack health  
insurance because it  
costs too much<sup>17</sup>



Less Richland County  
(8%) than Ohio (17%)  
3rd grade children had  
untreated cavities<sup>54</sup>



23% of community  
survey respondents'  
usual source of care is  
an urgent care clinic<sup>23</sup>



More than half (53%) of  
Richland County 3rd  
graders have a history  
of tooth decay<sup>54</sup>

*"In the North End, there are not good resources, and the disparity compared to other areas is very noticeable when you are driving through (for instance, there are not very many health clinics, but in other areas, there are two on one block)."*  
- Community Member Interview



**MORE THAN 1 IN 10 (14%)  
COMMUNITY SURVEY RESPONDENTS  
DO NOT HAVE A USUAL PRIMARY  
CARE PHYSICIAN (PCP)<sup>19</sup>**



**1 IN 5**

**BRFSS REGION 3\* RESIDENTS DID  
NOT HAVE A ROUTINE CHECKUP  
IN THE PRIOR YEAR<sup>35</sup>**

\*Behavioral Risk Factor Surveillance System; BRFSS Region 3 contains Richland County.



**MORE THAN 1 IN 10 (14%)  
SURVEY RESPONDENTS HAVE  
NOT BEEN TO THE DENTIST IN  
THE PAST 1-2 YEARS<sup>20</sup>**

# #8 HEALTH NEED ACCESS TO HEALTHCARE



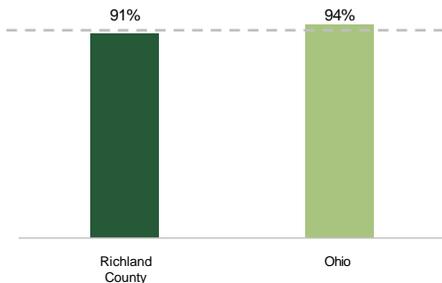
*"Health care isn't easily accessed. For the African-American community and the elderly population, they struggle both with technology and economically."*

- Community Member Interview



## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

### HEALTH INSURANCE COVERAGE



HP 2030 TARGET: 92%  
DESIRED DIRECTION: ↑

✗ Richland County does not yet meet the target<sup>36</sup>

### Top issues/barriers for access to health care (reported in interviews):

1. Transportation
2. Long waits
3. Insurance is too expensive

### Sub-populations most affected by access to health care (reported in interviews):

1. Rural areas
2. Amish/Mennonite community
3. Black and Brown communities/Black, Indigenous, People of Color

*"For the Hispanic community, there has been struggles seeking health care, being immigrants, and even dental care. There are language barriers. The Hispanic population is growing, and there are also fears of deportation."*

- Community Member Focus Group

## PRIORITY POPULATIONS ACCESS TO HEALTH CARE

While **access to care** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

9% of residents in Richland County **DO NOT HAVE HEALTH INSURANCE**<sup>36</sup>



According to the community survey, **MALES** (12%) in Richland County were more likely to report that their last checkup was 3-5 years ago<sup>19</sup>

According to the community survey, individuals **AGED 55-64** in Richland County were more likely to indicate access to primary healthcare services as a high concern (37%)<sup>11</sup>

Community survey respondents with an annual **HOUSEHOLD INCOME OF \$35,000-\$49,999** were less likely to visit doctors' offices for routine care<sup>17</sup>

70% of the **LOW-INCOME POPULATION** remain unserved by a health center<sup>47</sup>

63% of **ASHLAND** respondents indicated in the community survey that access to dental/oral healthcare is very important<sup>15</sup>

Of all age groups surveyed, **ADULTS 25-34** (9%) were most likely to report having no insurance due to costs<sup>18</sup>

\*While portions of this community lie outside of Richland County, the associated ZIP Code is at least partially contained within Richland County and forms part of Avita Health System's service area.

# #9

# HEALTH NEED ECONOMIC STABILITY HOUSING AND HOMELESSNESS



HOUSING AND HOMELESSNESS IS A CONCERN IN TERMS OF QUALITY AND AFFORDABILITY, WHICH HAS ONLY INCREASED DURING THE COVID-19 PANDEMIC

53% OF COMMUNITY SURVEY RESPONDENTS REPORT AFFORDABLE HOUSING AS A RESOURCE THAT IS LACKING IN THE COMMUNITY. AFFORDABLE HOUSING WAS THE #1 REPORTED RESOURCE NEEDED IN RICHLAND COUNTY<sup>14</sup>

## IN OUR COMMUNITY

ACCORDING TO THE U.S. CENSUS BUREAU, 2% OF ALL OCCUPIED HOUSING IN RICHLAND COUNTY (792 UNITS) LACK COMPLETE PLUMBING AND/OR KITCHEN FACILITIES, THIS IS 1% HIGHER THAN THE STATE RATE<sup>56</sup>



FREDDIE MAC ESTIMATES THAT THE VACANCY RATE SHOULD BE 13% IN A WELL-FUNCTIONING HOUSING MARKET. THERE IS ONLY A 5% VACANCY RATE IN RICHLAND COUNTY<sup>55</sup>



1 IN 6 RICHLAND COUNTY HOUSEHOLDS ARE 'COST BURDENED' (SPEND MORE THAN 30% OF THEIR INCOME ON HOUSING). THIS RANGES FROM 6% IN LUCAS TO 25% IN SHILOH<sup>55</sup>

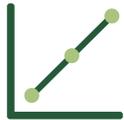
*"There is a lack of quality housing in Richland. Most houses were built before 1960, especially in Mansfield and Shelby. Some homes are from the 1930s. A lot of housing doesn't meet the standards of property maintenance."*

- Community Member Interview

*"Affordable housing is hard too in our community, we need more. Many people can't put 3 months security down or a deposit to obtain a home."*

- Community Member Interview

RICHLAND COUNTY REGIONAL PLANNING COMMISSION ESTIMATES THAT BY 2032, RICHLAND COUNTY WILL REQUIRE AN ADDITIONAL 2,687 DEEPLY AFFORDABLE UNITS (THOSE WITH RENTS UNDER \$500/AFFORDABLE TO THOSE EARNING LESS THAN \$20,000 ANNUALLY)<sup>56</sup>



THE COALITION ON HOMELESSNESS AND HOUSING IN OHIO REPORTED THAT FROM 2020 TO 2021, THE PROPORTION OF HOMELESS INDIVIDUALS IN EMERGENCY SHELTERS IN THE CONTINUUM OF CARE INCREASED FROM 54% TO 79%<sup>57</sup>



IN 2022, THERE WERE AN ESTIMATED

**4,075 PEOPLE**

EXPERIENCING HOMELESSNESS IN THE OHIO BALANCE OF STATE CONTINUUM OF CARE<sup>57</sup>



DATA SHOWS THAT 14% OF RICHLAND COUNTY HOUSEHOLDS ARE SENIORS WHO LIVE ALONE, HIGHER THAN THE STATE RATE (12%). SENIORS LIVING ALONE MAY BE ISOLATED AND LACK ADEQUATE SUPPORT SYSTEMS<sup>8</sup>

# #9

## HEALTH NEED ECONOMIC STABILITY HOUSING AND HOMELESSNESS



*“Landlords aren’t being held accountable to keep housing [quality] up.”*  
- Community Member Interview

*“They are almost done building 12 affordable units for seniors and there is a waitlist of 120 people.”*  
- Community Member Interview

*“Housing is a challenge, difficult to find rentals. A lot of places are doubling the rent. A lot of people are moving to Crawford County because it’s more affordable.”*  
- Community Member Focus Group

### Top issues/barriers for housing and homelessness (reported in interviews):

1. Quality low-income housing
2. Lack of affordable entry-level housing
3. Difficulty accessing resources

### Sub-populations most affected by housing and homelessness (reported in interviews):

1. Mansfield North End
2. Low-income
3. Single parents
4. Elderly

### Top resources, services, programs, and/or community efforts for housing and homelessness:

1. Mansfield Metropolitan Housing Authority
2. Catholic Charities
3. Job and Family Services

## PRIORITY POPULATIONS HOUSING AND HOMELESSNESS

While **housing and homelessness** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

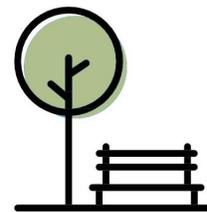


Residents in **MANSFIELD (44907)** ranked housing and homelessness as a top concern significantly more (45%) than residents in Shelby (44875) and Mansfield (44903)<sup>11</sup>

According to the Ohio Balance of State Continuum of Care, nearly 19% of the homeless population lives with **MENTAL ILLNESS**. 10% were **SURVIVORS OF DOMESTIC VIOLENCE**, 11% had chronic **SUBSTANCE USE** challenges, 7% were **VETERANS**, and 6% were **YOUTH AND YOUNG ADULTS** (ages 18–24)<sup>57</sup>



According to community members who responded to the survey, **THOSE WITH NO CHILDREN** (63%) felt that affordable housing resources were lacking at significantly higher rates than those with 1-3 children in the home<sup>14</sup>

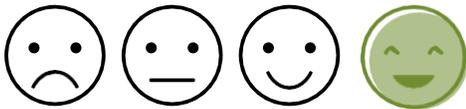


# #10 HEALTH NEED NUTRITION & PHYSICAL HEALTH

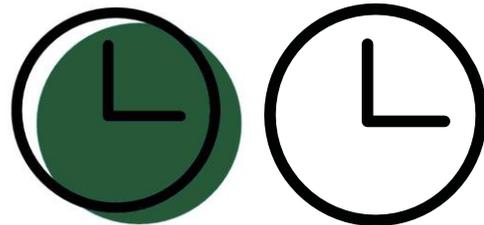


## IN OUR COMMUNITY

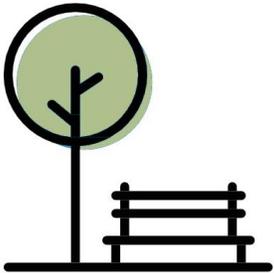
50% OF COMMUNITY SURVEY RESPONDENTS RATED THEIR PHYSICAL HEALTH AS 'GOOD'<sup>18</sup>



MORE THAN HALF OF COMMUNITY SURVEY RESPONDENTS FEEL THAT HAVING A BUSY SCHEDULE LIMITS THEM FROM HAVING TIME TO COOK AND EXERCISE<sup>58</sup>



32% OF COMMUNITY SURVEY RESPONDENTS SAY THAT RECREATIONAL SPACES ARE LACKING IN RICHLAND COUNTY<sup>14</sup>



ACCORDING TO THE 2023 COUNTY HEALTH RANKINGS PROGRAM, MORE RICHLAND COUNTY THAN OHIO ADULTS ARE SEDENTARY (DID NOT PARTICIPATE IN LEISURE TIME PHYSICAL ACTIVITY IN THE PAST MONTH)<sup>35</sup>



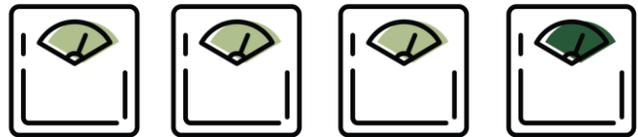
RICHLAND COUNTY



OHIO



ALMOST 1 IN 4 BRFSS\* REGION 3 ADULTS DRINK NON-DIET SODA DAILY, WHILE 13% DRINK SUGAR-SWEETENED FRUIT BEVERAGES DAILY<sup>35</sup>



NEARLY THREE-QUARTERS (74%) OF RICHLAND COUNTY RESIDENTS ARE OVERWEIGHT OR OBESE, HIGHER THAN THE STATE RATE OF 71%<sup>35</sup>

AT #58 OUT OF 88, RICHLAND COUNTY RANKS IN THE BOTTOM HALF OF OHIO COUNTIES FOR HEALTHY BEHAVIORS (WITH 1 BEING THE BEST RANKING)<sup>35</sup>

RICHLAND COUNTY DROPPED 3 RANKINGS FROM THEIR 2022 HEALTHY BEHAVIORS STANDING<sup>35</sup>



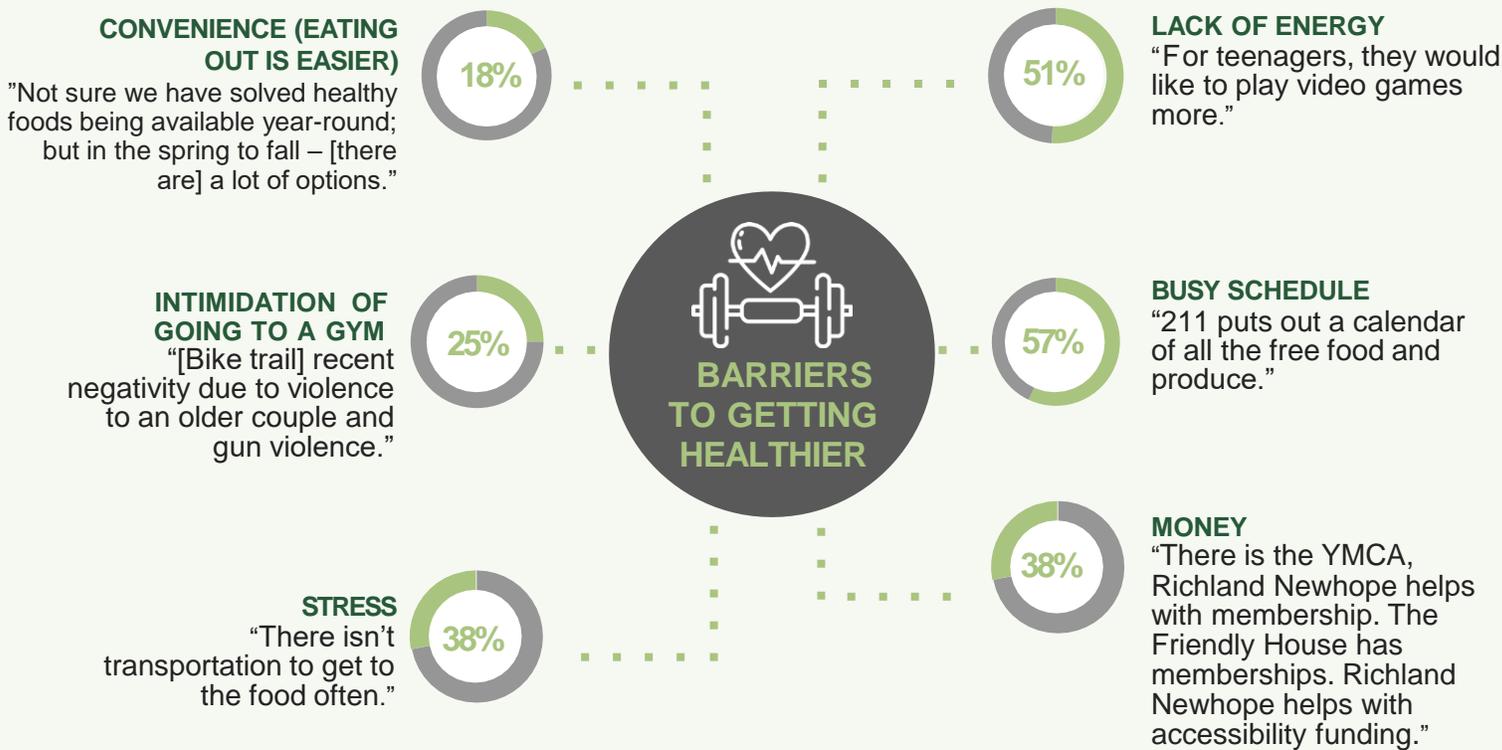
Of adults in BRFSS\* Region 3, 1 in 5 consume no vegetables per day, slightly lower than Ohio rates<sup>35</sup>



18% of BRFSS\* Region 3 adults meet physical activity guidelines, which is worse than 21% for Ohio<sup>35</sup>

# #10 HEALTH NEED

## NUTRITION & PHYSICAL HEALTH



Reported in community-wide survey, quotes from key informant interviews<sup>21</sup>

*"We have a bike trail, and a YMCA, Silver Sneakers, we have opportunities to be active."*  
- Community Member Interview

*"Healthy food goes bad quicker."*  
- Community Member Interview

*"Kids get out less and less, but it also has to do with safety..."*  
- Community Member Interview

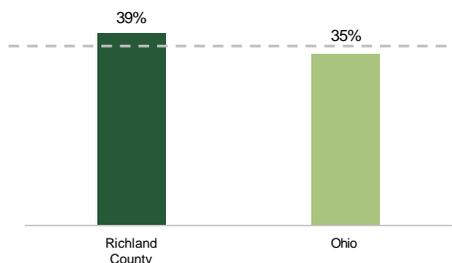
- Top issues/barriers for nutrition and physical health (reported in interviews):**
1. Unhealthy food is cheap/healthy food is expensive
  2. The community is sedentary/not motivated
- Sub-populations most affected by nutrition and physical health (reported in interviews):**
1. Mansfield North End
  2. Low-income
  3. Youth
  4. Elderly
- Top resources, services, programs, and/or community efforts for nutrition and physical health:**
1. Urban farms
  2. YMCA
  3. Parks/trails

# #10 HEALTH NEED NUTRITION & PHYSICAL HEALTH



## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

### ADULT OBESITY

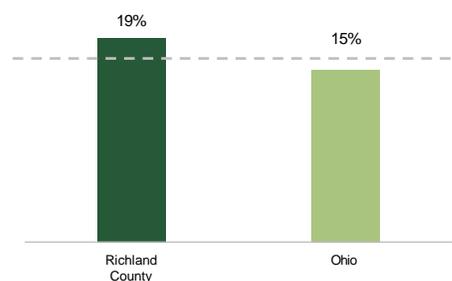


HP 2030 TARGET: 36%

DESIRED DIRECTION: ↓

✗ Richland County does not yet meet the target<sup>35</sup>

### CHILDREN & TEEN OBESITY



HP 2030 TARGET: 16%

DESIRED DIRECTION: ↓

✗ Richland County does not yet meet the target<sup>35</sup>

*"[We] have a good farmers' market system (downtown and North End) with cooking demonstrations."*

- Community Member Interview

*"There aren't a lot of grocery stores near the rural areas. The Dollar General is the closest place to get food often. There is only one in the heart of the poverty area."*

- Community Member Interview

*"It is more expensive to eat healthily...expenses such as electricity and rent come first."*

- Community Member Interview

## PRIORITY POPULATIONS NUTRITION AND PHYSICAL HEALTH

While **nutrition and physical health** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

According to data, **TEEN GIRLS** are much more likely than boys to report trying to lose weight, regardless of BMI<sup>60</sup>

Among all races/ethnicities surveyed, **ASIANS, AMERICAN INDIANS & ALASKA NATIVES, and NATIVE HAWAIIAN & PACIFIC ISLANDERS** are the most likely to report being "inactive"<sup>35</sup>

According to research, **LOWER INCOME INDIVIDUALS, MALES, AND OLDER ADULTS** are more likely to experience overweight and obesity, not exercise, and to not eat enough fruits and vegetables<sup>35</sup>



**YOUNG ADULTS AGES 18 TO 24** are at risk for being inactive<sup>61</sup>



**43% OF SHELBY (44875)** survey respondents feel intimidated or awkward going to the gym, significantly more than the respondents in Mansfield (44903 & 44907)<sup>21</sup>

**27% of MANSFIELD (44907)** community survey respondents indicated not enjoying exercise as a barrier to getting in shape, significantly more than MANSFIELD (44903) respondents<sup>21</sup>

# #11 HEALTH NEED CHRONIC DISEASES



CHRONIC DISEASES WERE THE #11 MOST REPORTED HEALTH NEED, ACCORDING TO RICHLAND COUNTY 2023 COMMUNITY MEMBER SURVEY RESPONDENTS<sup>11</sup>

## IN OUR COMMUNITY

NEARLY ONE-FIFTH (16%) OF RICHLAND COUNTY & OHIO ADULTS RATE THEIR HEALTH AS FAIR OR POOR<sup>48</sup>



POOR



FAIR



GOOD



VERY GOOD



EXCELLENT

19%

47%

While the state's disability rate was 14%, 19% of Richland County identified as having a disability<sup>8</sup>

22% of survey respondents chose Chronic Diseases as a top community health need.<sup>11</sup> 47% of those surveyed saw disabilities as a very important health need<sup>15</sup>

THERE WERE 1,203 (AGE-ADJUSTED) YEARS OF POTENTIAL LIFE LOST AMONG OHIOANS UNDER AGE 75, IN 2020<sup>67</sup>

*"Comorbid diseases such as diabetes and high blood pressure are common. Knowing when to seek health care is an issue. More renal failure is happening due to prolonged waiting to get care."*

- Community Member Focus Group

*"More kids are getting diagnosed with diabetes."*

- Community Member Interview

*"Local hospitals do well for heart disease."*

- Community Member Interview

*"For oncology, there are treatment resources, but nothing for supporting mental health."*

- Community Member Interview

**Top issues/barriers for chronic diseases (reported in interviews):**

1. Lack of health care providers
2. Health behaviors (e.g. vaping, tobacco, poor nutrition)

**Sub-populations most affected by chronic diseases (reported in interviews):**

1. Low-income
2. Black, Indigenous, People of Color

# #11 HEALTH NEED CHRONIC DISEASES



## HEART DISEASE & HYPERTENSION

HEART DISEASE IS THE SECOND LEADING CAUSE OF DEATH IN RICHLAND COUNTY<sup>65</sup>



of both Richland County and Ohio adults reported that they have had a **stroke**<sup>35</sup>



of Richland County adults reported having had a **heart attack, angina, or coronary heart disease**, compared to 7% for Ohio<sup>35</sup>



of Richland County adults have **hypertension**, compared to 35% of Ohio adults<sup>35</sup>



of Richland County adults have **high cholesterol**, compared to 31% of Ohio adults<sup>35</sup>

*“A lot of resources went away with COVID-19. There is a lack of social workers. There are a lot of seizure disorders, there is a lack of neurologists. Lack of healthy food plays a role.”*

- Community Member Interview

*“[Chronic diseases are] definitely prevalent in the community, not sure people utilize the resources.”*

- Community Member Interview

## DIABETES



of both Richland County and Ohio adults have **diabetes**<sup>16</sup>

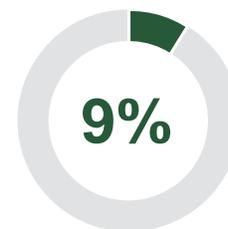
**THIS HAS DECREASED FROM 12% OVER THE PAST 4 YEARS<sup>16</sup>**

**MORE THAN A THIRD OF OHIO ADULTS HAVE PREDIABETES<sup>66</sup>**

**OF THOSE WITH PREDIABETES, 20% WILL GO ON TO DEVELOP DIABETES WITHIN FIVE YEARS WITHOUT LIFESTYLE MODIFICATION<sup>66</sup>**

**DIABETES PREVALENCE RISES WITH AGE AND IS ALSO HIGHLY IMPACTED BY INCOME AND LEVEL OF EDUCATION<sup>66</sup>**

## ASTHMA AND COPD



of BRFSS Region 3 has **asthma**<sup>35</sup>



of Ohio has **asthma**<sup>35</sup>

**MANY HOSPITAL ADMISSIONS DUE TO CRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) AND ASTHMA IN RICHLAND COUNTY MAY BE PREVENTABLE EACH YEAR THROUGH ACCESS TO PRIMARY CARE<sup>35</sup>**

# #11 HEALTH NEED CHRONIC DISEASES

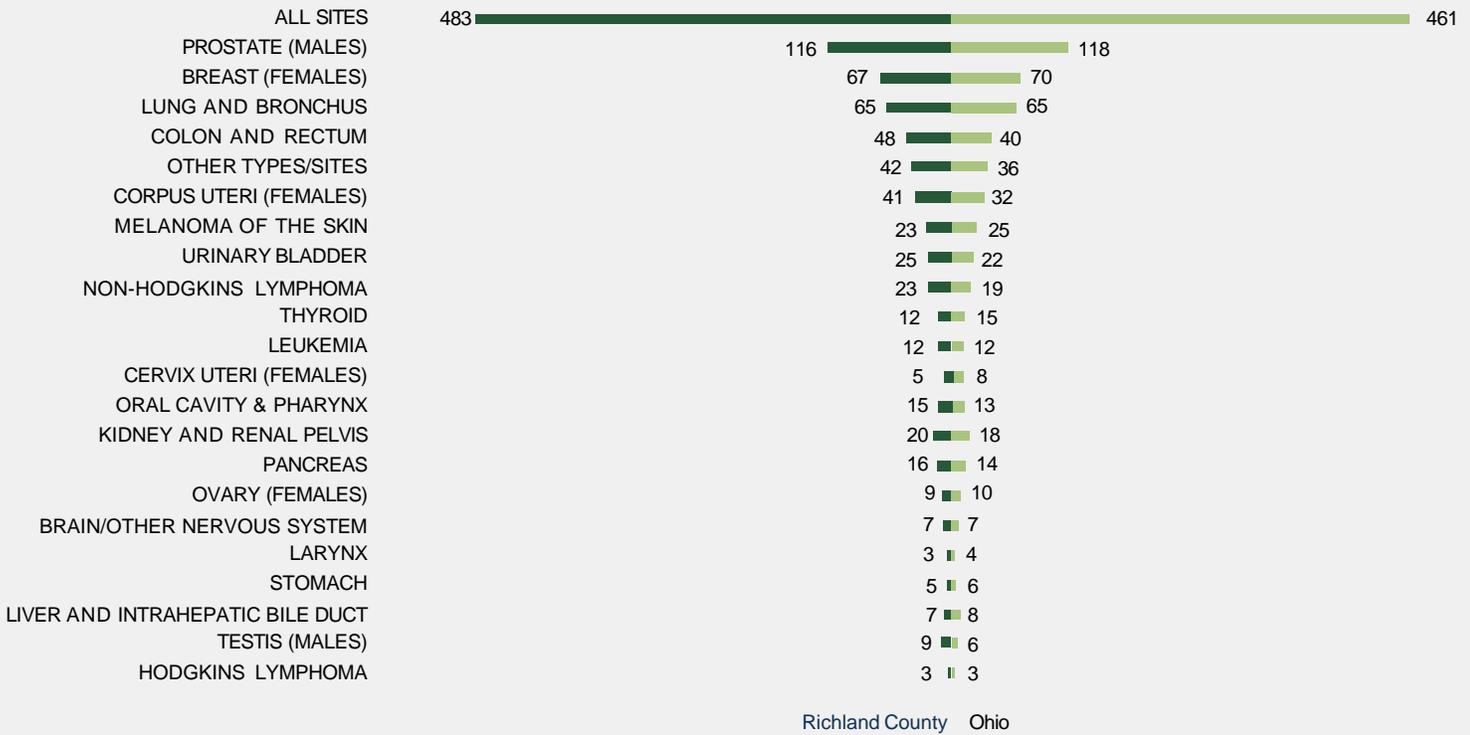


ACCORDING TO THE OHIO PUBLIC HEALTH DATA WAREHOUSE CANCER IS THE LEADING CAUSE OF DEATH IN RICHLAND COUNTY, AND THE OVERALL CANCER INCIDENCE PER 100,000 IS HIGHER THAN OHIO<sup>64</sup>

**483**  
RICHLAND COUNTY<sup>64</sup>

**461**  
OHIO<sup>64</sup>

COLON, UTERINE, BLADDER, NON-HODGKIN'S LYMPHOMA, ORAL, KIDNEY, PANCREAS, AND TESTICULAR CANCERS HAD HIGHER INCIDENCE RATES IN RICHLAND COUNTY THAN OHIO<sup>64</sup>



## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

✗ Richland County does not yet meet the Healthy People 2030 target for breast, prostate, lung, colorectal, and overall cancer mortality rates<sup>65,90</sup>

# #11 HEALTH NEED CHRONIC DISEASES



## PRIORITY POPULATIONS CHRONIC DISEASES

While **chronic diseases** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

34% of **SHELBY (44875)** residents that responded to the community survey were more likely to rank chronic diseases (such as heart disease, diabetes, cancer, asthma) among their top health concerns than Mansfield (44903) residents<sup>11</sup>

**SHELBY (44875)** survey respondents were more likely to rate heart disease and stroke as very important to address in the community (54%), as compared to Mansfield (44903)<sup>15</sup>

Residents **AGED 18-24** and **45-54** were more likely to rank asthma and COPD as important and very important health concerns to address in the community survey<sup>15</sup>

Over half of **MANSFIELD (44905)** and **SHELBY (44875)** survey respondents feel that cancer is very important to address in Richland County<sup>15</sup>

50% of individuals **AGED 18-34** and **65+** reported cancer as a “very important” health need to address in the community survey<sup>15</sup>

**LOWER INCOME PEOPLE** are at a higher risk of developing many chronic conditions<sup>68</sup>

Chronic conditions are more common in **OLDER ADULTS**<sup>68</sup>

People with **HIGH EXPOSURE TO AIR POLLUTION**<sup>68</sup>

People who **SMOKE**<sup>68</sup>

People with challenges with **PHYSICAL ACTIVITY AND NUTRITION**<sup>68</sup>

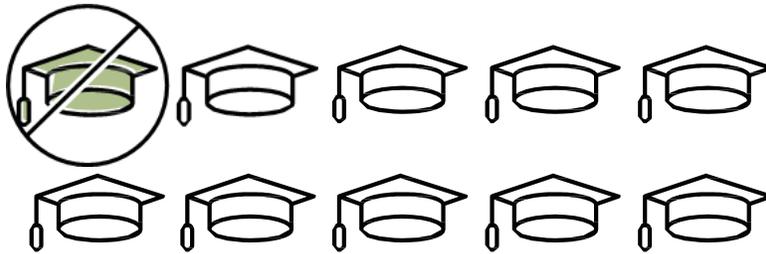


# #12 HEALTH NEED EDUCATION



EDUCATIONAL ATTAINMENT IS A KEY DRIVER OF HEALTH

## IN OUR COMMUNITY



ACCORDING TO CENSUS DATA, **10% OF RICHLAND COUNTY RESIDENTS DID NOT GRADUATE HIGH SCHOOL, WHICH IS WORSE THAN THE 8% FOR OHIO**<sup>77</sup>



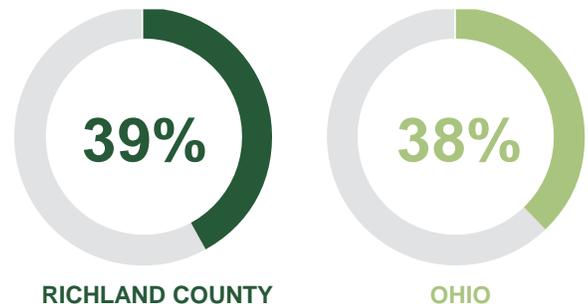
**18% OF RICHLAND COUNTY RESIDENTS HAVE A BACHELOR'S DEGREE OR HIGHER (VS. 19% FOR THE STATE OF OHIO)**<sup>77</sup>

**19% OF 3- AND 4-YEAR-OLDS IN RICHLAND COUNTY ARE ENROLLED IN PRESCHOOL. THIS IS MUCH LOWER (AND WORSE) THAN THE OVERALL OHIO RATE OF 39%**<sup>74</sup>

**PRESCHOOL ENROLLMENT CAN IMPROVE SHORT AND LONG-TERM SOCIOECONOMIC AND HEALTH OUTCOMES, PARTICULARLY FOR DISADVANTAGED CHILDREN**

**MANSFIELD CITY SCHOOLS HAS THE LOWEST 4-YEAR HIGH SCHOOL GRADUATION RATE IN RICHLAND COUNTY (82%) AND IS LOWER THAN THE OHIO STATE AVERAGE (87%). ALL OTHER SCHOOL DISTRICTS IN RICHLAND COUNTY SURPASSED MANSFIELD CITY SCHOOLS**<sup>76</sup>

### KINDERGARTEN READINESS<sup>75</sup>



The average kindergarten readiness rate for Richland County schools was similar to Ohio. Readiness rates range from a low of 26% for Plymouth-Shiloh Local, to a high of 61% for Clear Fork Valley Local<sup>75</sup>

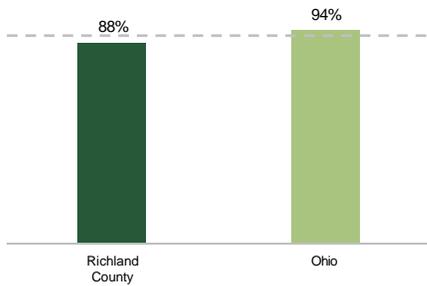
*"Education isn't evenly distributed throughout the county. Some schools are ranked better. It ties to housing and economic conditions in different areas. Also, funding and social conditions are an issue."*  
- Community Member Interview

# #12 HEALTH NEED EDUCATION



## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

### HIGH SCHOOL GRADUATION RATE



HP 2030 TARGET: 91%  
DESIRED DIRECTION: ↑

✗ Richland County does not yet meet the target.<sup>76</sup>

IN 2020-2021, MANSFIELD CITY SCHOOL DISTRICT HAD THE HIGHEST HIGH SCHOOL CHRONIC ABSENTEEISM RATE (26%), WHILE CRESTVIEW LOCAL HAD THE LOWEST (4%)<sup>75</sup>

THE OVERALL RATE FOR 2020-2021 IN RICHLAND COUNTY WAS 22%, LOWER THAN THE 29% FOR OHIO OVERALL<sup>75</sup>

*“Mansfield City Schools has a terrible truancy rate; it needs to be below 10%. Nothing is being done about it.”*  
- Community Member Focus Group

*“County schools do not support special needs well, and charter schools only support up to a certain grade level, then you have to struggle with county schools again.”*  
- Community Member Interview

*“[It is hard] finding staff that want to stay; they often leave after a couple of years because it’s exhausting.”*  
- Community Member Interview

## PRIORITY POPULATIONS EDUCATION

While **education** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

11% of community members surveyed reported having a **HIGH SCHOOL DEGREE OR LESS**<sup>23</sup>

According to the community survey, **FEMALES** were less likely (21%) to have a graduate degree compared to **MALES** (39%)<sup>23</sup>



**CHILDREN WHO ARE LOWER INCOME** and may have less access to quality education, children attending schools in lower income and/or **RURAL AREAS**<sup>1</sup>

The Richland County community survey found that those **AGED 25-34** were less likely to have completed higher education compared to those aged 45-54<sup>23</sup>

### Top issues/barriers to education (reported in interviews):

1. The education system ranks low in the state
2. Poor support for children with disabilities
3. Education unevenly distributed
4. Negative school district perception
5. City schools are underfunded
6. Transportation to and from school

### Sub-populations most affected by education (reported in interviews):

1. Low-income
2. Black, Indigenous, People of Color
3. Children with disabilities
4. Youth in Mansfield North End

# #13 HEALTH NEED ECONOMIC STABILITY TRANSPORTATION



TRANSPORTATION HAS A MAJOR INFLUENCE ON HEALTH AND ACCESS TO SERVICES (FOR EXAMPLE, ATTENDING ROUTINE AND URGENT APPOINTMENTS, AS WELL AS RUNNING ESSENTIAL ERRANDS THAT SUPPORT DAILY LIFE)

## IN OUR COMMUNITY

NEARLY ONE-QUARTER (24%) OF COMMUNITY SURVEY RESPONDENTS SAY THAT TRANSPORTATION IS LACKING IN RICHLAND COUNTY<sup>14</sup>

“Transportation is an issue. The routes, stops, and even the information about discounted passes is a ‘need-to-know’ situation.”  
- Community Member Focus Group



When analyzing the largest population centers in Richland County, according to WalkScore.com, Shelby, Ontario, and Lexington are ‘Somewhat Walkable’, while Mansfield is ‘Car Dependent’, with a few amenities within walking distance.

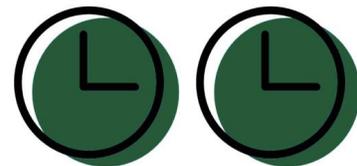
ACCORDING TO THE AMERICAN COMMUNITY SURVEY:<sup>34</sup>



76% OF ALL WORKERS IN RICHLAND COUNTY DRIVE ALONE TO WORK<sup>34</sup>



1% OF RESIDENTS USE PUBLIC TRANSPORTATION TO GET TO WORK AND LESS THAN 2% WALK OR BIKE TO WORK<sup>34</sup>



RICHLAND COUNTY WORKERS SPEND AN AVERAGE OF 23 MINUTES A DAY COMMUTING TO WORK<sup>34</sup>



ONLY 7% OF RICHLAND COUNTY WORKERS WORK FROM HOME SINCE THE COVID-19 PANDEMIC<sup>34</sup>

# #13 HEALTH NEED ECONOMIC STABILITY TRANSPORTATION



*"Transportation is problematic. A travel nurse that came to the area to work ended up declining since there were no Uber or Lyft services. This is hard on residents."*  
- Community Member Focus Group

*"The Black, Indigenous, People of Color elders don't have good support systems, they are doing without what they need and the lack of resources and transportation. They can't navigate the systems."*  
- Community Member Focus Group

*"Most homes only have one vehicle and public transportation isn't available in all areas."*  
- Community Member Interview

*"There are students needing to make decisions between eating or having transportation to get to school. There are students sleeping in their cars and then going to class."*  
- Community Member Interview

*"A lot of issues are not addressed because of transportation; the transportation system in the city is horrible. It stops too early and doesn't run on the weekends."*  
- Community Member Focus Group

## PRIORITY POPULATIONS TRANSPORTATION

While **transportation** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

According to the survey, significantly more residents of **SHELBY (44875) (33%)** feel transportation is a lacking resource than residents of Mansfield (44907)<sup>15</sup>



**RURAL AREAS** have less access to public transit and residents must travel further to access necessary services<sup>61</sup>

15% of community members with a **DISABILITY** surveyed ranked transportation as a top concern<sup>11</sup>



# #14

# HEALTH NEED TOBACCO AND NICOTINE USE



OHIO HAS THE #11 HIGHEST PROPORTION OF TEENS (OUT OF 50 STATES) WHO VAPE/USE E-CIGARETTES, AT 30%, MORE THAN TWICE THE NATIONAL AVERAGE (14%)<sup>77</sup>

## IN OUR COMMUNITY

THE LEADING CHRONIC DISEASE CAUSES OF DEATH IN RICHLAND COUNTY ARE:<sup>65</sup>

#1 CANCER

#2 HEART DISEASE

#3 CHRONIC LOWER RESPIRATORY DISEASE

#4 STROKE

SMOKING IS A RISK FACTOR FOR ALL OF THESE CHRONIC DISEASES<sup>35</sup>

RATES OF CURRENT CIGARETTE SMOKING ARE SIMILAR FOR RICHLAND COUNTY NSDUH\* REGION TEENS TO OHIO TEENS<sup>37</sup>



RICHLAND COUNTY NSDUH\* REGION



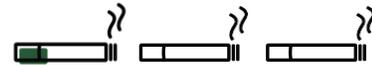
OHIO

\*National Survey on Drug Use and Health



### 1 IN 4

RICHLAND COUNTY & OHIO ADULTS ARE CURRENT SMOKERS WHILE 1 IN 25 USE E-CIGARETTES<sup>35</sup>



### 1 IN 3

RICHLAND COUNTY NSDUH\* REGION TEENS DO NOT VIEW TOBACCO USE AS A MODERATE OR GREAT RISK<sup>37</sup>

*"My kid comes home with stories that some kids are selling his brother's vapes to other kids. Then you have to be very knowledgeable about what your kids are into and also what social media is telling them."*  
- Community Member Interview

*"There are programs but accessing them may be an issue. Nicotine replacement is given, but the counseling, not so much."*  
- Community Member Interview

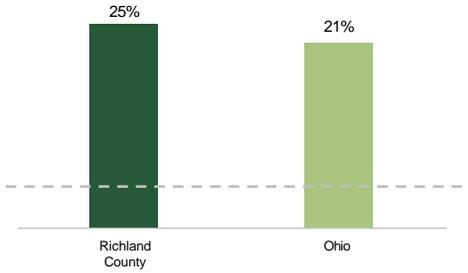
# #14

# HEALTH NEED TOBACCO AND NICOTINE USE



## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

### ADULT CIGARETTE SMOKING



HP 2030 TARGET: 5%  
DESIRED DIRECTION: ↓

✗ Richland County does not yet meet the target<sup>35</sup>

*"Some schools have sensors that can detect vaping in the bathroom."*

- Community Member Interview

*"Some can't afford the habit and that can lead to agitation."*

- Community Member Interview

Top issues/barriers for tobacco and nicotine use (reported in interviews):

1. Vaping

Sub-populations most affected by tobacco and nicotine Use (reported in interviews):

1. Teens and young adults

## PRIORITY POPULATIONS TOBACCO AND NICOTINE USE

While **tobacco and nicotine** use is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

Residents of **SHELBY (44875)** in the community member survey ranked tobacco and nicotine use as a top concern (20%), significantly more than Mansfield (44906) (7%)<sup>11</sup>



According to Richland County data, the smoking rate is highest in **WHITE RESIDENTS AND RESIDENTS BETWEEN THE AGES OF 35-44**<sup>15</sup>

People with **MENTAL HEALTH ISSUES** are more likely to smoke<sup>15</sup>



**YOUTH** are more likely to **VAPE/ USE E-CIGARETTES** than smoke tobacco<sup>37</sup>

People who are **LOWER-INCOME AND LESS EDUCATED** are more likely to smoke<sup>15</sup>

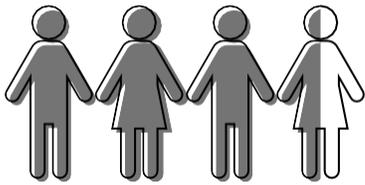


# #15 HEALTH NEED PREVENTIVE CARE & PRACTICES



ACCESS TO PREVENTIVE CARE HAS BEEN FOUND TO SIGNIFICANTLY INCREASE LIFE EXPECTANCY, AND CAN HELP PREVENT AND MANAGE CHRONIC CONDITIONS, WHICH ARE THE MOST COMMON NEGATIVE HEALTH OUTCOMES IN THE COUNTY<sup>57</sup>

## IN OUR COMMUNITY

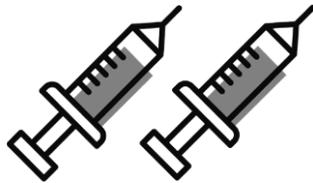


91% of community survey respondents said that addressing preventive care & practices in Richland County is important or very important<sup>15</sup>

15%

of community survey respondents have NEVER had a flu shot<sup>24</sup>

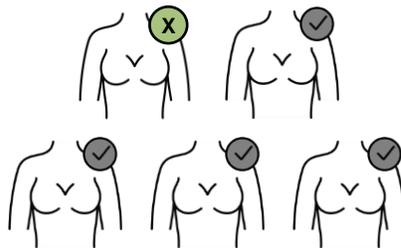
Childhood immunization rates entering Kindergarten in Ohio slightly lag behind U.S. rates and Healthy People 2020 goals for all required vaccines, ranging from 93.5% for chickenpox to 94.6% for Hepatitis B<sup>59</sup>



According to state data, more than two-thirds of Ohio seniors 65+ did not receive a flu vaccine in the previous year<sup>35</sup>

46%

of Richland County residents reported getting a flu vaccine the previous year, compared to 51% for Ohio, according to state data<sup>35</sup>



NEARLY 1 IN 5 RICHLAND COUNTY WOMEN AGES 50-74 HAVE NOT HAD A MAMMOGRAM IN THE PAST TWO YEARS<sup>35</sup>

*“Lack of participation affects being able to provide services because there is an attitude of “if it’s not broke, let’s not fix it”, so there is a prevention issue with all communities.”*

- Community Member Interview

*“People don’t understand the risks of not maintaining the preventive practices.”*

- Community Member Interview



NEARLY 2 IN 3 RICHLAND COUNTY ADULTS AGES 50-75 DO NOT MEET COLORECTAL SCREENING GUIDELINES<sup>35</sup>



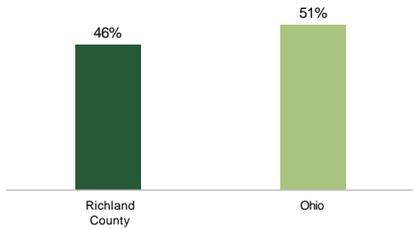
1 IN 3 RICHLAND COUNTY WOMEN AGES 21-65 HAVE NOT HAD A PAP TEST IN THE PAST THREE YEARS<sup>35</sup>

# #15 HEALTH NEED PREVENTIVE CARE & PRACTICES



## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

### ADULT ANNUAL FLU VACCINATION



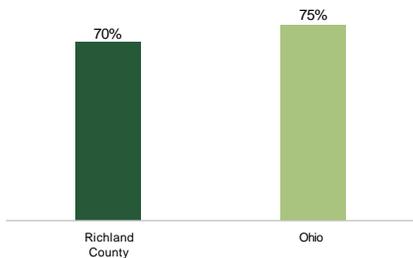
HP 2030 TARGET: 70%  
DESIRED DIRECTION: ↑

✗ Richland County does not yet meet the target<sup>57</sup>

## PRIORITY POPULATIONS PREVENTIVE CARE & PRACTICES

While **preventive care** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

### WOMEN 21-65 WITH PAP SMEAR IN PAST 3 YEARS



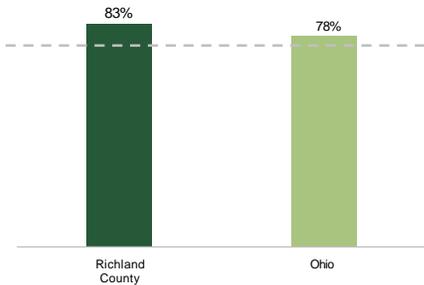
HP 2030 TARGET: 84%  
DESIRED DIRECTION: ↑

✗ Richland County does not yet meet the target<sup>15</sup>



Data shows that Ohio residents are more likely to engage in preventive care the **MORE EDUCATED THEY ARE, THE MORE MONEY THEY MAKE, IF THEY ARE FEMALE, AND THE OLDER THEY ARE**<sup>60</sup>

### WOMEN 50-74 WITH MAMMOGRAM IN PAST 2 YEARS



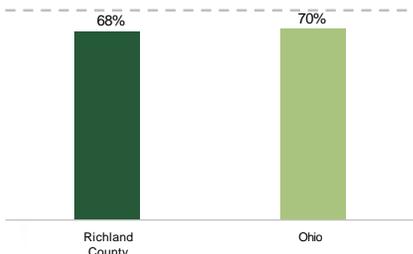
HP 2030 TARGET: 77%  
DESIRED DIRECTION: ↑

✓ Richland County meets/exceeds the target<sup>15</sup>



According to the community survey, over one-half (58%) of the **55-64** age group feels that preventive practices are very important to address in Richland County<sup>11</sup>

### ADULTS 50-75 WHO MEET COLORECTAL SCREENING GUIDELINES



HP 2030 TARGET: 74%  
DESIRED DIRECTION: ↑

✗ Richland County does not yet meet the target<sup>15</sup>

**MANSFIELD (44907, 44902, 44905), BUTLER (44822), SHILOH (44878)** residents reported in the community survey that they are significantly less likely to get an annual or routine check-up with a provider than other than other respondents<sup>19</sup>

### Top issues/barriers for preventive care and practices (reported in interviews):

1. Misinformation
2. Transportation

### Sub-populations most affected by preventive care and practices (reported in interviews):

1. Black, Indigenous, People of Color
2. Young adults

# #16 HEALTH NEED ENVIRONMENTAL CONDITIONS



20% OF RICHLAND COUNTY SURVEY RESPONDENTS REPORTED AIR AND WATER QUALITY AS A TOP HEALTH NEED FOR THE COMMUNITY<sup>11</sup>

## IN OUR COMMUNITY



RICHLAND COUNTY



OHIO



In 2021, at least 1 community water system in Richland County, Ohio reported a health-based drinking water violation<sup>55</sup>

In 2019, Richland County had approximately the same air quality measurement (micrograms of particulate matter per cubic meter of air) as Ohio overall<sup>53</sup>



## PRIORITY POPULATIONS ENVIRONMENTAL CONDITIONS

While **environmental conditions** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



**CHILDREN, PARTICULARLY YOUNG CHILDREN** are more vulnerable to air pollution than adults, including long-term physical, cognitive, and behavioral health effects<sup>56</sup>

According to community survey responses, 69% of **MANSFIELD (44906)** residents feel that air and water quality are very important to address in Richland County<sup>15</sup>



13% of Richland County **RESIDENTS AGED 45-54** who responded to the community survey ranked air and water quality a top concern<sup>11</sup>

The Richland Public Health Vector Control Program includes investigations and providing education. Overall, complaints decreased from 2015 to 2019, the most common type of complaint being for mosquitoes<sup>75</sup>

### RICHLAND COUNTY VECTOR CONTROL PROGRAM COMPLAINTS

		2019	2018	2017	2016	2015
FLEAS						2
ADULT MOSQUITOES		20	34	53	52	59
TICKS			1			
GENERAL			1	7	10	18
RODENTS			1	8	19	25
BEDBUGS		10		3	7	17



# #17 HEALTH NEED INTERNET ACCESS



HOUSEHOLDS AND COMMUNITIES WITH LIMITED INTERNET ACCESS ARE AT A COMPETITIVE, EDUCATIONAL, AND HEALTHCARE DISADVANTAGE, CREATING A 'DIGITAL DIVIDE' BETWEEN THE 'HAVES' AND 'HAVE NOTS'<sup>72</sup>

## IN OUR COMMUNITY

CELLULAR DATA & BROADBAND ARE THE MOST COMMON FORMS OF INTERNET ACCESS<sup>70,71</sup>

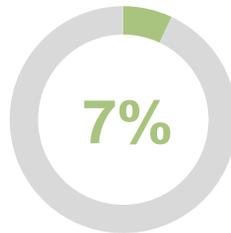
### OHIO RANKS

# #17

OUT OF THE 50 U.S. STATES FOR BROADBAND COVERAGE, WITH 1 BEING BETTER COVERAGE<sup>70,71</sup>



Households without access to 25/3 mbps (megabits per second) internet - 'unserved' by Broadband internet<sup>69</sup>



Households without access to 10/1 mbps internet<sup>69</sup>



# 6%

OF RICHLAND COUNTY HOUSEHOLDS LACK BROADBAND INTERNET ACCESS<sup>70</sup>

## PRIORITY POPULATIONS INTERNET ACCESS

While internet access is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

**LOWER INCOME** people have a lower likelihood of having internet access, according to research<sup>70</sup>



According to the community survey, 42% of residents **AGED 55-64** rank internet/Wi-Fi as important to address in the community, significantly more than those 25-44 years old (26%)<sup>11</sup>

32% of **RESIDENTS WITH AN ASSOCIATE DEGREE** feel that wi-fi/internet access is very important to address, while significantly fewer residents with graduate degrees have this concern (17%)<sup>15</sup>

*"Schools try to give students computers, but then they get home and don't have internet access."*  
- Community Member Interview

# #18 HEALTH NEED MATERNAL & CHILD HEALTH



PARTICIPANTS IN THE RICHLAND COUNTY COMMUNITY HEALTH ACCESS PROGRAM (CHAP), THAT INCLUDES ACCESS TO COMMUNITY HEALTH WORKERS, ARE LESS LIKELY TO DELIVER LOW BIRTH WEIGHT BABIES AND TO HAVE A PRE-TERM BIRTH<sup>76</sup>

## IN OUR COMMUNITY



IN 2022 THERE WERE

# 1,295

**BIRTHS IN RICHLAND COUNTY<sup>82</sup>**  
Births have been trending down in Ohio, and nationwide, since at least 2007<sup>82</sup>



**RICHLAND COUNTY'S NUMBER OF BIRTHS DECREASED BY 10% BETWEEN 2019–2022<sup>82</sup>**



**ACCORDING TO PUBLIC HEALTH DATA, 2.5% OF RICHLAND COUNTY AND 2% OF OHIO CHILDREN UNDER 6 TESTED HAD ELEVATED BLOOD LEAD LEVELS<sup>83</sup>**



**THE RELATIVELY HIGH INFANT MORTALITY RATE IN RICHLAND COUNTY WAS THE MOST FREQUENT ISSUE RELATED TO MATERNAL, INFANT, AND CHILD HEALTH RAISED IN INTERVIEWS<sup>11</sup>**



**RICHLAND COUNTY'S LOW BIRTH WEIGHT RATE IS**

# 6%<sup>82</sup>

**RICHLAND COUNTY'S TEENAGE BIRTH RATE FOR AGES 15–19 (11 PER 1,000 FEMALES) IS LOWER THAN THAT OF OHIO'S (12 PER 1,000 FEMALES)<sup>82</sup>**



**16% OF RICHLAND COUNTY HOUSEHOLDS ARE CARING FOR CHILDREN UNDER AGE 18, VS. 19% FOR OHIO<sup>8</sup>**



**SEVERE MATERNAL MORBIDITIES (SMM) ARE UNEXPECTED OUTCOMES OF CHILDBIRTH THAT RESULT IN SIGNIFICANT HEALTH CONSEQUENCES. IN OHIO, 59% OF ALL SMM FROM 2016 TO 2019 WERE BLOOD TRANSFUSIONS<sup>84</sup>**

**THE RATE OF SMM OHIO IS 71 PER 10,000 DELIVERIES<sup>84</sup>**

*"There is lots of emphasis on this, billboards, family & children council, working with health departments, home visits, showing people how to set crib up, safe sleeping, etc."*

- Community Member Interview

*"There is work to be done with infant mortality. The hospital is working to help with this issue. Narcotic issues with moms have been a struggle. It's an ongoing concern. There has been an increase in OB/GYNs, but not for Specialists. Some have to go to Akron or Cleveland."*

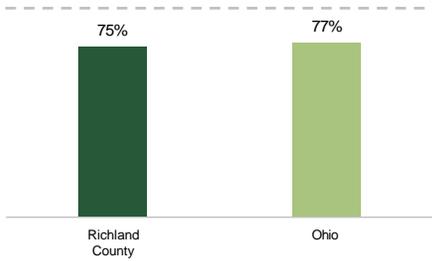
- Community Member Interview

# #18 HEALTH NEED MATERNAL & CHILD HEALTH



## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

### ANY BREASTFEEDING



HP 2030 TARGET: 92%  
DESIRED DIRECTION: ↑

✗ Richland County does not yet meet the target<sup>82</sup>

*“Maternal health in general needs support, but especially for minorities. People are presenting without prenatal care, which can be related to substance abuse.”*  
- Community Member Focus Group

### THE PREGNANCY-RELATED MATERNAL MORTALITY RATE IN OHIO IS 15 PER 100,000 LIVE BIRTHS<sup>85</sup>

THE LEADING CAUSES ARE:<sup>85</sup>

#1 CARDIOVASCULAR AND CORONARY CONDITIONS (16%)

#2 INFECTIONS (13%)

#3 HEMORRHAGE (12%)

#4 PRE-ECLAMPSIA AND ECLAMPSIA (12%)

#5 CARDIOMYOPATHY (10%)

MORE THAN HALF (57%) OF THESE DEATHS MAY BE PREVENTABLE<sup>85</sup>

#### Top issues/barriers for maternal and child health (reported in interviews):

1. Higher than average infant mortality

#### Sub-populations most affected by maternal and child health (reported in interviews):

1. Black, Indigenous, People of Color
2. Young mothers
3. Low-income
4. Low education

# #18

# HEALTH NEED MATERNAL & CHILD HEALTH



## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

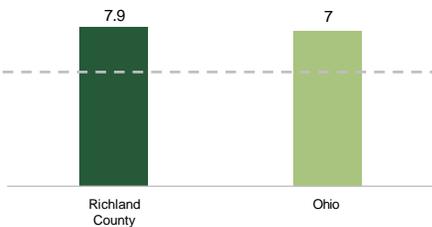
### PRETERM BIRTH RATE

HP 2030 TARGET: 9%  
DESIRED DIRECTION: ↓  
✓ Richland County meets/  
exceeds the target<sup>82</sup>



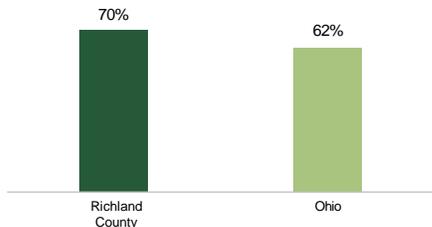
### INFANT MORTALITY RATE PER 1,000

HP 2030 TARGET: 5 PER 1,000  
DESIRED DIRECTION: ↓  
✗ Richland County does not  
yet meet the target<sup>82</sup>



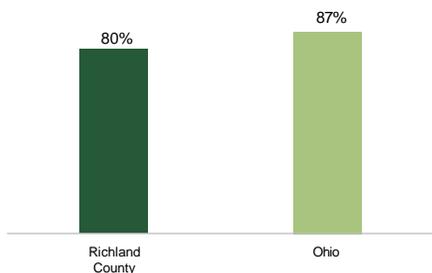
### ON-TIME PRENATAL CARE

HP 2030 TARGET: 95%  
DESIRED DIRECTION: ↑  
✗ Richland County does not  
yet meet the target<sup>82</sup>



### PRENATAL NON-SMOKING RATE

HP 2030 TARGET: 96%  
DESIRED DIRECTION: ↑  
✗ Richland County does not  
yet meet the target<sup>82</sup>



## PRIORITY POPULATIONS MATERNAL AND CHILD HEALTH

While **maternal and child health** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



Significantly more residents **AGED 25-34 (65%)** ranked maternal and child health as very important<sup>15</sup>

In Ohio, as in the nation, rates of severe maternal morbidity are much higher among **NON-HISPANIC BLACK WOMEN** compared to white women<sup>84</sup>



Research data shows that **IN RURAL OHIO COUNTIES**, the severe maternal morbidity (SMM) rate for **ASIAN WOMEN** in rural counties was 2.6 times greater than Asian women in suburban counties<sup>84</sup>



11 Richland County Zip Codes are considered high-risk for elevated blood lead levels in children <6<sup>83</sup> :

1. MANSFIELD (44901)
2. MANSFIELD (44902)
3. MANSFIELD (44903)
4. MANSFIELD (44904)
5. MANSFIELD (44905)
6. MANSFIELD (44906)
7. MANSFIELD (44907)
8. SHELBY (44875)
9. CRESTLINE (44827)\*
10. GALION (44833)\*
11. PLYMOUTH (44865)\*



\*While portions of these communities lie outside of Richland County, the associated ZIP Codes are at least partially contained within Richland County and form part of Avita Health System's service area.

# #19 HEALTH NEED HIV & STIs



THE COVID-19 PANDEMIC MAY HAVE IMPACTED THE TESTING AND DIAGNOSIS RATES FOR HIV & SEXUALLY TRANSMITTED INFECTIONS (STIs)<sup>86</sup>

## IN OUR COMMUNITY



**RICHLAND COUNTY HAS GENERALLY HIGHER RATES OF NEW STI CASES THAN OHIO AS A WHOLE, BUT HAS AN HIV PREVALENCE THAT IS TWICE AS HIGH AS THE STATE<sup>86,87</sup>**

Chlamydia 415 532

Overall HIV Prevalence\* 448 217

Gonorrhea 174 217

New HIV Cases\* 2 7

Syphilis 7 17

Richland County Ohio



BRFSS\*\* REGION 3<sup>35</sup>

OHIO<sup>35</sup>



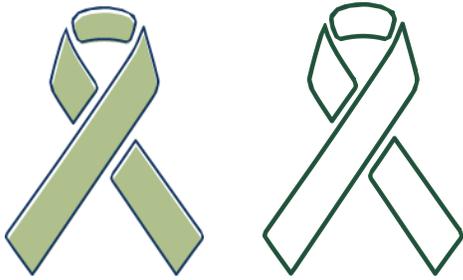
THE REGION'S RELATIVELY HIGH RATE OF HIV CASES THAT HAVE PROGRESSED TO AIDS IS LIKELY DUE TO ITS RELATIVELY LOW HIV TESTING RATE COMPARED TO THE STATE<sup>35</sup>

\*HIV rates are for HIV Planning Region 2.

\*\*Behavioral Risk Factor Surveillance System; BRFSS Region 3 contains Richland County.



# #19 HEALTH NEED HIV & STIs



ACCORDING TO STATE DATA, **HALF OF INDIVIDUALS LIVING WITH HIV IN OHIO'S HIV PLANNING REGION 2 (THAT INCLUDES RICHLAND COUNTY) HAVE PROGRESSED TO AN AIDS DIAGNOSIS, COMPARED TO 46% FOR OHIO OVERALL**<sup>87</sup>

There are **42 people** living with diagnosed HIV in the Planning Region; **21 have AIDS**<sup>87</sup>

*"[We need] better sex education for children to try to fill [knowledge] voids that they may have with these relationships."  
- Community Member Interview*

*"[It is a] relatively conservative community [that] makes it difficult to have those conversations."  
- Community Member Interview*

## PRIORITY POPULATIONS HIV & Sexually Transmitted Infections (STIs)

While **HIV and STIs** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



More than half of survey respondents **AGED 25-34 (51%)** and **55-64 (53%)** felt that HIV/AIDS and STIs were an important health concern<sup>15</sup>

**WOMEN** have higher rates of chlamydia particularly those **AGED 20-24**<sup>86</sup>

**MEN** have higher rates of syphilis, and gonorrhea<sup>87</sup>



# HEALTH NEED COVID-19

This health need was not ranked; however, as of 2023, COVID-19 remains an important health need in the community



WHILE COVID-19 HAS ITSELF BEEN A MAJOR COMMUNITY HEALTH CHALLENGE SINCE 2020, IT HAS ALSO HAD OTHER FAR-REACHING HEALTH, ECONOMIC, AND SOCIAL IMPACTS

## IN OUR COMMUNITY

*“COVID-19 caused more mental health issues.”*

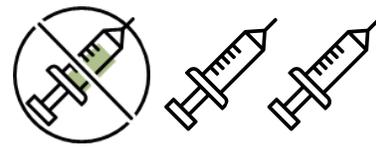
- Community Member Interview

*“With COVID-19, schools and teachers were not seeing kids, reports [to parents] were not happening, but they are slowly happening again.”*

- Community Member Interview

*“The bump (increase) in food stamps decreased after COVID-19.”*

- Community Member Interview

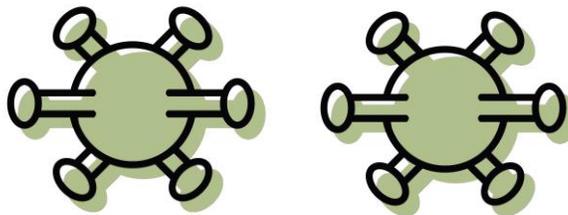


MORE THAN **ONE-THIRD** OF RICHLAND COUNTY RESIDENTS HAVE NOT RECEIVED ANY COVID-19 VACCINATIONS. HOWEVER, VACCINATION RATES ARE HIGHER FOR **ADULTS** THAN CHILDREN AND YOUTH<sup>88</sup>

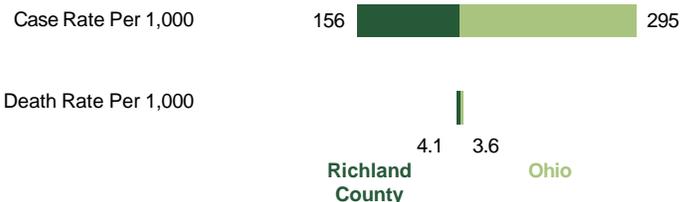
VACCINATION RATES ARE SLIGHTLY HIGHER FOR RICHLAND COUNTY THAN OHIO<sup>88</sup>

FOR ADULTS, VACCINATION RATES ARE HIGHEST FOR THOSE AGES 70–74 (95%) AND LOWEST FOR THOSE AGES 20–29 (61%)<sup>88</sup>

RICHLAND COUNTY HAS RECORDED **39,667 CASES & 553 DEATHS** DUE TO COVID-19 AS OF MAY 18, 2023<sup>88</sup>



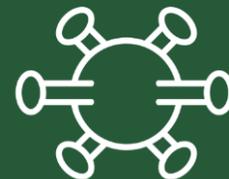
While Richland County has a **lower COVID-19 case rate** than Ohio, it has a **higher death rate**<sup>88</sup>



# HEALTH NEED

## COVID-19

This health need was not ranked; however, as of 2023, COVID-19 remains an important health need in the community



*"Childcare: Things are worse since COVID-19, and there is a lack of staff."*

- Community Member Interview

*"Our suicides are up, but people are feeling a little bit hopeful, especially since the pandemic. Everyone is trying to normalize and get back to our regular lives, but we are also working through trauma, losing individuals, and trying to find motivation."*

- Community Member Interview

*"Health care is linked to employment options, but the number of people who have not applied for roles has increased since the pandemic."*

- Community Member Focus Group

## PRIORITY POPULATIONS COVID-19

While **COVID-19** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...

**YOUNGER INDIVIDUALS** are less likely to have been partially or fully vaccinated against COVID-19<sup>88</sup>

People of color, particularly **BLACK/AFRICAN AMERICAN** and **AMERICAN INDIAN & ALASKA NATIVE** communities have been disproportionately impacted by higher case and death rates. They are also more likely to be unvaccinated or only partially vaccinated<sup>89</sup>



**INDIVIDUALS WHO CANNOT WORK FROM HOME** may be at increased risk of exposure<sup>89</sup>

**OLDER ADULTS, PEOPLE WITH DISABILITIES, AND IMMUNOCOMPROMISED** people are at higher risks of negative impacts<sup>89</sup>

**LOWER INCOME PEOPLE** are more likely to contract COVID-19<sup>89</sup>

**HOMELESS AND PRECARIOUSLY HOUSED PEOPLE** are more likely to contract COVID-19<sup>89</sup>

**PARENTS AND CHILDREN** are more likely to contract COVID-19<sup>89</sup>

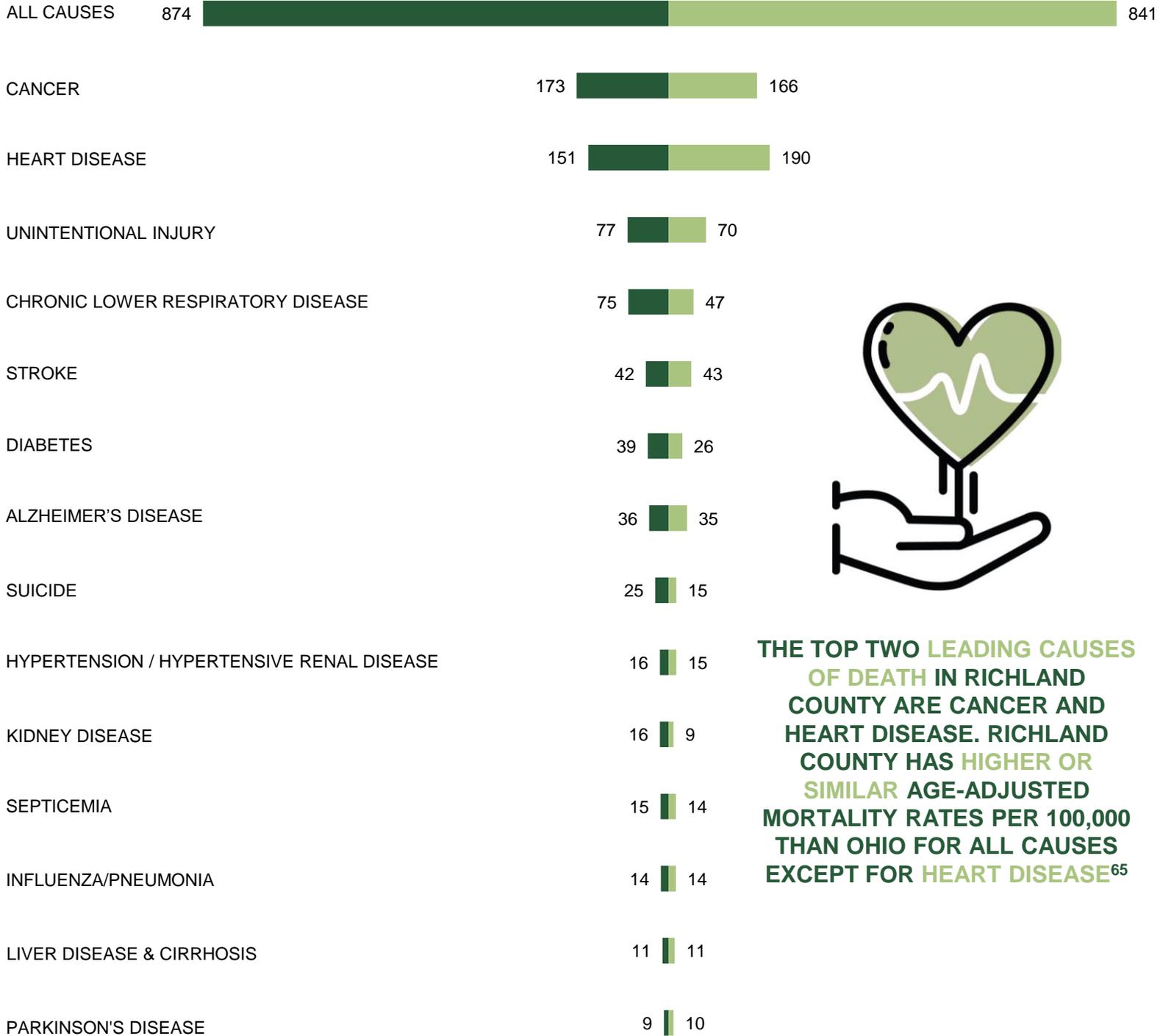
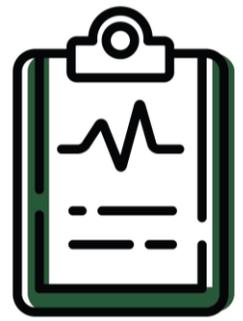


People with **MENTAL HEALTH ISSUES** (mental health may be negatively impacted)<sup>89</sup>

People who **LACK INTERNET ACCESS** were more impacted by isolation and resource access during COVID-19<sup>89</sup>



# LEADING CAUSES OF DEATH



**THE TOP TWO LEADING CAUSES OF DEATH IN RICHLAND COUNTY ARE CANCER AND HEART DISEASE. RICHLAND COUNTY HAS HIGHER OR SIMILAR AGE-ADJUSTED MORTALITY RATES PER 100,000 THAN OHIO FOR ALL CAUSES EXCEPT FOR HEART DISEASE<sup>65</sup>**

**RICHLAND COUNTY**

**OHIO**

# IDEAS FOR CHANGE FROM OUR COMMUNITY

These are *ideas* that we heard from community leaders and community members for potential suggestions to support community health.

## ADVERSE CHILDHOOD EXPERIENCES (ACEs)

- Children should have more options for getting help/improved youth mental health services
- Push for more foster parents
- More education on ACEs and childhood trauma, even for pediatricians
- Have professional development for teachers – cultural diversity, inclusion, etc.
- Guidance counselors should help more with college applications, as in the past
- There should be sounding boards to listen to the children and youth in high schools and junior highs, and incorporate their ideas
- There should be more access to self-help materials for kids without adult/parent permission needed
- Increase exposure to different environments to encourage a brighter future
- Encourage healthy activities and behaviors
- More school competitions, skate parks, etc.

## TOBACCO/NICOTINE USE

- More national campaigns
- Increase employer-based cessation programs
- Parent education for youth
- Focus on more prevention instead of just cessation
- More Nurse Navigators to support patients

## ACCESS TO CHILDCARE

- Provide more support from Job and Family Services
- More preschool education to prepare for Kindergarten
- Hold a childcare summit once a year to include training, information, and networking

## EDUCATION

- Have more options for children to get help
- Have more programs like 4H and FFA, especially in the rural areas
- Afterschool programs should help with homework/tutoring
- Transportation support for before and after school, as well as for the Autism program
- Improve access to youth mental health services
- Improve sex education
- There needs to be schools in the Mansfield North End

## HOUSING

- More education on the borrowing process
- Increase lending to single parents and minorities
- Increase housing for people with persistent and severe mental illness
- Increase supportive/supervised housing
- More senior housing/independent living
- Teach budgeting to help with housing costs
- Regulate housing costs
- Increase safer and quality housing

# IDEAS FOR CHANGE FROM OUR COMMUNITY

These are *ideas* that we heard from community leaders and community members for potential suggestions to support community health.

## CRIME AND/OR VIOLENCE

- Give youth in the Mansfield North End an outlet for swimming, recreation, and resources
- More law enforcement and parole officers as there is a shortage
- The health department should explain to the community how these issues are directly connected to public health
- Invest in resources and opportunities for kids in poor parts of town

## ACCESS TO HEALTHCARE

- Educate the public on where to go for primary care besides Emergency Department
- Provide liaisons for navigating the health care system (this can be retired health care providers)
- Health department should collaborate with Shiloh Medical Center and Chad Kaufman to engage the Amish and Mennonite community in improving access to healthcare
- Build community hubs/clinics into the school systems
- Increase access to mobile/virtual healthcare
- Provide extra support for children in the Black, Indigenous, People of Color community
- Increase representation and diversity of health care providers
- Encourage providers to take the time to get to know patients

## CHRONIC DISEASES

- Hospitals should expand to accept more types of trauma
- More community and grassroots group efforts to prevent and address chronic diseases

## NUTRITION/PHYSICAL ACTIVITY

- Increase education on eating healthy/physical activity
- Add nutrition education at the local YMCA
- Make transportation more affordable and available
- More marketing for fresh food coupons for seniors that they can use at farmers' markets
- Increase community gardening
- Programs to teach families how to "be active" and swim

## MENTAL HEALTH/SUBSTANCE USE

- Have a live person for appointment, instead of requiring a computer for access to care
- Improve community support for mental health/substance use
- Create a behavioral health clinic for kids/youth
- Educate the faith community on mental health issues
- Relocate transitional housing
- More health promotion and prevention for substance use

## ECONOMIC SECURITY/POVERTY/EMPLOYMENT

- Pass out bookbags to the homeless population to help them carry supplies/clothing
- Stop the disenfranchisement of people of color
- Halt realtors from driving up prices
- Find people to invest in the community that truly care
- Increase access to remote work

# IDEAS FOR CHANGE FROM OUR COMMUNITY

These are *ideas* that we heard from community leaders and community members for potential suggestions to support community health.

## PEOPLE WITH DISABILITIES

- More support for Autism
- Higher wages for workers with disabilities and compensation for the group that employs them
- More inclusion and employment opportunities
- Improve transportation access for people with disabilities
- Improve sidewalks and accessibility
- Increase accessible housing

## MATERNAL/INFANT HEALTH

- Sudden Infant Death Syndrome (SIDS) education for parents and grandparents
- More preventative services and education
- More post-partum support

## PREVENTIVE PRACTICES

- More community awareness of preventive practices
- Encourage the utilization of Pat Kracker Breast Cancer Funds
- Increase awareness of health department activities

## WOMEN'S HEALTH

- Improve menstruation education and awareness
- Free menstrual products at public libraries
- More conversations to teach menstruation awareness to boys and men
- Teach the impacts of not having access to the necessary menstruation products

## OTHER OPPORTUNITIES

- More access to technology in health care, especially robotics, to treat pain
- Prevention of substance use, violence, but also gambling (Ohio just legalized sports betting)
- Improve diversity and representation of court system staff to build trust
- Stop out-of-town providers from doing drug care and support local providers
- Hold town halls in more locations. Currently, only areas where people with transportation can access are being used
- Increase cooperative spirit between Avita and Ohio Health

## CANCER

- More cancer screening awareness and education
- Have a program for those who have gone through cancer treatment and want to get healthier/back on track
- More childhood cancer awareness and education
- Offer mental health services specifically for cancer patients
- Increase financial support for cancer patients
- More social workers for cancer patients
- Provide nutrition education to patients

# CURRENT RESOURCES

## ADDRESSING PRIORITY HEALTH NEEDS



Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

### Cancer

American Cancer Society  
Avita Health System  
Breast Cancer Group Krockner Cancer Services for Richland Counties  
Cleveland Clinic  
Mansfield Cancer Foundation  
Mansfield Radiation Oncology  
OhioHealth  
Pat Kracker Breast Cancer Fund  
Support Groups  
United Way  
University Hospital  
YMCA

### Dementia/Alzheimer's Disease

Alzheimer's Association  
Area Agency on Aging  
Avita Health System  
Conard House Assisted Living  
Crestwood Care Center  
Good Samaritan Hospital  
Liberty Nursing Center  
Mansfield Place  
Memory Care Units  
OhioHealth  
Ontario Pointe  
Richland County Mental Health and Recovery Services Board  
Wedgewood Estates of Mansfield

### Diabetes

Akron Children's Hospital  
Avita Health System  
Bike Trail  
Community Health Educators  
Diabetes Association  
Diabetes Prevention Program  
Good Samaritan Hospital  
North End Community Improvement Collaborative (NECIC)  
OhioHealth  
Richland County Diabetes Coalition  
Richland Endocrinology and Diabetes Center  
Richland Public Health  
Third Street Family Health Services  
YMCA

### Disabilities

Catalyst Life Services  
Chiropractor  
Free Yoga for Veterans  
Opportunities for Ohioans With Disabilities  
Pain-Management Specialists  
Physical Therapists  
Richland County Mental Health & Recovery Services Board

### Family Planning

Avita Health System  
Catalyst Life Services  
Community Health Access Project (CHAP)  
Community Action Commission of Erie, Huron & Richland  
OhioHealth  
Planned Parenthood  
Richland Pregnancy Services  
Richland Public Health  
Third Street Family Health Service

### Heart Disease

Akron Children's Hospital  
Avita Health System  
Cleveland Clinic  
Community Health Workers  
From the Heart  
OhioHealth  
Richland Public Health  
Third Street Family Health Services

### Social Services, Injury and Violence

211  
Avita Health System  
Catalyst Life Services  
Community Action Commission of Erie, Huron & Richland  
Crisis Line  
Harmony House  
Law Enforcement  
Mansfield Peace Coalition  
Metrich Crime Reporting Line  
North End Community Improvement Collaborative (NECIC)  
OhioHealth  
Richland County Community Alternative Center Volunteers of America  
Richland County Youth and Family Council  
Women's Shelter

# CURRENT RESOURCES

## ADDRESSING PRIORITY HEALTH NEEDS



Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

### **Kidney Disease**

Avita Health System  
Dialysis Centers  
Fresenius Kidney Care Central Ohio East

### **Mental Health**

Behavioral Health Services  
Catalyst Life Services  
Counseling Centers  
Faith-Based Organizations  
Family Life Counseling  
Mansfield Urban Minority Alcoholism and Drug Abuse Outreach Program (UMADAOP)  
Mental Health and Recovery Board  
National Alliance on Mental Illness (NAMI)  
New Day  
OhioHealth  
Richland County Mental Health and Recovery Services Board  
Substance Abuse Programs  
The Center  
The Oasis  
Third Street Family Health Services  
Veteran's Outpatient Clinic

### **Nutrition, Physical Activity, and Weight**

Avita Health System  
Bellville Neighborhood Outreach Center  
Bike Trail  
City/County Parks  
Community Gardens  
Farmers Markets  
Fitness Center/Gyms  
Food Banks  
North End Community Improvement Collaborative  
OhioHealth  
Parks and Recreation  
Planet Fitness  
Richland Public Health  
Third Street Family Health Services

### **Oral Health**

Catholic Charities  
North End Community Improvement Collaborative  
Richland Public Health  
Third Street Family Health Services

### **Respiratory Disease**

Avita Health System Pulmonary Rehab

### **Sexual Health**

Planned Parenthood  
Richland Public Health  
Third Street Family Health Services

### **Substance Use**

Abraxas  
Alcoholics Anonymous  
Ashland County Council on Drug Addictions  
Avita Health System  
Catalyst Life Services  
Celebrate Recovery  
Court Assisted/Ordered Recovery Programs  
Crossroads Community Church  
Department of Mental Health  
Domestic Violence Center  
Drug Court Family Health Services  
Family Life Counseling  
First Responders  
Healing Hearts  
Law Enforcement  
Mansfield Urban Minority Alcoholism and Drug Abuse Outreach Program (UMADAOP)  
National Alliance on Mental Illness (NAMI)  
New Beginnings  
New Directors  
Richland County Mental Health & Recovery Services Board  
Richland County Community Alternative Center  
Starfish Project  
Suboxone Clinics  
Substance Abuse Treatment Centers  
The Center  
Third Street Family Health Services

### **Tobacco Use**

Avita Health System  
Smoking Cessation Programs

## STEP 6

# DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS



### **IN THIS STEP, AVITA HEALTH SYSTEM AND RICHLAND PUBLIC HEALTH:**

- WROTE AN EASILY UNDERSTANDABLE CHNA REPORT
- ADOPTED AND APPROVED CHNA REPORT
- DISSEMINATED THE RESULTS SO THAT IT WAS WIDELY AVAILABLE TO THE PUBLIC

# DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS



Avita Health System and Richland Public Health worked with Moxley Public Health to pool expertise and resources to conduct the 2023 Community Health Needs Assessment. By gathering secondary data (existing data) and conducting new primary research as a team (through focus groups with subpopulation and priority groups, interviews with community leaders, and a survey that went out to the community) the stakeholders will be able to understand the community's perception of health needs. Additionally, the community partners will be able to prioritize health needs with an understanding of how each compares against benchmarks and is ranked in importance by Richland County residents.

The 2023 Richland County CHNA, which builds upon the prior assessment completed in 2020, meets all federal (Internal Revenue Service (IRS)), Public Health Accreditation Board (PHAB) and Ohio state requirements.

## REPORT ADOPTION, AVAILABILITY AND COMMENTS

This CHNA report was adopted by Richland Public Health and Avita Health System leadership in December 2023.

This report is widely available to the public on the hospital and health departments' websites:

Avita Health System: <https://avitahealth.org/about-us/#community-wellness>

Richland Public Health: <https://richlandhealth.org/>

Written comments on this report are welcomed and can be made by emailing: [ckropka@avitahs.org](mailto:ckropka@avitahs.org) or [jchaya@richlandhealth.org](mailto:jchaya@richlandhealth.org).



# CONCLUSION AND NEXT STEPS



## **NEXT STEPS WILL BE:**

- IMPLEMENTATION STRATEGY/  
IMPROVEMENT PLAN (CHIP) FOR 2024-2026
- SELECT PRIORITY HEALTH NEEDS
- CHOOSE INDICATORS TO VIEW FOR IMPACT  
CHANGE FOR 2024-2026 PRIORITY HEALTH  
NEEDS
- DEVELOP SMART OBJECTIVES FOR  
IMPLEMENTATION STRATEGY/IMPROVEMENT  
PLAN (CHIP)
- SELECT EVIDENCE-BASED AND PROMISING  
STRATEGIES TO ADDRESS PRIORITY HEALTH  
NEEDS

# CONCLUSION

## NEXT STEPS FOR RICHLAND COUNTY



- Monitor community comments on the CHNA report (ongoing) to the provided contacts at Avita Health System and Richland Public Health.
- Select a final list of priority health needs to address using a set of criteria that is recommended by Moxley Public Health and approved by Avita Health System and Richland Public Health. (The identification process to decide the priority health needs that are going to be addressed will be transparent to the public. The information on why certain needs were identified as priorities and why other needs will not be addressed will also be public knowledge.)
- Avita Health System and Richland Public Health, along with many other organizations and community partners throughout Richland County will select strategies to address priority health needs and priority populations. (We will use but not be limited by, information from community members and stakeholders and evidence-based strategies recommended by the Ohio Department of Health.)
- The 2024-2026 Implementation Strategy/Improvement Plan (CHIP) (that includes indicators and SMART objectives to successfully monitor and evaluate the improvement plan) will be adopted and approved by the hospital and health department, reviewed and approved by the public, and then the final draft will be publicly posted and made widely available to the community.



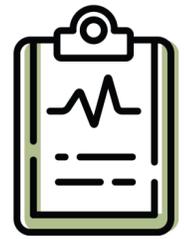
# APPENDIX A BENCHMARK COMPARISONS



## **BENCHMARK COMPARISONS**

The following table compares county rates of the identified health needs to national goals called **Healthy People 2030 Objectives**. These benchmarks show how the county compares to national goals for the same health need. This appendix is useful for monitoring and evaluation purposes in order to track the impact of our Implementation Strategy/Improvement Plan (CHIP) to address priority health needs.

# APPENDIX A: HEALTHY PEOPLE OBJECTIVES & BENCHMARK COMPARISONS



Where data were available, Richland County health and social indicators were compared to the Healthy People 2030 objectives. The **black** indicators are Healthy People 2030 objectives that did not meet established benchmarks, and the **green** items met or exceeded the objectives. Certain indicators were not reported, marked as N/R. [Healthy People Objectives](#) are released by the U.S. Department of Health and Human Services every decade to identify science-based objectives with targets to monitor progress, motivate and focus action.

BENCHMARK COMPARISONS			
INDICATORS	DESIRED DIRECTION	RICHLAND COUNTY	HEALTHY PEOPLE 2030 OBJECTIVES
High school graduation rate <sup>76</sup>	↑	88.4%	90.7%
Child health insurance rate <sup>36</sup>	↑	90.5%	92.1%
Adult health insurance rate <sup>36</sup>	↑	87.4%	92.1%
Unable to obtain medical care	↓	N/R	3.3%
Ischemic heart disease deaths <sup>65</sup>	↓	172.5	71.1 per 100,000 persons
Cancer deaths <sup>65</sup>	↓	150.5	122.7 per 100,000 persons
Colon/rectum cancer deaths <sup>90</sup>	↓	33.3	8.9 per 100,000 persons
Lung cancer deaths <sup>90</sup>	↓	58.0	25.1 per 100,000 persons
Female breast cancer deaths <sup>90</sup>	↓	19.0	15.3 per 100,000 persons
Prostate cancer deaths <sup>90</sup>	↓	93.4	16.9 per 100,000 persons
Stroke deaths <sup>65</sup>	↓	36.2	33.4 per 100,000 persons
Unintentional injury deaths <sup>65</sup>	↓	82.4	43.2 per 100,000 persons
Suicides <sup>65</sup>	↓	14.9	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths <sup>65</sup>	↓	14.4	10.9 per 100,000 persons
Drug-overdose deaths <sup>37</sup>	↓	49.0	20.7 per 100,000 persons
Overdose deaths involving opioids <sup>37</sup>	↓	36.7	13.1 per 100,000 persons
On-time prenatal care (HP2020 Goal) <sup>82</sup>	↑	69.5%	84.8% (HP2020 Goal)
Infant death rate <sup>92</sup>	↓	7.9	5.0 per 1,000 live births
Adult obese, ages 20+ <sup>35</sup>	↓	39.0%	36.0%, adults ages 20+
Students, grades 7th to 12th obese <sup>35</sup>	↓	18.9%	15.5%, children & youth, 2-19
Adults engaging in binge drinking <sup>35</sup>	↓	18.0%	25.4%
Cigarette smoking by adults <sup>35</sup>	↓	25.0%	5.0%
Pap smears, ages 21-65, screened in the past 3 years <sup>35</sup>	↑	70.0%	84.3%
Mammogram, ages 50-74, screened in the past 2 years <sup>35</sup>	↑	82.7%	77.1%
Colorectal cancer screenings, ages 50-75, per guidelines <sup>35</sup>	↑	67.5%	74.4%

# APPENDIX B IMPACT AND PROCESS EVALUATION



## **IMPACT AND PROCESS EVALUATION**

The following tables indicate the priority health needs selected from the 2020 CHNA and the impact of Richland County's 2021-2023 Implementation Strategy/Improvement Plan (CHIP) on the previous priority health needs. The tables that follow are not exhaustive of these activities but highlight what has been achieved in the county since the previous CHNA. The impact data (indicators for each priority health to show if it is getting better or worse) and process data (to show whether the strategies are happening or not) will be reported and measured in an evaluation plan. That data will be reported annually and in the next CHNA.

# APPENDIX B: IMPACT AND PROCESS EVALUATION



## PRIORITY #1: NUTRITION, PHYSICAL ACTIVITY & WEIGHT

GOAL	TARGET POPULATION	PARTNERS	ACTION PLAN	PROGRESS
Increase the number of Richland County residents who lose weight	Richland County residents who are obese	Avita Health System; Bariatric Surgery Program	<p><b>Strategy:</b> Expand Avita Health System's Bariatric Surgery Program and reduce the percentage of obese residents in Richland County by 5%.</p> <p>Weight loss programs have a high, long-term failure rate. Lack of access to the right foods and lack of motivation to increase activity compound the problem. Public Health is focusing on preventing obesity in children, but resources are needed to treat residents who are already obese.</p> <p><b>Year 1:</b></p> <ul style="list-style-type: none"> <li>In process of recruiting a second bariatric physician to increase the number of successful bariatric surgeries by 10% over the next three years</li> <li>Market the program – patients must first learn about the fact that weight loss surgery exists in Richland County and that it's a possibility for them</li> </ul> <p><b>Years 2 &amp; 3:</b></p> <ul style="list-style-type: none"> <li>Continue efforts from Year 1</li> </ul>	<p><b>2020:</b></p> <ul style="list-style-type: none"> <li>Social media campaign to educate and raise awareness about Bariatric Surgery</li> </ul> <p><b>2021:</b></p> <ul style="list-style-type: none"> <li>Social media campaign to educate and raise awareness about Bariatric Surgery</li> <li>Social media campaign to educate about healthy eating and share healthy recipes</li> <li>Hosted 10th Annual Moving Hearts &amp; Soles 5K Run/Walk</li> <li>Attended OSU/NCSC Involvement and Community Fair</li> <li>Participated in 10 Million Steps to Prevent Falls Campaign and hosted Falls Prevention Awareness Month events</li> <li>Forwarded every month the Richland County Community Resources to all Avita Employees to share with coworkers, patients, anyone who has need of these services. Includes Farmers' Markets, Free Fresh Produce, Food Pantries, Free Meals</li> </ul> <p><b>2022:</b></p> <ul style="list-style-type: none"> <li>Social media campaign to educate and raise awareness about Bariatric Surgery</li> <li>Hosted Bariatric Surgery support group</li> <li>Social media campaign to educate about healthy eating and share healthy recipes</li> <li>Social media campaign to educate and raise awareness about snow shoveling safety</li> <li>Participated in Richland County Business Expo</li> <li>Forwarded every month the Richland County Community Resources to all Avita Employees to share with coworkers, patients, anyone who has need of these services. Includes Farmers' Markets, Free Fresh Produce, Food Pantries, Free Meals</li> </ul> <p><b>2023:</b></p> <ul style="list-style-type: none"> <li>Social media campaign to educate and raise awareness about Bariatric Surgery</li> <li>Hosted Bariatric Surgery seminar</li> <li>Hosted Bariatric Surgery support group</li> <li>Social media campaign to educate about healthy eating and share healthy recipes</li> <li>Social media campaign to educate and raise awareness about the importance of primary care check-ups</li> <li>Social media campaign about getting active and getting started with running</li> <li>Hosted yoga for cancer classes</li> <li>Hosted a Health Fair, which included BMI and vital signs checks</li> <li>Hosted Healthy Eating &amp; Active Living seminar</li> <li>Forwarded every month the Richland County Community Resources to all Avita Employees to share with coworkers, patients, anyone who has need of these services. Includes Farmers' Markets, Free Fresh Produce, Food Pantries, Free Meals</li> </ul>

# APPENDIX B: IMPACT AND PROCESS EVALUATION



## PRIORITY #2: DIABETES

GOAL	TARGET POPULATION	PARTNERS	ACTION PLAN	PROGRESS
Prevent Diabetes in adults	Richland County residents at risk to develop Type 2 Diabetes	Avita Health System; Diabetic Care & Education Specialists	<p><b>Strategy:</b> Pre-Diabetes screening and referral (increase by 5% from baseline)</p> <p><b>Year 1:</b></p> <ul style="list-style-type: none"> <li>Determine the baseline number of organizations in the county that currently screen for prediabetes</li> <li>Raise awareness of prediabetes screening, identification and referral through dissemination of the Prediabetes Risk Assessment (or a similar assessment) and/or the Prevent Diabetes STATE Toolkit</li> <li>Partner with local organizations to administer the screening and/or raise awareness of prediabetes</li> <li>Promote and market free/reduced cost screening events within the county (ex: health fairs, hospital screening events, etc.)</li> </ul> <p><b>Year 2:</b></p> <ul style="list-style-type: none"> <li>Increase awareness of prediabetes screening, identification and referral</li> <li>Increase the number of individuals that are screened for diabetes</li> </ul> <p><b>Year 3:</b></p> <ul style="list-style-type: none"> <li>Continue efforts from Years 1 &amp; 2</li> </ul>	<p><b>2021:</b></p> <ul style="list-style-type: none"> <li>Provided reduced cost blood screenings and conducted a social media campaign to raise awareness</li> <li>Participated in national study to better understand the medication perceptions of patients with Type 2 diabetes</li> <li>Social media campaign to educate and raise awareness about Bariatric Surgery</li> <li>Participated in the OSU/NCSC Involvement and Community Fair</li> <li>Social media campaign for National Diabetes Month to educate and raise awareness about Diabetes, risk factors, and screening</li> <li>Forwarded every month the Richland County Community Resources to all Avita Employees to share with coworkers, patients, anyone who has need of these services</li> </ul> <p><b>2022:</b></p> <ul style="list-style-type: none"> <li>Participated in Third Friday event in Galion</li> <li>Participated in Richland County Business Expo</li> <li>Participated in Mansfield City Schools Health Fair</li> <li>Provided reduced cost blood screenings and conducted a social media campaign to raise awareness</li> <li>Shared information from Richland County Diabetes Coalition</li> <li>Forwarded every month the Richland County Community Resources to all Avita Employees to share with coworkers, patients, anyone who has need of these services</li> </ul> <p><b>2023:</b></p> <ul style="list-style-type: none"> <li>Social media campaign to educate and raise awareness about the importance of primary care checkups</li> <li>Provided reduced cost blood screenings and conducted a social media campaign to raise awareness</li> <li>Forwarded every month the Richland County Community Resources to all Avita Employees to share with coworkers, patients, anyone who has need of these services</li> </ul>

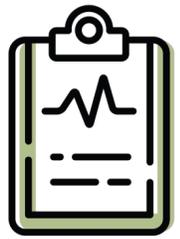
# APPENDIX B: IMPACT AND PROCESS EVALUATION



## PRIORITY #3: HEART DISEASE & STROKE

GOAL	TARGET POPULATION	PARTNERS	ACTION PLAN	PROGRESS
Prevent coronary heart disease in adults	Richland County residents at risk for heart disease & stroke	Avita Health System	<p><b>Strategy:</b> Increase Hypertension screening and follow up by 5% from baseline.</p> <p><b>Year 1:</b></p> <ul style="list-style-type: none"> <li>Determine the baseline number of health care providers that currently screen for hypertension and regularly follow up with patients diagnosed with hypertension</li> <li>Promote and market free/reduced cost screening events within the county (ex: health fairs, hospital screening events, etc.)</li> <li>Work with primary care physician (PCP) offices to assess what information and/or materials they may be lacking to provide better resources for pre-hypertensive or hypertensive patients</li> <li>Develop a campaign encouraging residents to “know their numbers” (i.e., blood pressure and cholesterol) and the signs and symptoms of heart disease</li> </ul> <p><b>Years 2:</b></p> <ul style="list-style-type: none"> <li>Continue to raise awareness of existing free/reduced cost blood pressure screenings throughout the county</li> </ul> <p><b>Year 3:</b></p> <ul style="list-style-type: none"> <li>Continue efforts from Years 1 &amp; 2</li> </ul>	<p><b>2021:</b></p> <ul style="list-style-type: none"> <li>Social media campaign to educate and raise awareness on importance of quitting smoking and how to get support, including Tobacco Quit Program</li> <li>Led events in support of Heart Week</li> <li>Social media campaign to educate and raise awareness about Bariatric Surgery</li> <li>Celebrated National Heart months and led social media campaign to educate and raise awareness about heart disease</li> <li>Provided education on SuperSaturated Oxygen (SSO2) Therapy for severe heart attack patients</li> <li>Provided reduced cost blood screenings and conducted a social media campaign to raise awareness</li> <li>Participated in the OSU NCSC Involvement Fair</li> <li>Hosted 10th Annual Moving Hearts &amp; Soles 5K Run/Walk</li> <li>Implemented CardioMEMS™ HF System to treat Heart Failure</li> <li>Participated in 10 Million Steps to Prevent Falls Campaign and hosted Falls Prevention Awareness Month events</li> <li>Participated in Rt. 30 Business Expo and offered free blood pressure checks</li> <li>Forwarded every month the Richland County Community Resources to all Avita Employees to share with coworkers, patients, anyone who has need of these services</li> </ul> <p><b>2022:</b></p> <ul style="list-style-type: none"> <li>Social media campaign to educate and raise awareness about snow shoveling safety</li> <li>Participated in Richland County Business Expo</li> <li>Participated in Third Friday event in Galion</li> <li>Forwarded every month the Richland County Community Resources to all Avita Employees to share with coworkers, patients, anyone who has need of these services</li> </ul> <p><b>2023:</b></p> <ul style="list-style-type: none"> <li>Social media campaign to educate and raise awareness on importance of quitting smoking and how to get support, including Tobacco Quit Program</li> <li>Social media campaign to educate and raise awareness about the importance of primary care checkups</li> <li>Celebrated National Heart months and led social media campaign to educate and raise awareness about heart disease</li> <li>Participated in Galion Health and Wellness Fair</li> <li>Participated in Richland Chamber of Commerce Health Fair</li> <li>Provided reduced cost blood screenings and conducted a social media campaign to raise awareness</li> <li>Forwarded every month the Richland County Community Resources to all Avita Employees to share with coworkers, patients, anyone who has need of these services.</li> </ul>

# APPENDIX B: IMPACT AND PROCESS EVALUATION



## PRIORITY #4: COVID-19

GOAL	TARGET POPULATION	PARTNERS	ACTION PLAN	PROGRESS
Reduce the impact of COVID-19	All Richland County residents	Avita Health System; Emergency Preparedness & Marketing/ Public Relations		<p><b>2021:</b></p> <ul style="list-style-type: none"> <li>• Provided COVID-19 vaccination clinics at various hospital locations and in the community</li> <li>• Social media campaign on importance of COVID-19 vaccination and how to get it</li> <li>• Social media campaign on debunking COVID-19 myths</li> <li>• Provided COVID-19 rapid testing and full testing clinics at various locations</li> <li>• Provided free transportation to and from vaccine clinics</li> <li>• Provided free at home tests to the community</li> <li>• Provided access to monoclonal antibody infusion therapy for qualifying patients</li> <li>• Forwarded every month the Richland County Community Resources to all Avita Employees to share with coworkers, patients, anyone who has need of these services.</li> </ul> <p><b>2022:</b></p> <ul style="list-style-type: none"> <li>• Provided education on appropriate usage of the emergency department</li> <li>• Provided education on breastfeeding during COVID-19</li> <li>• Provided COVID-19 rapid testing and full testing clinics at various locations</li> <li>• Forwarded every month the Richland County Community Resources to all Avita Employees to share with coworkers, patients, anyone who has need of these services</li> </ul> <p><b>2023:</b></p> <ul style="list-style-type: none"> <li>• Provided education on masking</li> </ul>

# APPENDIX C INFORMANT INTERVIEW PARTICIPANTS



## KEY INFORMANT INTERVIEW PARTICIPANTS

Listed on the following page are the names of **26** leaders, representatives, and members of the Richland County community who were consulted for their expertise on the needs of the community. The following individuals were identified by the CHNA team as leaders based on their professional expertise and knowledge of various target groups throughout the Richland County community.

# APPENDIX C: KEY INFORMANT INTERVIEW PARTICIPANTS



INTERVIEW PARTICIPANTS		
NAME(S)	ROLE	ORGANIZATION
1. Kathy Durlinger	Chief Nursing Officer	Avita Health System
2. James Twedt	Executive Director	Mansfield YMCA
3. Nicole Williams	Executive Director	Ohio District 5, Area Agency on Aging
4. Terry Carter	Intake and Referral Coordinator	Mansfield Richland County Public Library/ First Call 211
5. Joe Trolan	Executive Director	Richland County Mental Health & Recovery Services Board
6. Kimberly Mosler	Chief Executive Officer & Executive Director	Ignited
7. Mary Kay Pierce	Executive Director	National Alliance on Mental Illness (NAMI) Richland County
8. Aubrie Hall	Associate Director	
9. Allie Watson	Senior Community Investment Officer	Richland County Foundation
10. Jotika Shetty	Executive Director	Richland County Regional Planning Commission
11. Jean Taddie	Transit Development Manager	Richland County Regional Planning Commission
12. Dr. Donna Hight	Assistant Dean, Student Success	The Ohio State University Mansfield
13. Jodie Perry	Chief Executive Officer	Richland Area Chamber & Economic Development
14. Jay Miller	Chief Executive Officer	
15. Brandy Marquette	Executive Director	Community Action/Capable Youth (CACY)
16. Sherry Smith	Nurse Manager	Richland Public Health
17. Chad Kaufman	Physician Assistant	Shiloh Medical Center
18. Aaron Williams	Pastor	Maddox Memorial Church of God in Christ
19. Mary Cooper	Midwife	
20. Michele Giess	Superintendent	Richland NewHope
21. Troy Smith	Director of Service & Support Administration	
22. Vanessa Ebert	Manager of Service & Support Administrator	
23. Holly Christie	Director of Student Support Programs	Mansfield City School District
24. Christa Harris	Administrative Nurse Manager	OhioHealth Mansfield Hospital
25. Dr. Ryan Kamp	Vice-President of Clinical Affairs	
26. Brandi Jensen	School Nurse	

## APPENDIX D

# FOCUS GROUP PARTICIPANTS



### **FOCUS GROUP PARTICIPANTS**

Listed on the following page are the details of the **7 focus groups** conducted with **38 community members**, including the number of participants, format, and groups represented.

# APPENDIX D: FOCUS GROUP PARTICIPANTS



## FOCUS GROUP PARTICIPANTS

GROUP REPRESENTED	FORMAT	PARTICIPATING ORGANIZATION(S)	# OF PARTICIPANTS
1. Amish/Mennonite Community Members	In-Person	Keim Farm, Shiloh Medical Center	We had conversations with over 100 people from the Amish and Mennonite community in Richland County at a health and safety fair attended by hundreds of residents.
2. Hospital Volunteers	Zoom	Avita Health System (Ontario)	4
3. Hospital Staff	Zoom	Avita Health System (Ontario)	11
4. Chamber of Commerce/City Government/Local Business Leaders	Zoom	Richland Area Chamber & Economic Development, Richland County Commissioner, Mansfield City Council, Black/Brown Coalition of Mansfield, DRM Productions	4
5. Public Health Staff	Zoom	Richland Public Health	5
6. Youth-serving Organization Leaders	Zoom	Mid-Ohio Education Service Center, Ohio Community Action Board, Mansfield Richland County Public Library, Mansfield City Council, Mansfield YWCA, Community Health Access Project (CHAP), Community Action/Capable Youth (CACY), Richland County Children's Services	8
7. Black and Brown Community Leaders	Zoom	Third Street Family Health Services, Richland County Regional Planning Commission, Ohio Health Mansfield Hospital, Mansfield City Council, Black/Brown Coalition of Mansfield, National Association for the Advancement of Colored People (NAACP) Mansfield Ohio Branch	6
<b>TOTAL</b>			<b>38</b>

# APPENDIX E COMMUNITY MEMBER SURVEY



## **COMMUNITY MEMBER SURVEY**

On the following pages are the questions and demographics from the community member survey that was distributed to the Richland County community to get their perspectives and experiences on the health assets and needs of the community they call home. **420 responses** were received.

# APPENDIX E: COMMUNITY MEMBER SURVEY



Richland Public Health & Avita Health System are conducting a Community Health Needs Assessment to identify and assess the health needs of the community. We are asking community members (those who live and/or work in Richland County) to complete this 10-minute survey.

This information will help guide us as we consider services and programs that will benefit the community. Be assured that this process is completely anonymous - we cannot access your name and your responses will be kept confidential. Your participation in this survey is entirely voluntary and you are free to leave questions unanswered. Thank you for helping us to better serve our community!

## 1. Where do you live or reside in Richland County? (choose one)

- 44903 (Mansfield)
- 44906 (Mansfield)
- 44875 (Shelby)
- 44907 (Mansfield)
- 44833 (Galion)
- 44904 (Mansfield)
- 44905 (Mansfield)
- 44827 (Crestline)
- 44805 (Ashland)
- 44813 (Bellville)
- 44862 (Ontario)
- 44902 (Mansfield)
- 44843 (Lucas)
- 44822 (Butler)
- 44878 (Shiloh)
- 43019 (Fredericktown)
- 44837 (Greenwich)
- 44901 (Mansfield)
- 44864 (Perrysville)
- 44865 (Plymouth)
- None of the above, I live primarily at the following ZIP code:

## 2. Where do you work? (choose one)

- 44903 (Mansfield)
- 44906 (Mansfield)
- 44875 (Shelby)
- 44907 (Mansfield)
- 44833 (Galion)
- 44904 (Mansfield)
- 44905 (Mansfield)
- 44827 (Crestline)
- 44805 (Ashland)
- 44813 (Bellville)
- 44862 (Ontario)
- 44902 (Mansfield)
- 44843 (Lucas)
- 44822 (Butler)
- 44878 (Shiloh)
- 43019 (Fredericktown)
- 44837 (Greenwich)
- 44901 (Mansfield)
- 44864 (Perrysville)
- 44865 (Plymouth)
- None of the above, I work primarily at the following ZIP code:
- I am not currently employed

## 3. Which of the following best describes your age?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- Prefer not to answer

## 4. What is your gender identity?

- Male
- Female
- Transgender
- Non-binary
- Prefer not to answer
- Other

## 3. What is your sexual orientation?

- Heterosexual or straight
- Bisexual
- Gay
- Lesbian
- Asexual
- Other (please specify)
- Prefer not to answer

## 4. What is your race and/or ethnicity? (Select all that apply)

- Asian
- Black or African American
- Hispanic/Latino/a
- White/Caucasian
- Multiracial/More than one race
- Native American/Alaska Native
- Native Hawaiian/Pacific Islander
- Other (please specify)

## 7. Which is your primary language spoken at home?

- English
- Spanish
- Other (please specify)

## 8. How many children, ages 0-18, live in your household?

- |     |      |                          |
|-----|------|--------------------------|
| • 0 | • 6  | • 12                     |
| • 1 | • 7  | • 13                     |
| • 2 | • 8  | • 14                     |
| • 3 | • 9  | • 15                     |
| • 4 | • 10 | • Other (please specify) |
| • 5 | • 11 |                          |

# APPENDIX E: COMMUNITY MEMBER SURVEY



## 9. What is the highest level of education you have completed?

- Less than a High School diploma
- High School degree or equivalent
- Some college but no degree
- Associate's degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, BS)
- Graduate degree (e.g. MA, MS, PhD, EdD, MD)

## 10. Are you currently employed?

- Yes, part-time (less than 30 hours per week)
- Yes, full-time (30 hours per week or more)
- Not employed - but looking for work
- Not employed - not actively looking for work
- Student
- Retired
- Disabled

## 11. If you are currently employed, which of the following best describes your occupational category? (for example, health, education, law and social, community and government services, business, finance and administration, management, etc.)

- Art, culture, recreation, tourism and sport
- Business, finance and administration
- Education, law and social, community and government services
- Health
- Management
- Manufacturing and utilities
- Military
- Natural and applied sciences and related occupations
- Natural resources, agriculture and related production
- Sales and service
- Trades, transport and equipment operators and related occupations
- Other (please specify)

## 9. What is your annual household income?

- Less than \$20,000
- \$20,000-\$34,999
- \$35,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- Over \$100,000

## 10. Do you identify as having a disability?

- Yes
- No
- Prefer not to answer

## 14. What is your current living situation?

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others)
- I am staying in a shelter
- I am living outside
- I am living in a car
- I am living elsewhere

## 15. Have you experienced any of the following types of abuse in the past year?

- Verbal/emotional
- Mental/psychological
- Other (please specify)
- Cultural/identity
- Financial/economic
- Physical violence
- Sexual
- Elder

## 16. While it can be hard to choose, do your best to select what you feel are the TOP 5 CONCERNS OF OUR COMMUNITY? (please check your top 5)

- Access to childcare
- Access to health care
- Adverse childhood experiences
- Chronic diseases
- Education
- Employment
- Environment conditions
- Food insecurity
- HIV/AIDS and Sexually Transmitted Infections (STIs)
- Housing and homelessness
- Income/poverty
- Internet/wifi access
- Maternal, infant and child health
- Mental health and access to mental healthcare
- Nutrition and physical health/exercise
- Preventive care and practices
- Substance/drug use
- Tobacco and nicotine use/smoking
- Transportation

## 17. Indicate the level of IMPORTANCE that Richland County health partners should place on addressing these needs IN OUR COMMUNITY - from not important to very important.

- |                                |                                    |
|--------------------------------|------------------------------------|
| • Access to childcare          | • Early education/preschool        |
| • Access to dental/oral care   | • Employment                       |
| • Access to healthy foods      | • Food insecurity                  |
| • Access to mental health care | • Heart disease and stroke         |
| • Access to primary healthcare | • HIV/AIDS and STIs                |
| • Access to Vision Healthcare  | • Maternal and child/infant health |
| • Air and Water quality        | • Mental health                    |
| • Asthma and COPD              | • Nutrition and physical activity  |
| • Cancer                       | • Preventive practices             |
| • Child abuse                  | • Substance use                    |
| • Crime and violence           | • Tobacco and nicotine use         |
| • Diabetes                     | • Tuberculosis                     |
| • Disabilities                 | • Wifi/internet access             |

# APPENDIX E: COMMUNITY MEMBER SURVEY



**18. If you do NOT currently have healthcare coverage or insurance, what are the main reasons why? (Select all that apply)**

- I am waiting to get coverage through my job
- I don't think I need health insurance
- I haven't had time to deal with it
- It costs too much
- I am not eligible or do not qualify
- It is too confusing to sign up
- Does not apply - I have health coverage/insurance

**19. During the most recent time you or a member of your household delayed or went without needed healthcare, what were the main reasons? (Select all that apply)**

- Could not get an appointment quickly enough/too long of a wait for an appointment
- Could not get an appointment that was convenient with my work hours or child's school schedule
- Distrust/fear of discrimination
- Insurance did not cover the cost of the procedure or care
- Lack of provider awareness and/or education about my health condition
- Lack of transportation to the appointment
- Language barriers
- No insurance and could not afford care
- Insurance did not cover the cost of the procedure or care
- Not knowing where to go or how to find a doctor
- Technology barriers with virtual visits/telehealth services
- Not having a provider who understands and/or respects my cultural or religious beliefs
- The appointment was too far away and outside of Richland County
- No barriers and did not delay health care - received all the care that was needed
- Other (please specify)

**20. Where do you and your family members go most often to receive routine healthcare services (physical exams, check-ups, immunizations, treatment for chronic diseases)? (Select all that apply)**

- Doctor's office (primary care physician, family physician, internist, pediatrician, etc.)
- Emergency room department at the hospital
- Urgent care clinic
- I wouldn't go to a doctor unless it was an emergency
- Not sure
- None of the above

**21. How long has it been since you have been to the doctor to get a checkup when you were well (not because you were already sick)?**

- Within the last year
- 1-2 years ago
- 3-5 years ago
- More than 5 years ago
- I have never been to a doctor for a checkup

**22. If you were sick, where would you go first for treatment? Assume that this is not an emergency situation.**

- Doctor's office (primary care physician, family physician, internist, pediatrician, etc.)
- Specialist's office (cardiologist, pulmonologist, endocrinologist, etc.)
- Emergency room department at hospital
- Urgent care clinic
- I wouldn't go to a doctor unless it was an emergency
- Not sure
- None of the above

**23. How would you rate your current access to mental or behavioral health services?**

- Very high access
- High access
- Neutral
- Low access
- Very low access

**24. What, if any, are your main barriers to accessing mental or behavioral health services, if needed? (Select all that apply)**

- Could not get an appointment quickly enough/ too long of a wait for an appointment
- Distrust/fear of discrimination
- Do not need behavioral or mental health care
- No insurance and it costs too much
- I have insurance but it did not cover the cost of the services
- Not knowing where to go or how to find behavioral or mental health providers
- COVID-19 appointment cancellation, concern of
- Lack of provider awareness and/or education about my health condition
- Lacked transportation to the appointment
- Language barriers
- No barriers – received all the behavioral and mental health care that was needed
- Not having a provider who understands and/or respects my cultural or religious beliefs
- Office hours of provider don't work with my schedule
- Stigma of mental or behavioral health/nervous about admitting that I have a mental or behavioral health concern
- Technology barriers with virtual visits/telehealth services
- Uncomfortable with mental or behavioral health provider

# APPENDIX E: COMMUNITY MEMBER SURVEY



**25. If you do want to get healthier and in better shape; what if anything, do you feel is holding you back? (Select all that apply)**

- Stress
- Lack of energy
- My busy schedule (I don't have time to cook or exercise)
- Lack of support from friends
- Lack of support from family
- I feel intimidated or awkward going to a gym or fitness center
- Money (gyms and healthy foods are too expensive)
- Lack of gyms or fitness centers to go to near me
- Food and fitness is too confusing
- Convenience (eating out is easier)
- I don't like to cook
- I don't like to exercise
- I don't feel motivated to be healthier
- None of the above. (I'm in good shape or don't want to be in better shape)

**26. In the last year, was there a time when you needed prescription medicine but were not able to get it?**

- Yes
- No

**27. About how long has it been since you have been to the dentist to get a checkup (not for an emergency)?**

- Within the last year
- 1-2 years ago
- 3-5 years ago
- More than 5 years ago
- I have never been to the dentist for a checkup

**28. In the last year, was there a time when you needed dental care but could not get it?**

- Yes
- No

**29. In the last year, was there a time when you needed mental health counseling but could not get it?**

- Yes
- No

**30. Do you have a personal physician?**

- Yes
- No

**31. How long has it been since you have had a flu shot?**

- Within the last year
- 1-2 years
- 3-5 years
- 5 or more years ago
- I have never had a flu shot

**32. Overall, my physical health is:**

- Good
- Average
- Poor
- Excellent

**33. Overall, my mental health is:**

- Good
- Average
- Poor
- Excellent

**34. In the past 12 months, has lack of reliable transportation kept you from going to (select all that apply):**

- Not Applicable
- Medical Appointments
- Buying food/groceries
- Getting other things for daily living
- Work/meetings
- Childcare
- Physical activity opportunities/the gym
- School (for yourself or another member of your family)
- Other (please specify)

**35. What resources are lacking within our community? (Select all that apply)**

- Affordable food
- Affordable housing
- Recreational spaces
- Primary healthcare access
- Dental/oral healthcare access
- Vision healthcare access
- Mental healthcare access
- Transportation
- There is no lack of resources in my community
- I don't know what resources are lacking in my community
- Other (please specify)

**36. How many times did you volunteer in our community in the past year? (This could include helping out with local charities, helping at your kids' school, serving on a board, at your church, or another local organization, reading at your local library, helping at a food bank, spending time with local senior citizens, etc.)**

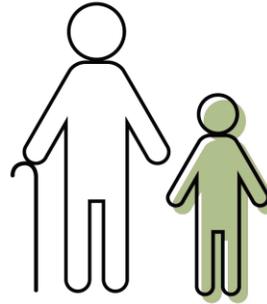
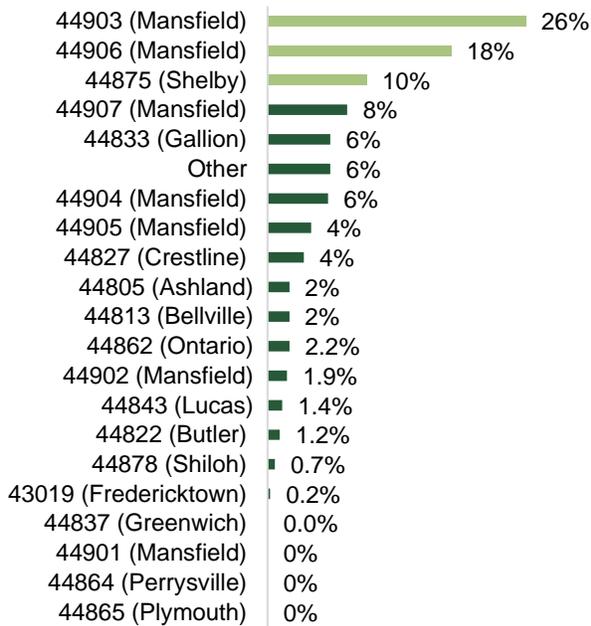
- I didn't volunteer
- 1 time
- 2-3 times
- 4-5 times
- 6-7 times
- 8-9 times
- 10 or more times

**37. Do you have any other feedback or comments to share with us?**

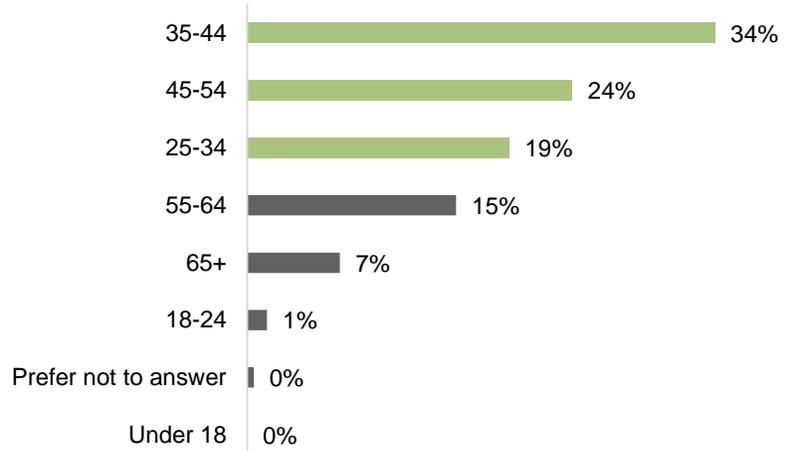
# APPENDIX E: COMMUNITY MEMBER SURVEY DEMOGRAPHICS



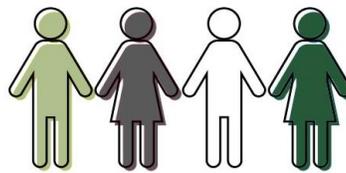
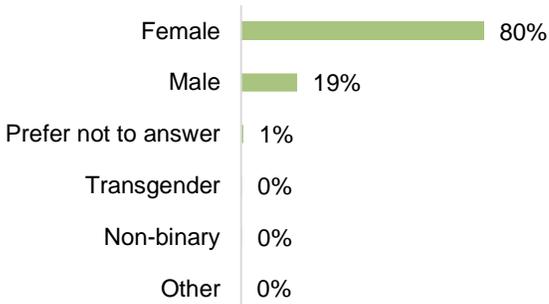
The majority of respondents live in **Mansfield (44903, 44906) and Shelby (44875)** consistent with the population of the county<sup>27</sup>



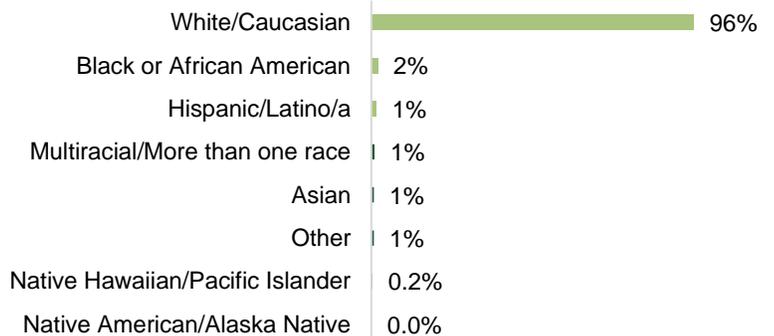
There was a greater proportion of survey responses from **middle-aged** rather than younger adults, particularly from the **35-44 year-old age group**<sup>28</sup>



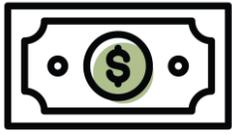
The majority of respondents were **female**<sup>27</sup>



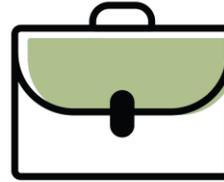
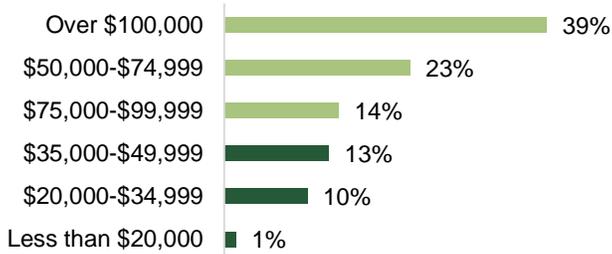
The majority of respondents were **White**, consistent with the composition of the county, although there was an **underrepresentation of people of color** compared to county demographics, particularly **Black/African Americans**<sup>26</sup>



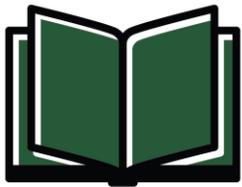
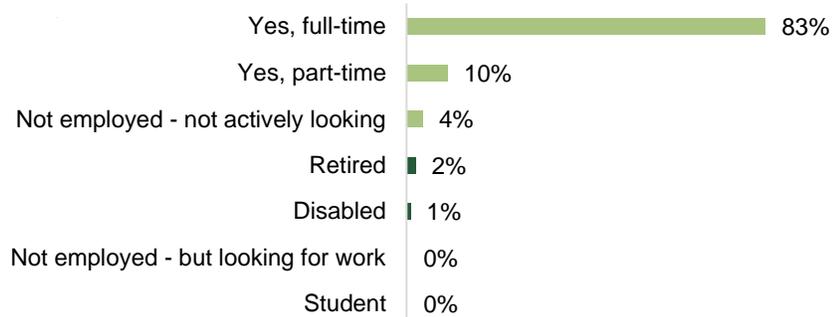
# APPENDIX E: COMMUNITY MEMBER SURVEY DEMOGRAPHICS



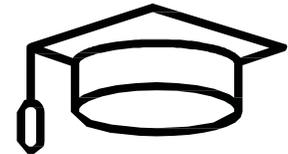
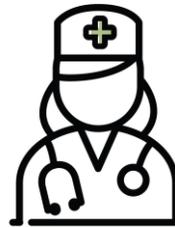
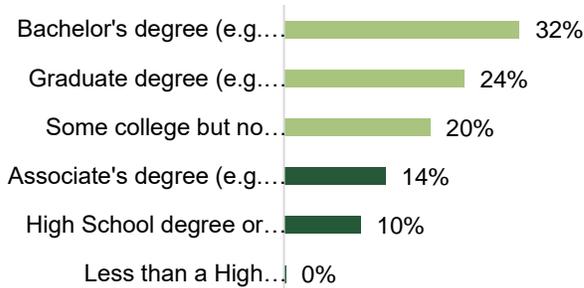
Respondents were generally **higher income**, with over one-third having an annual household income of **\$100,000 or more**, while there was a **lack of representation from low-income residents**<sup>29</sup>



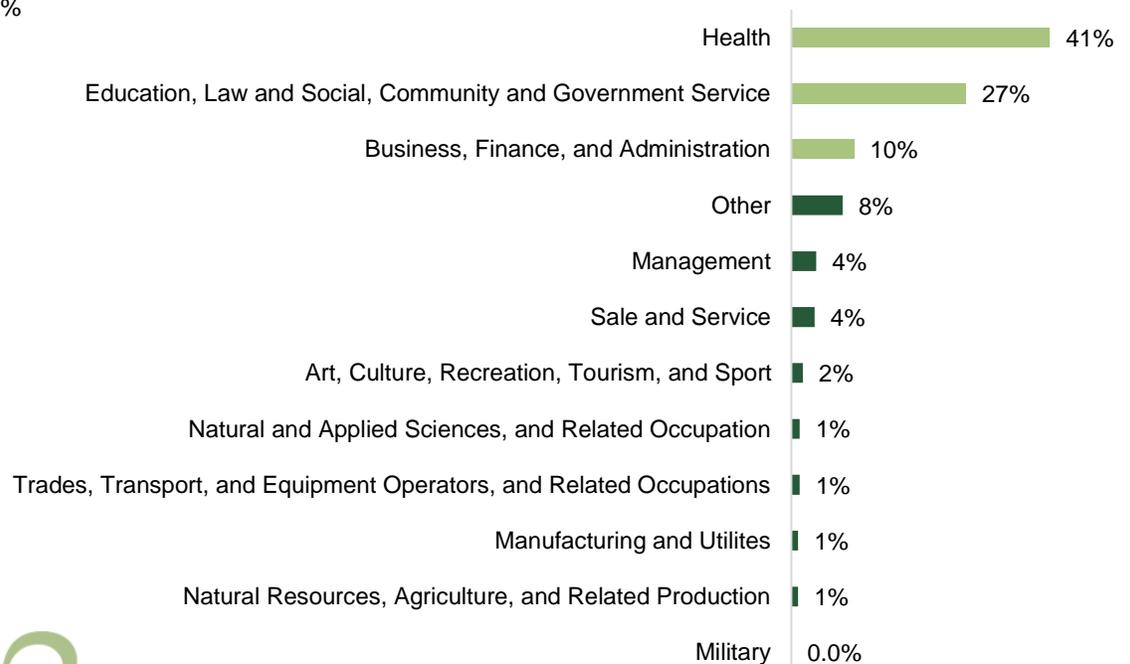
The majority of respondents are **employed full-time (83%)**<sup>30</sup>



The majority of respondents have at least some **post-secondary education**<sup>31</sup>



While a variety of professions were represented, **"Health"** and **"Education, law and social, community and government services"** were most common<sup>32</sup>



APPENDIX F  
**INTERNAL REVENUE SERVICE  
(IRS) REQUIREMENTS  
CHECKLIST: COMMUNITY  
HEALTH NEEDS  
ASSESSMENT**



**MEETING THE IRS  
REQUIREMENTS FOR  
COMMUNITY HEALTH  
NEEDS ASSESSMENT**

The Internal Revenue Service (IRS) requirements for a Community Health Needs Assessment (CHNA) serves as the official guidance for IRS compliance. The following pages demonstrate how this CHNA meets those IRS requirements.

# APPENDIX F: IRS CHNA REQUIREMENTS CHECKLIST



INTERNAL REVENUE SERVICE REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENTS				
YES	PAGE #	IRS REQUIREMENTS CHECKLIST	REGULATION SUBSECTION NUMBER	NOTES/ RECOMMENDATIONS
✓	Appendix B (79-83)	<b>A. Activities Since Previous CHNA(s)</b>  i. Describes the written comments received on the hospital's most recently conducted CHNA and most recently adopted implementation strategy.  ii. Describes an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s).	(b)(5)(C)  (b)(6)(F)	
✓	3-24	<b>B. Process and Methods</b>  <i>Background Information</i>  i. Identifies any parties with whom the facility collaborated in preparing the CHNA(s).  ii. Identifies any third parties contracted to assist in conducting a CHNA.  iii. Defines the community it serves, which:  a. Must take into account all patients without regard to whether (or how much) they or their insurers pay for care or whether they are eligible for assistance.  b. May take into account all relevant circumstances including the geographic area served by the hospital, target population(s), and principal functions.  c. May not exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws its patients.  iv. Describes how the community was determined.  v. Describes demographics and other descriptors of the hospital service area.	(b)(6)(F)(ii)  (b)(6)(F)(ii)  (b)(i)  (b)(3)  (b)(6)(i)(A)  (b)(6)(i)(A)  (b)(6)(i)(A)	

# APPENDIX F: IRS CHNA REQUIREMENTS CHECKLIST



INTERNAL REVENUE SERVICE REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENTS				
YES	PAGE #	IRS REQUIREMENTS CHECKLIST	REGULATION SUBSECTION NUMBER	NOTES/ RECOMMENDATIONS
✓	Methods: 3-24, Appendix B, C, D, E  Data: 25-78	<i>Health Needs Data Collection</i>		Primary and secondary data is integrated together throughout the report
		i. Describes data and other information used in the assessment:	(b)(6)(ii)	
		a. Cites external source material (rather than describe the method of collecting the data).	(b)(6)(F)(ii)	
		b. Describes methods of collecting and analyzing the data and information.	(b)(6)(ii)	
		i. CHNA describes how it took into account input from persons who represent the broad interests of the community it serves in order to identify and prioritize health needs and identify resources potentially available to address those health needs.	(b)(1)(iii)	
		ii. Describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provide input.	(b)(5)(i)	
		a. At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) or a State Office of Rural Health.	(b)(6)(F)(iii)	
		b. Members of the following populations, or individuals serving or representing the interests of populations listed below. (Report includes the names of any organizations - names or other identifiers not required.)	(b)(6)(F)(iii)	
		1. Medically underserved populations 2. Low-income populations 3. Minority populations		
		c. Additional sources (optional) – (e.g. health care consumers, advocates, nonprofit and community-based organizations, elected officials, school districts, health care providers and community health centers).	(b)(5)(i)(A)	
		iii. Describes how such input was provided (e.g., through focus groups, interviews or surveys).	(b)(5)(i)(B)	
		iv. Describes over what time period such input was provided and between what approximate dates.	(b)(5)(ii)	
		v. Summarizes the nature and extent of the organizations' input.	(b)(6)(F)(iii)	

# APPENDIX F: IRS CHNA REQUIREMENTS CHECKLIST



INTERNAL REVENUE SERVICE REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENTS				
YES	PAGE #	IRS REQUIREMENTS CHECKLIST	REGULATION SUBSECTION NUMBER	NOTES/ RECOMMENDATIONS
✓		<b>C. CHNA Needs Description &amp; Prioritization</b>		Integrated throughout the report
	14-19	i. Health needs of a community include requisites for the improvement or maintenance of health status both in the community at large and in particular parts of the community (such as particular neighborhoods or populations experiencing health disparities).	(b)(4)	Community member survey included a question that asked respondents to select their top 5 community health needs and rate the importance of addressing each health need.
		ii. Prioritized description of significant health needs identified.	(b)(6)(i)(D)	
		iii. Description of process and criteria used to identify certain health needs as significant and prioritizing those significant health needs.	(b)(6)(i)(D)	
	65	iv. Description of the resources potentially available to address the significant health needs (such as organizations, facilities, and programs in the community, including those of the hospital facility).	(b)(4) (b)(6)(E)	
✓		<b>D. Finalizing the CHNA</b>		Integrated throughout the report
		i. CHNA is conducted in such taxable year or in either of the two taxable years immediately preceding such taxable year.	(a)1	The CHNA was adopted by Avita Health System and Richland Public Health leadership in 2023 and made widely available by posting on hospital and health department websites (report will be made available in other formats such as paper upon request):  Avita Health System: <a href="https://avitahealth.org/about-us/#community-wellness">https://avitahealth.org/about-us/#community-wellness</a>  Richland Public Health: <a href="https://richlandhealth.org/">https://richlandhealth.org/</a>
		ii. CHNA is a written report that is adopted for the hospital facility by an authorized body of the hospital facility (authorized body defined in §1.501(r)-1(b)(4)).	(b)(iv)	
		iii. Final, complete, and current CHNA report has been made widely available to the public until the subsequent two CHNAs are made widely available to the public. "Widely available on a web site" is defined in §1.501(r)-1(b)(29).	(b)(7)(i)(A)	
		a. May not be a copy marked "Draft."	(b)(7)(ii)	
		b. Posted conspicuously on website (either the hospital facility's website or a conspicuously located link to a website established by another entity).	(b)(7)(i)(A)	
		c. Instructions for accessing CHNA report are clear.	(b)(7)(i)(A)	
		d. Individuals with Internet access can access and print reports without special software, without payment of a fee, and without creating an account.	(b)(7)(i)(A)	
		e. Individuals requesting a copy of the report(s) are provided the URL.	(b)(7)(i)(A)	
		f. Makes a paper copy available for public inspection upon request and without charge at the hospital facility.	(b)(7)(i)(B)	

## APPENDIX G

# PUBLIC HEALTH ACCREDITATION BOARD (PHAB) CHECKLIST: COMMUNITY HEALTH ASSESSMENT



## **MEETING THE PHAB REQUIREMENTS FOR COMMUNITY HEALTH ASSESSMENT**

The Public Health Accreditation Board (PHAB) Standards & Measures serves as the official guidance for PHAB national public health department accreditation, and includes requirements for the completion of Community Health Assessments (CHAs) for local health departments. The following page demonstrates how this CHNA meets the PHAB requirements.



# APPENDIX G: PHAB CHA REQUIREMENTS CHECKLIST



PUBLIC HEALTH ACCREDITATION BOARD REQUIREMENTS FOR COMMUNITY HEALTH ASSESSMENTS			
YES	PAGE #	PHAB REQUIREMENTS CHECKLIST	NOTES/ RECOMMENDATIONS
✓	4	<p>a. A list of participating partners involved in the CHNA process. Participation must include:</p> <p>i. At least 2 organizations representing sectors other than governmental public health.</p> <p>ii. At least 2 community members or organizations that represent populations who are disproportionately affected by conditions that contribute to poorer health outcomes.</p>	<p>Integrated throughout the report</p> <p>Community member survey included a question that asked respondents to select their top 5 community health needs and rate the importance of addressing each health need.</p>
✓	6-24	b. The process for how partners collaborated in developing the CHNA (or CHA).	
✓	25-78	<p>c. Comprehensive, broad-based data. Data must include:</p> <p>i. Primary data.</p> <p>ii. Secondary data from two or more different sources.</p>	<p>Primary and secondary data is integrated together throughout the report</p>
✓	13	<p>d. A description of the demographics of the population served by the health department, which must, at minimum, include:</p> <p>i. The percent of the population by race and ethnicity.</p> <p>ii. Languages spoken within the jurisdiction.</p> <p>iii. Other demographic characteristics, as appropriate for the jurisdiction.</p>	
✓	25-78	<p>e. A description of health challenges experienced by the population served by the health department, based on data listed in required element (c) above, which must include an examination of disparities between subpopulations or sub-geographic areas in terms of each of the following:</p> <p>i. Health status</p> <p>ii. Health behaviors.</p>	<p>Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.</p>
✓	25-78	f. A description of inequities in the factors that contribute to health challenges (required element e), which must, include social determinants of health or built environment.	<p>Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.</p>
✓	71-72	<p>g. Community assets or resources beyond healthcare and the health department that can be mobilized to address health challenges.</p> <p>The CHNA (or CHA) must address the jurisdiction as described in the description of Standard 1.1.</p>	

# APPENDIX H REFERENCES



# APPENDIX H: REFERENCES

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- <sup>13</sup>Community Member Survey, Question 24
- <sup>14</sup>Community Member Survey, Question 35
- <sup>15</sup>Community Member Survey, Question 17
- <sup>16</sup>Community Member Survey, Question 18
- <sup>17</sup>Community Member Survey, Question 19
- <sup>18</sup>Community Member Survey, Question 20
- <sup>19</sup>Community Member Survey, Question 21
- <sup>20</sup>Community Member Survey, Question 23
- <sup>21</sup>Community Member Survey, Question 25
- <sup>22</sup>Community Member Survey, Question 26
- <sup>23</sup>Community Member Survey, Question 27
- <sup>24</sup>Community Member Survey, Question 34
- <sup>25</sup>Community Member Survey, Question 1
- <sup>26</sup>Community Member Survey, Question 3
- <sup>27</sup>Community Member Survey, Question 4
- <sup>28</sup>Community Member Survey, Question 6
- <sup>29</sup>Community Member Survey, Question 9
- <sup>30</sup>Community Member Survey, Question 10
- <sup>31</sup>Community Member Survey, Question 11
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