

Delivered By:



AVITA
HEALTH SYSTEM

**2026 Avita Health System
Community Health Needs Assessment**

Published June 2026

Table of Contents

Note From Avita Health System	4
Acknowledgments	5
Introduction	6
What is a Community Health Needs Assessment (CHNA)?	
Overview of the Process	
Step 1: Plan and Prepare for the Assessment	9
Brief Summary of 2023 CHNA	
Written Public Comments to 2023 CHNA	
2024-2026 Priority Health Needs and Impact Evaluation of Implemented Strategies	
Step 2: Define the Community that is Served by Avita Health System	12
Demographics At-A-Glance	
Steps 3-5: Identify, Understand, and Interpret the Data and Prioritize Health Needs	15
Primary & Secondary Data Collection.....	17
Key Informant Interviews.....	18
Things People Love about the Community.....	19
Top Community Priorities.....	20
Community Member Survey and Ranking of Health Needs.....	21
2026 Health Needs: Community Conditions & Health Outcomes (In Order as Ranked by the Public)	22
#1: Mental Health.....	23
#2: Substance Use.....	25
#3: Income/Poverty & Employment.....	27
#4: Crime & Violence.....	29
#5: Adverse Childhood Experiences.....	30
#6: Food Insecurity.....	31
#7: Access to Childcare.....	33
#8: Access to Health Care.....	35
#9: Housing & Homelessness.....	37
#10: Nutrition & Physical Health/Exercise.....	39
#11: Chronic Diseases.....	41
#12: Education.....	44
#13: Transportation.....	46
#14: Tobacco & Nicotine Use/Smoking.....	48
#15: Preventive Care & Practices.....	50

Table of Contents

#16: Environmental Conditions.....	52
#17: Internet/Wi-Fi Access.....	53
#18: Maternal, Infant, & Child Health.....	54
#19: HIV/AIDS and Sexually Transmitted Infections (STIs).....	56
Leading Causes of Death.....	57
Ideas for Change From Our Community.....	58
Current Partners and Resources Addressing Priority Health Needs.....	61
Step 6: Document, Approve, and Post the Report.....	63
Conclusion and Next Steps.....	65
Appendices	
Appendix A: Impact and Process Evaluation.....	67
Appendix B: Benchmark Comparisons.....	74
Appendix C: Key Informant Interview Participants.....	77
Appendix D: Community Member Survey.....	80
Appendix E: IRS CHNA Requirements Checklist.....	89
Appendix F: References.....	96

A Note From Avita Health System



Avita Health System strives to bring together people and organizations to improve community wellness. The Community Health Needs Assessment (CHNA) process is one way we can live out our mission. 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 2026, the Avita Health System collaborated to conduct a comprehensive 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 service area's residents. The results also enable the community to measure impact and strategically establish priorities to develop interventions and align resources.

Avita Health System and their many community 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 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 2026 Avita Health System CHNA would not have been possible without the help of numerous community organizations, acknowledged on the following pages. It is vital that assessments such as this continue so that 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 and organizations, working together to be a thriving community that supports health and well-being at home, work, and play.

Conducting the CHNA and publishing this report relies on the participation of many individuals in our community who committed to participating in interviews and focus groups and completing our community member survey. We are grateful for those individuals who are committed to promoting the health of the community, just as we are, and take the time to share their health concerns and ideas for improvement.

Sincerely,

Cinda Kropka, MHA
Corporate Compliance & Privacy Officer
Avita Health System

Acknowledgments



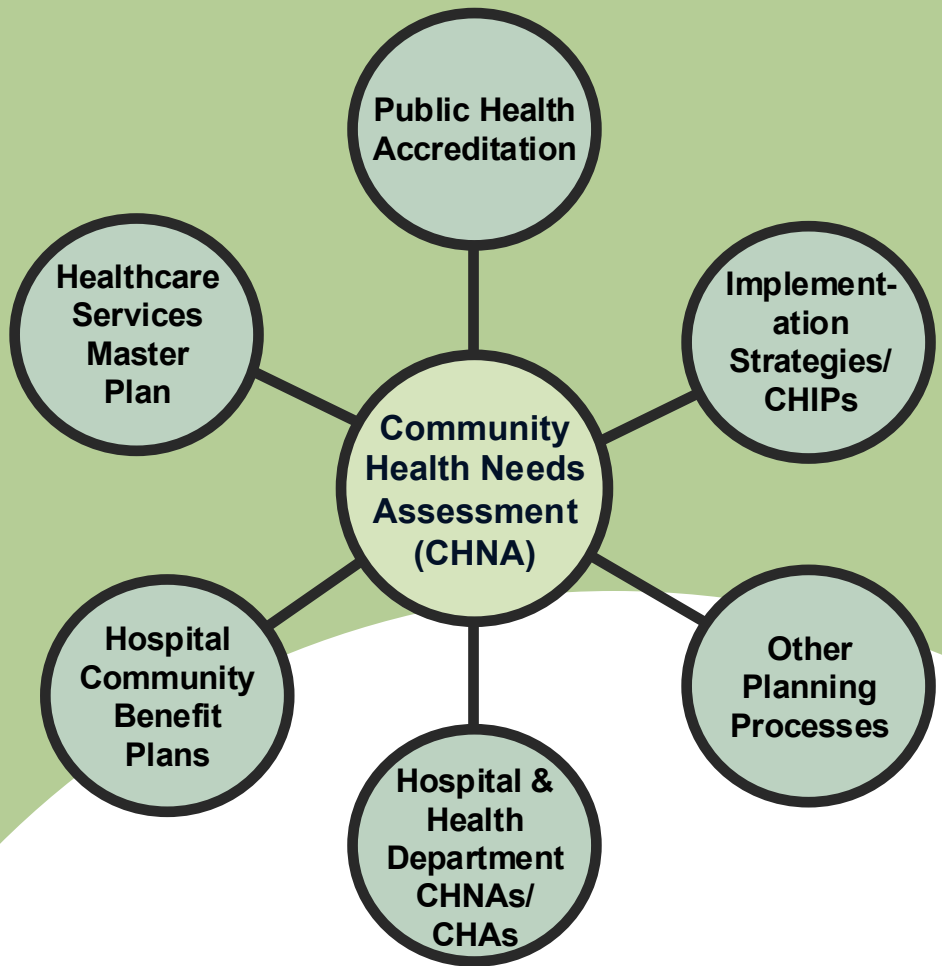
This Community Health Needs Assessment (CHNA) was made possible thanks to the collaborative efforts of Avita Health System, community partners, local stakeholders, non-profit partners, and community residents. Their contributions, expertise, time, and resources played a critical part in the completion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

Avita Health System would like to recognize the following organizations for their contributions to this Community Health Needs Assessment report:

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

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 for 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 Internal Revenue Service (IRS). The data from a CHNA is also used to inform community decision-making: the prioritization of health needs and the development, implementation, and evaluation of an Implementation Strategy (IS).

A CHNA is an important piece in the development of an IS 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 service area, Avita Health System utilized the most current and reliable information from existing sources, in addition to collecting new data through interviews, focus groups, and surveys with community residents and leaders.

Overview of the Process



To produce a comprehensive Community Health Needs Assessment (CHNA), Avita Health System followed a process that included the following steps:

- STEP 1:** Plan and prepare for the assessment.
- STEP 2:** Define the community that is served.
- STEP 3:** Identify data that describes the health and needs of the community.
- STEP 4:** Understand and interpret the data and prioritize health needs.
- STEP 5:** Document and communicate findings.
- STEP 6:** Approve and publicly post the report.



Affordable Care Act Requirements

Enacted on March 23, 2010, the Affordable Care Act (ACA) provided guidance at a national level for Community Health Needs Assessments (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 CHNA and Implementation Strategy (IS) every three years.

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 the CHA/CHNA and IS/CHIP. In July 2016, HB 390 (ORC 3701.981) was enacted by Ohio to improve population health planning in the state by identifying health needs and priorities by conducting a CHA/CHNA and subsequently developing an IS/CHIP to address those needs in the community.

The 2026 Avita Health System CHNA meets all Ohio Department Of Health and Federal/IRS Regulations.

Overview of the Process (continued)



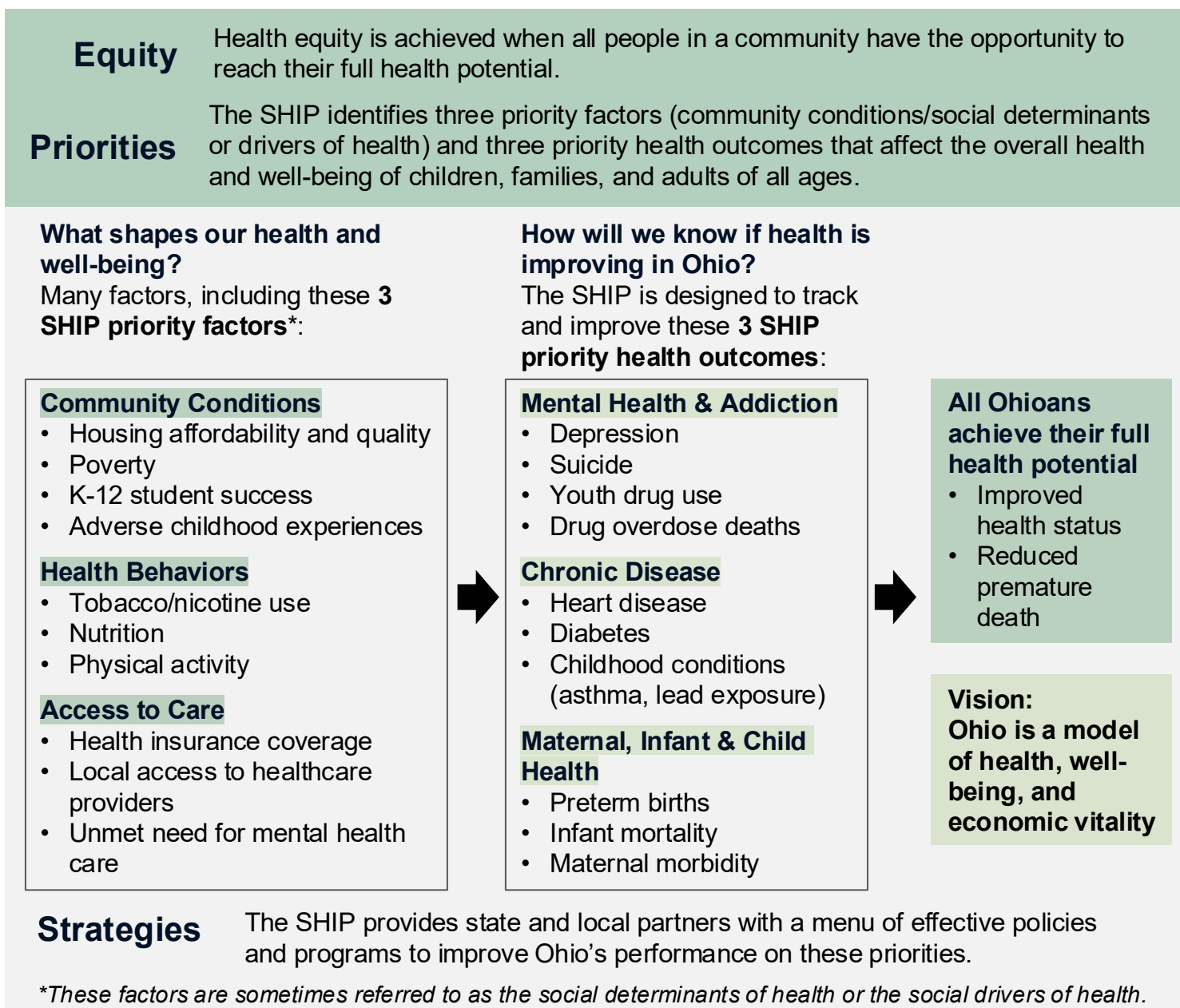
ODH Requirements

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 desired to align with the priorities and indicators of Ohio's State Health Improvement Plan (SHIP). To do this, they used the following guidelines when prioritizing the health needs of their community.

First, Avita Health System used the same language as the state of Ohio when assessing the factors and health outcomes of their community in the 2026 Avita Health System CHNA.

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



Step 1

Plan and Prepare for the Assessment



In This Step, Avita Health System:

- ✓ Determined who would participate in the needs assessment process
- ✓ Planned for community engagement
- ✓ Engaged hospital leadership
- ✓ Determined how the Community Health Needs Assessment would be conducted
- ✓ Developed a preliminary timeline

Plan and Prepare

Avita Health System began planning for the current Community Health Needs Assessment (CHNA) in 2026. They involved hospital leadership, kept partnership members 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 community groups, in collaboration with Moxley Public Health.

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

“

Community Health Needs Assessments (CHNA) are the foundation for improving and promoting the health of community members. The role of a Community Health Needs 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.

- Catholic Health Association

”



Previous Community Health Needs Assessment (CHNA) & Implementation Strategy (IS)/Community Health Improvement Plan (CHIP)



Previous CHNA (YEAR) and CHIP

In 2023, Avita Health System and Richland Public Health conducted their previous CHNA. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The 2024-2026 Avita Health System and Richland Public Health IS/CHIP addressed mental health and addiction, chronic disease, and maternal and infant health.

The previous CHNA was made available to the public on the following websites:

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

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

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

Impact/Process Evaluation of 2024-2026 Strategies

In collaboration with community partners, Avita Health System and Richland Public Health developed and approved an IS/CHIP report for 2024-2026 to address the significant health needs that were identified in the 2023 Avita Health System CHNA (mental health and addiction, chronic disease, and maternal and infant health). **Appendix A** describes the evaluation of the strategies that were planned in the 2024-2026 IS/CHIP.



Step 2

Define the Community that is Served by Avita Health System



In this step, Avita Health System:

- ✓ Described Avita Health System's service area
- ✓ Determined the purpose of the needs assessment

Defining the Avita Health System Service Area



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



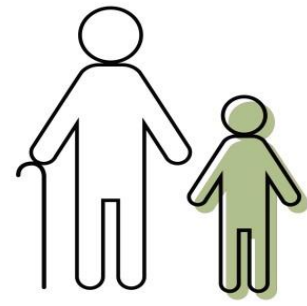
We currently serve a population of

125,099¹

Avita Health System 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.*

Avita Health System At-A-Glance

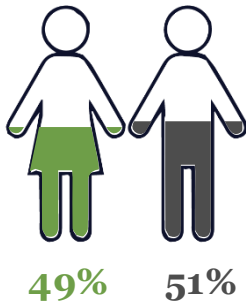


The life expectancy in Richland County of **74.5 years** is **1.2 years shorter** than it is for the state of Ohio.²

Youth ages 0-18 and seniors 65+ make up **42% of the population** (vs. **40%** for Ohio).

In the Richland County service area, **1 in 5 residents are ages 65+.**¹

51% of Richland County residents are **men**, vs. **49%** for Ohio.¹



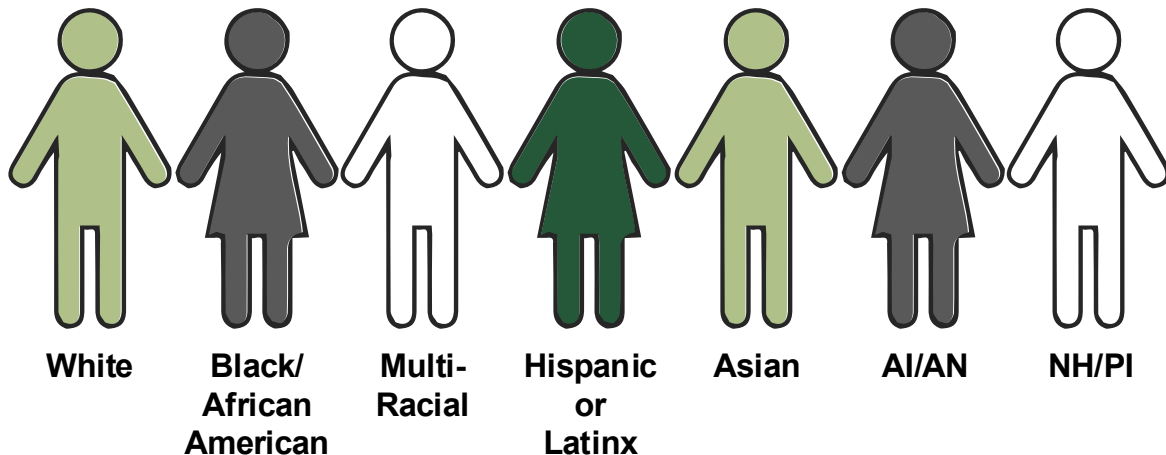
8%

of Richland County residents are **veterans**, vs. **7%** for Ohio.³

2% of Richland County's population is **foreign-born** (vs. **5%** for Ohio), while **5%** of Richland County residents **do not speak English as their first language** (vs. **8%** for Ohio).³



There is a **higher proportion of White residents** in Richland County than in the state of Ohio.¹



Richland	85%	7%	6%	2%	1%	0.1%	0.1%
Ohio	77%	12%	7%	5%	3%	0.2%	0%

AI/AN = American Indian/Alaska Native; NH/PI = Native Hawaiian/Pacific Islander

Steps 3 & 4

Identify, Understand, and Interpret the Data and Prioritize Health Needs

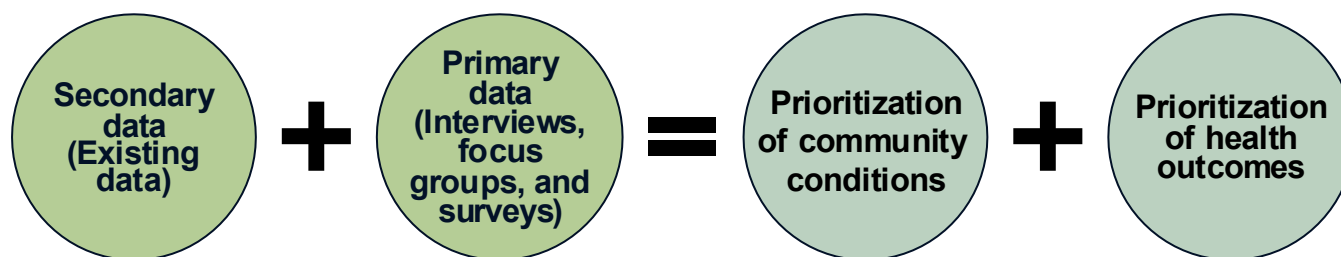


In this step, Avita Health System:

- ✓ Reviewed secondary data for initial priority health needs
- ✓ Collected primary data through interviews 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 barriers or social determinants of health
- ✓ Identified and understood causal factors
- ✓ Established criteria for setting priorities
- ✓ Validated priorities
- ✓ Identified available resources
- ✓ Determined resource opportunities



Understanding Prioritization of Health Needs



Community Conditions (also known as Social Determinants of Health or Barriers to Health) are components of someone's environment, policies, behaviors, and healthcare that affect the health outcomes of residents of a community. Examples include housing, crime/violence, access to healthcare, transportation, access to childcare, nutrition and access to healthy foods, and economic stability.

Health Outcomes are health results, diseases or changes in the human body. Examples include chronic diseases, mental health, suicide, injury, and maternal/infant health.

To align with the Ohio Department of Health's initiative to improve health, well-being, and economic vitality, Avita Health System included the state's priority factors and health outcomes when assessing the community.

Primary & Secondary Data Collection



Assessing Health Needs Through Community Data Collection

Health needs were assessed through a review and analysis of the secondary (existing) health data, interviews with community leaders, and a community survey (primary data collection). The health need issues will be prioritized using the following criteria.

Criteria for Prioritization of Health Need Issues:

1. The ranking of the health issue using data from the community survey and interviews with residents.
2. The seriousness of the issue indicated by secondary data.
3. The identification of how the health issue affects sub-populations within the community.

Furthermore, the health need indicators of the Avita Health System service area identified in the secondary data were measured against benchmark data, specifically state rates, national rates and/or Healthy People (HP) 2030 objectives. HP 2030 benchmark data can be seen in **Appendix B**.

The health needs were assessed through the primary data collection – key informant interviews and a community member survey. The information and data from both the secondary and primary data collection informs this CHNA report and the decisions on health needs that Avita Health System will address in its Implementation Strategy (IS).

The data collection process was designed to identify the priority issues in the community that affect health, solicit information on disparities among subpopulations, ascertain community assets to address needs, and uncover gaps in resources.

Review of Prior CHNA Data

To build upon the work initiated previously, the 2023 CHNA was reviewed. When making final decisions for the 2027-2029 IS, previous efforts will be assessed and analyzed.

Secondary data was collected for the CHNA in 2026. The most up-to-date data available at the time was collected and included in the CHNA report. Please refer to individual sources in the References section for more information on years and methodology.

Secondary Data Definitions

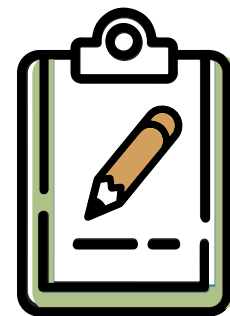
BRFSS: Behavioral Risk Factor Surveillance System

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

2026 health needs to be assessed:

- Access to healthcare
- Chronic diseases
- Crime/violence
- Economic stability
- Education
- Food insecurity
- Housing/homelessness
- Leading causes of death
- Maternal/child health
- Mental health
- Oral health
- Sociodemographic factors
- Substance use
- Tobacco/nicotine use
- Transportation
- Women's health

The secondary and primary data collection will ultimately inform the decisions on health needs that Avita Health System will address in the IS.



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. In 2023, we spoke **with 26 experts** from various organizations serving the Richland County community, including leaders and representatives of medically underserved, low-income, minority populations, and leaders from 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 of the populations in the area who are not regularly accessing healthcare 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)

Things People Love about the Community From Key Informant Interviews

“People work together to solve problems.”

Community Member Interview

“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

“I love the accessibility of the area and the friendly people and the laid-back lifestyle.”

Community Member Interview

“[There are] great partners that work well together; people are willing to do their part.”

Community Member Interview

Top Community Priorities From Key Informant Interviews



From Community Interviews:

Major health issues impacting community:

- Mental health/behavioral health
- Substance use/drug addiction
- Obesity/overweight
- Heart disease
- Diabetes
- Suicide
- Hypertension

Top socioeconomic, behavioral, and/or environmental factors impacting community:

- Lack of transportation
- Poverty
- Health education
- Food deserts/no supermarkets/only dollar stores
- Lack of affordable housing

Sub-populations in the area that face barriers to accessing healthcare and social services:

- Low-income
- Black and Brown communities/Black, Indigenous, People of Color
- Elderly/aging population
- Amish/Mennonite community

“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

“Lots of people live in unsafe housing with varmints; they’re not clean and are too crowded.”

Community Member Interview

“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

Primary Data Collection

Community Member Survey

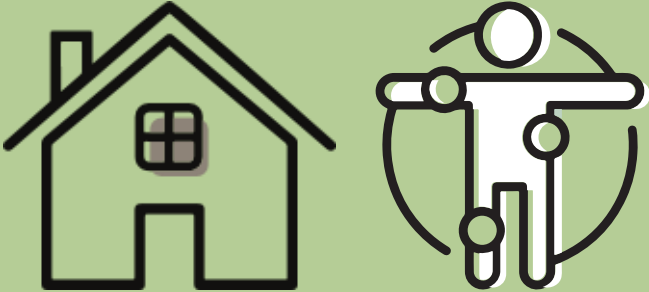


In 2023, the health department, hospital, and community partners shared the online community survey link with clients, patients, and others who live and/or work in the community. Additionally, other methods were used to distribute the survey to the community such as each key informant interview participant were asked to complete it. This resulted in **420 responses** to the community survey. The results of how the health needs were ranked in the survey for Richland County are found in the table below, including both community conditions (including social determinants of health, health behaviors, and access to care) and health outcomes. In cases where health needs were ranked equally, we applied a secondary ranking criterion based on the frequency of mentions in key informant interview analysis, with higher-frequency needs becoming priority in the ranking. More details about the survey, questions, and demographics can be found in **Appendix D**.

Health Needs Ranking From 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)

Health Needs

Community Conditions & Health Outcomes



Health Needs: Community Conditions & Health Outcomes

The following pages rank the health needs, which include both community conditions (including the social determinants of health, health behaviors, and access to care) and health outcomes. They are ranked and ordered according to the overall Richland County ranking from the community member survey, as seen on **page 21**. Note that not every health need has its own section, and some health needs have been combined to form larger categories, such as mental health. Each health need section includes a combination of different data sources collected from our community: secondary (existing) data, and primary (new) data – from the community member survey and key informant interviews with community leaders. Priority populations who are most affected by each health need and experience health disparities are also shown. Finally, where applicable, the Healthy People 2030 goals are highlighted, including the performance of Richland County and the state compared to the benchmark goal.



#1 Health Need: Mental Health

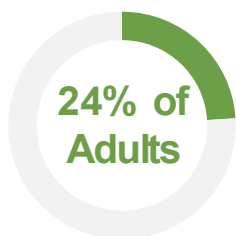
Mental health and access to mental healthcare was the **#1 ranked health need** reported in the community member survey, with **over 60%** of respondents selecting this option.

Mental health was one of the most commonly mentioned “**major healthcare issues**” in the community member interviews.

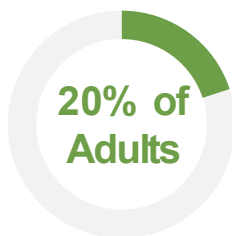


Almost 27% of Richland County survey respondents **rate their access to mental or behavioral health services as low or very low**, with another 39% rating it as neutral.

In Our Community



in BRFSS Region 3* have been diagnosed with **depression**, compared to 25% of Ohio adults.⁴



in Richland County and Ohio experienced **poor mental health** on 14 or more days in the past month.²

Richland County

210:1

Ohio

270:1

The 2025 County Health Rankings found that **Richland County has more mental health providers relative to its population when comparing the ratio to Ohio** (ratio of residents : mental health providers).²



Richland County adults experience an average of **6.1 mentally unhealthy days per month**, vs. **5.9 days** for Ohio adults.²

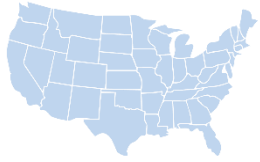


23% of Richland County adults **lack social and emotional support**, compared to 22% for Ohio.²

Only 23% of residents who responded to the 2023 community member survey requiring mental or behavioral health services **received all the care they needed**.

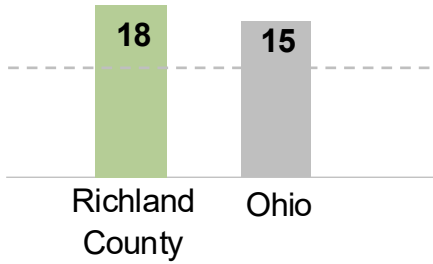
**Behavioral Risk Factor Surveillance System Region 3 includes Richland County.*

#1 Health Need: Mental Health



Healthy People (HP) 2030 National Targets

Suicide Rate



HP 2030 Target:
12.8 Per 100,000

Desired Direction: ↓

✗ Richland County and Ohio do not yet meet the target.⁵



Community Feedback

“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

“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 potential concern 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.

35–44-year-olds were most likely to rank their access to mental healthcare as low or very low in the community member survey.



The top priority population for mental health mentioned in the key informant interviews was **youth**.

Interview Findings

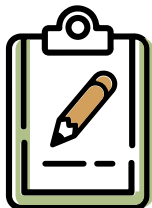
Top issues/barriers:

- Lack of mental health care services
- Waitlists
- Insurance did not cover cost of services
- Office hours didn’t work with schedule
- Stigma of mental/behavioral health

#2 Health Need: Substance Use



Trigger Warning: The following pages discuss problematic substance use and overdose, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support.



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.

In Our Community



In the community survey, **over half** of Richland County respondents (**52%**) reported **substance use** as one of their **top health concerns**.



25% of Richland County **motor vehicle crash deaths involved alcohol**, compared to 32% for Ohio.²



9% of BRFSS Region 3* adults have **used marijuana in the past 30 days**, compared to 14% for Ohio.⁴

**Behavioral Risk Factor Surveillance System Region 3 includes Richland County.*



Community Feedback

“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

“There are drug dealers that hang out by transitional homes for recovering addicts. The homes are in bad areas that do not support recovery.”

Community Member Interview

Interview Findings

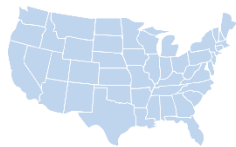
Top issues/barriers:

- Youth drug use
- Higher than average community drug use
- Increase in drug overdose deaths

“Most behavioral health programs have a waiting list.”

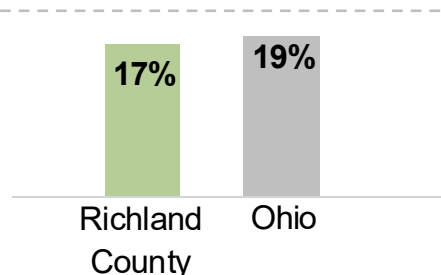
Community Member Interview

#2 Health Need: Substance Use



Healthy People (HP) 2030 National Targets

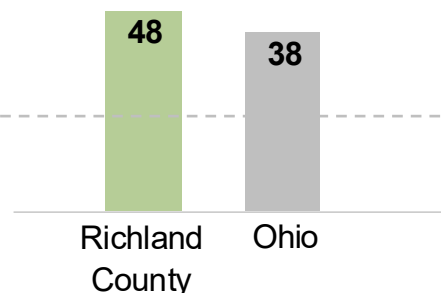
Adult Binge Or Heavy Drinking



HP 2030 Target: **23%**
Desired Direction: ↓

✓ Richland County and Ohio exceed the target.²

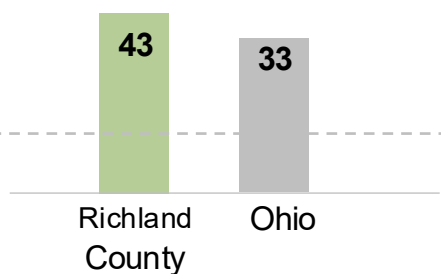
Unintentional Drug Overdose Deaths Per 100,000



HP 2030 Target: **20.7 per 100,000**
Desired Direction: ↓

✗ Richland County and Ohio do not yet meet the target. Note that only crude rates were available.⁵

Opioid Overdose Deaths Per 100,000



HP 2030 Target: **13.1 per 100,000**
Desired Direction: ↓

✗ Richland County and Ohio do not yet meet the target. Note that only crude rates were available.⁶

Priority Populations Addiction & Substance Use

While **addiction & substance use** are potential concerns 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...

Youth are more impacted by substance use due to their developing brains.⁷



In Ohio, binge drinking rates were highest among **men, higher-income households, and those with a college degree.**⁴

According to the community survey, over half of Richland County residents **ages 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%).



At the Ohio level, marijuana use was highest among **those ages 18-24, men, Black non-Hispanic adults, lower-income households, and those who are less educated.**⁴

#3 Health Need: Income/Poverty & Employment



Economic stability includes **income, employment, education,** and many of the most important social factors that impact the community's health.



52% of Richland County children are eligible for free or reduced-price lunch, compared to **42%** for Ohio.²



5% of Richland County residents are **unemployed**, compared to **4%** for Ohio.²

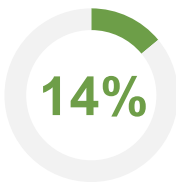
In Our Community



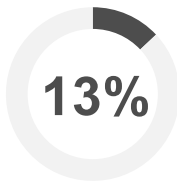
Richland County: \$57,261
Ohio: \$67,873

Richland County's median household income (**\$57,261**) is **lower** than the state average for Ohio (**\$67,873**).²

Poverty Rate



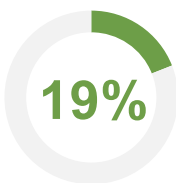
Richland



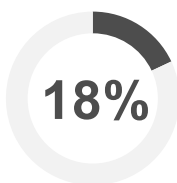
Ohio

The **overall poverty rate** is **slightly higher** for Richland County (**14%**) compared to Ohio (**13%**).⁸

Child Poverty Rate



Richland



Ohio

The **child poverty rate** for Richland County (**19%**) is **slightly higher** than the rate for Ohio (**18%**).⁸



48%

of community survey respondents reported **income and poverty** as a **top health need** in Richland County. **23%** also reported that **employment** is a top concern in the community.



Community Feedback

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

Community Member Interview

#3 Health Need: Income/Poverty & Employment



ALICE* data looks at households that earn more than the federal poverty level, but less than the basic cost of living for the county.

According to 2024 ALICE* data:⁹

25% of Richland County are ALICE households, compared to **23%** for Ohio.

11% of Richland County households live in poverty, compared to **13%** for Ohio.

*ALICE: Asset Limited, Income Constrained, Employed.



Community Feedback

“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 [so are] jobs for people without a college degree to have a livable wage.”

Community Member Interview

Interview Findings

Top issues/barriers:

- Higher-than-average poverty in the community
- Lower-than-average incomes

Priority Populations

Income/Poverty & Employment

While **income/poverty and employment** are potential concerns 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...

Mansfield experiences higher poverty levels than Richland County overall, with a poverty rate of 24%.⁸



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.

According to the community survey, there are significantly more residents working full-time in Shelby (44875)—93% than in **Mansfield (44903)**—75%.

The top reported priority populations from the key informant interviews include:

- **Mansfield North End**
- **Black, Indigenous, People of Color**
- **Elderly**

A family of four in Ohio with one infant and one preschool child in childcare **needs \$81,852 a year** to afford health care and other basic essential needs. **A family of four in Richland County would need \$73,452.**⁹



#4 Health Need: Crime & Violence



Trigger Warning: The following page discusses violence, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support.

In 2023, 83% of community members felt that addressing crime and violence in the community was important or very important.

In Our Community

Property crime rates are higher in Richland County than Ohio overall.¹⁰

Property Crime Rates Per 100,000¹⁰



Violent Crime Rates Per 100,000¹⁰



Community Feedback

“2023 [was] difficult. There has been an increase in homicides.”

Community Member Interview

“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

Priority Populations Crime & Violence

While **crime and violence** are potential concerns 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.

Interview Findings

Top issues/barriers:

- Crime/violence due to drugs
- Increase in shootings/gun violence
- Gang activity

#5 Health Need: Adverse Childhood Experiences



! *Trigger Warning: The following page discusses trauma and abuse, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline for 24-hour, confidential support.*



In 2023, **92%** of survey respondents said that child abuse was an **"Important"** or **"Very Important"** issue to address in the community.

In Our Community



Richland County (8.1) has a higher rate of substantiated child abuse reports per 1,000 children than the state of Ohio (**3.9**).¹¹

Richland County Children Services' 2025 annual report shared the following data on the services it provided that year:¹²

- Provided services to **1,455** alleged child victims
- Average number of children receiving protective ongoing services per month: **275**
- Calls into the Agency Screening department: **7,334**



Community Feedback

"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

Priority Populations Adverse Childhood Experiences

While **adverse childhood experiences** are a potential concern 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 with the following **risk factors** are more likely to be impacted by ACEs:¹³

- Lower income
- Living in communities with unstable housing or frequent moves
- Living in communities with high rates of violence or crime
- Limited connection to extended family, friends, or neighbors



Significantly more **Mansfield (44903) residents (41%)** ranked "adverse childhood experiences" as a top health concern in the community survey.

Interview Findings

Top issues/barriers:

- Mental health support for children
- Substance use and domestic violence

#6 Health Need: Food Insecurity



In 2023, when asked what resources were lacking in the community, **40%** of Richland County survey respondents answered **affordable food**.

33% of survey respondents ranked **access to healthy food** as a top concern.

In Our Community

According to Feeding America, **16% of Richland County** residents and **15% of Ohio** residents experience **food insecurity**.¹⁴

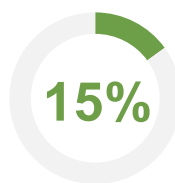


In 2026, these were the **places to access food** in Richland County:

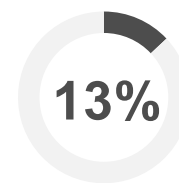
- 121 SNAP benefit retailers
- 96 fast-food and take-out restaurants
- 31 limited-service stores
- 9 full-service supermarkets



A **slightly higher rate** of Richland County households access **Supplemental Nutrition Access Program (SNAP) benefits** than Ohio overall (**15% vs. 13%**).⁸



Richland County



Ohio

Richland County's food environment rating of **6.8 out of 10** (which includes access to healthy foods and food insecurity, with 0 being worst and 10 being best) is **slightly lower** than **Ohio's rating** of 7.0 out of 10.²



#6 Health Need: Food Insecurity



Community Feedback

“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 health food or nutrition education throughout the country. Many grocery stores have closed and are being replaced by Dollar Generals. People have to travel far to access health 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

Interview Findings

Top issues/barriers:

- Food deserts/only options are Dollar Generals
- Transportation
- Need for education and access

Priority Populations

Food Insecurity

While **food insecurity** is a potential concern 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 Hunger in Ohio 2024 report, **minority populations** often experience higher rates of food insecurity due to disparities in employment, education, and access to resources.¹⁵



22% of children in Richland County **experience food insecurity**, slightly higher than Ohio (20%).¹⁴

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.



According to the community survey, over **54% of Galion*** residents feel that **access to healthy foods needs to be addressed** in Richland County.

**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.*

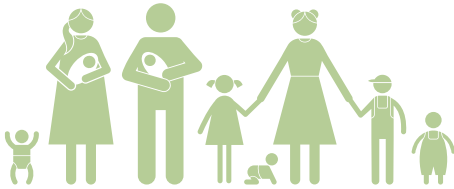
#7 Health Need: Access to Childcare



In Our Community



The average two-child Richland County household spends **30% of its income on childcare**, compared to **32%** for Ohio.²



Childcare Availability

Richland County **5**

Ohio **6**

Richland County has **5 licensed child care centers per 1,000 children under 5 years old**, compared to **6** for Ohio.¹⁶



27% of Richland County community members surveyed in 2023 said that **access to childcare is a very concerning issue** in their community.

According to the 2024 Ohio Childcare Resource & Referral Association Annual Report, the **average cost of childcare in Ohio** ranges from **\$8,631** per year (for school-aged children cared for outside of school hours) to **\$13,859** per year (for infants under one year of age).¹⁷



According to the 2024 Groundwork Ohio statewide survey, **49% of working parents** stated that they have had to **cut back on working hours to care for their children**.¹⁸

#7 Health Need: Access to Childcare



Community Feedback

“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

“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



Priority Populations

Access to Childcare

While **access to childcare** is a potential concern 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, Richland County residents **ages 25-44** were **more likely** to report childcare among their top five health concerns **than residents 35-64**.



Female survey respondents were significantly more likely than males to rank access to childcare as a priority concern.

73% of Ohioans surveyed say that **quality childcare is expensive locally**.¹⁸ This expense can especially strain **lower-income households**.

Interview Findings

Top issues/barriers:

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

#8 Health Need: Access To Health Care



70% of Richland County survey respondents **had a routine checkup in the past year**, which is **less than** the Ohio average of 77%.¹⁹

70% of Richland County survey respondents **visited a dentist or dental clinic in the past year**, which is **more than** the Ohio average of 64%.²⁰

In Our Community

Richland County has fewer primary and dental care providers relative to its population when comparing the ratios to Ohio.²

Richland County*
2,280:1²



Ohio*
1,300:1²

*residents : primary care providers

Richland County**
1,620:1²



Ohio**
1,520:1²

**residents : dental care providers



Almost 1 in 5 (16%)

survey respondents in 2023 had a time in the last year when **they needed dental care but could not get it.**



86%

of 2023 community survey respondents reported that they **have a personal physician/primary care provider.**

2023 Barriers To Care



18% of community survey respondents **could not obtain a necessary prescription medication** in the past year.



23% of community survey respondents' **usual source of care** is an **urgent care clinic.**



29% of community survey respondents have **delayed or gone without medical care** due to being unable to get an appointment.

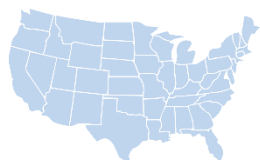


Community Feedback

“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).”

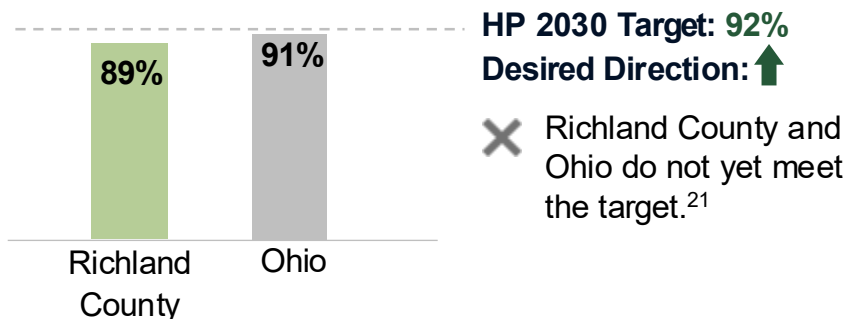
Community Member Interview

#8 Health Need: Access To Health Care



Healthy People (HP) 2030 National Targets

Adult Health Insurance Coverage



Community Feedback

“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

Interview Findings

Top issues/barriers:

- Transportation
- Long waits
- Insurance is too expensive

Priority Populations Access To Healthcare

While **access to health care** is a potential concern 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...



Survey respondents **ages 55-64** were more likely than other respondents to rate access to healthcare as a priority health need.



According to the community survey, **males (12%)** in Richland county were **more likely** to report that their **last checkup was 3-5 years ago**.

Community survey respondents with an annual household income of **\$35,000-\$49,999** were **less likely to visit doctors’ offices** for routine care.



According to the 2025 Edelman Trust Barometer Special Report, **younger people (ages 18-34)** are more likely to take uncredentialed health advice.²²

#9 Health Need: Housing & Homelessness



53% of 2023 survey respondents reported **affordable housing** as a resource that is lacking in the community. **Affordable housing was the #1 reported resource needed in Richland County in the community survey.**

In Our Community



1% of Richland County households are considered “**crowded**” (more than one occupant per bedroom), compared to 2% for Ohio. Housing overcrowding is often a marker of poverty and social hardship.²³



Freddie Mac estimates that the **vacancy rate** should be **13%** in a well-functioning housing market. However, there is only an **8%** vacancy rate in Richland County and Ohio overall.²³



10% of Richland County renters experience **severe housing cost burden** (spend 50% or more of their income on housing), vs. **12%** for Ohio.²



1% of both Richland County and Ohio households experience **severe housing problems** (lack of kitchen facilities and/or lack of plumbing facilities).²³



Community Feedback

“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



In 2026, the **homelessness point-in-time count** (including both sheltered and unsheltered people) was reported as **84** in Richland County.²⁴

Note that this count likely does not account for all who may be experiencing homelessness, as it is an observation from one day.



Data shows that **15%** of Richland County households are **seniors who live alone**, compared to 13% for Ohio. Seniors living alone may be isolated and lack adequate support systems.³

#9 Health Need: Housing & Homelessness



Community Feedback

“Landlords aren’t being held accountable to keep housing [quality] up.”

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 Interview

Interview Findings

Top issues/barriers:

- Quality low-income housing
- Lack of affordable entry-level housing
- Difficulty accessing resources

Top resources, services, programs, and/or community efforts:

- Mansfield Metropolitan Housing Authority
- Catholic Charities
- Job and Family Services

Priority Populations

Housing & Homelessness

While **housing and homelessness** are potential concerns 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).

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.

#10 Health Need: Nutrition & Physical Health

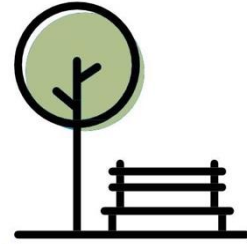


In Our Community



More than 1 in 4 (29%)

Richland County adults reported participating in **no physical activity** outside of work, **slightly higher** than for Ohio (28%).²



32% of 2023 community survey respondents **say that recreational spaces are lacking** in Richland County.



Slightly more Richland County adults (**21%**) reported their health as **fair or poor** than Ohio adults (19%).²

Busy Schedule

57%

38%

Money

Lack of Energy

51%

25%

Intimidation of going to a gym

Stress

38%

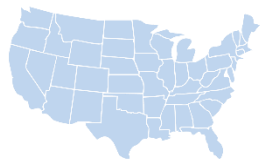
18%

Convenience (eating out is easier)

Barriers to Getting Healthier

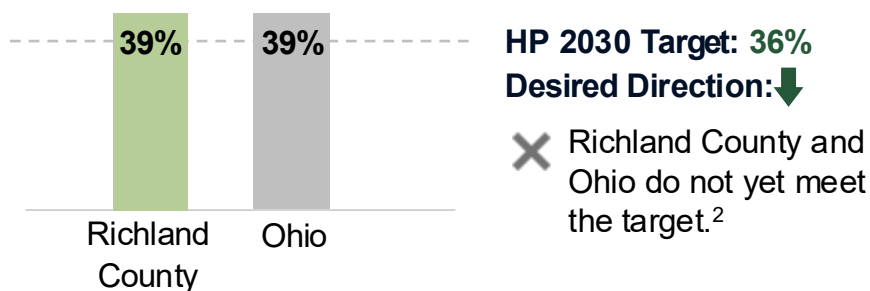
Reported in the 2023 community member survey.

#10 Health Need: Nutrition & Physical Health



Healthy People (HP) 2030 National Targets

Adult Obesity



Community Feedback

“[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

“Kids get out less and less, but it also has to do with safety...”

Community Member Interview

Priority Populations Nutrition & Physical Health

While **nutrition and physical health** are potential concerns 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...

43% of Shelby (44875) survey respondents **feel intimidated or awkward going to the gym**, significantly more than the respondents in Mansfield (44903 & 44907).

27% of Mansfield (44907) community survey respondents indicated **not enjoying exercise** as a barrier to getting in shape, significantly more than **Mansfield (44903)** respondents.

Interview Findings

Top issues/barriers:

- Unhealthy food is cheap/healthy food is expensive
- The community is sedentary/not motivated

Top resources, services, programs, and/or community efforts:

- Urban farms
- YMCA
- Parks/trails

#11 Health Need: Chronic Diseases



In Our Community

Heart Disease

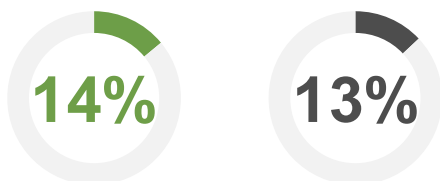


BRFSS Region 3*

Ohio

9% of BRFSS Region 3* adults report having been told they have **heart disease**, compared to 7% of Ohio adults (includes heart attack, angina, or coronary heart disease).⁴

Diabetes

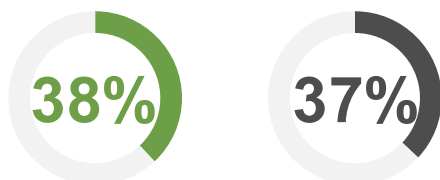


BRFSS Region 3*

Ohio

14% of BRFSS Region 3* adults report having been told they have **diabetes**, compared to 13% of Ohio adults.⁴

High Blood Pressure



BRFSS Region 3*

Ohio

38% of BRFSS Region 3* adults report having been told they have high blood pressure, compared to 37% of Ohio adults.⁴



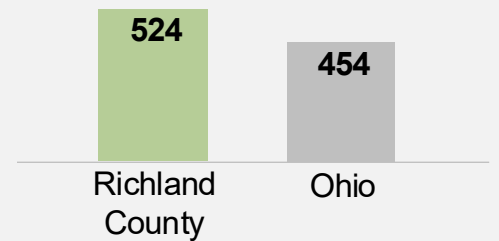
17% of Richland County adults identify as having a **disability**, vs. 14% for Ohio.³



22% of community survey respondents chose **chronic diseases** as a top community health need.

47%

of community survey respondents said they saw **disabilities as a very important health need.**



From the 2025 County Health Rankings, Richland County (524) had a **higher average rate of premature deaths** per 100,000 residents under age 75 (age-adjusted) than Ohio overall (454).²

**Behavioral Risk Factor Surveillance System Region 3 includes Richland County.*

#11 Health Need: Chronic Diseases



Almost 1 in 5 (16%)

Richland County survey respondents in 2023 **rated their health as very fair or poor.**



Community Feedback

“A lot of resources went away with COVID-19. There is a lack of social workers. There are a lot of seizure disorders, and 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

Priority Populations

Chronic Diseases

While **chronic diseases** are potential concerns 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 who 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.



Chronic conditions are more common in **older adults**.⁴

50% of individuals **aged 18-34 and 65+** reported **cancer** as a “**very important**” health need to address in the community survey.



Lower-income people are at a higher risk of developing many chronic conditions.⁴

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).



#11 Health Need: Chronic Diseases

According to data from the Centers for Disease Control and Prevention, cancer is the **second leading cause of death** in Richland County. Richland County has a **higher overall cancer incidence rate** per 100,000 than Ohio.^{5, 25}

496

Richland County²⁵

471

Ohio²⁵

Cancer Incidence

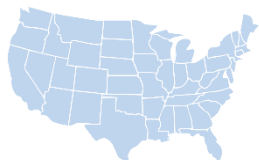
Prostate, Lung and Bronchus, Colon and Rectum, Uterus, Bladder, Non-Hodgkin Lymphoma, Kidney and Renal Pelvis, Pancreas, Oral Cavity and Pharynx, Testis, Brain and Other CNS**, Esophagus, and Hodgkin Lymphoma cancers had **higher incidence rates in Richland County** than in Ohio.²⁵

Prostate	131	121
Breast (Female)	130	133
Lung and Bronchus	66	63
Colon and Rectum	40	38
Uterus	39	30
Bladder	25	22
Melanoma of the Skin	24	27
Non-Hodgkin Lymphoma	22	19
Kidney and Renal Pelvis	20	18
Pancreas	15	14
Oral Cavity and Pharynx	14	13
Leukemia	13	13
Thyroid	12	14
Ovary	9	10
Testis	9	6
Cervix	8	8
Liver and Intrahepatic Bile Duct	8	8
Brain and other CNS**	8	7
Esophagus	7	6
Multiple Myeloma	6	6
Stomach	5	6
Hodgkin Lymphoma	4	3
Larynx	4	4

Richland County*

Ohio*

*Age-adjusted rates per 100,000, 2018-2022 average
**Central Nervous System



Healthy People (HP) 2030 National Targets



Richland County does not yet meet the Healthy People 2030 target for colon and rectal, lung, and overall cancer mortality rates.⁵ The specific targets can be found in **Appendix B**.

#12 Health Need: Education



19% of community survey respondents reported education as a top health need in Richland County.

In Our Community



Richland County (89%)

Ohio (92%)

According to County Health Rankings, Richland County (89%) has **fewer** residents, aged 25 and older, with a **high school degree or equivalent** than Ohio (92%).²

Fewer residents, aged 25 and older, in Richland County (52%) have **some college education** (including those who have and have not attained degrees) than in the state of Ohio (66%).²

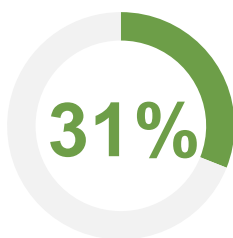
Richland County (52%)



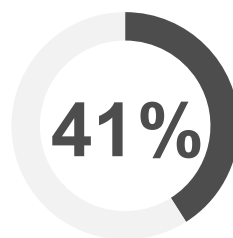
Ohio (66%)



Preschool Enrollment²⁶



Richland County



Ohio

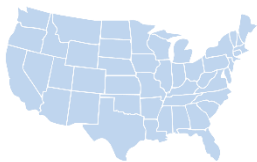


31% of 3- and 4-year-olds in Richland County were enrolled in preschool in 2024. This is **lower** than the overall Ohio rate of 41%.²⁶



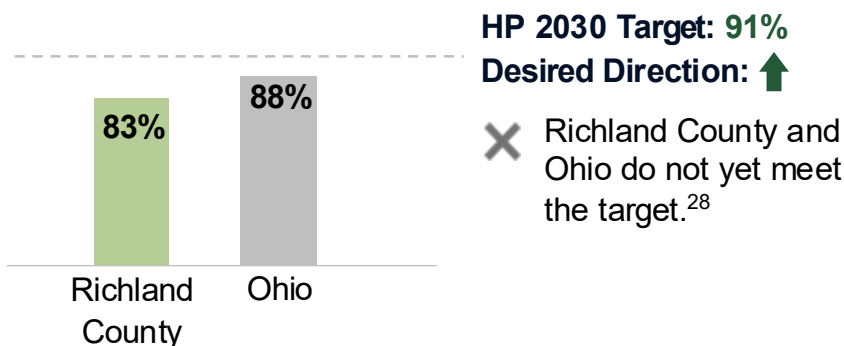
Preschool enrollment can improve short- and long-term socioeconomic and health outcomes, particularly for disadvantaged children.²⁷

#12 Health Need: Education



Healthy People (HP) 2030 National Targets

High School Graduation Rate*



*Percent of cohort who graduate high school in 4 years.



Community Feedback

“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

“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

Priority Populations Education

While **education** is a potential concern 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**.

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.

The top reported priority populations from the key informant interviews include:

- **Low-income**
- **Black, Indigenous, People of Color**
- **Children with disabilities**
- **Youth in Mansfield North End**

Interview Findings

Top issues/barriers:

- The education system ranks low in the state
- Poor support for children with disabilities
- Education unevenly distributed
- Negative school district perception
- City schools are underfunded
- Transportation to and from school

#13 Health Need: Transportation



18% of community survey respondents reported **transportation** as a top health need in Richland County.

In Our Community



24% of community survey respondents say that **transportation is lacking** in Richland County.

When analyzing the most populous places in **Richland County**, according to Walkscore.com*, most areas were **'Somewhat Walkable'**, with Lexington and Mansfield being **'Car Dependent.'**²⁹



*Scores are determined by analyzing walking routes to nearby amenities (e.g., groceries, dining, schools, parks). Points are awarded based on the distance to amenities and also factor in pedestrian friendliness by analyzing population density and road metrics.

According to the American Community Survey:



81% of Richland County residents **drive alone to work**, compared to 75% for Ohio.⁸



1% of Richland County residents **walk to work** (vs. 2% for Ohio), and **less than 1%** use **public transportation** (vs. 1% for Ohio).⁸



The average **daily commute time** for Richland County workers (**22 minutes**) is **slightly shorter** than for Ohio (23 minutes).⁸

#13 Health Need: Transportation



Community Feedback

“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

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

Community Member Interview

Priority Populations Transportation

While **transportation** is a potential concern for the entire community, some groups 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).

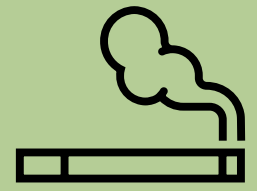
15% of community members with a **disability** surveyed ranked transportation as a top concern.



Those with a **long daily commute** in vehicles are at risk of increased blood pressure and body mass index (BMI) and decreased physical activity.²

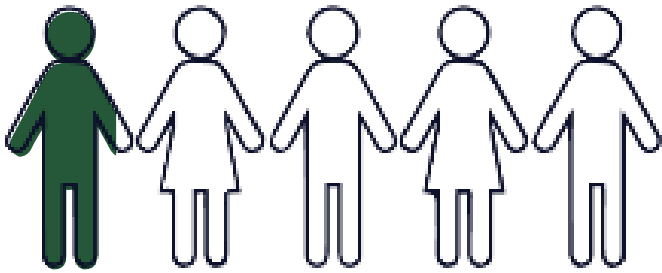


#14 Health Need: Tobacco & Nicotine Use



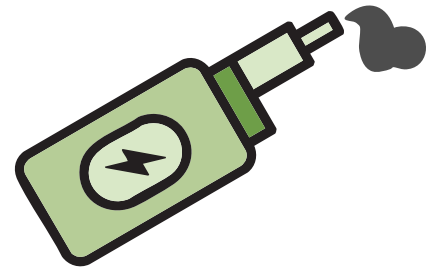
10% of community survey respondents indicated that **tobacco and nicotine use** were top concerns in Richland County.

In Our Community



Nearly 1 in 5 (19%)

Richland County adults are **current smokers**, compared to 18% of Ohio adults.²

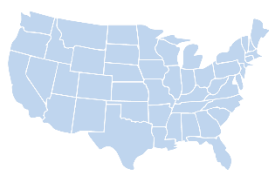
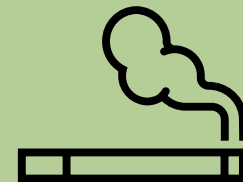


8% of both BRFSS Region 3* and Ohio adults reported **currently using e-cigarettes every day or some days**.⁴

**Behavioral Risk Factor Surveillance System Region 3 includes Richland County.*

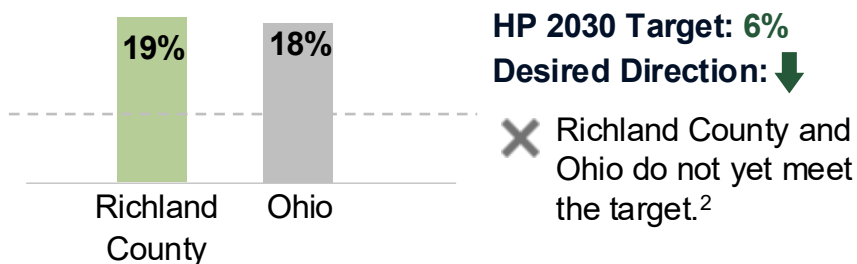


#14 Health Need: Tobacco & Nicotine Use



Healthy People (HP) 2030 National Targets

Adult Cigarette Smoking



Community Feedback

“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

Priority Populations Tobacco & Nicotine Use

While **tobacco and nicotine use** are potential concerns 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%).

According to Ohio data, the smoking rate is highest in **people with disabilities, those with lower incomes, and people with lower education levels.**⁴

At the Ohio level, e-cigarette rates are highest in **adults ages 18-24, multiracial residents, lower-income people, and those without a college degree.**⁴

Interview Findings

Top issues/barriers:

- Vaping



#15 Health Need: Preventive Care & Practices

In Our Community



91%

of community survey said that **addressing preventive care & practices** in Richland County is **important or very important**

According to the Richland County Community Member Survey:

46%

of respondents have had a **seasonal flu (influenza) vaccine** in the past year.



Interview Findings

Top issues/barriers:

- Misinformation
- Transportation



Community Feedback

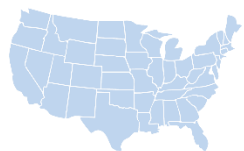
“Lack of participation affects being able to provide services because there is an attitude of ‘if it’s not broken, let’s not fix it’, so there is a prevention issue with all communities.”

Community Member Interview

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

Community Member Interview

#15 Health Need: Preventive Care & Practices



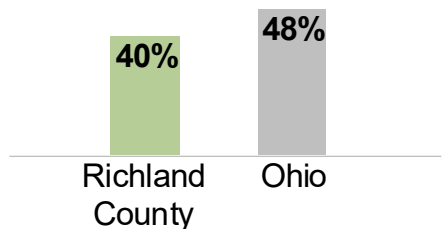
Healthy People (HP) 2030 National Targets

Medicare Enrollee Annual Flu Vaccination

HP 2030 Target: **70%**

Desired Direction: **↑**

✗ Richland County and Ohio do not yet meet the target.²

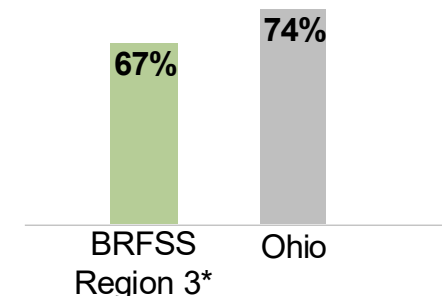


Women 21-65 With Pap Smear In Past 3 Years

HP 2030 Target: **79%**

Desired Direction: **↑**

✗ Richland County and Ohio do not yet meet the target.²⁰

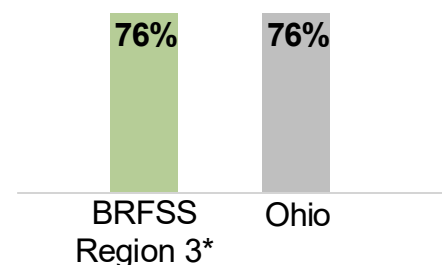


Women 50-74 With Mammogram In Past 2 Years

HP 2030 Target: **80%**

Desired Direction: **↑**

✗ Richland County and Ohio do not yet meet the target.²⁰

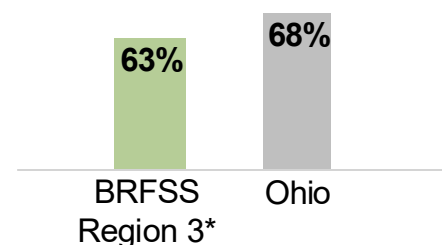


Adults 45-75 Who Meet Colorectal Screening Guidelines

HP 2030 Target: **73%**

Desired Direction: **↑**

✗ Richland County and Ohio do not yet meet the target.²⁰



Priority Populations Preventive Care & Practices

While **preventive care and practices** are potential concerns 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...

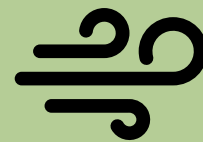


According to the community survey, **over half (58%) of the 55-64 age group** feels that preventive practices are very important to address in Richland County.

Mansfield (44907, 44902, 44905), Butler (44822), and 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 respondents.

**Behavioral Risk Factor Surveillance System Region 3 includes Richland County.*

#16 Health Need: Environmental Conditions



20% of 2023 community survey respondents reported **air and water quality** as a top health need for the community.

In Our Community



In 2025, there were **5 drinking water violations** reported in Public Water Systems in Richland County.³⁰



Richland County



Ohio

In 2020 (most recent data available), Richland County had **slightly lower levels of air pollution**, at **7.5** micrograms of particulate matter per cubic meter of air, than Ohio at **7.9**.²

Priority Populations

Environmental Conditions

While **environmental conditions** are a potential concern 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...



People **aged 65+** have a higher risk of premature death when exposed to air pollution long-term.²

Community survey respondents **aged 45-54** were more likely to rate environmental conditions as a priority need than those from other age groups.



According to community survey responses, **69% of Mansfield (44906)** residents feel that air and water quality are very important to address in Richland County.

#17 Health Need: Internet Access

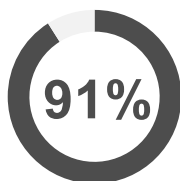


Ohio ranks 30th out of the 50 U.S. States in BroadbandNow’s 2026 rankings of internet coverage, speed, and availability (with 1 being better coverage).³¹

In Our Community



Richland County



Ohio

Slightly more Richland County households **have a broadband internet connection** compared to Ohio.³¹



Community Feedback

“Schools try to give students computers, but then they get home and don’t have internet access.”

Community Member Interview

Priority Populations

Internet Access

While **internet/Wi-Fi access** is a potential concern 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...

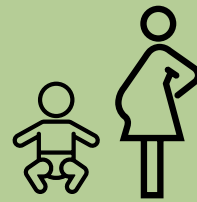


Mansfield (94%) has a **slightly greater broadband internet connection** than Shelby (93%).³¹

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%).

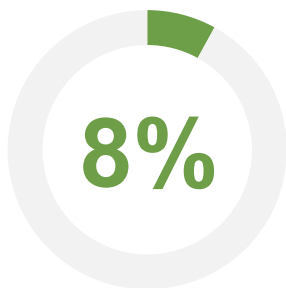
According to the community survey, **42% of residents aged 55-64** rank internet/Wi-Fi as important to address in the community, **significantly more than those 25-44 years old** (26%).

#18 Health Need: Maternal, Infant, & Child Health

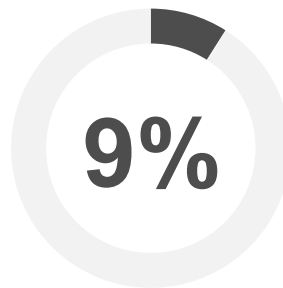


6% of community survey respondents say that addressing **maternal, infant, and child health** in the community is a top concern.

In Our Community



Richland County²



Ohio²



Richland County (8%) has a **slightly lower low-birth-weight rate** (less than 5 pounds and 8 ounces) than Ohio (9%).²



Among **female teenagers in Richland County** (ages 15-19), there are **25 births** per 1,000 teenage girls.

This is **higher** than the Ohio rate of 16 births per 1,000 teenage girls.²

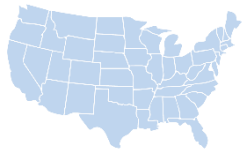


Community Feedback

“There is lots of emphasis on [maternal and infant health], billboards, family & children council, working with health departments, home visits, showing people how to set up a crib, safe sleeping, etc.”

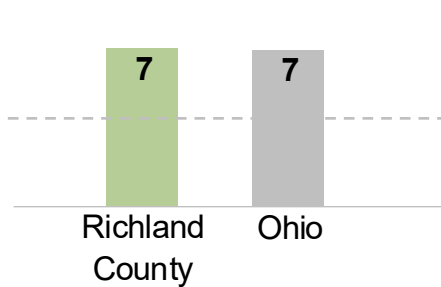
Community Member Interview

#18 Health Need: Maternal, Infant, & Child Health



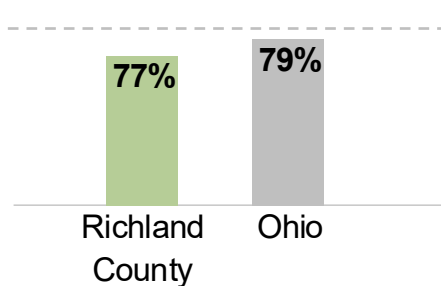
Healthy People (HP) 2030 National Targets

Infant Mortality Rate Per 1,000



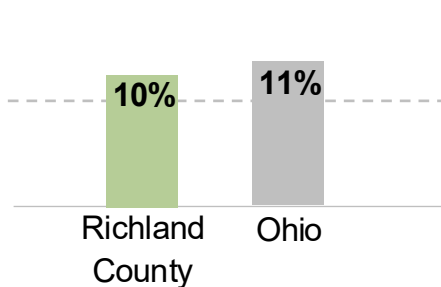
HP 2030 Target: **5 Per 1,000**
 Desired Direction: **↓**
 ✗ Richland County and Ohio do not yet meet the target.³²

Early and Adequate Prenatal Care



HP 2030 Target: **81%**
 Desired Direction: **↑**
 ✗ Richland County and Ohio do not yet meet the target.³³

Preterm Birth Rate



HP 2030 Target: **9%**
 Desired Direction: **↓**
 ✗ Richland County and Ohio do not yet meet the target.³⁴



Community Feedback

“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 Interview

Priority Populations Maternal, Infant, & Child Health

While **maternal, infant, and child health** are potential concerns 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.



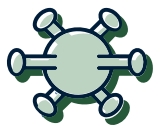
In Ohio, as in the nation, rates of severe maternal morbidity are much higher among **non-Hispanic Black women** compared to White women.³⁵

Interview Findings

Top issues/barriers:

- Higher than average infant mortality

#19 Health Need: HIV/AIDS & STIs



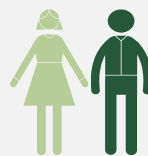
1% of community survey respondents in Richland County feel that addressing **HIV/AIDS and Sexually Transmitted Infections (STIs)** in the community is a **top concern**.

Priority Populations HIV/AIDS & STIs

While **HIV/AIDS and STIs** are potential concerns 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 important health concerns.

Chlamydia rates in Ohio are higher among **women** and **those ages 20-24**.³⁶

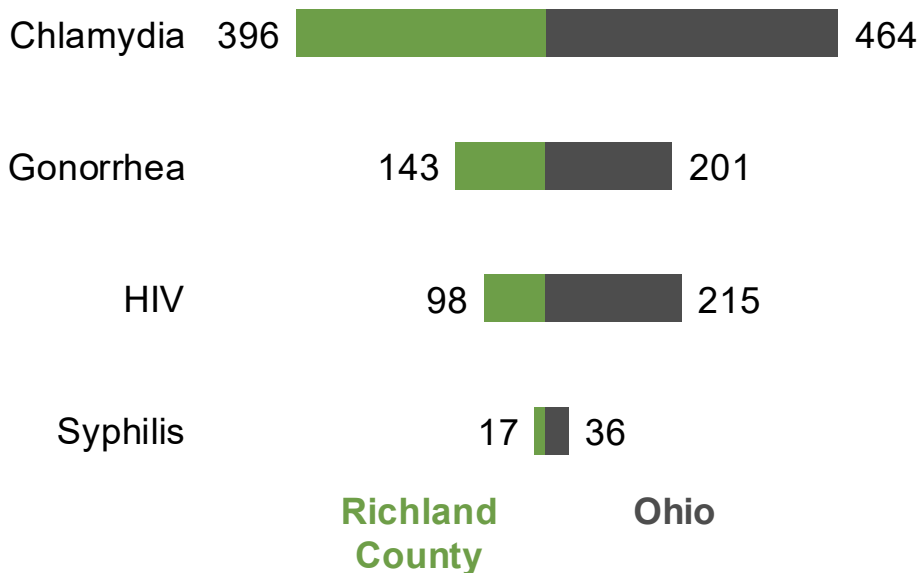


State syphilis rates are higher among **men** and **those ages 25-34**.³⁶

STI rates in Ohio are higher among **Black/African American** residents.³⁶

In Our Community

STI/HIV rates per 100,000 people^{36, 37}



Richland County has lower rates of **HIV and STIs** than Ohio overall.^{36, 37}



Community Feedback

“[We need] better sex education for children to try to fill [knowledge] voids that they may have with these relationships.”

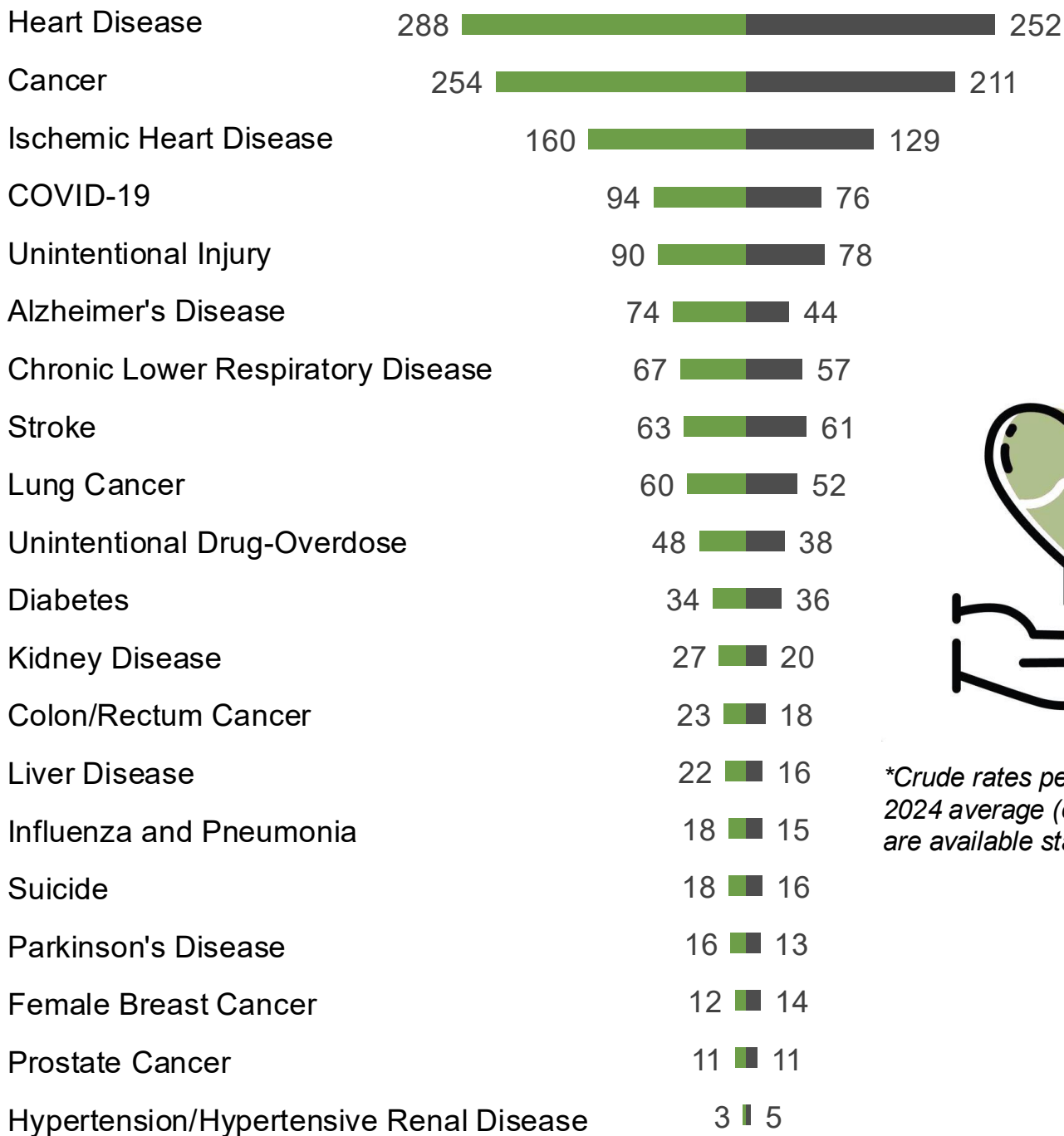
Community Member Interview

Leading Causes of Death



Richland County (1,337) has a **higher all-cause crude mortality rate** (meaning the overall death rate from all causes) per 100,000 than Ohio (1,162).

The top two leading causes of death in Richland County are heart disease and cancer.⁵



**Crude rates per 100,000, 2020-2024 average (only crude rates are available starting in 2021)*

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.

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

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

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

Adverse Childhood Experiences (ACEs) (cont.)

- 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.

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

Chronic Diseases

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

Crime & 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

Ideas for Change

From Our Community (continued)



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

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

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

Maternal/Infant/Child Health

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

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

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

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

Ideas for Change

From Our Community (continued)



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

Preventive Practices

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

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

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 OhioHealth

Current Resources

Addressing Priority Health Needs

Richland County



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.

- | | | |
|--|--|--|
| <p>Cancer</p> <ul style="list-style-type: none"> • American Cancer Society • Avita Health System • Breast Cancer Group • Krocker 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 <p>Dementia/Alzheimer's Disease</p> <ul style="list-style-type: none"> • 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 <p>Diabetes</p> <ul style="list-style-type: none"> • Akron Children's Hospital • Avita Health System • Bike Trail • Community Health Educators • Diabetes Association | <p>Diabetes (cont.)</p> <ul style="list-style-type: none"> • 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 <p>Disabilities</p> <ul style="list-style-type: none"> • 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 <p>Family Planning</p> <ul style="list-style-type: none"> • 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 Services | <p>Heart Disease</p> <ul style="list-style-type: none"> • Akron Children's Hospital • Avita Health System • Cleveland Clinic • Community Health Workers • From the Heart • OhioHealth • Richland Public Health • Third Street Family Health Services <p>Social Services, Injury and Violence</p> <ul style="list-style-type: none"> • 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 (continued)



Richland County

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

Nutrition, Physical Activity, and Weight (cont.)

- 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

Substance Use (cont.)

- 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 5

Document, Approve, and Post the Report



In this step, Avita Health System:

- ✓ Wrote an easily understandable Community Health Needs Assessment (CHNA) report
- ✓ Adopted and approved CHNA report
- ✓ Disseminated the results so that it was widely available to the public

Document, Approve, and Post the Report



Avita Health System worked with Moxley Public Health to pool expertise and resources to conduct the 2026 Community Health Assessment (CHNA). By gathering secondary (existing) data and conducting new primary research as a team (through interviews with community leaders and a community member survey), the stakeholders will be able to understand the community's perception of health needs. Additionally, Avita Health System will be able to prioritize health needs with an understanding of how each need compares against benchmarks and is ranked in importance by service area residents.

The 2026 Avita Health System CHNA, which builds upon the prior assessment completed in 2023, meets all Internal Revenue Service (IRS), Public Health Accreditation Board (PHAB), and Ohio state requirements.

Report Adoption, Availability and Comments

This CHNA report was adopted by Avita Health System leadership and made widely available on Avita Health System's website in June 2026.

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

Written comments on this report are welcome and can be made by emailing: ckropka@avitahs.org.



Conclusion & Next Steps



The next steps will be:

- Develop Implementation Strategy (IS) for 2027-2029
- Select priority health needs
- Choose indicators to view for impact change for 2027-2029 priority health needs
- Develop SMART objectives for IS
- Select evidence-based and promising strategies to address priority health needs

Conclusion & Next Steps For Avita Health System



- Monitor community comments on the CHNA report (ongoing) to the provided Avita Health System contact.
- Select a final list of priority health needs to address using a set of criteria that is recommended by Moxley Public Health, MAPP 2.0, and PHAB (Public Health Accreditation Board) and approved by Avita Health System. 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.
- Community partners (including the hospital, health department, and many other organizations throughout the service area) 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 2027-2029 Implementation Strategy (IS) (that includes indicators and SMART objectives to successfully monitor and evaluate the improvement plan) will be reviewed by the public prior to final approval by Avita Health System. Once approved, the final draft will be publicly posted and made widely available to the community.



Appendix A

Impact and Process Evaluation



Impact and Process Evaluation

The following pages indicate the priority health needs selected from the 2023 Richland County Community Health Needs Assessment (CHNA) and the impact of the 2024-2026 IS/CHIP on the previous priority health needs (based on the most recent available data from 2026). The pages that follow are not exhaustive of these activities but highlight what has been achieved in the service area since the previous CHNA. The impact data (indicators of each priority health need to show if it is getting better or worse) and process data (to show whether or not the strategies are happening) will be reported and measured in an evaluation plan. That data will be reported annually and in the next CHNA.

Appendix A: Impact and Process Evaluation of Previous Implementation Strategy/Community Health Improvement Plan (2024-2026)

Priority #1: Mental Health & Addiction

Specifics On Each Strategy(s)	Lead Partner(s)	2024 Activities (Action Steps)	2025 Activities (Action Steps)	2026 Activities (Action Steps)
<p>Expand Mental Health Education to Parents and Youth</p> <p>(e.g. through implementation of public awareness and social media campaigns, school programs)</p>	<p>Lead Partner: National Alliance on Mental Illness (NAMI)</p> <p>Supporting Partners: Entire list of Mental Health & Addiction providers listed in the 2023 CHNA (includes Avita Health System)</p>	<p>1. Develop an online resource guide that individuals can ‘click’ on and read more about each provider, classes/education/programming that each provider offers, and identify payee options (sliding fee scale, financial assistance, private insurance, Medicare/Medicaid, etc.)</p>	<p>1. Begin social media campaign where each partner takes a period of time (1 week or month) to do a ‘takeover’ on all social media platforms (IG, FB, TikTok, and more) which provides educational topics, provider’s offered resources, and share about the online resource guide. During the partner’s ‘takeover’ period, offer local activities to generate in-person participation and community connectedness</p>	<p>1. Coordinate school involvement through each district’s Positive Behavioral Interventions and Supports (PBIS) programs with in-school education, resource guidance, parent education services, and in-person services (job fairs, health and wellness fairs, educational breakout sessions, staff education, etc.)</p>

Progress & Impact Notes

- Although this strategy was primarily led by community partners, Avita supported multiple efforts to increase awareness of mental health and addiction resources throughout Richland County.
- In February 2024, Avita Ontario Hospital partnered with The Ohio State University College of Medicine and Wexner Medical Center to launch the State of Ohio Adversity and Resilience (SOAR) Study, becoming the first site selected for this statewide initiative. Funded through a \$20 million grant from the Ohio Department of Mental Health and Addiction Services, the study seeks to better understand the causes of emotional distress, suicide, and drug overdose among Ohio residents.
- Community partners established the Richland Recovery Network (RRN) in 2024 to strengthen collaboration among mental health, substance use, prevention, and advocacy organizations and improve connections to care for Richland County residents.
- Avita supported community awareness events, including NAMI Walks Richland County and the annual Step Into Spring event, which promote mental wellness, recovery, inclusion, and community engagement.
- NAMI Richland County expanded youth-focused support opportunities through partnerships with Madison Middle/High School, Mansfield Senior High School, and the Dewald Community Center, providing education and support related to emotional regulation, social-emotional well-being, and healthy habits.

Appendix A: Impact and Process Evaluation of Previous Implementation Strategy/Community Health Improvement Plan (2024-2026)

Priority #2: Chronic Disease				
Specifics On Each Strategy(s)	Lead Partner(s)	2024 Activities (Action Steps)	2025 Activities (Action Steps)	2026 Activities (Action Steps)
<p>Develop text message-based app for monitoring and/or prevention of Heart Disease</p> <p>(e.g. train health care providers to implement program).</p>	Avita Health System	<ol style="list-style-type: none"> 1. Meet with Dr. Davis, Chief of Staff of Avita Ontario to determine feasibility of program 2. If positive, choose HIPAA compliant program 3. Use Survey Monkey to survey willingness of Providers to train/ implement the program 4. Train at least 2 Providers to use the program and provide feedback 	<ol style="list-style-type: none"> 1. Use SurveyMonkey to evaluate program from Providers who used the program previous year 2. If positive results, train at least 2 additional providers to use the program 	<ol style="list-style-type: none"> 1. Continue efforts from Years 1 & 2

Progress & Impact Notes

- Avita evaluated available mobile health technologies and met with cardiology leadership to explore opportunities for remote monitoring and heart disease prevention.
- The review found that many patients already utilize smartphone applications and wearable devices to monitor heart rate, heart rhythm, and blood pressure, and communicate concerns through MyChart or directly with their providers.
- While implementation of a text-based application capable of integrating real-time patient data into the electronic health record would require substantial infrastructure and external partnerships, the evaluation identified existing tools that support patient self-management and monitoring.

Appendix A: Impact and Process Evaluation of Previous Implementation Strategy/Community Health Improvement Plan (2024-2026)

Priority #2: Chronic Disease				
Specifics On Each Strategy(s)	Lead Partner(s)	2024 Activities (Action Steps)	2025 Activities (Action Steps)	2026 Activities (Action Steps)
<p>Provide free A1C screenings and increase Awareness of and Access to Preventive Screenings</p> <p>(e.g. evaluate cost and consider providing at health fairs; implement more screening location, such as in workplaces, and coordinate and implement public educational campaign to increase awareness).</p>	<p><u>A1C screenings</u> Avita Health System</p> <p><u>Awareness</u> Lead Partner: Richland Public health (RPH)</p> <p>Supporting Partners: Third Street Family Health Services, Avita Health System, Ohio Health, Cleveland Clinic, University, Veterans Affairs, First Call 211, Richland Source & media, Area Agency on Aging, Richland County Homeless Coalition, North End Community Improvement Collaborative (NECIC), food pantries, senior centers, YMCA, Richland County Safety Council, Mansfield Interdenominational Ministerial Alliance (MIMA), Godsfield & churches, Richland County Transit & transportation partners, employers (on-site screenings), health coalitions (e.g. diabetes prevention, community health workers)</p>	<p><u>A1C screenings</u></p> <ol style="list-style-type: none"> Evaluate cost of A1C screenings Offer free A1C screenings to teens during health fair/ annual sports physicals <p><u>Awareness</u></p> <ol style="list-style-type: none"> Additional data gathering – survey employers (which wellness programs to implement, can they host screenings?) Map healthcare screening providers (willing to travel) and healthcare coalitions <p><u>End of year 1:</u> Calendar with map of screening locations</p> <p>Share map/list with health coalitions</p> <p>Get buy in from healthcare providers</p>	<p><u>A1C screenings</u></p> <ol style="list-style-type: none"> Consider free A1C screenings during health fair/annual sports physicals <p><u>Awareness</u></p> <ol style="list-style-type: none"> Coordinate public education campaign Identify baseline # of screenings Quarterly meetings among stakeholders 	<p><u>A1C screenings</u></p> <ol style="list-style-type: none"> Continue efforts from Years 1 & 2 <p><u>Awareness</u> Measure increase in # of screenings</p>

Appendix A: Impact and Process Evaluation of Previous Implementation Strategy/Community Health Improvement Plan (2024-2026)

Priority #2: Chronic Disease

Progress & Impact Notes

- Although Avita did not implement a dedicated A1C screening initiative during this reporting period, community members continued to have access to preventive screening opportunities through Richland Public Health and other community partners.
- Richland Public Health offers screenings several times each month, including free blood pressure screenings, free blood sugar screenings, free anemia screenings, health education, referrals to community resources, and low-cost cholesterol screenings.
- Screening events and educational services support the early identification of chronic disease risk factors, increase awareness of preventive care services, and connect residents to follow-up care and prevention resources when needed.
- Through these efforts, residents continued to have access to screening opportunities that promote earlier detection and management of conditions such as diabetes, hypertension, anemia, and cardiovascular disease.

Appendix A: Impact and Process Evaluation of Previous Implementation Strategy/Community Health Improvement Plan (2024-2026)

Priority #2: Chronic Disease				
Specifics On Each Strategy(s)	Lead Partner(s)	2024 Activities (Action Steps)	2025 Activities (Action Steps)	2026 Activities (Action Steps)
Expand access to health care providers, especially specialists. (e.g. implement promotional campaign to invite new specialists and advertise openings).	Avita Health System, OhioHealth, Cleveland Clinic, University Hospital, Third Street, Veterans Affairs, Richland County Transit & transportation providers, transportation funders: Area Agency on Aging, Job and Family Services	<ol style="list-style-type: none"> 1. Assessing unmet specialties (e.g. dermatology) 2. Assess transportation options to other cities (Cleveland, Columbus, etc.) 	<ol style="list-style-type: none"> 1. Invite new specialists 2. Advertise grand openings 	
<p>Progress & Impact Notes</p> <ul style="list-style-type: none"> • Avita maintained a proactive physician recruitment and retention strategy designed to address specialty care needs and improve access to services throughout Richland County. • Between 2024 and 2026, Avita recruited specialists in numerous high-demand fields, including pulmonology/critical care, endocrinology, hematology/oncology, neurology, pediatrics, cardiology, psychiatry, orthopedics, rheumatology, nephrology, general surgery, radiation oncology, sports medicine, and OB/GYN. • Recruitment efforts also resulted in the expansion of specialty services, including endocrinology, nephrology, rheumatology, oncology, and a psychiatric telehealth group scheduled to begin services in 2026. • During the same period, Avita successfully retained specialty providers across multiple disciplines, including gastroenterology, nephrology, infectious disease, cardiology, pulmonology, orthopedics, rheumatology, hematology/oncology, pediatrics, occupational medicine, and women's health. • These recruitment and retention efforts strengthened local access to specialty care, helping residents receive services closer to home and reducing the need to travel outside the community for care. 				

Appendix A: Impact and Process Evaluation of Previous Implementation Strategy/Community Health Improvement Plan (2024-2026)

Priority #3: Maternal & Infant Health				
Specifics On Each Strategy(s)	Lead Partner(s)	2024 Activities (Action Steps)	2025 Activities (Action Steps)	2026 Activities (Action Steps)
Increase awareness of women's health and preconception health, prenatal care, healthy pregnancies, and family planning (e.g. implement sexual health education in schools).	Lead Partner: Third Street Family Health Services Supporting Partners: Cornerstone OB/GYN, OhioHealth Mansfield, Avita Health System, Richland Pregnancy Services, Women, Infants, and Children (WIC), Local schools, Planned Parenthood, Women's Care	<ol style="list-style-type: none"> 1. Establish a contact person from each provider office 2. Educational campaign 3. Get into 2 schools to provide education on the importance of sexual health, contraception, and work with 50% of population 	<ol style="list-style-type: none"> 1. Get into 3 more schools to provide education on the importance of sexual health and contraception 	<ol style="list-style-type: none"> 1. Get into 4 more school to provide education on the importance of sexual health and contraception

Progress & Impact Notes

- Avita continued to support women's health education through provider-led community outreach and educational programming. In May 2026, Dr. Fang, OB/GYN, presented a community seminar focused on women's health, disease prevention, and recommended screenings.
- Community partners expanded efforts to address social determinants of maternal and infant health, including food insecurity, diaper insecurity, and barriers to accessing essential resources.
- Third Street Family Health Services' Food Pharmacy program provided biweekly boxes of fresh, locally sourced food to families experiencing food insecurity. During the program's first year, the initiative served 10 families and impacted 47 individuals. Through a partnership with Yellowbird Foodshed, participating families received fruits, vegetables, proteins, and nutrition education resources designed to support healthy pregnancies and maternal nutrition.
- Community organizations also worked to address diaper insecurity among local families. Richland County partners estimate approximately 700 families experience diaper need, while local diaper assistance programs distributed thousands of diapers each month and connected families to additional support services.
- Community Health Access Project (CHAP) community health workers continued helping residents navigate barriers that affect health outcomes, including transportation, access to care, housing, and social service needs. In 2025 alone, CHAP assisted nearly 1,300 individuals, completed almost 5,000 visits, and helped clients overcome more than 11,000 social barriers.
- Together, these efforts increased access to education, resources, and support services that contribute to healthier pregnancies, improved maternal well-being, and positive infant health outcomes.

Appendix B

Benchmark Comparisons



Benchmark Comparisons

The following table compares Richland County rates of the identified health needs to national goals called **Healthy People 2030 Objectives**. These benchmarks show how the service area compares to national goals for the same health need. This appendix is useful for monitoring and evaluation purposes to track the impact of our IS to address priority health needs.

Appendix B: 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 (% who graduate in 4 years) ²⁸	↑	83.3%	90.7%
Child health insurance rate ²¹	↑	91.1%	92.4%
Adult health insurance rate ²¹	↑	89.3%	92.4%
Ischemic heart disease deaths ⁵	↓	159.7*	71.1 per 100,000 persons
Cancer deaths ⁵	↓	253.8*	122.7 per 100,000 persons
Colon/rectum cancer deaths ⁵	↓	23.0*	8.9 per 100,000 persons
Lung cancer deaths ⁵	↓	60.2*	25.1 per 100,000 persons
Female breast cancer deaths⁵	↓	12.1*	15.3 per 100,000 persons
Prostate cancer deaths⁵	↓	11.1*	16.9 per 100,000 persons
Stroke deaths ⁵	↓	63.3*	33.4 per 100,000 persons
Unintentional injury deaths ⁵	↓	89.5*	43.2 per 100,000 persons
Suicides ⁵	↓	18.2*	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths ⁵	↓	21.7*	10.9 per 100,000 persons
Unintentional drug-overdose deaths ⁵	↓	48.0*	20.7 per 100,000 persons
Overdose deaths involving opioids ⁶	↓	42.5**	13.1 per 100,000 persons

*Crude rates per 100,000, 2020-2024 average (only crude rates are available starting in 2021)

**Crude rate per 100,000, 2019-2023 average

Appendix B: Healthy People Objectives & Benchmark Comparisons (continued)

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
Early and adequate prenatal care ³³	↑	77.3%	80.5%
Preterm births, babies born before 37 weeks of gestation ³⁴	↓	10.2%	9.4%
Infant death rate ³²	↓	7.2	5.0 per 1,000 live births
Adults, ages 18+, obese ²	↓	39.2%	36.0%, adults ages 20+
Adults engaging in binge drinking²	↓	16.6%	22.7%
Cigarette smoking by adults ²	↓	18.6%	6.1%
Pap smears, ages 21-65, screened in the past 3 years ²⁰	↑	66.5%+	79.2%
Mammograms, ages 50-74, screened in the past 2 years ²⁰	↑	75.8%+	80.3%
Colorectal cancer screenings, ages 45-75, per guidelines ²⁰	↑	63.4%+	72.8%
Medicare enrollee annual influenza vaccinations ²	↑	40.0%	70.0%, all adults
Food insecure households ¹⁴	↓	16.1%	6.0%

+Data reported is for BRFSS (Behavioral Risk Factor Surveillance System) Region 3, which includes Richland County.

Appendix C

Key Informant Interview Participants



Key Informant Interview Participants

Listed on the following pages are the names of **26** leaders, representatives, and members of the community who were consulted in 2023 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 service area.

Appendix C: Key Informant Interview Participants

Richland County



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 Trolian	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

Appendix C: Key Informant Interview Participants (cont.)



Richland County

Interview Participants		
Name(s)	Role	Organization
14. Jay Miller	Chief Executive Officer	DRM Productions
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	
21. Troy Smith	Director of Service & Support Administration	Richland NewHope
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	Pioneer Career and Technology Center School

Appendix D

Community Member Survey



Community Member Survey

On the following pages are the questions and demographics from the 2023 community member survey that was distributed to Richland County residents to get their perspectives and experiences on the health assets and needs of the community they call home. **420 responses** were received.

Appendix D:

Community Member Survey

Welcome!

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

5. What is your sexual orientation?

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

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

Appendix D:

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)

12. 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

13. 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 have 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 |

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

Appendix D:

Community Member Survey

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 healthcare-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

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

Appendix D:

Community Member Survey

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)

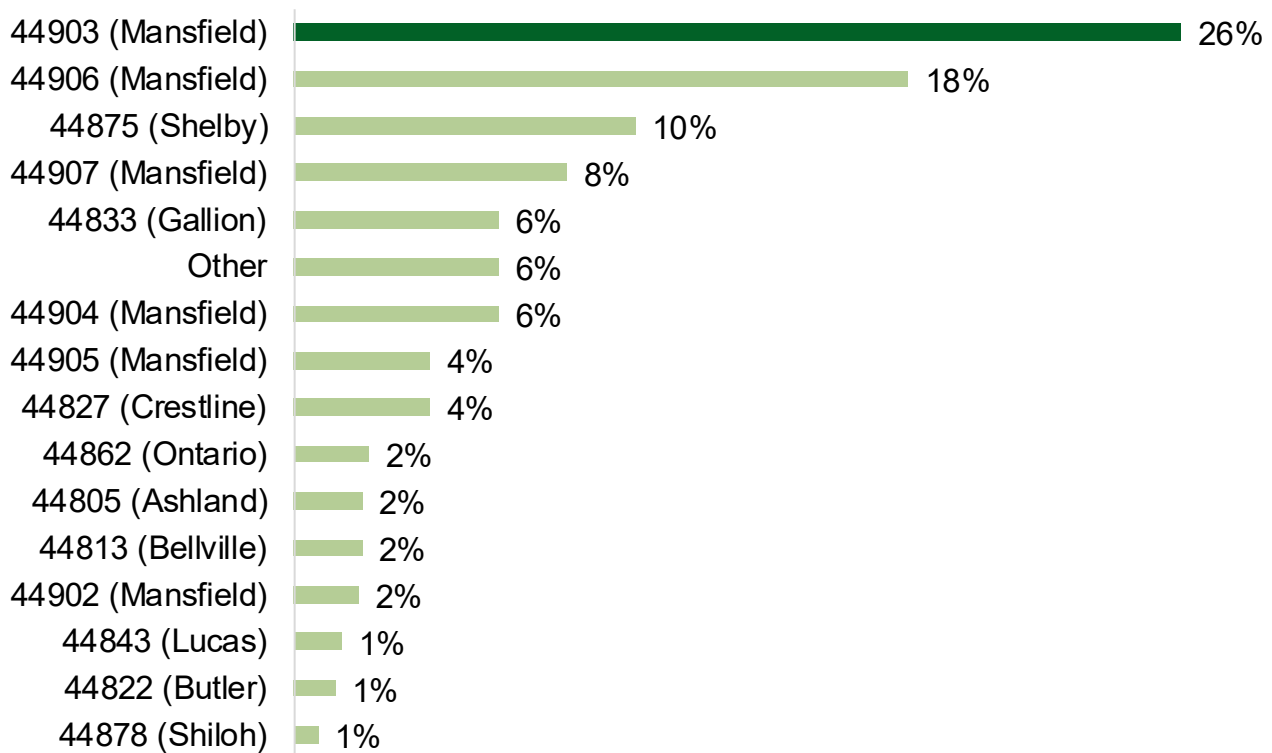
36. How many times did you volunteer in our community in the past year? (This could include helping out with local charities, helping at your kids' school, serving on a board, at your church, or another local organization, reading at your local library, helping at a food bank, spending time with local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

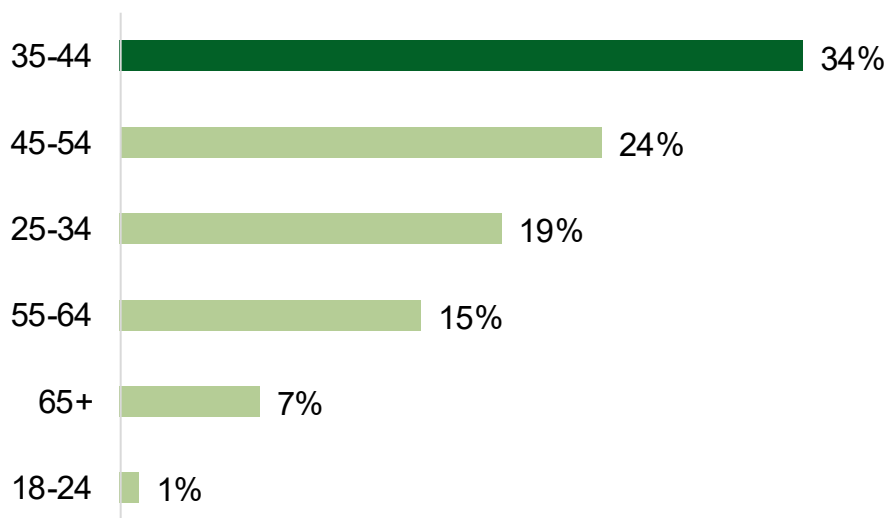
37. Do you have any other feedback or comments to share with us?

Appendix D: Community Member Survey Demographics

The majority of respondents live in **Mansfield (44903, 44906) and Shelby (44875)**, consistent with the population of the county.

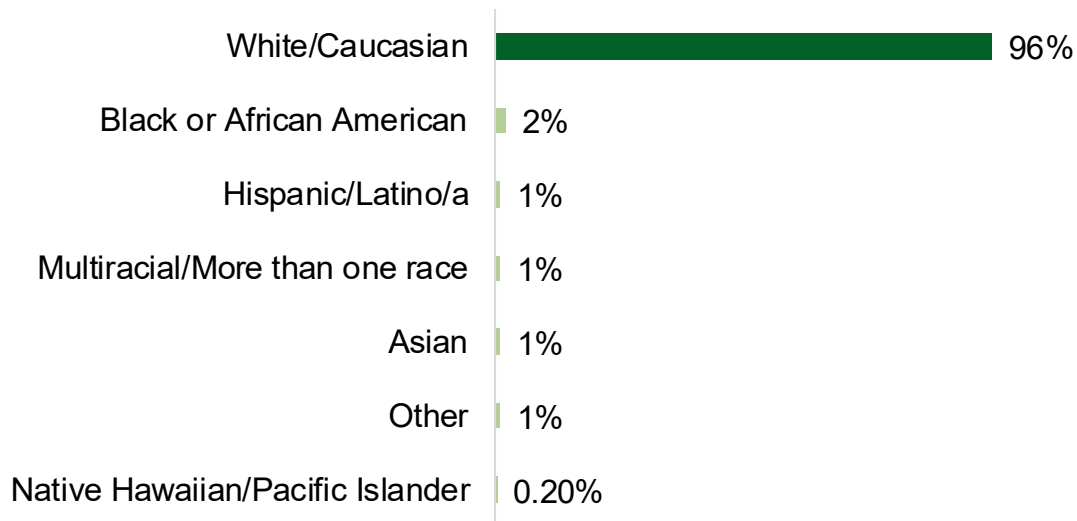


There was a greater proportion of survey responses from **middle-aged adults** rather than younger adults, particularly from the 35-44 year-old age group.

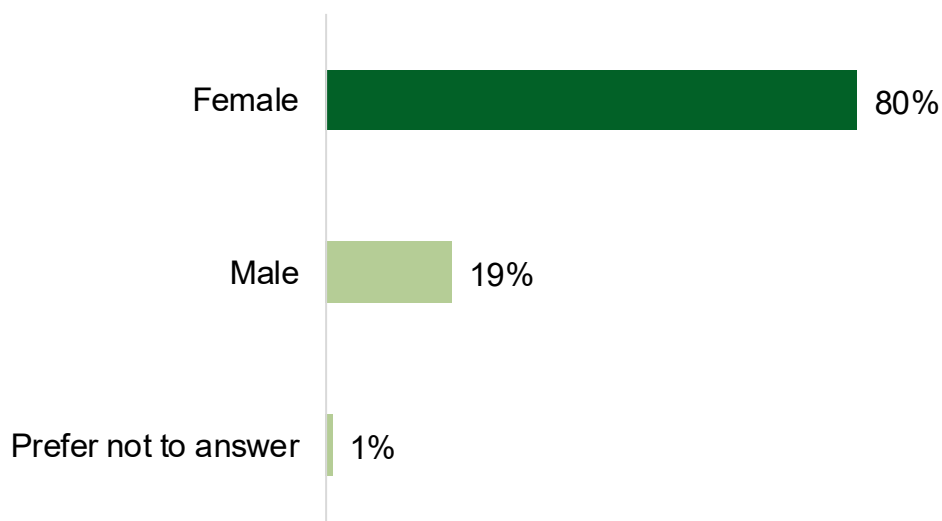


Appendix D: Community Member Survey Demographics

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.

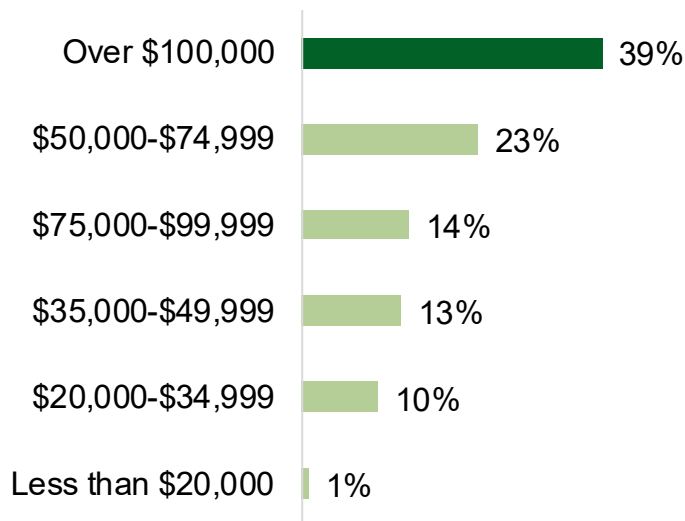


The majority of respondents were **females** (males were underrepresented).

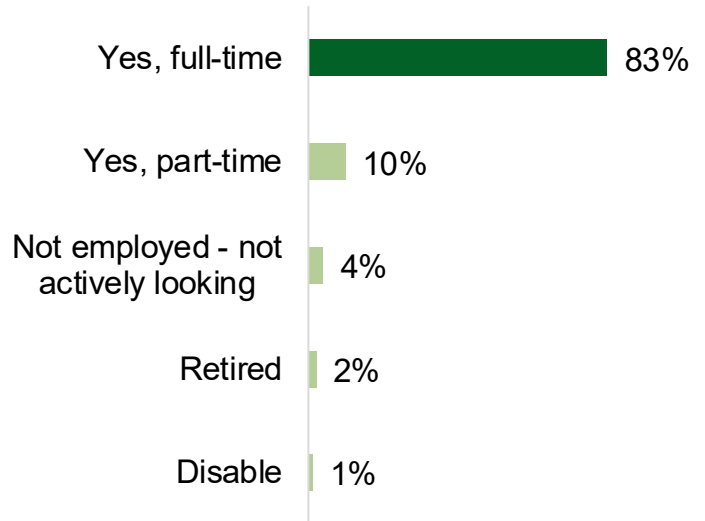


Appendix D: Community Member Survey Demographics

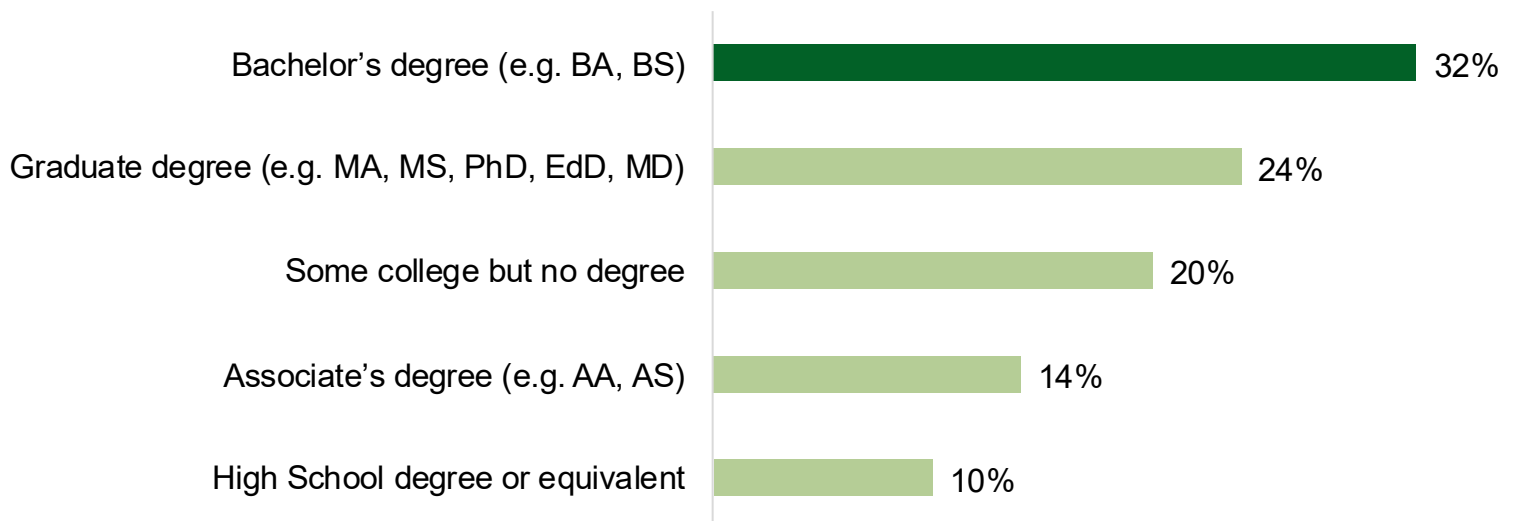
Respondents were generally **higher income**, with over one-third having an annual household income of \$100,000 or more, while there was a lack of representation from low-income residents.



The majority of respondents are **employed full-time (83%)**.

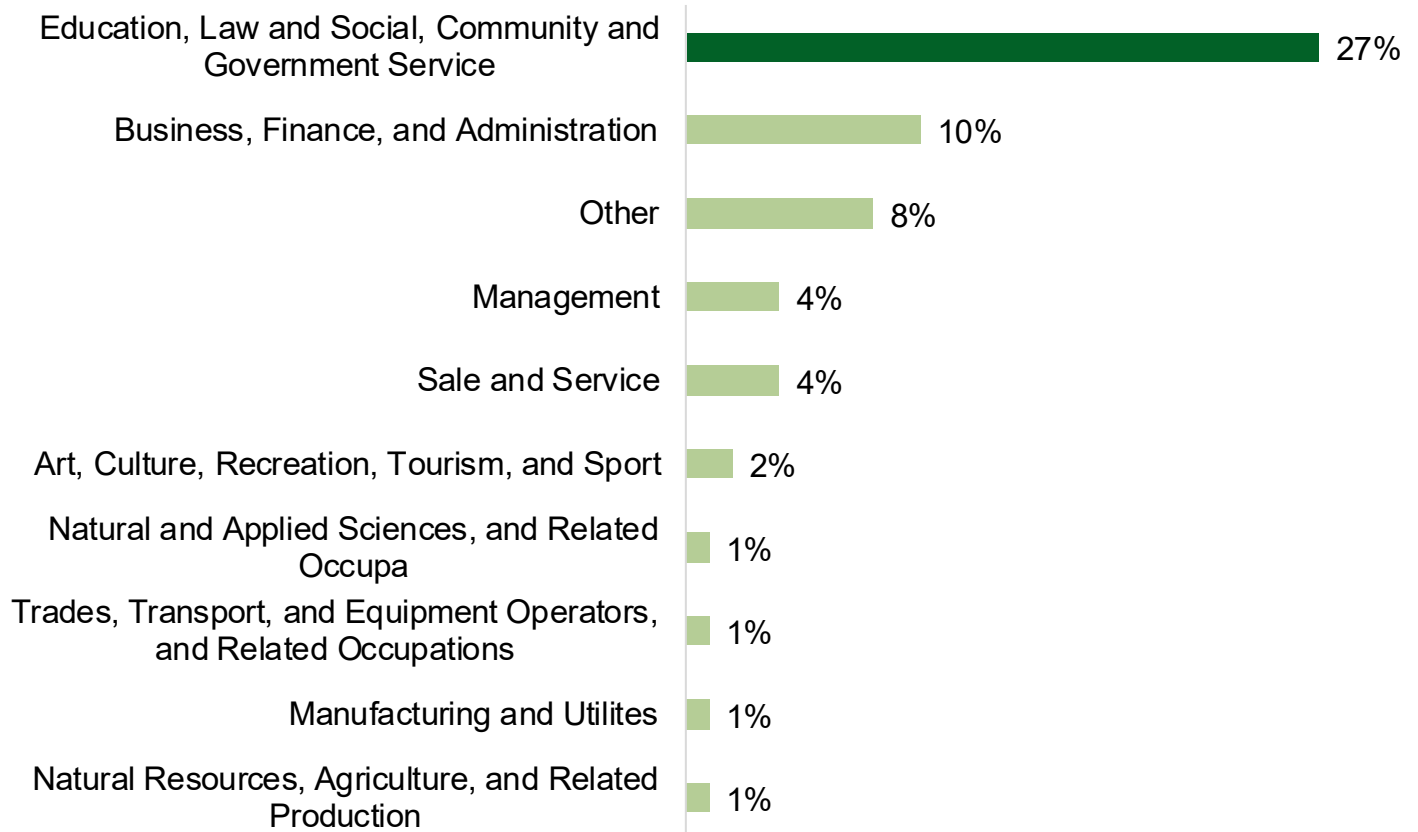


The majority of respondents have at least **some post-secondary education**.



Appendix D: Community Member Survey Demographics

While a variety of professions were represented, **“Health”** and **“Education, law and social, community and government services”** were most common.



Appendix E

Internal Revenue Service (IRS) Checklist: Community Health Needs Assessment



Meeting the IRS Requirements For Community Health Needs Assessment

The IRS requirements for a CHNA serve as the official guidance for IRS compliance. The following pages demonstrate how this CHNA meets those IRS requirements.

Appendix E: IRS CHNA Requirements Checklist

Internal Revenue Service Requirements For Community Health Needs Assessments				
Yes	Page #	IRS Requirements Checklist	Regulation Subsection Number	Notes/ Recommendations
✓	Appendix A (67-73)	<p>A. Activities Since Previous CHNA(s)</p> <p>i. Describes the written comments received on the hospital's most recently conducted CHNA and most recently adopted implementation strategy.</p> <p>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).</p>	<p>(b)(5)(C)</p> <p>(b)(6)(F)</p>	

Appendix E: IRS CHNA Requirements Checklist (continued)

Internal Revenue Service Requirements For Community Health Needs Assessments				
Yes	Page #	IRS Requirements Checklist	Regulation Subsection Number	Notes/ Recommendations
✓	4-21	B. Process and Methods		
		<i>Background Information</i>		
		i. Identifies any parties with whom the facility collaborated in preparing the CHNA(s).	b)(6)(F)(ii)	
		ii. Identifies any third parties contracted to assist in conducting a CHNA.	(b)(6)(F)(ii)	
		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)(i)	
		b. May take into account all relevant circumstances including the geographic area served by the hospital, target population(s), and principal functions.	(b)(3)	
		c. May not exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws its patients.	(b)(6)(i)(A)	
		iv. Describes how the community was determined.	(b)(6)(i)(A)	
		v. Describes demographics and other descriptors of the hospital service area.	(b)(6)(i)(A)	

Appendix E: IRS CHNA Requirements Checklist (continued)

Internal Revenue Service Requirements For Community Health Needs Assessments				
Yes	Page #	IRS Requirements Checklist	Regulation Subsection Number	Notes/ Recommendations
✓	Methods: 4-21 Appendix B, C, D Data: 13-14, 20-62	<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)	

Appendix E: IRS CHNA Requirements Checklist (continued)

Internal Revenue Service Requirements For Community Health Needs Assessments				
Yes	Page #	IRS Requirements Checklist	Regulation Subsection Number	Notes/ Recommendations
✓	Methods: 4-21 Appendix B, C, D Data: 13-14, 20-62	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. healthcare consumers, advocates, nonprofit and community-based organizations, elected officials, school districts, healthcare 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 E: IRS CHNA Requirements Checklist (continued)

Internal Revenue Service Requirements For Community Health Needs Assessments				
Yes	Page #	IRS Requirements Checklist	Regulation Subsection Number	Notes/ Recommendations
✓		C. CHNA Needs Description & Prioritization		Integrated throughout the report
	6-21	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). ii. Prioritized description of significant health needs identified.	(b)(4) (b)(6)(i)(D)	Community member survey included a question that asked respondents to select their top community health needs and rate the importance of addressing each health need.
		iii. Description of process and criteria used to identify certain health needs as significant and prioritizing those significant health needs.	(b)(6)(i)(D)	
	61-62	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)	
		D. Finalizing the CHNA		
		i. CHNA is conducted in such taxable year or in either of the two taxable years immediately preceding such taxable year.	(a)1	

Appendix E: IRS CHNA Requirements Checklist (continued)

Internal Revenue Service Requirements For Community Health Needs Assessments				
Yes	Page #	IRS Requirements Checklist	Regulation Subsection Number	Notes/ Recommendations
✓		D. Finalizing the CHNA		Integrated throughout the report.
		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)	The CHNA was adopted by Avita Health System leadership in June 2026 and made widely available by posting on their website (report will be made available in other formats such as paper upon request): Avita Health System: https://avitahealth.org/about-us/#community-wellness
		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 F
References

Appendix F:

References

The following reference list provides the sources for the secondary data that was collected for the CHNA in Spring 2026. The most up-to-date data available at the time was collected and included in the CHNA report. Please refer to individual sources for more information on years and methodology.

¹U.S. Census Bureau, American Community Survey, DP05, 2024 5-year estimate. <http://data.census.gov>

²University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2025. www.countyhealthrankings.org.

³U.S. Census Bureau, American Community Survey, DP02, 2024 5-year estimate. <http://data.census.gov>

⁴Ohio Behavioral Risk Factor Surveillance System: 2023 Annual Report. Chronic Disease, Violence, and Injury Epidemiology Section, Bureau of Health Improvement and Wellness, Ohio Department of Health, 2025.

⁵Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2020-2024 on CDC WONDER Online Database, released in 2026. Data are from the Multiple Cause of Death Files, 2020-2024, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10-expanded.html>

⁶State of Ohio Integrated Behavioral Health Dashboard. <https://data.ohio.gov/wps/portal/gov/data/view/ohio-ibhd>*Rates calculated using population from ACS, DP05, 2023 5-year estimate

⁷National Institute on Alcohol Abuse and Alcoholism, Alcohol and the Adolescent Brain, 2024. <https://www.niaaa.nih.gov/publications/alcohol-and-adolescent-brain>

⁸U.S. Census Bureau, American Community Survey, DP03, 2024 5-year estimate. <http://data.census.gov>

⁹United for ALICE, The State of ALICE in Ohio (2024). <https://www.unitedforalice.org/county-reports/ohio>

¹⁰FBI Crime Data Explorer, Data Discovery Tool, 2020-2024. <https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/query> *Rates calculated using population from ACS, DP05, 2024 5-year

¹¹DataOhio, Interactive Children Services Dashboard, Child Abuse and Neglect Referrals and Outcomes (2025). <https://data.ohio.gov/wps/portal/gov/data/view/interactive-children-services-dashboard> *Rates calculated using population from ACS, DP05, 2024 5-year estimate

¹²Richland County Children Services, 2025 Annual Report to the Community. <https://www.richlandcountychildrenservices.org/about-rccs/annual-reports>

¹³Centers for Disease Control and Prevention. Risk and protective factors for adverse childhood experiences, 2024. <https://www.cdc.gov/aces/risk-factors/index.html>

¹⁴Feeding America, Map The Meal Gap, 2023. <https://map.feedingamerica.org>

¹⁵Ohio Association of Foodbanks, Hunger in Ohio 2024. https://ohiofoodbanks.org/site/assets/files/2967/hunger_study_2024_6.pdf

¹⁶Ohio Department of Children & Youth, Search for Early Care and Education Programs (2026). <https://childcaresearch.ohio.gov> *Rates calculated using population from ACS, DP05, 2024 5-year estimate

¹⁷Ohio Childcare Resource & Referral Association, 2024 Annual Report. https://d2hfgw7vtzn2tl.cloudfront.net/wp-content/uploads/2025/06/OCCR-3085-Annual-Report-D5_no-bleed.pdf

¹⁸Groundwork Ohio, 2024 Poll Data. <https://www.groundworkohio.org/poll>

Appendix F:

References (continued)

The following reference list provides the sources for the secondary data that was collected for the CHNA in Spring 2026. The most up-to-date data available at the time was collected and included in the CHNA report. Please refer to individual sources for more information on years and methodology.

¹⁹Ohio Behavioral Risk Factor Surveillance System: 2021 Annual Report. Chronic Disease Epidemiology and Evaluation Section, Bureau of Health Improvement and Wellness, Ohio Department of Health, 2024.

²⁰Ohio Behavioral Risk Factor Surveillance System: 2022 Annual Report. Chronic Disease Epidemiology and Evaluation Section, Bureau of Health Improvement and Wellness, Ohio Department of Health, 2024.

²¹U.S. Census Bureau, American Community Survey, S2701, 2024 5-year estimate. <http://data.census.gov>

²²Edelman Trust Institute, 2025 Edelman Trust Barometer Special Report: Trust and Health.

²³U.S. Census Bureau, American Community Survey, DP04, 2024 5-year estimate. <http://data.census.gov>

²⁴Coalition on Homelessness and Housing in Ohio, Housing Inventory Count and Point-in-Time Count, 2026. <https://cohhio.org/boscoc/hicpit/>

²⁵Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2025; U.S. Cancer Statistics, Centers for Disease Control and Prevention and National Cancer Institute, June 2024 (Note: 2017-2021 U.S. cancer incidence data was the most recent available at the time of this publication)

²⁶U.S. Census Bureau, American Community Survey, S1401, 2024 5-year estimate. <http://data.census.gov>

²⁷Ansari A. THE PERSISTENCE OF PRESCHOOL EFFECTS FROM EARLY CHILDHOOD THROUGH ADOLESCENCE. *J Educ Psychol.* 2018 Oct;110(7):952-973. doi: 10.1037/edu0000255. Epub 2018 Mar 8. PMID: 30906008; PMCID: PMC6426150.

²⁸Ohio Department of Education and Workforce, School Report Cards. District Graduation Rates 2024-2025. <https://reportcard.education.ohio.gov/home>

²⁹Walk Score, 2025. <https://www.walkscore.com>

³⁰Ohio Environmental Protection Agency, Drinking Water Viewer, Violations (2026). <https://ohdvw.gecsws.com>

³¹BroadbandNow (2026). Ohio Internet Coverage & Availability in 2026. Retrieved from <https://broadbandnow.com/Ohio>

³²2023 Ohio Infant Mortality Report. Columbus, OH: Ohio Department of Children and Youth, 2024.

³³Ohio Department of Health, Data Ohio Portal. Ohio Infant Mortality Scorecard, 2024 10 - 2025 09. Updated June 22, 2026.

<https://data.ohio.gov/wps/portal/gov/data/view/ohio-infant-mortality-scorecard>

³⁴Ohio Department of Health, Data Ohio Portal, 2021-2025 average, updated June 22, 2026. https://data.ohio.gov/wps/portal/gov/data/view/ohio_births *2025 data is considered preliminary at this time. These data were provided by the Ohio Dept. of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.

³⁵Ohio Department of Health, Severe Maternal Morbidity and Racial Disparities in Ohio, 2016-2019, 2020. <https://odh.ohio.gov/know-our-programs/pregnancy-associated-mortality-review/media/pamr-smm>

³⁶Ohio Department of Health, Sexually Transmitted Diseases Data and Statistics, 2020-2024 Ohio Infectious Disease Status Reports. <https://odh.ohio.gov/know-our-programs/std-surveillance/Data-and-Statistics>

³⁷Ohio Department of Health, Ohio HIV Surveillance Data Tables, 2020-2024. <https://odh.ohio.gov/know-our-programs/hiv-aids-surveillance-program/Data-and-Statistics>



AVITA

HEALTH SYSTEM

DELIVERED BY:



www.moxleypublichealth.com
stephanie@moxleypublichealth.com