



# **TUSCARAWAS COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT**

RELEASED APRIL 2025

PREPARED BY

**OHIO**  
UNIVERSITY

Voinovich School of  
Leadership and Public Service

# FOREWORD FROM HEALTHY TUSC CHAIRPERSON

Dear Fellow Tuscarawas County Community Members and Supporters,

On behalf of Healthy Tusc (a multi-agency, county-wide collaborative of health and social service agencies and supporters), I am pleased to share this 2024 Tuscarawas County Community Health Needs Assessment. Somehow it seems fitting that the primary data from the community survey of this report was collected in 2024, which marks the 15<sup>th</sup> anniversary of the Healthy Tusc Collaborative, which was founded in 2009. Collectively, our Healthy Tusc organizations remain committed to improving the overall well-being and quality of life for all who live and work in our county. This report is a tangible representation of our ongoing dedication to that goal.

Since 2015, we have conducted Community Health Needs Assessments every three years. The 2024 assessment builds on past efforts, providing stronger data that identifies community needs by topic (such as chronic disease or alcohol use) and by geography. These insights will better inform our Community Health Improvement Plan (CHIP) as we strategize to pool resources to address our community's most pressing concerns and achieve our vision of being "a county where *everyone* has the opportunity to achieve their full potential for health and well-being across the lifespan, which is essential for economic vitality."

The wealth of data in this assessment emphasizes the importance of community perspectives in shaping future initiatives. While many of the findings in this assessment report are concerning, I am encouraged by the strong support and expertise of our Healthy Tusc members who are working collectively to drive positive change and achieve a state of well-being for county residents that is essential for building a thriving community and leaving a healthy legacy for future generations.

On behalf of Healthy Tusc, I am grateful to community members who gave of their time to participate in our community survey and to everyone who participated in developing this assessment. We are truly fortunate to have representation from hospitals, health departments, schools, social service agencies, the ADAMHS Board, elected county officials, counseling agencies, farmer's markets, the YMCA, Convention and Visitors Bureau, senior center, federally qualified health center, business sector, and more. Without their full support, this assessment would not have been possible.

I also thank the team at the Ohio University Voinovich School of Leadership and Public Service for their guidance and expertise in helping Healthy Tusc create this superior assessment report. Finally, I thank you for reading this report and for your interest and commitment to improving the well-being of all Tuscarawas County residents.

Sincerely,  
Jennifer R. Demuth, BSC  
Chairperson, Healthy Tusc

# ACKNOWLEDGMENTS

## **This report has been funded by:**

Alcohol, Drug, Addiction, and Mental Health Services (ADAMHS) Board of Tuscarawas & Carroll Counties  
Aultman Health System  
Cleveland Clinic Union Hospital  
Empower Tusc  
Trinity Health System Twin City Medical Center  
Tuscarawas County Health Department  
New Philadelphia City Health Department

This report has been commissioned by the following members of Healthy Tusc (resources provided through the following organizations will be utilized to meet the community needs identified in this report):

- Access Transit & Bridges to Wellness HUB
- Alcohol, Drug Addiction, and Mental Health Services (ADAMHS) Board of Tuscarawas & Carroll Counties
- Aultman Health System
- Bill Harding
- Cleveland Clinic Union Hospital
- COMPASS
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- New Philadelphia City Health Department
- OhioGuidestone
- OSU Extension
- SpringVale Health Centers
- T4C
- TUFF Bags
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- Tuscarawas County Commissioners
- Tuscarawas County Convention and Visitors Bureau
- Tuscarawas County Economic Development Corporation
- Tuscarawas County Family & Children First Council
- Tuscarawas County Health Department
- Tuscarawas County Homeland Security & Emergency Management Agency
- Tuscarawas County Job & Family Services
- Tuscarawas County Senior Center
- Tuscarawas County YMCA
- Tuscarawas Valley Farmers Market
- Trinity Health System Twin City Medical Center
- United Way of Tuscarawas County
- Uhrichsville Farmers Market

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## **Written Comments**

Individuals are encouraged to submit written comments, questions, or other feedback about Healthy Tusc's Community Health Needs Assessment report to the Tuscarawas County Health Commissioner at [Director@tchdnow.org](mailto:Director@tchdnow.org) or the New Philadelphia City Health Commissioner at (330) 364-4491, ext. 1208. Please make sure to include details about what you are commenting on and if possible, a page number to the appropriate section of the document.

### **Project Management, Data Collection, Analysis, and Report Development**

Ohio University's Voinovich School of Leadership and Public Service collected the secondary data, administered the survey, analyzed the results, and developed this report. Tammy S. Kahrig, Ph.D., Senior Research Manager, was responsible for directing the project and was the lead author of the report. Katarina Kroutel, M.P.H. student, Research Assistant 2, assisted with each stage of the project. Hong Ji, Ph.D., Research Associate 2, and Tuyen Pham, Ph.D., Assistant Research Professor, analyzed survey data and collected secondary data for the report. Sharon Hatfield, M.S.J. & M.F.A., Research Associate 2, provided editorial guidance. Lindsey Siegrist, Senior Project Manager–Creative Design, completed the graphic design.

Ohio University Voinovich School of Leadership and Public Service partners with communities, agencies, and businesses to increase capacity, develop leaders, and improve the quality of life for Ohioans.

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# INTRODUCTION

**Tuscarawas County Overview<sup>1</sup>**

Tuscarawas County is an Appalachian county located in East Central Ohio, with a total population of 91,874. The population declined 1.5% from 2020 to 2023. The county is federally designated as a primary medical care, mental health, and dental Health Professional Shortage Area (HPSA).<sup>2</sup>

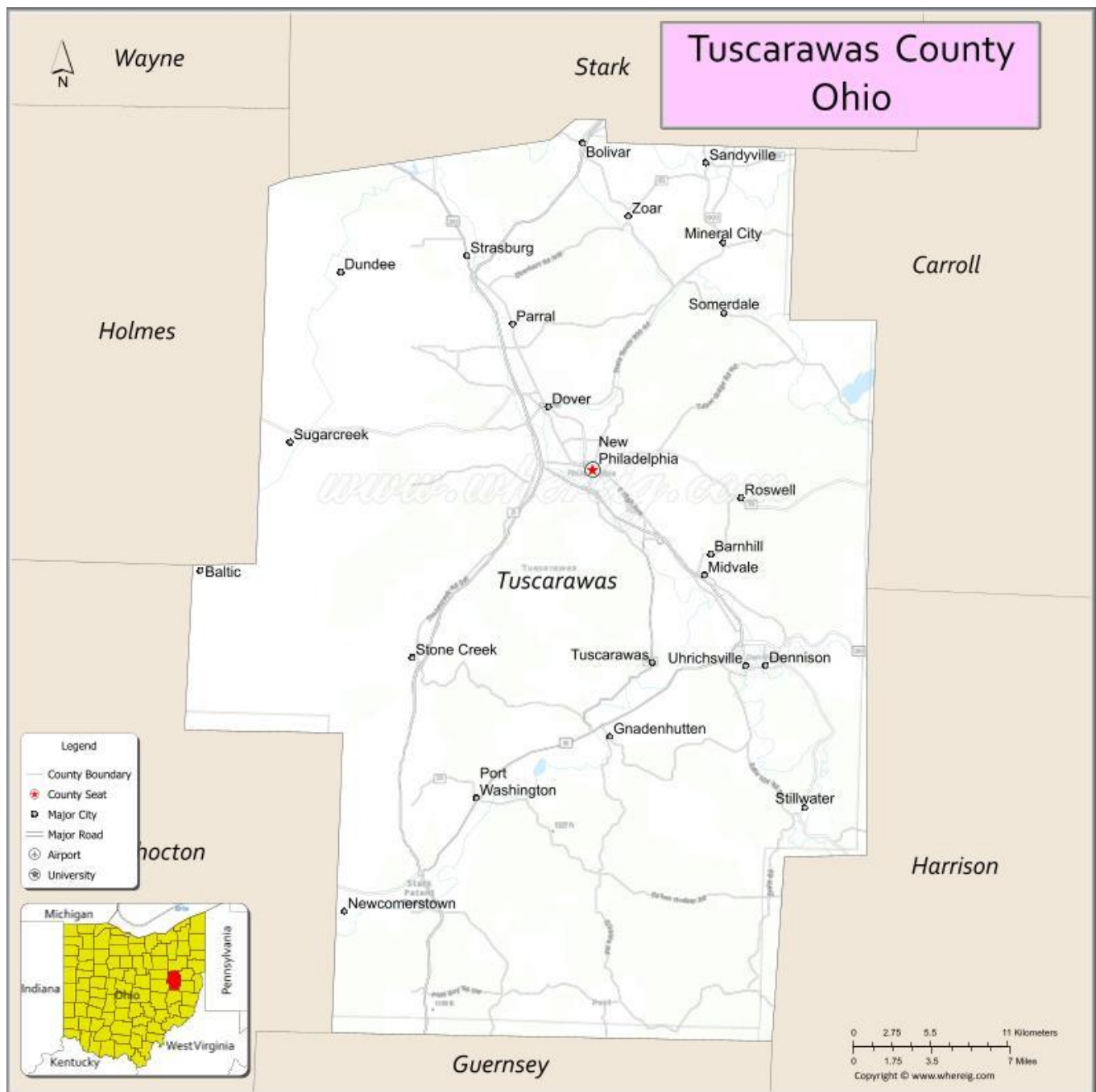
**91,874**

<b>AGE</b>	<b>RACE/ETHNICITY</b>	<b>LANGUAGES SPOKEN<sup>3</sup></b>
0–5 (6.1%)	White alone, 96.2%	English, 91.4%
	Black or African American alone, 1.0%	Spanish, 2.48%
Under 18 (22.7%)	American Indian and Alaska Native alone, >1%	Other Indo-European Languages, 5.81%
	Asian alone, >1%	Asian and Pacific Island Languages, >1%
65 and over (20.4%)	Native Hawaiian or Other Pacific Islander alone, >1%	Other Languages, >1%
	Two or More Races, 1.6%	
	Hispanic or Latino, 3.8%	
	White alone, not Hispanic or Latino, 93.4%	
<b>SEX</b>	<b>INCOME &amp; POVERTY (2018–2022)</b>	<b>DISABILITIES</b>
Male, 50%	Median household income \$61,953	With a disability, under age 65 11.0%
Female, 50%	Per capita income in past 12 months \$31,736	
	Persons in poverty 11.5%	

**Communities in Tuscarawas County by Size (largest to smallest)<sup>4</sup>**

<b>COMMUNITY</b>	<b>ZIP CODE</b>
New Philadelphia	44663
Dover	44622
Sugarcreek	44681
Uhrichsville	44683
Newcomerstown	43832
Bolivar	44612
Dennison	44621
Strasburg	44680
Gnadenhutten	44629
Mineral City	44656
Port Washington	43837
Stone Creek	43840
Tuscarawas	44682
Dundee	44624
Midvale	44653
Beach City	44608
Sandyville	44671
Zoar	44697
Tippecanoe	44699
Somerdale	44678
Stillwater	44679



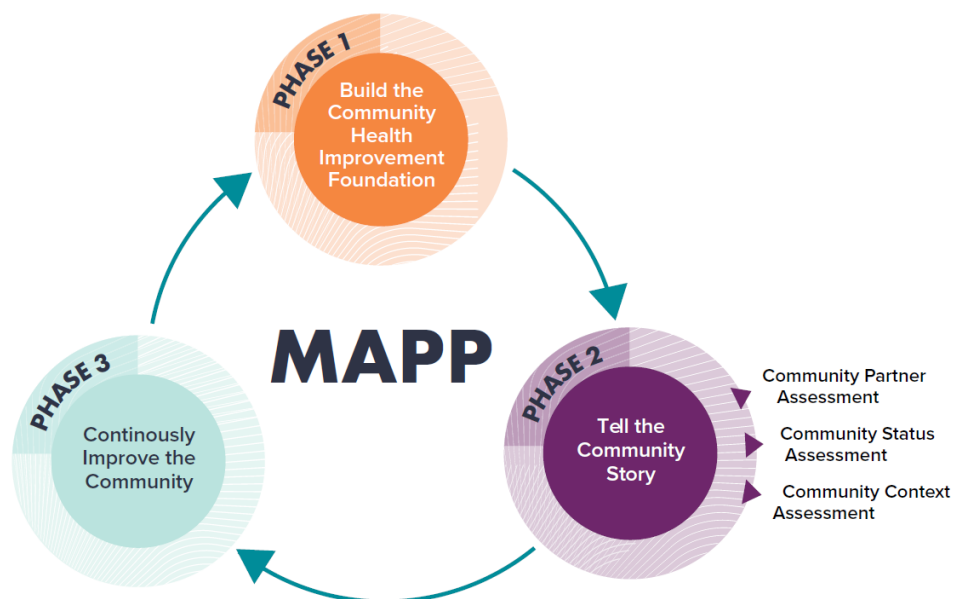


## Purpose and Geographic Scope of the Tuscarawas County Community Health Needs Assessment

In 2024, the Healthy Tusc coalition began a community-driven needs assessment process to promote health for all in the county. Following the National Association of County & City Health Officials' model, *Mobilizing for Action through Planning and Partnerships* (MAPP 2.0)<sup>5</sup> depicted on the next page, Healthy Tusc's over 30 partner agencies including Cleveland Clinic Union Hospital, New Philadelphia City Health Department, Trinity Health System Twin City Medical Center, and Tuscarawas County Health Department, collaborated to conduct an assessment of the health and well-being of the county's residents, including sub-populations within the community. The purpose of this community health needs assessment (CHNA) was to identify the top population health needs and health inequities in the community served by the Healthy Tusc

coalition. Healthy Tusc enlisted professionals from Ohio University's Voinovich School of Leadership and Public Service to facilitate this assessment.

## Mobilizing for Action through Planning and Partnerships (MAPP 2.0) Process



The community has been defined as Tuscarawas County. Most of Cleveland Clinic Union Hospital's and Trinity Health System Twin City Medical Center's discharges were residents of Tuscarawas County. In addition, Cleveland Clinic Union Hospital and Trinity Health System Twin City Medical Center collaborate with multiple stakeholders, most of whom provide services at the county-level. In looking at the community population served by the hospital facilities, health departments, and Tuscarawas County as a whole, it was clear that all of the facilities and partnering organizations involved in the collaborative assessment, define their community to be the same. Defining the community as such allows the hospitals to readily collaborate with public health partners for both community health assessments and health improvement planning. Per Section 501(r) federal compliance, a joint CHNA is only allowable if it meets all the requirements of a separate CHNA; clearly identifies the hospital facilities involved; and if all of the collaborating hospital facilities and organizations included in the joint CHNA define their community to be the same. This assessment meets 501(r) federal compliance for Cleveland Clinic Union Hospital and Trinity Health System Twin City Medical Center.

The Healthy Tusc CHNA will guide the development of a systematic Community Health Improvement Plan (CHIP) to collaboratively improve health in Tuscarawas County over the next three years. The health issues identified in this CHNA will help to guide the hospitals' and health departments' prioritization of policies, strategies, and interventions as well as their collaborative efforts with other Healthy Tusc organizations that share a mission to improve health.

## Patient Protection and Affordable Care Act Requirements

The Affordable Care Act (ACA), enacted in March 2010, added new Section 501 (r) requirements in Part V, Section B, for 501 (c)(3) organizations that operate one or more hospital facilities. Each 501 (c)(3) hospital organization must conduct a community health needs assessment and adopt an implementation strategy at least once every three years. This report meets these ACA requirements.

## **Alignment with Ohio Revised Code and Public Health Accreditation Board (PHAB) Standards**

Ohio Revised Code<sup>6</sup> requires that local health departments carry out public health services and capabilities set by the Public Health Accreditation Board (PHAB). The PHAB standards for accreditation require that health departments assess and monitor population health status, factors that influence health, and community needs and assets (Domain 1) and that they develop and implement community health improvement strategies collaboratively (Domain 5).<sup>7</sup> Tuscarawas County Health Department and New Philadelphia City Health Department adhered to the PHAB standards in the development of the Community Health Needs Assessment (CHNA), in accordance with Ohio Revised Code.

# DATA COLLECTION AND ANALYSIS METHODS

## Collection of Primary and Secondary Data

To gain an understanding of Tuscarawas County residents' health and well-being across all sub-populations within the community, Ohio University researchers employed a mixed-methods approach utilizing both quantitative and qualitative methods of inquiry. They conducted the following assessments in accordance with the National Association of County & City Health Officials' model, *Mobilizing for Action through Planning and Partnerships (MAPP 2.0)*:

1. **Community Status Assessment:** An assessment to gather quantitative data on the status of the community, including demographics, health behaviors, health outcomes, contributing factors (e.g. social determinants of health), and health inequities. This assessment included:
  - a. The collection of existing secondary data from multiple sources. Sources of data included, but were not limited to, the U.S. Census Bureau, the Centers for Disease Control and Prevention, the Ohio Department of Health, County Health Rankings, Healthy People 2030, Healthy Tusc organizations, and other sources of state, county, and local data.
  - b. A Community Health Needs Assessment Survey for adults aged 18 and over living in Tuscarawas County, which included core questions taken from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System as well as customized questions developed by the Healthy Tusc coalition. The Community Health Needs Assessment Survey was administered May through July 2024 and was available in both paper and online formats in English as well as Spanish. Members of the Healthy Tusc coalition promoted the survey through in-person outreach to specific populations, posting of fliers throughout the community, announcements through local media, and postings on social media. The resulting convenience sample included 704 respondents. Based on the census figure of 71,019 Tuscarawas County adults aged 18 or older, the power analysis indicated a 95% confidence level with a corresponding 4% margin of error for this sample size.
  - c. The Ohio Youth Environments Survey (OHYES) that measures the prevalence of the behaviors and experiences that pose a risk to youth wellness.

The OHYES survey is sponsored by the Ohio Department of Mental Health and Addiction Services, the Ohio Department of Health, and the Ohio Department of Education and Workforce. The survey includes 110 items covering demographics; alcohol and tobacco/vapor products; marijuana; prescription misuse and illicit drugs; bullying, safety, and school climate; physical health and well-being; mental health and suicide; gambling; parental attitudes of substance use; community, family, and peer factors; and school success. Student participation is completely anonymous and voluntary. Students can skip questions they do not feel comfortable answering.

The OHYES survey was administered to students in grades 7–12 in five out of the eight Tuscarawas County public school systems in the 2023–2024 academic year. The OHYES data was provided to Ohio University by the Healthy Tusc coalition. The sample included responses from 25 percent of eligible students (1,528 students out of 6,007 possible in the county). The power analysis indicates a 95% confidence level with a corresponding 3% margin of error for this sample size.

2. **Community Context Assessment:** A qualitative tool to gather information from community members with lived experience and expertise on community strengths and assets; physical assets and resources in the built environment; and forces of change (i.e., social, economic, political, environmental, or other trends, factors, or events) affecting community health. The Community Context Assessment was administered to the Healthy Tusc coalition in August 2024.

3. **Community Stakeholder Perceptions Survey:** A qualitative survey to gather feedback from community members regarding health issues identified in the Community Status Assessment. The survey was administered to all community members who attended Healthy Tusc's "Creating a Thriving Community" presentation in which the findings of the 2024 Tuscarawas County Community Health Needs Assessment were shared with the community. Following the presentation, attendees were asked to complete a brief survey to share their perceptions regarding the most pressing health issues that should be addressed in the Community Health Improvement Plan. There were 45 respondents to the survey. See Appendix C for complete results.

## **Data Analysis**

Raw data from the adult Community Health Survey and the youth OHYES survey were carefully examined to remove any responses that were not eligible (e.g. responses from individuals not residing in Tuscarawas County, invalid responses, etc.). Ohio University researchers analyzed all survey data using tools such as Excel, Statistical Product and Service Solutions 27.0 (SPSS), or SAS Data and AI Solutions. They calculated descriptive statistics for each variable presented in this report.

## **Race/Ethnicity Categories**

This report uses distinct race and ethnicity categories that do not overlap. "White" includes individuals who identified as White only, without Hispanic heritage. "Persons of Color" includes those who identified as American Indian/Alaska Native, Asian, Black or African-American, Native Hawaiian/Other Pacific Islander, or as multiracial, excluding Hispanic heritage.

## **Limitations**

As with all community health needs assessments, it is important to consider the findings with respect to all possible limitations. One limitation was the number of respondents to the adult Community Health Survey and the OHYES survey.

The respondents to the adult Community Health Survey were 77% female, though census data indicate that females comprise around 50% of the population in the county. However, research indicates that women tend to have higher response rates in various types of surveys including online, mail, and telephone surveys. This trend has been observed across different demographic groups and survey topics.<sup>8</sup>

The OHYES survey administration was limited to students in grades 7–12 in five out of the eight Tuscarawas County public school systems and did not include the two largest public school systems in the county. Although the sample included responses from 25 percent of eligible students (1,528 students out of 6,007 possible in the county), the sample may not be representative of the youth population in the county. Thus, the data in this report may not provide a complete understanding of the health status of Tuscarawas County youth residents.

Many sources of secondary data were used in this report to provide a fuller picture of the health status of the adult and youth population. It is important to note that different data sources may use different ways of measuring similar variables. There may also be differences in timeframes for the data due to varied data collection schedules or time lags between the time of data collection to data availability.

Finally, caution should be used when interpreting subgroup results, as the margin of error for any subgroup is higher than that of the overall survey.

## **Prioritization of Health Issues**

The Healthy Tusc members, of which Cleveland Clinic Union Hospital, New Philadelphia City Health Department, Tuscarawas County Health Department, and Trinity Health System Twin City Medical Center are members, met in August 2024 to review the findings of the primary and secondary data collection. These findings were shared with the community through a “Creating a Thriving Community” presentation in November 2024. Healthy Tusc members then reviewed the results of the Community Stakeholder Perceptions Survey and the full Tuscarawas County CHNA.

Based on the CHNA, ten top population health priorities and health inequities in the community were identified. Healthy Tusc members, in accordance with the NACCHO’s MAPP guidelines, were asked to consider the following criteria before ranking these issues:

- a. Relevance of the issue to community members;
- b. Magnitude/severity of the issue;
- c. Impact of the issue on community members impacted by inequities;
- d. Availability and feasibility of solutions and strategies to address the issue and organizations willing to take the lead in addressing the issue; and
- e. Availability of resources (time, funding, staffing, equipment) to address the issue.

The Healthy Tusc members confidentially ranked the key health issues via an online survey. The votes were compiled by calculating the mean scores for each issue. The results are included in Appendix J.

Following a review and discussion of the ranking results, Healthy Tusc members reached a consensus to focus on three priority areas for the 2025-2028 Tuscarawas County Community Health Improvement Plan (CHIP):

1. Mental health/suicide
2. Health care coverage, access, and utilization; and
3. Healthy behaviors (including physical activity and nutrition to address obesity, and tobacco use)

## **Potential Resources to Address Needs**

After identifying CHIP priorities, Healthy Tusc members conducted a root cause analysis of each priority issue. Each member organization also completed a brief Community Partner Survey. Potential resources to address these needs are detailed in Appendix K.

## ADULT FINDINGS



## ADULT TREND SUMMARY

All Tuscarawas County 2024 data is from the Community Health Needs Assessment Survey unless otherwise noted.

Adult Variables	Tusc. County 2015	Tusc. County 2018	Tusc. County 2021	Tusc. County 2024	Ohio 2023 <sup>9</sup>	U.S. 2023 <sup>10</sup>
<b>HEALTH STATUS</b>						
Rated general health as good, very good or excellent	85%	85%	86%	82% ↓	79.6%	81.5%
Rated general health as excellent or very good	50%	50%	45%	43% ↓	46.1%	47.6%
Rated general health as fair or poor	15%	15%	14%	18% ↑	20.1%	18.2%
Average number of days that physical health was not good (in the past 30 days)	3.2	4.3	4.0	4.0 <sup>11</sup>	3.6 <sup>12</sup>	3.3 <sup>13</sup>
<b>HEALTH CARE COVERAGE, ACCESS, AND UTILIZATION</b>						
Uninsured	14%	9%	13%	11.3% <sup>14</sup> ↓	8.8% <sup>15</sup>	12.2% <sup>16</sup>
Visited a doctor for a routine checkup (in the past 12 months)	65%	68%	77%	80% ↑	79.7%	78.4%
Unable to see a doctor due to cost	9%	8%	3%	9% ↑	9.5%	10.6%
Visited a dentist in the past year	58%	59%	64%	57% <sup>17</sup> ↓	58.8% <sup>18</sup>	63.9% <sup>19</sup>
<b>ARTHRITIS, ASTHMA, AND DIABETES</b>						
Ever been told by a doctor that they have diabetes (not pregnancy-related)	9%	12%	14%	14%	13.2%	11.8%
Ever been diagnosed with arthritis	35%	33%	39%	30% ↓	30.2%	26.3%
Ever been diagnosed with asthma	10%	15%	13%	16% ↑	15.8%	15.7%
<b>CARDIOVASCULAR HEALTH</b>						
Ever diagnosed with angina or coronary heart disease	8%	5%	2%	6% ↑	5.0%	4.0%
Had a heart attack	6%	7%	5%	3% ↓	4.8%	4.2%
Had a stroke	3%	2%	3%	2% ↓	3.9%	3.3%
Had been told they had high blood pressure	40%	39%	41%	39% ↓	37.2%	34.0%
Had been diagnosed with high blood cholesterol	36%	40%	38%	29% ↓	37.4%	37.2%
Had blood cholesterol checked within the past 5 years	76%	77%	86%	83% <sup>20</sup> ↓	NA	86.4% <sup>21</sup>
<b>SEXUAL BEHAVIOR</b>						
Had more than one sexual partner in past year	4%	4%	2%	5% ↑	NA	NA

Adult Variables	Tusc. County 2015	Tusc. County 2018	Tusc. County 2021	Tusc. County 2024	Ohio 2023 <sup>22</sup>	U.S. 2023 <sup>23</sup>
<b>MENTAL HEALTH</b>						
<b>Average number of days that mental health was not good</b> (in the past 30 days)	3.9	5.2	4.2	<b>7.4 ↑</b>	5.5 <sup>24</sup>	4.8 <sup>25</sup>
<b>Seriously considered attempting suicide in the past year</b>	2%	7%	1%	<b>10%↑</b>	NA	NA
<b>Attempted suicide in the past year</b>	<1%	<1%	0%	<b>1% ↑</b>	NA	NA
<b>WEIGHT STATUS</b>						
<b>Overweight</b> (BMI of 25 to less than 30)	37%	36%	26%	<b>31% ↑</b>	32.8%	34.2%
<b>Obese</b> (includes class 1, 2, and 3; BMI of 30 or greater)	36%	37%	43%	<b>49% ↑</b>	38.1%	33.6%
<b>ALCOHOL CONSUMPTION</b>						
<b>Binge drinker</b> (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	16%	18%	17%	<b>21% ↑</b>	15.6%	15.1%
<b>TOBACCO USE</b>						
<b>Current smoker</b> (currently smoke some or all days)	14%	20%	16%	<b>15% ↓</b>	15%	12.1%
<b>Former smoker</b> (smoked 100 cigarettes in lifetime and now do not smoke)	27%	26%	18%	<b>26% ↑</b>	25.2%	24.8%
<b>Current vaper</b> (used electronic vapor product some or every day)	NA	NA	6%	<b>9% ↑</b>	8.3%	7.5%
<b>DRUG USE</b>						
<b>Adults who used marijuana in the past 6 months</b>	5%	3%	4%	<b>17% ↑</b>	20%-25% <sup>26</sup>	22.7 <sup>27</sup>
<b>Adults who misused prescription drugs in the past 6 months</b>	10%	7%	5%	<b>2% ↓</b>	3.7%-4.2% <sup>28</sup>	5.3 <sup>29</sup>
<b>PREVENTIVE CARE</b>						
<b>Had a pneumonia vaccine in the past year</b> (Medicare beneficiaries) <sup>30</sup>	(68%, lifetime)	(66%, lifetime)	(63%, lifetime)	<b>6%</b>	8%	8%
<b>Had a flu vaccine in the past year</b> (Medicare beneficiaries) <sup>31</sup>	55%	65%	70%	<b>39% ↓</b>	53%	50%
<b>Had a mammogram in the past two years</b> (age 40 and older)	68%	67%	71%	<b>70% ↑</b>	75.6%	76.3%
<b>Had a pap smear in the past three years</b>	68%	60%	63%	<b>63%</b>	77.4%	77.7%
<b>Had a PSA test within the past two years</b> (age 40 and over)	60%	56%	61%	<b>63% ↑</b>	32%	31.8%
<b>Colorectal cancer screening in lifetime</b> (age 45 and older)	NA	NA	NA	<b>81%</b>	NA	NA

# HEALTH CARE ACCESS: HEALTH CARE COVERAGE

## KEY FINDING:

**Tuscarawas County has a higher percentage of individuals without health care coverage than the state of Ohio.**



**11.3% of Tuscarawas County adults were uninsured compared to 8.8% for Ohio and 12.2% for the U.S.<sup>32</sup>**



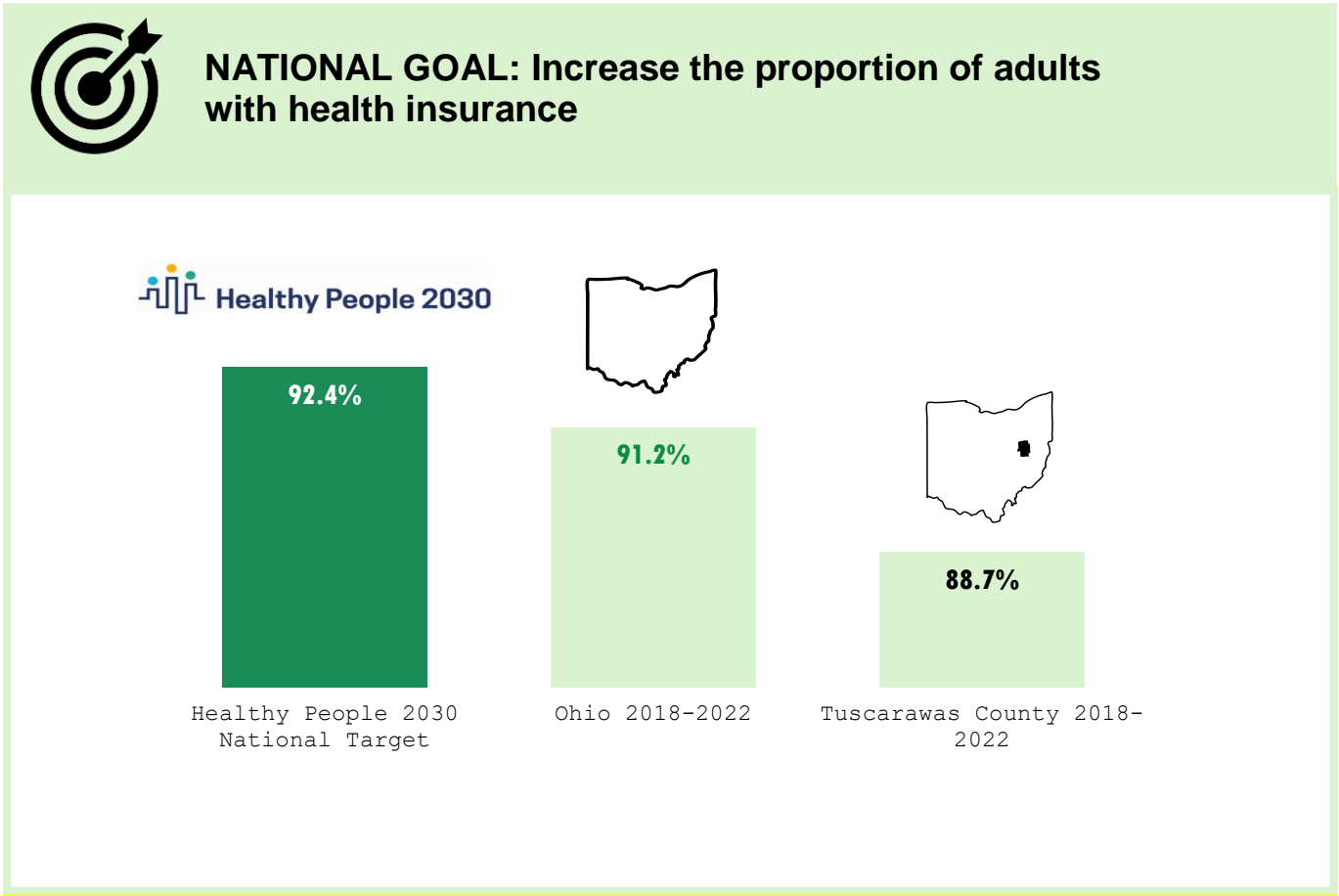
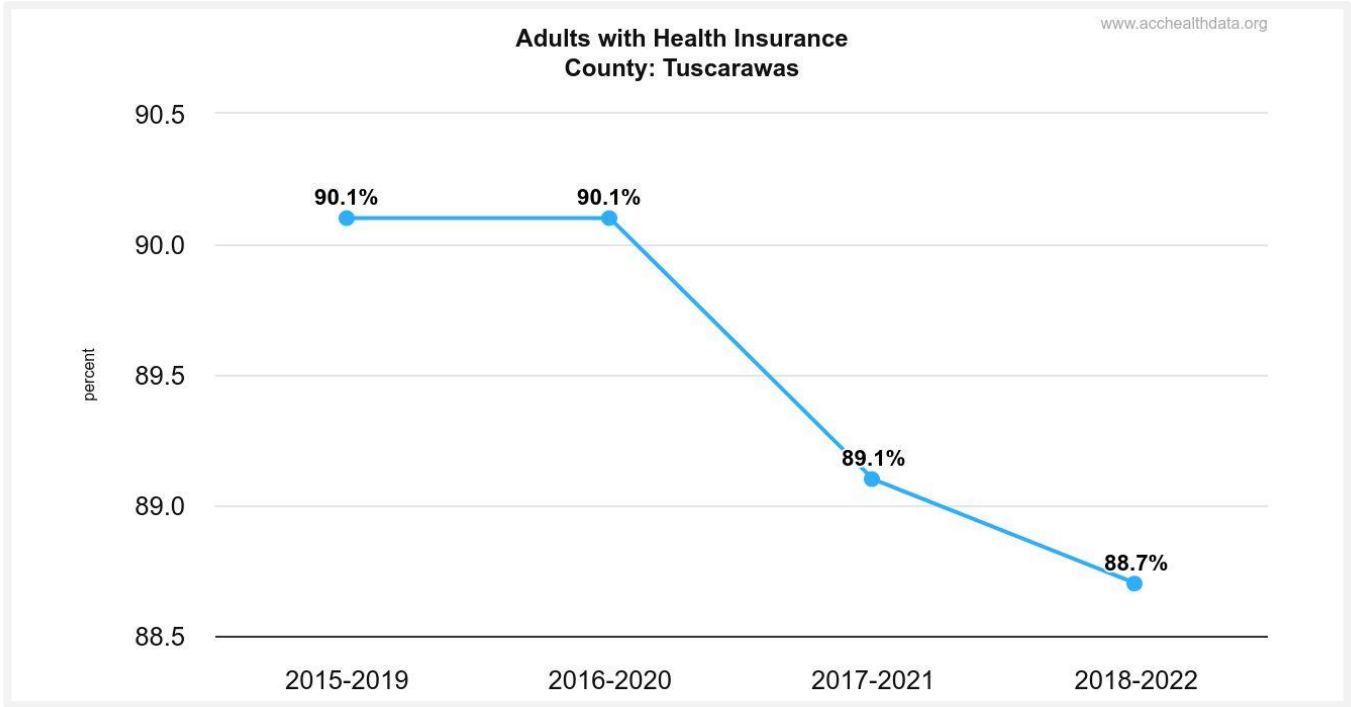
**21,254 adults in Tuscarawas County were receiving Medicare in 2022, including 2,466 persons with a disability and 18,788 persons aged 65 or older.<sup>33</sup>**

## Key Facts about the Uninsured Population<sup>34</sup>

- Research consistently demonstrates that people without health insurance are less likely than those with insurance to access care and are more likely to delay or forgo care because of costs.
- The majority of uninsured people are in low-income families.
- Uninsured rates in the U.S. show clear racial and ethnic disparities. In 2023, 17.9 percent of Hispanic people were uninsured—more than two and half times the rate for White people (6.5%).
- Cost is the most commonly cited reason for being uninsured. In 2023, 62.3% of uninsured adults said they were uninsured because coverage is not affordable.
- Because people without health insurance are less likely than those with insurance to receive care, they are more likely to be hospitalized for avoidable health problems and to experience declines in their overall health.

**Approximately 8,025 adults in Tuscarawas County are uninsured.**

The percentage of adults with health insurance in Tuscarawas County has declined in recent years.<sup>35</sup>



# HEALTH CARE ACCESS: UTILIZATION

## KEY FINDING:

Access to health care is among the top concerns of Tuscarawas County residents. More than one in five (22%) Tuscarawas County residents reported a time in the last year when they needed medical care but did not get it.



9% of Tuscarawas County residents reported they were unable to see a doctor due to cost—three times the rate of residents reporting this in 2021 (3%).



8% of Tuscarawas County adults indicated they could not afford to purchase their prescription medications in the past year.



57% of Tuscarawas County residents have visited a dentist in the past year compared to 58.8% for Ohio and 63.9% for the U.S. This is a marked decrease from 64% of residents visiting dentists in 2021.



13% of residents identified “cannot get good medical care” or “cannot get good dental care” as the most important health concern impacting them and their family/household.



## NOTABLE DISPARITIES

25% of Tuscarawas County’s people of color delayed or went without medical care in the past year compared to 21% of White people.

24% of Tuscarawas County adults earning less than \$50,000 did not get medical care when they needed it compared to 20% of those earning \$50,000 or more.

## Top Barriers to Accessing Care

1. Cost
2. Too long a wait for an appointment
3. No insurance
4. Office not open when I could get there/inconvenient appointment times
5. Couldn’t find a doctor who would take me as a patient

During the past 12 months, approximately 9,658 Tuscarawas County adults delayed or went without medical care due to cost/no insurance.



**NATIONAL GOAL: Reduce the proportion of people who can't get medical care when they need it due to cost.**



5.9%

**Healthy People 2030 National Target**



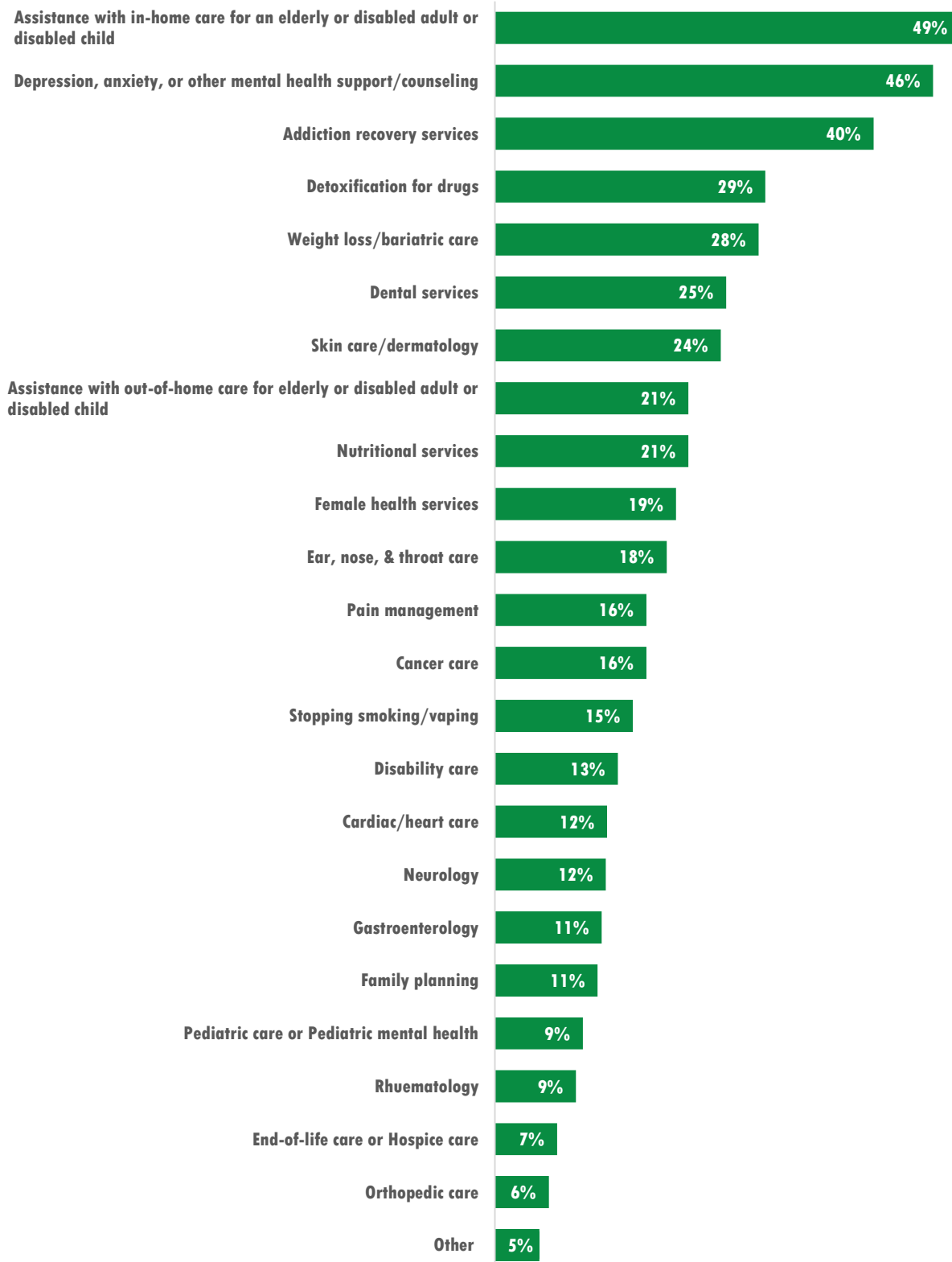
9.0%

**Tuscarawas County 2024**

**Adults preferred to get information about their health or health care services from the following sources:**

1. Their doctor 83%
2. Internet searches (e.g., WebMD, CDC, etc.) 33%
3. Patient portal 32%
4. Family member or friend 21%
5. Email 16%
6. Texts on cell phone 15%
7. Social media (Facebook, Instagram, X, etc.) 14%
8. Ads or mailings from health care providers 12%
9. Radio/TV news stories 8%
10. Newspaper articles 8%
11. YouTube 3%
12. Billboards 2%
13. Other 2%

**Tuscarawas County residents would like to see more services  
in the county to address a range of health care needs.**



# HEALTH CARE ACCESS: PREVENTIVE MEDICINE

## KEY FINDING:

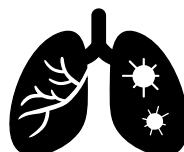
Each year, Tuscarawas County adults suffer from a range of communicable diseases/illnesses—many of which could be prevented or greatly reduced through immunizations or other preventive behaviors.



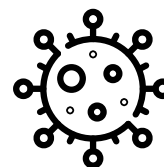
**39% of Medicare beneficiaries in Tuscarawas County received a flu vaccine in the past year** compared to 53% in Ohio and 50% in the U.S.<sup>36</sup>



**6% of Medicare beneficiaries in Tuscarawas County received a pneumonia shot in their life** compared to 8% in Ohio and the U.S.<sup>37</sup>



**The age-adjusted death rate per 100,000 population due to influenza and pneumonia for Tuscarawas County for 2020–2022 was 15.0 compared to 12.3 per 100,000 population for Ohio.** The rate for Tuscarawas County men is 18.7 compared to 11.7 for Tuscarawas County women.<sup>38</sup>



The percentage of **Tuscarawas County adults fully vaccinated for COVID-19 as of September 2022 was 55%**, compared to 67.5% for Ohio and 72.9% for the U.S.<sup>39</sup>

**9% of Tuscarawas County adults reported that their child has not received all of the recommended immunization shots for his or her age. According to the National Immunization Survey-Child (NIS-Child), vaccination coverage among U.S. children by age 24 months has seen notable declines for those born during 2020-2021 compared to those born during 2018-2019. The declines ranged from 1.3 to 7.8 percentage points across various vaccines.**<sup>40</sup>

### Top Barriers to Getting Recommended Child Immunizations

1. Personal beliefs
2. Fear that vaccines are harmful
3. Don't think immunization is necessary
4. Religious beliefs
5. Cost



## “Vaccine Preventable” Communicable Disease Report for Tuscarawas County Residents<sup>41</sup>

‘Vaccine Preventable’ Communicable Diseases	Tuscarawas County 2022	Tuscarawas County 2023	Tuscarawas County 2024	Trend Based on Previous 3-Year Average
Pertussis (Whooping Cough)	4	23	1	IMPROVED
Influenza – Hospitalized	92	18	55	WORSENER
Strep Pneumoniae	13	11	14	WORSENER
Haemophilus Influenzae	3	4	5	WORSENER
Chickenpox (Varicella)	3	1	0	IMPROVED
Hepatitis B Acute/Chronic	1	1	6	WORSENER
Hepatitis A	0	0	0	NO CHANGE

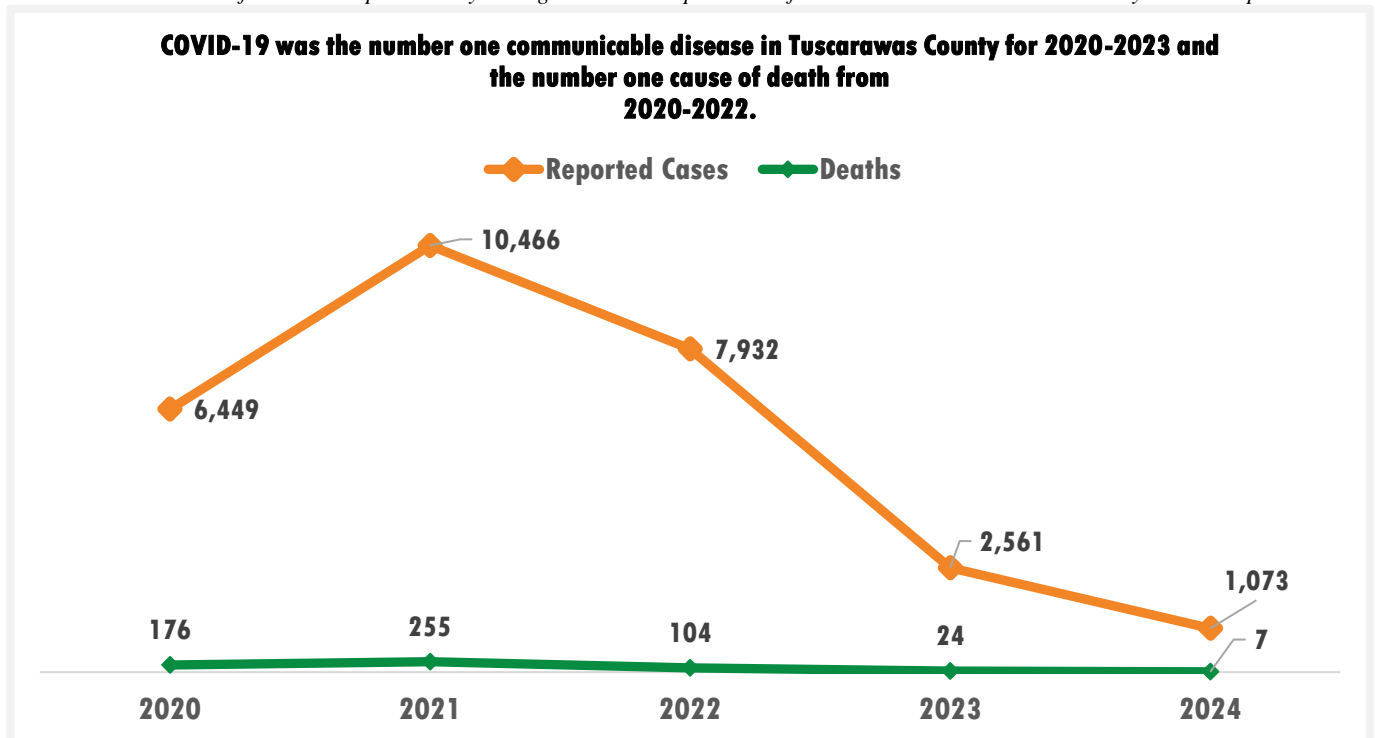
## Sexually Transmitted Communicable Disease Report for Tuscarawas County Residents<sup>42</sup>

Sexually Transmitted Diseases	Tuscarawas County 2022	Tuscarawas County 2023	Tuscarawas County 2024	Trend Based on Previous 3-Year Average
Chlamydia	205	226	222	IMPROVED
Gonorrhea	42	33	25	IMPROVED

## “Other” Communicable Disease Report for Tuscarawas County Residents<sup>43</sup>

‘Other’ Communicable Diseases	Tuscarawas County 2022	Tuscarawas County 2023	Tuscarawas County 2024	Trend Based on Previous 3-Year Average
Lyme Disease	17	43	92	WORSENER
Hepatitis C Acute/Chronic	21	23	24	WORSENER
Streptococcal A	9	19	8	IMPROVED
Salmonella	12	16	14	IMPROVED
Campylobacteriosis	2	4	3	IMPROVED
Legionellosis	1	4	5	WORSENER
Cryptosporidiosis	4	2	3	IMPROVED
E. Coli	0	2	1	IMPROVED
Tuberculosis (TB)	0	2	1	IMPROVED
Giardia	4	1	4	WORSENER
La Cross Virus	1	1	0	IMPROVED
Shigellosis	0	1	2	WORSENER
Yersinosis	1	1	2	WORSENER
CP-CRE	2	0	5	WORSENER
Cyclosporiasis	0	0	0	IMPROVED
Dengue	0	0	0	NO CHANGE
Meningitis - Viral	5	0	1	WORSENER
Vibriosis	0	1	0	NO CHANGE

NOTE: All disease data for 2024 are preliminary through the Ohio Department of Health and the Tuscarawas County Health Department.

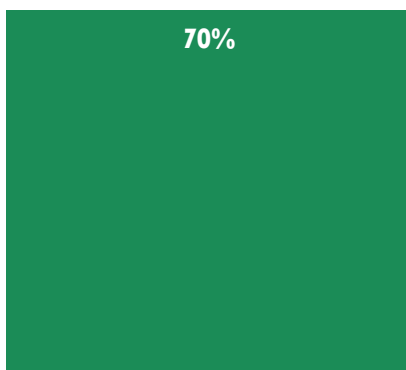


Source: Tuscarawas County Health Department, "Communicable Disease Reports." All data for 2024 are preliminary.

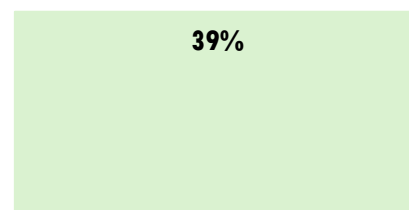


**NATIONAL GOAL: Increase the proportion of people who get the flu vaccine every year.**

 **Healthy People 2030**



**Healthy People 2030 National Target**



**Tuscarawas County Medicare Beneficiaries**

## Who Should Get a Yearly Flu Shot?<sup>44</sup>

According to the CDC, everyone 6 months and older should get an annual flu vaccine, especially people at higher risk, including:

- Adults 65 years and older
- Children younger than 2 years old but older than 6 months
- People with asthma
- People with chronic lung disease (such as chronic obstructive pulmonary disease [COPD] and cystic fibrosis)
- People with neurologic and neurodevelopment conditions
- People with blood disorders (such as sickle cell disease)
- People with endocrine disorders (such as diabetes mellitus)
- People with heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
- People with kidney disorders
- People with liver disorders
- People with metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
- People with a body mass index (BMI) of 40 kg/m<sup>2</sup> or higher
- People younger than 19 years old on long-term aspirin- or salicylate-containing medications.
- People with a weakened immune system due to disease (such as people with HIV or AIDS, or some cancers such as leukemia) or medications (such as those receiving chemotherapy or radiation treatment for cancer, or persons with chronic conditions requiring chronic corticosteroids or other drugs that suppress the immune system)
- People who have had a stroke
- People with certain disabilities—especially those who may have trouble with muscle function, lung function, or difficulty coughing, swallowing, or clearing fluids from their airways
- Health care workers and other people who live with or care for people at higher risk of serious flu illness

A yearly flu vaccine is the first and most important action in reducing a person's risk of flu and its potentially serious outcomes.

# Recommended Adult Immunization Schedule for ages 19 years or older

UNITED STATES  
**2025**

## Vaccines in the Adult Immunization Schedule\*

Vaccine	Abbreviation(s)	Trade name(s)
COVID-19 vaccine	1vCOV-mRNA	Comirnaty/Pfizer-BioNTech COVID-19 Vaccine Spikevax/Moderna COVID-19 Vaccine
	1vCOV-aPS	Novavax COVID-19 Vaccine
<i>Haemophilus influenzae</i> type b vaccine	Hib	ActHIB, Hiberix, PedvaxHIB
Hepatitis A vaccine	HepA	Havrix, Vaqta
Hepatitis A and hepatitis B vaccine	HepA-HepB	Twinrix
Hepatitis B vaccine	HepB	Engerix-B, Heplisav-B, PreHevbrio, Recombivax HB
Human papillomavirus vaccine	HPV	Gardasil 9
Influenza vaccine (inactivated, egg-based)	IIV3	Multiple
	aIIV3	Fluad
	HD-IIV3	Fluzone High-Dose
Influenza vaccine (inactivated, cell-culture)	ccIIV3	Flucelvax
Influenza vaccine (recombinant)	RIV3	Flublok
Influenza vaccine (live, attenuated)	LAIV3	FluMist
Measles, mumps, and rubella vaccine	MMR	M-M-R II, Priorix
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-CRM	Menveo
	MenACWY-TT	MenQuadfi
Meningococcal serogroup B vaccine	MenB-4C	Bexsero
	MenB-FHbp	Trumenba
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/ MenB-FHbp	Penbraya
Mpox vaccine	Mpox	Jynneos
Pneumococcal conjugate vaccine	PCV15	Vaxneuvance
	PCV20	Prevnar 20
	PCV21	Capvaxiv
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23
Poliovirus vaccine (inactivated)	IPV	Ipol
Respiratory syncytial virus vaccine	RSV	Abrysvo, Arevxv, mResvia
Tetanus and diphtheria vaccine	Td	Tenivac
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel, Boostrix
Varicella vaccine	VAR	Varivax
Zoster vaccine, recombinant	RZV	Shingrix

\*Administer recommended vaccines if vaccination history is incomplete or unknown.  
Do not restart or add doses to vaccine series if there are extended intervals between doses.  
The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

## How to use the adult immunization schedule

- 1** Determine recommended vaccinations by age (Table 1)
- 2** Assess need for additional recommended vaccinations by medical condition or other indication (Table 2)
- 3** Review vaccine types, dosing frequencies and intervals, and considerations for special situations (Notes)
- 4** Review contraindications and precautions for vaccine types (Appendix)
- 5** Review new or updated ACIP guidance (Addendum)

Recommended by the Advisory Committee on Immunization Practices ([www.cdc.gov/acip](http://www.cdc.gov/acip)) and approved by the Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov)), American College of Physicians ([www.acponline.org](http://www.acponline.org)), American Academy of Family Physicians ([www.aafp.org](http://www.aafp.org)), American College of Obstetricians and Gynecologists ([www.acog.org](http://www.acog.org)), American College of Nurse-Midwives ([www.midwife.org](http://www.midwife.org)), American Academy of Physician Associates ([www.aapa.org](http://www.aapa.org)), American Pharmacists Association ([www.pharmacist.com](http://www.pharmacist.com)), and Society for Healthcare Epidemiology of America ([www.shea-online.org](http://www.shea-online.org)).

## Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to the local or state health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or 800-822-7967

## Questions or comments

Contact [www.cdc.gov/cdc-info](http://www.cdc.gov/cdc-info) or 800-CDC-INFO (800-232-4636), in English or Spanish, 8 a.m.–8 p.m. ET, Monday through Friday, excluding holidays.



Download the CDC Vaccine Schedules app for providers at [www.cdc.gov/vaccines/hcp/immunization-schedules/app.html](http://www.cdc.gov/vaccines/hcp/immunization-schedules/app.html).

## Helpful information

- Complete Advisory Committee on Immunization Practices (ACIP) recommendations: [www.cdc.gov/acip-recs/hcp/vaccine-specific/](http://www.cdc.gov/acip-recs/hcp/vaccine-specific/)
- ACIP Shared Clinical Decision-Making Recommendations: [www.cdc.gov/acip/vaccine-recommendations/shared-clinical-decision-making.html](http://www.cdc.gov/acip/vaccine-recommendations/shared-clinical-decision-making.html)
- General Best Practice Guidelines for Immunization: [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html)
- Vaccine information statements: [www.cdc.gov/vaccines/hcp/vis/index.html](http://www.cdc.gov/vaccines/hcp/vis/index.html)
- Manual for the Surveillance of Vaccine-Preventable Diseases (including case identification and outbreak response): [www.cdc.gov/surv-manual/php/index.html](http://www.cdc.gov/surv-manual/php/index.html)



U.S. CENTERS FOR DISEASE  
CONTROL AND PREVENTION

Scan QR code  
for access to  
online schedule

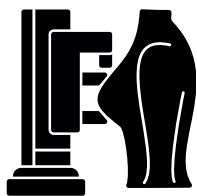


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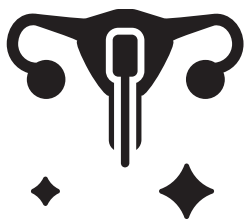
# HEALTH CARE ACCESS: WOMEN’S HEALTH

**KEY FINDING:**

Tuscarawas County women are less likely to engage in preventive care than women in Ohio or the U.S.



70% of women ages 40 and older in Tuscarawas County had a mammogram in the past two years compared to 75.6% for Ohio and 76.3% in the U.S.<sup>45</sup>



63% of women in Tuscarawas County had a pap smear in the past three years compared to 77.4% for Ohio and 77.7% in the U.S.<sup>46</sup>



79% of Tuscarawas County women ages 45 or older reported having a colonoscopy or stool-based test in their lifetime.



## NOTABLE DISPARITIES

Women of color in Tuscarawas County were less likely than White women to have had a mammogram (52% v. 66%) or a pap smear (60% v. 63%) in the last three years.	Women from low-income households (less than \$50,000) were less likely than women from households with incomes of \$50,000 and above to have had a mammogram (54% v. 71%) or pap smear (52% v. 70%) in the last three years.
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## OHIO FEMALE

### Leading Causes of Death, 2022–2024 *Total Female Deaths: 154,295*

1. Heart Diseases (29.18% of all deaths)
2. Cancers (17.8%)
3. Accidents, unintentional injuries (4.8%)
4. Renal failure and other disorders of kidney (1.8%)
5. Septicemia (1.6%)
6. Influenza and pneumonia (1.5%)

Ohio Public Health Data Warehouse, 2022–2024.  
2024 data is incomplete.



## TUSCARAWAS COUNTY FEMALE

### Leading Causes of Death, 2022–2024 *Total Female Deaths: 1,297*

1. Heart Diseases (30% of all deaths)
2. Cancers (19.1%)
3. Accidents, unintentional injuries (3.2%)
4. Septicemia (1.8%)
5. Influenza and pneumonia (1.7%)
6. Renal failure and other disorders of kidney (0.8%)

Ohio Public Health Data Warehouse, 2022–2024.  
2024 data is incomplete.



**Heart disease is responsible for about 1 in every 5 female deaths in the U.S. Only about half (56%) of U.S. women recognize that heart disease is their number one killer.<sup>47</sup>**

**Eight percent of Tuscarawas County women reported having been told they have angina, coronary heart disease, congestive heart failure, heart attack, or myocardial infarction.**

## Top Risk Factors for Heart Disease for Women

### High Blood Pressure

- 37% of Tuscarawas County women have been diagnosed with high blood pressure.

### High LDL Cholesterol

- 28% of Tuscarawas County women have been diagnosed with high cholesterol.

### Smoking

- 22% of Tuscarawas County women smoke or vape everyday or some days.

### Excess Weight

- 77% of Tuscarawas County women are either obese (49%) or overweight (28%).

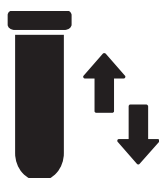
## Cancer Cases and Deaths Among Tuscarawas County Women<sup>48</sup>

- There were 431.1 new cancer cases per 100,000 women in Tuscarawas County from 2016 to 2020, compared to 438.2 per 100,000 women in Ohio.
- Cancer was responsible for the deaths of 152 per 100,000 women in Tuscarawas County from 2016 to 2020, compared to 142 per 100,000 women in Ohio.

# HEALTH CARE ACCESS: MEN'S HEALTH

## KEY FINDING:

The majority of Tuscarawas County men have one or more factors that place them at risk for chronic diseases.



**63% of Tuscarawas County men ages 40 and over reported having a PSA test in the past two years** compared to 32% of men in Ohio and 31.8% of males in the U.S.<sup>49</sup>



**85% of Tuscarawas County men ages 45 or older reported having a colonoscopy or stool-based test in their lifetime.**



**10% of Tuscarawas County men reported having been told they have angina, coronary heart disease, congestive heart failure, heart attack, or myocardial infarction.**



**Men in Tuscarawas County are more likely to die from cancer than males in Ohio or the U.S.** The cancer mortality rate for men from 2016 to 2020 in Tuscarawas County was 206.7 per 100,000 men compared to 199.6 for Ohio men and 177.5 for men in the U.S.<sup>50</sup>





### OHIO MALE

#### Leading Causes of Death, 2022–2024 *Total Male Deaths: 163,787*

1. Heart Diseases (29.04% of all deaths)
2. Cancers (18.9%)
3. Accidents, Unintentional Injuries (8.3%)
4. Renal failure and other disorders of kidney (1.7%)
5. Septicemia (1.4%)
6. Influenza and pneumonia (1.3%)

Ohio Public Health Data Warehouse, 2022–2024. 2024 data is incomplete.



### TUSCARAWAS COUNTY MALE

#### Leading Causes of Death, 2022–2024 *Total Male Deaths: 1,396*

1. Heart Diseases (31.9% of all deaths)
2. Cancers (19.3%)
3. Accidents (unintentional injuries) (6.0%)
4. Influenza and pneumonia (1.5%)
5. Septicemia (1.4%)
6. Renal failure and other disorders of kidney (1.1%)

Ohio Public Health Data Warehouse, 2022–2024. 2024 data is incomplete.

## Symptoms of Heart Disease<sup>51</sup>

Sometimes heart disease may be "silent" and not diagnosed until a man experiences signs or symptoms of a heart attack, an arrhythmia, or heart failure. Symptoms may include the following:

- Heart attack: Chest pain or discomfort, upper back or neck pain, indigestion, heartburn, nausea or vomiting, extreme fatigue, upper body discomfort, dizziness, and shortness of breath.
- Arrhythmia: Fluttering feelings in the chest as the heart beats too slowly, too fast, or in an irregular way. A common example is atrial fibrillation.
- Heart failure: Shortness of breath, fatigue, or swelling of the feet, ankles, legs, abdomen, or neck veins.

Even if having no symptoms, a person may still be at risk for heart disease.

## Heart Disease Risk Factors for Men

### High Blood Pressure

- 44% of Tuscarawas County men have been diagnosed with high blood pressure.

### Diabetes

- 12% of Tuscarawas County men have been diagnosed with diabetes.

### Smoking

- 26% of Tuscarawas County men smoke or vape everyday or some days. 6% of men smoke AND vape everyday or some days.

### Excess Weight

- 73% of Tuscarawas County men are either obese (41%) or overweight (32%).

### Excessive Alcohol Consumption

- 34% of Tuscarawas County men reported binge drinking during the past 30 days (i.e. having 5 or more drinks on an occasion).

## Cancer Cases and Deaths Among Tuscarawas County Men<sup>52</sup>

- There were 496.4 new cancer cases per 100,000 men in Tuscarawas County from 2016 to 2020, compared to 506.4 per 100,000 men in Ohio.
- Cancer was responsible for the deaths of 206.7 per 100,000 men in Tuscarawas County from 2016 to 2020, compared to 199.6 per 100,000 men in Ohio.

**Lung and bronchus cancer was the leading cause of cancer incidence and the leading cause of cancer mortality for men in Tuscarawas County in 2016–2020.**

**Smoking is the number one risk factor for lung cancer. In the U.S., smoking is linked to about 80% to 90% of lung cancer deaths.<sup>53</sup>**

# HEALTH CARE ACCESS: ORAL HEALTH

KEY FINDING:

Access to dental care is lower in Tuscarawas County than in other parts of the state. One in four adults felt that more dental services are needed in Tuscarawas County.



57.3% of Tuscarawas County adults had visited a dentist in the past year, compared to 63.9% of adults in the U.S.



17.4% of Tuscarawas County adults aged 65 or older had total tooth loss compared to 12.2% in the U.S.<sup>54</sup>



The rate for dentists per 100,000 population in Tuscarawas County was 40, compared to 65 per 100,000 in Ohio.<sup>55</sup>



25% of adults felt that more dental services are needed in Tuscarawas County.



5% of adults cited “cannot get good dental care” as a top issue impacting their health or the health of their family.

## **Oral Health and Overall Health<sup>56</sup>**

Oral health has been shown to impact overall health and well-being. According to the Centers for Disease Control and Prevention, nearly one-third of all adults in the United States have untreated tooth decay, or tooth caries. Additionally, one in seven adults aged 35 to 44 years old has periodontal (gum) disease. Both the severity and prevalence of periodontal disease increase with age. Periodontal disease and tooth decay are the most frequent causes of tooth loss. About 25% of adults over the age of 60 no longer have any natural teeth. Having missing teeth can affect overall health and nutrition. In addition, among those aged 65 and older, those in poverty are twice as likely as those with higher incomes to have lost all of their teeth. Given these serious health consequences, it is important to maintain good oral health.

## **Disparities in Oral Health<sup>57</sup>**

Disparities in oral health exist among all age groups. These disparities exist by sex, poverty status, race and ethnicity, education level, and smoking status.

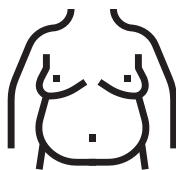
- Untreated cavities are about twice as common among working-age adults with no health insurance coverage (43%) compared with those who have private health insurance coverage (18%).
- Among working-age adults, the prevalence of untreated cavities was twice as high for non-Hispanic Black adults (40%) as it was for non-Hispanic White adults (21%) in 2011–2016.
- Untreated cavities were three times as common among non-Hispanic Black older adults (28%) and more than two times as common among Mexican American older adults (24%) compared to non-Hispanic White older adults (9%).
- Periodontitis (gum disease with bone loss) was twice as common (60%) among adults (aged 30 or older) with low income compared with adults who had higher income (30%) in 2009–2014.
- Complete tooth loss was more than three times as common among older adults who had less than a high school education (33%) compared with those who had more than a high school education (9%).

# HEALTH BEHAVIORS: ADULT WEIGHT STATUS, PHYSICAL ACTIVITY, AND NUTRITION

## Weight Status

**KEY FINDING:**  

Four out of every five adults in Tuscarawas County are either overweight or obese by Body Mass Index (BMI), placing them at elevated risk for developing a variety of preventable diseases. The percentage of adults at higher risk due to weight status increased from 69% in 2021 to 80% in 2024.



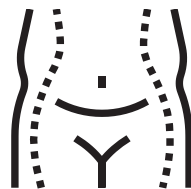
Nearly half of Tuscarawas County adults are obese. 22% meet the CDC Body Mass Index criteria for class 1 obesity, 14% meet the criteria for class 2 obesity, and 13% meet the criteria for class 3/severe obesity.



Tuscarawas County has a higher percentage of adults who are obese (49%) as compared to adults in Ohio (38.1%) or adults in the U.S. (33.6%).<sup>58</sup>



The percentage of Tuscarawas County adults who are overweight (31%) is lower than the percentage for adults in Ohio (32.8%) and the U.S. (34.2%).<sup>59</sup>



28% of county adults indicated that more services were needed for weight loss/bariatric care in Tuscarawas County.



### NOTABLE DISPARITIES

<p>Tuscarawas County adults with household incomes less than \$30,000 were more likely to be obese than those with household incomes \$30,000 or higher, 57% compared to 44%.</p>	<p>Women were more likely than men to be obese, 49% compared to 41% for men.</p>	<p>Men were more likely than women to be overweight, 32% compared to 28% for women.</p>
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Adult Variables	Tusc. County 2015	Tusc. County 2018	Tusc. County 2021	Tusc. County 2024	Ohio 2023 <sup>60</sup>	U.S. 2023 <sup>61</sup>
<b>WEIGHT STATUS</b>						
<b>Overweight</b> (BMI of 25 to less than 30)	37%	36%	26%	<b>31%</b>	32.8%	34.2%
<b>Obese</b> (includes class 1, 2, and 3; BMI of 30 or greater)	36%	37%	43%	<b>49%</b>	38.1%	33.6%

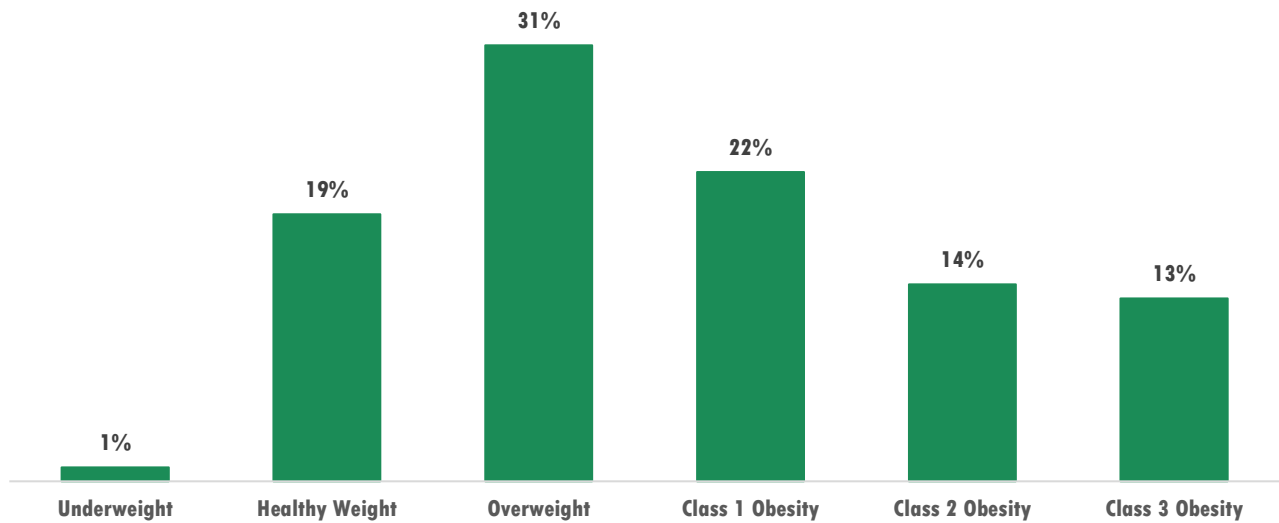
### Body Mass Index (BMI) Measurements<sup>62</sup>

- Body Mass Index (BMI) is a person's weight in kilograms divided by the square of height in meters. A high BMI can be an indicator of high body fat.
- BMI does not measure body fat directly, but BMI is moderately correlated with more direct measures of body fat. Furthermore, BMI appears to be as strongly correlated with various metabolic and disease outcomes as other more direct measures of body fatness.

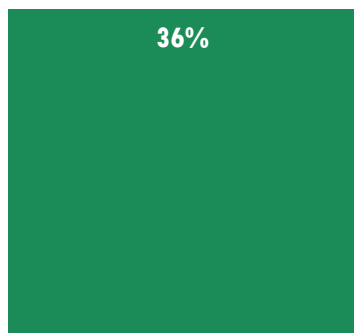
BMI	Weight Status
Less than 18.5	Underweight
Healthy Weight	18.5 to less than 25
Overweight	25 to less than 30
Obesity	30 or greater
Class 1 Obesity	30 to less than 35
Class 2 Obesity	35 to less than 40
Class 3 Obesity	40 or greater

CDC, "Adult BMI Categories," March 19, 2024, <https://www.cdc.gov/bmi/adult-calculator/bmi-categories.html>.

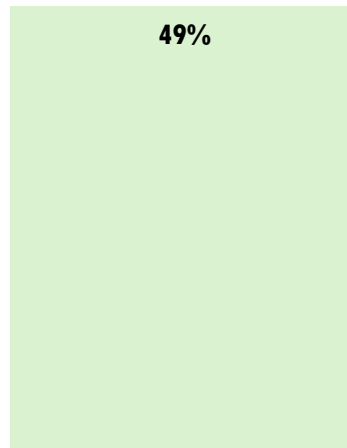
### Weight Status of Tuscarawas County Adults 2024 Community Health Needs Assessment Survey



**NATIONAL GOAL: Reduce the proportion of adults with obesity.**



Healthy People 2030 National Target



Tuscarawas County 2024

# Physical Activity

## KEY FINDING:

Only one in four Tuscarawas County adults meets the current minimum aerobic physical activity guideline (at least 150 minutes per week) needed for substantial health benefits set by the U.S. Department of Health and Human Services.



58% of Tuscarawas County adults reported being physically active at least 30 minutes per day on three or more days during a typical week.



Tuscarawas County adults were far less likely than adults in Ohio or the U.S. to engage in physical activity on five or more days. Only 27% of Tuscarawas County adults engaged in physical activity on five or more days compared to 58% for adults in Ohio and 59.8% for adults in the U.S.<sup>63</sup>



13% of Tuscarawas County adults did not participate in at least 30 minutes of physical activity on any day during a typical week.



The percentage of Tuscarawas County adults engaging in physical activity for at least three days during a typical week declined from 62% in 2021 to 58% in 2024.



## NOTABLE DISPARITIES

Tuscarawas County adults with household incomes less than \$30,000 were less likely to engage in physical activity on three or more days than those with household incomes \$30,000 or higher, 45% compared to 60% for those with household incomes \$30,000 or higher.

Women were less likely than men to engage in physical activity on three or more days, 55% compared to 67% for men.



## Reasons Cited by Tuscarawas County Adults for Not Engaging in Physical Activity

No motivation or will power	39%
Do not have enough time	38%
Too tired	33%
Pain	25%
Ill or physically unable	18%
Weather	15%
Do not like to exercise	15%
Cannot afford a gym membership	14%
No sidewalks or poorly maintained sidewalks	11%
Do not have someone to exercise with	11%
Do not have child care	6%
Gym is not available nearby	5%
No walking, biking trails, or parks	5%
Do not know how to exercise	4%
Afraid of getting hurt	4%
Don't know/not sure	3%
Other (please list)	3%
My neighborhood is not safe	2%
No transportation to a gym or other exercise opportunity	2%

**You can feel the benefits of physical activity today.**

✓ Less stress

✓ Better mood

✓ Better sleep

**Adults need a mix of physical activity to stay healthy.**

### Moderate-intensity aerobic activity

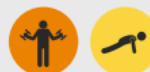
Anything that gets your heart beating faster counts.



AND

### Muscle-strengthening activity

Do activities that make your muscles work harder than usual.



**Walk. Run. Dance. Play. What's *your* move?**

[health.gov/MoveYourWay](https://health.gov/MoveYourWay)





**NATIONAL GOAL: Increase the proportion of adults who do enough aerobic physical activity for substantial health benefits (min. 150 minutes/week).**

 **Healthy People 2030**

**53%**

Healthy People 2030 National  
Target



**27%**

Tuscarawas County 2024

# Nutrition

**KEY FINDING:**  
While 83% of Tuscarawas County adults reported consuming one to four servings of fruits and vegetables per day, 13% of adults reported eating zero servings on a typical day.



83% of Tuscarawas County adults reported eating 1 to 4 servings of fruits and vegetables each day.



The percentage of Tuscarawas County adults having 5 or more servings of fruits and vegetables per day increased from 1% in 2021 to 4% in 2024.



13% of Tuscarawas County adults reported eating 0 servings of fruits and vegetables on a typical day, an increase from 4% reporting 0 servings in 2021.

## Of the 13% of Tuscarawas County adults who reported not consuming fruits and vegetables, they cited the following reasons:

I cannot afford fruits and vegetables.	60%
I do not like fruits and vegetables.	26%
Fruits and vegetables are not available near me.	14%

The 2020–2025 Dietary Guidelines for Americans<sup>64</sup> advise incorporating more fruits and vegetables into U.S. residents’ diets as part of healthy dietary patterns. Adults should consume 1.5–2 cup-equivalents of fruits and 2–3 cup-equivalents of vegetables daily.

Research indicates that consuming fruits and vegetables is associated with reduced risk of mortality from major diseases such as cancer, cardiovascular diseases, and diabetes.<sup>65</sup>

Numerous studies suggest that increased consumption of fruits and vegetables is generally associated with a lower risk of obesity.<sup>66</sup>

## Food Access, Food Insecurity, and Nutrition



**Approximately 5,682 Tuscarawas County adults (8%) reported that they cannot afford fruits or vegetables.**

**An additional 1,420 Tuscarawas County adults (2%) indicated fruits and vegetables are not available near them.**

**14.8% of Tuscarawas County residents experienced food insecurity in 2022, which was higher than the rate for Ohio (14.1%) and the U.S. (13.5%).<sup>67</sup>**

**27% of food insecure children in Tuscarawas County in 2022 were in households with incomes above 185% of the federal poverty level<sup>68</sup> and are not likely income-eligible for federal nutrition assistance.**

Additional information on food insecurity can be found on pages 97 and 138.

# HEALTH BEHAVIORS: ADULT TOBACCO USE

**KEY FINDING:**  
The highest rates of cigarette smoking and use of e-cigarettes or other electronic vaping products for Tuscarawas County adults are among males, persons of color, and individuals with household incomes less than \$40,000.



The percentage of Tuscarawas County adults who smoke cigarettes remained about the same, with 15% reporting smoking on some days or everyday in 2024 and 16% reporting so in 2021.



12% of Tuscarawas County adults reported smoking every day.



One in four (26%) Tuscarawas County adults were former smokers (i.e., smoked in the past but do not currently smoke).



9% of Tuscarawas County adults reported using e-cigarettes or other electronic vaping products some days (4%) or every day (5%).



The percentage of Tuscarawas County adults vaping increased from 6% in 2021 to 9% in 2024.



10% of Tuscarawas County adults reported using e-cigarettes or other electronic vaping products in the past but do not currently use them.



Lung and bronchus cancer was the leading cause of cancer incidence in Tuscarawas County in 2016–2020, accounting for 15.0% of cancer cases.<sup>69</sup>



Lung and bronchus cancer was also the leading cause of cancer mortality in Tuscarawas County in 2016–2020, accounting for 25.3% of cancer deaths.<sup>70</sup>



## NOTABLE DISPARITIES

**Tuscarawas County adults with household incomes less than \$40,000 were far more likely to be current cigarette smokers or users of e-cigarettes or other vaping products than those with household incomes \$40,000 or higher.** 22% of low-income adults were current cigarette smokers compared to 12% for adults with household incomes \$40,000 or higher. One in five low-income adults was a current vaper (19%) compared to 6% of those with incomes \$40,000 or higher.

**36% of Tuscarawas County persons of color were current cigarette smokers compared to 14% of Tuscarawas County White adults.** Similarly, a higher percentage of Tuscarawas County adults of color were users of e-cigarettes or other vaping products than White adults in the county, 31% compared to 8% of White adults.

**The highest rates of vaping were for adults aged 18–24 (22%) compared to rates of 12% for adults aged 25–54 and 5% for adults aged 55 or older.**

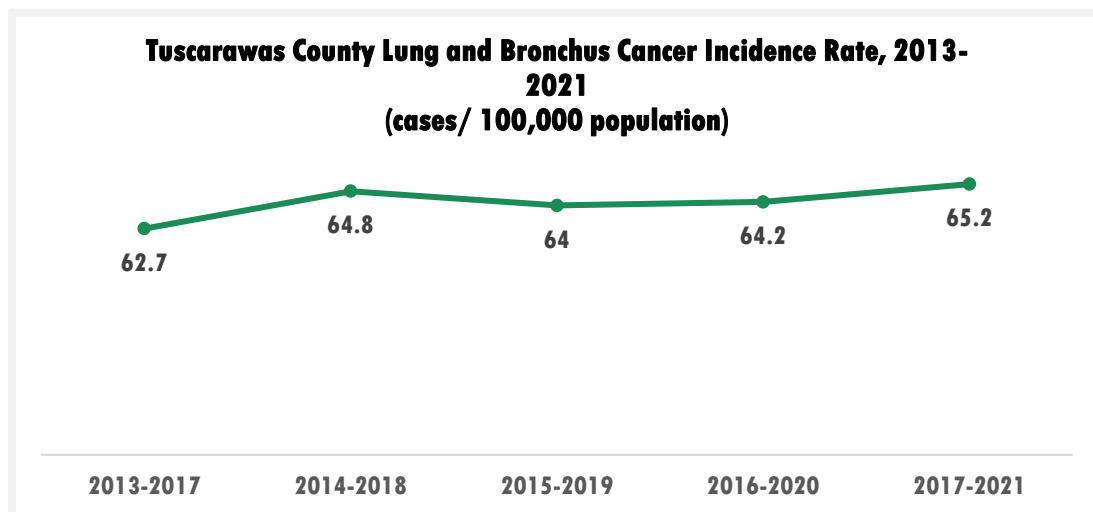
**19% of Tuscarawas County adults aged 25–54 were current smokers,** compared to 9% of adults aged 18–24 and 11% of adults aged 55 or older.

**Tuscarawas County adult males were more likely to smoke (21%) or vape (11%) than adult females were to smoke (13%) or vape (9%).**

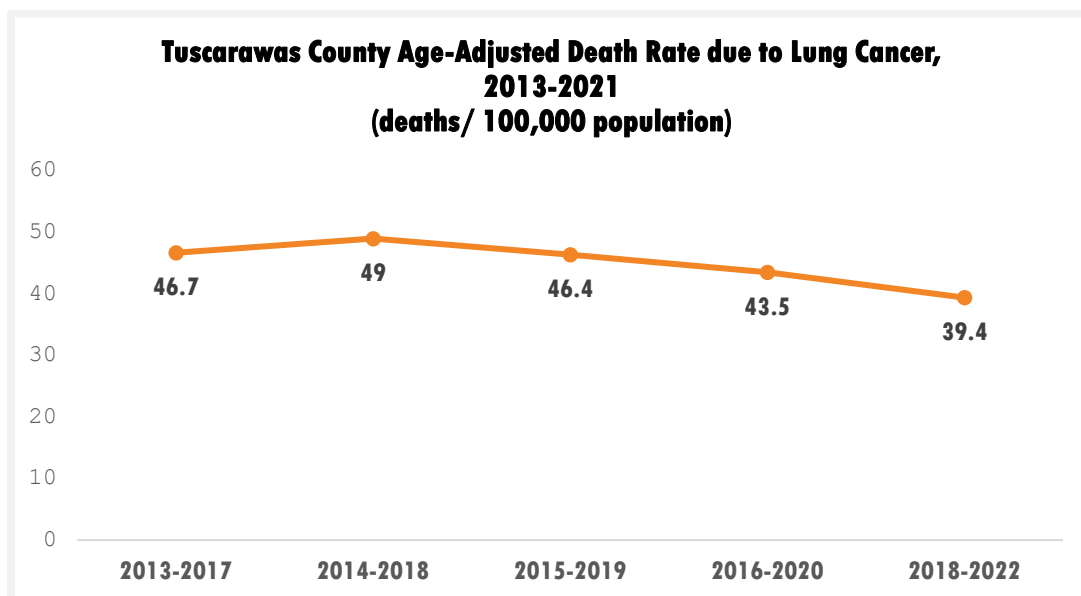


**Approximately 10,653 Tuscarawas County adults were current cigarette smokers, and approximately 6,392 were current users of e-cigarettes or other electronic vaping products.**

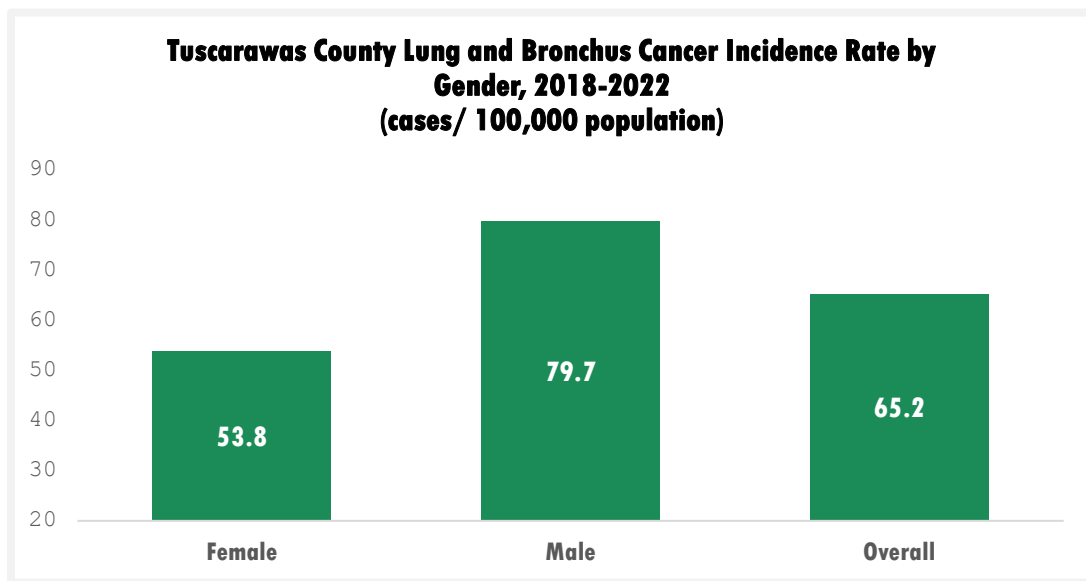
**Cigarette smoking is the leading preventable cause of disease, death, and disability in the United States.<sup>71</sup>**



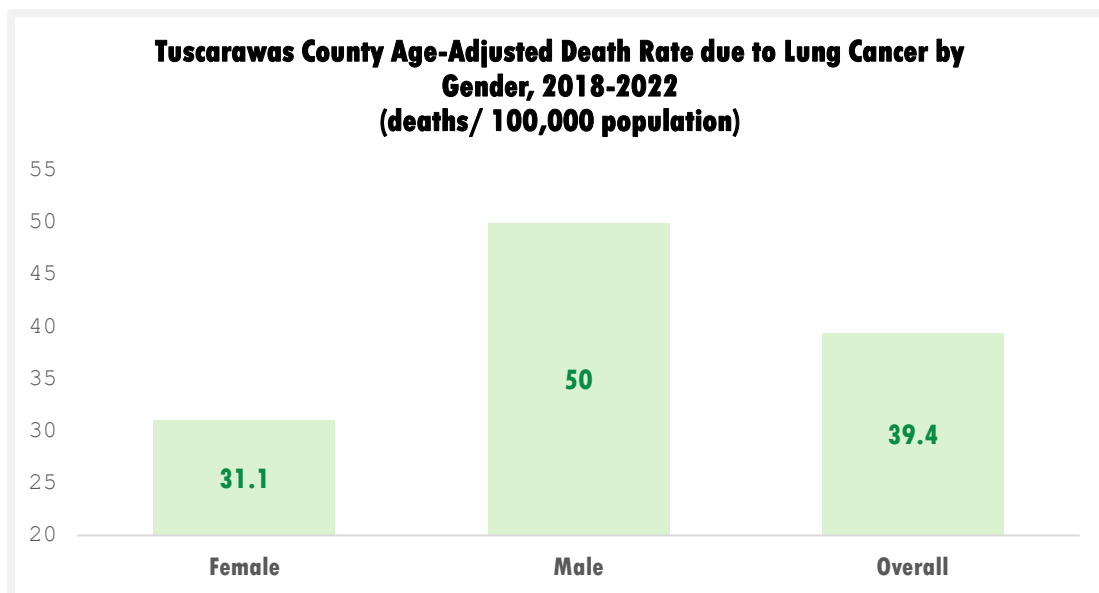
For the period of 2017 to 2021, the lung and bronchus cancer incidence rate for Tuscarawas County (65.2 per 100,000) was higher than the rate for Ohio (64.3 per 100,000) and for the U.S. (53.1 per 100,000).<sup>72</sup>



For the period of 2018 to 2022, the age-adjusted death rate due to lung cancer for Tuscarawas County (39.4 deaths per 100,000) was higher than the rate for the U.S. (32.4 deaths per 100,000) but slightly lower than the rate for Ohio (39.8 deaths per 100,000).<sup>73</sup>



Disparities existed by gender for Tuscarawas County lung and bronchus incidence rates and for lung cancer age-adjusted mortality rates. Both the incidence rates and mortality rates for males were substantially higher than for females.<sup>74</sup>





## Smoking and Other Health Risks<sup>75</sup>

Cigarette smoking harms nearly every organ of the body.

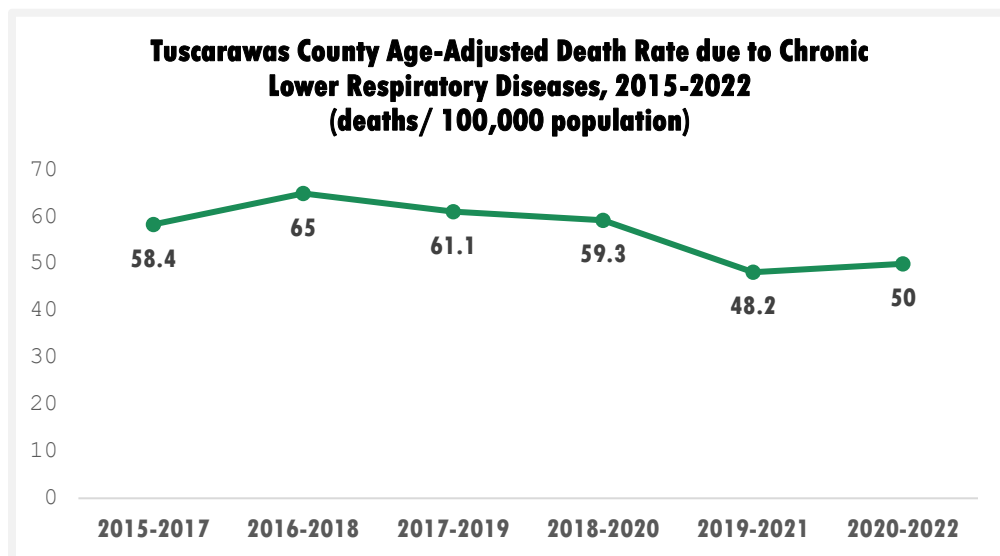
Cigarette smoking causes many diseases and reduces the health of people who smoke.

Cigarette smoking causes:

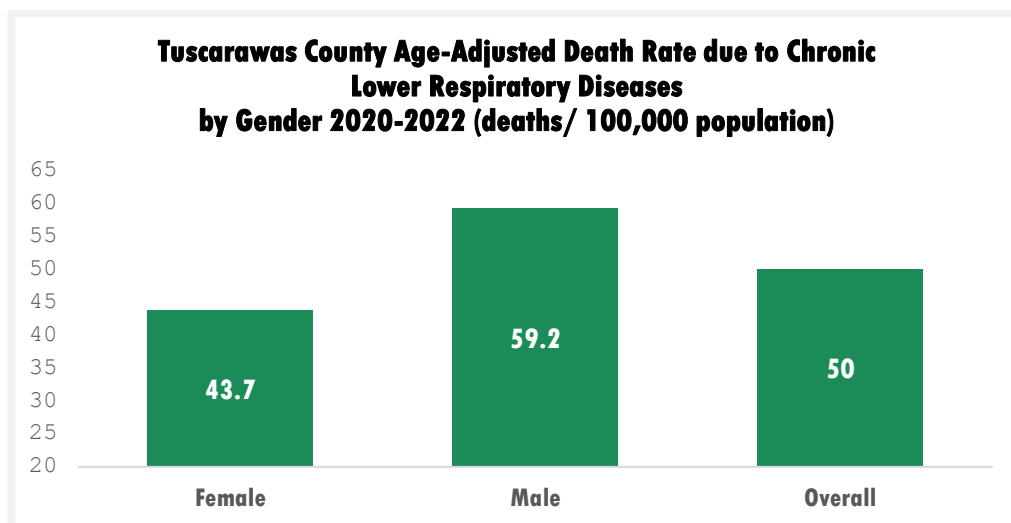
- Cancer
- Heart disease and stroke
- Lung diseases such as chronic obstructive pulmonary disease (COPD)
- Type 2 Diabetes
- Harmful reproductive health effects
- Other diseases, including certain eye diseases and problems of the immune system, including rheumatoid arthritis

Smoking also increases health care utilization, health care costs, and absenteeism from work.

**Tuscarawas County adults who were current smokers reported having worse health than adults who were nonsmokers, with 26% of current smokers describing their health as “fair or poor” compared to 16% of nonsmokers.**



For the period of 2020-2022, the age-adjusted death rate per 100,000 population due to chronic lower respiratory diseases for Tuscarawas County (50 per 100,000) was higher than the death rate for Ohio (42.8 per 100,000).<sup>76</sup>



Source: Ohio Public Health Information Warehouse as displayed on “Appalachian Ohio Child & Family Data: Indicators for Tuscarawas County” website, <https://www.acchealthdata.org/indicators/index/view?indicatorId=97&localeId=2173>.



**NATIONAL GOAL: Reduce current use of cigarette smoking among adults.**



**Healthy People 2030**

**6.1%**

**Healthy People 2030 National Target**



**15.0%**









**Tuscarawas County 2024**

## Health Benefits of Quitting Smoking Over Time: It's Never Too Late to Quit<sup>77</sup>

Quitting smoking lowers one's risk of diabetes, lets blood vessels work better, and helps the heart and lungs. Life expectancy for smokers is at least 10 years shorter than that of non-smokers. Quitting smoking before the age of 40 reduces the risk of dying from smoking-related disease by about 90%.

Quitting while younger will reduce the health risks more, but quitting at any age can give back years of life that would be lost by continuing to smoke.

Within minutes of smoking the last cigarette, the body begins to recover:

<b>20 minutes after quitting</b>		<b>Your heart rate and blood pressure drop.</b>
<b>12 hours after quitting</b>		<b>The carbon monoxide level in your blood drops to normal.</b>
<b>2 weeks to 3 months after quitting</b>		<b>Your circulation improves and your lung function increases. Your risk of a heart attack starts to decrease.</b>
<b>1 to 9 months after quitting</b>		<b>Coughing and shortness of breath decrease.</b>
<b>1 year after quitting</b>		<b>Your risk of heart disease is cut in half.</b>
<b>2 to 5 years after quitting</b>		<b>Your risk of cancers of the mouth, throat, esophagus, and bladder is cut in half. Your stroke risk drops to that of a person who doesn't smoke.</b>
<b>10 years after quitting</b>		<b>You are half as likely to die from lung cancer than a person who is still smoking. Your risk of cancer of the pancreas and kidney decreases.</b>
<b>15 years after quitting</b>		<b>Your risk of coronary heart disease is the same as someone who doesn't smoke.</b>

People who quit smoking can add as much as 10 years to their life, compared to people who continue to smoke.

# HEALTH BEHAVIORS: ADULT ALCOHOL CONSUMPTION

## KEY FINDING:

One in five Tuscarawas County adults was a binge drinker, defined as having five or more drinks on an occasion (males) or four more drinks on an occasion (females).



21% of Tuscarawas County adults were binge drinkers, compared to 15.6% of Ohio adults and 15.1% of adults in the U.S.<sup>78</sup>



The rate of binge drinking for Tuscarawas County adults increased from 17% in 2021 to 21% in 2024.



In Tuscarawas County in 2017–2021, 39% of motor vehicle crashes involved alcohol, compared to 32% in Ohio and 26% in the U.S.<sup>79</sup>



## NOTABLE DISPARITIES

Tuscarawas County males were much more likely than females in the county to binge drink. The percentage of males who reported binge drinking was 34% compared to 17% for females.

The percentage of Tuscarawas County adults who reported binge drinking was higher for persons of color (50%) than for White persons (19%).

Tuscarawas County individuals with household incomes of \$40,000 or more were more likely to report binge drinking (23%) than those with household incomes of less than \$40,000 (17%).

Approximately 14,914 Tuscarawas County adults reported being binge drinkers.



### Liquor Store Density<sup>80</sup>

Tuscarawas County has 10.9 liquor stores per 100,000 people, compared to 5.6 per 100,000 people in the state of Ohio. Studies have shown that neighborhoods with a high density of alcohol outlets are associated with higher rates of violence, regardless of other community characteristics such as poverty and age of residents. High alcohol outlet density has been shown to be related to increased rates of drinking and driving, motor-vehicle-related pedestrian injuries, and child abuse and neglect. In addition, liquor stores frequently sell food and other goods that are unhealthy and expensive.

### Effects of Alcohol Use on Health<sup>81</sup>

Effects of Short-Term Alcohol Use	Effects of Long-Term Alcohol Use
<p><b>Drinking excessively on an occasion can lead to these harmful health effects:</b></p> <p><b>Injuries</b> —motor vehicle crashes, falls, drownings, and burns</p> <p><b>Violence</b> —homicide, suicide, sexual violence, and intimate partner violence</p> <p><b>Alcohol poisoning</b> —high blood alcohol levels that affect body functions like breathing and heart rate</p> <p><b>Overdose</b> —from alcohol use with other drugs, like opioids</p> <p><b>Sexually transmitted infections or unplanned pregnancy</b> —alcohol use can lead to sex without protection, which can cause these conditions</p> <p><b>Miscarriage, stillbirth, or fetal alcohol spectrum disorder (FASD)</b> —from alcohol use during pregnancy</p>	<p><b>Over time, drinking alcohol can lead to:</b></p> <ul style="list-style-type: none"> <li>• Cancer</li> <li>• High blood pressure</li> <li>• Heart disease</li> <li>• Liver disease</li> <li>• Stroke</li> <li>• Alcohol use disorder—this affects both physical and mental health</li> <li>• Digestive problems</li> <li>• Weaker immune system—increasing your chances of getting sick</li> <li>• Mental health conditions, including depression and anxiety</li> <li>• Learning problems and issues at school or work</li> <li>• Memory problems, including dementia</li> <li>• Relationship problems with family and friends</li> </ul>



**NATIONAL GOAL:** Reduce the proportion of people aged 21 years and over who engaged in binge drinking in the past month.



Healthy People 2030

**25.4%**

**Healthy People 2030 National Target**



**21.0%**

**Tuscarawas County 2024**

# HEALTH BEHAVIORS: ADULT DRUG USE

## KEY FINDING:

The majority of Tuscarawas County adults (79%) reported no drug use by them, an immediate family member, or someone in their household.



21% of Tuscarawas County adults reported drug use by themselves, an immediate family member, or someone in their household.



17% of Tuscarawas County adults reported using marijuana of any type in 2024, an increase of 13% over 2021.



10% of Tuscarawas County adults reported that they and/or an immediate family member or someone in their household used medical marijuana in the past 6 months compared to 5% reporting so in 2021.



The percentage of Tuscarawas County adults who reported misuse of prescription drugs declined from 5% in 2021 to 2% in 2024.



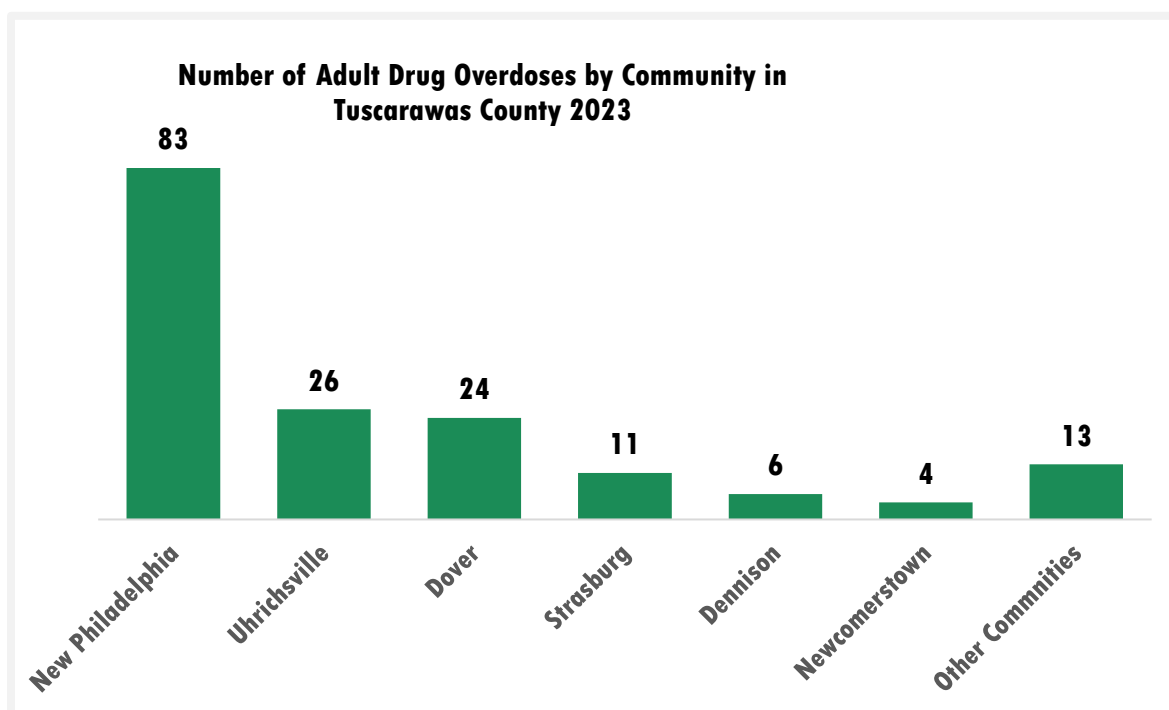
Although only 1% of Tuscarawas County adults reported “substance or drug use” as a health issue impacting them and their family, “substance or drug use” was identified as the top health issue impacting their community (cited by 34%).

## Drug Use Reported by Tuscarawas County Adults

Tuscarawas County adults reported that they and/or an immediate family member/someone in their household used the following in the past 6 months:

Medical marijuana	10%
Recreational marijuana or hashish	9%
Cannabidiol (CBD) oil	5%
Amphetamines, methamphetamines, or speed	3%
Wax, oil with THC edibles	3%
Prescription drugs not prescribed to me/them or took more than prescribed to feel good or high	2%
Inappropriate use of over-the-counter medications, such as cold or cough medicine	2%
Cocaine, crack, or coca leaves	1%
Heroin/fentanyl	1%
Synthetic marijuana/K2	1%
Ecstasy or E, or GHB	>1%
LSD, mescaline, peyote, psilocybin, DMT, or mushrooms	>1%
Bath salts (used illegally)	>1%

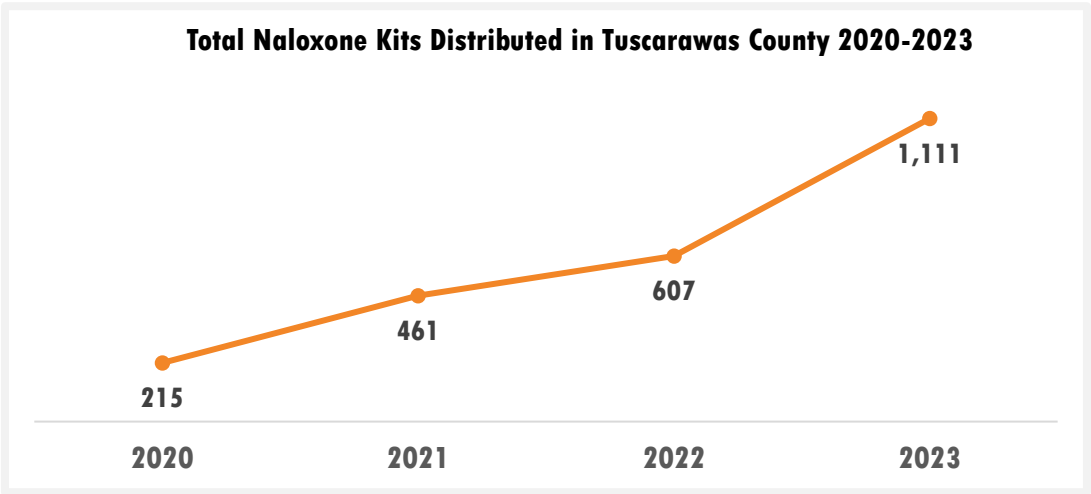
**In 2023, there were 167 drug overdoses and 23 deaths among Tuscarawas County residents.<sup>82</sup>**



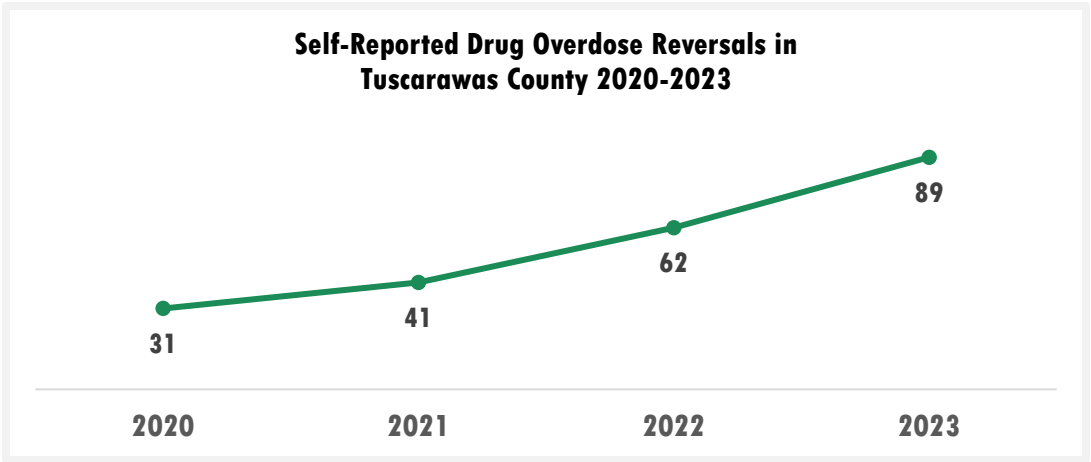
Source: Tuscarawas County Quick Response Team, "2023 Year End Report."



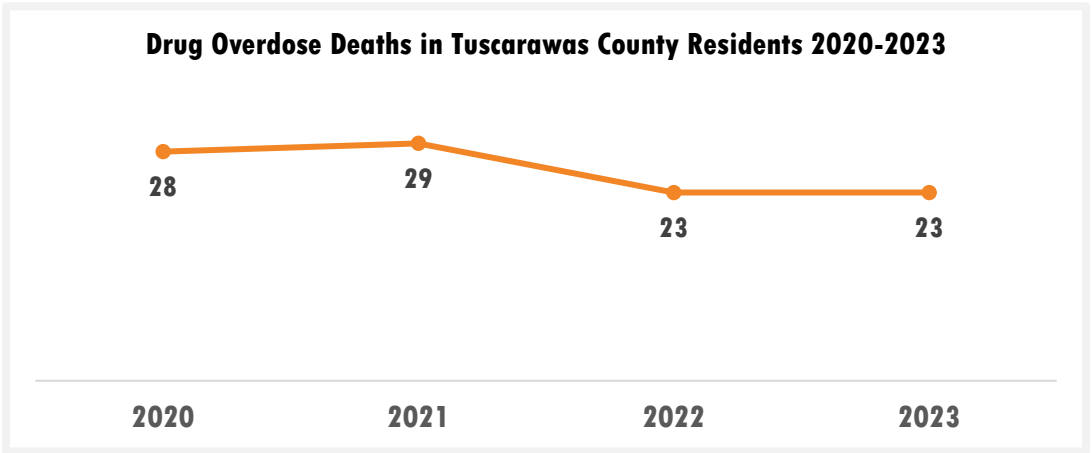
As the distribution of naloxone kits in Tuscarawas County has increased, the number of self-reported drug overdose reversals has increased and the number of overdose deaths has declined. Nearly 1,400 kits were distributed in 2024.<sup>83</sup>



Source: Tuscarawas County Quick Response Team.

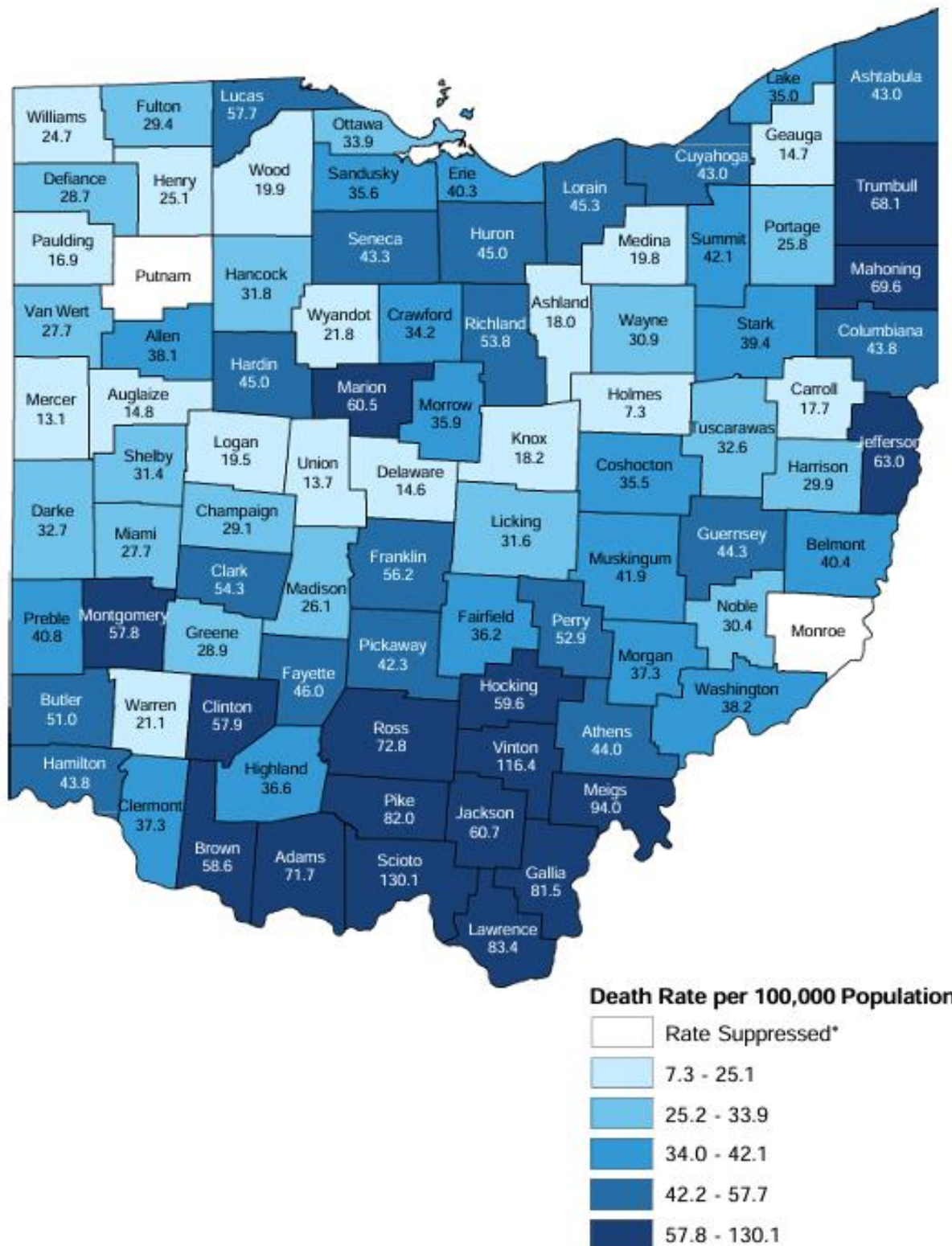


Source: Tuscarawas County Health Department.



Source: Tuscarawas County Health Department, “Unintentional Drug Overdose Deaths in Tuscarawas County Residents.” Data may be incomplete.

## Average Age-Adjusted Rate of Unintentional Drug Overdose Deaths by County, 2020–2023<sup>84</sup>



From 2022 to 2023, there was a 9% decrease in the number of Ohio unintentional drug overdose deaths, compared with a national decrease of 2%.

**In 2023, 4,452 Ohioans died from unintentional drug overdoses.<sup>85</sup>**

**In 2023, illicit fentanyl or fentanyl analogs were involved in 78% of unintentional drug overdose deaths in Ohio, often in combination with other drugs.<sup>86</sup>**

### **Disparities in Drug Overdose Deaths in Ohio<sup>87</sup>**

Drug overdose data for Ohio show troubling disparities between different population groups.

In 2023, Black non-Hispanic males continued to have the highest rate of unintentional drug overdose deaths compared with other sex and race/ethnicity groups. At 100.3 deaths per 100,000 population, the overdose death rate for Black non-Hispanic males was nearly twice that of White non-Hispanic males (50.8 deaths per 100,000 population). From 2022 to 2023, the overdose death rate for Black non-Hispanic males decreased 2% compared with a 10% decrease for White non-Hispanic males.

**In 2023, Black non-Hispanic females continued to have higher rates of unintentional drug overdose deaths compared with White non-Hispanic females.** From 2022 to 2023, the overdose death rate for Black non-Hispanic females decreased 9% to 33.1 deaths per 100,000 population, while the rate for White non-Hispanic females decreased 16% to 24.2 deaths per 100,000 population.

**Although Hispanic females and males had lower rates of unintentional drug overdose deaths compared with other sex and race/ethnicity groups, rates for both groups increased from 2022 to 2023 (13% and 6%, respectively).** In 2023, the 35–44 age group had the highest rate of unintentional drug overdose deaths (85.8 deaths per 100,000 population).

**From 2022 to 2023, unintentional drug overdose death rates increased among Ohioans ages 55 and older.** Death rates among the 55–64 age group and the 65+ age group increased 3% and 4%, respectively.

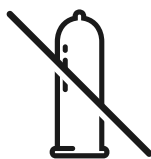
# HEALTH BEHAVIORS: ADULT SEXUAL BEHAVIOR

## KEY FINDING:

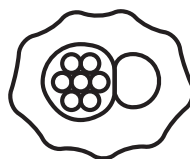
The number of chlamydia cases in Tuscarawas County decreased from 2021 to 2022 but increased in 2023. The number of cases of gonorrhea in the county has steadily decreased since 2021.



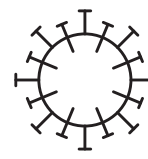
5% of Tuscarawas County adults reported having more than one sexual partner in the past year. **This was more than double the percent reporting so in 2021, which was 2%.**



**26% of Tuscarawas County adults reported having vaginal sex without a condom, and 3% reported having anal sex without a condom.**



**The chlamydia annualized disease rate for Tuscarawas County increased from 217.5 per 100,000 people in 2022 to 252.3 in 2023, while the disease rate for Ohio remained about same (464.5 per 100,000 Ohioans in 2022 and 464.2 in 2023).<sup>88</sup>**



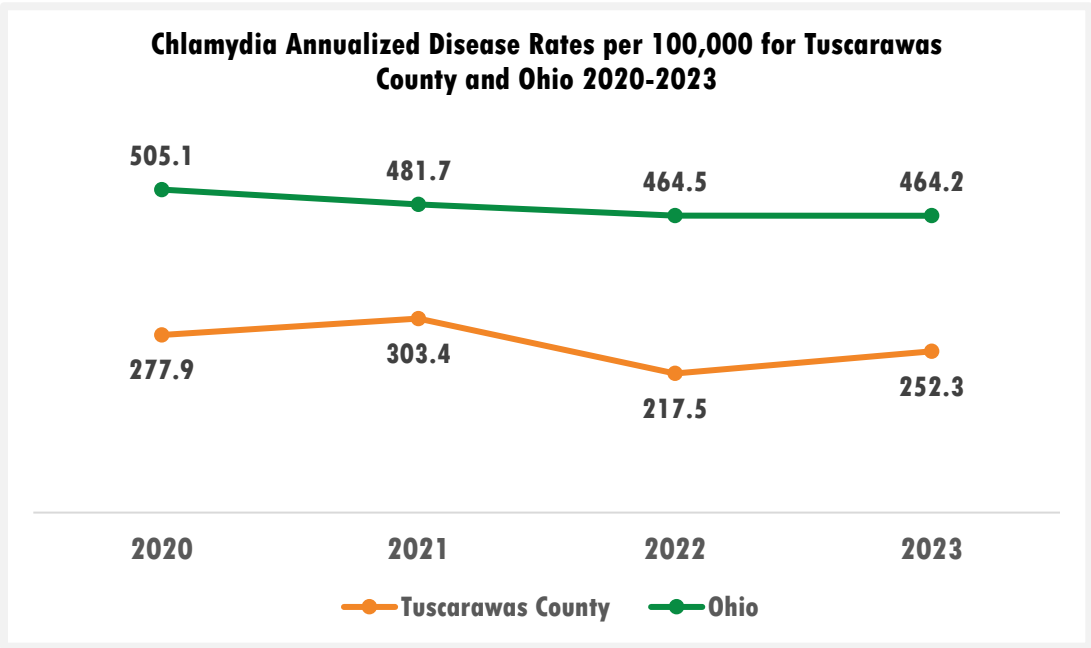
**The number of individuals living with HIV/AIDS per 100,000 population for Tuscarawas County is 47.9 cases per 100,000 compared to 217.1 for Ohio. The rate for Tuscarawas County increased from 35.7 in 2021 to 39.2 in 2022 to 47.9 in 2023.<sup>89</sup>**

### Disparities in Sexually Transmitted Infections in the U.S.<sup>90</sup>

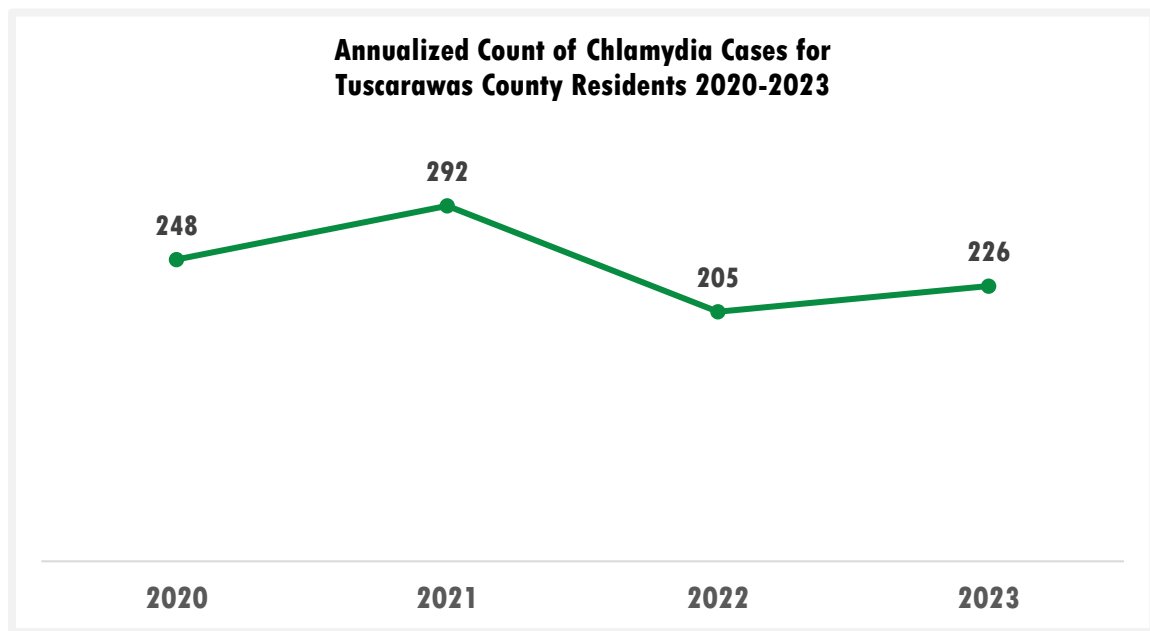
In the U.S. in 2023, significant disparities were identified in reported STIs.

<b>In 2023, almost half (48.2%) of reported cases of chlamydia, gonorrhea, and syphilis (all stages) were among adolescents and young adults aged 15–24 years.</b>	<b>Additionally, gay, bisexual and other men who have sex with men (MSM) are disproportionately impacted by STIs,</b> including gonorrhea and primary and secondary (P&S) syphilis, and co-infection with HIV is common; in 2023, 37.2% of MSM with P&S syphilis were men diagnosed with HIV.	<b>In 2023, 32.4% of all cases of chlamydia, gonorrhea, and P&amp;S syphilis were among non-Hispanic Black or African American persons, even though they made up only 12.6% of the U.S. population.</b>	<b>Rates of both P&amp;S syphilis and congenital syphilis were highest among American Indian or Alaska Native persons in 2023.</b>
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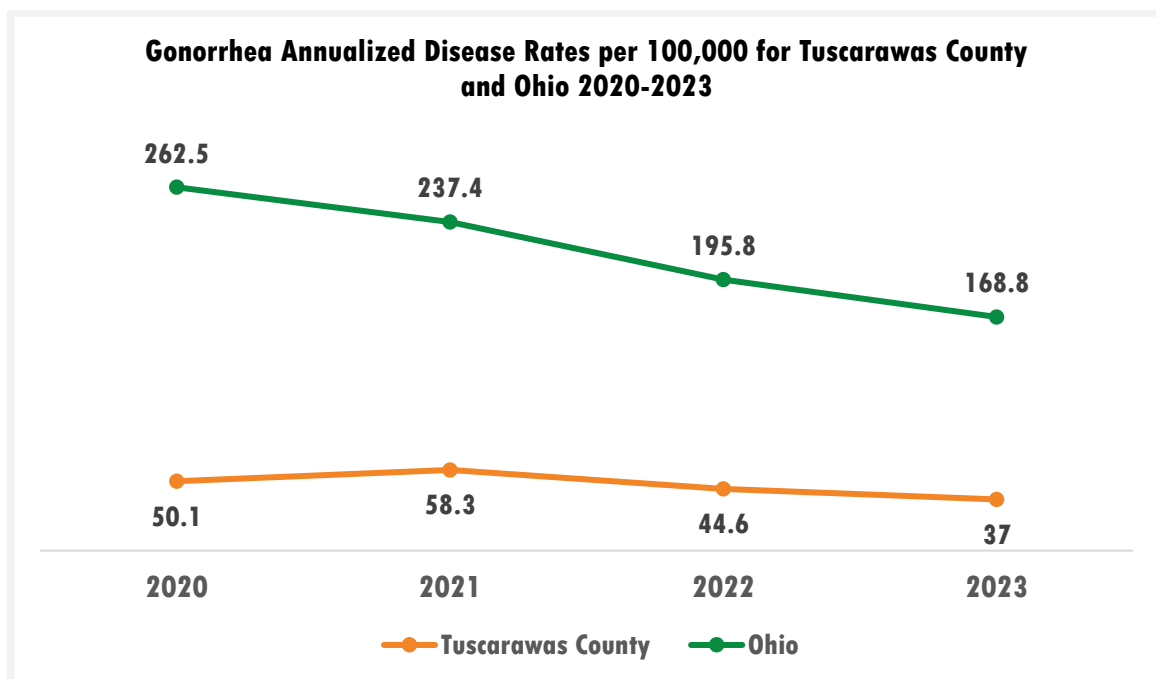
It is important to note that these disparities are unlikely to be fully explained by differences in sexual behavior and may reflect differential access to quality sexual health care, as well as differences in sexual network characteristics. For example, in communities with higher prevalence of STIs, with each sexual encounter, people face a greater chance of encountering an infected partner than those in lower prevalence settings do, regardless of similar sexual behavior patterns. Acknowledging inequities in STI rates as well as their root causes is a critical first step toward empowering affected groups and the public health community to collaborate in addressing systemic inequities in the burden of disease — with the goal of minimizing the health impact of STIs on individuals and populations.



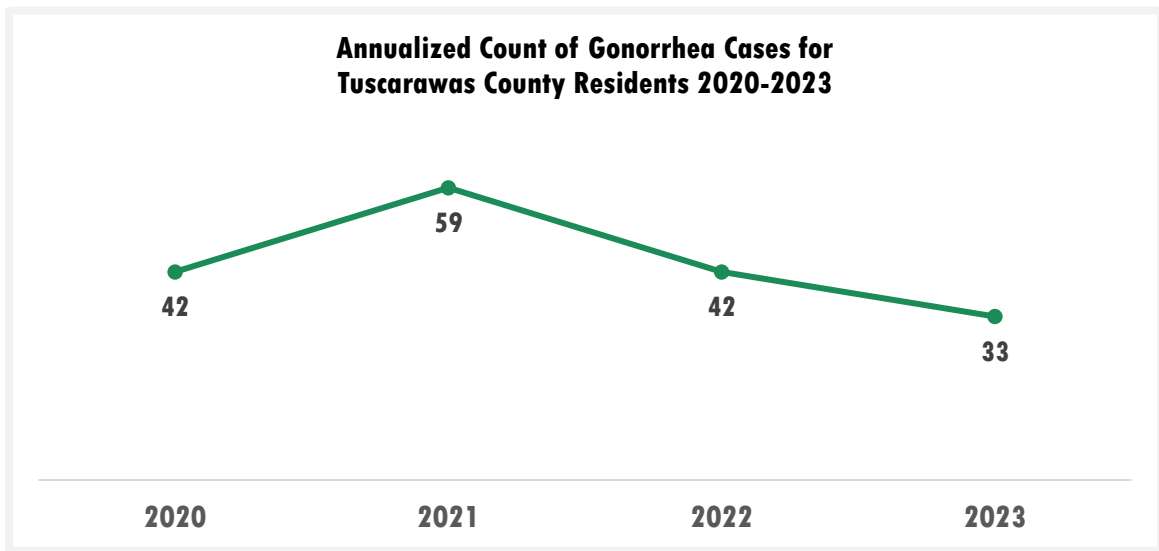
Source: Ohio Department of Health, Infectious Diseases as displayed on “Appalachian Ohio Child & Family Data: Indicators for Tuscarawas County” website, <https://www.acchealthdata.org/indicators/index/view?indicatorId=206&localeId=2173>.



Source: Tuscarawas County Health Department, "Communicable Disease Report 2020-2023."



Source: Ohio Department of Health, Infectious Diseases as displayed on "Appalachian Ohio Child & Family Data: Indicators for Tuscarawas County" website, <https://www.acchealthdata.org/indicators/index/view?indicatorId=248&localeId=2173>.



Source: Tuscarawas County Health Department, “Communicable Disease Report 2020-2023.”

# HEALTH OUTCOMES: ADULT MENTAL HEALTH

## KEY FINDING:

10% of Tuscarawas County adults reported they seriously considered attempting suicide in the past 12 months—a marked increase from 1% reporting so in 2021. 67% of Tuscarawas County adults reported having at least one day in the past 30 days when their mental health was not good (stress, depression, and problems with emotions).



The average number of days Tuscarawas County adults reported their mental health was not good was 7.3 days compared to 5.5 days for Ohio adults and 4.8 days for adults in the U.S.<sup>91</sup>



The percentage of Tuscarawas County adults who reported they seriously considered attempting suicide in the past 12 months increased from 1% in 2021 to 10% in 2024.



Of those adults in the county who reported they seriously considered attempting suicide in the past year, 1% reported actually attempting suicide, 2% reported making a plan for how they would attempt suicide, and 8% reported they did not make a plan.



Nearly 3 out of 5 Tuscarawas County adults reported that they or a family member were diagnosed or treated for anxiety or emotional problems.



46% of Tuscarawas County adults felt that more services are needed in Tuscarawas County for depression, anxiety, or other mental health support/counseling.





## NOTABLE DISPARITIES

Compared to the overall county rate of 10%, Tuscarawas County adults most likely to report having considered attempting suicide in the last year included: LGBTQ+ individuals (27%), persons of color (25%), and individuals with household incomes less than \$40,000 (17%).

Tuscarawas County individuals with household incomes of less than \$40,000 reported 10.7 days of poor mental health in the last month compared to 7.3 days for other adults in the county.



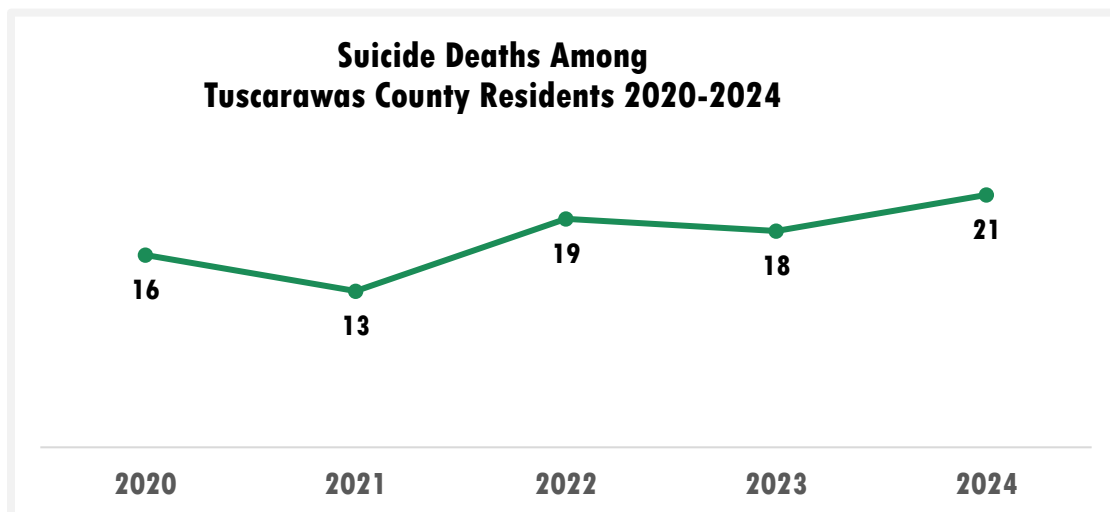
Approximately 17,045 (1 in 4) Tuscarawas County adults reported feeling sad or hopeless almost every day.



Approximately 7,102 (1 in 10) Tuscarawas County adults reported they seriously considered attempting suicide in the past year.

**Tuscarawas County adults reported they or a family member were diagnosed or treated for the following mental health conditions:**

Anxiety or emotional problems	57%
Depression	51%
Attention Deficit Disorder (ADD/ADHD)	25%
Post-Traumatic Stress Disorder (PTSD)	19%
Alcohol and/or drug abuse	19%
Bipolar	14%
Autism spectrum	7%
Developmental disability	5%
Eating disorder	5%
Psychotic disorder (i.e., schizophrenia, schizoaffective disorder)	4%
Life Adjustment Disorder	3%
Problem gambling	1%
Other (e.g., OCD, ODD)	1%



Source: Tuscarawas County Health Department, “Suicides 2020-2024.” Data for 2024 may be incomplete.

**The number of suicide deaths is an ongoing concern, with a significant increase in 2024.**

### Common Signs of Mental Illness in Adults<sup>92</sup>

Trying to tell the difference between what expected behaviors are and what might be the signs of a mental illness isn't always easy. There's no easy test that can let someone know if there is mental illness or if actions and thoughts might be typical behaviors of a person or the result of a physical illness.

Each illness has its own symptoms, but common signs of mental illness in adults can include the following:

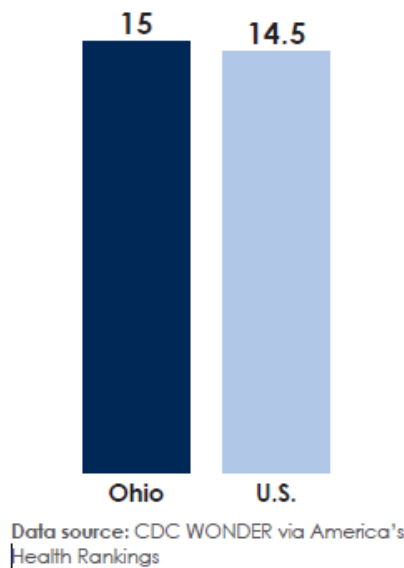
- Excessive worrying or fear
- Feeling excessively sad or low
- Confused thinking or problems concentrating and learning
- Extreme mood changes, including uncontrollable “highs” or feelings of euphoria
- Prolonged or strong feelings of irritability or anger
- Avoiding friends and social activities
- Difficulties understanding or relating to other people
- Changes in sleeping habits or feeling tired and low energy
- Changes in eating habits such as increased hunger or lack of appetite
- Changes in sex drive
- Difficulty perceiving reality (delusions or hallucinations, in which a person experiences and senses things that don't exist in objective reality)
- Inability to perceive changes in one's own feelings, behavior, or personality (“lack of insight” or anosognosia)
- Overuse of substances like alcohol or drugs
- Multiple physical ailments without obvious causes (such as headaches, stomach aches, vague and ongoing “aches and pains”)
- Thinking about suicide
- Inability to carry out daily activities or handle daily problems and stress
- An intense fear of weight gain or concern with appearance

### Suicide in Ohio<sup>93</sup>

In Ohio, approximately 5 people die by suicide every day. These preventable deaths have a tremendous impact on Ohio families and communities. The rate of suicide has climbed over the past decade, both in Ohio and nationally.

#### Suicide death rate

Deaths per 100,000 population, Ohio and U.S., 2021 (age-adjusted rate)



#### Top 10 leading causes of death among working-age Ohioans (ages 15-64) in 2022\*

1. Unintentional injuries	6,486
Unintentional drug overdoses	4,629
Motor vehicle crashes	1,032
Other	825
2. Cancer	6,471
3. Heart disease	5,654
4. COVID-19	1,936
5. Suicide	1,416
6. Chronic liver disease and cirrhosis	1,236
7. Chronic lower respiratory diseases	1,209
8. Diabetes	1,179
9. Stroke and other cerebrovascular diseases	843
10. Homicide	810

\*Data is preliminary

Note: All data is reported as of Sept. 5, 2023

Source: Ohio Department of Health, Public Health Data Warehouse

### Trends in Suicide Deaths and Attempts

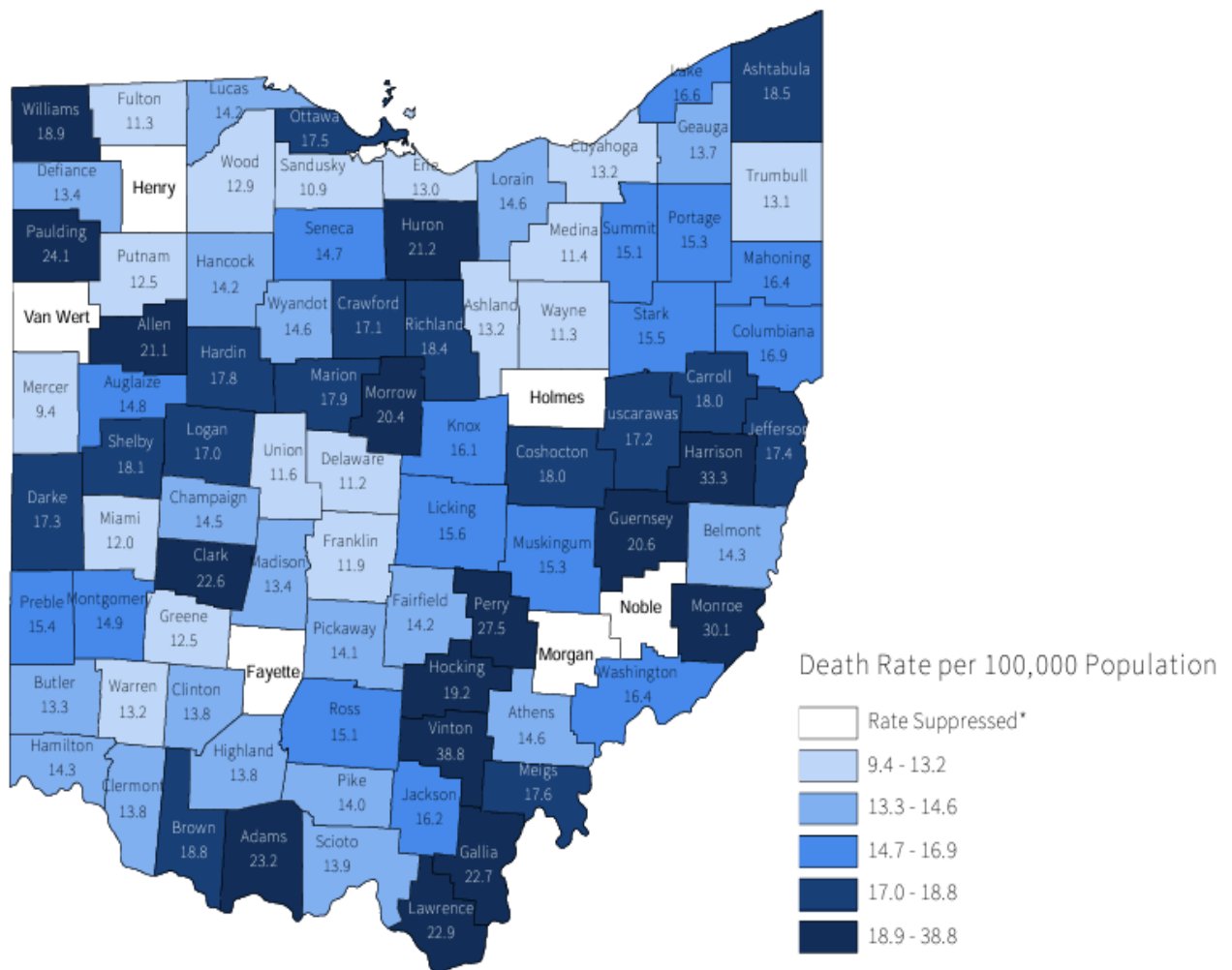
- Though nearly 80% of suicide deaths in Ohio were among males in 2022, deaths among females are increasing at a higher rate.
- White Ohioans die by suicide at the highest rate. Suicide deaths among Hispanic Ohioans have increased by 171% over the past 15 years, and suicide deaths among Black Ohioans have increased by 83%.
- Ohioans ages 25–64 remain the most likely to die by suicide, although rates have increased for all ages since 2007.
- More females attempt suicides than males, with the number of attempts increasing from 2020 to 2021.
- In 2022, suicides involving a firearm accounted for more deaths than all other methods combined. Male suicide deaths (64%) are almost twice as likely as female suicide deaths (36%) to involve a firearm.

**988**

If you or someone you know is struggling or in crisis, help is available. Call or text 988 or chat [988lifeline.org](https://988lifeline.org) 24/7 for free and confidential support.

### Average Age-Adjusted Rate of Suicide Deaths by County of Residence

### Ohio, 2020–2022<sup>94</sup>

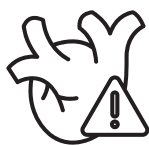


# CHRONIC DISEASE: CARDIOVASCULAR HEALTH

## KEY FINDING:

Heart disease is the leading cause of death for adults in Tuscarawas County, Ohio, and the U.S. The majority of Tuscarawas County adults are overweight (31%) or obese (49%), placing them at greater risk for developing heart disease.

## Heart Disease and Stroke



6% of Tuscarawas County adults reported being diagnosed with angina or coronary heart disease, up from 2% reporting so in 2021.



3% of adults reported they had survived a heart attack or myocardial infarction, a decline from 5% reporting so in 2021.



The age-adjusted death rate due to coronary heart disease for Tuscarawas County in 2020–2022 was higher than the rate for the state of Ohio, with 139.0 deaths per 100,000 adults in Tuscarawas County compared to 101.6 in Ohio. Similarly, Tuscarawas County has a higher death rate due to heart attack than the state of Ohio (71.0 deaths per 100,000 adults in Tuscarawas County compared to 60.9 deaths per 100,000 in Ohio).<sup>95</sup>



The percentage of adults reporting they had survived a stroke remained roughly the same as in past years (2% in 2018, 3% in 2021, 2% in 2024).



Tuscarawas County has a lower death rate due to stroke than the state of Ohio (39.5 deaths per 100,000 adults in Tuscarawas County compared to 46.0 deaths per 100,000 in Ohio).<sup>96</sup>



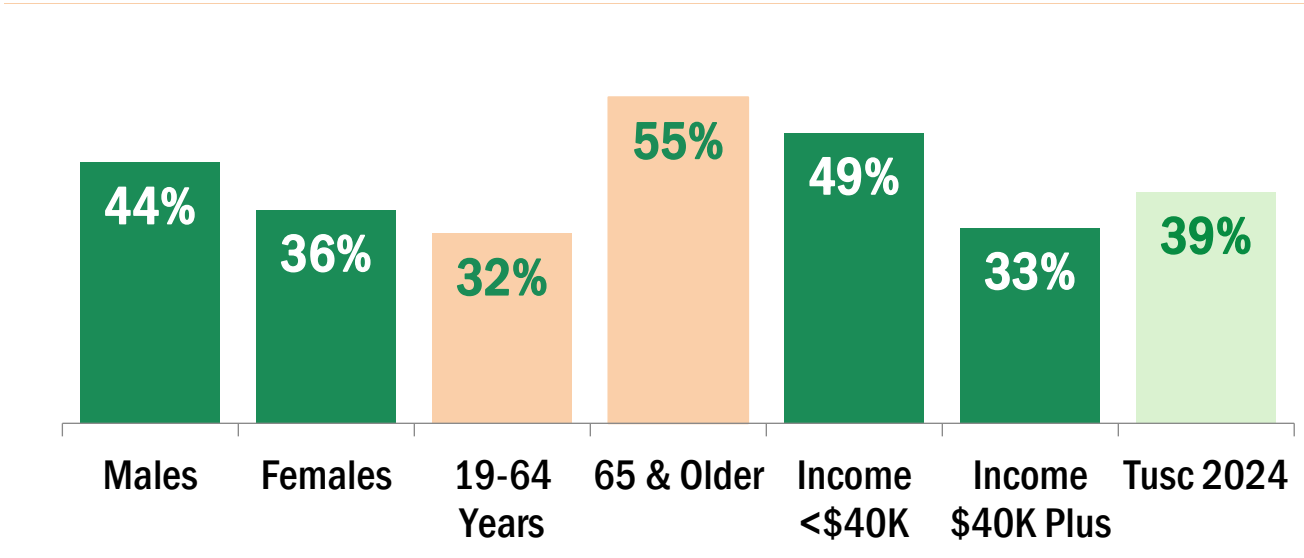
# High Blood Pressure (Hypertension)



Nearly 2 out of every 5 (39%) Tuscarawas County adults had been diagnosed with high blood pressure. This was down slightly from 2021 when 41% reported high blood pressure.

Tuscarawas County High Blood Pressure 2024

Individuals who were male, 65 or older, or who earned less than \$40,000 were more likely to report having high blood pressure.



## High Blood Cholesterol



**29% of adults reported they had been diagnosed with high blood cholesterol**, down from 38% reporting so in 2021.

**83% of Tuscarawas County adults have had their blood cholesterol checked in the past five years** compared to 86.4% of adults in the U.S.<sup>97</sup>



### NOTABLE DISPARITIES

**49% of Tuscarawas County adults with household incomes less than \$40,000 had been diagnosed with high blood pressure** compared to 34% of adults with household incomes of \$40,000 or higher.

**33% of Tuscarawas County adults with household incomes less than \$40,000 had been diagnosed with high cholesterol** compared to 21% of adults with household incomes of \$40,000 or higher.

### Other Differences

**The percentages of Tuscarawas County adults reporting high blood pressure or high cholesterol increased with age, with 56% of adults aged 65 or older reporting high blood pressure and 47% of adults aged 65 or over reporting high cholesterol.**

**Tuscarawas County adults with obesity were more likely than adults without obesity to report high blood pressure (50% compared to 26%) or high cholesterol (33% compared to 25%).**





## TUSCARAWAS COUNTY

### Leading Causes of Death

**2022–2024 Total Deaths: 3,501**

1. Heart diseases and stroke (27.7% of all deaths)
2. Cancers (19.1%)
3. Chronic lower respiratory diseases (5.9%)
4. Alzheimer's disease (5.1%)
5. Accidents (unintentional injuries) (4.5%)
6. Diabetes (4.4%)

Ohio Public Health Data Warehouse, 2022–2024 Mortality<sup>98</sup>



## OHIO

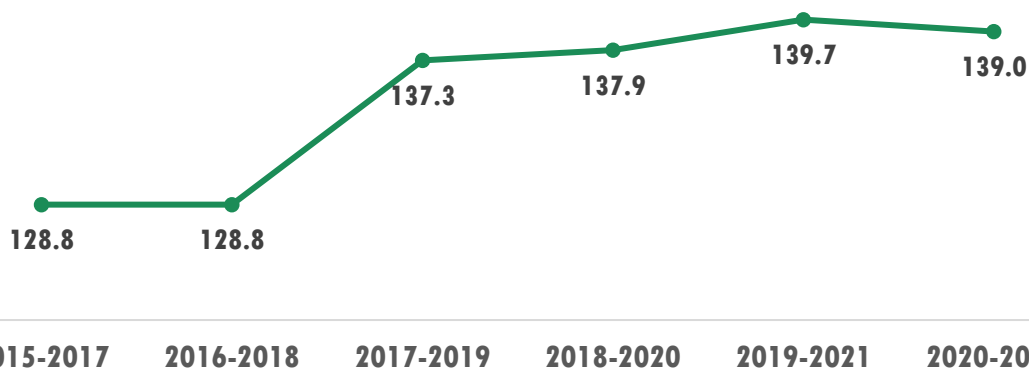
### Leading Causes of Death

**2022–2024 Total Deaths: 389,958**

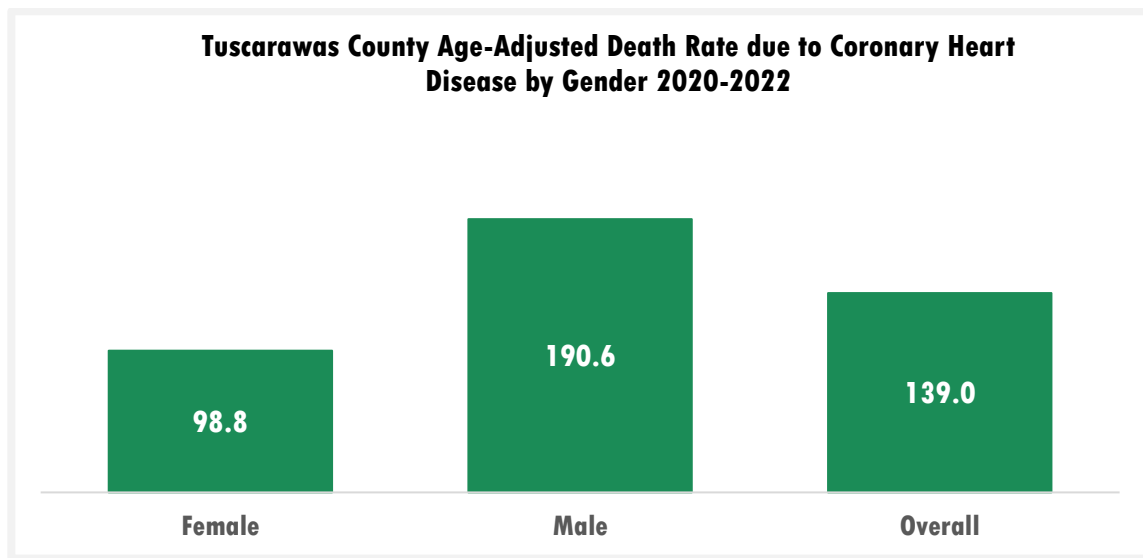
1. Heart diseases and stroke (27.4% of all deaths)
2. Cancers (18.9%)
3. Accidents (unintentional injuries) (6.6%)
4. Chronic lower respiratory diseases (5.0%)
5. Alzheimer's disease (3.7%)
6. Diabetes (3.0%)

Ohio Public Health Data Warehouse, 2022–2024<sup>99</sup>

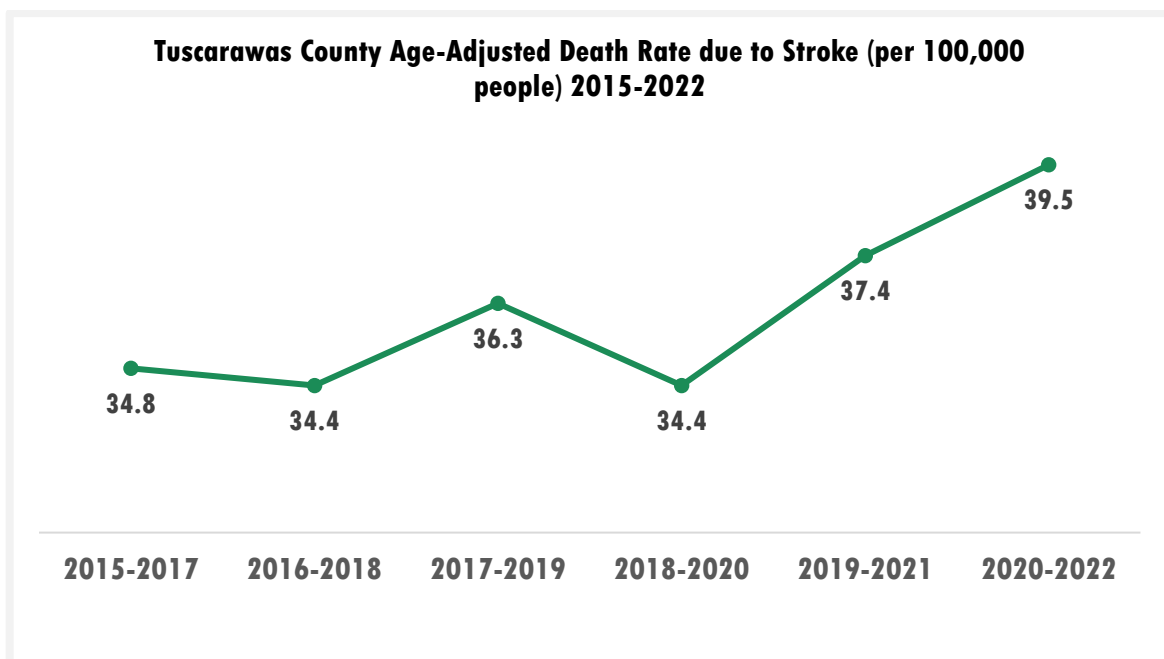
### Tuscarawas County Age-Adjusted Death Rate due to Coronary Heart Disease (per 100,000 people) 2015-2022



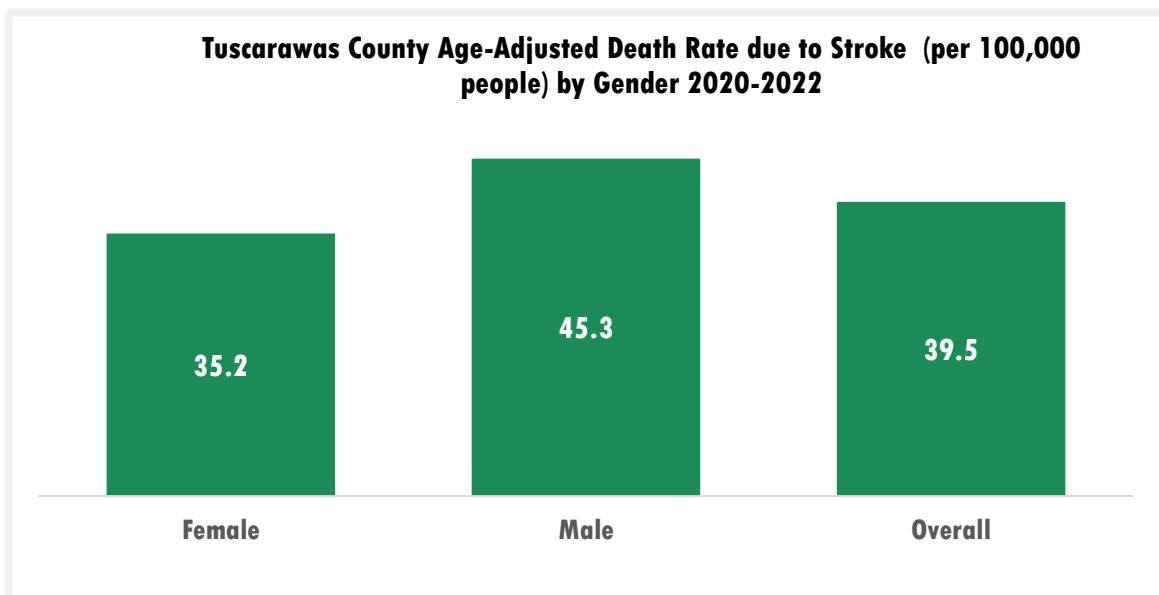
Source: Ohio Public Health Information Warehouse as displayed on “Appalachian Ohio Child & Family Data: Indicators for Tuscarawas County” website, <https://www.acchealthdata.org/indicators/index/view?indicatorId=99&localeId=2173>.



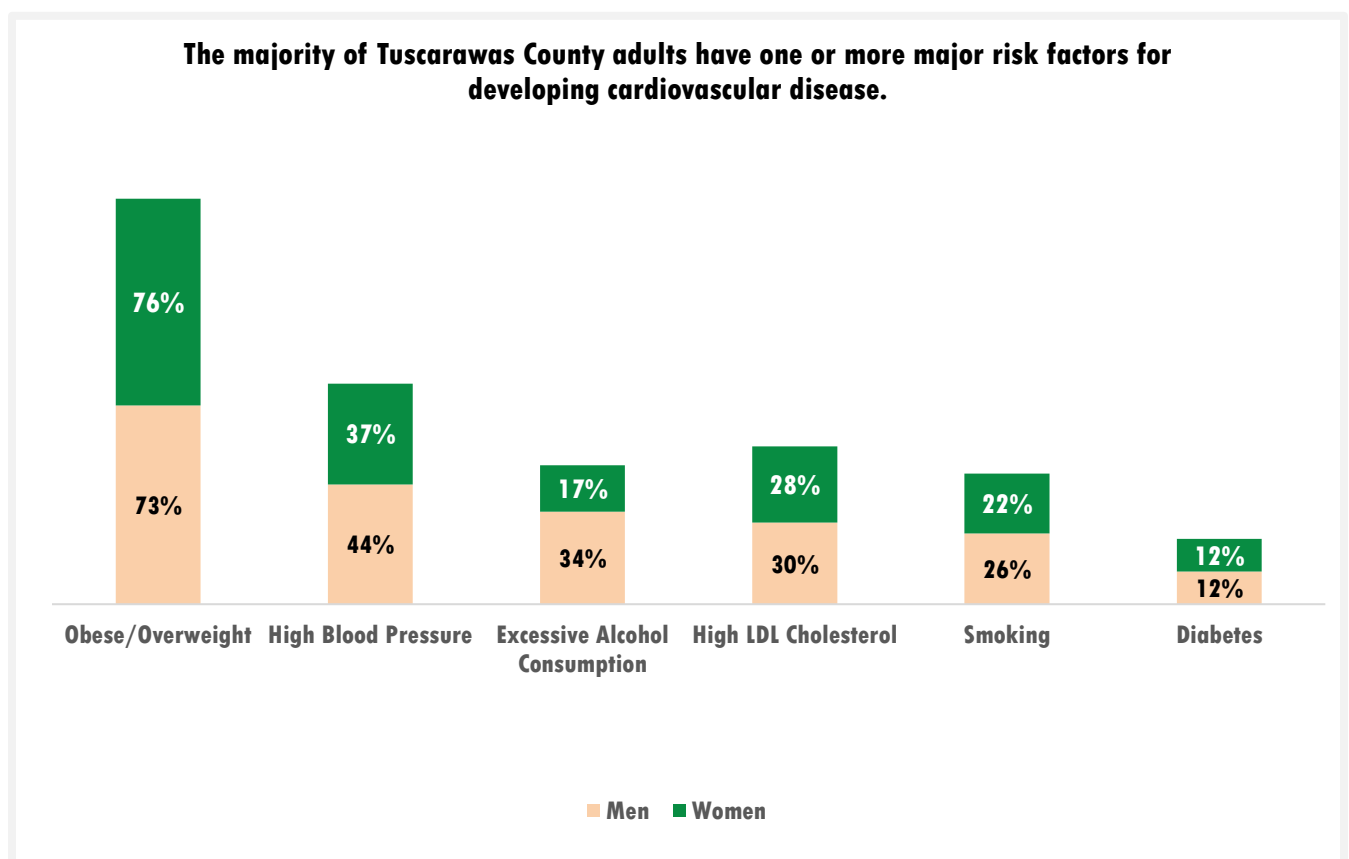
Source: Ohio Public Health Information Warehouse as displayed on “Appalachian Ohio Child & Family Data: Indicators for Tuscarawas County” website, <https://www.acchealthdata.org/indicators/index/view?indicatorId=248&localeId=2173>.



Source: Ohio Public Health Information Warehouse as displayed on “Appalachian Ohio Child & Family Data: Indicators for Tuscarawas County” website, <https://www.acchealthdata.org/indicators/index/view?indicatorId=9&localeId=2173>.



Source: Ohio Public Health Information Warehouse as displayed on “Appalachian Ohio Child & Family Data: Indicators for Tuscarawas County” website, <https://www.acchealthdata.org/indicators/index/view?indicatorId=9&localeId=2173>.





**NATIONAL GOAL: Reduce coronary heart disease deaths per 100,000 people.**



**71.1**

**Healthy People 2030 National Target**



**139.0**

**Tuscarawas County 2020-2022**

# CHRONIC DISEASE: CANCER

## KEY FINDING:

In Tuscarawas County in 2022–2024, cancer was responsible for 19.1% of all deaths, making it the second leading cause of death in the county.



**Lung and bronchus cancer was the leading cause of cancer incidence in Tuscarawas County in 2016–2020**, accounting for 15.0% of cancer cases, followed by prostate cancer, female breast cancer, colon and rectum cancer, and melanoma of the skin. Together, the top five cancers accounted for 57% of all new invasive cancer cases.<sup>100</sup>



**Lung and bronchus cancer was the leading cause of cancer mortality in Tuscarawas County in 2016–2020**, accounting for 25.3% of cancer deaths, followed by colon and rectum cancer, female breast cancer, pancreatic cancer, and prostate cancer.<sup>101</sup>



**The age-adjusted death rate due to cancer for Tuscarawas County in 2018–2022 was higher than the rate for the state of Ohio and the U.S.**, with 169.8 deaths per 100,000 adults in Tuscarawas County compared to 161.1 in Ohio and 146.1 in the U.S.<sup>102</sup>



**In 2024, 9% of Tuscarawas County adults reported being diagnosed with cancer**, compared to 16% of adults reporting a cancer diagnosis in 2021.



**Of those reporting having a cancer diagnosis in 2024, they mentioned the following types: skin (31%), breast (26%), uterine (7%), prostate (5%), acute myeloid leukemia (3%), colon (3%), lung (3%), oral (3%), and thyroid (3%).**



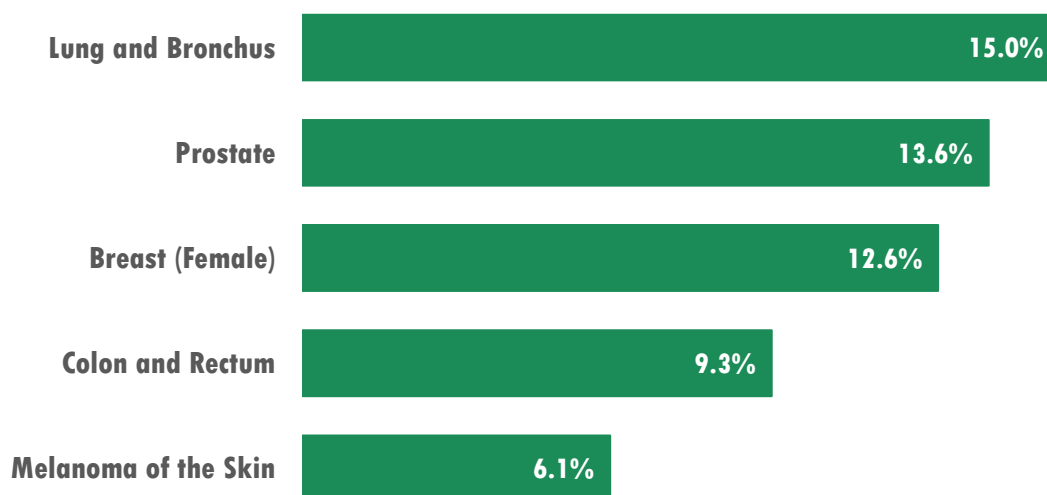
## NOTABLE DISPARITIES

Cancer incidence rates and cancer mortality rates among males were higher than the rates among females in Tuscarawas County, Ohio, and the U.S. in 2016–2020.

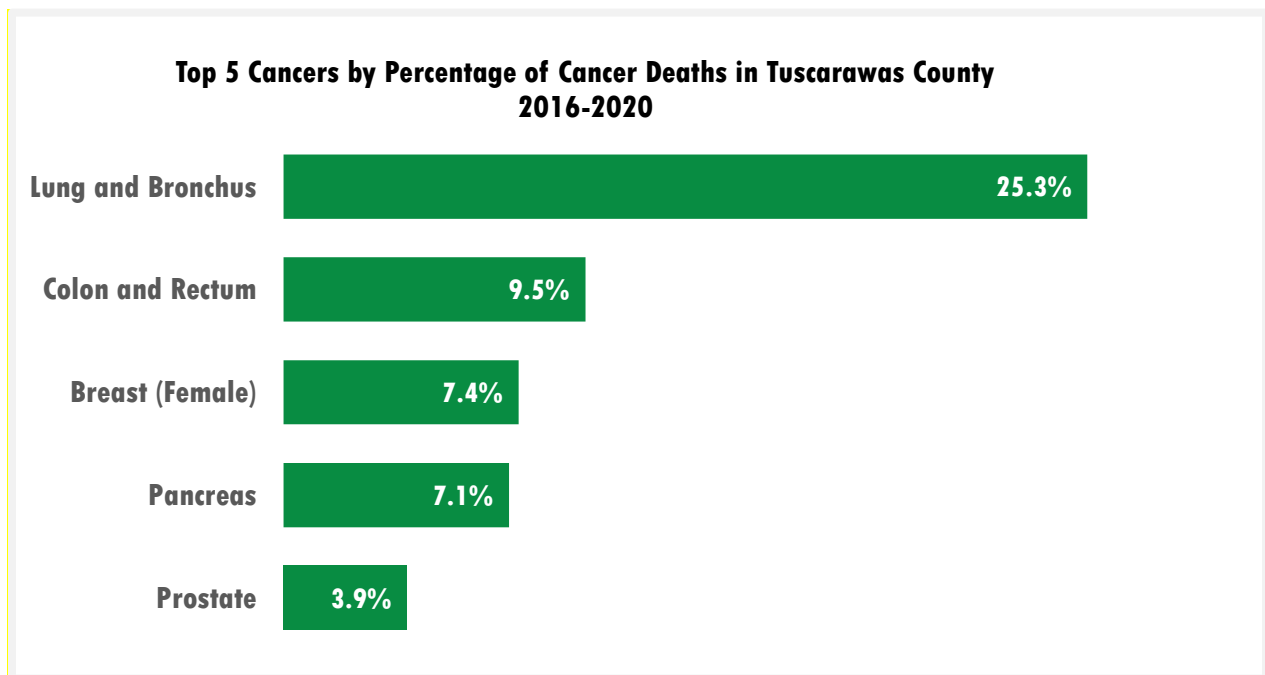
The cancer incidence rates for Black adults in Tuscarawas County was higher than the rates among White adults in Tuscarawas County in 2016–2020 (464.5 for Black adults compared to 453.4 for White adults).

In 2016–2020, the cancer incidence rates for Black adults in Tuscarawas County (464.5) were higher than the rates for Black adults in Ohio (443.2) and the U.S. (438.5).

### Top 5 Cancers by Percentage of New Cancer Cases in Tuscarawas County, 2016-2020



Source: Tuscarawas County Health Department.



Source: Tuscarawas County Health Department.

## What is Cancer?<sup>103</sup>

The National Cancer Institute (NCI) defines cancer as a term used to describe diseases in which abnormal cells divide without control and are able to invade other tissues. According to the NCI there are over 100 different types of cancer, but breast, colon, lung, pancreatic, prostate, and rectal cancer lead to the greatest number of annual deaths.

**Tobacco use is associated with 12 types of cancer. Nearly one-third of all cancer deaths could be prevented by eliminating tobacco use.<sup>104</sup>**

**Approximately 10,653 Tuscarawas County adults were current cigarette smokers, and approximately 6,392 were current users of e-cigarettes or other electronic vaping products.**

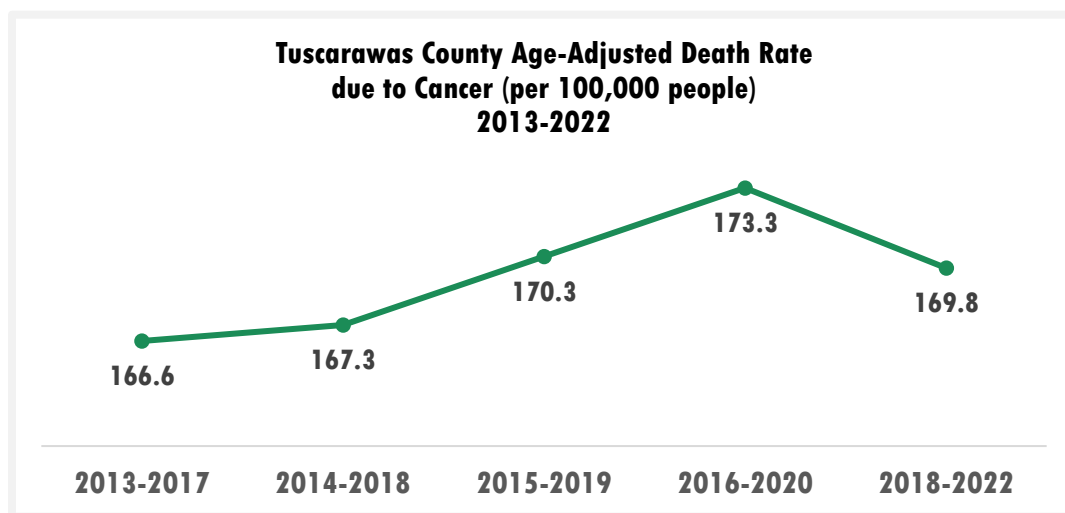
**Overweight and obesity are associated with at least 13 types of cancer. Nearly one-fifth of cancer deaths could be prevented by adopting healthy eating and active living practices.**

**Four out of five Tuscarawas County adults (approximately 56,815) were overweight (31%) or obese (49%).**

Additional risk factors of cancer include but are not limited to: age, excessive alcohol use, a poor diet, physical inactivity, certain hormones, and sun exposure. Although some of these risk factors cannot be avoided—such as age—limiting exposure to avoidable ones may lower risk of developing certain cancers.

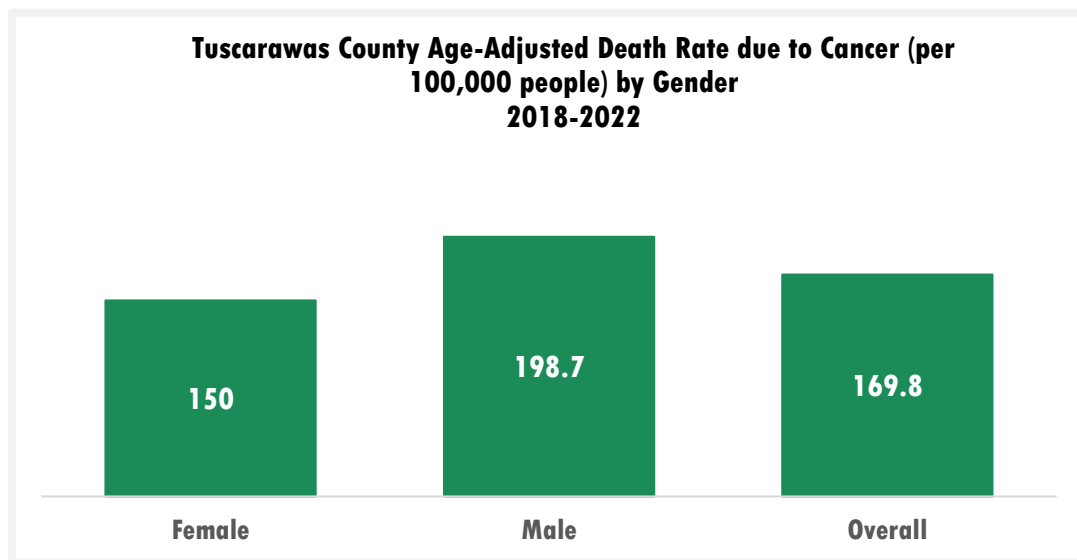
## Tuscarawas County Incidences of Cancer, 2016–2020

Types of Cancer	Number of Cases	Percent of Total Incidence of Cancer
Lung and Bronchus	86	15.0%
Prostate	78	13.6%
Breast	73	12.7%
Colon & Rectum	53	9.2%
Other Sites/Types	45	7.8%
Melanoma of Skin	35	6.1%
Bladder	29	5.0%
Uterus	25	4.3%
Non-Hodgkins Lymphoma	21	3.7%
Kidney & Renal Pelvis	20	3.5%
Oral Cavity & Pharynx	19	3.3%
Pancreas	18	3.1%
Thyroid	12	2.1%
Leukemia	8	1.4%
Larynx	7	1.2%
Liver & Intrahepatic Bile Duct	7	1.2%
Stomach	7	1.2%
Brain and Other CNS	6	1.0%
Esophagus	6	1.0%
Cervix	5	0.9%
Multiple Myeloma	5	0.9%
Ovary	5	0.9%
Testis	3	0.5%
Hodgkins Lymphoma	2	0.3%
<b>Total</b>	<b>575</b>	<b>100%</b>



Source: National Cancer Institute as displayed on “Appalachian Ohio Child & Family Data: Indicators for Tuscarawas County” website, <https://www.acchealthdata.org/indicators/index/view?indicatorId=95&localeId=2173>.





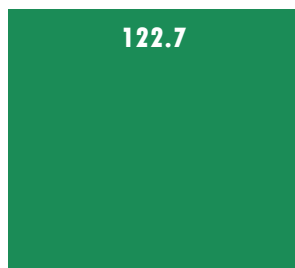
Source: National Cancer Institute as displayed as displayed on “Appalachian Ohio Child & Family Data: Indicators for Tuscarawas County” website, <https://www.acchealthdata.org/indicators/index/view?indicatorId=95&localeId=2173>.



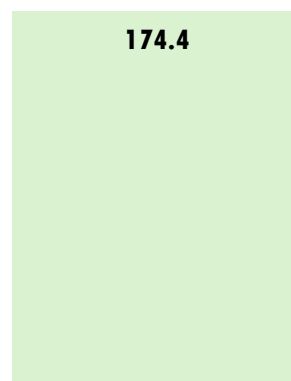
**NATIONAL GOAL: Reduce the overall cancer death rate per 100,000 people.**



**Healthy People 2030**



**Healthy People 2030 National Target**

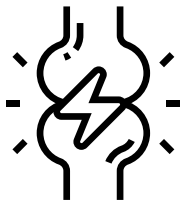


**Tuscarawas County 2016-2022**

# CHRONIC DISEASE: ARTHRITIS AND RELATED DISEASES

## KEY FINDING:

More than one third of Tuscarawas County adults reported being told by a health professional that they had arthritis, fibromyalgia, gout, or lupus or other auto-immune condition.



**30% of Tuscarawas County adults reported they were told by a health professional that they had some form of arthritis**, increasing to 48% for adults aged 65 or older.



**The percentage of Tuscarawas County adults reporting being diagnosed with arthritis was similar for the state of Ohio but higher than the national percentage** (30% for Tuscarawas County compared to 30.2 for Ohio and 26.3 for the U.S.).<sup>105</sup>



Tuscarawas County adults were also diagnosed with the following related diseases: fibromyalgia (6%), gout (4%), lupus or other auto-immune condition (4%).



## NOTABLE DISPARITIES

42% of Tuscarawas County adults with household incomes less than \$40,000 had been diagnosed with arthritis compared to 25% of adults with household incomes of \$40,000 or higher.

32% of Tuscarawas County females were diagnosed with arthritis compared to 24% of males in the county.

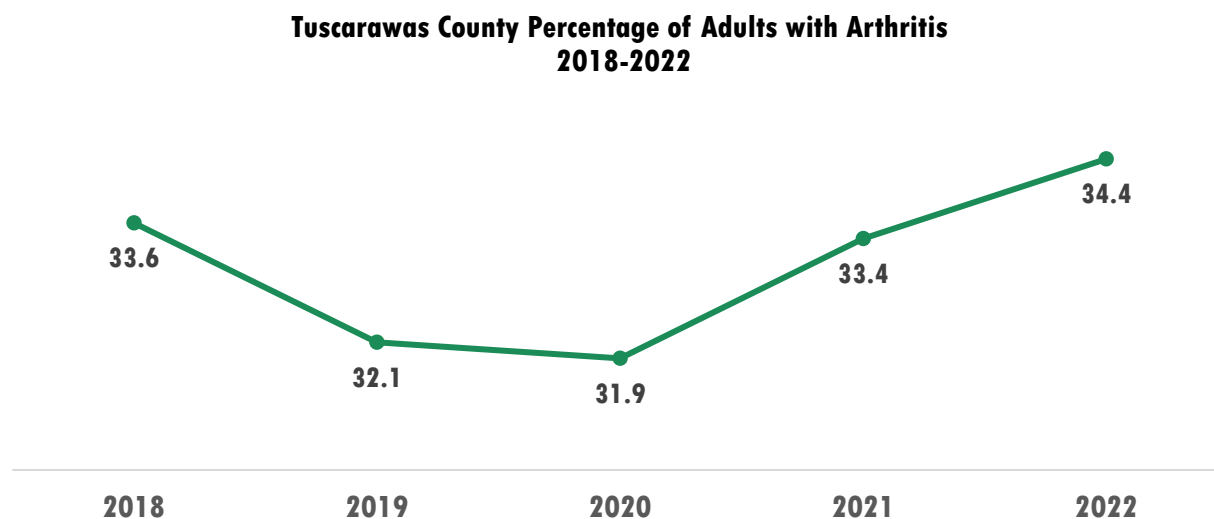
**Arthritis Basics**<sup>106</sup>

- Arthritis is a general term for conditions that affect the joints, tissues around joints, and other connective tissues. There are more than 100 types of arthritis.
- Arthritis affects about 1 in 5 U.S. adults.
- Arthritis is a leading cause of work disability among adults.
- Arthritis commonly occurs with other chronic conditions—such as obesity, diabetes, and heart disease—and can make it harder for people to manage these conditions.

Some behaviors and characteristics can increase your chances of developing arthritis. Several of these risk factors are within your control, including:

- Smoking.
- Having overweight or obesity.
- Joint injuries—like from sports, falls, and accidents.
- Work-related activities that lead to joint injury—like bending, squatting, and other repetitive motions.

**Approximately 21,306 Tuscarawas County adults had arthritis.**



Source: CDC Places as displayed as displayed on “Appalachian Ohio Child & Family Data: Indicators for Tuscarawas County” website, <https://www.acchealthdata.org/indicators/index/view?indicatorId=5663&localeId=2173>.

## Self-Care for Arthritis: 5 Ways to Manage Symptoms<sup>107</sup>

Early diagnosis of arthritis and self-management activities can help people decrease their pain, improve function, and stay productive.

Key self-management activities include the following:

- 1. Learning Arthritis Management Strategies** – Arthritis management strategies provide those with arthritis with the skills and confidence to effectively manage their condition. Self-Management Education has proven to be valuable for helping people change their behavior and better manage their arthritis symptoms. Interactive workshops such as the Arthritis Self-Management Program and the Chronic Disease Self-Management Program are low-cost (about \$25 – \$35) and available in communities across the country. Attending one of these programs can help a person learn ways to manage pain, exercise safely, and gain control of arthritis.
- 2. Being Active** – Research has shown that physical activity decreases pain, improves physical function, and delays disability. Adults with arthritis should strive to get at least 150 minutes of moderate physical activity each week. This can be broken up into shorter periods; however, some physical activity is better than none.
- 3. Watch One's Weight** – Keeping a healthy weight can help slow arthritis symptoms from getting worse so those affected can keep doing the activities they enjoy. For adults who have overweight or obesity, even a small amount of weight loss can help reduce arthritis-related pain and disability. For every pound lost, there is a 4-pound reduction in the load exerted on the knee.
- 4. Seeing a Health Care Provider** – Although there is no cure for most types of arthritis, early diagnosis and appropriate management are important, especially for inflammatory types of arthritis. Health care providers can recommend physical activity and other ways to manage arthritis without medicine so patients can maintain a good quality of life.
- 5. Protecting One's Joints** – Joint injury can lead to osteoarthritis. People who experience sports or occupational injuries or have jobs with repetitive motions like repeated knee bending have more osteoarthritis. Avoid joint injury to reduce the risk of developing osteoarthritis.

# CHRONIC DISEASE: ASTHMA

KEY FINDING:

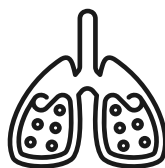
In 2024, 16% of Tuscarawas County adults reporting having been diagnosed with asthma.



The percentage of Tuscarawas County adults reporting a diagnosis of asthma was 16%, which is the same for adults in Ohio (15.8%) and in the U.S. (15.7%).<sup>108</sup> The rate for the county increased slightly from 13% in 2021.



The age-adjusted death rate due to chronic respiratory diseases for Tuscarawas County in 2020-2022 was higher than the rate for the state of Ohio, with 50.0 deaths per 100,000 adults in Tuscarawas County compared to 42.8 in Ohio.<sup>109</sup>



6% of Tuscarawas County adults reported being diagnosed with COPD or emphysema compared to 9% in 2021.



Chronic lower respiratory disease was the third leading cause of death in in Tuscarawas County from 2020–2022, responsible for 5.9% of all deaths in the county.<sup>110</sup>

## Health Conditions Associated with Asthma<sup>111</sup>

OBESITY

1 in 2 vs 1 in 4

adults that currently have asthma are obese.      adults that currently have asthma are normal weight.

DEPRESSION

Adults who currently have asthma are over 2x more likely to be diagnosed with a depressive disorder compared to adults who do not currently have asthma.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

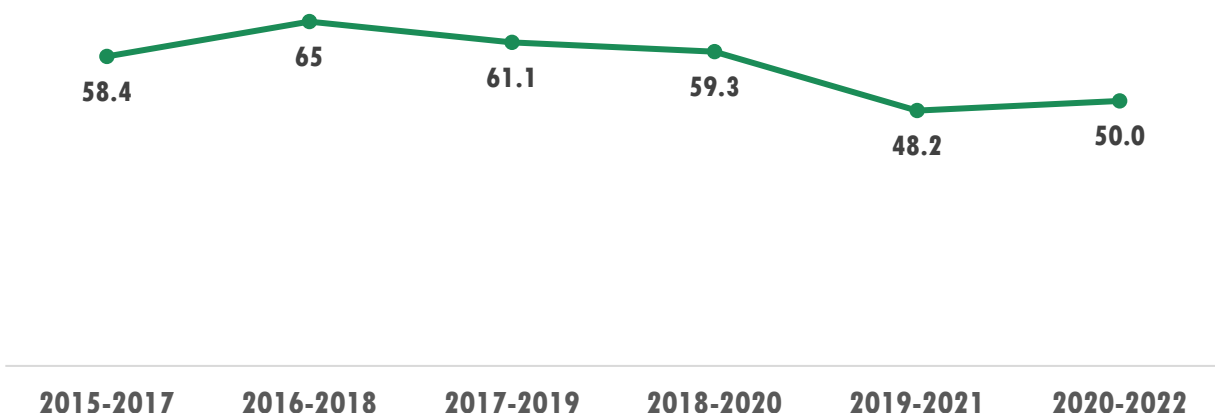
Adults who experience current asthma are over 4x more likely to be diagnosed with COPD compared to those who do not currently have asthma.

## Known Disparities in Asthma Prevalence and Death Rates in Ohio<sup>112</sup>

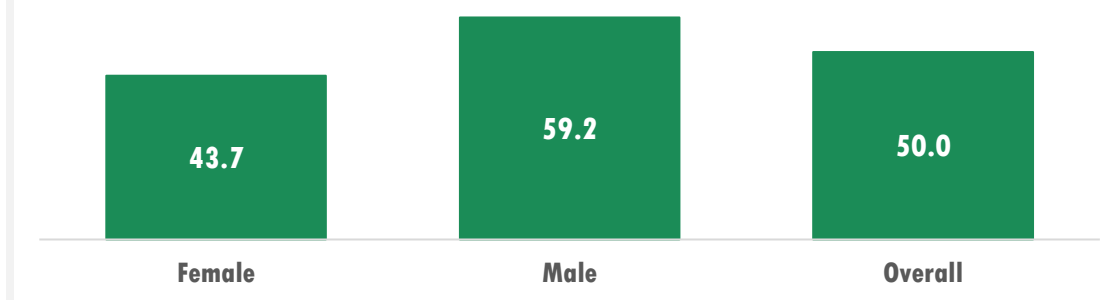
In 2021, approximately 9.68% of adults reported having current asthma. Both racial and gender disparities continue to exist within these populations in Ohio.

- Black adults experience higher prevalence of asthma compared to their White counterparts.
- Black adults experienced asthma-related emergency department visits at a rate over 6 times that of their White counterparts.
- Black adults experienced asthma-related inpatient hospitalizations at a rate of almost 6 times that of their White counterparts.
- Black adults experienced asthma-related deaths at a rate of over 2.5 times that of their White counterparts.
- Adult women experienced asthma emergency department visitations at a rate approximately 1.5 times that of adult men, (34.28 to 22.45 cases per 10,000 residents, respectively).
- Adults aged 65 years and older die from asthma at a rate of over 2 times that of alternative adult age groups, yet had the lowest prevalence rate of current asthma between the adult age groups.

**Tuscarawas County Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases (per 100,000 people) 2015-2022**



**Tuscarawas County Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases (per 100,000 people) by Gender 2020-2022**



Source: Ohio Public Information Warehouse as displayed on “Appalachian Ohio Child & Family Data: Indicators for Tuscarawas County” website, <https://www.acchealthdata.org/indicators/index/view?indicatorId=248&localeId=2173>.

## CHRONIC DISEASE: DIABETES

## KEY FINDING:

In 2024, 14% of Tuscarawas County adults reported having been diagnosed with diabetes, which was the same as in 2021.



The percentage of Tuscarawas County adults reporting a diabetes diagnosis was 14%, compared to 13.2% of adults in Ohio, and 11.8% of adults in the U.S.<sup>113</sup>



13% of adults in the county had been diagnosed with pre-diabetes, more than double the percentage reporting this diagnosis in 2021 (5%).



The age-adjusted death rate due to diabetes for Tuscarawas County in 2020–2022 was higher than the rate for the state of Ohio, with 52.8 deaths per 100,000 adults in Tuscarawas County compared to 28.4 in Ohio.<sup>114</sup>



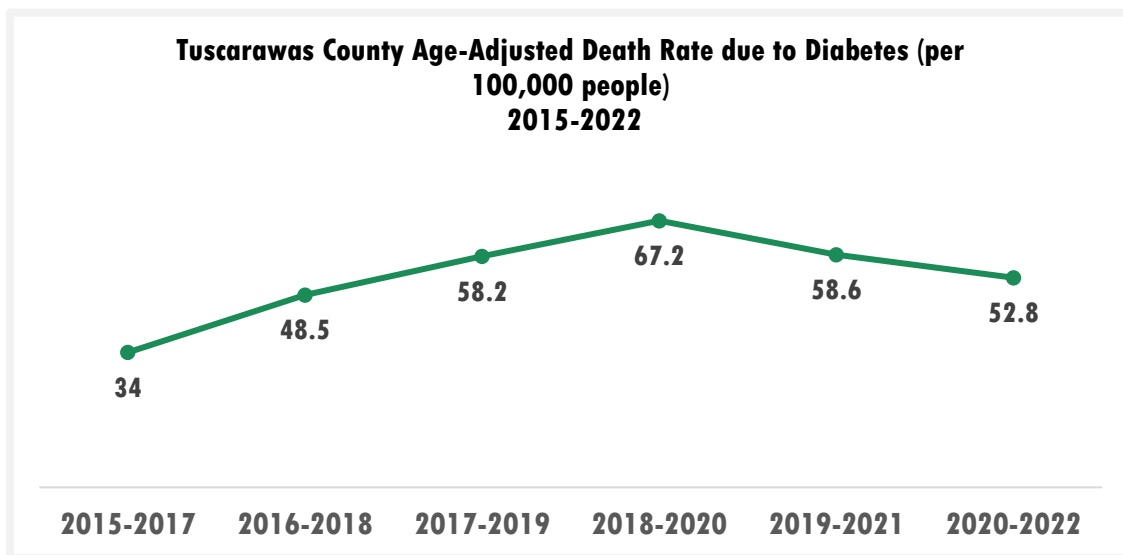
18% of Tuscarawas County adults having obesity reported having been told they have diabetes compared to 9% of adults not having obesity.



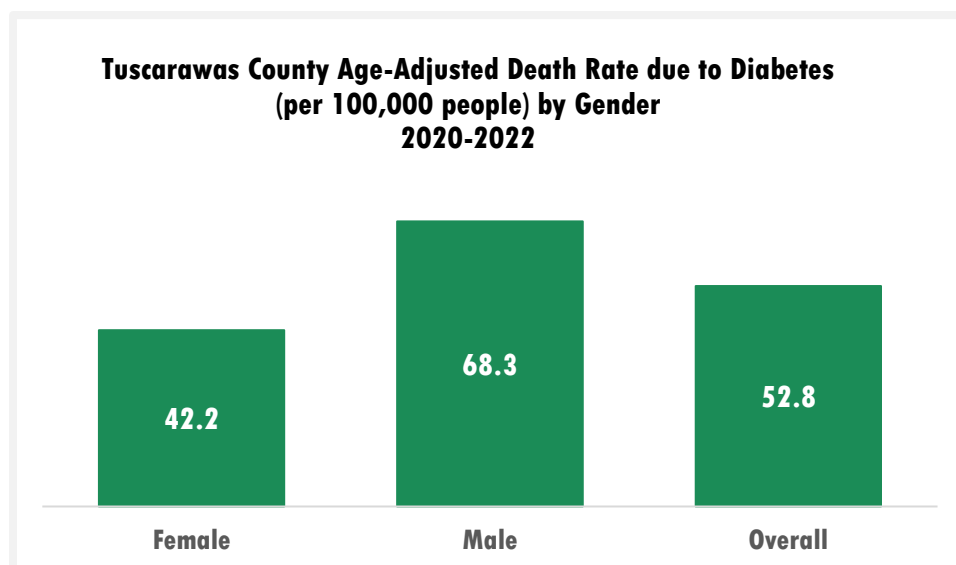
## NOTABLE DISPARITIES

19% of Tuscarawas County adults with household incomes less than \$40,000 had been diagnosed with diabetes compared to 11% of adults with household incomes of \$40,000 or higher.

**9,942 Tuscarawas County adults had been diagnosed with diabetes.**



Source: Ohio Public Health Information Warehouse as displayed on “Appalachian Ohio Child & Family Data: Indicators for Tuscarawas County” website, <https://www.acchealthdata.org/indicators/index/view?indicatorId=100&localeId=2173>.



Source: Ohio Public Health Information Warehouse as displayed on “Appalachian Ohio Child & Family Data: Indicators for Tuscarawas County” website, <https://www.acchealthdata.org/indicators/index/view?indicatorId=100&localeId=2173>.



## Types of Diabetes<sup>115</sup>

Diabetes is a chronic disease that affects how the body turns food into energy. There are three main types of diabetes: type 1, type 2 and gestational diabetes (diabetes while pregnant).

- **Type 1 diabetes** is thought to be caused by an autoimmune reaction (the body attacks itself by mistake) that stops the body from making insulin. Approximately 5-10% of the people who have diabetes have type 1. People with type 1 diabetes need to take insulin every day to survive. Type 1 diabetes was once called insulin-dependent or juvenile diabetes. It often develops in children, teens, and young adults, but it can happen at any age. Currently, no one knows how to prevent type 1 diabetes.
- **Type 2 diabetes** occurs when the body doesn't use insulin well and can't keep blood sugar at normal levels. About 90-95% of people with diabetes have type 2. It develops over many years and is usually diagnosed in people 45 and older (but more and more in children, teens, and young adults). Type 2 diabetes symptoms often develop over several years and can go on for a long time without being noticed. Type 2 diabetes can be prevented or delayed with healthy lifestyle changes, such as losing weight, eating healthy food, and being active.
- **Gestational diabetes** develops in pregnant women who don't already have diabetes. Gestational diabetes usually goes away after the baby is born but increases the women's risk for type 2 diabetes later in life. Babies born to mothers with gestational diabetes are more likely to have obesity as a child or teen, and more likely to develop type 2 diabetes later in life too.

# SOCIAL CONDITIONS: SOCIAL DETERMINANTS OF HEALTH

## KEY FINDING:

**18% of Tuscarawas County adults (18%) needed help meeting their general daily needs, such as food, clothing, shelter, or paying utility bills. This was nearly double the percent of adults needing help in 2021 (10%).**

**Healthy People 2030 Goal: Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.<sup>116</sup>**

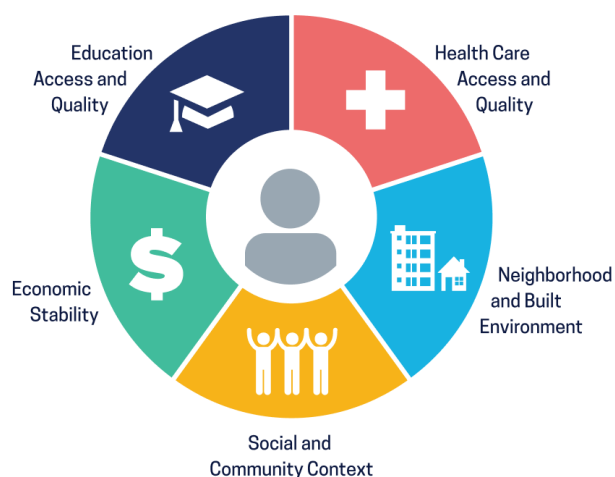
Social determinants of health (SDOH) are the conditions in the environments where people are born, live, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks.

Examples of SDOH include:

- Safe housing, transportation, and neighborhoods;
- Racism, discrimination, and violence;
- Education, job opportunities, and income;
- Access to nutritious foods and physical activity opportunities;
- Polluted air and water; and
- Language and literacy skills.

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity—and even lowers life expectancy relative to people who do have access to healthy foods.

## Social Determinants of Health



Social Determinants of Health  
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Healthy People 2030

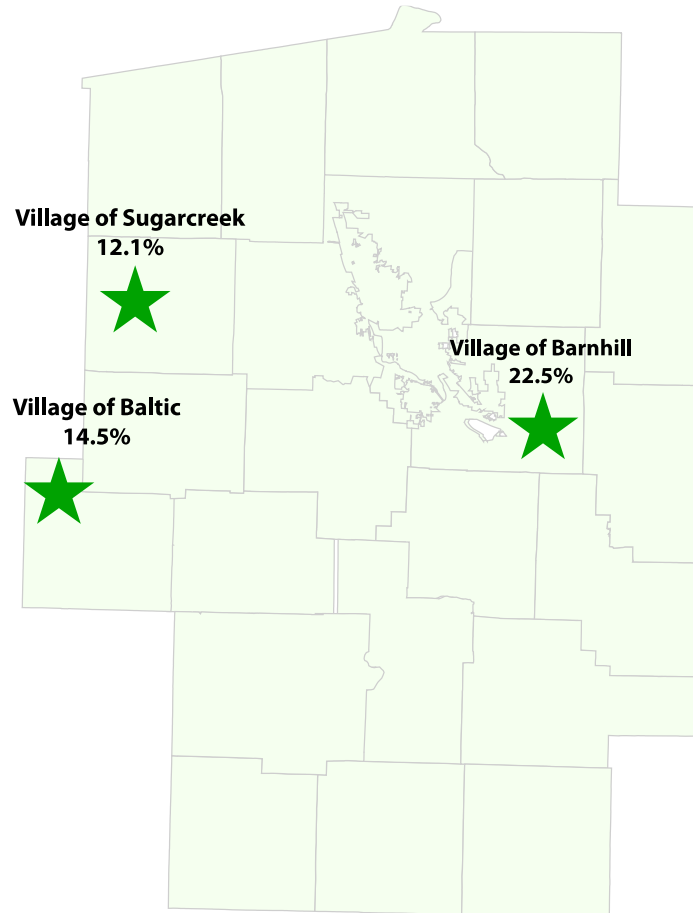
**12,783 Tuscarawas County adults (18%) needed help meeting their general daily needs, such as food, clothing, shelter, or paying utility bills.**

**This was nearly double the percentage of adults needing help in 2021 (10%).**

## Health Care Access and Quality

**11.3% of Tuscarawas County adults were uninsured compared to 8.8% for Ohio and 12.2% for the U.S.<sup>117</sup>**

**Tuscarawas County areas with the HIGHEST percentage of uninsured individuals<sup>118</sup>:**

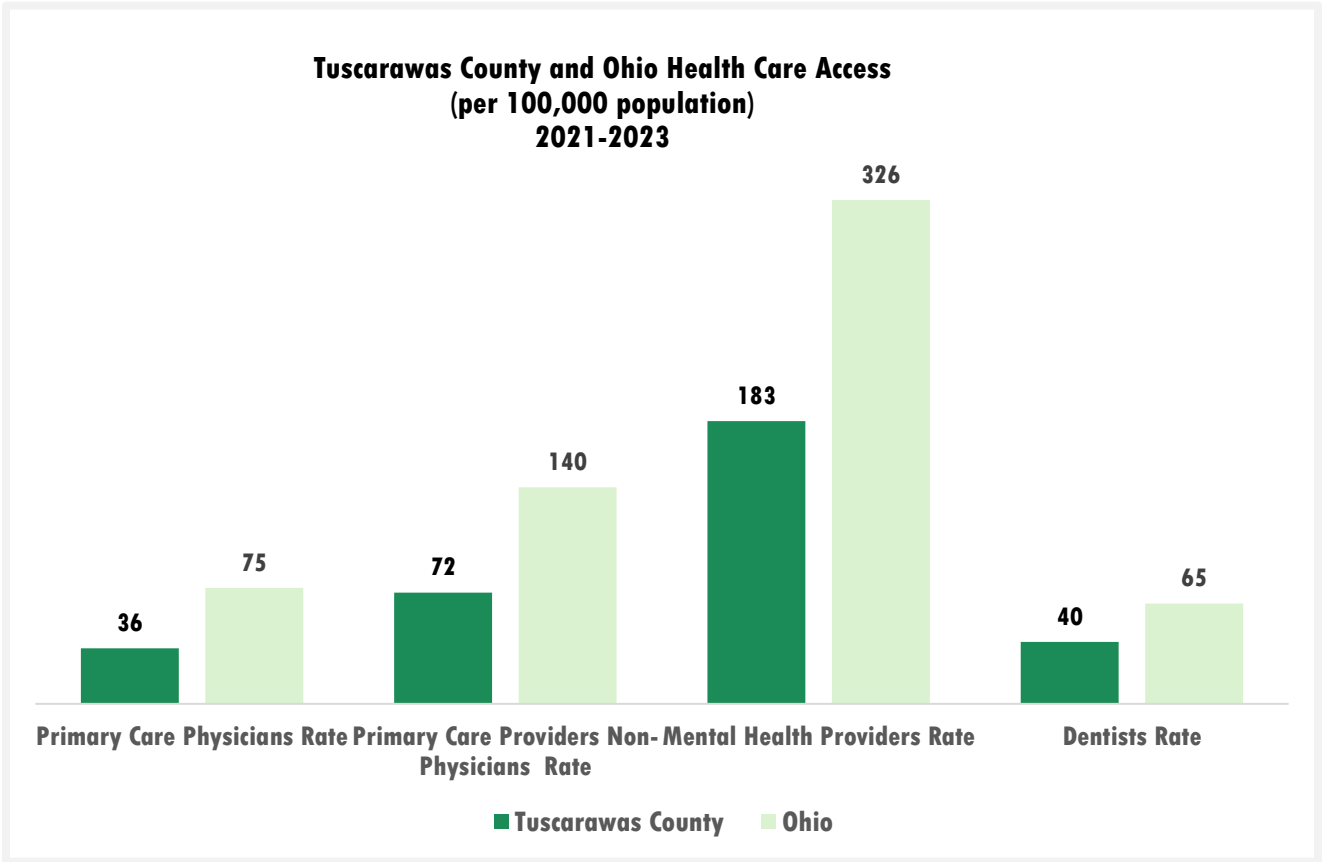


**9% of Tuscarawas County residents reported they were unable to see a doctor due to cost—three times the rate of residents reporting this in 2021 (3%).**

**8% of Tuscarawas County adults indicated they could not afford to purchase their prescription medications in the past year.**

**13% of residents identified “cannot get good medical care” or “cannot get good dental care” as the most important health concern impacting them and their family/household.**

**As indicated on the following page, Tuscarawas County has fewer primary care providers (physicians and non-physicians), mental health providers and dentists per 100,000 population than other parts of Ohio.<sup>119</sup>**



Source: County Health Rankings.

**Neighborhood and Built Environment<sup>120</sup>**



**11% of Tuscarawas County adults experienced one or more transportation issues:** could not afford gas for care (7%), did not have reliable transportation (6%), and no driver's license/suspended license (2%).



**Tuscarawas County has 10.9 liquor stores per 100,000 people, compared to 5.6 per 100,000 people in the state of Ohio,** which can lead to higher rates of violence, increased drinking and driving, motor vehicle-related pedestrian injuries, and child abuse and neglect.<sup>121</sup>



**11.4% of Tuscarawas County households experience severe housing problems such as overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.**



**The violent crime rate of 182.9 per 100,000 people in Tuscarawas County is significantly lower than the rate for Ohio (359.0 per 100,000) or the U.S.(380.7 per 100,000).**<sup>122</sup> Only 2% of adults reported feeling unsafe in their neighborhood in the past year.



**In Tuscarawas County, Ohio, 3% of people had low incomes and did not live close to a grocery store, limiting their ability to access healthy foods.**<sup>123</sup>

## ACCESS TO EXERCISE OPPORTUNITIES AND PARKS<sup>124</sup>

Proximity to exercise activities, such as parks and recreation facilities, has been linked to an increase in physical activity levels. Regular physical activity has a wide array of health benefits including weight control, muscle and bone strengthening, improved mental health and mood, and improved life expectancy.



**The percentage of Tuscarawas County residents who live reasonably close to a park or recreational facility is 72.1%** compared to 83.9% of residents in Ohio and 84.1% of residents in the U.S.<sup>125</sup>



**Only 23.1% of Tuscarawas County residents live within a half mile of a publicly accessible park compared to 59.6% of residents in Ohio.**<sup>126</sup>



**No walking, biking trails, or parks was cited by 5% of adults in the county as a reason why they do not exercise.**



**Lack of a gym nearby was also identified by 5% of adults as a reason they do not exercise.**

## Economic Stability



The median household income in Tuscarawas County was \$62,098 compared to \$67,873 in the state of Ohio.<sup>127</sup>



In 2023, 13.4% of all Tuscarawas County residents were living in poverty, and 17% of children and youth ages 0–17 were living in poverty, compared to 11.6% of adults and 14% of children and youth living in poverty in 2019.<sup>128</sup>



Tuscarawas County areas with the **HIGHEST** percentage of the population living below the poverty level:

1. Village of Newcomerstown (29.6%)
2. Oxford Township (26.4%)
3. Fairfield Township (24.1%)<sup>129</sup>



The unemployment rates for Tuscarawas County as of September 2024 was 4.0%, slightly lower than the Ohio rate of 4.2%.<sup>130</sup>



7% of Tuscarawas County adults reported economic instability due to losing their job or having their pay cut.



The owner-occupied housing unit rate for the county was 64.4%. The median household gross rent for Tuscarawas County was \$844 per month compared to \$945 for Ohio. Nearly half of renters (45%) were spending 30% or more of their household income on rent.<sup>131</sup>



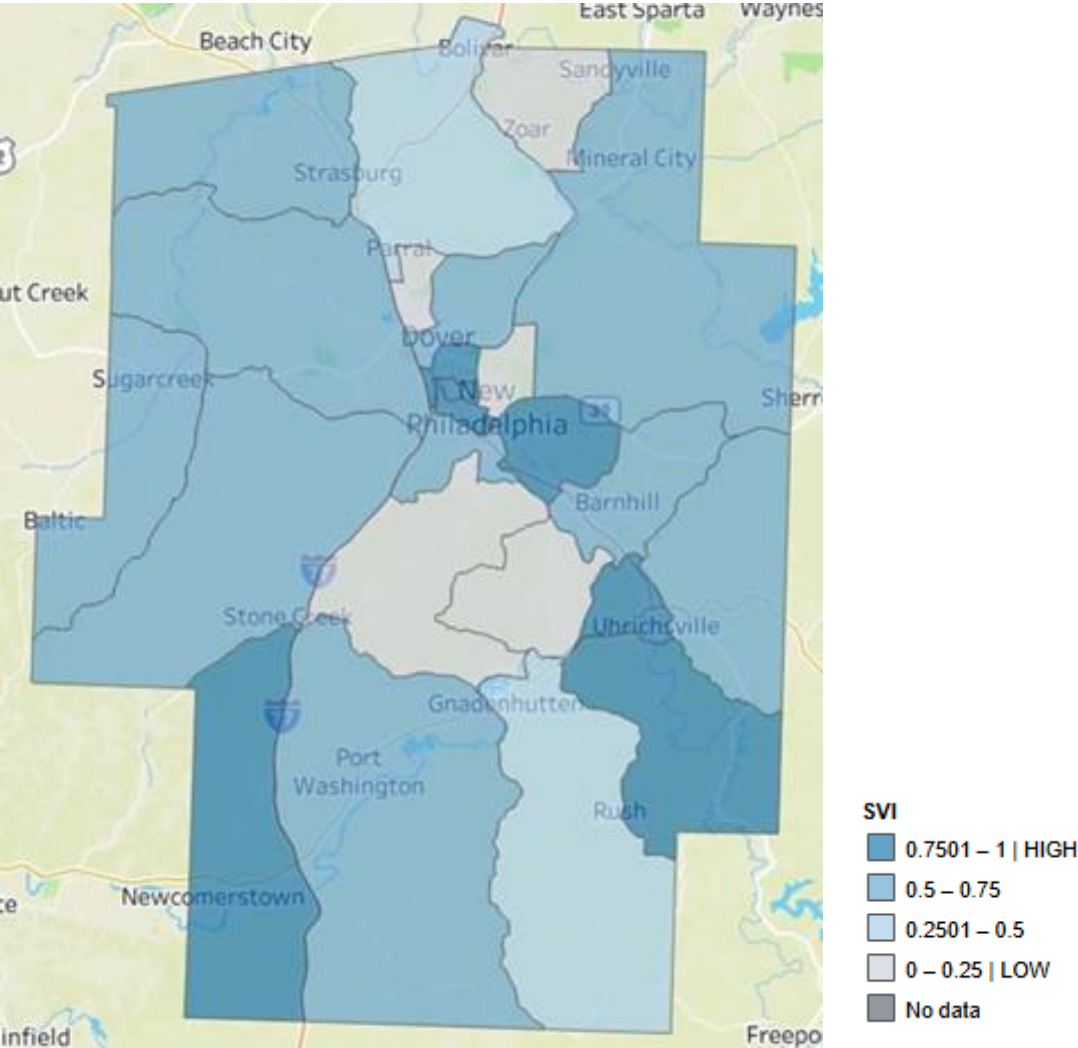
Housing instability issues experienced by Tuscarawas County adults included having a place to live but worried about losing it (8%), and not having a steady place to live (2%).

## Place and Health: Social Vulnerability Index (SVI)<sup>132</sup> and Its Impact on Health

The Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry created the Social Vulnerability Index (SVI), to identify and measure communities experiencing social vulnerability.

Social vulnerability includes demographic and socioeconomic factors like poverty, lack of transportation, and crowded housing. These factors make communities more susceptible to public health emergencies and other external hazards and stressors that cause disease and injury.

Based on these factors, each census tract/community is assigned an SVI score of 0 to 1, with higher numbers meaning greater vulnerability. Tuscarawas County has an SVI score of .4943, indicating low to medium vulnerability. The map below highlights the county’s most vulnerable communities (darker colors), including Newcomerstown, Uhrichville, and parts of New Philadelphia and Dover, which have SVI scores higher than .4943.



Communities with higher SVI scores are often linked to unhealthy lifestyle behaviors, higher rates of chronic diseases, lower access to health care, and worse mental health outcomes.<sup>133</sup>

As shown in the table below, in 2024, Tuscarawas County communities with higher SVI scores often exhibited higher rates of unhealthy behaviors and worse health outcomes compared to the county overall.

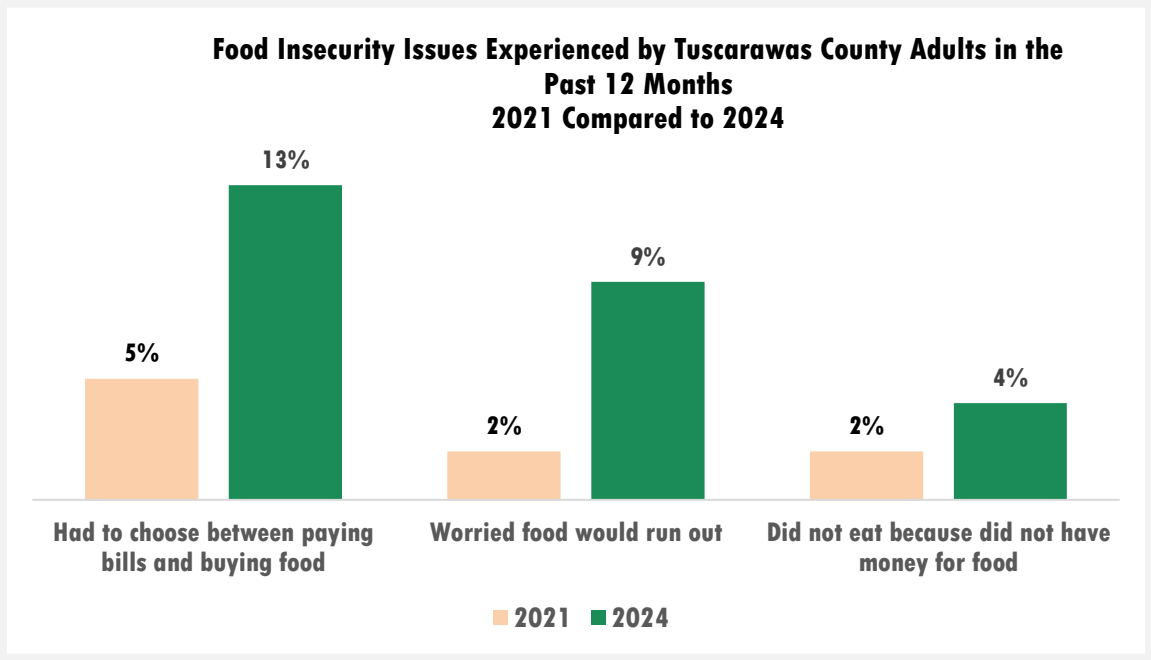


Community & Zip Code	CDC/ATSDR SVI SCORE	Vulnerability based on the number of health outcomes and behaviors worse than county average
New Philadelphia (44663)	.8717	Higher percentage of 5 or more days of poor mental health, vaping, drug use Lower percentage of exercising 3 or more days Higher percentage of adults reporting needing help meeting general daily needs such as food, clothing, shelter, or paying bills
Newcomerstown (43832)	.8108	Higher levels of obesity, fair or poor health, smoking, vaping Higher percentage of adults reporting needing help meeting general daily needs such as food, clothing, shelter, or paying bills
Uhrichsville (44683)	.7492	Higher levels of obesity, fair or poor health, smoking, vaping, binge drinking Lower percentage of exercising 3 or more days Lower percentage of having routine checkup in last 2 years Higher percentage of adults reporting needing help meeting general daily needs such as food, clothing, shelter, or paying bills
Dover (44622)	.7235	Higher levels of obesity, fair or poor health, binge drinking, drug use

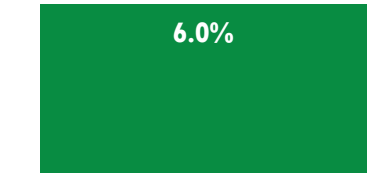
NOTE: These differences were not analyzed for statistical significance.

**14.8% of Tuscarawas County residents experienced food insecurity in 2022, which was higher than the rate for Ohio (14.1%) and the U.S. (13.5%).<sup>134</sup> The food insecurity rate for the county increased from 12.1% in 2021.<sup>135</sup>**

**27% of food insecure children in Tuscarawas County in 2022 were in households with incomes above 185% of the federal poverty level<sup>136</sup> and are not likely income-eligible for federal nutrition assistance.**



**NATIONAL GOAL: Reduce household food insecurity and hunger.**



**Healthy People 2030 National Target**



**Tuscarawas County 2022**

Education Access and Quality

People with higher levels of education are more likely to be healthier and live longer. Educational attainment in Tuscarawas County is lower compared to the state in the following areas:

- High school graduation: 88.5% of students graduate high school within 4 years compared to 92.5% of students in Ohio.
- Adults 25 or older with a high school diploma or higher: 88.8% compared to 91.4% in Ohio.
- Adults 25 or older with a bachelor’s degree or higher: 19.7% compared to 30.4% in Ohio.

Social and Community Context

People’s relationships and interactions with family, friends, co-workers, and community members can have a major impact on their health and well-being.

In 2024, Tuscarawas County adults experienced the following:

A close family member had to go into the hospital	34%
Death of a family member or close friend	34%
Someone close to them had a problem with drinking or drugs	17%
Were a caregiver	17%
They or someone in their household lost their job/had their hours at work reduced	11%
Moved to a new address	9%
They or a close family member experienced a pregnancy loss (miscarriage, stillbirth, etc.)	4%
Knew someone who lived in a hotel	3%
Became separated or divorced	3%
Were homeless	2%
Their child was threatened or abused by someone physically, emotionally, sexually, and/or verbally	2%
Their family was at risk for losing their home	2%
Had someone homeless living with them and/or sleeping on their couch	2%
Felt harassed or mistreated due to their identity (e.g. race, ethnicity, gender identity, sexual orientation, or religious beliefs)	2%
Witnessed someone in their family being hit or slapped	1%

Tuscarawas County adults also reported the following situations in which a family member or someone else: insulted or talked down to them (8%), screamed or cursed at them (5%), harmed them financially (4%), threatened to harm them (2%), or physically hurt them (1%).

Adverse Childhood Experiences (ACEs) and Health Outcomes<sup>137</sup>

Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0–17 years). Exposure to ACEs is a pervasive problem affecting many children in Ohio. In 2021, 69% of Ohio adults reported exposure to at least one ACE and almost half (47%) reported experiencing two or more ACEs during childhood.

What is considered an ACE?

ABUSE	HOUSEHOLD CHALLENGES	NEGLECT
Emotional abuse Physical abuse Sexual abuse	Witnessing domestic violence Substance abuse in the household Mental illness in the household Parental separation or divorce or other loss of a parent Incarcerated member of the household	Emotional neglect Physical neglect

The examples above are not a complete list of adverse experiences. Many other traumatic experiences could impact health and well-being. This can include not having enough food to eat, experiencing homelessness or unstable housing, or experiencing discrimination.<sup>138</sup>

ACEs are linked to poorer long-term health outcomes, including higher rates of chronic health conditions, mental illness and substance use in adulthood. For example, Ohioans who have been exposed to at least two ACEs are almost twice as likely to report being a current smoker as Ohioans who have no ACEs exposure and more than three times as likely to report having depression.

Ohioans of color and Ohioans with low incomes, disabilities and/ or who are residents of urban and Appalachian counties are more likely to experience multiple ACEs.

In 2024, Tuscarawas County adults reported experiencing the following ACEs:

- Their parents became separated or were divorced (26%)
- Lived with someone who was depressed, mentally ill, or suicidal (24%)
- Lived with someone who was a problem drinker or alcoholic (23%)
- A parent or adult in their home swore at, insulted, or put them down (22%)
- Someone at least 5 years older than they or an adult touched them sexually (12%)
- Felt that no one in their family loved them or thought they were special (12%)
- A parent or adult in their home hit, beat, kicked, or physically hurt them (11%)
- Lost a parent through abandonment or death (10%)
- Lived with someone who used illegal drugs or abused prescription medications (10%)
- Their family did not look out for each other, feel close to each other, or support each other (9%)
- Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (9%)
- Someone at least 5 years older than they or an adult tried to make them touch the older person sexually (9%)
- Lived with someone who went to jail or prison (6%)
- Their parents were not married (5%)
- They didn’t have enough to eat, had to wear dirty clothes, and had no one to protect them (5)
- Someone at least 5 years older than they forced them to have sex (4%)

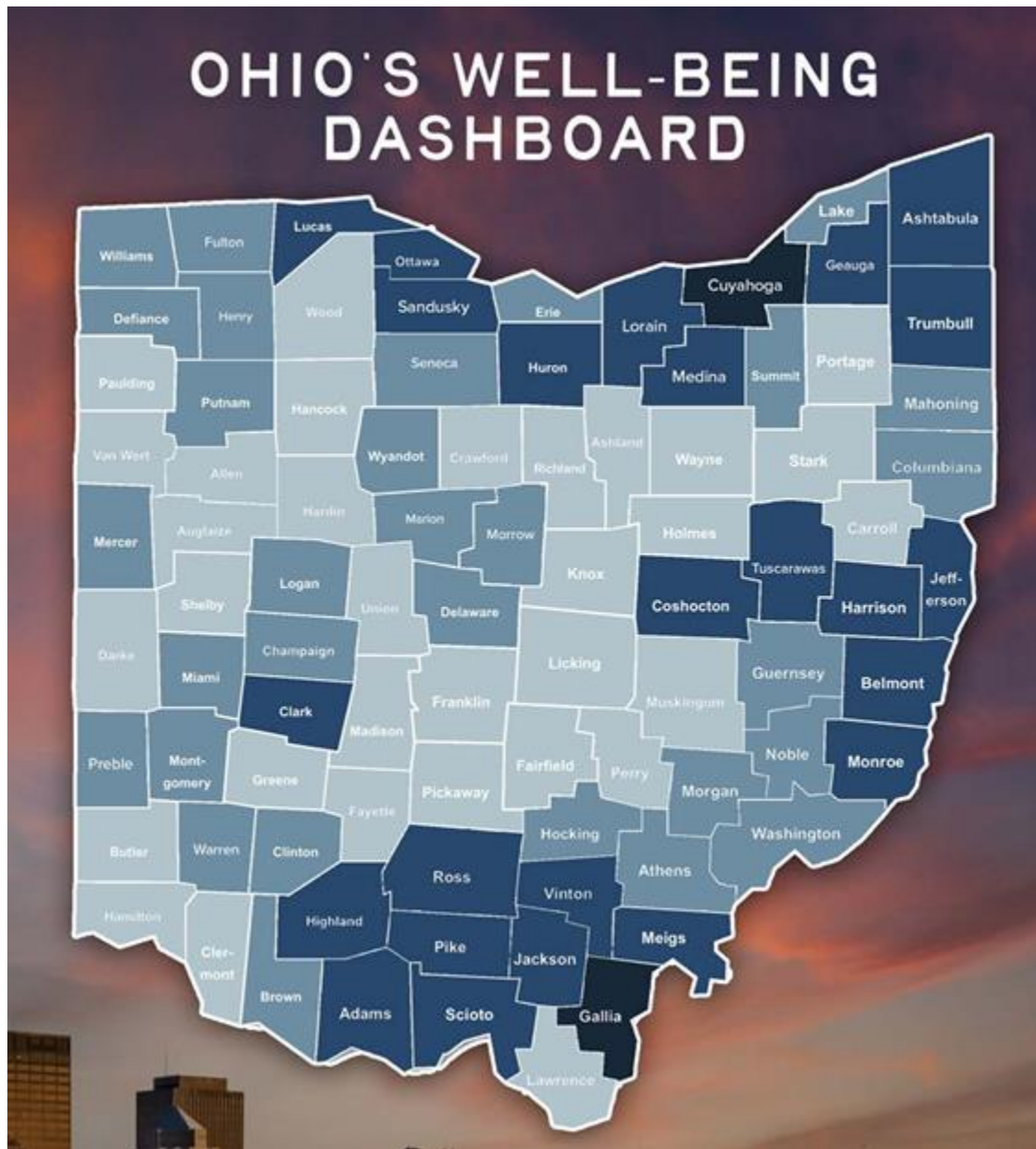
In 2024, less than half (42%) of Tuscarawas County adults reported they did not experience any ACEs in their lifetime. 41% of Tuscarawas County adults reported they had experienced 2 or more ACEs, 29% of reported they had experienced 3 or more ACEs, and 21% reported they had experienced 4 or more ACEs.

The table below indicates correlations between those who experienced 4 or more ACEs in their lifetime and participating in risky behaviors, as well as other experiences..

Behaviors of Tuscarawas County Adults		
Experienced 4 or More ACEs versus Did Not Experience Any ACEs		
Adult Behaviors	Experienced 4 or More ACEs	Did Not Experience Any ACEs
Binge drinker (drank five or more drinks for males and 4 or more for females on an occasion in the past 30 days)	25%	17%
Current smoker (currently smoke on some or all days)	23%	11%
Current vaper (currently use e-cigarettes/vapor products on some or all days)	16%	6%
Seriously contemplated suicide (in the past 12 months)	22%	3%
Had two or more sexual partners (in the past 12 months)	6%	4%
Obese (BMI of 30 or greater)	58%	44%

## Ohio's Well-Being Dashboard<sup>139</sup>

Tuscarawas County performed significantly worse than many other Ohio counties (as indicated by the darker color) on 3 of the 4 factors measured on the dashboard including poverty rate, free and reduced-price lunch rate, and high school graduation rate. Unemployment was the only factor in which Tuscarawas County performed better than other counties.



**Level One:** Indicates that a county has no metrics that are significantly worse in the comparisons.

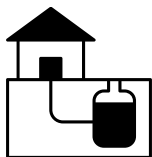
**Level Two:** Indicates that a county has one metric which is significantly worse in the comparisons.

**Level Three:** Indicates that a county has 2-3 metrics which are significantly worse in the comparisons.

**Level Four:** Indicates that a county has four or more metrics are significantly worse in the comparisons.

# SOCIAL CONDITIONS: ENVIRONMENTAL FACTORS

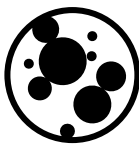
**KEY FINDING:**  
9% of Tuscarawas County adults reported that their health had been threatened by living with one or more of the following in the past year: bugs, ants, or mice; mold; lead paint or pipes; lack of heat; oven or stove not working; plumbing problems; smoke detectors missing or not working.



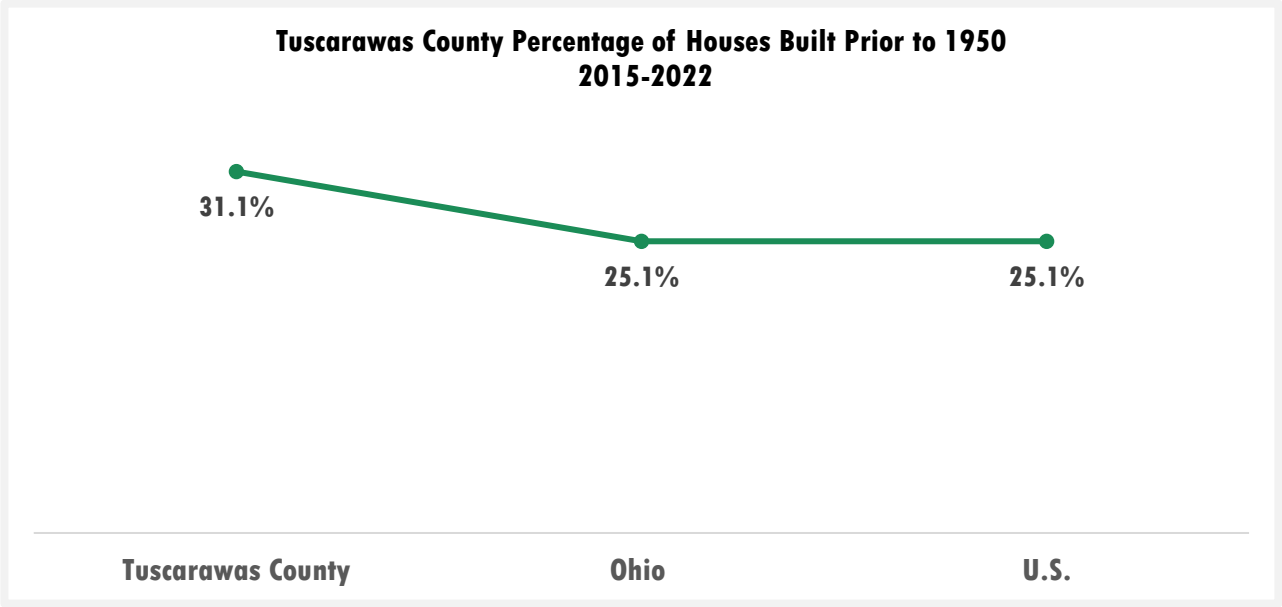
2% of adults in the county reported that their septic system needed to be fixed, but they could not afford to repair or replace it.



2% of Tuscarawas County adults reported they could not afford regular trash pickup.



Approximately 6,391 (9%) Tuscarawas County adults reported living in a place that had one or more of the following: bugs, ants, or mice; mold; lead paint or pipes; lack of heat; oven or stove not working; plumbing problems; smoke detectors missing or not working.



Source: American Community Survey 5-Year as as displayed on “Appalachian Ohio Child & Family Data: Indicators for Tuscarawas County” website, <https://www.acchealthdata.org/indicators/index/view?indicatorId=282&localeId=2173>.

### Why is this important?

Houses built prior to 1950 that have not undergone substantial updates may contain hazardous materials. Lead-based paint, which was banned in the United States in 1977, is a known toxin that causes nervous system damage, stunted growth, and delayed development and is especially toxic to children under the age of 6. Lead poisoning remains a major environmental health problem in the U.S., and the common source of exposure is dust from deteriorating lead paint in older homes. Homes built prior to 1950 are also likely to have asbestos insulation; the long-term inhalation of asbestos fibers is known to trigger cancer development, specifically malignant mesothelioma and other lung diseases such as asbestosis.<sup>140</sup>





# SOCIAL CONDITIONS: MATERNAL AND CHILD HEALTH AND PARENTING

## KEY FINDING:

The percentage of Tuscarawas County mothers who began prenatal care in their first trimester has steadily increased since 2019. Still, the percentage of mothers who received early prenatal care in Tuscarawas County (64%) was less than the percentage for mothers in Ohio (68.6%) and the U.S. (75.3%).



For the period of 2019 to 2023, there was an average of 1,119 births per year and 1,257 deaths per year.



The percentage of Tuscarawas County babies born with low birthweight was 6.9% compared to 8.7% in Ohio and 8.6% in the U.S.



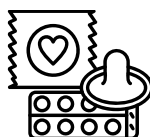
64% of Tuscarawas County mothers began prenatal care in the first trimester of their pregnancy, compared to 68.5% of mothers in Ohio and 75.3% of mothers in the U.S.



91% of Tuscarawas County adults reported that their child has received all of the recommended immunization shots for his or her age, up from 88% in 2021.



Parents whose children were not up to date on recommended shots (9%) cited the following reasons for not receiving all recommended immunizations: **personal beliefs (32%), fear that vaccines are harmful (19%), don't think immunization is necessary (16%), religious beliefs (14%), and other reasons.**



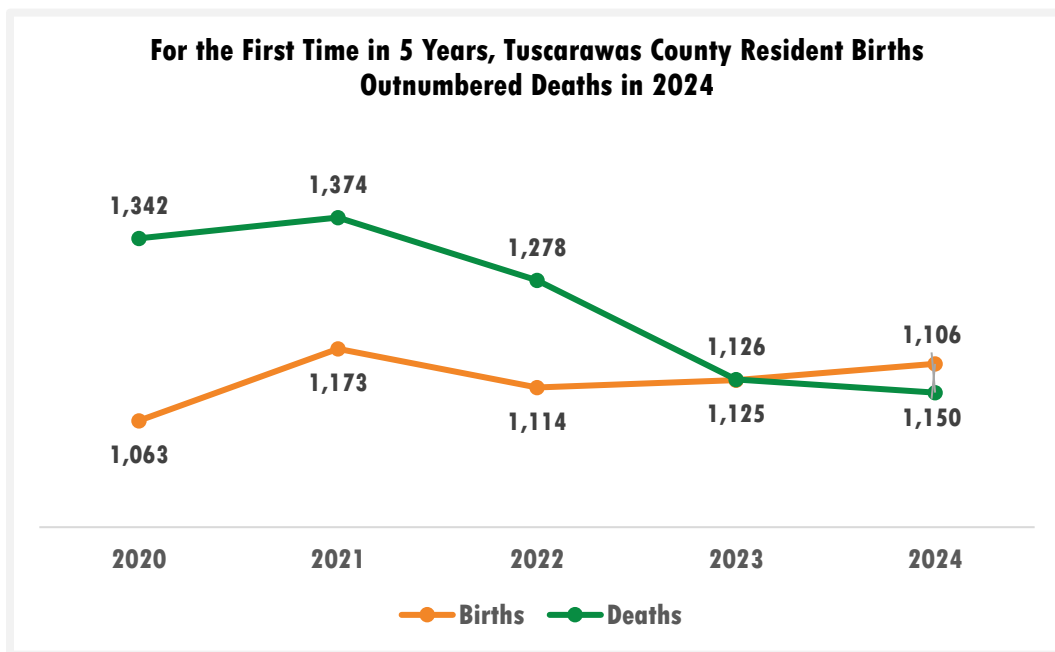
11% of Tuscarawas County adults felt that more services for family planning are needed in the county, and 9% felt that more services are needed for pediatric care or pediatric mental health.



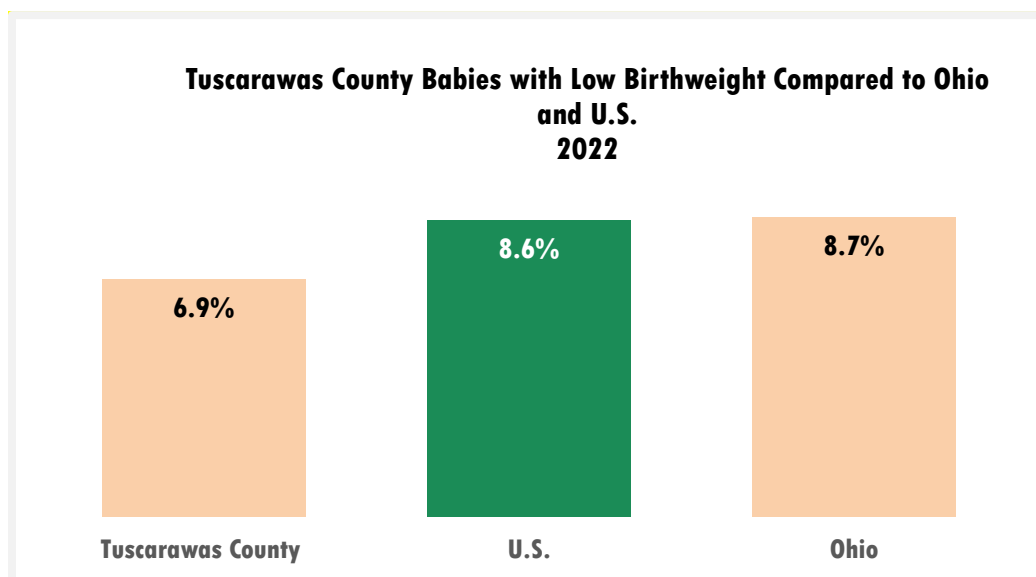
Three out of five (59%) parents discussed **bullying** (online, indirect, physical, verbal) with their 6- to 17-year-old in the past year.



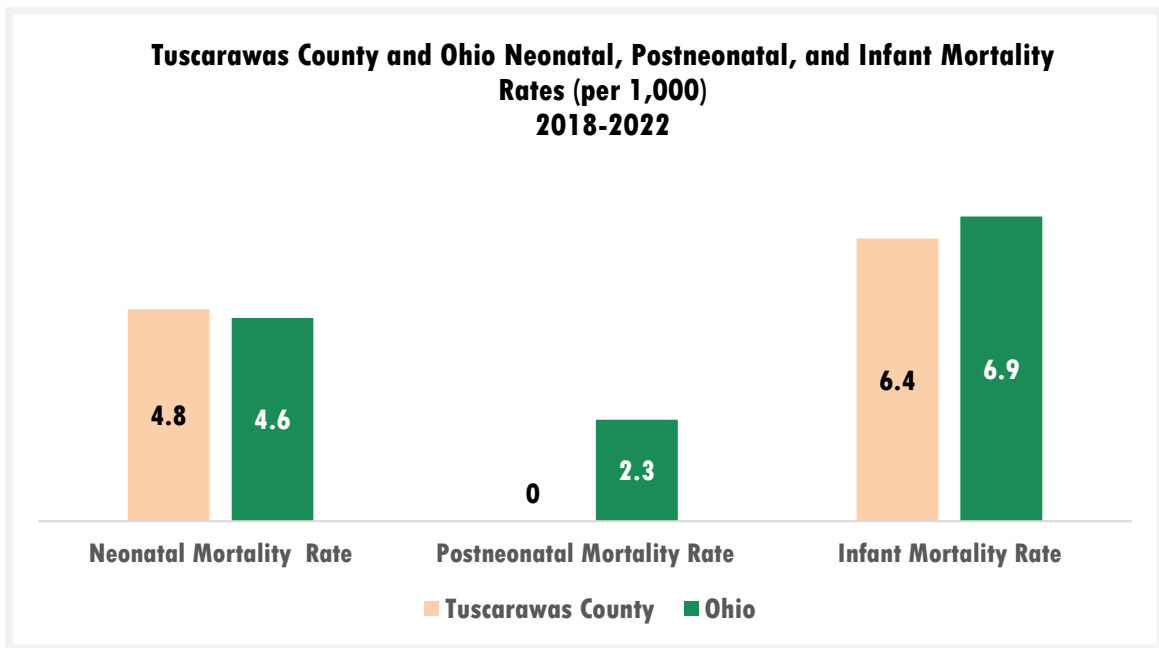
Nearly half of Tuscarawas County parents discussed **depression, anxiety, and suicide** with their 6- to 17-year-old in the past year.



Source: Tuscarawas County Health Department, “Births and Deaths 2020-2024.”



Source: Ohio Department of Health, Vital Statistics as displayed on “Appalachian Ohio Child & Family Data: Indicators for Tuscarawas County” website, <https://www.acchealthdata.org/indicators/index/view?indicatorId=100&localeId=2173>.

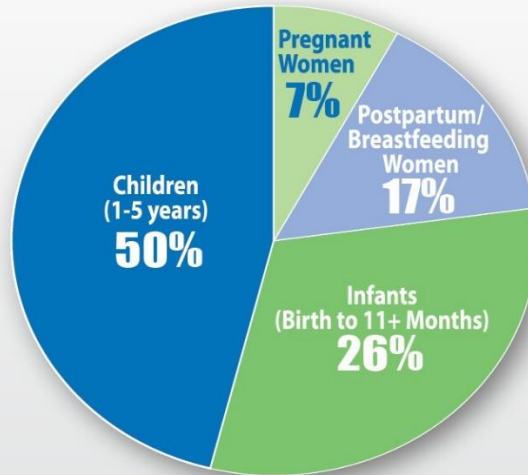


Source: Ohio Department of Children & Youth, “2022 Infant Mortality Annual Report,” [https://dam.assets.ohio.gov/image/upload/childrenandyouth.ohio.gov/Annual%20Reports%2022-23/2022\\_Annual\\_Infant\\_Mortality\\_Report.pdf](https://dam.assets.ohio.gov/image/upload/childrenandyouth.ohio.gov/Annual%20Reports%2022-23/2022_Annual_Infant_Mortality_Report.pdf).

## WIC Program

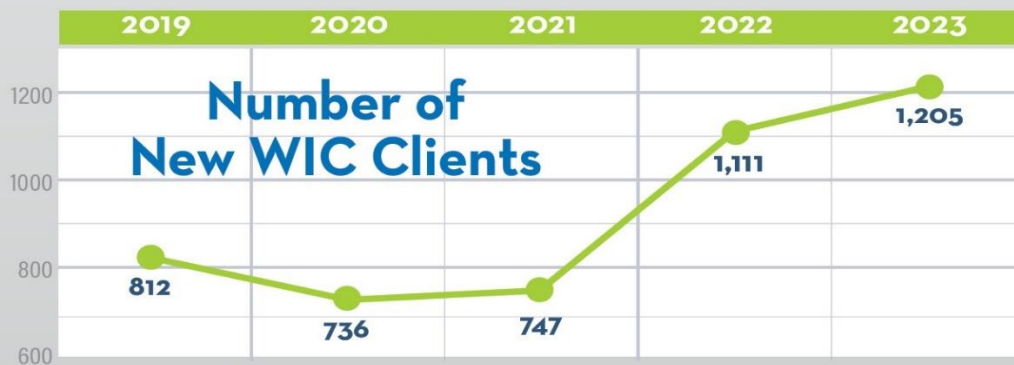
WIC is a special supplemental nutritional program for Women, Infants, and Children (WIC). The program helps income-eligible pregnant and breastfeeding women as well as infants and children up to 5 years of age who are at risk for health problems due to inadequate nutrition.

### 2023 Tuscarawas County WIC Participants by Category



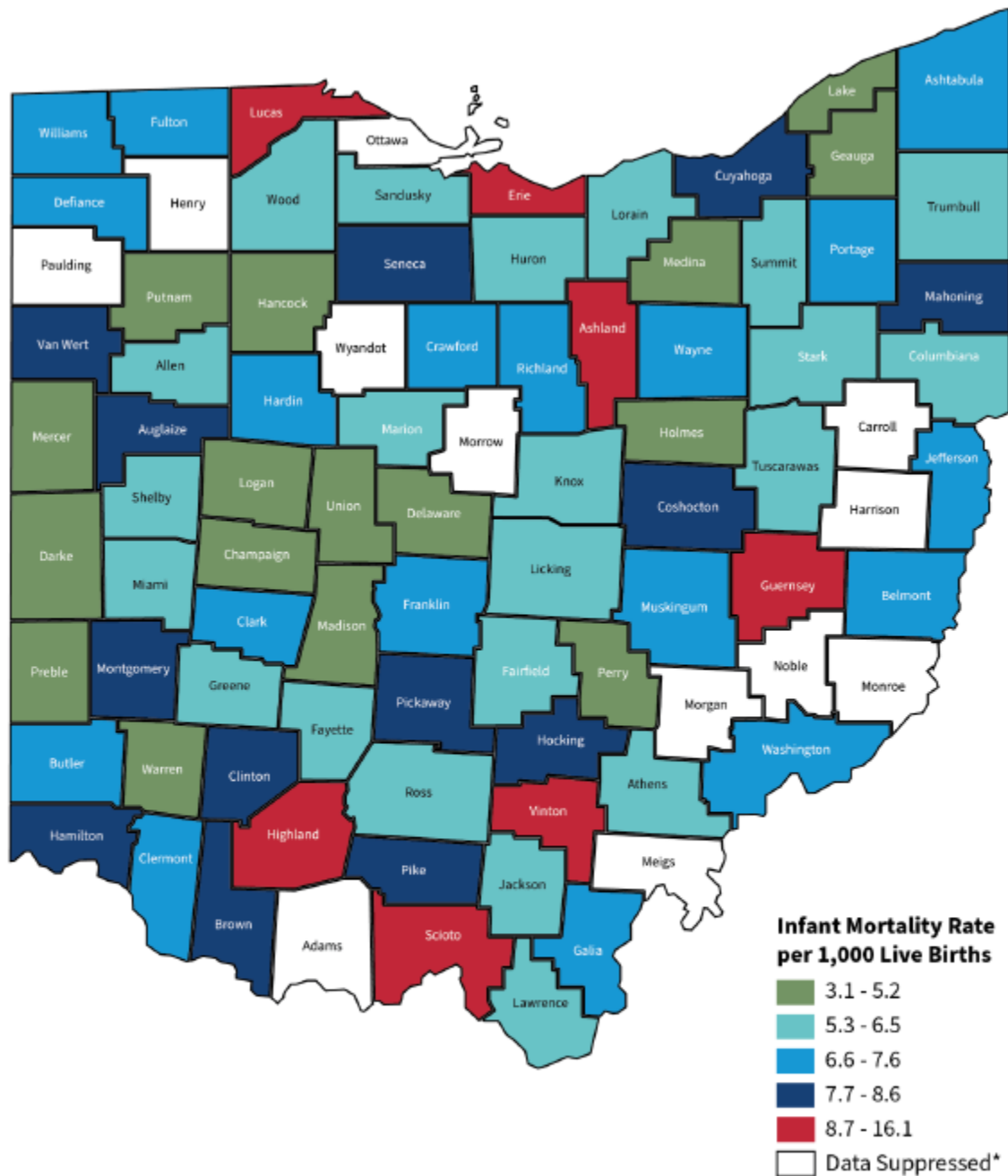
### 2023 WIC Statistics

Total WIC Visits	5,627
New WIC Clients	1,205
Percentage of Infants on WIC who were breastfeeding at birth	59%

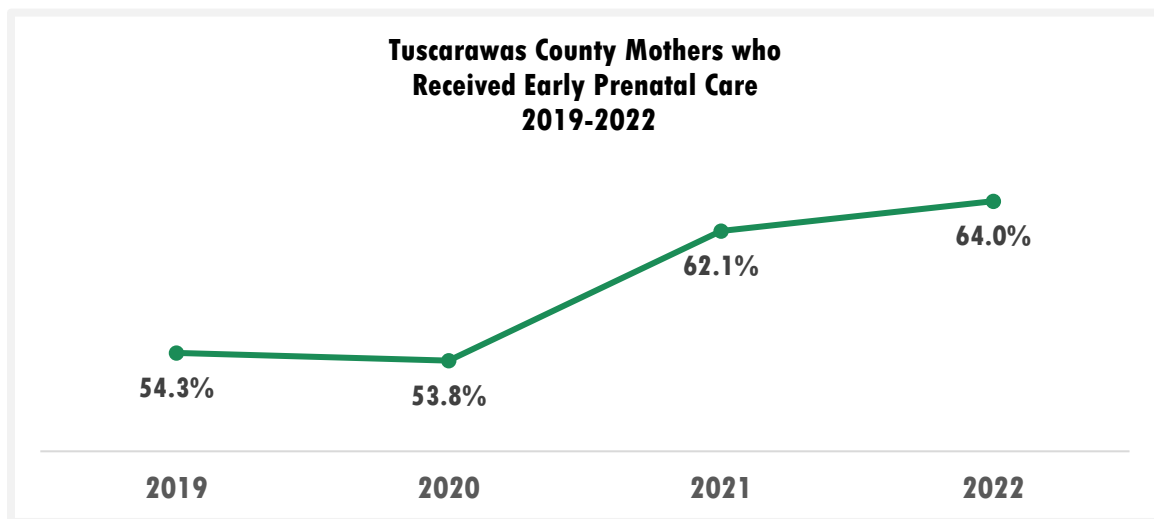


Data Source: Tuscarawas County Health Department, March 2024. Data may be incomplete.

## Ohio Five-Year Infant Mortality Rate by County (2018–2022)<sup>141</sup>



*\*Data for counties with less than 10 infant deaths in the five-year period (2017-2021) is suppressed due to insufficient reliability or confidentiality requirements.\**



Source: Ohio Department of Health, Vital Statistics as displayed on “Appalachian Ohio Child & Family Data: Indicators for Tuscarawas County” website, <https://www.acchealthdata.org/indicators/index/view?indicatorId=325&localeId=2173>.



**NATIONAL GOAL:** Increase the proportion of pregnant women who receive early and adequate prenatal care.



Healthy People 2030

80.5%

Healthy People 2030 National Target



64.0%

Tuscarawas County 2022

**Tuscarawas County parents discussed the following topics with their 6- to 17-year-old in the past year:**

Career plan/education beyond high school	62%
Bullying (online, indirect, physical, verbal)	59%
Dating and relationships	59%
Weight status (such as eating habits, physical activity, and time spent on phone, texting, video games, computer, or TV)	54%
Social media issues	50%
Body image	47%
Depression, anxiety, suicide	47%
Energy drinks	41%
Negative effects of alcohol, tobacco, illegal drugs or misusing prescription drugs	39%
Volunteering	37%
Abstinence and how to refuse sex (age appropriate)	36%
Refusal skills/peer pressure	34%
Birth control/condoms/safer sex/STD prevention (age appropriate)	33%
Negative effects of marijuana use	30%
School/legal consequences of using alcohol, tobacco, or other drugs	30%

# SOCIAL CONDITIONS: MOTOR VEHICLE CRASHES

**KEY FINDING:**  
Tuscarawas County has a higher death rate due to motor vehicle crashes than the state. The majority of motor vehicle crash fatalities involve alcohol.



In Tuscarawas County in 2017–2021, 39% of motor vehicle crashes involved alcohol, compared to 32% in Ohio and 26% in the U.S.



There were 12 fatal motor vehicle crashes in Tuscarawas County in the period of January 1, 2024 through November 18, 2024, with 75% of the crashes involving alcohol.<sup>142</sup>



The death rate due to motor vehicles crashes per 100,000 population in Tuscarawas County from 2015 to 2021 was 12.1 compared to 10.9 for Ohio.

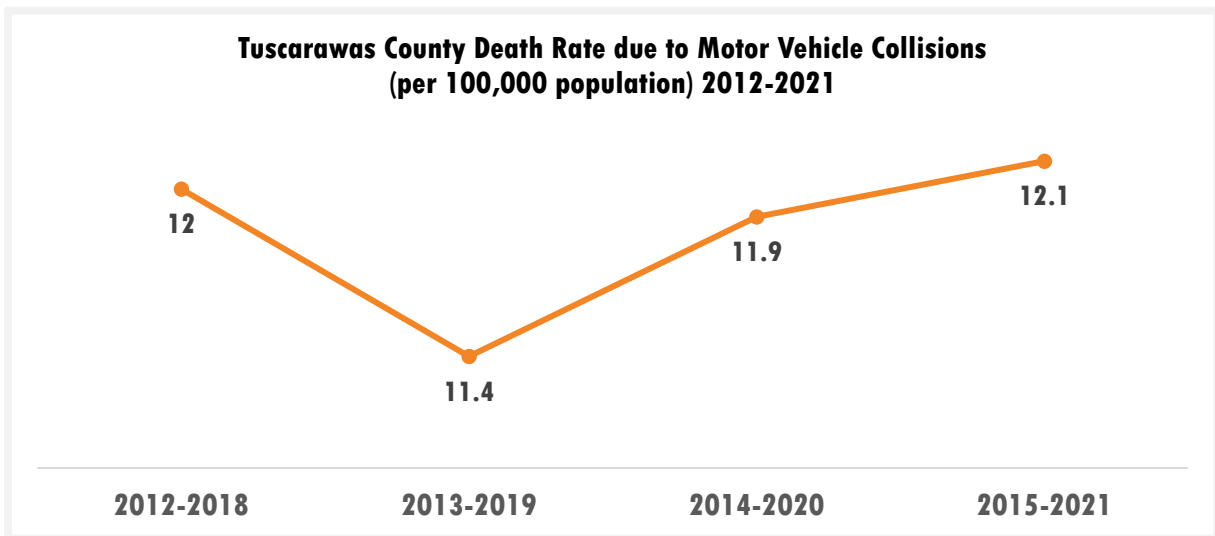
**Tuscarawas County Motor Vehicle Crash Fatalities  
2022–2024**



Nearly 4 out of 5 (78%) of motor vehicle crash fatalities in 2022–2024 in Tuscarawas County were alcohol-related.

Source: Ohio State Highway Patrol, “Tuscarawas County Fatal Traffic Crashes 2022–2024 YTD.”





**Change in methodology for 2015–2021:**

Beginning with County Health Rankings' 2024 Annual Data Release, data from the Census Bureau's Population Estimates Program were used in the calculation of the denominator for this measure. In previous data releases, the denominator was calculated from the National Center for Health Statistics Bridged-Race Population Estimates.<sup>143</sup>

Source: County Health Rankings as displayed on “Appalachian Ohio Child & Family Data: Indicators for Tuscarawas County” website, <https://www.acchealthdata.org/indicators/index/view?indicatorId=224&localeId=2173>.

# COMMUNITY PERCEPTIONS OF HEALTH

## KEY FINDING:

The majority (82%) of Tuscarawas County adults rated their health as good, very good, or excellent. However, nearly half (49%) of adults indicated their mental health was not good on 4 or more days in the past month. Depression, anxiety, or other mental health issues was identified by adults as the health issue most impacting them and their family or their community.



In 2024, about 8 in 10 (82%) Tuscarawas County adults rated their health as good, very good or excellent, far more than those who rated their health as fair or poor (18%).



The percentage of adults reporting their general health as fair or poor was lower for Tuscarawas County (18%) than for Ohio (20.1%) but similar to the U.S. (18.2%).



The average number of days that physical health was not good (in the past 30 days) for Tuscarawas County adults was 4.0 compared to 3.6 for Ohioans and 3.3 for U.S. adults.<sup>144</sup>



67% of Tuscarawas County adults reported having at least one day in the past 30 days when their mental health was not good (stress, depression, and problems with emotions).



Nearly half (49%) of Tuscarawas County adults indicated their mental health was not good on 4 or more days during the past 30 days.



The average number of days Tuscarawas County adults reported their mental health was not good was 7.3 days compared to 5.5 days for Ohio adults and 4.8 days for adults in the U.S.



Two-fifths of adults reported that depression, anxiety, or other mental health issues was the health issue most impacting them and their family (22%) or their community (18%).



## NOTABLE DISPARITIES

**34% of Tuscarawas County adults with household incomes less than \$40,000 rated their general health as fair or poor compared to 10% of adults with household incomes of \$40,000 or higher.**

**19% of adults aged 45 or older rated their general health as fair or poor compared to 12% of adults aged 18–44.**

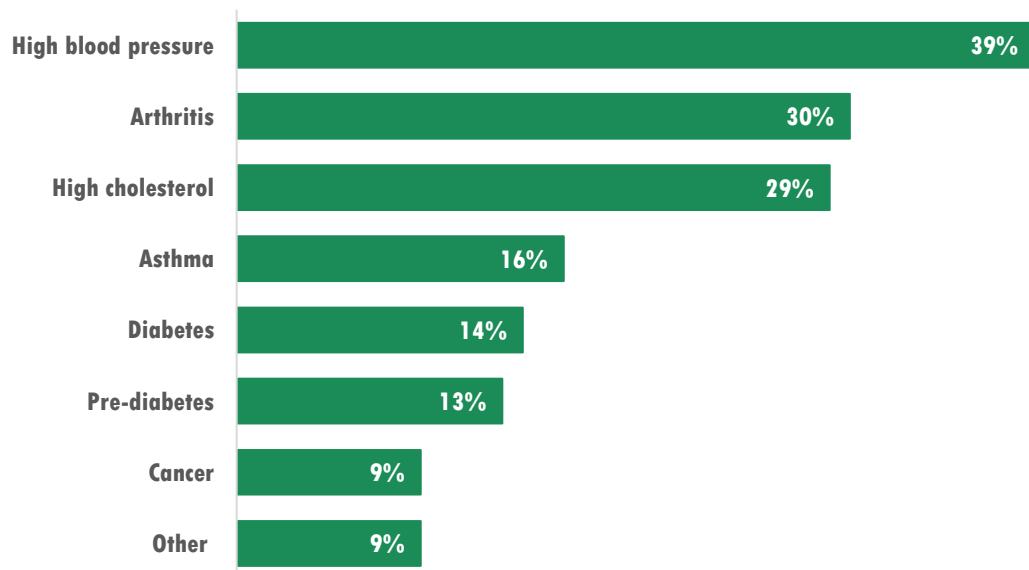
**No differences in general health status were found for sex or race.**

**Compared to the overall county rate of 9%, Tuscarawas County adults most likely to report having considered attempting suicide in the last year included: LGBTQ+ individuals (27%), persons of color (25%), and individuals with household incomes less than \$40,000 (17%).**

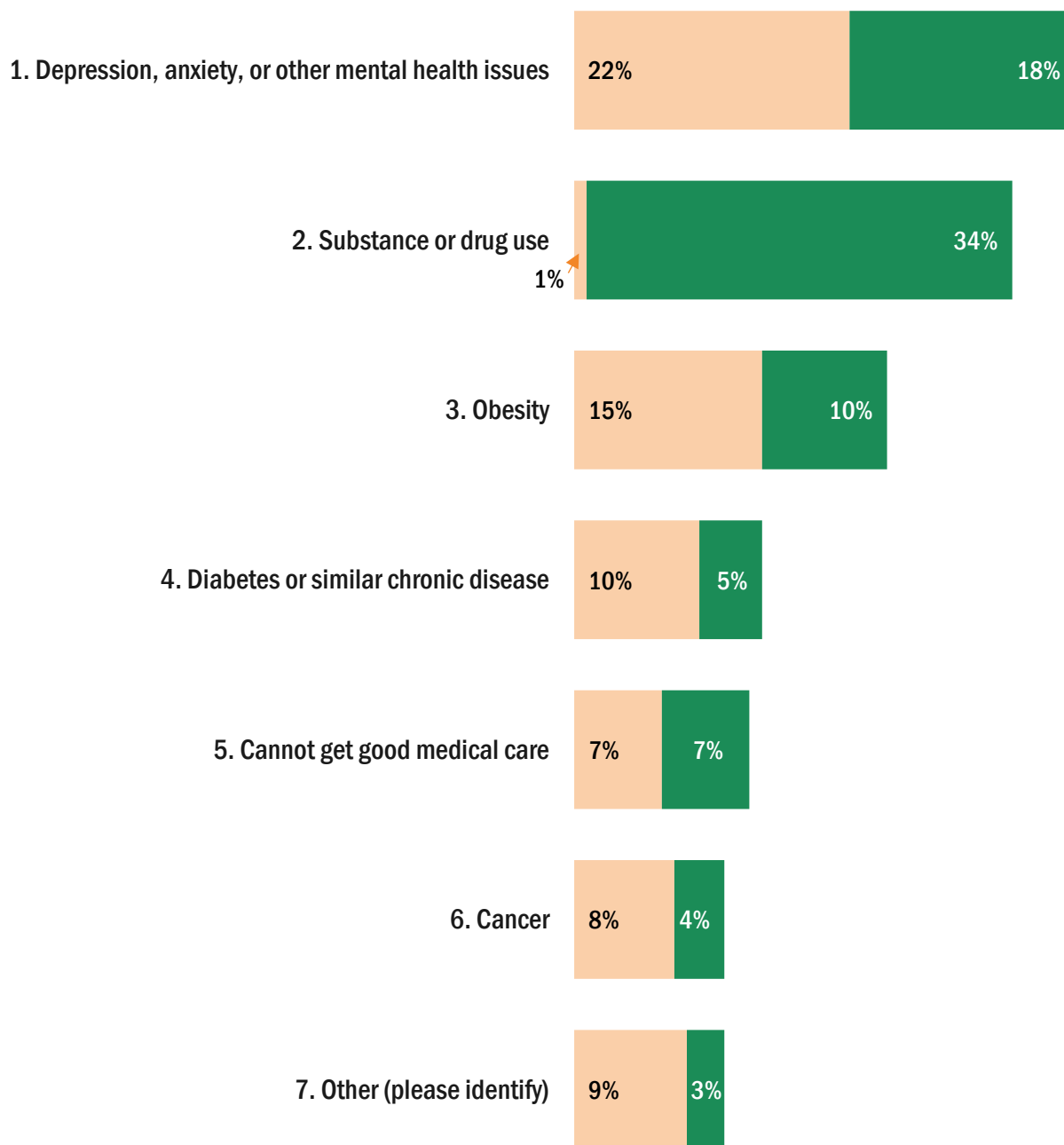
**Tuscarawas County individuals with household incomes of less than \$40,000 reported 10.7 days of poor mental health in the last month compared to 7.3 days for other adults in the county.**

**58,236 adults (82%) rated their general health as good, very good, or excellent.  
12,783 adults (18%) rated their general health as fair or poor.**

**74% (≈52,554) of Tuscarawas County Adults Reported At Least One Diagnosed Health Condition**



**Residents' Perceptions of Health Issues Most Impacting the Health of **Them and Their Family** and **Their Community****



# YOUTH FINDINGS

**NOTE:** The OHYES survey administration was limited to students in grades 7–12 in five out of the eight Tuscarawas County public school systems and did not include the two largest public school systems in the county. Although the sample included responses from 25 percent of eligible students (1,528 students out of 6,007 possible in the county), the sample may not be representative of the youth population in the county. Thus, the data in this report may not provide a complete understanding of the health status of Tuscarawas County youth residents.

## YOUTH TREND SUMMARY

Youth Variables	Tusc. County 2018 (6 <sup>th</sup> -12 <sup>th</sup> )	Tusc. County 2021 OHYES (7 <sup>th</sup> -12 <sup>th</sup> )	Tusc. County 2024 OHYES (7 <sup>th</sup> -12 <sup>th</sup> )	Tusc. County 2021 OHYES (9 <sup>th</sup> -12 <sup>th</sup> )	Tusc. County 2024 OHYES (9 <sup>th</sup> -12 <sup>th</sup> )	Ohio 2021 <sup>145</sup> (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2021 <sup>146</sup> (9 <sup>th</sup> -12 <sup>th</sup> )
<b>HEALTH CARE UTILIZATION</b>							
Visited a doctor or a nurse for a routine checkup in the past year	79%	52%	52%	53%	58% ↑	NA	NA
<b>MENTAL HEALTH</b>							
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	28%	23%	24% ↑	26%	23% ↓	43%	42%
Seriously considered attempting suicide (in the past 12 months)	17%	13%	10% ↓	15%	10% ↓	22%	22%
Attempted suicide (in the past 12 months)	8%	6%	4% ↓	6%	3% ↓	10%	10%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (in the past 12 months)	3%	2%	1% ↓	2%	1% ↓	2%	3%
<b>WEIGHT STATUS AND PHYSICAL ACTIVITY</b>							
Obese	18%	27%	21% ↓	24%	20% ↓	19%	16%
Overweight	14%	21%	19% ↓	20%	18% ↓	13%	16%
Physically active at least 60 minutes per day on every day in past week during the past 7 days	28%	33%	34% ↑	32%	34% ↑	26%	24%
Physically active at least 60 minutes per day on 5 or more days in past week during the past 7 days	54%	57%	57%	57%	59% ↑	49%	45%
Did not participate in at least 60 minutes of physical activity on any day in past week during the past 7 days	9%	9%	15% ↑	9%	11% ↑	16%	16%
<b>ALCOHOL CONSUMPTION</b>							
Current Drinker (at least one drink of alcohol on at least 1 day during the past 30 days)	16%	8%	4% ↓	12%	5% ↓	23%	23%
Binge drinker (drank 4 or more drinks of alcohol in a row for females or 5 or more in a row for males within a couple of hours on at least 1 day during the past 30 days)	8%	3%	2% ↓	6%	3% ↓	13%	11%
Drank for the first time before age 13 (of all youth)	8%	11%	11%	8%	9% ↑	11%	15%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on 1 or more occasions during the past 30 days)	11%	8%	7% ↓	7%	5% ↓	NA	14%
Obtained the alcohol they drank by someone giving it to them (of youth drinkers)	41%	45%	28% ↓	49%	33% ↓	NA	40%

Youth Variables	Tusc. County 2018 (6 <sup>th</sup> -12 <sup>th</sup> )	Tusc. County 2021 OHYES (7 <sup>th</sup> -12 <sup>th</sup> )	Tusc. County 2024 OHYES (7 <sup>th</sup> -12 <sup>th</sup> )	Tusc. County 2021 OHYES (9 <sup>th</sup> -12 <sup>th</sup> )	Tusc. County 2024 OHYES (9 <sup>th</sup> -12 <sup>th</sup> )	Ohio 2021 <sup>147</sup> (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2021 <sup>148</sup> (9 <sup>th</sup> -12 <sup>th</sup> )
<b>TOBACCO USE</b>							
<b>Current smoker</b> (smoked on at least 1 day during the past 30 days)	5%	3%	1%↓	2%	1%↓	3%	4%
<b>Current vaper</b> (used electronic vapor product on at least 1 day during the past 30 days)	NA	NA	6%	NA	3%	20%	18%
<b>DRUG USE</b>							
<b>Currently used marijuana</b> (in the past 30 days)	5%	5%	2%↓	7%	2%↓	13%	16%
<b>Used methamphetamines</b> (in their lifetime)	2%	0%	<1%↑	0%	<1%	2%	2%
<b>Used cocaine</b> (in their lifetime)	2%	<1%	1%↑	1%	<1%↓	2%	3%
<b>Used heroin</b> (in their lifetime)	1%	0%	<1%↑	0%	<1%↑	NA	1%
<b>Used inhalants</b> (in their lifetime)	6%	1%	2%↑	1%	<1%↓	NA	8%
<b>Took steroids without a doctor's prescription</b> (in their lifetime)	2%	<1%	1%↑	0%	<1%↑	NA	NA
<b>Used ecstasy</b> (also called MDMA) (in their lifetime)	1%	2%	<1%↓	3%	<1%↓	NA	3%
<b>Were offered, sold, or given an illegal drug on school property</b> (in the past 12 months)	4%	4%	3%↓	5%	3%↓	NA	14%
<b>UNINTENTIONAL INJURIES AND VIOLENCE</b>							
<b>Were in a physical fight</b> (in the past 12 months)	18%	14%	14%	14%	12%↓	N/A	18%
<b>Threatened or injured with a weapon on school property</b> (in the past 12 months)	6%	4%	8%↑	3%	5%↑	N/A	7%
<b>Did not go to school because they felt unsafe</b> (at school or on their way to or from school in the past 30 days)	13%	9%	12%↑	10%	8%↓	9%	9%
<b>Electronically bullied</b> (in past year)	10%	13%	12%↓	13%	11%↓	19%	16%
<b>Were bullied on school property</b> (during the past 12 months)	N/A	18%	22%↑	16%	15%↓	20%	15%
<b>Experienced physical dating violence</b> (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months)	2%	6%	9%↑	6%	8%↑	5%	9%

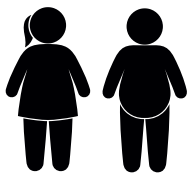


# YOUTH HEALTH BEHAVIORS: WEIGHT STATUS, PHYSICAL ACTIVITY, AND NUTRITION

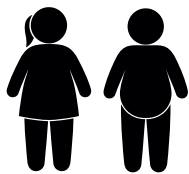
## KEY FINDING:

Two out of every five youth in Tuscarawas County were either overweight or obese according to Body Mass Index (BMI) by age, placing them at elevated risk for developing a variety of preventable diseases.

## Weight Status



**BMI for children is calculated differently from that of adults.** The CDC uses BMI-for-age, which is gender and age specific as children's body fat changes over the years as they grow. In children and teens, BMI is used to assess underweight, normal, overweight, and obese.



**One fifth (21%) of Tuscarawas County youth (7th–12th grade) were classified as obese by Body Mass Index (BMI) calculations,** 19% of youth were classified as overweight, 57% were healthy weight, and 2% were underweight.

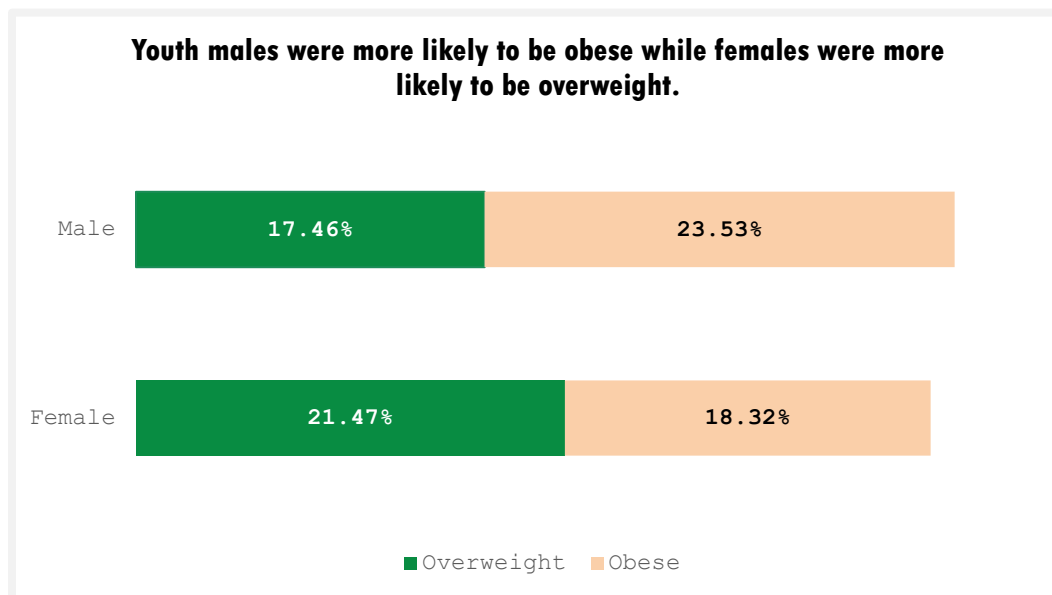


**The percentage of Tuscarawas County youth (9th–12th grade) classified as obese or overweight (38%) was higher than that of Ohio youth (32%) and U.S. youth (32%).**



## NOTABLE DISPARITIES

**According to the CDC, obesity affects some groups more than others, including Hispanic and non-Hispanic Black children, and children in families with lower incomes.**



## Childhood Obesity Causes and Consequences<sup>149</sup>

Obesity during childhood can harm the body in a variety of ways. Children who have obesity are more likely to have:

### Immediate health risks:

- High blood pressure and high cholesterol, which are risk factors for cardiovascular disease
- Increased risk of impaired glucose tolerance, insulin resistance, and type 2 diabetes
- Breathing problems, such as asthma and sleep apnea
- Joint problems and musculoskeletal discomfort
- Fatty liver disease, gallstones, and gastro-esophageal reflux (i.e., heartburn)

### Future health effects:

- More likely to become adults with obesity. Adult obesity is associated with increased risk of several serious health conditions including heart disease, type 2 diabetes, and cancer.
- Obesity and disease risk factors in adulthood are likely to be more severe.

Childhood obesity is also related to psychological problems such as anxiety and depression, low self-esteem and lower self-reported quality of life, and social problems such as bullying and stigma.

## Physical Activity



In 2024, about one third of Tuscarawas County youth (34%) reported they were physically active for at least 60 minutes per day every day during the past 7 days.



15% of youth said they were not physically active for at least 60 minutes of physical activity on any day in the past week.



The percentage of Tuscarawas County youth reporting being physically active for at least 60 minutes on 5 or more days in the past week was higher than the percentage for Ohio youth, 59% compared to 49% for Ohio.

## Nutrition



On average, youth reported eating fruits and vegetables at the following frequencies: 1 to 4 servings per day (75%), 4 or more servings per day (16%).



8% of youth reported eating zero servings of fruits and vegetables per day. Of those reported eating no servings, 71% indicated they do not like fruits and vegetables, 23% indicated they do not have access to fruits and vegetables, and 5% stated they cannot afford fruits and vegetables.

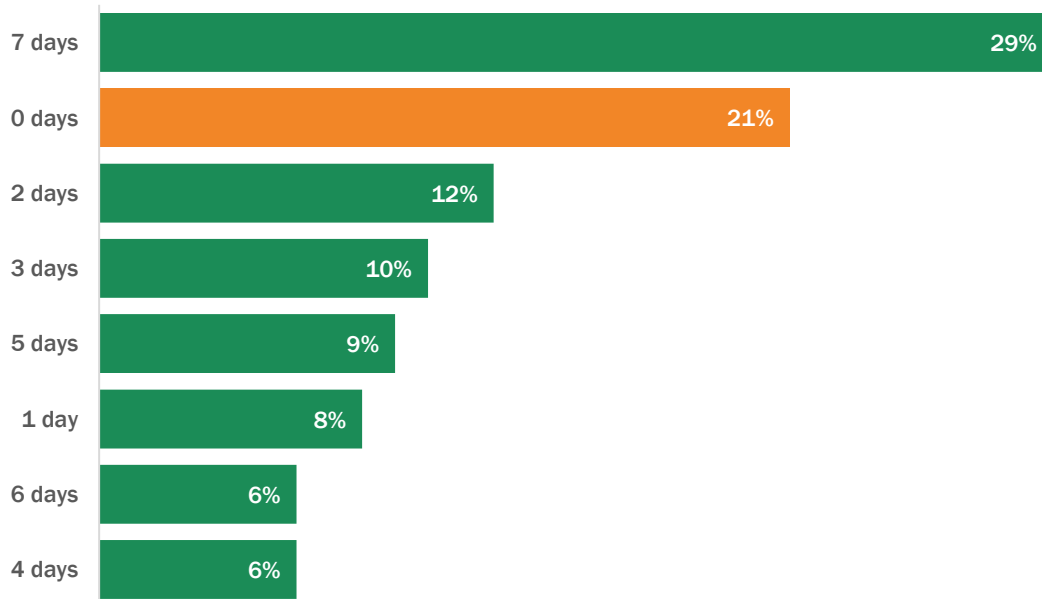


On average, youth reported drinking a can, bottle, or glass of soda or pop (not diet) at the following frequencies: 1 time per day (9%), 2 times per day (4%), 3 times per day (2%), 4–6 times during the past 7 days (11%).



24% of youth reported they did not drink soda or pop in the past 7 days.

### Number of Days Tuscarawas County Youth Reported Eating Breakfast in An Average Week in 2024



**NATIONAL GOAL:** Reduce the proportion of children and adolescents with obesity.



**Healthy People 2030**

**15.5%**

**Healthy People 2030 National Target**



**21.0%**

**Tuscarawas County 2024**

# YOUTH HEALTH BEHAVIORS: TOBACCO USE

## KEY FINDING:

One in 10 Tuscarawas County youth reported using an electronic vapor product in their lifetime, with 6% reporting being current users. National studies suggest the youth vaping epidemic is worsening.



**Only 1% of Tuscarawas County youth reported smoking cigarettes at least one day during the past 30 days.**

Current smokers reported smoking 1 or 2 days (50%), 3 to 5 days (17%), 6 to 9 days (17%), and 10 or more days (16%).



**6% of youth reported using an electronic vapor product at least one day during the past 30 days.**

Current vapers reported doing so 1 or 2 days (31%), 3 to 5 days (21%), 6 to 9 days (7%), and 10 or more days (41%).



**Of those who obtained electronic vapor products in the past 30 days, youth reported obtaining them in the following ways:**

- Borrowed them from someone else (59%)
- Person who can legally buy them gave them to me (31%)
- Gave someone else money to buy them (22%)
- Bought them in a convenience store, supermarket, discount store, gas station, or vape store (8%)
- Stole them from a store or person (5%)
- Some other way (28%)



**Youth reported the following as main reasons for using electronic vapor products:**

- Friend used them (49%)
- Family member used them (36%)
- Boredom (31%)
- Available in flavors, such as mint, candy, fruit, or chocolate (25%)
- Their friends pressured them (11%)
- Less harmful than other forms of tobacco (14%)
- Easier to get than other tobacco products (8%)
- They tried to quit using other tobacco products (8%)
- Some other reasons (49%)



## NOTABLE DISPARITIES

According to the CDC, youth are more likely to use tobacco products if they: have a parent who uses these products, have lower socioeconomic status, including lower income or education, or do poorly in school.<sup>150</sup>



**One in 10 Tuscarawas County youth had used an electronic vapor product in their life.**

### Youth Vaping Epidemic

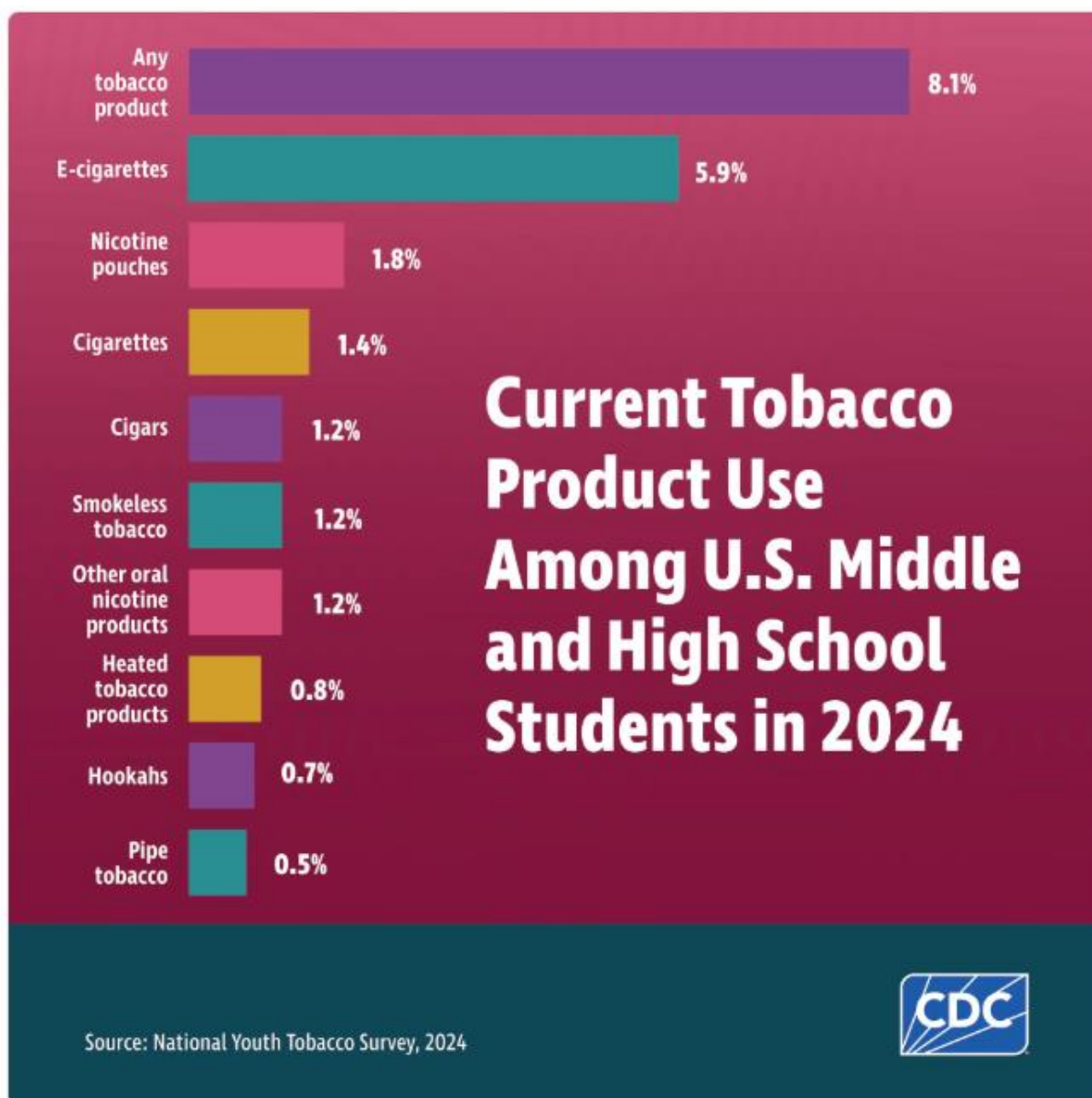
A 2024 study from the CDC Foundation and the Truth Initiative found that U.S. sales of e-cigarettes surged 47% over the period 2019–2023, elevating concerns about youth addiction to vaping. Since the youth vaping epidemic began in 2018:

Sales of disposable e-cigarettes increased 541.3%. Disposable e-cigarettes have been the most commonly sold device type among youth since 2022.

- E-cigarettes in non-tobacco flavors like fruit, candy, mint, menthol, and desserts have increased dramatically and made up 80.6% of all e-cigarette sales in 2023.
- Disposable e-cigarettes have nicotine levels similar to several cartons of cigarettes, with average nicotine strength increasing 294% in the span of 5 years.
- Sales of menthol flavored e-cigarettes rose 175.8%, and sales of e-cigarettes with “clear” or other cooling flavor names increased 872.1% between 2020 and 2023.

Researchers report that statewide policies restricting flavored e-cigarette sales can be effective. For example, Massachusetts’ comprehensive statewide policy on flavored tobacco products reduced flavored e-cigarette sales by 98.2% and led to significant statewide decreases in youth access to and use of flavored tobacco products. Similar results were found in California and New York following implementation of statewide flavored tobacco policies.

Source: CDC Foundation and Truth Initiative. "Monitoring E-Cigarette Trends in the United States: Urgent Action Needed to Protect Kids from Flavored E-Cigarettes." November 21, 2024. <https://tobaccomonitoring.org/wp-content/uploads/2024/11/2024MonitoringE-CigaretteTrendsUS-1.pdf>.



## Youth and Tobacco Use<sup>151</sup>

**Youth's use of tobacco products in any form is unsafe.**

**Preventing tobacco product use among youth is critical to ending the tobacco epidemic in the United States.**

- Tobacco product use is started and established primarily during adolescence.
- Nearly 9 out of 10 adults who smoke cigarettes daily first try smoking by age 18.
- In 2024, approximately 2 in 5 students who had ever used a tobacco product currently used them.
- E-cigarettes have been the most commonly used tobacco product among youth since 2014. Flavorings in tobacco products can make them more appealing to youth. In the United States in 2024:
  - 88.2% of high school students and 85.7% of middle school students who used e-cigarettes in the past 30 days reported using a flavored e-cigarette during that time.
  - 86.1% of high school students and 85.4% of middle school students who used nicotine pouches in the past 30 days reported using flavored pouches during that time.

**Youth who use multiple tobacco products are at higher risk for developing nicotine dependence and might be more likely to continue using tobacco products into adulthood.**



# YOUTH HEALTH BEHAVIORS: ALCOHOL CONSUMPTION

## KEY FINDING:

The percentage of Tuscarawas County youth reporting alcohol consumption was lower than the state and national percentages. Only 4% of youth reported drinking in the past 30 days, compared to 23% of youth in Ohio and in the U.S.



**4% of Tuscarawas County youth had at least one drink of alcohol in the past 30 days**, defining them as a current drinker, compared to 23% of youth in Ohio and in the U.S.



The percentage of Tuscarawas County youth who were current drinkers was lower than in 2021, declining from 12% in 2021 to 4% in 2024.



Among those current drinkers, more than 4 in 10 (43%) reporting binge drinking (having 4 or more drinks in a row for females or 5 or more drinks in a row for males).



The majority (62%) of youth drinkers reported drinking 1 or 2 days during the past month, while 21% reported 3 to 5 days, 10% reported 6 to 9 days, and 7% reported drinking more than 10 days.



**17% of Tuscarawas youth reported drinking in their lifetime.** Among those, 33% had their first drink between the ages of 8 and 10, 30% had their first drink at age 11 or 12, 23% took their first drink at age 13 or 14, 13% had their first drink at age 15 or 16, and only 1% started drinking at age 17 or 18.



Current youth drinkers in Tuscarawas County obtained their alcohol from various sources. **The most common source was “my parents gave it to me” (41%).** Other sources included “someone gave it to me” (28%), “I took it from a store or family member” (24%), “my friend’s parent gave it to me” (13%), and “I gave someone else money to buy them for me” (11%).



**During the past 30 days, 7% of youth had ridden in a car driven by someone who had been drinking alcohol.**



**Of the 17% of Tuscarawas County youth who reported drinking in their lifetime, 63% reported having their first drink of alcohol before age 13.**

## Effects of Underage Drinking<sup>152</sup>

Alcohol is the most common drug used by young people in the U.S.

About 4,000 youth (under 21) die from excessive alcohol use each year. These deaths, which could have been prevented, take the lives of young people too soon.

Youth who drink alcohol are more likely to experience:

- School problems, such as higher rates of absences or lower grades.
- Injuries including alcohol-related motor vehicle crashes, burns, falls, or drowning.
- Increased risk of suicide and homicide.
- Physical and sexual violence.
- Misusing prescription drugs or using illicit drugs.
- Legal problems, such as arrest for driving or physically hurting someone while drunk.
- Unwanted, unplanned, and unprotected sexual activity.
- Disruption of normal growth or sexual development.
- Memory problems.
- Changes in brain development that may have life-long effects.

In general, the risk of youth experiencing these problems is greater for those who binge drink than for those who do not binge drink. Early initiation of drinking is associated with development of an alcohol use disorder later in life.

Rates of current and binge drinking among high school students have generally been declining in recent decades. Although males historically had higher rates, in 2021, female high school students were more likely to drink alcohol and binge drink than male high school students.



**NATIONAL GOAL: Reduce the proportion of adolescents who drank alcohol in the past month.**

 **Healthy People 2030**

**6.3%**

**Healthy People 2030 National Target**



**4.0%**

**Tuscarawas County 2024**

# YOUTH HEALTH BEHAVIORS: DRUG USE

## KEY FINDING:

Seven percent of Tuscarawas County youth reported trying marijuana. Among those who have tried marijuana, 36% reported using marijuana or hashish in the past 30 days.

## Marijuana



In 2024, 2% of Tuscarawas County youth had used marijuana in the past 30 days, compared to 5% of youth in 2021.



The percentage of Tuscarawas County youth currently using marijuana (2%) was lower than the percentage of Ohio youth (13%) and youth in the U.S. (16%).



Among current Tuscarawas County youth marijuana users, they reported using it in the following ways:

- Smoked it in a joint, bong, pipe, or blunt (45%)
- Vaporized it (30%)
- Ate it in a food such as brownies, cakes, cookies, or candy (10%)
- Some other way (15%)



Among youths currently using marijuana, 89% reported using it on weekends, 31% reported use after school, 28% reported using it on weeknights, and 11% reported using marijuana before school.



7% of Tuscarawas youth reported using marijuana in their lifetime. Among those, 20% first tried it between the ages of 8 and 10, 18% first tried it at age 11 or 12, 48% tried it at age 13 or 14, 12% first used it at age 15 or 16, and only 2% tried it at age 17 or 18.

## Medication



**Only a small share of Tuscarawas County youth reported medication misuse and abuse during their lifetime. 4% percent reported they have taken any prescription drugs** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription or differently than how a doctor instructed. 2% have taken a prescription pain medication without a doctor's prescription or differently than how a doctor instructed.



**9% of Tuscarawas County youth have taken over-the-counter medications such as cold medicine or pain reliever to get high.**

- 22% reported doing so 1–2 times;
- 24% reported 3–9 times;
- 8% reported 10–19 times;
- 19% reported 20–39 times; and
- 27% reported doing so 40 or more times.



**97% of Tuscarawas County youth reported they have not used any of these substances in the last year:** cocaine, inhalants, heroin, methamphetamines, ecstasy, hallucinogenic drugs, steroid pills or shots without a doctor's prescription, and synthetic marijuana. **The most frequently reported substance used in this category was inhalants (2%).**



**During the past 12 months, 3% of Tuscarawas youth were offered, sold or given an illegal drug on school property.** Other places reported by youth included at a friend's house (2%), in their neighborhood (2%), and on the bus (>1%).



**70% of youth recalled hearing, reading, or watching an advertisement about the prevention of substance use.**

**7% of Tuscarawas County youth reported trying marijuana in their lifetime.  
38% of youth first tried marijuana before age 13, and 48%  
indicated they first tried it at age 13 or 14.**

### Cannabis Vaping Among Teens<sup>153</sup>

Vaping products that were initially designed to deliver nicotine as a tobacco cigarette substitute (e.g., electronic cigarettes) are now frequently used to deliver psychoactive substances, such as cannabis and its derivatives.

- Teen vaping of cannabis doubled between 2013 and 2020, from 6.1% to 13.6%.
- The 30-day prevalence of cannabis vaping increased 7-fold from 2013 to 2020, rising from 1.6% to 8.4%.
- The flavor profile and discreetness of new-generation vaping products, along with a decrease in the perceived risk of harm and the legalization of cannabis, have likely increased the appeal and frequency of cannabis vaping among teens.

Teen cannabis use can lead to a range of adverse health outcomes including:

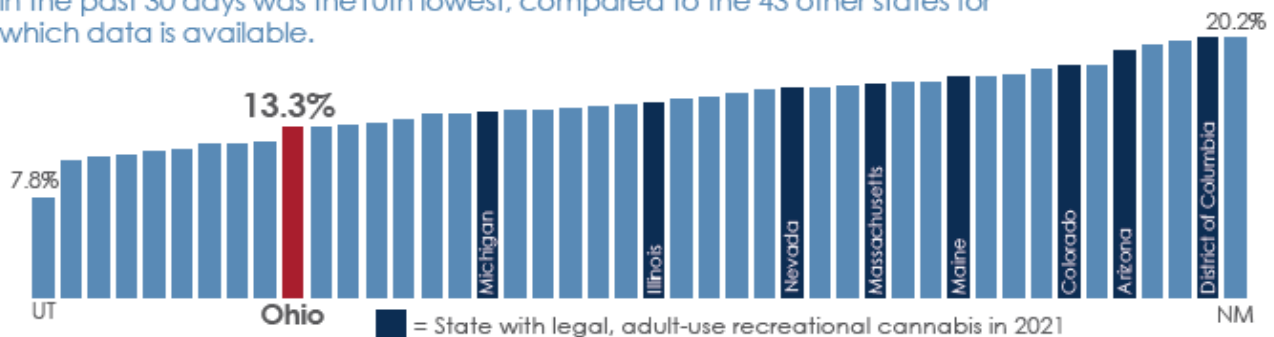
- Increased respiratory symptoms
- Poorer cognitive development
- Memory and learning problems
- Difficulty thinking and problem solving
- Problems with school and social life
- Higher risk of mental health issues
- Impaired driving risks
- Potential for addiction

Parents, physicians, and other personnel should discuss the risks of cannabis use and vaping with teens, emphasizing the impact on developing brains.

### Cannabis Use Among Ohio Teens<sup>154</sup>

Cannabis use among Ohio teens was relatively low in 2021, but with the recent legalization of recreational use for adults, policymakers will have to consider strategies to ensure that use does not increase among teens. Policymakers will need to weigh public health, public safety and equity considerations, and draw upon **lessons learned** from decades of tobacco control policy as they create recreational cannabis regulations.

In 2021, the percent of Ohio high school students who had used cannabis in the past 30 days was the 10th lowest, compared to the 43 other states for which data is available.



## YOUTH HEALTH: MENTAL HEALTH

## KEY FINDING:

**One in four Tuscarawas County youth reported feeling so sad or hopeless almost every day for two or more weeks in a row that they stopped doing usual activities in the past 12 months. One in 10 said they seriously considered attempting suicide during the past 12 months.**



**49% of Tuscarawas County youth reported they have been bothered by feeling nervous, anxious, or on edge at least several days over the past 2 weeks**, and about one third said they have been bothered by not being able to stop or control worrying (36%), by feeling down, depressed, or hopeless (34%), and by little interest or pleasure in doing things (31%) at least several days over the past 2 weeks, respectively.



**1 in 4 Tuscarawas youth (24%) felt so sad or hopeless almost every day for 2 weeks or more in a row that they stopped doing usual activities in the past 12 months.**



**Tuscarawas County youth reported better mental health than youth in Ohio or the U.S.** 43% of youth in Ohio and 42% of youth in the U.S. said they felt sad or hopeless almost every day for 2 or more weeks in a row compared to 24% of Tuscarawas County youth.



**1 in 10 Tuscarawas youth (10%) said they seriously considered attempting suicide during the past 12 months**, compared to 22% of youth in Ohio and the U.S.



**Among Tuscarawas County youth who seriously considered attempting suicide, nearly half (46%) actually attempted suicide at least once.** As a result, almost a quarter (23%) of those who attempted suicide had injury, poisoning, or overdose that had to be treated by a doctor or nurse.



Tuscarawas County youth reported the following ways of **dealing with stress**:

- Engage in physical activity 33%
- Avoid people who create “drama” 15%
- Express oneself through the arts and literature 13%
- Participate in hobbies or community service 8%
- Meditate, pray, use relaxation techniques 7%
- Get support from others 7%
- Limit exposure to social media 2%



The percentage of Tuscarawas County youth who reported **not having any stress declined from 21% in 2021 to 15% in 2024.**



**40% of Tuscarawas County youth reported they had ever visited a doctor, nurse, therapist, social worker, or counselor for a mental health problem.** 38% had visited in the past 2 years and 4% had visited more than 2 years ago.

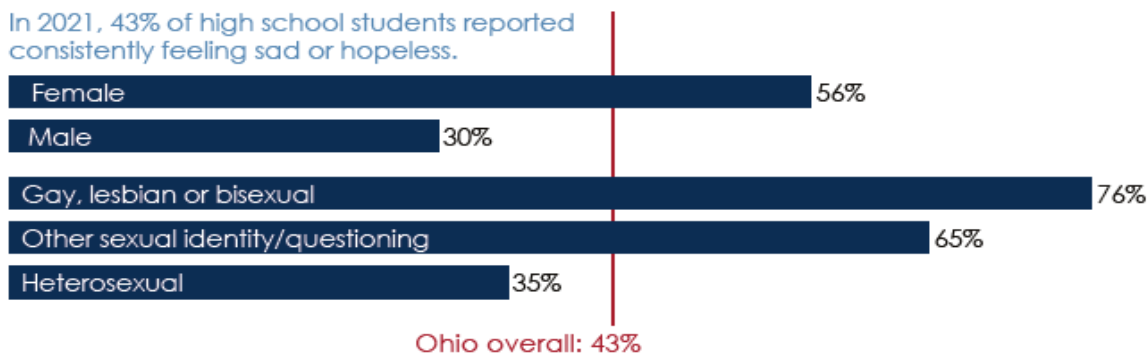
## Known Disparities in Mental Health Among Ohio Teens<sup>155</sup>

### Mental health challenges among high school students

Source: Behavioral Risk Factor Surveillance System

Significant disparities in mental well-being exist among Ohio teens, especially for female students and students who are members of the LGBTQ+ community.

In 2021, 43% of high school students reported consistently feeling sad or hopeless.



**Note:** Question asked “During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?”  
Source: Youth Risk Behavior Surveillance System






## Risk Factors for Poor Mental Health<sup>156</sup>



- NOT Physically Active  $\geq 60$  minutes on  $\geq 5$  days
- NOT getting Adequate Sleep  $\geq 8$  hours

- NO Household Adult always trying to meet their basic needs
- LOW levels of Parental Monitoring
- LOW levels of School Connectedness
- DO NOT Play on a Sports Team

**4 in 10 U.S. high school students report feeling sad or hopeless\***

**Parents and caregivers can help support teens' mental health:**

-  Encourage 8 hours of sleep nightly
-  Support healthy social connections with peers at school
-  Promote daily physical activity
-  Know where they're going and who they're with
-  Show care and support by being involved

 [bit.ly/su7304a9](https://bit.ly/su7304a9) OCTOBER 8, 2024 \*Youth Risk Behavior Survey, U.S. 2023 

## YOUTH HEALTH: SOCIAL DETERMINANTS OF HEALTH



## KEY FINDING:

Some portions of Tuscarawas County have a significant number of youth living in poverty.

### Health Care Access and Personal Health



More than half of Tuscarawas youth (52%) reported visiting a doctor or a nurse for a physical exam when they were not sick or injured during the past 12 months.



12% of youth had been told by a doctor, nurse, or parent that they have a disability or long-term health condition.



Tuscarawas County youth reported they got the following amounts of sleep on an average school night:

- 6 hours or less (29%)
- 7 to 9 hours (65%)
- 10 or more hours (5%)



Tuscarawas County youth reported their parents limit the times of days or length of time they can use an electronic device (including TV, computer, tablet, cellphone, or other electronic device) for non-school-related activities at the following frequencies:

- Never (39%)
- Rarely (24%)
- Sometimes (21%)
- Often (16%)

### Personal Safety



**In the past 30 days, 16% of Tuscarawas County youth drivers reported they had texted or emailed on at least one day while driving a car or other vehicle.** 3% of youth drivers reported texting or emailing on 10–29 days in the past month, and 5% reported doing so on all 30 days.



**14% of Tuscarawas County youth had a concussion in the past year from playing a sport or being physically active, double the percentage of youth reporting so in 2021.**

## Neighborhood and Built Environment



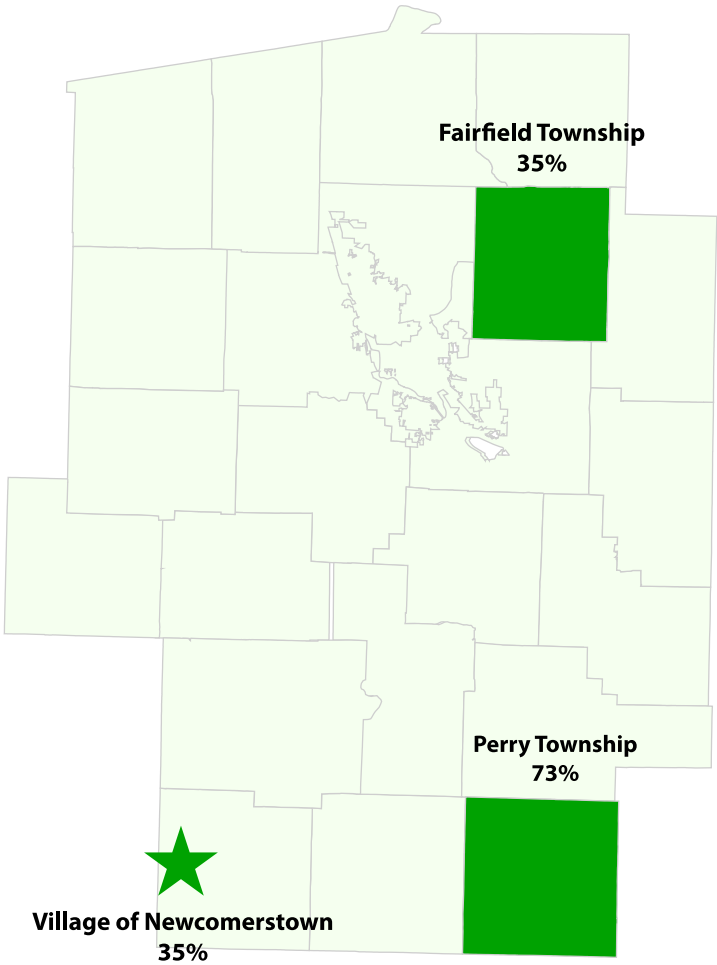
**82% of Tuscarawas County youth indicated they felt safe and secure at school most or all of the time,** while 7% said they felt safe rarely or never.



**15% of youth in the county said they had seen someone get physically attacked, beaten, stabbed, or shot in their neighborhood in their lifetime.**

# Economic Stability

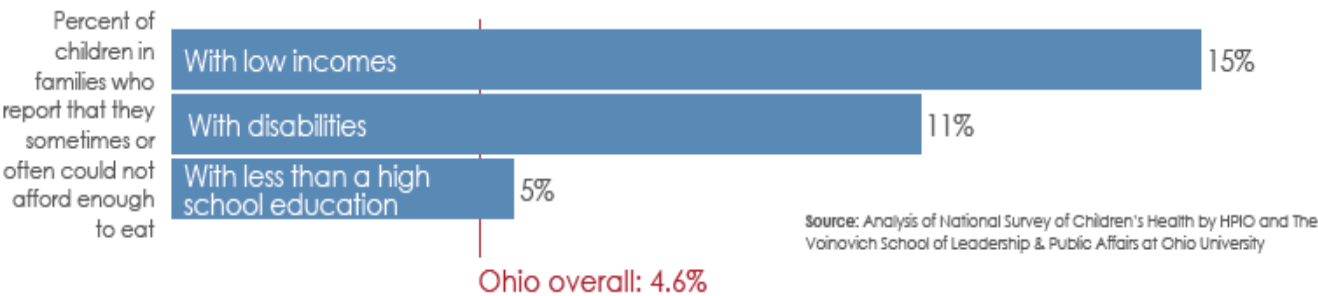
Tuscarawas County areas with the HIGHEST percentage of children living in poverty<sup>157</sup>:



## Food Insecurity Among Children<sup>158</sup>

Factors like discrimination and poverty can cause barriers to opportunity, such as an inability to access healthy foods, stable housing and meaningful employment, for groups of Ohioans.

Children with disabilities, from families with low incomes and from families with low educational attainment were more likely to be food insecure than Ohioans overall in 2019-2022.



## Social and Community Context

Only 28% of Tuscarawas County youth reported they did not experience any adverse childhood experiences (ACEs); 43% experienced 1 or 2 ACEs; 10% reported 3 ACEs; 19% reported 4 or more..

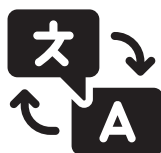
**In 2024, Tuscarawas County youth reported experiencing the following ACEs:**

- Their parents became separated, divorced, or were never married (42%)
- A parent or adult in their home swore at, insulted, or put them down (41%)
- Lived with someone who was depressed, mentally ill, or suicidal (25%)
- Lived with someone who was a problem drinker or alcoholic (23%)
- A parent or adult in their home hit, beat, kicked, or physically hurt them (15%)
- Lived with someone who went to jail, prison, or other correctional facility (15%)
- They didn't have an adult who tried hard to make sure their basics needs were met such as looking after their safety and making sure they had clean clothes and enough to eat (12%)
- Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (10%)

## Education



**28% of Tuscarawas County youth agreed or strongly agreed with the statement “I enjoy coming to school.”**



**57% of Tuscarawas County youth agreed/strongly agreed that they can go to adults at their school for help as needed, and 52% agreed/strongly agreed that the school provided various opportunities to learn about and appreciated different cultures and ways of life. 47% agreed/strongly agreed that they feel like they belong at their school.**



**Most Tuscarawas County youth reported their parents talk to them about their school activities (65%) and that their parents pushed them hard to work hard at school (77%).**

## School Perceptions

*Tuscarawas County youth reported the following about school:*

Perceptions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I enjoy coming to school	16%	16%	40%	22%	6%
I feel like I belong at my school	9%	11%	32%	33%	13%
I can go to adults at my school for help if I needed it.	9%	7%	27%	38%	19%
My school provides various opportunities to learn about and appreciate different cultures and ways of life.	6%	8%	33%	40%	13%
My parents talk to me about what I do in school.	5%	7%	22%	42%	23%
My parents push me to work hard at school.	2%	4%	17%	37%	40%

## Gambling



**In the past 12 months, 11% of youth in Tuscarawas County reported gambling money or things** while playing cards, betting on personal skills or sports teams, buying lottery tickets or scratch-offs, or participating in internet gaming.



Among Tuscarawas County youth who had gambled in the past 12 months, they reported gambling at the following frequencies: **less than once a month (52%), about once a month (20%), about once a week (15%), and daily (13%).**



Tuscarawas County youth gamblers experienced the following in the past 12 months: **gambled more than they planned to (32%), felt bad about the amount they bet, or about what happened when they bet on money or things (20%), and hid from family or friends any betting slips, I.O.U.s, lottery tickets, money or things they won, or other signs of gambling (7%).**



**9% of youth gamblers in the county reported they had lied to important people in their lives about how much they gambled.**

# YOUTH HEALTH: VIOLENCE AND BULLYING

## KEY FINDING:

In 2024, 34% of Tuscarawas County youth experienced bullying in the past year, up from 31% in 2021. Tuscarawas youth expressed greater concerns about school safety than Tuscarawas youth in 2021.

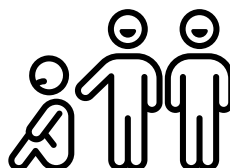
### School



In 2024, 12% of youth reported that they did not go to school because they felt unsafe at school or on their way to or from school in the past 30 days, compared to 10% of youth in 2021.



8% in 2024 said that they were threatened or injured with a weapon at least once on school property in the past 12 months, compared to 4% in 2021.



22% in 2024 reported being bullied on school property during the past 12 months, compared to 18% in 2021.



14% of youth had been in a physical fight during the past 12 months. Of those who had been in a physical fight, 28% said they had been in a physical fight on school property.

### Dating



In the past 12 months, 6% of youth in Tuscarawas County reported they had been physically hurt by someone they were dating.

### Bullying



34% of Tuscarawas youth reported experiencing some type of bullying in the past 12 months.



25% of youth were verbally bullied (teased, taunted, or called harmful names).



20% of youth were indirectly bullied (spread mean rumors about them or kept them out of a “group”).



8% of youth were physically bullied (were hit, kicked, punched or people took their belongings).



5% of youth were cyber bullied (teased, taunted or threatened by e-mail, cell phone, or other electronic methods).



12% of youth had been electronically bullied (through texting, Instagram, Facebook, or other social media platforms).

## Types of Bullying Tuscarawas County Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 or younger	14—16 years old	17 or older
Verbally Bullied	25%	21%	30%	29%	24%	14%
Indirectly Bullied	20%	12%	29%	22%	20%	11%
Cyber Bullied	5%	3%	8%	5%	6%	3%
Physically Bullied	8%	9%	7%	11%	7%	3%



## NOTABLE DISPARITIES

<p><b>Tuscarawas County females were more likely than males to be hurt by someone they were dating (6% females; 4% males).</b></p>	<p><b>Males were more likely than females to be in a physical fight (19% males; 9% females).</b></p>	<p><b>Tuscarawas male youth experienced substantially more verbal bullying than indirect bullying (21% vs. 12%).</b> For Tuscarawas female youth, there was almost no difference between being verbally bullied and indirectly bullied (30% vs. 29%).</p>
<p><b>Being verbally bullied, indirectly bullied, and physically bullied tended to happen more often to younger age groups than older age groups, but the rates of being cyber bullied were similar across youth age groups.</b></p>	<p><b>According to the CDC, female students are more likely than male students to experience bullying, both on school property and electronically. LGBTQ+ students are more likely than cisgender and heterosexual students to experience bullying, both on school property and electronically.<sup>clix</sup></b></p>	

## Youth Bullying and Health Outcomes<sup>159</sup>

Bullying can result in physical injury, social and emotional distress, self-harm, and even death. It also increases the risk for depression, anxiety, sleep difficulties, lower academic achievement, and dropping out of school.

Youth who bully others are at increased risk for substance misuse, academic problems, and experiencing violence later in adolescence and adulthood. Youth who bully others and are bullied themselves suffer the most serious consequences and are at greater risk for mental health and behavioral problems.

Parents, school staff, and other caring adults can:

- Help kids understand bullying and how to stand up to it safely.
- Keep the lines of communication open by checking in with kids often and listening to them.
- Encourage kids to do what they love so they can build confidence and make friends.
- Model how to treat others with kindness and respect.

Additionally, school-based programs that strengthen youths' interpersonal and emotional skills, including empathy, conflict management, and teamwork, can reduce bullying.

All young people deserve to grow up safely and thrive.



# YOUTH HEALTH: PERCEPTIONS REGARDING SUBSTANCE USE

## KEY FINDING:

Tuscarawas County youth perceived smoking marijuana once or twice a week as the substance use behavior least likely to cause themselves harm physically or in other ways.



About 4 in 10 (41%) of Tuscarawas youth perceived there was a great risk in harming themselves physically or in other ways if they had 5 or more drinks of an alcoholic beverage once or twice a week. Nearly half of Tuscarawas female youth (47%) considered this as a great risk, compared to one third of Tuscarawas male youth (33%).



A majority of Tuscarawas youth (60%) indicated using prescription drugs that were not prescribed to them was a great risk in harming themselves physically or in other ways. Fewer respondents considered it to be a great risk to engage in other activities—smoking one or more packs of cigarettes per day (51%), using electronic vapor products every day (51%), and smoking marijuana once or twice a week (41%).



Perceptions of great risk of harm for the use of tobacco, alcohol, marijuana, or other drugs increased among Tuscarawas youth from 2021 to 2024. For example, while 41% of youth in 2024 perceived great risk of physical or other harm if someone has 5 or more drinks of an alcoholic beverage 1 to 2 times per week, only 24% of youth in 2021 perceived drinking to be a great risk.



There was a notable gap between the perceived degree of great disapproval by parents and by friends for use of alcohol. Three quarters of Tuscarawas youth (75%) perceived that their parents would feel it was very wrong for them to have one or two drinks of an alcoholic beverage nearly every



This perception gap (degree of great disapproval by parents vs. by friends) occurred with other substances as well, including smoking tobacco (82% vs. 64%), using electronic vapor products (81% vs. 63%), smoking marijuana (83% vs. 67%), and misusing prescription drugs (84% vs. 71%).

day, while just 59% thought their friends would feel the same way.



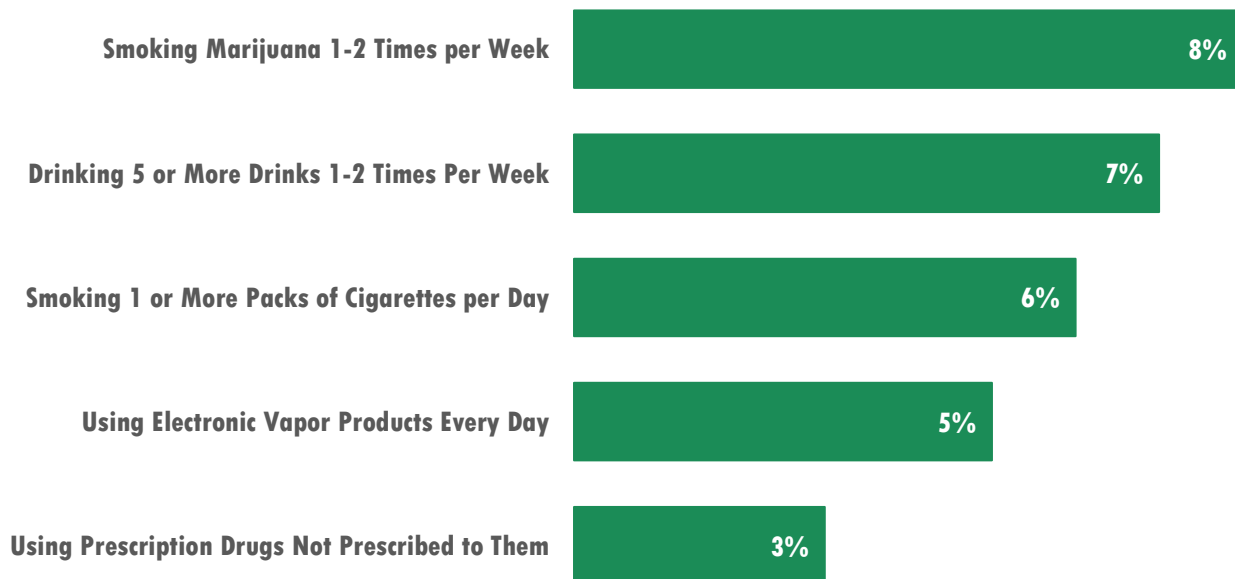
## NOTABLE DISPARITIES

**Tuscarawas County females were more likely than males to perceive the use of alcohol, marijuana, or other drugs as a risk of causing physical or other harm.** For example, 53% of females indicated there was a great risk of causing harm if people use electronic vapor products every day compared to 48% of males

**The perceived risk of harm for smoking one or more packs of cigarettes per day was similar among males and females.**

**Perceived risks of harm for the use of tobacco, alcohol, marijuana, or other drugs was similar among youth aged 13 or younger, 14–16, and 17 or older.**

### Percentage of Tuscarawas County Youth Perceiving NO RISK in Using Tobacco, Alcohol, or Other Drugs



### Perceived Great Risk of Substance Use

How much do you think people risk harming themselves if they:	Total	Male	Female	13 or younger	14—16 years old	17 or older
Have five or more alcoholic beverages once or twice a week	41%	33%	47%	37%	41%	42%
Smoke one or more packs of cigarettes per day	51%	50%	51%	50%	51%	49%
Use electronic vapor products every day	51%	48%	53%	50%	53%	46%
Smoke marijuana once or twice a week	41%	39%	44%	48%	40%	39%
Misuse prescription drugs	60%	56%	64%	61%	59%	63%

### Perceived Degree of Great Disapproval by Parents

Parents feel it would be <u>very wrong</u> for you to do the following:	Total	Male	Female	13 or younger	14—16 years old	17 or older
Have one or two drinks of an alcoholic beverage nearly every day	75%	74%	76%	76%	74%	77%
Smoke tobacco	82%	83%	81%	81%	82%	80%
Use electronic vapor products	81%	83%	79%	82%	81%	80%
Smoke marijuana	83%	84%	82%	86%	82%	81%
Misuse prescription drugs	84%	85%	83%	85%	83%	83%

### Perceived Degree of Great Disapproval by Friends

Friends feel it would be <u>very wrong</u> for you to do the following:	Total	Male	Female	13 or younger	14—16 years old	17 or older
Have one or two drinks of an alcoholic beverage nearly every day	59%	58%	60%	52%	62%	60%
Smoke tobacco	64%	61%	67%	62%	65%	62%
Use electronic vapor products	63%	63%	63%	63%	65%	57%
Smoke marijuana	67%	64%	69%	66%	68%	63%
Misuse prescription drugs	71%	69%	73%	66%	72%	74%

## COMMUNITY CONTEXT SUMMARY

# COMMUNITY CONTEXT

In August 2024, members of the Healthy Tusc coalition completed an assessment to better understand Tuscarawas County’s strengths, assets, and culture as well as forces of change that impact health and well-being. Awareness of the community context is essential to identifying ways in which community partners may work together on strategies to address the key health issues for adults and youth that were identified in this Community Health Needs Assessment.

## Assets in the Built Environment

Built Environment Elements	Details
Healthcare Facilities	Strong healthcare system: two hospitals, two health departments, and a federally qualified health center
Education	Buckeye Career Center Kent State University High-performing local schools Free breakfast/lunch for students
Charity and Philanthropy	Strong support from organizations like Community Foundation, United Way, and the Church community
Social Service Organizations	United Way TUFF Bags Senior Centers Rotary Club
Farmers Markets	Availability of fresh food at county markets. Many accepting SNAP/EBT and senior benefits
TUFF Bags Program	Backpack program ensures children have food to take home each Friday
Recreation	Trail system Theaters Arts council Philharmonic
Library System	Digital resources Technology assistance Museum day passes Equipment rentals
Substance Abuse Resources	OhioGuidestone Plans for a new homeless shelter
Community Engagement	Frequent festivals and events create a connected community
Historic Culture	Significant historical sites, including Ohio's only Revolutionary War court
Economic Development	Active organizations attract manufacturers Robust small business community
Youth Opportunities	Student sports Dance studio Pool
Community Health Worker System	Growing network helping residents with housing, medication, and child care

## Barriers in the Built Environment

Built Environment Elements	Details
Transportation	Transportation issues make it difficult for residents to access healthcare and other services
Broadband Access	Limited broadband in some areas affects access to telehealth and online learning
Housing Conditions	Unsafe rental housing with issues like pests and inadequate maintenance
Rent	High rent costs compared to wages
Child Care Access	Long waitlists for child care services

## Forces of Change

Healthy Tusc members identify both positive and negative forces that could impact community health improvement and the overall well-being of the community over the next three years.

Forces of Change	Threats Posed
Increase in Suicide Deaths	Rising rates of suicide in older males due to health concerns and relationship issues. Higher rates in youth.
Growth of Immigrant Population	Challenges accessing and understanding health resources due to language barriers.
Backlash Against Public Health System	Distrust and resistance to public health efforts, especially since COVID-19, hinder policy effectiveness.
Mental Health Workforce Issues	Insufficient staffing and high demand lead to long wait times. Smaller counties struggle to offer competitive salaries.
LGBTQ Youth Issues	Restrictive legislation limits support for LGBTQ youth, worsening mental health struggles.
Challenges from the Prevention Services Act	Barriers in accessing appropriate care levels force high-need children out of state. Facilities avoid complex cases due to poor reimbursement.
Compliance Issues	Compliance demands divert focus from patient care due to non-compliance penalties.
Disparity Between Medicaid and Private Insurance	Inequality in care access based on insurance type.
Lack of Housing	Insufficient housing for those with mental health and addiction issues, especially youth.
Economic Decline in Newcomerstown	Loss of manufacturing and road rerouting led to job and housing losses. Southern part of county remains isolated.
Caregiver Challenges	Caregivers face tough choices between work and providing care due to limited health and housing options.

Climate Change	Severe weather affects insurance and housing. Challenges for farmers, i.e., drought and flooding. Rise in diseases such as Lyme disease and Dengue fever.
Positive Impact of COVID-19 on Farmers Markets	Pandemic highlighted the essential role of farmers markets during crisis. Is more utilized resource now.
Community Health Workers	Challenges in linking individuals with CHWs due to transportation and coordination issues.

### Community Stakeholder Perceptions

In November 2024, the Healthy Tusc consortium held a “Creating a Thriving Community” presentation to share the findings of the 2024 Tuscarawas County Community Health Needs Assessment with the community. Following the presentation, attendees were asked to complete a brief survey to share their perceptions regarding the most pressing health issues identified in the presentation and to identify resources in the community that should be leveraged to address the top issues. See Appendix C for details.

# APPENDICES

## APPENDIX A



## Demographic Profile of the 2024 Tuscarawas County Community Health Survey Respondents

There were 704 respondents to the 2024 Community Health Survey for adults. Based on the total adult population of 71,019, the confidence level for this sample size was 95%, with a 4% margin of error.

Adult Variable	2024 Adult Survey Sample	Tuscarawas County Census 2019–2023 (5-year estimate)
<b>Age</b>		
18–24	4.7%	7.7%
25–44	30.2%	23.4%
45–64	39.9%	25.8%
65 or older	25.1%	19.9%
<b>Gender</b>		
Male	21.9%	49.9%
Female	77.1%	50.1%
Prefer not to say	0.6%	NA
<b>Race/Ethnicity</b>		
White	93.5%	95.9%
Black or African American	1.6%	1.1%
American Indian or Alaskan Native	0.9%	0.7%
Asian	0.6%	0.4%
Two or More Races	3.0%	1.6%
Hispanic Origin (may be of any race)	2.7%	4.7%
<b>Marital Status</b>		
Married	60.9%	53.6%
Divorced/Separated	13.2%	12.8%
Widowed	6.5%	6.7%
Single	13.4%	26.8%
A member of an unmarried couple/domestic partnership	6.0%	NA
<b>Education</b>		
Less than High School Diploma	3.6%	13.9%
High School Diploma or higher	96.1%	86.1%
Bachelor's Degree or higher	37.4%	18.1%
<b>Household Income</b>		
Less than \$10,000	4.3%	3.3%
\$10,000 - \$49,999	30.8%	20.8%
\$50,000 - \$99,999	35.1%	41.6%
\$100,000 - \$149,999	17.6%	18.4%
\$150,000 - \$200,000	6.3%	11.7%
More than \$200,000	2.6%	4.3%
Don't know	3.3%	NA

Zip Code	2024 Adult Survey Sample	2021 Adult Survey Sample
44663	32.0%	15.0%
44622	27.6%	30.1%
43832	8.4%	8.3%
44621	7.0%	8.7%
44683	6.0%	5.8%
44612	3.4%	3.9%
44682	3.0%	0.0%
43837	2.3%	3.4%
44656	2.3%	3.9%
44629	2.1%	1.5%
44680	2.0%	5.3%
44681	1.4%	5.8%
43840	0.7%	1.0%
44624	0.7%	0.0%
44653	0.6%	0.0%
44697	0.3%	0.0%
44699	0.3%	0.0%
44678	0.1%	0.0%
43804	0.0%	2.4%
44671	0.0%	0.5%

# APPENDIX B

## Demographic Profile of the 2023–2024 Tuscarawas County OHYES Youth Survey Respondents

Five out of 8 public school systems in the county participated (2 of the largest schools were unable to participate). A total of 1,536 (out of 6,007) middle and high school students participated (26%). The confidence level for this sample size was 95%, with a 3% margin of error.

Variable	2024 Youth Survey Sample
<b>School Grade</b>	
7	25%
8	26%
9	29%
10	5%
11	12%
12	3%
<b>Age</b>	
12 years old	10%
13 years old	25%
14 years old	27%
15 years old	18%
16 years old	9%
17 years old	8%
18 years old or older	3%
<b>Sex</b>	
Male	50%
Female	50%
<b>Race/Ethnicity</b>	
White (non-Hispanic)	87%
Black or African American (non-Hispanic)	1%
All Other Races (non-Hispanic)	1%
Multiple Races (non-Hispanic)	6%
Hispanic Origin (may be of any race)	4%

# APPENDIX C

## Community Stakeholder Perceptions

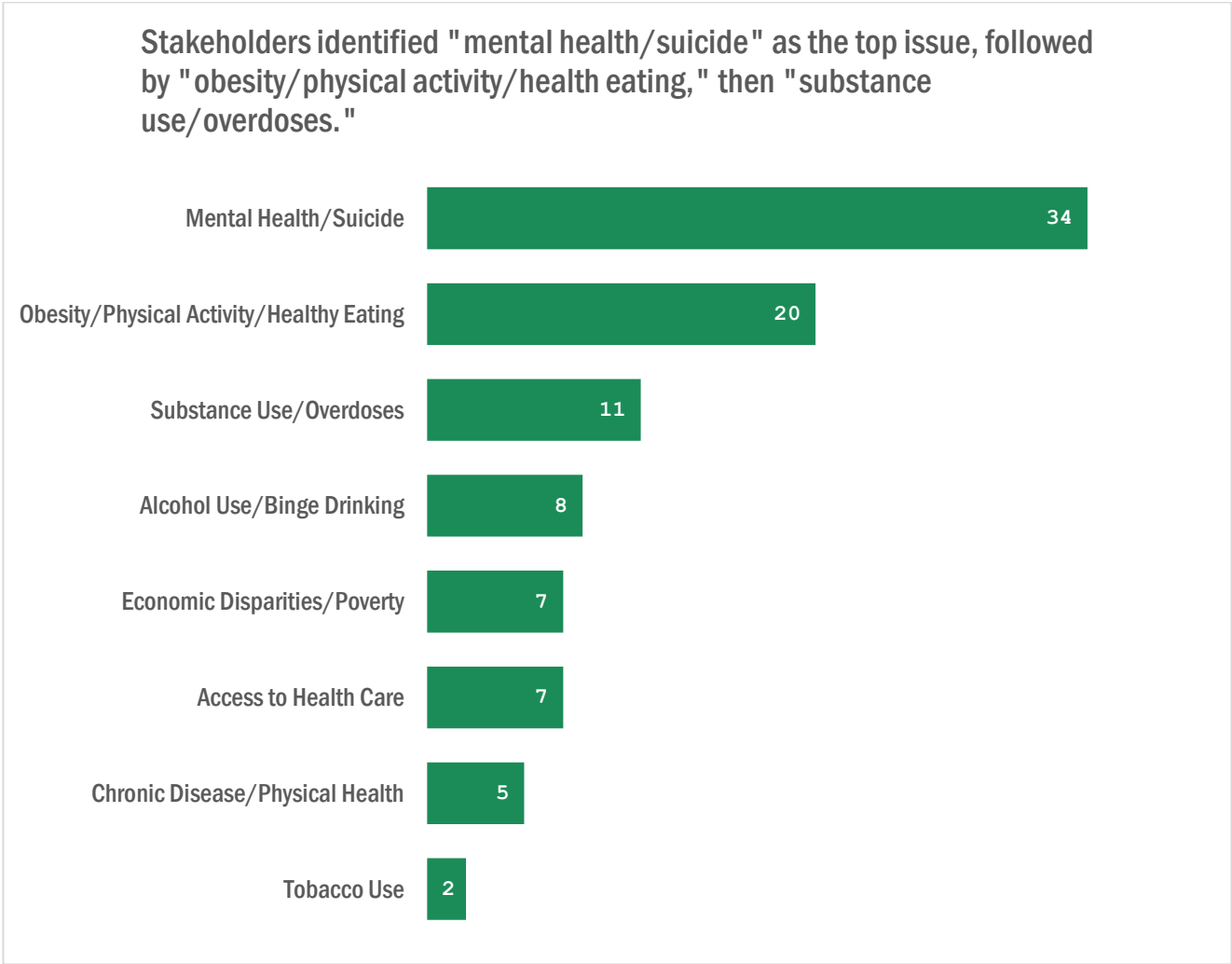
In November 2024, the Healthy Tusc consortium held a “Creating a Thriving Community” presentation to share the findings of the 2024 Tuscarawas County Community Health Needs Assessment with the community. Following the presentation, attendees were asked to complete a brief survey to share their perceptions regarding the most pressing health issues that should be addressed in the Community Health Improvement Plan. There were 45 respondents to the survey.

Respondents to the Community Stakeholder Perceptions survey included representatives from the following sectors:

Access Tusc	Newcomerstown Mayor
ADAMHS Board of Tuscarawas and Carroll Counties	New Philadelphia City Health Department
Beneath the Shade Women’s Transitional Living Space	New Philadelphia Council Member
Cleveland Clinic Union Hospital	Ohio State University Extension
Community Members	SpringVale Health Centers
COMPASS Sexual Assault Education, Prevention, & Support	Township Trustee
East Central Ohio Educational Service Center	Trinity Health System—Twin City Medical Center
Empower Tusc Anti-Drug Coalition	TUFF Bags (food insecurity)
Freeport Press	Tuscarawas County Commissioner
HARCATUS Tri-County Community Action Organization	Tuscarawas County Convention and Visitors Bureau
Help Me Grow	Tuscarawas County Job and Family Services
Kent State University Tuscarawas	Tuscarawas County Health Department
Medi-Wise Pharmacy	Tuscarawas County YMCA
Midvale Methodist Church	Tuscarawas Valley Farmers Market
Mine-ding Midvale’s History	WTUZ Radio

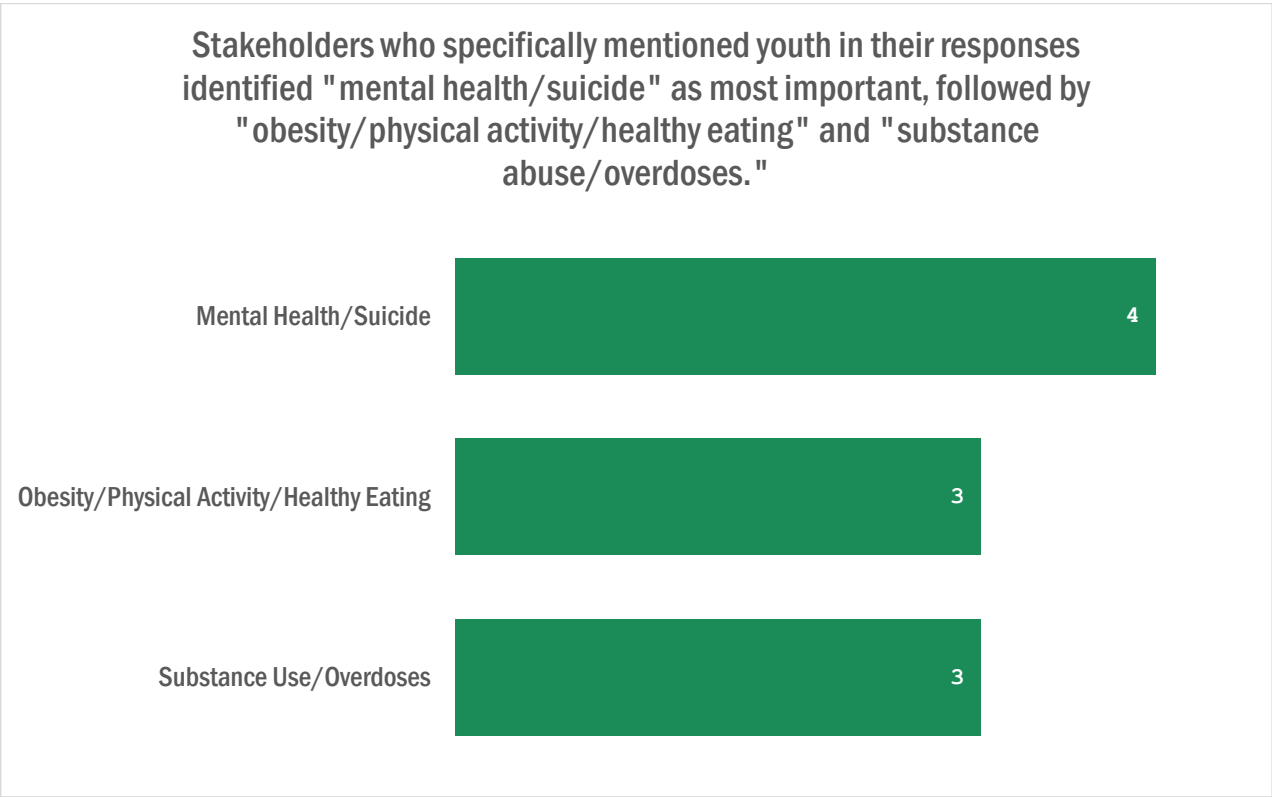
**Question 1: Based on the Community Health Needs Assessment, what issues do you see as the most important?**

**Stakeholders’ Perceptions of the Most Important Health Issues**



In addition to the issues listed above, one person each mentioned “insurance coverage,” “all concerns related to individuals under \$40,000,” and “getting Dover and New Philadelphia School Districts to do the survey” as the most important issues.

Stakeholders’ Perceptions of the Most Important Issues for Youth



**Question 2: Are there any groups or agencies you think would be valuable resources or partners to work toward the above issues you identified?**

ADAMHS (7)	Healthy Tusc organizations (6)	YMCA (6)
Area hospital systems (6) CCUH/ Trinity Hospital	Mental health agencies/counselors (5)	Tuscarawas County and New Philadelphia City health departments (4)
SpringVale Health Center (3)	Community churches/religious organizations (3)	Schools (3)- Instill healthy choices in youth. The earlier these children adopt a healthy lifestyle the better
Empower Tusc Coalition specifically the Suicide Prevention committee (3)	OSU Extension (2)	Access Tusc (2)
Farmers markets (2)	Drug treatment teams Medical providers	All healthcare facilities / Agencies in Tusc.
Tusc Co. Economic Development Corporation	Insurance providers	Those teaching healthy forms of stress relief
Mental health facilities and drug and alcohol facilities	Ohio Guidestone	Tuscarawas County Addiction Task Force
Wellmore Centre, Beneath the Shade	Chrysalis	HARCATUS
MH concerns need to be addressed county-wide vs just by the BH system. Community leaders (commissioners, mayors, law enforcement) should be encouraged to join in stigma reduction and BH supportive activities	Local corporations with larger base who have internal health initiatives	Organizations that serve at-risk populations
Senior Center	JFS	Gyms
Local organizations, i.e. Lions club, exchange clubs etc.	Health Department and ADAMHS board. Both are already partners, but working together with other agencies to promote physical and mental wellness.	I believe that those involved with Healthy Tusc are well-equipped; however, other organizations that may assist are health and government related with interest.
Cognitive Organics		

**Question 3: What are some barriers that you or your community organization may face regarding the issues you identified?**

**Staffing: lack of staff or staff time constraints**

- Staff time to devote to issues outside of funded focuses.
- Staffing and workforce issues  
Need community partnership to approach the problem from a different vantage point
- Staffing
- One barrier for the community agencies are workforce issues to more timely serve the community in a quality manner. We cannot find qualified staff because we cannot offer the rates they can be paid in larger counties. This staff shortage is creating burnout with staff remaining.
- Time constraints
- Dollars to provide staff to do their work
- Capacity, Staffing
- Qualified staff/lack of staff

**Lack of Funding for Personnel or Programming**

- Funding for personnel
- Availability of funding and qualified personnel to address, manage and lead improvement campaigns.
- Funding to support new/continued programming
- Funding
- Not enough funding to support certain projects.
- Funding
- Inadequate resources (time, staff, and/or funding) to address the concerns sufficiently.
- Funding
- Funding

**Accessing Care: Limited Providers or Resources or Services; Wait Times**

- Lack of certified professionals in this field
- Lack of primary care physicians.
- Resources available
- Services
- Lack of providers, wait times
- Wait times at medical providers
- Accessing care for the most vulnerable populations
- Access to care



### Overcoming Stigma, Resistance, & Denial; Getting through to People

- Resistance
- Addressing suicide in a public setting, fear of weight shaming, getting through to someone struggling with alcohol abuse
- Stigma
- Stigma against mental health  
As stated in presentation the schools who wouldn't participate may not let us work with the school on mental health issues
- Stigma and ignorance
- Stigma, denial

### Individual Engagement, Responsibility, & Habits

- Consumer engagement/responsibility
- Encouraging those impacted to act on their own behalf
- Changing habits, Changing cultural standards
- Active participation with more community and individual involvement needed to be successful
- People not thinking they can exercise due to age, pain, no access to gyms ect.
- Getting committed participants and support
- Lifestyle habits

### Cost, Affordability

- Costs
- Cost of medical care
- Cost
- Affordability of services

### Social Determinants of Health: Poverty, Transportation

- Transportation
- Poverty
- Patient compliance due to SDOH
- Transportation

### Working Collaboratively

- Working collaboratively. We need to look at who is already doing prevention work and how we can merge our efforts.
- Not enough community agencies meeting to figure out how they could go in a grant together to meet some of these needs.

### Promotion and Communication

- Promotion and communication of resources
- Education of service
- The public must first understand the seriousness of the health problems in Tusc county before they will help solve the problems

### Getting School Districts Engaged

- Trying to get 100% of school districts to survey
- As stated in presentation the schools who wouldn't participate may not let us work with the school on mental health issues

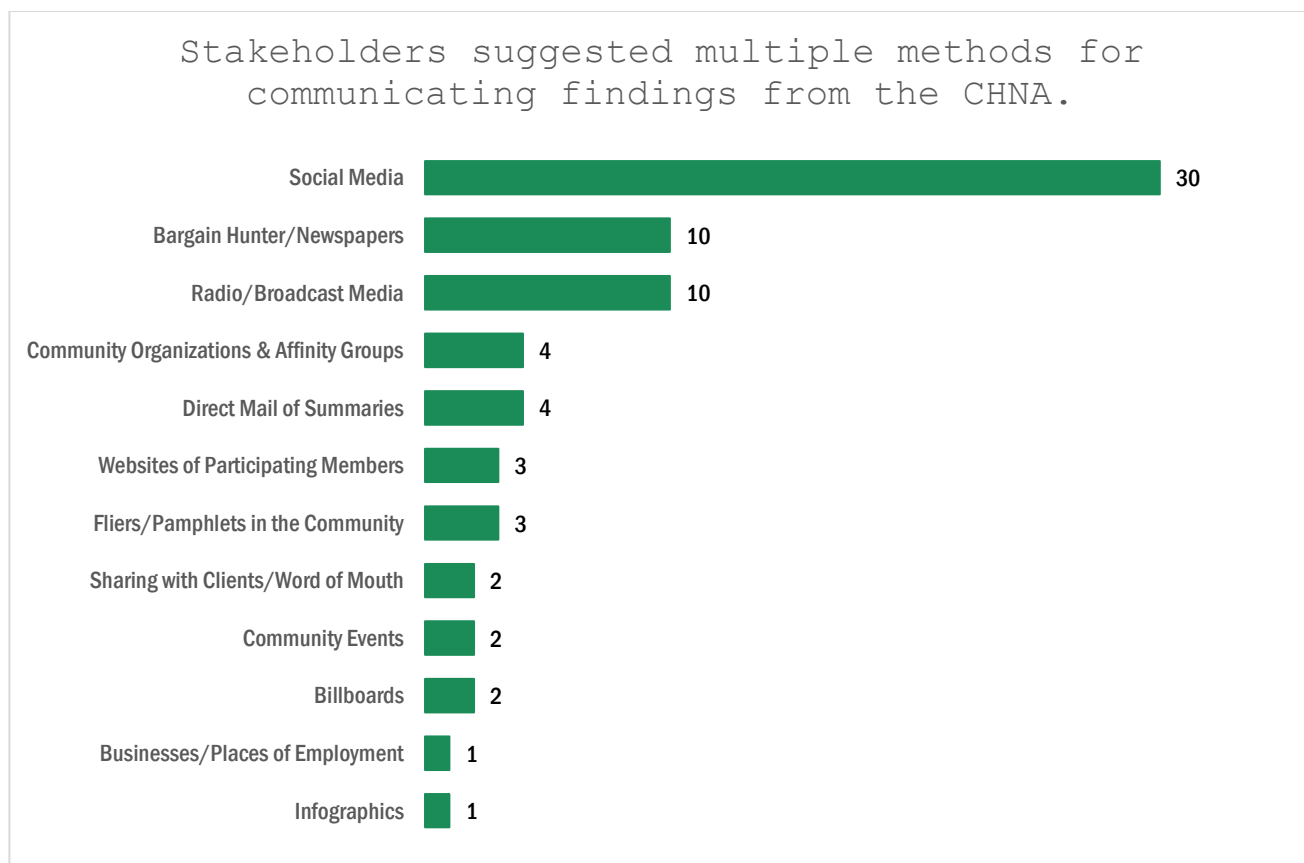
### Other

- Helping identify the most vulnerable populations
- Language barrier for minority population
- Honest responses
- The overall state of our society that focuses on our differences rather than what we have in common.
- Foods

#### Question 4: What will you or your organization do with this data?

Develop prevention programs and health education materials	Help Me Grow Home Visiting works with caregivers in Tuscarawas County and will use this data to help us understand the needs of our families	Policy change
Support Healthy Tusc	Display the facts on social media. Try to promote healthier events and lifestyle.	Share with organizations leaders to see how we can help our stakeholders
Grant proposals, performance indicators, trend tracking	Implement the data into current grants we have and implement into programming. We will also continue to write for new grants that pertain to these issues as they become available.	Share and compare to agency data
Work on work and life balance	Create programming to address these topics that are free to the public	Use in a church, etc., to try to improve health in Tusc County
Use the data to make informed decisions to guide our programming.	Share the data among my governing board, leadership team, providers, employees,	Use it for grant applications, speech presentations on related topics, share on our website, and share to build awareness.
We will use it while developing our violence prevention plan. So many of these topics are directly related to the increase in incidents of violence.	Use to identify needs	Support efforts in our community
Focus on partnerships in the community to create a holistic ecosystem	Share with partners and constituents	Help to spread the word to educate and involve others
Use it to direct activities and a strategic plan	Use the data as we plan training for employees, parents, children	Educate clients, patients and staff
Review for our engagement opportunities as well as collaboration opportunities	Design programs to reduce youth drug use/misuse and [support] suicide prevention	We will find ways to continue to work with all agencies in our community that care about our wellbeing
Adopt as issues to address and participate in CHIP process.	Have open discussions on how we can further assist in helping the community to be healthier	Use this data to determine activity and funding needs. Look for grant opportunities.
Share with groups working within these areas....care coordinator, Help Me Grow home visitors	Inspiring to make a change, join organizations that make a difference	We use the assessment to help guide programming through Community Health
This data will help better our prevention programming, while also helping those who need counseling in our community providing them free services.	Apply it to our strategic plan initiatives and look for ways we can get more people into our programs and services. Hopefully I can use this information for grants I write to further benefit our county.	This will help inform our future campaigns and messaging
Plan our own quality improvement in our organization	Create action items in coalitions and committees	

**Question 5: In your opinion, what is the best way to communicate the information in the Community Health Needs Assessment to the rest of the public?**



**Selected detailed suggestions:**

- Presentations to leading government agencies and schools, along with a significant social media campaign over a multi-month period.
- Create a 2–3 minute video that can be shared via social media....websites, etc. Video should contain quick details/highlights...but also offer solutions/support/resources connected to identified concerns so someone who watches is left with hope.
- Facebook, newspaper article, radio spot, posting in libraries, sharing with schools (hopefully will also help boost participation)
- Via the media and through website and social media resources. It's also good to share the data via in-person presentations whenever possible.
- Billboards, pamphlets at local places, word of mouth
- Personnel of agencies attend local events
- Multimedia. Newspapers, radio, Facebook, community events to discuss

**Question 6: Other comments or concerns:**

The consumer needs to be involved in the planning and solutions to find ways for better engagement of the public to address these concerns and to have skin in the game.	Prevention, education, monitoring, and intervention all come to bear and have a positive impact on health in the county but just don't seem to be able to outweigh economic impact and poverty conditions.	Thank you for all the hours you spend on this and for informing Tusc county residents
Though the data doesn't show it, I am aware that more than 6% of children/teens are using vape products. I would like to develop programming that addresses these needs but don't know how the schools will respond	Appreciate all of the efforts being made by Healthy Tusc. In improving the health of Tuscarawas County	Thanks for all you do. Suggestions for TCHD: have links on website for this report. Suggest posting national and state food recall on TCHD website. Remember TCHD is our local source of health information and data.
Thank you for your hard work in analyzing this data!	Great job!	Thank you.
Thank you for your work!	Thank you	Great job! Thanks for your continued work.
This was well done and I am pleased with the information. Now it's on to Action Plans.	Thanks for your efforts to better Tusc County	How can we get the survey out to more residents of the county? You did a great job!
Thank you	Thank you for sharing	

# APPENDIX D

## Ohio County Profiles

Prepared by the Office of Research

2023 Edition



### Tuscarawas County

**Established:** Act - March 15, 1808  
**2022 Population:** 91,937  
**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	\$1,997,268,580
Residential	\$1,389,154,740
Agriculture	\$255,413,280
Industrial	\$96,133,490
Commercial	\$252,824,330
Mineral	\$3,742,740
Ohio income tax liability	\$46,833,728
Average per return	\$1,066.22

#### Land Use/Land Cover

	Percent
Developed, Lower Intensity	9.42%
Developed, Higher Intensity	2.68%
Barren (strip mines, gravel pits, etc.)	0.36%
Forest	51.83%
Shrub/Scrub and Grasslands	2.18%
Pasture/Hay	22.50%
Cultivated Crops	8.39%
Wetlands	1.55%
Open Water	1.09%

#### Largest Places

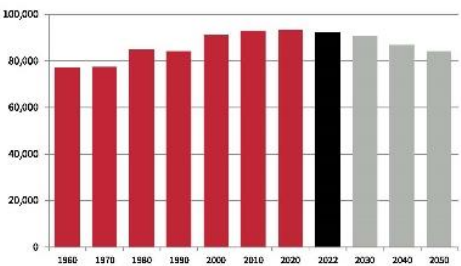
	2022	2020
New Philadelphia city	17,437	17,683
Dover city	12,997	13,203
Uhrichsville city	5,168	5,260
Lawrence twp UB	4,692	4,696
Dover twp UB	4,169	4,210
Goshen twp UB	3,843	3,908
Newcomerstown vil.	3,652	3,713
Strasburg vil.	2,758	2,757
Dennison vil.	2,669	2,711
Wayne twp	2,405	2,438

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	40,198	1990	84,090		
1890	46,618	2000	90,914		
1900	53,751	2010	92,582		
				Estimate	
				2022	91,937
				Projection	
				2030	90,206
				2040	86,669
				2050	83,900



## Ohio County Profiles

## Tuscarawas County

Population by Race	Number	Percent
ACS Total Population	93,025	100.0%
White	89,283	96.0%
African-American	883	0.9%
Native American	100	0.1%
Asian	331	0.4%
Pacific Islander	0	0.0%
Other	288	0.3%
Two or More Races	2,140	2.3%
Hispanic (may be of any race)	3,012	3.2%
<b>Total Minority</b>	<b>5,688</b>	<b>6.1%</b>

Educational Attainment	Number	Percent
Persons 25 years and over	64,304	100.0%
No high school diploma	7,479	11.6%
High school graduate	29,489	45.9%
Some college, no degree	10,686	16.6%
Associate degree	4,840	7.5%
Bachelor's degree	7,811	12.1%
Master's degree or higher	3,999	6.2%

Family Type by Employment Status	Number	Percent
Total Families	24,640	100.0%
Married couple, husband and wife in labor force	9,425	38.3%
Married couple, husband in labor force, wife not	4,286	17.4%
Married couple, wife in labor force, husband not	1,675	6.8%
Married couple, husband and wife not in labor force	3,986	16.2%
Male householder, in labor force	1,714	7.0%
Male householder, not in labor force	472	1.9%
Female householder, in labor force	2,007	8.1%
Female householder, not in labor force	1,075	4.4%

Household Income	Number	Percent
Total Households	37,661	100.0%
Less than \$10,000	2,052	5.4%
\$10,000 to \$19,999	3,436	9.1%
\$20,000 to \$29,999	3,719	9.9%
\$30,000 to \$39,999	3,720	9.9%
\$40,000 to \$49,999	3,566	9.5%
\$50,000 to \$59,999	3,134	8.3%
\$60,000 to \$74,999	4,220	11.2%
\$75,000 to \$99,999	5,409	14.4%
\$100,000 to \$149,999	5,757	15.3%
\$150,000 to \$199,999	1,600	4.2%
\$200,000 or more	1,048	2.8%
<b>Median household income</b>	<b>\$57,545</b>	

Percentages may not sum to 100% due to rounding.

Population by Age	Number	Percent
ACS Total Population	93,025	100.0%
Under 5 years	5,818	6.3%
5 to 17 years	15,725	16.9%
18 to 24 years	7,178	7.7%
25 to 44 years	21,712	23.3%
45 to 64 years	24,605	26.4%
65 years and more	17,987	19.3%
<b>Median Age</b>	<b>40.9</b>	

Family Type by Presence of Own Children Under 18	Number	Percent
Total Families	24,851	100.0%
Married-couple families with own children	6,354	25.6%
Male householder, no wife present, with own children	1,119	4.5%
Female householder, no husband present, with own children	1,689	6.8%
Families with no own children	15,689	63.1%

Poverty Status of Families By Family Type by Presence Of Related Children	Number	Percent
Total Families	24,851	100.0%
Family income above poverty level	22,403	90.1%
Family income below poverty level	2,448	9.9%
Married couple, with related children	357	1.4%
Male householder, no wife present, with related children	421	1.7%
Female householder, no husband present, with related children	984	4.0%
Families with no related children	686	2.8%

Ratio of Income To Poverty Level	Number	Percent
Population for whom poverty status is determined	91,608	100.0%
Below 50% of poverty level	4,677	5.1%
50% to 99% of poverty level	7,247	7.9%
100% to 124% of poverty level	4,859	5.3%
125% to 149% of poverty level	3,404	3.7%
150% to 184% of poverty level	7,028	7.7%
185% to 199% of poverty level	2,865	3.1%
200% of poverty level or more	61,528	67.2%

Geographical Mobility	Number	Percent
Population aged 1 year and older	91,686	100.0%
Same house as previous year	78,925	86.1%
Different house, same county	6,930	7.6%
Different county, same state	3,608	3.9%
Different state	2,168	2.4%
Abroad	55	0.1%



## Ohio County Profiles

### Travel Time To Work

	Number	Percent
Workers 16 years and over	40,319	100.0%
Less than 15 minutes	14,326	35.5%
15 to 29 minutes	14,928	37.0%
30 to 44 minutes	6,129	15.2%
45 to 59 minutes	2,162	5.4%
60 minutes or more	2,774	6.9%

**Mean travel time** 23.5 minutes

### Housing Units

	Number	Percent
Total housing units	40,747	100.0%
Occupied housing units	37,661	92.4%
Owner occupied	26,315	69.9%
Renter occupied	11,346	30.1%
Vacant housing units	3,086	7.6%

### Year Structure Built

	Number	Percent
Total housing units	40,747	100.0%
Built 2020 or later	44	0.1%
Built 2010 to 2019	1,556	3.8%
Built 2000 to 2009	4,290	10.5%
Built 1990 to 1999	5,284	13.0%
Built 1980 to 1989	3,547	8.7%
Built 1970 to 1979	5,166	12.7%
Built 1960 to 1969	3,818	9.4%
Built 1950 to 1959	4,226	10.4%
Built 1940 to 1949	1,893	4.6%
Built 1939 or earlier	10,923	26.8%

**Median year built** 1969

### Value for Specified Owner-Occupied Housing Units

	Number	Percent
Specified owner-occupied housing units	26,315	100.0%
Less than \$20,000	1,127	4.3%
\$20,000 to \$39,999	839	3.2%
\$40,000 to \$59,999	1,143	4.3%
\$60,000 to \$79,999	1,991	7.6%
\$80,000 to \$99,999	2,636	10.0%
\$100,000 to \$124,999	3,259	12.4%
\$125,000 to \$149,999	2,751	10.5%
\$150,000 to \$199,999	5,159	19.6%
\$200,000 to \$299,999	4,769	18.1%
\$300,000 to \$499,999	2,109	8.0%
\$500,000 to \$999,999	409	1.6%
\$1,000,000 or more	123	0.5%

**Median value** \$144,700

### House Heating Fuel

	Number	Percent
Occupied housing units	37,661	100.0%
Utility gas	23,845	63.3%
Bottled, tank or LP gas	2,196	5.8%
Electricity	8,362	22.2%
Fuel oil, kerosene, etc	1,258	3.3%
Coal, coke or wood	1,114	3.0%
Solar energy or other fuel	848	2.3%
No fuel used	38	0.1%

Percentages may not sum to 100% due to rounding.

## Tuscarawas County

### Gross Rent

	Number	Percent
Specified renter-occupied housing units	11,346	100.0%
Less than \$100	62	0.5%
\$100 to \$199	39	0.3%
\$200 to \$299	271	2.4%
\$300 to \$399	383	3.4%
\$400 to \$499	527	4.6%
\$500 to \$599	982	8.7%
\$600 to \$699	1,511	13.3%
\$700 to \$799	1,442	12.7%
\$800 to \$899	1,214	10.7%
\$900 to \$999	1,665	14.7%
\$1,000 to \$1,499	1,939	17.1%
\$1,500 or more	272	2.4%
No cash rent	1,039	9.2%

**Median gross rent** \$796

Median gross rent as a percentage of household income 27.7

### Selected Monthly Owner Costs for Specified Owner-Occupied Housing Units

	Number	Percent
Specified owner-occupied housing units with a mortgage	14,024	100.0%
Less than \$400	74	0.5%
\$400 to \$599	724	5.2%
\$600 to \$799	1,826	13.0%
\$800 to \$999	2,434	17.4%
\$1,000 to \$1,249	2,929	20.9%
\$1,250 to \$1,499	2,304	16.4%
\$1,500 to \$1,999	2,552	18.2%
\$2,000 to \$2,999	1,019	7.3%
\$3,000 or more	162	1.2%

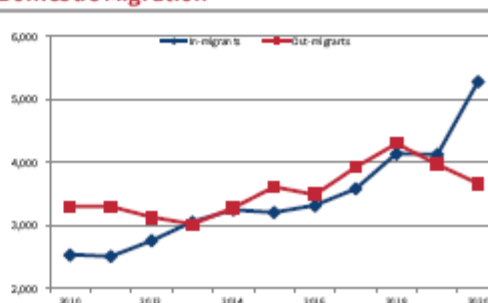
**Median monthly owners cost** \$1,167

Median monthly owners cost as a percentage of household income 17.6

### Vital Statistics

	Number	Rate
Births / rate per 1,000 women aged 15 to 44	1,106	70.4
Teen births / rate per 1,000 females 15-19	66	25.4
Deaths / rate per 100,000 population	1,278	1,390.1

### Domestic Migration



## Ohio County Profiles

## Tuscarawas County

### 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	38
Students	12,916
Teachers (Full Time Equivalent)	1,054.8
Expenditures per student	\$9,877
Graduation rate	88.3
Community/charter schools buildings	0
Students	0
Teachers (Full Time Equivalent)	0.0
Expenditures per student	
Graduation rate	
Private schools	3
Students	376
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	128,866
Passenger cars	73,376
Noncommercial trucks	22,865
Total license revenue	\$3,871,178.20
Permissive tax revenue	\$293,905.00
Interstate highway miles	34.98
Turnpike miles	0.00
U.S. highway miles	39.15
State highway miles	141.47
County, township, and municipal road miles	1,470.99
Commercial airports	1

### Health Care

Physicians	88
Registered hospitals	2
Number of beds	151
Licensed nursing homes	10
Number of beds	852
Licensed residential care	7
Number of beds	569
Persons with health insurance (Aged 0 to 64)	88.9%
Adults with insurance (Aged 18 to 64)	87.8%
Children with insurance (Aged Under 19)	91.6%

### Finance

FDIC insured financial institutions (HQs)	3
Assets (000)	\$1,081,421
Branch offices	35
Institutions represented	13

### Transfer Payments

Total transfer payments	\$1,313,436,000
Payments to individuals	\$1,274,084,000
Retirement and disability	\$364,098,000
Medical payments	\$487,800,000
Income maintenance (Supplemental SSI, family assistance, food stamps, etc)	\$110,174,000
Unemployment benefits	\$55,979,000
Veterans benefits	\$39,252,000
Federal education and training assistance	\$15,409,000
Other payments to individuals	\$201,372,000
Total personal income	\$4,682,792,000
Dependency ratio	28.0%
(Percent of income from transfer payments)	

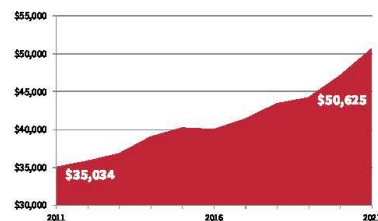
### Voting

Number of registered voters	58,781
Voted in 2022 election	30,954
Percent turnout	52.7%

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

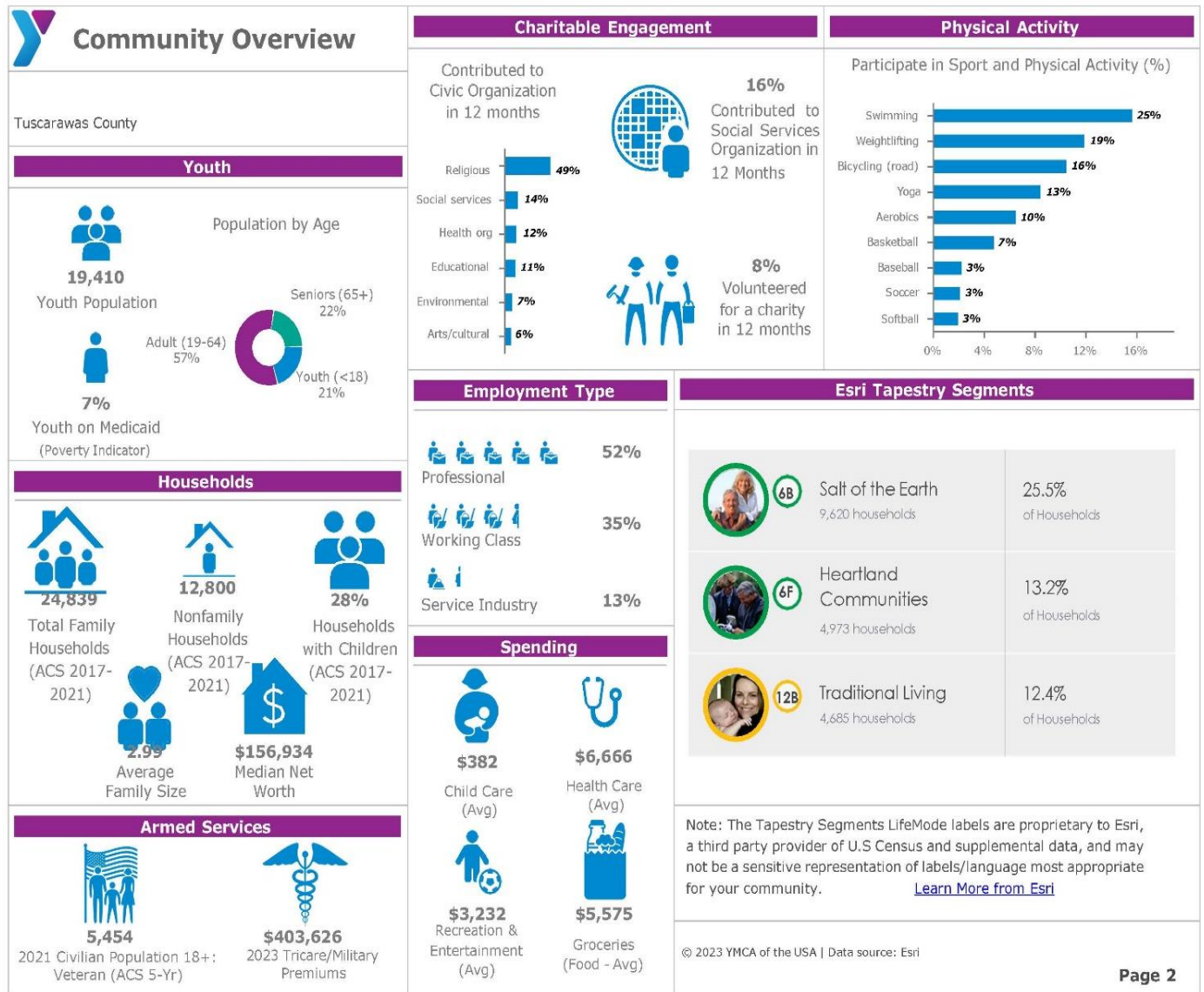
Areas/Facilities	1
Acreage	393

### Per Capita Personal Income





## APPENDIX E



Source: This infographic contains data provided by Esri, Esri, ACS, Esri-MRI-Simmons, Esri-U.S. BLS. The vintage of the data is 2023, 2028, 2017-2021, 2023, 2023.

# APPENDIX F

2022

### Tuscarawas County

# Transportation

An investment in community that makes dollars AND sense.

"Every year we struggle to find local match to help purchase equipment, pay drivers, and provide rides to those in crisis. We have a capacity gap because of too little local match."

→ Shannon Hursey  
Access Tusc Transit,  
Transportation Director

Ohio funds public transit at just 10% of the national average and requires that our county provides 50% of operating costs through local match.

Investment	Impact	Outcome
Supporting NEMT transportation	People get the recommended treatment	<ul style="list-style-type: none"><li>• People live longer and have a better quality of life</li><li>• Medical costs are lower</li></ul>
Supporting trips to work for the poorest	People know they have a way to work each day	<ul style="list-style-type: none"><li>• Employees have greater dignity and autonomy,</li><li>• social services have less burden</li></ul>
Supporting rides for medical rides out of county	Families have fewer strains on time and their budgets	<ul style="list-style-type: none"><li>• Caregivers can continue to look after loved ones</li></ul>

### Did you know?

Supporting one bus route in your county could reduce food insecurity by 1.6% and save local government \$915k annually.

Transportation is the key to all other Social Determinants of Health and has one of the BEST funder return on investments.

**\$1** of funding generates **\$5.43-\$9.13** of social impact




**35** Lives prolonged in your region in just one year

**18%** of current riders who rely on public transit & transportation to get to work

**27k** Rides caregivers didn't have to provide

### The Research


OMEGA commissioned a Social Return on Investment Study specific to the region from the Voinovich School at Ohio University.  
A full report is available at:  
<https://omegadistrict.org/programs/transit/sroireport>



APPENDIX G

# 2024 County Health Rankings

## Tuscarawas County



Public Health  
Prevent. Promote. Protect.  
Tuscarawas County Health Department

The Rankings help us understand what influences how long and how well we live.

### What are Health Outcomes?

- Length of Life
  - Premature death (years of potential life lost before age 75)
- Quality of Life
  - Self-reported health status
  - Percent of low-birth-weight newborns

Tuscarawas County is faring **better** than the average county in Ohio for Health Outcomes, and **better** than the average county in the nation.

### What are Health Factors?

- Health Behaviors
  - Tobacco use
  - Diet & exercise
  - Alcohol & drug use
  - Sexual activity
- Clinical Care
  - Access to care
  - Quality of care
- Social & Economic Factors
  - Education
  - Employment & income
  - Family & social support
  - Community Safety
- Physical Environment
  - Air & water quality
  - Housing & transit

Tuscarawas County is faring **worse** than the average county in Ohio for Health Factors, and **worse** than the average county in the nation.

### County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

### 2024 Health Outcomes Data for Tuscarawas County

	Tuscarawas County	Ohio	Local Trend
Life Expectancy	75.3	75.6	No significant trend changes

### Leading Causes of Death under the age of 75 in Tuscarawas County

Cause	Deaths	Rate per 100,000
Malignant neoplasms (Cancer)	394	155.8
Heart Disease	310	122.6
COVID-19	179	70.8
Accidents	155	61.3
Diabetes	103	40.7

### 2024 Health Factors Data for Tuscarawas County

	Tuscarawas County	Ohio	Local Trend
<b>Health Behaviors</b>			
Adult Smoking	23%	19%	Unable to compare data
Adult Obesity	40%	38%	No significant trend changes
Alcohol-Impaired Driving Deaths	39%	32%	No significant trend changes
Sexually Transmitted Infections	303.8 (Rate per 100,000)	479.8 (Rate per 100,000)	Local trend is worsening
Teen Births	29	18	Unable to compare data
Physical Inactivity	30%	25%	Unable to compare data
<b>Clinical Care</b>			
Uninsured Adults	12%	9%	Local trend is improving
Uninsured Children	8%	5%	Local trend is improving, however remains consistently higher than state and national trends
Primary Care Physicians	2,800:1 (Ratio of population to every 1 physician)	1,330:1 (Ratio of population to every 1 physician)	Local trend is worsening
Dentist	2,480:1 (Ratio of population to every 1 dentist)	1,530:1 (Ratio of population to every 1 dentist)	Local trend is improving
Mental Health Providers	550:1 (Ratio of population to every 1 provider)	310:1 (Ratio of population to every 1 provider)	Unable to compare data
Flu Vaccinations	37%	49%	No significant trend changes
<b>Social &amp; Economic Factors</b>			
Children in Poverty	14%	18%	No significant trend changes
Unemployment	3.8%	4.0%	No significant trend changes
<b>Physical Environment</b>			
Air Pollution - particulate matter	9.4	8.9	Local trend is improving
Severe Housing Problems	12%	13%	Unable to compare data
Broadband Access	83%	88%	Unable to compare data

More information can be found at: [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

# APPENDIX H

## New Philadelphia Adult Trend Summary

Adult Variables	New Philadelphia City 2021	New Philadelphia City 2024	Tusc. County 2024	Ohio 2023 <sup>160</sup>	U.S. 2023 <sup>161</sup>
HEALTH STATUS					
Rated general health as good, very good or excellent	79%	84%↑	82%	79.6%	81.5%
Rated general health as excellent or very good	24%	45%↑	43%	46.1%	47.6%
Rated general health as fair or poor	21%	16%↓	18%	20.1%	18.2%
Average number of days that physical health was not good (in the past 30 days)	6.6	4.0 <sup>162</sup> ↓	4.0 <sup>163</sup>	3.6 <sup>164</sup>	3.3 <sup>165</sup>
HEALTH CARE COVERAGE, ACCESS, AND UTILIZATION					
Uninsured	13%	11.3% <sup>166</sup> ↓	11.3% <sup>167</sup>	8.8% <sup>168</sup>	12.2% <sup>169</sup>
Visited a doctor for a routine checkup (in the past 12 months)	70%	81%↑	80%	79.7%	78.4%
Unable to see a doctor due to cost	6%	5%↓	9%	9.5%	10.6%
Visited a dentist in the past year	77%	57% <sup>170</sup> ↓	57% <sup>171</sup>	58.8% <sup>172</sup>	63.9% <sup>173</sup>
ARTHRITIS, ASTHMA, AND DIABETES					
Ever been told by a doctor that they have diabetes (not pregnancy-related)	23%	10%↓	14%	13.2%	11.8%
Ever been diagnosed with arthritis	56%	29%↓	30%	30.2%	26.3%
Ever been diagnosed with asthma	29%	16%↓	16%	15.8%	15.7%
CARDIOVASCULAR HEALTH					
Ever diagnosed with angina or coronary heart disease	0%	14%↑	6%	5.0%	4.0%
Had a heart attack	3%	1.8%↓	3%	4.8%	4.2%
Had a stroke	7%	>1%↓	2%	3.9%	3.3%
Had been told they had high blood pressure	61%	38%↓	39%	37.2%	34.0%
Had been diagnosed with high blood cholesterol	45%	27%↓	29%	37.4%	37.2%
Had blood cholesterol checked within the past 5 years	84%	83%↓	83% <sup>174</sup>	NA	86.4% <sup>175</sup>
SEXUAL BEHAVIOR					
Had more than one sexual partner in past year	3%	5%↑	5%	NA	NA

Adult Variables	New Philadelphia City 2021	New Philadelphia City 2024	Tusc. County 2024	Ohio 2023 <sup>176</sup>	U.S. 2023 <sup>177</sup>
<b>MENTAL HEALTH</b>					
Average number of days that mental health was not good (in the past 30 days)	6.7	8.2↑	7.4	5.5 <sup>178</sup>	4.8 <sup>179</sup>
Seriously considered attempting suicide in the past year	3%	10%↑	10%	NA	NA
Attempted suicide in the past year	0%	0%	1%	NA	NA
<b>WEIGHT STATUS</b>					
Overweight (BMI of 25 to less than 30)	29%	34%↑	31%	32.8%	34.2%
Obese (includes class 1, 2, and 3; BMI of 30 or greater)	48%	44%↓	49%	38.1%	33.6%
<b>ALCOHOL CONSUMPTION</b>					
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	33%	20%↓	21%	15.6%	15.1%
<b>TOBACCO USE</b>					
Current smoker (currently smoke some or all days)	23%	16%↓	15%	15%	12.1%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	30%	28%↓	26%	25.2%	24.8%
Current vaper (used electronic vapor product some or every day)	NA	9%	9%	8.3%	7.5%
<b>DRUG USE</b>					
Adults who used marijuana in the past 6 months	0%	21%↑	17%	20%-25% <sup>180</sup>	22.7 <sup>181</sup>
Adults who misused prescription drugs in the past 6 months	7%	3%↓	2%	3.7%-4.2% <sup>182</sup>	5.3 <sup>183</sup>
<b>PREVENTIVE CARE</b>					
Had a pneumonia vaccine in the past year (Medicare beneficiaries) <sup>184</sup>	(40%, lifetime)	6%	6%	8%	8%
Had a flu vaccine in the past year (Medicare beneficiaries) <sup>185</sup>	(61%)	39%	39%	53%	50%
Had a mammogram in the past two years (age 40 and older)	60%	69%↑	70%	75.6%	76.3%
Had a pap smear in the past three years	50%	77%	63%	77.4%	77.7%
Had a PSA test within the past two years (age 40 and over)	67%	49%↓	63%	32%	31.8%
Had a colorectal screening in lifetime (age 45 and older)	NA	81%	81%	NA	NA

## APPENDIX I



## Climate and Health<sup>186</sup>

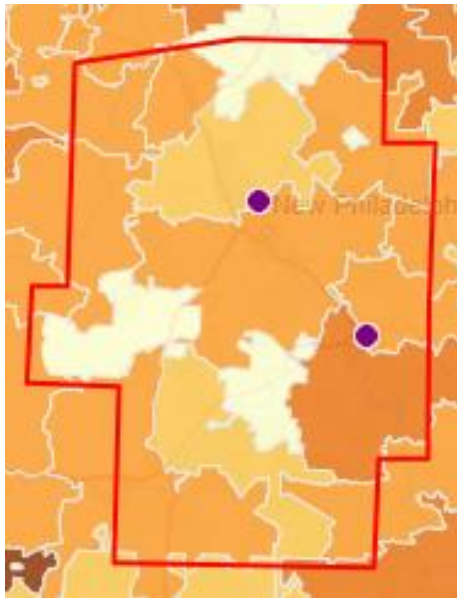
Extreme heat can lead to heat stroke, heat cramps, heat exhaustion, dehydration, and death. Anyone can be at risk, but some are more vulnerable, including pregnant women, people with heart or lung conditions, young children, older adults, athletes, and outdoor workers. This county profile, from the CDC's Health and Health Data Tracker, provides specific information on its vulnerable populations.

The Heat and Health Index (HHI) is a national tool that incorporates historical temperature, heat-related illness, and community characteristics data at the ZIP code level to identify areas most likely to experience negative health outcomes from heat and help communities prepare for heat in a changing climate. Each ZIP code has a single ranking for the overall HHI and rankings for individual components so that users can make informed decisions to prepare for and prevent the negative health impacts from heat in their communities.

Factors used to determine the Heat and Health Index include:

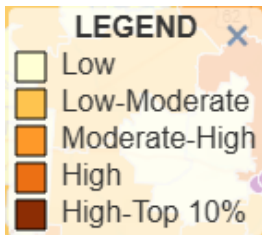
<b>Historical Heat and Health Burden</b>	Number of Extreme Heat Days
	Heat-Related Illnesses
<b>Sensitivity</b>	Coronary Heart Disease *
	Obesity *
	Diabetes *
	Chronic Obstructive Pulmonary Disease *
	Asthma *
	Poor Mental Health *
<b>Sociodemographic</b>	Lack of Health Insurance
	Poverty
	Unemployment
	No High School Diploma
	Living Alone
	Speaks English "Less than Well"
	Civilian with a Disability
	Outdoor Workers
	Age 65 and Older
	Age 5 and Younger
<b>Natural and Built Environment</b>	Impervious Surfaces
	Tree Canopy
	No Vehicle
	Mobile Homes
	Renters
	Ozone
	PM <sub>2.5</sub>

The map below shows where people in Tuscarawas County are most likely to feel the impacts of heat. The map also shows the location of hospitals that are critical resources for use during an extreme heat event.



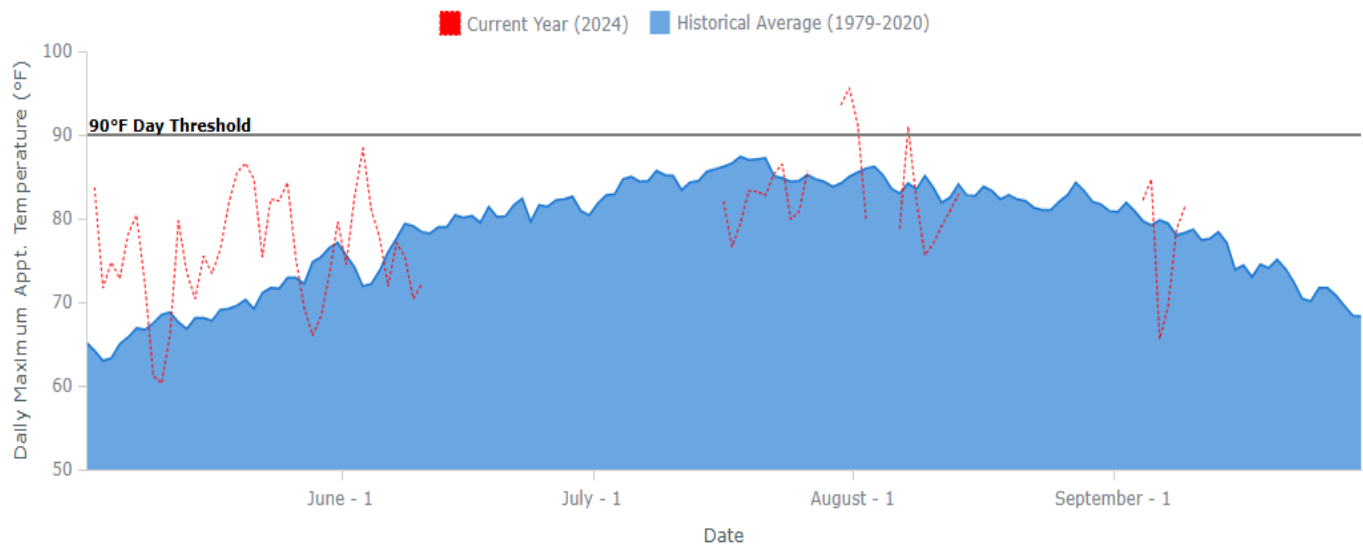
The communities most likely to feel the impacts of heat based on their overall rank include:

1. Uhrichsville (.8700)
2. Beach City (.7481)
3. New Philadelphia (.7236)
4. Dennison (.7174)
5. Newcomerstown (.7161)



## Tuscarawas County

### Daily Maximum Apparent Temperature for Current Season Compared to Historical Average



## APPENDIX J

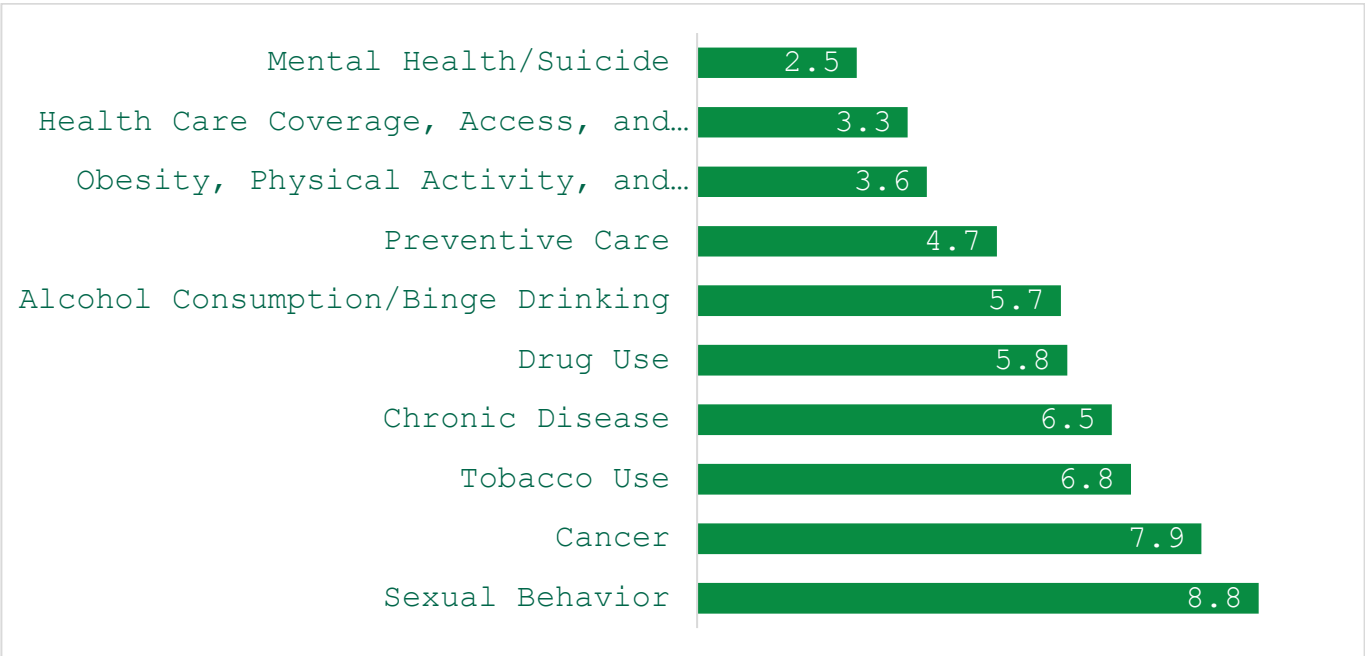


# 2025–2028 Community Health Improvement Plan (CHIP) Key Issues

Following a review of the 2024 Tuscarawas County Community Health Needs Assessment, Healthy Tusc member organizations—including Cleveland Clinic Union Hospital, Trinity Health System Twin City Medical Center, Tuscarawas County Health Department, and New Philadelphia City Health Department—solicited input from members and representatives of medically underserved, low-income, and populations experiencing inequities.

Healthy Tusc members confidentially ranked the key health issues via an online survey using a scale of 1 to 10 (with 1 being “most important” and 10 being “least important”). The votes were compiled by calculating the mean scores for each issue. The results are presented in the graph below.

Mean Scores of Healthy Tusc Members’ Ranking of Issues  
from Most Important (1) to Least Important (10)



# APPENDIX K

## Tuscarawas County Resource Inventory

Key resources to address the community health needs will be sourced from the following Tuscarawas County organizations that include private, non-profit, and public sector organizations and programs as well as informal coalitions:

- Access Transit & Bridges to Wellness HUB
- Alcohol, Drug Addiction, and Mental Health Services (ADAMHS) Board of Tuscarawas & Carroll Counties
- Aultman Health System
- Bill Harding
- Cleveland Clinic Union Hospital
- COMPASS
- East Central Ohio Educational Service Center
- Empower Tusc
- Friends of the Homeless of Tuscarawas County
- New Philadelphia City Health Department
- OhioGuidestone
- OSU Extension
- SpringVale Health Centers
- T4C
- TUFF Bags
- Tuscarawas Clinic for the Working Uninsured
- Tuscarawas County Board of Developmental Disabilities
- Tuscarawas County Commissioners
- Tuscarawas County Convention and Visitors Bureau
- Tuscarawas County Economic Development Corporation
- Tuscarawas County Family & Children First Council
- Tuscarawas County Health Department
- Tuscarawas County Homeland Security & Emergency Management Agency
- Tuscarawas County Job & Family Services
- Tuscarawas County Senior Center
- Tuscarawas County YMCA
- Tuscarawas Valley Farmers Market
- Trinity Health System Twin City Medical Center
- United Way of Tuscarawas County
- Uhrichsville Farmers Market

## APPENDIX L

### Trinity Twin City Medical Center's contents, including Impact of Actions Taken Since Previous CHNA

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs in the community served by Trinity Twin City Medical Center. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

The hospital's commitment to engaging with the community, assessing priority needs, and helping to address them with community partners is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

The hospital invited written comments on the most recent CHNA report and Implementation Strategy in the documents posted on the website where they are widely available to the public. No written comments have been received.

The hospital's advisory board adopted the CHNA in June 2025. The report is widely available to the public on the hospital's website, and a paper copy is available for inspection upon request at Trinity Twin City Medical Center Administration Office. Written comments on this report can be submitted to, Attn: Administration, 819 N 1<sup>st</sup> Street, Dennison, OH 44621 or by e-mail to [brandy.green900@commonspirit.org](mailto:brandy.green900@commonspirit.org).

### Impact of Actions Taken Since Previous CHNA

The hospital, in collaboration with the Healthy Tusc Committee and other community partners, is committed to improving community health in Tuscarawas County by addressing three priority areas: Health Behaviors, Access to Care, and Mental Health & Addiction.

#### Key Actions and Anticipated Impacts:

- **Health Behaviors:** A community-wide physical activity campaign increased awareness and participation in physical activity opportunities. Tobacco strategies focus on creating smoke-free environments, improving access to cessation resources, and laying the groundwork for tobacco retailer licensing, aiming to reduce tobacco use.
- **Access to Care:** Establishing school-based health centers improved access to healthcare for students. Updating and promoting a community resource guide will connect residents with needed services. Expanding broadband internet access to rural areas will improve access to information and telehealth services. Increasing the number and engagement of Community Health Workers will improve community outreach and support.
- **Mental Health & Addiction:** Implementing universal school-based suicide awareness and education programs, supporting social-emotional learning in schools, providing Mental Health First Aid trainings, and increasing awareness of alcohol addiction signs and resources will improve mental health literacy, reduce stigma, and connect individuals with needed support.

**Areas Not Directly Addressed:**

The hospital will not directly address youth mental health/drug use and youth smoking due to other agencies' expertise and ongoing efforts in these areas. However, the hospital will advocate for and collaborate on all initiatives within the Community Health Improvement Plan (CHIP), even those led by other organizations.

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