

2022 Community Health Needs Assessment



Aultman Orrville Hospital

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I. EXECUTIVE SUMMARY

Aultman Orrville Hospital is pleased to present this Community Health Needs Assessment (CHNA) report. Under the Patient Protection and Affordable Care Act, enacted in March 2010, every 501(c)(3) tax-exempt hospital is required to conduct a CHNA to identify and prioritize the community's priority health needs. The hospital must then develop an implementation strategy to address the priority health needs it has identified. As part of this process, we solicited input from those representing broad interests of our community. We would like to thank our community partners for participating in this process.

A. Introduction

Aultman Orrville Hospital, a subsidiary of Aultman Health Foundation, is a 25-bed critical access facility that has served the Wayne County community for more than 60 years. Aultman Orrville Hospital remains a close-to-home community hospital while improving access to advanced healthcare services. Aultman Orrville Hospital provides a full range of inpatient and outpatient services, employs 387 healthcare professionals and has a medical staff of more than 250 active and courtesy physicians and advanced practice providers.

While Aultman Orrville Hospital primarily serves the Wayne County community, it also serves the neighboring communities in Carroll and Tuscarawas counties, including through their provider-based Rural Health Clinics at Aultman Orrville Carrollton Health Center, Aultman Orrville Bolivar Health Center and the Tuscarawas Health Center of Aultman Orrville Hospital.

Aultman Orrville Hospital also operates three provider-based Rural Health Clinics in Wayne County. Aultman Orrville Dunlap Family Physicians provides local access to primary care services at locations in Apple Creek, Dalton and Orrville. Aultman Orrville Dunlap Family Physicians also opened a new location in Doylestown in late 2021. Aultman Orrville Hospital and its Rural Health Clinics also provide school-based health clinics via telemedicine at eight local school districts.

B. Aultman Health Foundation Mission, Vision And Values

Mission

Our mission is to lead our community to improved health.

Vision

We will be the leading health system in designing products and services for the communities we serve.

- Deliver the highest quality
- Achieve service excellence
- Offer a competitive price
- Innovate toward disease prevention and wellness

Core Values

- Recognize and respect the unique talents of every Aultman team member
- Exceed patient, enrollee and student expectations
- Success through teamwork
- Promote a highly reliable organization
- Educate our community
- Cost-effective management of resources
- Trust, integrity and compassion in all relationships

C. CHNA Process And Conclusions

In conducting this 2022 CHNA, Aultman Orrville Hospital consulted and collaborated with individuals and organizations representing the broad interests of the community and considered a variety of data sources. Following a review of this information, Aultman Orrville Hospital identified the following priority health needs for its community:

1. Mental health
2. Substance abuse
3. Healthy behaviors (including obesity/overweight)

In the next phase of the CHNA process, Aultman Orrville Hospital will develop an Implementation Strategy to address these priority needs in collaboration with our community healthcare and social service providers.

D. Feedback And Contact Information

We welcome comments and feedback on ways to improve this document and the related Implementation Strategy in future editions. Comments provide additional information regarding the broad interests of the community and help to inform future CHNAs and implementation strategies. A copy of this report may be obtained at no charge by contacting Pete Kandis at Aultman Orrville Hospital, 832 S. Main St., Orrville, Ohio, 44667, via email pete.kandis@aultman.com or by calling 330-684-4790.

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CHNA report approved by the Board of Directors:	November 16, 2022
CHNA report initially posted to the website:	November 17, 2022
Aultman Orrville Hospital tax identification number:	34-0733138

II. SERVICE AREA AND COMMUNITY SERVED

A. Community Definition

Aultman Orrville Hospital defines the “community served” as primarily Wayne County, Ohio, but with secondary markets for Rural Health Clinics in Tuscarawas and Carroll counties. These counties include the following communities¹:

Wayne County: Burbank (44214), Creston (44217), Doylestown (44230), Rittman (44270), Sterling (44276), West Salem (44287), Apple Creek (44606), Dalton (44618), Fredericksburg (44627), Kidron (44636), Marshallville (4645), Mount Eaton (44659), Orrville (44667), Shreve (44676), Smithville (44677), Wooster (44691).

Tuscarawas County: Baltic (43804), Newcomerstown (43832), Port Washington (43837), Stone Creek (43840), Bolivar (44612), Dennison (44621), Dundee (44624), Gnadenhutten (44629), Midvale (44653), Mineral City (44656), New Philadelphia (44663), Sandyville (44671), Somersdale (44678), Stillwater (44679), Strasburg (44680), Sugarcreek (44681), Tuscarawas (44682), Uhrichsville (44683), Zoar (44679).

Carroll County: Augusta (44607), Carrollton (44615), Dellroy (44620), Leesville (44639), Malvern (44644), Mechanicstown (44651), Sherrodsville (44675).

This definition of “community served” is supported by the patient origin data for Aultman Orrville Hospital and its Rural Health Clinics, which show Wayne County as the primary source of both inpatient and outpatient encounters, and Tuscarawas and Carroll county residents as secondary sources, particularly among outpatient encounters at the Rural Health Clinics:

	2019	2020	2021
Inpatients (%)			
<i>Wayne</i>	59.5	52.3	47.0
<i>Tuscarawas</i>	5.0	7.1	4.9
<i>Carroll</i>	0.2	0.8	0.4
Outpatients (%)			
<i>Wayne</i>	80.6	65.5	67.8
<i>Tuscarawas</i>	1.1	5.5	4.7
<i>Carroll</i>	0.1	9.0	6.3

B. Community Demographics

The following chart summarizes some of the general characteristics of Wayne, Tuscarawas and Carroll counties. Please refer to Appendix C for additional information on the community profiles for these counties.

¹ Zip-codes.com, *Zip Code Database*, available at <https://www.zip-codes.com/county/oh-wayne.asp> (last accessed September 29, 2022).

	Wayne ²	Tuscarawas ³	Carroll ⁴
Population			
2020	116,894	93,263	26,721
2030 (projected)	113,400	91,890	24,880
2040 (projected)	113,240	92,840	23,390
Race/Ethnicity			
White	94.5%	96.6%	99.2%
African-American	1.4%	0.7%	0.3%
Native American	0.2%	0.2%	0.0%
Asian	1.0%	0.4%	0.0%
Other	1.0%	0.1%	0.1%
Two or more	1.8%	2.0%	0.3%
Hispanic	2.0%	2.8%	1.3%
Age			
Under 5 years	6.7%	6.2%	5.0%
5-17 years	17.7%	16.6%	15.9%
18-24 years	9.9%	7.8%	7.2%
25-44 years	22.6%	23.3%	21.2%
45-64 years	25.8%	26.8%	29.9%
65+	17.3%	19.2%	20.8%
Median Age	38.7	41.0	45.5
Income			
Median household income	\$58,300	\$53,243	\$55,267
Population < 200% of Federal poverty level	30.3%	34.0%	30.9%
Education (Age 25+)			
No high school diploma	13.5%	14.0%	10.5%
High school graduate	39.0%	44.7%	49.7%
Some college, no degree	18.1%	16.8%	17.6%
Associate's degree	7.2%	7.1%	8.9%
Bachelor's degree	13.6%	11.2%	8.1%
Master's degree or higher	8.6%	6.2%	5.2%

² Ohio Department of Development, *Ohio County Profiles - Wayne County* (2021), available at <https://devresearch.ohio.gov/files/research/C1086.pdf> (last accessed Sept. 29, 2022).

³ Ohio Department of Development, *Ohio County Profiles - Tuscarawas County* (2021), available at <https://devresearch.ohio.gov/files/research/C1080.pdf> (last accessed Sept. 29, 2022).

⁴ Ohio Department of Development, *Ohio County Profiles - Carroll County* (2021), available at <https://devresearch.ohio.gov/files/research/C1011.pdf> (last accessed Sept. 29, 2022).

	Wayne	Tuscarawas	Carroll
Housing			
<i>Owner occupied</i>	73.0%	70.7%	78.7%
<i>Renter occupied</i>	27.0%	29.3%	21.3%
<i>Vacant</i>	6.1%	8.9%	17.0%
<i>Median build age of housing structures</i>	1974	1968	1974
<i>Median value of occupied housing units</i>	\$148,000	\$132,100	\$126,500
Healthcare			
<i>Practicing physicians</i>	163	92	13
<i>Adults (18-64) insured</i>	87.6%	88.5%	90.6%
<i>Children (< 18) insured</i>	88.8%	92.9%	94.3%

C. Community Healthcare Facilities And Provider Shortages

The following chart⁵ identifies healthcare facilities, by type, which are available in Wayne, Tuscarawas and Carroll counties:

Type	Wayne	Tuscarawas	Carroll
<i>Rural Health Clinic</i>	4	6	1
<i>Residential Care/Assisted Living</i>	11	7	2
<i>Nursing Homes</i>	14	11	3
<i>Hospitals</i>	2	2	0
<i>Hospice</i>	1	1	0
<i>Home Health Agencies</i>	1	3	1
<i>Federally Qualified Health Center</i>	0	2	0
<i>Dialysis Centers</i>	2	2	0
<i>Ambulatory Surgical Facilities</i>	3	0	0

Wayne County. Wayne County is designated as a Low-Income Population Health Professional Shortage Area for primary care, meaning at least 30% of the population in the service area has income at or below 200% of the Federal Poverty Level, with a shortage of 10.09 full-time equivalent primary care providers.⁶ In addition, Wayne County is designated as a Health Professional Shortage Area for Mental Health, having a shortage of 5.14 full-time equivalent mental health providers.⁷

⁵ Ohio Department of Health, *Long-Term Care, Non Long-Term Care, & CLIA Health Care Provider Search* (2022), available at https://publicapps.odh.ohio.gov/eid/Provider_Search.aspx (last accessed Sept. 29, 2022).

⁶ Health Resources and Services Administration, *HSPA Find* (2022), available at <https://data.hrsa.gov/tools/shortage-area/hpsa-find> (last accessed Sept. 29, 2022).

⁷ *Id.*

Tuscarawas County. Tuscarawas County is designated as a Low-Income Population Health Professional Shortage Area for primary care, with a shortage of 9.69 full-time equivalent primary care providers.⁸ In addition, Tuscarawas County is designated as a Low-Income Population Health Professional Shortage Area for dental care, with a shortage of 6.63 full-time equivalent dental care providers. Tuscarawas County is also designated as a High Needs Geographic Health Professional Shortage Area for Mental Health, having a shortage of 6.56 full-time equivalent mental health providers.⁹

Carroll County. Carroll County is designated as a Geographic Health Professional Shortage Area for primary care, with a shortage of 1.92 full-time equivalent primary care providers.¹⁰ In addition, Carroll County is designated as a High Needs Geographic Health Professional Shortage Area for Mental Health, having a shortage of 6.56 full-time equivalent mental health providers.¹¹

D. Aultman Orrville Hospital Facilities In The Community

Aultman Orrville Hospital. 25-bed critical access facility providing a full range of inpatient and outpatient services. The hospital employs 387 healthcare professionals and has a medical staff of more than 250 active and courtesy physicians and advanced practice providers.

Certified Rural Health Clinics. 33 Healthcare providers practicing at seven office locations to provide family medicine and primary care for all ages:

- Dunlap Family Physicians at 830 S. Main St., Orrville, Ohio, 44667
- Dunlap Family Physicians at 129 Wenger Rd., N. Suite B, Dalton, Ohio, 44618
- Dunlap Family Physicians at 49 Maple St., Apple Creek, Ohio, 44606
- Tuscarawas Health Center of Aultman Orrville Hospital at 603 Monroe St., Dover, Ohio, 44662
- Aultman Orrville Bolivar Health Center at 10724 OH-212, Bolivar, Ohio, 44612
- Aultman Orrville Carrollton Health Center at 1020 Trump Rd. N.W., Carrollton, Ohio, 44615
- Dunlap Family Physicians at 400 Collier Drive, Suite C, Doylestown, Ohio, 44237 (*seeking accreditation for Rural Health Clinic in 2023*)

Aultman Orrville Sports and Wellness. Located at 365 S. Crown Hill Rd., Orrville, Ohio, 44667, Sports and Wellness is a membership facility that combines athletic training, exercise science and a hospital-based wellness center. It specializes in prescription exercise plans tailored for the individual. The staff members, including exercise physiologists and athletic trainers, have certifications such as strength and conditioning, performance enhancement and personal training. Aultman Orrville's long-term weight management program, Healthy Lifestyles, is also available at Sports and Wellness.

⁸ *Id.*

⁹ *Id.*

¹⁰ *Id.*

¹¹ *Id.*

III. PROCESS AND METHODS USED TO CONDUCT THE CHNA

Aultman Orrville Hospital included the following processes and methods in conducting this CHNA, each of which is described further below:

- Evaluating the impact of actions taken to implement the 2019 CHNA
- Consulting with persons representing the broad interests of the community
- Collaborating with organizations to conduct this CHNA
- Soliciting comments on this CHNA report
- Reviewing various community data sources

A. Evaluation Of Impact Of Actions In Prior CHNA

Aultman Orrville Hospital reviewed its 2019 CHNA and evaluated the impact of steps taken as part of its implementation strategy. Please see Appendix B for a report of this evaluation.

B. Process For Consulting With Persons Representing The Broad Interests Of The Community

Through its CHNA Advisory Committee, Aultman Orrville Hospital solicited and received participation from all required sources, including (1) at least one state, local or regional governmental public health department with knowledge, information or expertise relevant to the health needs of the community, and (2) individuals and organizations serving members of medically underserved, low-income and minority populations in the community. Please refer to Appendix A for a full list of individuals and organizations that participated in the CHNA Advisory Committee and the populations those individuals and organizations represent.

Aultman Orrville Hospital consulted with the CHNA Advisory Committee members in various ways, including through an online survey (discussed further below), a stakeholder meeting on Aug. 23, 2022 (discussed further below), and through direct, ongoing discussions.

In addition, Aultman Orrville Hospital solicited written comments on its 2019 CHNA report and implementation strategy. However, no written comments on the 2019 CHNA or related implementation strategy were received.

C. Collaborating Partners

In addition to the partners and organizations participating on the CHNA Advisory Committee, Aultman Orrville Hospital collaborated with Squire Patton Boggs (US) LLP to assist in conducting the CHNA process. Among other steps, Squire Patton Boggs provided source data for Aultman Orrville Hospital's review, prepared and facilitated an online survey (discussed below), conducted a stakeholder meeting, advised on CHNA program requirements and assisted in preparing this CHNA report. This work was led by Heather Stutz, a partner with Squire Patton Boggs's Healthcare group, where she has practiced for 18 years.

D. Written Comments On This CHNA Report

This report was posted to Aultman Orrville Hospital's website on Nov. 17, 2022. A copy of this report may also be obtained at no charge by contacting Pete Kandis at Aultman Orrville Hospital, 832 S. Main St., Orrville, Ohio, 44667, via email pete.kandis@aultman.com or by calling 330-684-4790.

Written comments concerning this CHNA report and its related Implementation Strategy may be submitted to Aultman Orrville Hospital at the physical and email addresses provided above, and they will be considered in conducting the next CHNA.

E. Other Data Sources Considered In Conducting This CHNA

In addition to the information provided from community stakeholders through an online survey and discussions (addressed below), Aultman Orrville Hospital considered various other data sources summarized in Appendix D. Examples of data sources relating to the identified priority health needs are discussed further below.

IV. PROCESS FOR IDENTIFYING AND PRIORITIZING COMMUNITY HEALTH NEEDS

As part of its 2022 CHNA, Aultman Orrville Hospital took the following steps to identify and prioritize the community's health needs. First, it conducted an online survey to solicit information from stakeholders in Wayne, Tuscarawas and Carroll counties. Second, it conducted a meeting on Aug. 23, 2022, with stakeholders in its primary service area of Wayne County to discuss the results of the online survey and other issues concerning the community's health needs and resources. Third, it considered various data sources relating to health and wellness issues in the community.

A. Electronic Survey

Aultman Orrville Hospital collaborated with SPB to conduct an online survey through SurveyMonkey. The survey consisted of 144 questions divided into four components:

1. Identifying and prioritizing key health issues in the community
2. Identifying and evaluating community resources for specific health issues
3. Identifying barriers to treatment for specific health issues
4. Evaluating post-COVID changes to healthcare access and delivery

The survey was open to participants from July 5 to Aug. 1, 2022. During that time, more than 4,700 data points were collected from the 29 individuals who participated in the survey, representing stakeholders in Wayne, Tuscarawas and Carroll counties. A list of the individuals and organizations invited to participate in the survey is provided at Appendix A. The survey contents and results are summarized below.

1. Identifying And Prioritizing Key Health Issues

An initial list of 16 health issues was compiled based on a review of prior CHNA data and secondary sources:

Aging	HIV/AIDS	Obesity/overweight
Cancer	Infectious/contagious disease	STD
Cardiovascular health	Injuries	Smoking
Chronic pain	Lung disease	Substance abuse
Dental health	Maternal health/pregnancy	
Diabetes	Mental health	

Survey participants were given the opportunity to write in any other significant health issues not included in this list, but no additional health issues were identified.

Participants were then asked a series of questions to evaluate the significance of each of these 16 health issues according to four metrics:

- The amount of the population directly affected by the health issue
- The severity of the impact on those directly affected
- The degree of impact the health issue has on others
- How the significance of the health issue has changed over the past three years

The scores for each of the 16 health issues were then summed and compared to identify the health issues with the highest scores across all four metrics. The health issues with the three highest total scores were (1) mental health, (2) substance abuse and (3) obesity/overweight.

2. Identifying And Evaluating Community Resources

Participants were next asked to evaluate each of the 16 health issues with respect to two metrics:

- The amount of community resources being directed to each health issue
- The effectiveness of the existing efforts to address each health issue

The three health issues scored as having the greatest need for resources were: (1) mental health, (2) substance abuse and (3) obesity/overweight. The three health issues where existing efforts were scored as being least effective were: (1) substance abuse, (2) obesity/overweight and (3) chronic pain, with mental health ranked as (4).

In addition to scoring the amount and effectiveness of existing resources, participants were asked to identify specific community resources available for each of the 16 health issues. These responses are incorporated into the list of community resources discussed below. The responses reflected a significant overlap between the resources available for mental health and substance abuse issues.

3. Identifying Barriers To Treatment

The next section of the survey identified barriers to treatment for each of the 16 health issues. Participants were prompted with a list of 10 potential barriers to treatment:

Awareness of prevention resources	Other financial issues
Awareness of treatment resources	Physical mobility
Lack of insurance	Privacy
Lack of providers	Schedule
Language/cultural barriers	Transportation

For each of the 16 health issues, participants were asked to identify which of these 10 potential barriers were a significant barrier to treatment. The results indicated that four barriers were significant across most health issues (including mental health, substance abuse and obesity/overweight):

- Awareness of prevention resources
- Awareness of treatment resources
- Lack of insurance
- Other financial issues

In addition, participants indicated that *lack of providers* and *privacy* were significant barriers to mental health and substance abuse, and *physical mobility* was a significant barrier for obesity/overweight health issues.

4. Post-COVID Changes In Healthcare Access And Delivery

The final section of the survey sought community input on changes in healthcare access and delivery since the beginning of the COVID pandemic in March 2020. Participants indicated a general decrease in the use of most healthcare services, except for prescriptions and urgent/ER care. Participants also noted the increased availability of access to healthcare through video, telephone and electronic systems (including text, web messaging, etc.). In general, participants viewed these alternative approaches to healthcare delivery as more convenient than in-person services and expressed a clear preference for them to continue to be available going forward. Participants also viewed these alternatives as, in general, less effective than in-person healthcare services, but participants were not asked to specify particular types of services or health issues for which these alternatives may be more or less effective than in-person healthcare.

B. Stakeholder Meeting

On Aug. 23, 2022, Aultman Orrville Hospital conducted a meeting with stakeholders from Wayne County. Individuals attended both in-person and remotely by video, and identification of attendees is included in Appendix A.

At the meeting, Squire Patton Boggs presented the results of the online survey and facilitated a discussion of the results and other experiences and data bearing on the community's health needs and resources. Participants generally agreed that the key health issues identified in the survey results (mental health, substance abuse and obesity/overweight) were priority issues for the community. Participants also discussed the extent to which the healthcare community's responses to those key issues may overlap or differ. For example, mental health and substance abuse were viewed as frequently aligned in terms of resources and barriers to treatment. In addition, obesity/overweight was viewed as a core health issue impacting many of the other health issues present in the community.

The discussion also addressed post-COVID changes to healthcare access and delivery, particularly the role of alternative delivery services such as video, telephone and electronic communication. Participants emphasized the importance of identifying the types of services and circumstances where telehealth and other alternative delivery services were most effective and provided the most benefit compared to in-person healthcare. For example, telehealth was viewed as most effective as a convenient means of routine or maintenance check-ins, whereas in-person healthcare was viewed as most effective in acute health events.

C. Other Data Sources Considered

In addition to data from the survey and stakeholder meeting, Aultman Orrville Hospital considered various data sources summarized in Appendix D. The following are examples of data sources bearing on Aultman Orrville Hospital's evaluation of priority health needs in its community.

1. Wayne County Family and Children First Council Shared Plan for SFYs 2022-24¹²

Ohio law requires county Family and Children First Councils (FCFCs) to establish a process to identify local priorities, monitor progress of meeting these local priorities with indicators established by the FCFCs and develop an annual plan that identifies the local inter-agency efforts to enhance child well-being in the county. County FCFCs are also required to demonstrate progress of increasing child well-being by reporting annually to the Ohio FCF Cabinet Council and the county commissioners. Wayne County's FCFC 2022-24 shared plan included the following components:

¹² Available at <https://waynecfc.squarespace.com/sharedplan> (last accessed Sept. 29, 2022).

Reduce Out of Home Placements: Wayne County has a goal of reducing the number of children living outside of their parent’s home, in treatment facilities, detention and foster homes, from 112 in June 2022 to 67 by July 2023. Additionally, Wayne County has a goal to reduce the amount of time children spend in out-of-home placement by 15%.

Increase Youth Assets: Wayne County has a goal of increasing the percentage of youths who display a majority of developmental assets. Research has shown that when youths have at least 5 assets, they are less likely to use alcohol, tobacco or marijuana. From the period of September 2017 to September 2020, Wayne County was able to increase the percentage of youths displaying a majority of developmental assets by 11%, from 66% to 77%.

Keeping Families Substance Free: Wayne County has a goal of increasing the number of families taking part in the Family Dependency Treatment Court and reducing the number of deaths caused by substance use/overdoses. By 2021, Wayne County was able to increase the number of participants in the Family Dependency Treatment Court to 18, up from 6 in 2018. Meanwhile, overdose deaths have been increasing in recent years in Wayne County. In both 2020 and 2021, Wayne County had 34 overdose deaths, up from the five-year average of 24 deaths per year.

Expand Capacity For Service Coordination: Wayne County has a goal of increasing the number of families and transitional-aged youths who the FCFC serves. The FCFC’s goal is to increase the number by 10% from 364 families in 6 different types of service coordination/wraparound.

2. 2021-2024 Wayne County Community Health Improvement Plan¹³

The Wayne County Health Department prepared its 2021-2024 Community Health Improvement Plan (CHIP) as part of a long-term, systematic effort to address health problems in the community based on results from a community health assessment (CHA). It identified three priorities: (1) mental health and substance use disorders, (2) physical health and chronic conditions and (3) cross-cutting factors.

Priority 1 – Mental Health and Substance Use Disorders: Wayne County has three desired outcomes for its plan to address mental health & substance use disorders: (1) reducing the number of deaths from overdoses, (2) reducing child abuse and (3) reducing suicides and suicide attempts. The CHIP identified the following statistics for Wayne County:

- Mental health was the most commonly listed health problem
- 38.5% of individuals surveyed stated they were diagnosed with depression/anxiety
- In 2020, there were 14 suicides among residents
- In 2020, there were 311 overdoses and 34 overdose deaths

Priority 2 – Physical Health and Chronic Conditions: The Wayne County Health Department acknowledges that taking care of an individual’s physical health can help with their mental and emotional health. Additionally, the leading causes of death in Wayne County are preventable diseases, and chronic diseases account for up to 86% of all healthcare spending in Ohio. As such, the Wayne County Health Department has the goal of reducing the number of cases of cancer and diabetes. The CHIP identified the following statistics for Wayne County:

¹³ Available at <https://www.wayne-health.org/sites/default/files/Wayne%20County%202021%20Community%20Health%20Improvement%20Plan.pdf> (last accessed Sept. 29, 2022).

- The leading causes of death in Wayne County are preventable diseases such as heart disease and cancer (caused by increased risk factors)
- 40.5% of surveyed residents stated they have been told by a healthcare professional that they are overweight or obese
- 23% of residents claim they do not engage in physical activity for at least a half hour once during the week
- Cancer was the second-highest rated health problem by residents

Priority 3 – Cross-Cutting Factors: Cross-cutting factors include healthcare access and equity, adverse childhood experiences and obesity. These factors impact different types of health conditions. As such, the health department has goals of: (1) reducing the number of people not seeking medical services due to access, (2) reducing the average number of adverse childhood experiences and (3) reducing the problem of obesity. The CHIP noted that 29.7% of Wayne County was obese in 2019 and identified the importance of focusing on both adults and students to impact this issue in upcoming generations.

3. 2020-2022 State Health Improvement Plan¹⁴

The Ohio Department of Health (ODH)'s State Health Improvement Plan (SHIP) takes a comprehensive approach to achieving equity and addressing the many factors that shape health, including housing, poverty, education and trauma. The 2020-2022 SHIP identified six priorities, including three health factors and three health outcomes.

Factor 1 – Community Conditions. This factor includes housing affordability and quality, poverty, K-12 student success and adverse childhood experiences.

Factor 2 – Health Behaviors. This factor includes tobacco/nicotine use, nutrition and physical activity.

Factor 3 – Access to Care. This factor includes health insurance coverage, local access to healthcare providers and unmet need for mental healthcare.

Outcome 1 – Mental Health and Addiction. This outcome includes depression, suicide, youth drug use and drug overdose deaths.

Outcome 2 – Chronic Disease. This outcome includes heart disease, diabetes and childhood conditions (asthma, lead).

Outcome 3 – Maternal and Infant Health. This outcome includes preterm births, infant mortality and maternal morbidity.

ODH encourages hospitals and local health districts to select at least two priority topics from the SHIP to address in their collaborative community health improvement plan/implementation strategy. However, the final priority health needs selected by the hospitals and local health districts should be guided by the needs identified through data collection and analysis.

¹⁴ Available at <https://odh.ohio.gov/static/SHIP/2020-2022/2020-2022-SHIP.pdf> (last accessed Sept. 30, 2022).

4. County Health Rankings & Roadmaps (2022)¹⁵

The University of Wisconsin Population Health Institute prepares an annual survey on various factors that influence health. The 2022 survey includes the following data for the state of Ohio and Wayne, Tuscarawas and Carroll counties.

Factor	Ohio	Wayne	Tuscarawas	Carroll
<i>Adult smoking</i>	22%	23%	24%	24%
<i>Adult obesity</i>	35%	38%	38%	37%
<i>Physical inactivity</i>	38%	30%	30%	30%
<i>Access to exercise opportunities</i>	77%	58%	64%	17%
<i>Excessive drinking</i>	21%	20%	18%	19%
<i>Alcohol-impaired driving deaths</i>	33%	29%	37%	43%
<i>Limited access to healthy foods</i>	7%	5%	3%	2%
<i>Drug overdose deaths (per 100,000)</i>	38	20	21	25
<i>Suicides (per 100,000)</i>	15	15	13	17
<i>Uninsured</i>	8%	12%	10%	8%
<i>Primary care physicians</i>	1,290:1	2,000:1	2,630:1	4,490:1
<i>Mental health providers</i>	350:1	270:1	570:1	1,680:1

5. Wayne County 2018 Youth Assets and Substance Use Survey (YASUS)¹⁶

This survey included every school district in Wayne County. Nearly three-quarters of the 3,001 respondents said they were self-confident, and approximately the same number had future aspirations, with 84% reporting future aspirations for education. Just over 80% felt they made responsible choices, and half reported they had family communications. Respondents between ages 11-18 reported the following:

- 89% report parental monitoring
- 85% report a non-parental adult role model
- 92.9% report having cultural respect
- 67.7% report having a peer role model
- 55.8% report use of time involved in groups or sports
- 26.6% report having community involvement

Respondents in grades 6-12 reported the following percent had used alcohol, tobacco and/or marijuana:

Substance	Past 30 days	Monthly during the past year	At least once in the past year
<i>Alcohol</i>	9.9	6.3	21.6
<i>Tobacco</i>	4.0	4.5	8.9
<i>Marijuana</i>	3.4	3.3	7.7

¹⁵ Available at <https://www.countyhealthrankings.org/> (last accessed Sept. 30, 2022).

¹⁶ Available at <https://static1.squarespace.com/static/5ad8ab1c7e3c3a2a26ff3dee/t/5cf66cf26e72630001194214/1559653619721/Substance+Use+and+Asset+Wayne+2018.pdf> (last accessed Sept. 30, 2022).

V. PRIORITIZED LIST AND DESCRIPTION OF PRIORITY HEALTH NEEDS AND POTENTIAL RESOURCES

A. Selection Of Priority Health Needs

Aultman Orrville Hospital evaluated the results of the survey data, stakeholder feedback and other data sources discussed above to identify the priority health needs of the community. The survey data indicated mental health, substance abuse and obesity/overweight were the most significant health needs by virtually all metrics. As discussed above, the survey results were consistent with stakeholder feedback and other data sources regarding community health needs, which also indicated the importance of addressing obesity/overweight issues as part of an overall focus on healthy behaviors that can impact many other associated and preventable health issues.

Based on consideration of all the available data, Aultman Orrville Hospital identified the following priority health needs:

1. Mental health
2. Substance abuse
3. Healthy behaviors (including obesity/overweight)

These priority health needs align with local and state health priorities. As discussed above, the top three priorities in the Wayne County Health Department's 2021-2024 CHIP were (1) mental health and substance use disorders, (2) physical health and chronic conditions (including physical activity, nutrition and diet) and (3) cross-cutting factors (including obesity). Similarly, Ohio's 2020-2022 SHIP identified healthy behaviors (including nutrition and physical activity) as a priority health factor, and mental health and addiction as a priority health outcome.

B. Existing Community Resources Potentially Available To Address Priority Health Needs

1. Mental Health and Substance Abuse¹⁷

- Spring Haven – Provides private compassionate mental health counseling and psychiatric care to individuals and families from a variety of cultural backgrounds
- The Counseling Center – Provides comprehensive mental health services including counseling for children, adults and families, 24-hour crisis intervention, psychiatric services, specialized services for persons with persistent mental illness and prevention and education programs
- OneEighty – Provides services for victims of domestic violence and sexual assault, housing and supportive services, prevention and education services, addiction services and OASIS Recovery Club, which provides a safe alcohol and other drug free environment to help bridge the gap between the solitude of addiction and the recovering individual's return to the community
- Turning Point – Unite the Orrville area to create a community environment that will keep the youth alcohol, tobacco and drug free
- The Village Network – Compassionate treatment to support the behavioral, physical and emotional health of children and families, where the needs of each child are individually assessed and

¹⁷ As discussed above, the survey and other available data considered by Aultman Orrville Hospital indicate a significant overlap between resources available for mental health and substance abuse issues. As such, the list of resources for these issues are consolidated here.

dynamic treatment plans are specifically designed to properly transition them from disruptive to permanent, stable environments

- Anazao Community Partners – Provides substance abuse treatment, mental health treatment, education, prevention and support groups, programs for children, adults and families and rapid cycle access to services
- Catholic Charities – Provides mental health services for children, adults and families, as well as home-based counseling services for children and families on a selected basis
- National Alliance for Mental Illness (NAMI) – Provides educational programs and support groups for family members of persons with mental illness; mental health training for law enforcement officers; Motivating Optimistic Caring Accepting (MOCA) House, a consumer-operated recovery center for consumers of mental health services offering free programs; suicide prevention coalition, which aims to reduce the number of suicides through education and support; PALS (People Affected by a Loved one's Suicide) support group; and LOSS (Local Outreach to Suicide Survivors) Team supporting families immediately following a suicide event
- Orrville Area Boys and Girls Club
- Ohio Attorney General's Drug Use Prevention Resource Guide, June 2018 (Youth Assets and Substance Use Survey – YASUS)
- Mental Health and Recovery Board of Wayne and Holmes Counties – Access to behavioral health services
- Trauma Informed Care to Build Resilience to Childhood Trauma
- Question, Persuade and Refer Training (QPR) – Practical and proven suicide prevention training
- Mental Health First Aid Training
- Recovery Supports – Housing, Peer Support
- SpringVale Health Centers – Provides behavioral health, primary care, dental and pharmacy services
- Access Tusc – The Alcohol, Drug Addiction & Mental Health Services (ADAMHS) Board is established by Ohio statute for the purpose of planning, funding, monitoring and evaluating contracted mental health, alcohol and drug treatment services to residents of Tuscarawas and Carroll counties
- Vertava Health Ohio – Provider for mental health and substance use disorders in Carroll County
- Compass – Provides treatment and counseling for victims of rape and sexual abuse
- CommQuest – Provides mental health, addiction recovery and social support services
- OhioGuidestone – Provides mental health and substance abuse therapy and services

2. Healthy Behaviors

- Cross Fit Kids
- YMCA
- Zephyrs Fitness
- CrossFit Orrville
- Tillison Fitness
- Aultman Orrville Sports and Wellness
- Aultman MEDS clinic, including diabetes treatment and education

- Aultman Carrollton
- Aultman Ambassador Program – Created and launched to lead communities in Wayne and Stark counties to improved health by helping youth create healthy habits. The Aultman Ambassador Program has partnered with area high schools, colleges and universities. The schools provide advisors for the program participants. An Aultman wellness coordinator supports the schools' advisors by providing the program's framework, tools and resources. During the school year, advisors coach the students in the program. The students use peer-to-peer mentoring to promote nutritious meals and snacks, hydration, active lifestyles, good sleep habits and stress management.
- Growing Healthy Habits Orrville Walks
- Wayne Holmes Information Referral Exchange (WHIRE) – United Way's WHIRE can link individuals to resources such as rent and utility assistance, food, health related services, homeless services, foreclosure information, senior services, family counseling, support groups and parenting resource information. WHIRE is designed to provide information and referrals using an extensive database of community resources.
- Library – Self-help/education books
- Ohio State University Extension
- Supplemental Nutrition Assistance Program (SNAP) education
- Community Birth Circle – An Orrville-based support group for new mothers that meets at Aultman Orrville Hospital monthly where the meeting room is provided at no cost
- A Whole Community Inc. – Food resiliency
- Family and Children First Council of Wayne County – Committed to improving the social well-being of Wayne County's children and their families by strengthening collaboration among agencies, service organizations, parents and communities
- Catholic Charities – Build strong families by providing mental health services for children, adults and families, as well as home-based counseling services for children and families on a selected basis
- Youth Resilience – Orrville Area Boys and Girls Club
- YASUS Youth Asset Report
- Rails to Trails of Wayne County
- Arbors of Minerva – Subacute and rehabilitation center
- Carroll Golden Age Retreat – Provides custodial care, assisted living and intermediate care for persons not requiring skilled nursing care

APPENDIX A

2022 CHNA ADVISORY COMMITTEE

Name	Organization	Population(s) Represented
Kelly Engelhart*	Carroll County General Health District	All populations of Carroll County, including the medically underserved, low-income and minority populations
Natalie Bollon	ADAHMS Board of Tuscarawas and Carroll Counties	All populations of Tuscarawas and Carroll counties, including the medically underserved, low-income and minority populations
Matthew Nicholas	Carrollton Exempted Village School District	Student population of Carroll County
Beverly Pearch	Big Brothers Big Sisters of East Central Ohio	Youth populations of Tuscarawas and Carroll counties, including the medically underserved, low-income and minority populations
Tricia Moyer	St. John's Villa	Developmentally disabled community in Carroll County
Virginia Ragozzino	Countryview Manor	Individuals with intellectual and physical disabilities in Carroll County
Chelsea Woodruff	Vertava Health of Ohio	Individuals with addiction and mental health issues in Carroll County
Suzanne Bates	Community Hospice & Palliative Care	Hospice and palliative care communities in Tuscarawas and Carroll counties
JJ Boroski	Springvale Health Centers	Primary care and behavioral health facility in Tuscarawas County
Matt Campbell	Carroll County Board of Developmental Disabilities	Individuals with developmental disabilities in Carroll County, including the medically underserved and low-income population
Cheri Miller Laiton Carter Kate Offenberger	Carroll County Jobs and Family Services	All populations of Carroll County, including the medically underserved, low-income and minority populations
Caitlin Mathews-Smith	Carroll County General Health District	All populations of Carroll County, including the medically underserved, low-income and minority populations
Debbie Albright Jennifer Burns Jessica Ailing	Carroll County Family and Children First Council	Assists families of Carroll County, including low-income populations, coordinating care
Bridget Britton	Agriculture and Natural Resources, Ohio State University (Tuscarawas County)	Agricultural population of Tuscarawas County
Lisa Winkler	OhioGuidestone	Behavioral, mental health and substance abuse communities in Carroll, Tuscarawas and Wayne counties
Sarah Endlich	Access Tuscarawas	All populations of Carroll and Tuscarawas counties, including the medically underserved, low-income and minority populations

MaryCatherine Jones	MaryCatherine Jones Consulting, LLC	Consulting firm specializing in helping small organizations expand and fulfill their missions
Carol Risaliti	Beacon Charitable Pharmacy	All populations of Carroll County, including the medically underserved, low-income and minority populations
Dr. James Moore	Tuscarawas Health Center of Aultman Orrville Hospital	All populations of Tuscarawas County, including the medically underserved, low-income and minority populations
Tiffany Fox	Tuscarawas County YMCA	All populations of Tuscarawas County, including the medically underserved, low-income and minority populations
Amy Smith	WJER Radio	All populations of Tuscarawas County
Scott Pipes	Pipes Insurance Services, LTD	All populations of Tuscarawas County
Anne Gunther	Aultman Healthcare Delivery System	All populations of Wayne, Carroll and Tuscarawas counties, including the medically underserved, low-income and minority populations
Jon Elsasser	Tuscarawas Economic Development Corporation	All populations of Tuscarawas County
Shawna Kreger	The Belden Brick Company	Brick manufacturer (employer) in Tuscarawas County
Dr. Mariann Harding	Kent State University Tuscarawas	Student population of Tuscarawas County
Lori Robson	East Central Ohio ESC	Assists school districts in Tuscarawas and Carroll counties
Kris Lowdermilk	Tuscarawas County Commissioners	All populations of Tuscarawas County, including the medically underserved, low-income and minority populations
Dave Handwerk	City of Orrville Mayor	All populations of Wayne County, including the medically underserved, low-income and minority populations
Lori Reinbolt Michelle Hedberg+	Orrville Area Chamber of Commerce	All populations of Wayne County, including the medically underserved, low-income and minority populations
Josh Nolan	Orrville Boys & Girls Club	Youth population of Wayne County, including the low-income and minority populations
Beth Fuller	Salvation Army Maiwurm Service Center	All populations of Wayne County, including the low-income population
Jamie Parsons	Viola Startzman Free Clinic	Offers primary care, dental, behavioral health, case management, insurance enrollment, wellness and education programs and specialty care services to low-income populations in Wayne County and surrounding communities
Mark Wood	Anazao Community Partners	Behavioral health populations of Wayne County

John Gareis	American Red Cross	All populations of Wayne, Carroll and Tuscarawas counties, specializing in disaster relief and blood donation
Rick Owens	Wayne County Job & Family Services	All populations of Wayne County, including the medically underserved, low-income and minority populations
Karen Berry, Psy. D.	Counseling Center of Wayne & Holmes Counties	Provides mental health services, including for the low-income population
Jon Ritchie	Orrville City Schools / Rittman / Southeast	Student population of Wayne County
Dr. Andrew Naumoff	Dunlap Family Physicians	All populations of Wayne County
Judy Wortham Wood*	Wayne-Holmes Mental Health & Recovery Board	All populations of Wayne County, including the medically underserved, low-income and minority populations
Deanna Nichols-Stika	Wayne County Children Services	The entire population of children in Wayne County
Kathy Sifferlin	Wooster Community Hospital	All populations of Wayne County
Daphne Silchuck-Ashcraft	Orrville Public Library	All populations of Wayne County
Kathy Tscheigg	Central American Medical Outreach (CAMO)	Orrville-based charity that serves low-income population in Central America
Bobbi Douglas	One-Eighty	All populations of Wayne County, including the low-income population and the women of Wayne County
Barb Pittard	Wayne County Emergency Management Agency	All populations of Wayne County
Debbie Meadows	LifeCare Hospice	Hospice patients of Wayne County
Dr. Amelia Lang	Aultman Medical Group Women's Health Services	Women of the Wayne County community
Steven Wengerd+	Pioneer Equipment Inc.	Farming community of Wayne County
Nick Cascarelli*+	Wayne County Health Department	All populations of Wayne County, including the medically underserved, low-income and minority populations
James Saxer+	Dalton Local Schools	Student population of Wayne County
Dawn Cazzolli	Orrville United Way	Medically underserved, low-income and minority populations
Shelly Fink	Accord Care Community	All populations of Wayne County needing rehabilitation services
Kip Crain	Wayne County Schools Career Center	Student population of Wayne County
William Robertson	City of Rittman Mayor	All populations of Wayne County, including the medically underserved, low-income and minority populations
Lindsey Steiner	YMCA of Wayne County	All populations of Wayne County, including the youth population

Jennifer Kessel+ Pete Kandis+ Kelly Lilly+ Tyler Immel Dave Speicher+	Aultman Orrville Hospital	All populations of Wayne County, including the medically underserved, low-income and minority populations
Diane Jarrett+	Jarrett Industries	Logistics company in Wayne County

**Expertise in public health*

+Attended Aug. 23, 2022 stakeholder meeting

APPENDIX B

EVALUATION OF IMPLEMENTATION STRATEGY FOR 2019 CHNA

1.) Mental Health and Substance Abuse

Goal: Improve awareness and education regarding mental health and substance abuse resources in the community.

Anticipated Impact:

- Increased use of mental health and substance abuse care.
- Improve access to screening for mental health and substance abuse issues and psychiatric care.
- Improve care coordination between mental health and substance abuse providers.
- Improve access to substance use disorder and psychiatric care.

Action: Implement telehealth options for mental healthcare.

Impact: *Aultman Orrville Hospital partners with AultmanNow telehealth for mental health services.*

Action: Partner with third parties to provide acute mental health services.

Impact: *Aultman Orrville Hospital partners with Aultman Behavioral Health, the Counseling Center of Wayne County and OneEighty in Wayne County to provide mental health services to community members.*

Aultman Orrville Hospital works collaboratively with the Crisis Center and the Mental Health and Recovery Board to provide appropriate care and services to individuals in need.

Aultman Orrville Hospital participates in the Orrville City Schools O’Huddle mentoring program to provide positive support for at-risk students to reduce and manage mental health issues.

Action: Screen patients to evaluate those at high risk.

Impact: *All Aultman Orrville Hospital patients are screened and scored for emotional health. Referrals are made to appropriate agencies as needed, including but not limited to the Counseling Center of Wayne County and OneEighty in Wayne County.*

Additionally, Rural Health Clinic providers perform wellness screenings to employees who are participating in the Aultman Wellness program, as well as their other patients who select to have an annual wellness visit.

Sexual Assault Nurse Examiner (SANE) program ensures patients receive prompt treatments by nurses who have received specialized forensic training and training to care for individuals impacted by sexual or domestic violence.

Employees are offered the Employee Assistance Program (EAP), which provides counseling services as needed. Additionally, Aultman has partnered with the United Way and their Prosperity@Work program for employees to connect with special experts who are trained to listen to employee needs and link employees with community resources.

Action: Expand drug abuse education initiatives.

Impact: *Aultman Orrville Hospital is represented on the Aultman Opioid Committee, with a focus on better transitions between practitioners, safe prescribing for proper treatment and evaluation and providing education to physicians, nurses, clinicians and patients.*

Aultman Orrville Hospital leaders participate in the Wayne County Opiate Task Force, which involves a Sequential Intercept Mapping (SIM) exercise to identify top needs related to opioid management.

Aultman Orrville Hospital collaborated with OneEighty to establish a 24-hour "Treatment Navigator" process that can initiate access to treatment services prior to patients leaving the emergency department.

Aultman Orrville Hospital continues to create access to pain management services for those individuals in the community with chronic pain management. Patient evaluations are completed at Aultman Orrville Hospital and referrals are made if providers are unable to manage care on campus.

Action: Comply with Ohio HB 170 (Project DAWN) by providing services and naloxone kits to the community.

Impact: *Aultman Orrville Hospital provides naloxone kits through our emergency department, which includes both the kit and the means to administer.*

Action: Develop internal policies/education regarding drug abuse/prescribing.

Impact: *Regular audits are performed for primary care provider prescribing trends. Aultman Orrville Hospital's electronic medical record discharge order has adopted a standard opioid equianalgesic reference chart for hospitals.*

A collaboration between emergency department providers, pain management providers and primary care providers takes place for those individuals who are noted to utilize the emergency room frequently for complaints of chronic pain.

2.) Healthy Behaviors

Goal: Improve awareness of the importance of healthy behaviors, decrease the prevalence of unhealthy behaviors and increase access to services that encourage healthy behaviors.

Anticipated Impact:

- Decrease the incidence of tobacco usage, infectious diseases and sexually transmitted infections within the community.
- Improve education on diabetes prevention.
- Improve access to facilities that enable healthy lifestyles.
- Increased education of the importance of physical activity, healthy habits and stress relief.

Action: Promote and expand weight loss management and nutrition programs.

Impact: *Aultman Orrville Hospital has continued and expanded programs to promote weight loss, physical activity and nutrition.*

Aultman Weight Management offers three different programs: Healthy Lifestyles, Healthier You and Transformation X, each of which combines the key components of weight-loss success: nutrition, behavior modification, physical activity and emotional support.

Healthy Lifestyles is a 12-week program available to our employees and the community. This wellness-based, food-focused healthy lifestyles program provides nutrition, exercise and behavior change for long-term results. Clients develop the tools and work with weekly goals to promote a healthier lifestyle and weight loss. Weekly consultations with allied healthcare professional provide education, accountability, goal review and coaching to develop the next step for success.

Graduates of the Healthy Lifestyle program can transition to ongoing Healthier You sessions to continue to their healthy lifestyle success. These sessions can be used on a weekly or monthly basis to continue sharpening the health and wellness tools learned in the Healthy Lifestyle program and manage the current barriers the clients are facing. Clients work with allied healthcare professionals through individual health coaching and goal setting to develop strategies for continued success.

In 2021, Aultman Orrville Hospital added the Transformation X program, which uses nutrition, high intensity exercise/strength training and behavior change to support healthier lifestyles with a focus on body composition (reducing body fat) and metabolic age.

Client Visits:

<u>Year:</u>	<u>Healthy Lifestyles:</u>	<u>Healthier You:</u>	<u>Transformation X:</u>
2020	156	111	n/a
2021	106	160	151
2022 (Jan-Sept)	71	120	110

Action: Promote exercise and training programs with an emphasis on fitness.

Impact: *Aultman Orrville Sports & Wellness provides a hospital-based wellness center offering memberships that use evidence-based practices to specialize in prescription exercise plans tailored for the individual focused on clinical exercise, post-rehab, transition programs (Physical Therapy, Cardiac Rehab and MEDs Clinic), sports-specific training and fitness.*

Aultman Orrville Sports & Wellness members engage in clinically based exercise to manage/improve health in conjunction with group exercise classes.

<u>Year:</u>	<u>Annual Member Visits:</u>
2020	11,649
2021	13,126
2022 (Jan-Sept)	11,598

Aultman Carrollton Fitness has been reopened under Sports & Wellness to support clinical-based exercise.

<u>Year:</u>	<u>Annual Member Visits:</u>
2020	6,480
2021	8,727
2022 (Jan-Apr)	4,600

Aultman Orrville Hospital provides athletic training at a local school through contracted services to support the health and performance of local athletes:

<u>Year:</u>	<u>Hours:</u>
2019-20	2,925
2020-21	3,284
2021-22	1,663 (reduction in contracted schools)

Aultman Orrville Hospital provides school-supported athletic physicals with Sports & Wellness and RHC provider collaboration (Orrville, Southeast, Rittman and Dalton). Annual number of athlete physicals provided:

<u>Year:</u>	<u>Physicals:</u>
2019	118 (modified due to COVID)
2021	360
2022 (Jan-Apr)	252

Action: Expand Growing Healthy Habits (GHH) Coalition to serve as a catalyst for improving decisions about fitness, nutrition and health.

Impact: *The GHH Coalition sponsors the Lose-a-Ton, Win-a-Ton community challenge. This three-month challenge continues to make positive behavioral change in our community, with a focus on healthy habits to promote weight loss or maintaining a BMI < 26.*

<u>Year:</u>	<u>Teams:</u>	<u>Participants:</u>	<u>Total Weight Lost:</u>
2021	15	130	908 lbs.
2022	19	160	1,118 lbs.

The GHH Coalition also continued to sponsor Orrville Moves and expand its impact into 2022. This fitness program is designed to encourage exercise throughout the summer and early fall.

<u>Year:</u>	<u>Check-ins:</u>	<u>Mileage Moved:</u>
2020	2,860	15,967
2021	4,961	26,224
2022	5,808	34,388

Action: Offer access to diabetic education support groups.

Impact: *Aultman Orrville Hospital will provide a licensed certified diabetic educator for community programs, diabetic education and support groups. It will also continue to offer diabetic programs, education and a support group under the Diabetes Self-Management Education (DSME) Program impacting an average of 170 client visits on an annual basis.*

In 2021, Aultman Orrville Hospital's certified diabetic educator received 198 diabetic referrals from primary care providers in the Rural Health Clinics and completed 344 hours of education to patients.

In 2022, through the month of August, 378 hours of education have been completed by diabetic patients.

Action: Offer a Medication, Exercise, Diet and Support (MEDS) Clinic to community patients.

Impact: *In 2021, Aultman Orrville Hospital expanded its services to offer a support patient plan of care focusing on diabetes and Coumadin management with an integrated team of pharmacists and dietitians.*

<u>Year:</u>	<u>Pharmacist Run Diabetes:</u>	<u>Coumadin:</u>
2021	523 Visits	519 Visits
2022 (Jan-May)	247 Visits	187 Visits

Aultman Orrville Hospital also continues to perform medication management for patients and maintain compliance with medications.

Action: Provide community education on health-related issues.

Impact: *Through its HealthTalks program, Aultman Orrville Hospital provides a monthly speaker series with health topic recommendations. After each presentation, evaluations from participants are solicited and issues identified are incorporated into future programs. This program was reinstated in 2021 following restrictions due to COVID.*

Action: Expand programs providing education on healthy lifestyles choices.

Impact: *In collaboration with The Ohio State University extension and SNAP, Aultman Orrville Hospital now offers the “Celebrate Your Plate” program. This series of programs educates the public on stretching your food dollar and creating healthier eating habits.*

Aultman Orrville Hospital collaborated with A Whole Community Inc. (AWC) and the Orrville Area Boys and Girls Club to provide fresh produce to help provide meals for the club.

Aultman Orrville Hospital continued its Safe Sleep program, which educates on why it is safest to follow the ABCs of safe sleep for infants: Alone. Back. Crib. Every baby, every sleep!

Aultman Orrville Hospital obtained a 5-star certification through the Ohio Department of Health, Ohio First Steps for Healthy Babies breastfeeding program. The purpose of this program is to recognize maternity centers in Ohio that have taken steps to promote, protect and support breastfeeding in their organization.

Aultman Orrville Hospital provides three International Board-Certified Lactation Consultants (IBCLC) who are available to our patients during and after their stay.

Action: Promote wellness through education, screenings and coordinated programs and events throughout our community.

Impact: *Aultman Orrville Hospital's Working on Wellness (WOW) program participates in health fairs, community events and various programs to screen and educate community members. Non-invasive screening is provided to increase knowledge and awareness of healthy values and education, and access to care information is provide as needed to support chronic disease prevention and management and to support healthy lifestyle choices.*

<u>Year:</u>	<u>Screened:</u>	<u>Provided Education:</u>
2020	On-hold	On-hold
2021 (Jul-Dec)	518	Unavailable
2022 (Jan-Sept)	676	211

Aultman Orrville Hospital collaborated with the Quota Club and Wayne County Sherriff's office in the "Safety First" first grade bike helmet program. This program focuses on providing first-graders with bike helmets and teaches kids the importance of wearing helmets while riding bikes or participating in other wheeled sports. This program provides more than 600 helmets annually at seven school districts (Dalton, Rittman, Orrville, Hillsdale, Green, Southeast and Norwayne).

Aultman Orrville Hospital supports the Aultman Ambassador program in the Rittman, Orrville and Norwayne School Districts. The Ambassador program provides local high school students with the information and confidence to run a student-led program in which the students promote healthy habits in their schools. This program is in conjunction with the Alliance for Healthier Generations for measuring school assessment, programming and progress. In 2021-22, 43 students were part of the high school programs that provided student-led programming for their school district (e.g., yoga class, smoothie day, elementary turf time, student & faculty walk day, school health & wellness website, etc.). The initial middle school pilot program began in 2021-22 at Norwayne Middle School and impacted 102 students.

Aultman Orrville Hospital also participates in and champions numerous community initiatives, including but not limited to Orrville Moves, Growing Healthy Habits, Wayne County Heart Walk, Orrville Parade and Orrville Chamber of Commerce Wellness Initiatives.

Action: Implement COVID-19 initiatives to perform COVID-19 testing, mitigation, and vaccination for community members.

Impact: *Aultman Orrville Hospital is one of the designated sites for the Wayne County Health Department's COVID-19 vaccination program. In addition, Aultman Orrville Hospital provides outpatient COVID-19 testing and information and resources for the community on its website.*

3.) Access to Healthcare

Goal: Improve access to healthcare services and providers, especially for medically underserved populations.

Anticipated Impact:

- Increase access to necessary services and specialists.
- Improve care coordination across the care spectrum.
- Improve affordability of healthcare services.

Action: Provide transportation services to and from Aultman Orrville Hospital.

Impact: *Aultman Orrville Hospital continues to enhance community benefits by contracting with Holmes Transportation Support LLC, to provide patient-centered transportation to those individuals within 25 miles who utilize services on the Aultman Orrville Hospital campus, including but not limited to physical therapy, cardiac rehabilitation and Rural Health Clinic office appointments.*

Action: Partner with the Wayne County Health Department on vaccination education.

Impact: *Aultman Orrville Hospital partnered with the Wayne County Health Department, the Wayne County Emergency Management Agency and Wooster Community Hospital on a public service announcement by local providers on COVID-19 vaccine facts vs. myths.*

Action: Increase availability of care.

Impact: *Aultman Orrville Hospital continues to recruit primary care providers to Orrville to meet the health needs of our patients and expand access to care. Aultman Orrville Hospital opened a northern Orrville health center in Doylestown in 2021.*

The Rural Health Clinic (RHC) was established in Sept. 2016 to expand availability of and increase access to provider services.

<u>Year:</u>	<u>RHC Visits:</u>	<u>RHS Telehealth Visits:</u>	<u>School-based telehealth visits:</u>
2020	41,405	4,546	n/a
2021	65,940	2,880	n/a
2022 (Jan-May)	27,446	161	14

Aultman Orrville Hospital partnered with Cardiovascular Consultants to offer cardiology services at the hospital and the Rural Health Clinics.

Aultman Orrville Hospital has continued to grow Aultman Orrville's Women's Health program, general surgery, endocrinology and GI services.

Additionally, Aultman Orrville Hospital offers stroke services through telemedicine and has contractual services with Specialist on Call (SOC).

Action: Enhance telehealth offerings.

Impact: *Aultman Orrville Hospital implemented telehealth offerings during the pandemic in our Rural Health Clinics, as well as many of our specialty services, including but not limited to behavioral health services, lactation, diabetes management and stroke services.*

Aultman Orrville Hospital has also offered school-based telehealth clinics at eight school systems throughout Wayne, Tuscarawas and Carroll counties.

Action: Expand 340B program to reduce cost for prescription medications and reinvest in community benefits.

Impact: *Aultman Orrville Hospital expanded its 340B program to include contract pharmacies in 2018. The 340B savings help subsidize various services the hospital offers to the community to provide sustainability into the future.*

Action: Provide improved surgery coverage to decrease the need to transfer patients for surgery services.

Impact: *Aultman Orrville Hospital continues to provide increased surgery coverage to our community. Both a MAKO robot (joint replacement surgeries) and DaVinci robot (robotic assisted general surgery) are operational at Aultman Orrville Hospital.*

Action: Schedule follow-up appointments with the primary care provider or specialist, as needed.

Impact: *Follow-up appointments are scheduled with the patient's primary care provider by the care management team and documented in the patient's discharge instructions.*

Action: Continue to provide patients in need of a primary care provider with a list of those primary care providers accepting new patients.

Impact: *Aultman Orrville Hospital's care management team meets with every patient and assesses if their discharge needs include a primary care provider. Referrals are initiated as needed. In collaboration with the emergency department providers and primary care providers, procedures and protocols have been established to create a care plan for individuals who have frequent visits to the emergency department with no established primary care provider.*

Action: Continue to promote access to age-appropriate health screenings.

Impact: *Age-appropriate health screenings are being offered and completed through our Rural Health Clinic, imaging department, obstetric department and emergency department. These screenings include current vaccine and immunization status, social habits and post-partum education.*

APPENDIX C

DEMOGRAPHIC INFORMATION FOR WAYNE, TUSCARAWAS AND CARROLL COUNTIES

Ohio County Profiles



Prepared by the Office of Research

2021 Edition

Wayne County

Established: Proclamation - August 15, 1796
 2020 Population: 116,894
 Land Area: 555.4 square miles
 County Seat: Wooster City
 Named for: General Anthony Wayne, Revolutionary War



Taxes

Taxable value of real property	\$2,421,212,200
Residential	\$1,615,471,780
Agriculture	\$341,081,940
Industrial	\$155,447,150
Commercial	\$307,287,300
Mineral	\$1,924,030
Ohio income tax liability	\$60,785,462
Average per return	\$1,148.87

Land Use/Land Cover

	Percent
Developed, Lower Intensity	9.92%
Developed, Higher Intensity	1.90%
Barren (strip mines, gravel pits, etc.)	0.06%
Forest	17.78%
Shrub/Scrub and Grasslands	0.33%
Pasture/Hay	27.57%
Cultivated Crops	39.54%
Wetlands	2.32%
Open Water	0.58%

Largest Places

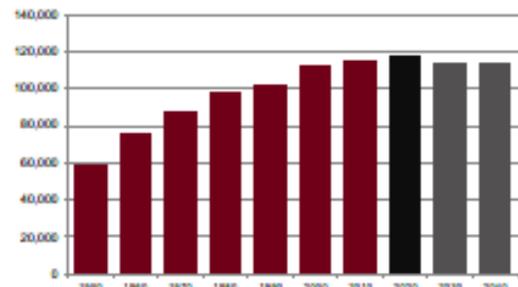
	Census 2020	Census 2010
Wooster city	27,232	26,119
Orville city	8,452	8,380
Chippewa twp UB	6,744	6,946
Rittman city (part)	6,015	6,376
East Union twp UB	5,758	5,648
Sugar Creek twp UB	5,260	4,821
Wooster twp	4,615	4,694
Franklin twp	4,235	3,872
Salt Creek twp UB	4,133	3,886
Wayne twp	4,005	4,159

UB: Unincorporated balance.

Total Population

Census

1800		1910	38,058	2020	116,894
1810		1920	41,346		
1820	11,933	1930	47,024		
1830	23,333	1940	50,520		
1840	35,808	1950	58,716	Projected	
1850	32,981	1960	75,497	2030	113,400
1860	32,483	1970	87,123	2040	113,240
1870	35,116	1980	97,408		
1880	40,076	1990	101,481		
1890	39,005	2000	111,564		
1900	37,870	2010	114,520		



Population by Race	Number	Percent
ACS Total Population	116,099	100.0%
White	109,717	94.5%
African-American	1,584	1.4%
Native American	286	0.2%
Asian	1,211	1.0%
Pacific Islander	15	0.0%
Other	1,206	1.0%
Two or More Races	2,080	1.8%
Hispanic (may be of any race)	2,335	2.0%
Total Minority	7,347	6.3%

Educational Attainment	Number	Percent
Persons 25 years and over	76,337	100.0%
No high school diploma	10,290	13.5%
High school graduate	29,775	39.0%
Some college, no degree	13,832	18.1%
Associate degree	5,492	7.2%
Bachelor's degree	10,394	13.6%
Master's degree or higher	6,554	8.6%

Family Type by Employment Status	Number	Percent
Total Families	29,915	100.0%
Married couple, husband and wife in labor force	11,622	38.9%
Married couple, husband in labor force, wife not	5,865	19.6%
Married couple, wife in labor force, husband not	1,861	6.2%
Married couple, husband and wife not in labor force	4,335	14.5%
Male householder, in labor force	1,420	4.7%
Male householder, not in labor force	697	2.3%
Female householder, in labor force	2,922	9.8%
Female householder, not in labor force	1,193	4.0%

Household Income	Number	Percent
Total Households	43,824	100.0%
Less than \$10,000	2,097	4.8%
\$10,000 to \$19,999	4,017	9.2%
\$20,000 to \$29,999	4,195	9.6%
\$30,000 to \$39,999	4,188	9.6%
\$40,000 to \$49,999	4,069	9.3%
\$50,000 to \$59,999	4,088	9.3%
\$60,000 to \$74,999	5,548	12.7%
\$75,000 to \$99,999	6,424	14.7%
\$100,000 to \$149,999	5,740	13.1%
\$150,000 to \$199,999	1,851	4.2%
\$200,000 or more	1,607	3.7%
Median household income	\$58,300	

Percentages may not sum to 100% due to rounding.

Population by Age	Number	Percent
ACS Total Population	116,099	100.0%
Under 5 years	7,737	6.7%
5 to 17 years	20,578	17.7%
18 to 24 years	11,447	9.9%
25 to 44 years	26,269	22.6%
45 to 64 years	29,957	25.8%
65 years and more	20,111	17.3%
Median Age	38.7	

Family Type by Presence of Own Children Under 18	Number	Percent
Total Families	30,033	100.0%
Married-couple families with own children	8,581	28.6%
Male householder, no wife present, with own children	966	3.3%
Female householder, no husband present, with own children	2,128	7.1%
Families with no own children	18,338	61.1%

Poverty Status of Families By Family Type by Presence of Related Children	Number	Percent
Total Families	30,033	100.0%
Family income above poverty level	27,779	92.5%
Family income below poverty level	2,254	7.5%
Married couple, with related children	488	1.6%
Male householder, no wife present, with related children	223	0.7%
Female householder, no husband present, with related children	838	2.8%
Families with no related children	705	2.3%

Ratio of Income To Poverty Level	Number	Percent
Population for whom poverty status is determined	111,821	100.0%
Below 50% of poverty level	4,379	3.9%
50% to 99% of poverty level	8,239	7.4%
100% to 124% of poverty level	4,731	4.2%
125% to 149% of poverty level	4,873	4.4%
150% to 184% of poverty level	8,177	7.3%
185% to 199% of poverty level	3,484	3.1%
200% of poverty level or more	77,938	69.7%

Geographical Mobility	Number	Percent
Population aged 1 year and older	114,727	100.0%
Same house as previous year	99,390	86.6%
Different house, same county	9,879	8.6%
Different county, same state	4,147	3.6%
Different state	1,136	1.0%
Abroad	175	0.2%

Travel Time To Work	Number	Percent
Workers 16 years and over	52,273	100.0%
Less than 15 minutes	21,360	40.9%
15 to 29 minutes	18,580	35.5%
30 to 44 minutes	7,109	13.6%
45 to 59 minutes	2,894	5.5%
60 minutes or more	2,330	4.5%
Mean travel time	20.5 minutes	

Housing Units	Number	Percent
Total housing units	46,648	100.0%
Occupied housing units	43,824	93.9%
Owner occupied	31,974	73.0%
Renter occupied	11,850	27.0%
Vacant housing units	2,824	6.1%

Year Structure Built	Number	Percent
Total housing units	46,648	100.0%
Built 2014 or later	600	1.3%
Built 2010 to 2013	878	1.9%
Built 2000 to 2009	5,564	11.9%
Built 1990 to 1999	8,855	14.7%
Built 1980 to 1989	4,533	9.7%
Built 1970 to 1979	7,947	17.0%
Built 1960 to 1969	4,354	9.3%
Built 1950 to 1959	5,078	10.9%
Built 1940 to 1949	1,803	3.9%
Built 1939 or earlier	9,036	19.4%
Median year built	1974	

Value for Specified Owner-Occupied Housing Units	Number	Percent
Specified owner-occupied housing units	31,974	100.0%
Less than \$20,000	1,703	5.3%
\$20,000 to \$39,999	534	1.7%
\$40,000 to \$59,999	677	2.1%
\$60,000 to \$79,999	1,771	5.5%
\$80,000 to \$99,999	2,899	9.1%
\$100,000 to \$124,999	4,074	12.7%
\$125,000 to \$149,999	4,526	14.2%
\$150,000 to \$199,999	6,639	20.8%
\$200,000 to \$299,999	5,429	17.0%
\$300,000 to \$499,999	2,692	8.4%
\$500,000 to \$999,999	830	2.6%
\$1,000,000 or more	200	0.6%
Median value	\$148,900	

House Heating Fuel	Number	Percent
Occupied housing units	43,824	100.0%
Utility gas	27,750	63.3%
Bottled, tank or LP gas	2,919	6.7%
Electricity	8,223	18.8%
Fuel oil, kerosene, etc	1,915	4.4%
Coal, coke or wood	2,565	5.9%
Solar energy or other fuel	386	0.9%
No fuel used	66	0.2%

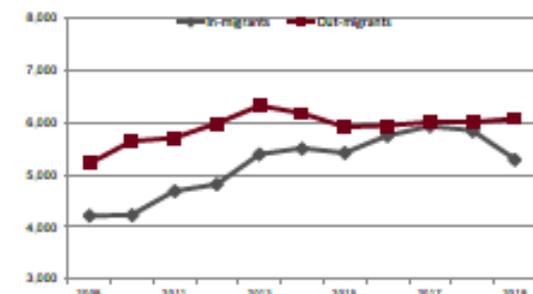
Percentages may not sum to 100% due to rounding.

Gross Rent	Number	Percent
Specified renter-occupied housing units	11,850	100.0%
Less than \$100	100	0.8%
\$100 to \$199	134	1.1%
\$200 to \$299	432	3.6%
\$300 to \$399	412	3.5%
\$400 to \$499	783	6.6%
\$500 to \$599	1,212	10.2%
\$600 to \$699	1,742	14.7%
\$700 to \$799	1,762	14.9%
\$800 to \$899	1,697	14.3%
\$900 to \$999	1,105	9.3%
\$1,000 to \$1,499	1,385	11.7%
\$1,500 or more	231	1.9%
No cash rent	855	7.2%
Median gross rent	\$735	
Median gross rent as a percentage of household income	24.4	

Selected Monthly Owner Costs for Specified Owner-Occupied Housing Units	Number	Percent
Specified owner-occupied housing units with a mortgage	18,546	100.0%
Less than \$400	150	0.8%
\$400 to \$599	614	3.3%
\$600 to \$799	1,973	10.6%
\$800 to \$999	3,432	18.5%
\$1,000 to \$1,249	4,438	23.9%
\$1,250 to \$1,499	3,050	16.4%
\$1,500 to \$1,999	3,346	18.0%
\$2,000 to \$2,999	1,177	6.3%
\$3,000 or more	368	2.0%
Median monthly owners cost	\$1,175	
Median monthly owners cost as a percentage of household income	18.8	

Vital Statistics	Number	Rate
Births / rate per 1,000 women aged 15 to 44	1,399	67.4
Teen births / rate per 1,000 females 15-19	44	31.5
Deaths / rate per 100,000 population	1,244	1,075.1

Domestic Migration



Agriculture

Land in farms (acres)	251,996
Number of farms	2,034
Average size (acres)	124
Total cash receipts	\$327,890,000
Per farm	\$161,205
Receipts for crops	\$81,357,000
Receipts for livestock/products	\$246,533,000

Education

Traditional public schools buildings	36
Students	14,349
Teachers (Full Time Equivalent)	1,086.6
Expenditures per student	\$9,812
Graduation rate	96.2
Community/charter schools buildings	1
Students	64
Teachers (Full Time Equivalent)	5.0
Expenditures per student	\$9,196
Graduation rate	
Private schools	6
Students	769
4-year public universities	0
Regional campuses	1
2-year public colleges/satellites	0
Ohio Technical Centers	1
Private universities and colleges	1
Public libraries (Districts / Facilities)	2 / 8

Transportation

Registered motor vehicles	136,017
Passenger cars	80,891
Noncommercial trucks	22,796
Total license revenue	\$4,246,847.40
Permissive tax revenue	\$2,204,005.00
Interstate highway miles	7.12
Turnpike miles	0.00
U.S. highway miles	58.54
State highway miles	186.83
County, township, and municipal road miles	1,338.60
Commercial airports	1

Health Care

Physicians	163
Registered hospitals	2
Number of beds	187
Licensed nursing homes	13
Number of beds	1,020
Licensed residential care	11
Number of beds	747
Persons with health insurance (Aged 0 to 64)	88.0%
Adults with insurance (Aged 18 to 64)	87.6%
Children with insurance (Aged Under 19)	88.8%

Communications

Television stations	2
Radio stations	3
Daily newspapers	1
Circulation	15,152
Average monthly unique visitors	134,456
Weekly newspapers	0
Circulation	0
Average monthly unique visitors	0
Online only	0
Average monthly unique visitors	0

Crime

Total crimes reported in Uniform Crime Report	1,908
Violent crime	197
Property crime	1,711

Finance

FDIC insured financial institutions (HQs)	3
Assets (000)	\$845,021
Branch offices	47
Institutions represented	14

Transfer Payments

Total transfer payments	\$984,244,000
Payments to individuals	\$958,936,000
Retirement and disability	\$389,839,000
Medical payments	\$442,796,000
Income maintenance (Supplemental SSI, family assistance, food stamps, etc)	\$64,098,000
Unemployment benefits	\$7,038,000
Veterans benefits	\$30,081,000
Federal education and training assistance	\$16,074,000
Other payments to individuals	\$9,010,000
Total personal income	\$5,371,222,000
Dependency ratio	18.3%
(Percent of income from transfer payments)	

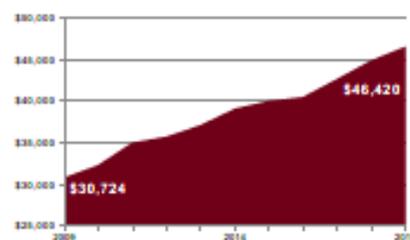
Voting

Number of registered voters	74,470
Voted in 2020 election	54,848
Percent turnout	73.7%

State Parks, Forests, Nature Preserves, Scenic Waterways, And Wildlife Areas

Areas/Facilities	5
Acreage	6,123

Per Capita Personal Income



Civilian Labor Force	2020	2019	2018	2017	2016
Civilian labor force	60,600	62,400	61,300	61,900	61,500
Employed	57,000	60,400	59,100	59,500	59,000
Unemployed	3,600	2,000	2,200	2,400	2,500
Unemployment rate	5.9	3.3	3.6	3.9	4.0

Establishments, Employment, and Wages by Sector: 2019

Industrial Sector	Number of Establishments	Average Employment	Total Wages	Average Weekly Wage
Private Sector	2,558	42,584	\$2,038,617,513	\$921
Goods-Producing	744	18,944	\$1,141,662,087	\$1,159
Natural Resources and Mining	111	1,887	\$115,119,205	\$1,173
Construction	333	2,250	\$116,053,048	\$992
Manufacturing	300	14,806	\$910,489,834	\$1,183
Service-Providing	1,813	23,641	\$896,955,426	\$730
Trade, Transportation and Utilities	626	8,095	\$313,053,681	\$744
Information	14	203	\$7,825,008	\$743
Financial Services	209	1,444	\$85,263,740	\$1,136
Professional and Business Services	314	2,487	\$145,156,999	\$1,122
Education and Health Services	256	6,563	\$247,474,986	\$725
Leisure and Hospitality	210	3,594	\$52,692,749	\$282
Other Services	184	1,255	\$45,465,263	\$697
Federal Government		256	\$15,225,644	\$1,143
State Government		783	\$42,094,734	\$1,034
Local Government		5,712	\$236,441,274	\$796

Private Sector total includes Undersified establishments not shown.

Change Since 2013

Private Sector	4.4%	11.7%	31.8%	18.1%
Goods-Producing	7.8%	18.3%	36.9%	15.7%
Natural Resources and Mining	0.0%	63.1%	104.9%	25.7%
Construction	8.1%	22.9%	44.9%	18.0%
Manufacturing	10.3%	13.7%	30.5%	14.9%
Service-Producing	3.1%	6.9%	25.9%	17.7%
Trade, Transportation and Utilities	1.0%	0.1%	8.1%	8.1%
Information	-6.7%	-9.4%	-5.7%	4.2%
Financial Services	-0.9%	4.6%	22.0%	16.8%
Professional and Business Services	12.5%	13.3%	78.9%	57.8%
Education and Health Services	6.2%	14.7%	31.0%	14.2%
Leisure and Hospitality	9.9%	9.9%	26.5%	15.1%
Other Services	-7.5%	2.2%	38.1%	35.3%
Federal Government		2.8%	10.2%	6.9%
State Government		-5.8%	10.4%	17.1%
Local Government		6.7%	20.8%	13.1%

Residential

Construction	2020	2019	2018	2017	2016
Total units	275	206	253	174	173
Total valuation (000)	\$60,387	\$47,158	\$48,138	\$37,362	\$37,842
Total single-unit bldgs	196	180	241	158	155
Average cost per unit	\$261,292	\$240,876	\$192,689	\$231,914	\$228,656
Total multi-unit bldg units	79	26	12	16	18
Average cost per unit	\$116,126	\$146,154	\$141,667	\$45,000	\$150,567

Ohio County Profiles



Prepared by the Office of Research

2021 Edition

Tuscarawas County

Established: Act - March 15, 1808
 2020 Population: 93,263
 Land Area: 567.6 square miles
 County Seat: New Philadelphia City
 Named for: Native American word meaning "open mouth"



Taxes

Taxable value of real property	\$1,970,931,150
Residential	\$1,372,528,430
Agriculture	\$249,076,920
Industrial	\$89,697,280
Commercial	\$255,297,420
Mineral	\$4,331,100
Ohio income tax liability	\$47,702,079
Average per return	\$1,095.09

Land Use/Land Cover

	Percent
Developed, Lower Intensity	9.05%
Developed, Higher Intensity	1.67%
Barren (strip mines, gravel pits, etc.)	0.39%
Forest	53.20%
Shrub/Scrub and Grasslands	2.22%
Pasture/Hay	22.87%
Cultivated Crops	8.30%
Wetlands	1.17%
Open Water	1.12%

Largest Places

	Census 2020	Census 2010
New Philadelphia city	17,877	17,288
Dover city	13,112	12,826
Uhrichsville city	5,272	5,413
Lawrence twp UB	4,698	4,575
Dover twp UB	4,310	4,382
Goshen twp UB	3,878	3,933
Newcomerstown vil.	3,702	3,822
Strasburg vil.	2,735	2,608
Dennison vil.	2,709	2,655
Wayne twp	2,409	2,164

UB: Unincorporated balance.

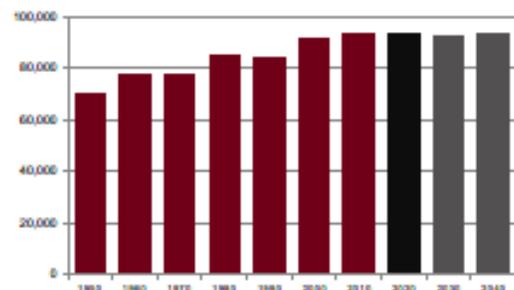
Total Population

Census

1800		1910	57,035	2020	93,263
1810	3,045	1920	63,578		
1820	8,328	1930	68,193		
1830	14,298	1940	68,816		
1840	25,631	1950	70,320		
1850	31,761	1960	76,789		
1860	32,463	1970	77,211		
1870	33,840	1980	84,614		
1880	40,196	1990	84,090		
1890	46,618	2000	90,914		
1900	53,751	2010	92,582		

Projected

2030	91,890
2040	92,840



Population by Race	Number	Percent
ACS Total Population	92,335	100.0%
White	89,194	96.6%
African-American	661	0.7%
Native American	170	0.2%
Asian	370	0.4%
Pacific Islander	0	0.0%
Other	114	0.1%
Two or More Races	1,826	2.0%
Hispanic (may be of any race)	2,612	2.8%
Total Minority	5,100	5.5%

Educational Attainment	Number	Percent
Persons 25 years and over	64,043	100.0%
No high school diploma	8,993	14.0%
High school graduate	28,618	44.7%
Some college, no degree	10,783	16.8%
Associate degree	4,536	7.1%
Bachelor's degree	7,142	11.2%
Master's degree or higher	3,971	6.2%

Family Type by Employment Status	Number	Percent
Total Families	24,242	100.0%
Married couple, husband and wife in labor force	9,327	38.5%
Married couple, husband in labor force, wife not	4,444	18.3%
Married couple, wife in labor force, husband not	1,836	7.6%
Married couple, husband and wife not in labor force	3,680	15.2%
Male householder, in labor force	1,299	5.4%
Male householder, not in labor force	317	1.3%
Female householder, in labor force	2,193	9.0%
Female householder, not in labor force	1,146	4.7%

Household Income	Number	Percent
Total Households	36,631	100.0%
Less than \$10,000	1,814	5.0%
\$10,000 to \$19,999	3,957	10.8%
\$20,000 to \$29,999	3,930	10.7%
\$30,000 to \$39,999	3,937	10.7%
\$40,000 to \$49,999	3,661	10.0%
\$50,000 to \$59,999	3,146	8.6%
\$60,000 to \$74,999	4,277	11.7%
\$75,000 to \$99,999	5,250	14.3%
\$100,000 to \$149,999	4,501	12.3%
\$150,000 to \$199,999	1,147	3.1%
\$200,000 or more	1,011	2.8%
Median household income	\$53,243	

Percentages may not sum to 100% due to rounding.

Population by Age	Number	Percent
ACS Total Population	92,335	100.0%
Under 5 years	5,767	6.2%
5 to 17 years	15,333	16.6%
18 to 24 years	7,192	7.8%
25 to 44 years	21,519	23.3%
45 to 64 years	24,770	26.8%
65 years and more	17,754	19.2%
Median Age	41.0	

Family Type by Presence of Own Children Under 18	Number	Percent
Total Families	24,373	100.0%
Married-couple families with own children	6,898	28.3%
Male householder, no wife present, with own children	887	3.6%
Female householder, no husband present, with own children	1,862	7.6%
Families with no own children	14,726	60.4%

Poverty Status of Families By Family Type by Presence Of Related Children	Number	Percent
Total Families	24,373	100.0%
Family income above poverty level	22,093	90.6%
Family income below poverty level	2,280	9.4%
Married couple, with related children	518	2.1%
Male householder, no wife present, with related children	188	0.8%
Female householder, no husband present, with related children	1,042	4.3%
Families with no related children	532	2.2%

Ratio of Income To Poverty Level	Number	Percent
Population for whom poverty status is determined	90,912	100.0%
Below 50% of poverty level	4,330	4.8%
50% to 99% of poverty level	7,315	8.0%
100% to 124% of poverty level	4,701	5.2%
125% to 149% of poverty level	3,691	4.1%
150% to 184% of poverty level	8,027	8.8%
185% to 199% of poverty level	2,887	3.2%
200% of poverty level or more	59,961	66.0%

Geographical Mobility	Number	Percent
Population aged 1 year and older	90,888	100.0%
Same house as previous year	78,276	86.1%
Different house, same county	8,269	9.1%
Different county, same state	3,209	3.5%
Different state	907	1.0%
Abroad	227	0.2%

Travel Time To Work	Number	Percent
Workers 16 years and over	42,099	100.0%
Less than 15 minutes	14,653	34.8%
15 to 29 minutes	15,564	37.0%
30 to 44 minutes	6,612	15.7%
45 to 59 minutes	2,473	5.9%
60 minutes or more	2,797	6.6%
Mean travel time	23.8 minutes	

Housing Units	Number	Percent
Total housing units	40,217	100.0%
Occupied housing units	36,631	91.1%
Owner occupied	25,905	70.7%
Renter occupied	10,726	29.3%
Vacant housing units	3,586	8.9%

Year Structure Built	Number	Percent
Total housing units	40,217	100.0%
Built 2014 or later	483	1.2%
Built 2010 to 2013	525	1.3%
Built 2000 to 2009	4,375	10.9%
Built 1990 to 1999	5,163	12.8%
Built 1980 to 1989	3,319	8.3%
Built 1970 to 1979	5,308	13.2%
Built 1960 to 1969	3,958	9.8%
Built 1950 to 1959	4,340	10.8%
Built 1940 to 1949	1,619	4.0%
Built 1939 or earlier	11,127	27.7%
Median year built	1968	

Value for Specified Owner-Occupied Housing Units	Number	Percent
Specified owner-occupied housing units	25,905	100.0%
Less than \$20,000	1,184	4.6%
\$20,000 to \$39,999	671	2.6%
\$40,000 to \$59,999	1,392	5.4%
\$60,000 to \$79,999	2,493	9.6%
\$80,000 to \$99,999	3,042	11.7%
\$100,000 to \$124,999	3,357	13.0%
\$125,000 to \$149,999	2,870	11.1%
\$150,000 to \$199,999	4,733	18.3%
\$200,000 to \$299,999	4,118	15.9%
\$300,000 to \$499,999	1,564	6.0%
\$500,000 to \$999,999	353	1.4%
\$1,000,000 or more	128	0.5%
Median value	\$132,100	

House Heating Fuel	Number	Percent
Occupied housing units	36,631	100.0%
Utility gas	23,669	64.6%
Bottled, tank or LP gas	2,173	5.9%
Electricity	7,524	20.5%
Fuel oil, kerosene, etc	1,305	3.6%
Coal, coke or wood	1,175	3.2%
Solar energy or other fuel	705	1.9%
No fuel used	80	0.2%

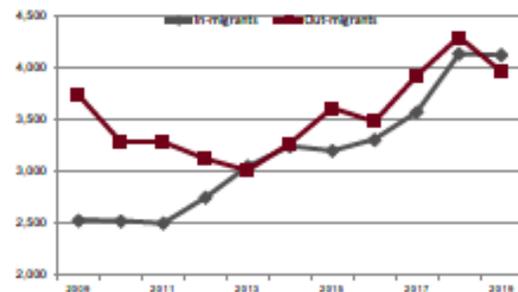
Percentages may not sum to 100% due to rounding.

Gross Rent	Number	Percent
Specified renter-occupied housing units	10,726	100.0%
Less than \$100	29	0.3%
\$100 to \$199	18	0.2%
\$200 to \$299	342	3.2%
\$300 to \$399	362	3.4%
\$400 to \$499	744	6.9%
\$500 to \$599	879	8.2%
\$600 to \$699	1,323	12.3%
\$700 to \$799	1,772	16.5%
\$800 to \$899	1,534	14.3%
\$900 to \$999	1,078	10.1%
\$1,000 to \$1,499	1,603	14.9%
\$1,500 or more	251	2.3%
No cash rent	791	7.4%
Median gross rent	\$772	
Median gross rent as a percentage of household income	26.3	

Selected Monthly Owner Costs for Specified Owner-Occupied Housing Units	Number	Percent
Specified owner-occupied housing units with a mortgage	14,303	100.0%
Less than \$400	95	0.7%
\$400 to \$599	704	4.9%
\$600 to \$799	2,072	14.5%
\$800 to \$999	2,914	20.4%
\$1,000 to \$1,249	2,791	19.5%
\$1,250 to \$1,499	2,430	17.0%
\$1,500 to \$1,999	2,291	16.0%
\$2,000 to \$2,999	885	6.2%
\$3,000 or more	121	0.8%
Median monthly owners cost	\$1,122	
Median monthly owners cost as a percentage of household income	18.5	

Vital Statistics	Number	Rate
Births / rate per 1,000 women aged 15 to 44	1,059	67.7
Teen births / rate per 1,000 females 15-19	73	68.9
Deaths / rate per 100,000 population	1,122	1,219.7

Domestic Migration



Agriculture

Land in farms (acres)	143,836
Number of farms	1,155
Average size (acres)	125
Total cash receipts	\$125,183,000
Per farm	\$108,383
Receipts for crops	\$21,505,000
Receipts for livestock/products	\$103,678,000

Education

Traditional public schools buildings	37
Students	13,348
Teachers (Full Time Equivalent)	935.6
Expenditures per student	\$8,762
Graduation rate	91.3
Community/charter schools buildings	0
Students	0
Teachers (Full Time Equivalent)	0.0
Expenditures per student	
Graduation rate	
Private schools	3
Students	323
4-year public universities	0
Regional campuses	1
2-year public colleges/satellites	0
Ohio Technical Centers	1
Private universities and colleges	0
Public libraries (Districts / Facilities)	5 / 10

Transportation

Registered motor vehicles	122,156
Passenger cars	70,272
Noncommercial trucks	21,908
Total license revenue	\$3,698,500.59
Permissive tax revenue	\$277,677.50
Interstate highway miles	34.97
Turnpike miles	0.00
U.S. highway miles	38.81
State highway miles	141.06
County, township, and municipal road miles	1,388.09
Commercial airports	1

Health Care

Physicians	92
Registered hospitals	2
Number of beds	181
Licensed nursing homes	10
Number of beds	852
Licensed residential care	7
Number of beds	569
Persons with health insurance (Aged 0 to 64)	89.7%
Adults with insurance (Aged 18 to 64)	88.5%
Children with insurance (Aged Under 19)	92.9%

Communications

Television stations	0
Radio stations	2
Daily newspapers	1
Circulation	10,900
Average monthly unique visitors	0
Weekly newspapers	1
Circulation	10,200
Average monthly unique visitors	0
Online only	0
Average monthly unique visitors	0

Crime

Total crimes reported in Uniform Crime Report	750
Violent crime	57
Property crime	693

Finance

FDIC insured financial institutions (HQs)	4
Assets (000)	\$980,963
Branch offices	36
Institutions represented	13

Transfer Payments

Total transfer payments	\$909,983,000
Payments to individuals	\$889,506,000
Retirement and disability	\$341,966,000
Medical payments	\$425,403,000
Income maintenance (Supplemental SSI, family assistance, food stamps, etc)	\$59,794,000
Unemployment benefits	\$6,818,000
Veterans benefits	\$36,668,000
Federal education and training assistance	\$11,410,000
Other payments to individuals	\$7,447,000
Total personal income	\$4,157,738,000
Dependency ratio	21.9%
(Percent of income from transfer payments)	

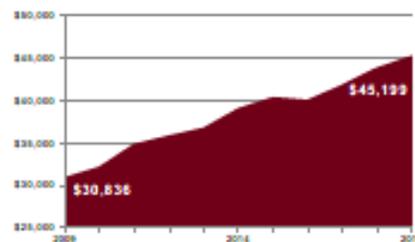
Voting

Number of registered voters	59,638
Voted in 2020 election	44,580
Percent turnout	74.8%

State Parks, Forests, Nature Preserves, Scenic Waterways, And Wildlife Areas

Areas/Facilities	1
Acreage	393

Per Capita Personal Income



Civilian Labor Force	2020	2019	2018	2017	2016
Civilian labor force	44,600	45,100	44,700	45,600	45,200
Employed	41,200	43,200	42,600	43,300	42,600
Unemployed	3,400	2,000	2,000	2,300	2,600
Unemployment rate	7.6	4.3	4.6	5.0	5.8

Establishments, Employment, and Wages by Sector: 2019

Industrial Sector	Number of Establishments	Average Employment	Total Wages	Average Weekly Wage
Private Sector	2,140	31,755	\$1,255,289,104	\$760
Goods-Producing	483	10,414	\$569,162,062	\$1,051
Natural Resources and Mining	59	1,021	\$69,375,551	\$1,307
Construction	214	1,643	\$106,747,454	\$1,250
Manufacturing	211	7,751	\$393,039,057	\$975
Service-Providing	1,657	21,341	\$686,127,042	\$618
Trade, Transportation and Utilities	554	6,525	\$224,065,984	\$660
Information	17	223	\$9,742,235	\$842
Financial Services	182	1,064	\$52,375,576	\$947
Professional and Business Services	250	3,016	\$122,635,081	\$782
Education and Health Services	212	5,335	\$186,249,082	\$671
Leisure and Hospitality	260	4,091	\$57,714,557	\$271
Other Services	182	1,088	\$33,344,527	\$590
Federal Government		261	\$15,137,891	\$1,116
State Government		493	\$26,847,945	\$1,048
Local Government		4,327	\$180,219,002	\$801

Private Sector total includes Unclassified establishments not shown.

Change Since 2013

Private Sector	2.1%	1.8%	14.4%	12.3%
Goods-Producing	0.0%	5.4%	17.4%	11.5%
Natural Resources and Mining	-4.8%	9.4%	23.7%	13.2%
Construction	2.9%	16.5%	52.2%	30.6%
Manufacturing	-1.4%	2.8%	9.6%	6.7%
Service-Producing	2.8%	0.2%	12.0%	11.8%
Trade, Transportation and Utilities	2.2%	-8.5%	0.2%	9.5%
Information	-19.0%	-12.5%	-3.8%	10.1%
Financial Services	0.6%	7.5%	31.8%	22.7%
Professional and Business Services	7.8%	15.4%	31.7%	14.2%
Education and Health Services	6.0%	0.9%	8.9%	7.9%
Leisure and Hospitality	2.0%	3.2%	17.2%	13.4%
Other Services	-0.5%	2.5%	29.5%	26.3%
Federal Government		4.4%	14.9%	10.0%
State Government		3.1%	13.5%	10.1%
Local Government		4.0%	22.6%	17.8%

Residential

Construction	2020	2019	2018	2017	2016
Total units	69	49	66	90	67
Total valuation (000)	\$18,746	\$8,622	\$11,373	\$12,976	\$12,857
Total single-unit bldgs	65	35	48	82	67
Average cost per unit	\$280,553	\$210,924	\$203,617	\$151,566	\$191,889
Total multi-unit bldg units	4	14	18	8	0
Average cost per unit	\$127,500	\$88,571	\$88,838	\$68,750	\$0

Ohio County Profiles

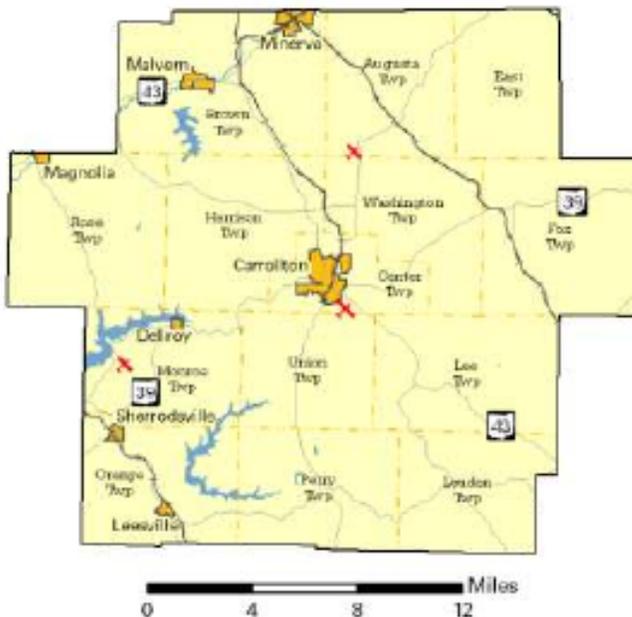


Prepared by the Office of Research

2021 Edition

Carroll County

Established: Act - January 1, 1833
 2020 Population: 26,721
 Land Area: 394.7 square miles
 County Seat: Carrollton Village
 Named for: Charles Carroll, signer of the Declaration of Independence



Taxes

Taxable value of real property	\$752,703,580
Residential	\$405,239,280
Agriculture	\$182,322,840
Industrial	\$20,131,450
Commercial	\$47,766,030
Mineral	\$97,243,960
Ohio income tax liability	\$12,275,100
Average per return	\$999.36

Land Use/Land Cover

	Percent
Developed, Lower Intensity	6.65%
Developed, Higher Intensity	0.48%
Barren (strip mines, gravel pits, etc.)	0.03%
Forest	55.42%
Shrub/Scrub and Grasslands	1.17%
Pasture/Hay	29.21%
Cultivated Crops	4.65%
Wetlands	1.06%
Open Water	1.34%

Largest Places

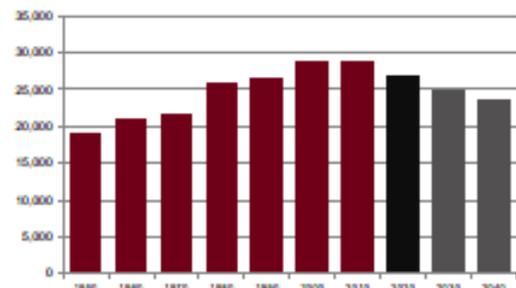
	Census 2020	Census 2010
Brown twp UB	4,394	4,970
Carrollton vil.	3,087	3,241
Harrison twp	2,397	2,478
Minerva vil. (part)	1,710	1,776
Monroe twp UB	1,632	1,670
Augusta twp	1,531	1,619
Center twp UB	1,341	1,423
Rose twp UB	1,168	1,271
Washington twp	1,116	1,239
Malvern vil.	1,110	1,189

UB: Unincorporated balance.

Total Population

Census

1800		1910	15,761	2020	26,721
1810		1920	15,942		
1820		1930	16,057	Projected	
1830		1940	17,449		
1840	18,108	1950	19,039	2030	24,880
1850	17,685	1960	20,857	2040	23,390
1860	15,738	1970	21,579		
1870	14,491	1980	25,598		
1880	16,416	1990	26,521		
1890	17,566	2000	28,836		
1900	16,811	2010	28,836		



Population by Race	Number	Percent
ACS Total Population	27,332	100.0%
White	27,126	99.2%
African-American	72	0.3%
Native American	8	0.0%
Asian	9	0.0%
Pacific Islander	0	0.0%
Other	22	0.1%
Two or More Races	95	0.3%
Hispanic (may be of any race)	359	1.3%
Total Minority	543	2.0%

Educational Attainment	Number	Percent
Persons 25 years and over	19,651	100.0%
No high school diploma	2,072	10.5%
High school graduate	9,767	49.7%
Some college, no degree	3,463	17.6%
Associate degree	1,741	8.9%
Bachelor's degree	1,589	8.1%
Master's degree or higher	1,019	5.2%

Family Type by Employment Status	Number	Percent
Total Families	7,627	100.0%
Married couple, husband and wife in labor force	2,717	35.6%
Married couple, husband in labor force, wife not	1,416	18.6%
Married couple, wife in labor force, husband not	614	8.1%
Married couple, husband and wife not in labor force	1,502	19.7%
Male householder, in labor force	379	5.0%
Male householder, not in labor force	116	1.5%
Female householder, in labor force	628	8.2%
Female householder, not in labor force	255	3.3%

Household Income	Number	Percent
Total Households	11,298	100.0%
Less than \$10,000	593	5.2%
\$10,000 to \$19,999	1,017	9.0%
\$20,000 to \$29,999	1,065	9.4%
\$30,000 to \$39,999	1,194	10.6%
\$40,000 to \$49,999	1,197	10.6%
\$50,000 to \$59,999	956	8.5%
\$60,000 to \$74,999	1,349	11.9%
\$75,000 to \$99,999	1,817	16.1%
\$100,000 to \$149,999	1,337	11.8%
\$150,000 to \$199,999	442	3.9%
\$200,000 or more	331	2.9%
Median household income	\$55,267	

Percentages may not sum to 100% due to rounding.

Population by Age	Number	Percent
ACS Total Population	27,332	100.0%
Under 5 years	1,364	5.0%
5 to 17 years	4,343	15.9%
18 to 24 years	1,974	7.2%
25 to 44 years	5,797	21.2%
45 to 64 years	8,168	29.9%
65 years and more	5,686	20.8%
Median Age	45.5	

Family Type by Presence of Own Children Under 18	Number	Percent
Total Families	7,631	100.0%
Married-couple families with own children	1,985	26.0%
Male householder, no wife present, with own children	254	3.3%
Female householder, no husband present, with own children	437	5.7%
Families with no own children	4,955	64.9%

Poverty Status of Families By Family Type by Presence of Related Children	Number	Percent
Total Families	7,631	100.0%
Family income above poverty level	6,961	91.2%
Family income below poverty level	670	8.8%
Married couple, with related children	181	2.4%
Male householder, no wife present, with related children	13	0.2%
Female householder, no husband present, with related children	274	3.6%
Families with no related children	202	2.6%

Ratio of Income To Poverty Level	Number	Percent
Population for whom poverty status is determined	26,930	100.0%
Below 50% of poverty level	1,348	5.0%
50% to 99% of poverty level	1,958	7.3%
100% to 124% of poverty level	794	2.9%
125% to 149% of poverty level	1,297	4.8%
150% to 184% of poverty level	2,031	7.5%
185% to 199% of poverty level	892	3.3%
200% of poverty level or more	18,610	69.1%

Geographical Mobility	Number	Percent
Population aged 1 year and older	27,098	100.0%
Same house as previous year	24,676	91.1%
Different house, same county	1,251	4.6%
Different county, same state	857	3.2%
Different state	313	1.2%
Abroad	1	0.0%

Travel Time To Work	Number	Percent
Workers 16 years and over	11,710	100.0%
Less than 15 minutes	3,529	30.1%
15 to 29 minutes	3,374	28.8%
30 to 44 minutes	2,296	19.6%
45 to 59 minutes	1,320	11.3%
60 minutes or more	1,191	10.2%
Mean travel time	28.4 minutes	

Housing Units	Number	Percent
Total housing units	13,607	100.0%
Occupied housing units	11,298	83.0%
Owner occupied	8,886	78.7%
Renter occupied	2,412	21.3%
Vacant housing units	2,309	17.0%

Year Structure Built	Number	Percent
Total housing units	13,607	100.0%
Built 2014 or later	110	0.8%
Built 2010 to 2013	254	1.9%
Built 2000 to 2009	1,399	10.3%
Built 1990 to 1999	2,398	17.6%
Built 1980 to 1989	1,372	10.1%
Built 1970 to 1979	2,240	16.5%
Built 1960 to 1969	1,113	8.2%
Built 1950 to 1959	1,217	8.9%
Built 1940 to 1949	778	5.7%
Built 1939 or earlier	2,726	20.0%
Median year built	1974	

Value for Specified Owner-Occupied Housing Units	Number	Percent
Specified owner-occupied housing units	8,886	100.0%
Less than \$20,000	416	4.7%
\$20,000 to \$39,999	278	3.1%
\$40,000 to \$59,999	550	6.2%
\$60,000 to \$79,999	759	8.5%
\$80,000 to \$99,999	1,006	11.3%
\$100,000 to \$124,999	1,386	15.6%
\$125,000 to \$149,999	786	8.8%
\$150,000 to \$199,999	1,691	19.0%
\$200,000 to \$299,999	1,083	12.2%
\$300,000 to \$499,999	645	7.3%
\$500,000 to \$999,999	180	2.0%
\$1,000,000 or more	106	1.2%
Median value	\$126,500	

House Heating Fuel	Number	Percent
Occupied housing units	11,298	100.0%
Utility gas	3,881	34.4%
Bottled, tank or LP gas	1,746	15.5%
Electricity	2,664	23.6%
Fuel oil, kerosene, etc	1,493	13.2%
Coal, coke or wood	1,170	10.4%
Solar energy or other fuel	322	2.9%
No fuel used	22	0.2%

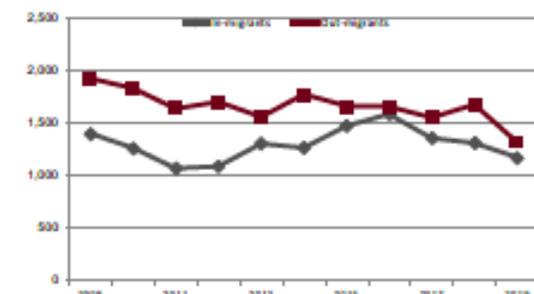
Percentages may not sum to 100% due to rounding.

Gross Rent	Number	Percent
Specified renter-occupied housing units	2,412	100.0%
Less than \$100	0	0.0%
\$100 to \$199	6	0.2%
\$200 to \$299	95	3.9%
\$300 to \$399	142	5.9%
\$400 to \$499	127	5.3%
\$500 to \$599	244	10.1%
\$600 to \$699	329	13.6%
\$700 to \$799	354	14.7%
\$800 to \$899	239	9.9%
\$900 to \$999	83	3.4%
\$1,000 to \$1,499	299	12.4%
\$1,500 or more	22	0.9%
No cash rent	472	19.6%
Median gross rent	\$706	
Median gross rent as a percentage of household income	24.4	

Selected Monthly Owner Costs for Specified Owner-Occupied Housing Units	Number	Percent
Specified owner-occupied housing units with a mortgage	4,905	100.0%
Less than \$400	65	1.3%
\$400 to \$599	247	5.0%
\$600 to \$799	649	13.2%
\$800 to \$999	903	18.4%
\$1,000 to \$1,249	1,120	22.8%
\$1,250 to \$1,499	773	15.8%
\$1,500 to \$1,999	759	15.5%
\$2,000 to \$2,999	316	6.4%
\$3,000 or more	73	1.5%
Median monthly owners cost	\$1,131	
Median monthly owners cost as a percentage of household income	19.7	

Vital Statistics	Number	Rate
Births / rate per 1,000 women aged 15 to 44	254	60.6
Teen births / rate per 1,000 females 15-19	14	55.1
Deaths / rate per 100,000 population	352	1,307.9

Domestic Migration



Agriculture

Land in farms (acres)	110,672
Number of farms	888
Average size (acres)	125
Total cash receipts	\$48,627,000
Per farm	\$54,760
Receipts for crops	\$18,942,000
Receipts for livestock/products	\$29,685,000

Education

Traditional public schools buildings	7
Students	2,855
Teachers (Full Time Equivalent)	175.7
Expenditures per student	\$10,179
Graduation rate	95.5
Community/charter schools buildings	0
Students	0
Teachers (Full Time Equivalent)	0.0
Expenditures per student	
Graduation rate	
Private schools	0
Students	0
4-year public universities	0
Regional campuses	0
2-year public colleges/satellites	0
Ohio Technical Centers	0
Private universities and colleges	0
Public libraries (Districts / Facilities)	1 / 2

Transportation

Registered motor vehicles	41,397
Passenger cars	20,644
Noncommercial trucks	9,013
Total license revenue	\$1,193,216.44
Permissive tax revenue	\$77,352.50
Interstate highway miles	0.00
Turnpike miles	0.00
U.S. highway miles	0.00
State highway miles	152.53
County, township, and municipal road miles	766.81
Commercial airports	3

Health Care

Physicians	13
Registered hospitals	0
Number of beds	0
Licensed nursing homes	3
Number of beds	197
Licensed residential care	2
Number of beds	108
Persons with health insurance (Aged 0 to 64)	91.6%
Adults with insurance (Aged 18 to 64)	90.6%
Children with insurance (Aged Under 19)	94.3%

Communications

Television stations	0
Radio stations	0
Daily newspapers	0
Circulation	0
Average monthly unique visitors	0
Weekly newspapers	0
Circulation	0
Average monthly unique visitors	0
Online only	0
Average monthly unique visitors	0

Crime

Total crimes reported in Uniform Crime Report	21
Violent crime	1
Property crime	20

Finance

FDIC insured financial institutions (HQs)	0
Assets (000)	\$0
Branch offices	8
Institutions represented	5

Transfer Payments

Total transfer payments	\$285,599,000
Payments to individuals	\$279,616,000
Retirement and disability	\$110,431,000
Medical payments	\$138,342,000
Income maintenance (Supplemental SSI, family assistance, food stamps, etc)	\$15,843,000
Unemployment benefits	\$2,240,000
Veterans benefits	\$7,580,000
Federal education and training assistance	\$3,250,000
Other payments to individuals	\$2,130,000
Total personal income	\$1,098,976,000
Dependency ratio	26.0%
(Percent of income from transfer payments)	

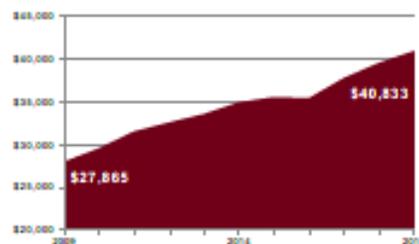
Voting

Number of registered voters	18,416
Voted in 2020 election	14,303
Percent turnout	77.7%

State Parks, Forests, Nature Preserves, Scenic Waterways, And Wildlife Areas

Areas/Facilities	2
Acreage	700

Per Capita Personal Income



Civilian Labor Force	2020	2019	2018	2017	2016
Civilian labor force	12,900	13,000	13,000	13,300	13,500
Employed	11,700	12,300	12,300	12,500	12,600
Unemployed	1,100	600	700	800	900
Unemployment rate	8.8	5.0	5.3	5.8	6.9

Establishments, Employment, and Wages by Sector: 2019

Industrial Sector	Number of Establishments	Average Employment	Total Wages	Average Weekly Wage
Private Sector	473	5,247	\$206,825,985	\$758
Goods-Producing	116	1,717	\$90,452,303	\$1,013
Natural Resources and Mining	18	93	\$4,529,568	\$937
Construction	61	444	\$24,193,741	\$1,048
Manufacturing	38	1,180	\$61,728,994	\$1,006
Service-Providing	357	3,530	\$116,373,682	\$634
Trade, Transportation and Utilities	111	1,348	\$54,584,790	\$779
Information	7	19	\$1,480,971	\$1,506
Financial Services	37	186	\$8,179,588	\$845
Professional and Business Services	66	361	\$15,434,179	\$823
Education and Health Services	40	775	\$23,464,788	\$582
Leisure and Hospitality	56	656	\$8,797,913	\$258
Other Services	40	185	\$4,431,453	\$461
Federal Government		43	\$2,217,092	\$999
State Government		37	\$2,162,056	\$1,124
Local Government		944	\$34,894,163	\$711

Private Sector total includes Unclassified establishments not shown.

Change Since 2013

Private Sector	-1.5%	-9.1%	-3.5%	6.2%
Goods-Producing	-7.2%	-23.6%	-21.8%	2.3%
Natural Resources and Mining	-10.0%	-62.5%	-70.0%	-19.8%
Construction	-6.2%	-24.0%	-43.1%	-25.1%
Manufacturing	-5.0%	-16.6%	6.4%	27.5%
Service-Producing	0.6%	0.1%	17.9%	17.8%
Trade, Transportation and Utilities	-9.8%	0.7%	10.3%	9.6%
Information	16.7%	-48.6%	-7.1%	83.9%
Financial Services	5.7%	26.5%	81.3%	43.0%
Professional and Business Services	17.9%	-10.6%	17.0%	31.1%
Education and Health Services	8.1%	25.4%	47.2%	17.1%
Leisure and Hospitality	3.7%	-14.8%	-7.1%	9.3%
Other Services	-7.0%	-12.7%	0.0%	14.7%
Federal Government		-4.4%	15.8%	22.1%
State Government		12.1%	37.2%	20.9%
Local Government		3.4%	19.6%	15.8%

Residential

Construction	2020	2019	2018	2017	2016
Total units	7	0	1	0	1
Total valuation (000)	\$2,339	\$0	\$190	\$0	\$1,000
Total single-unit bldgs	7	0	1	0	1
Average cost per unit	\$334,143		\$190,000	\$0	\$1,000,000
Total multi-unit bldg units	0	0	0	0	0
Average cost per unit				\$0	\$0

APPENDIX D

SUMMARY OF DATA CONSIDERED BY THE CHNA ADVISORY COMMITTEE

1. Aultman Orville Hospital 2019 Priority Health Needs

- Access to healthcare providers and services – improve access to healthcare services for medically underserved populations
- Children’s issues – improve access to affordable health services for children, increase prevention and initiate intervention of necessary services and improve timing for referrals for suspected abuse and neglect
- Substance abuse – increase awareness of opiate addiction and improve access to necessary services and specialists
- Obesity/overweight and healthy lifestyle choices – educate community on healthy lifestyle choices
- Mental health – provide screening to patients that are at risk for emotional instability with referral to appropriate provider or agency

2. Ohio Department of Health, Ohio 2020-2022 State Health Improvement Plan (2022), available at <https://odh.ohio.gov/static/SHIP/2020-2022/2020-2022-SHIP.pdf> (last accessed Sept. 30, 2020)

- Ohio Health Factor Priorities:
 - Community conditions – Housing affordability and quality, poverty, K-12 student success, adverse childhood experiences
 - Health behaviors – Tobacco/nicotine use, nutrition, physical activity
 - Access to care – Health insurance coverage, local access to healthcare providers, unmet need for mental healthcare
- Ohio Health Outcome Priorities
 - Mental health and addiction – Depression, suicide, youth drug use, drug overdose deaths
 - Chronic disease – heart disease, diabetes, childhood conditions (asthma, lead)
 - Maternal and infant health – preterm births, infant mortality, maternal morbidity

3. Ohio Department of Health, Ohio 2019 State Health Assessment (2019), available at <https://odh.ohio.gov/static/SHA/2019/Ohio-2019-SHA-Full-Summary-Report.pdf> (last accessed May 18, 2022)

- Additional detail available at <https://odh.ohio.gov/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment> (last accessed May 18, 2022)

4. Ohio Department of Health, 2020-2022 State Health Improvement Plan, available at <https://odh.ohio.gov/static/SHIP/2020-2022/2020-2022-SHIP.pdf> (last accessed Sept. 30, 2022)

- The three priority topics identified in the 2017-2019 State Health Improvement Plan are still the most relevant.
 - Mental health and addiction
 - Chronic disease
 - Maternal and infant health

5. University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps (2022), available at

<https://www.countyhealthrankings.org/app/ohio/2022/rankings/wayne/county/outcomes/overall/snapshot> (last accessed Sept. 30, 2022)

- Areas to Explore for Wayne County
 - Adult smoking
 - Adult obesity
 - Uninsured
 - High school completion
 - Some college
- Worsening Trends for Wayne County
 - Alcohol-impaired driving deaths
 - Sexually transmitted infections
 - Access to primary care physicians

6. Wayne County Family and Children First Council, Shared Plan for SFYs 2020-22 (v. 7.19.19), available at <https://waynecfc.squarespace.com/sharedplan> (last accessed May 18, 2022)

- Priority: Reduce the number of out of home placements
 - Outcome: Reduce the number of out of home placements by 50%, Reduce the amount of time in out of home placement by 50%.
 - Measurement:
 - Number of out-of-home placements
 - 2016: 135
 - 2018: 127
 - Amount of time in out-of-home placement
 - 2017: 1 year and 3 months
 - 2019: 1 year and 5.5 months.
- Priority: Increase Youth Assets
 - Outcome: Decrease the amount of high-risk behaviors.
 - Measurement:
 - Percentage of students who possess majority of developmental assets
 - 2017: 66%
 - 2018: 81%
 - KRA Social Foundation Scores:
 - 2014-15: 269.56
 - 2017-18: 276.5
 - Devereaux Early Childhood Assessment:
 - 2017: 6%
 - 2019: 7%
 - Trained Youth Mentors
 - 2018: 162
 - 2019: 381
- Priority: Keep Families Substance Free

- Outcome: Reduce the amount of substance abuse in the community
- Measurement:
 - Family Dependency Treatment Court Participant Parents
 - 2017: 2
 - 2019: 9
 - Number of Drug Related Deaths
 - 2015: 19
 - 2016: 37
 - 2018: 19
 - Number of People Trained in Project Dawn
 - 2017: 57
 - 2018: 19
 - Percent of People Who Report Substance Abuse in Home
 - 2017: 64.5%
 - 2019: 52.9%

7. Census Reporter (2020), available at <https://censusreporter.org/profiles/05000US39169-wayne-county-oh/> (last accessed May 18, 2022)

- Total Wayne County Population for 2020: 116,063
- Total Wayne County Seniors 65+ living in poverty: 8%

8. Data U.S.A., available at <https://datausa.io/profile/geo/wayne-county-oh#health> (last accessed May 18, 2022)

- 7.85% of Ohio population affected by behavioral health conditions (2016)
- 13.6% of Wayne County population on Medicare (2019)

9. Ohio Department of Development Office of Research, 2021 Population Estimates: Cities, Villages and Townships by County, available at <https://devresearch.ohio.gov/files/research/P5027.pdf> (last accessed Sept. 30, 2022)

10. Ohio Department of Development, Ohio County Profiles - Wayne County (2021), available at <https://devresearch.ohio.gov/files/research/C1086.pdf> (last accessed Sept. 29, 2022)

11. Ohio Department of Development, Ohio County Profiles - Tuscarawas County (2021), available at <https://devresearch.ohio.gov/files/research/C1080.pdf> (last accessed Sept. 29, 2022)

12. Ohio Department of Development, Ohio County Profiles - Carroll County (2021), available at <https://devresearch.ohio.gov/files/research/C1011.pdf> (last accessed Sept. 29, 2022)

13. Zip-codes.com, Zip Code Database, available at <https://www.zip-codes.com/county/oh-wayne.asp> (last accessed September 29, 2022)

14. Health Resources and Services Administration, HSPA Find (2022), available at <https://data.hrsa.gov/tools/shortage-area/hpsa-find> (last accessed Sept. 29, 2022)

- 15. Ohio Department of Health, Long-Term Care, Non Long-Term Care, & CLIA Health Care Provider Search (2022), available at https://publicapps.odh.ohio.gov/eid/Provider_Search.aspx (last accessed Sept. 29, 2022)**
- 16. Wayne County Family and Children First Council Shared Plan for SFYs 2022-24, available at <https://wayneffcfc.squarespace.com/sharedplan> (last accessed Sept. 29, 2022)**
- 17. Wayne County Health Department, 2021-2024 Wayne County Community Health Improvement Plan (July 1, 2021), available at <https://www.wayne-health.org/sites/default/files/Wayne%20County%202021%20Community%20Health%20improvement%20Plan.pdf> (last accessed Sept. 29, 2022)**