AULTMAN

HEALTH SYSTEM

2025 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

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I. EXECUTIVE SUMMARY

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

A. Introduction

Aultman Health System has a 130-year history of providing quality health care services and compassionate care to the communities it serves in northeast Ohio. The not-for-profit health system headquartered in Canton, Ohio, serves communities predominantly located in Carroll, Stark, Tuscarawas, Holmes, Wayne, and Summit counties. The health system is comprised of three hospitals, a freestanding emergency department, four urgent care sites, a college of nursing, a physician-led network, a managed care organization, hospice, palliative care, and several community-based outpatient facilities in Alliance, Canton, Carrollton, Dover, Doylestown, Louisville, Massillon, North Canton, and Orrville. Aultman Health System provides exceptional, compassionate care to all patients, regardless of their ability to pay.

Aultman Alliance Community Hospital, located at 200 East State St., Alliance, Ohio, 44601, is a nonprofit general hospital with 124 registered and/or licensed beds. Aultman Alliance Community Hospital is fully accredited by the Accreditation Commission for Health Care and offers a medical staff of more than 70 active physicians. Affiliates include a home medical supply company, and Aultman Home Medical. Aultman Alliance Community Hospital is proud to be a Planetree affiliated facility.

Aultman Hospital, located at 2600 Sixth St. SW, Canton, Ohio, 44710, is a nonprofit, short-term acute care general hospital with 790 registered and/or licensed beds. Aultman Hospital is fully accredited by The Joint Commission and has more than 470 active physicians. Aultman Hospital offers a comprehensive mix of inpatient and outpatient services, including adult cardiac catheterization and open-heart surgery, Level III obstetric and newborn care services, Level II trauma services, hospice and palliative care, physical rehabilitation, outpatient psychiatric care, and home health care. Aultman Hospital made the 2025 Lown Institute list of most socially responsible hospitals as measured across categories of health equity, value, and outcomes.

Aultman Orrville Hospital, located at 832 South Main St., Orrville, Ohio, 44667, is a nonprofit, 25-bed critical access facility that has served the Wayne County community for more than 70 years. Aultman Orrville Hospital remains a close-to-home community hospital while improving access to advanced healthcare services. Aultman Orrville Hospital provides a full range of inpatient and outpatient services, employs 434 healthcare professionals, and has a medical staff of more than 339 active and courtesy physicians and advanced practice providers. Aultman Orrville Hospital also operates four rural health clinics in Wayne County, three in Tuscarawas County, two in Carroll County, and one in Stark County. Aultman Orrville Hospital made the 2025 Lown Institute list of most socially responsible hospitals.

B. Aultman Health System Mission, Vision And Values

Mission

Our mission is to lead our community to improved health.

Vision

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

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

Core Values

- **R**ecognize and respect the unique talents of every Aultman team member
- **E**xceed patient, enrollee and student expectations
- **S**uccess through teamwork
- **P**romote a highly reliable organization
- **E**ducate our community
- **C**ost-effective management of resources
- **T**rust, integrity and compassion in all relationships

Our Diversity Statement

Aultman is an organization where commitment to Diversity, Equity, Inclusion and Belonging comes naturally. Guided by our mission to lead our community to improved health, we aim to deliver the very best healthcare in a safe, compassionate, culturally sensitive manner; to advance that care through innovative education and research; and to foster a diverse workforce that benefits both employees and patients by offering an inclusive place to provide and receive high quality healthcare.

Aultman will strive to:

- Inform, educate, perform, model and lead its workforce to achieve diversity through the organization so that all employees feel respected and valued.
- Create and sustain an environment that actively embraces diversity and recognizes the value and uniqueness of all individuals, so that Aultman may better meet the needs of its patients and customers.
- Hold all individuals associated with Aultman accountable for actions and decisions impacting the achievement of Aultman Health System's Diversity Statement.
- Utilize the successes in diversity to assist Aultman with becoming the health care provider and the employer of choice as we Lead Our Community to Improved Health.

C. CHNA Process And Conclusions

In conducting this 2025 CHNA, Aultman consulted and collaborated with individuals and organizations representing the broad interests of the community and considered a variety of data sources. Following a review of this information, Aultman identified the following priority health needs for its communities:

1. Improving Access to Care
2. Support for Aging Population
3. Promoting Healthy Behaviors

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

D. Feedback And Contact Information
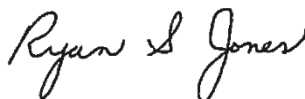
We welcome comments and feedback on ways to improve this document and the related Implementation Strategy in future editions. Comments provide additional information regarding the broad interests of the

community and inform future CHNAs and implementation strategies. A copy of this report may be obtained at no charge by contacting Aultman Health System at 2600 Sixth St. SW, Canton, Ohio, 44710, or via email at chooseyourgood@aultman.com, or by calling 330.363.4908.

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CHNA report approved by the boards:

Aultman Health System Board:	December 17, 2025
Aultman Alliance Community Hospital Board:	November 12, 2025
Aultman Hospital Board:	November 12, 2025
Aultman Orrville Hospital Board:	November 12, 2025

CHNA report initially posted to the website:	December 19, 2025
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Aultman Hospital tax identification number:	34-0714538
Aultman Orrville Hospital tax identification number:	34-1628256

II. SERVICE AREA AND COMMUNITY SERVED

A. Community Definition

Aultman Hospital and Aultman Alliance Community Hospital define the "community served" as primarily Stark County, Ohio. Their wider service area encompasses the surrounding northeastern Ohio counties and beyond. Stark County includes the following communities[1]:

Stark County: Alliance (44601), Beach City (44608), Brewster (44613), Canal Fulton (44614), East Sparta (44624), Greentown (44603), Hartville (44632), Limaville (44640), Louisville (44641), Magnolia (44643), Massillon (44646–44648), Maximo (44650), Middlebranch (44650), Minerva (44657), Navarre (44662), North Lawrence (44666), Paris (44669), Robertsville (44670), Uniontown (44685), Waynesburg (44688), Wilmot (44689), Canton (44701–44711, 44714, 44718, 44721, 44735, 44750, 44767, 44799), North Canton (44720), East Canton (44730).

Aultman Orrville Hospital defines the "community served" as primarily Wayne County, Ohio, but also provides services through rural health clinics in Tuscarawas, Carroll, and Stark Counties. Wayne, Tuscarawas, and Carroll counties include the following communities[2]:

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

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

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

This definition of "community served" is supported by the patient origin data for each hospital. Stark County accounts for the vast majority of admissions to Aultman Hospital and Aultman Alliance Community Hospital. The data for Aultman Orrville Hospital and its rural health clinics show Wayne County as the primary source of both inpatient and outpatient encounters, and Tuscarawas and Carroll County residents as secondary sources, particularly among outpatient encounters at the rural health clinics:

	Aultman Alliance Community Hospital			Aultman Hospital			Aultman Orrville Hospital		
	2022	**2023**	**2024**	**2022**	**2023**	**2024**	**2022**	**2023**	**2024**
Inpatients (%)									
Stark	66.2	63.1	64.8	84.6	84.0	83.4	41.6	40.3	39.9
Wayne	0.1	0.9	0.1	3.5	3.7	3.9	51.8	52.1	54.0
Tuscarawas	1.1	1.2	0.5	7.7	7.9	8	4.8	5.9	4.5
Carroll	3.9	4.0	4.8	4.2	4.4	4.7	1.8	1.7	1.6
Outpatients (%)									

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[1] Zip-codes.com, *Zip Code Database*, available at https://www.zip-codes.com/state/oh.asp (last accessed Sept. 17, 2025).

[2] *Id.*

Stark	66.5	66.6	66.9	86.5	86.3	86.3	15.7	16.7	16.9
Wayne	0.1	0.1	0.1	1.2	1.2	1.2	53.3	49.4	48.3
Tuscarawas	0.1	0.2	0.3	7.1	7.5	7.5	17.9	20.7	21.3
Carroll	3.5	3.8	4.0	5.1	5	5.1	13.1	13.3	13.5

B. Community Demographics

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

	Stark[3]	Wayne[4]	Tuscarawas[5]	Carroll[6]
Population				
2020	374,853	116,894	93,263	26,721
2030 (projected)	358,580	114,490	90,206	25,297
2040 (projected)	337,655	110,745	86,669	23,881
Race/Ethnicity				
White	85.3%	93.2%	94.4%	95.1%
African-American	7.5%	1.2%	0.7%	0.7%
Native American	0.1%	0.1%	0.0%	0.0%
Asian	0.9%	1.2%	0.4%	0.0%
Other	0.6%	1.1%	1.9%	0.5%
Two or more	5.6%	3.3%	2.6%	3.7%
Hispanic	2.9%	2.4%	4.4%	1.3%
Age				
Under 5 years	5.5%	6.7%	6.4%	5.2%
5–17 years	16.1%	17.7%	16.9%	15.4%
18-24 years	8.2%	9.9%	7.7%	7.4%
25-44 years	24.0%	22.6%	23.4%	21.5%
45-64 years	26.1%	25.8%	25.8%	28.7%
65+	20.1%	17.3%	19.9%	21.9%

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[3] Ohio Department of Development, *Ohio County Profiles – Stark County* (2025), available at https://dam.assets.ohio.gov/image/upload/development.ohio.gov/research/countytrends/2025/stark.pdf (last accessed Sept. 17, 2025).

[4] Ohio Department of Development, *Ohio County Profiles – Wayne County* (2025), available at https://dam.assets.ohio.gov/image/upload/development.ohio.gov/research/countytrends/2025/wayne.pdf (last accessed Sept. 17, 2025).

[5] Ohio Department of Development, *Ohio County Profiles – Tuscarawas County* (2025), available at https://dam.assets.ohio.gov/image/upload/development.ohio.gov/research/countytrends/2025/tuscarawas.pdf (last accessed Sept. 17, 2025).

[6] Ohio Department of Development, *Ohio County Profiles – Carroll County* (2025), available at https://dam.assets.ohio.gov/image/upload/development.ohio.gov/research/countytrends/2025/carroll.pdf (last accessed Sept. 17, 2025).

	Stark	Wayne	Tuscarawas	Carroll
Median Age	41.9	38.7	41.2	45.5
Income				
Median household income	$65,740	$71,769	$64,494	$64,675
Population < 200% of Federal poverty level	30.3%	28.7%	31.3%	32.4%
Education (Age 25+)				
No high school diploma	7.2%	13.7%	11.1%	10.2%
High school graduate	37.0%	38.0%	45.1%	48.1%
Some college, no degree	21.2%	16.2%	16.0%	16.6%
Associate's degree	9.6%	7.4%	8.2%	11.0%
Bachelor's degree	16.2%	15.1%	13.5%	9.1%
Master's degree or higher	8.8%	9.6%	6.1%	5.0%

	Stark	**Wayne**	**Tuscarawas**	**Carroll**
Housing				
Owner occupied	68.6%	76.1%	68.7%	78.0%
Renter occupied	31.4%	23.9%	31.3%	22.0%
Vacant	7.3%	5.6%	6.6%	14.3%
Median build age of housing structures	1966	1975	1970	1973
Median value of occupied housing units	$177,700	$204,600	$176,800	$174,500
Healthcare				
Practicing physicians	1,086	174	98	15
Adults (18-64) insured	92.2%	87.2%	90.5%	90.6%
Children (< 18) insured	96.9%	87.8%	93.6%	93.6%

C. Community Healthcare Facilities And Provider Shortages

The following chart[7] identifies healthcare facilities, by type, available in Stark, Wayne, Tuscarawas, and Carroll Counties:

Type	Stark	Wayne	Tuscarawas	Carroll
Rural Health Clinic	1	5	8	2
Residential Care/Assisted Living	30	11	6	2
Nursing Homes	33	14	10	3
Hospitals	6	2	2	0
Hospice	6	1	0	0
Home Health Agencies	68	6	8	1

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[7] Ohio Department of Health, *Long-Term Care, Non Long-Term Care, & CLIA Health Care Provider Search* (2025), available at https://publicapps.odh.ohio.gov/eid/Provider_Search.aspx (last accessed Sept. 17, 2025).

Federally Qualified Health Center	10	0	3	0
Dialysis Centers	8	2	2	0
Ambulatory Surgical Facilities	9	3	0	0

Stark County. Stark County is designated as a Low-Income Population Health Professional Shortage Area for primary care, meaning at least 30% of the population in the service area has income at or below 200% of the Federal Poverty Level, with a shortage of 16.64 full-time equivalent primary care providers. In addition, Stark County is designated as a Low-Income Population Health Professional Shortage Area for dental care, with a shortage of 17.26 full-time equivalent dental care providers. Stark County is also designated as a Geographic Health Professional Shortage Area for Mental Health, with a shortage of 9.62 full-time equivalent mental health providers.[8]

Wayne County. Wayne County is designated as a Low-Income Population Health Professional Shortage Area for primary care, with a shortage of 10.09 full-time equivalent primary care providers.[9] In addition, Wayne County is designated as a Geographic Health Professional Shortage Area for Mental Health, with a shortage of 5.19 full-time equivalent mental health providers.[10]

Tuscarawas County. Tuscarawas County is designated as a Low-Income Population Health Professional Shortage Area for primary care, with a shortage of 8.05 full-time equivalent primary care providers.[11] In addition, Tuscarawas County is designated as a Low-Income Population Health Professional Shortage Area for dental care, with a shortage of 4.48 full-time equivalent dental care providers.[12] Tuscarawas County is also designated as a High Needs Geographic Health Professional Shortage Area for Mental Health, with a shortage of 6.56 full-time equivalent mental health providers.[13]

Carroll County. Carroll County is designated as a Low-Income Population Health Professional Shortage Area for primary care, with a shortage of 2.56 full-time equivalent primary care providers.[14] In addition, Carroll County is designated as a High Needs Geographic Health Professional Shortage Area for Mental Health, with a shortage of 6.56 full-time equivalent mental health providers.[15]

D.   Other Aultman Facilities In The Community

Aultman Carrollton. Located at 1020 Trump Road, Carrollton, Carroll County, Ohio, 44615, providing imaging services, physical and occupational therapies, outpatient laboratory services, family medicine, cardiology, obstetrics and gynecology, orthopedics, podiatry, and fitness services.

Aultman Hartville. Located at 855 W. Maple St., Suite 120, Hartville, Ohio 44632, providing maintenance and preventative care. Cardiology and general surgery practices provide consultations and follow-up visits in the specialty suite.

Aultman Louisville. Located at 1925 Williamsburg Way, Louisville, Stark County, Ohio, 44641, providing physical therapy services and laboratory services.

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[8] Health Resources and Services Administration, *HSPA Find* (2025), available at https://data.hrsa.gov/tools/shortage-area/hpsa-find (last accessed Sept. 17, 2025).

[9] *Id.*

[10] *Id.*

[11] *Id.*

[12] *Id.*

[13] *Id.*

[14] *Id.*

[15] *Id.*

Aultman Massillon. Located at 2051 Wales Ave. NW, Massillon, Stark County, Ohio, 44646, providing emergency services, imaging services, physical, occupational, and speech therapies, outpatient laboratory services, pain management, aquatic therapy, occupational rehabilitation, and cardiac rehabilitation.

Aultman Navarre Therapy Services. Located at 1228 Market St. NE, Navarre, Stark County, Ohio 44662, providing physical and occupational therapy services.

Aultman North. Located at 6100 Whipple Ave. NW, Canton, Stark County, Ohio, 44720, providing imaging services, physical, occupational, and speech therapies, massage therapy, Reiki, pelvic floor therapy, occupational rehabilitation, cardiac rehabilitation, sleep medicine, anticoagulation clinic, orthopedics and sports medicine, aquatic therapy, outpatient laboratory services, and a limited fitness program.

AultmanNow Urgent Care. Facilities providing walk-in medical services for minor injuries and illnesses that require immediate attention but are not life threatening.

- AultmanNow Urgent Care in Louisville, located at 506 W. Main Street, Louisville, Stark County, Ohio, 44641
- AultmanNow Urgent Care in Jackson Township, located at 7066 Fulton Drive NW, Canton, Stark County, Ohio, 44718
- AultmanNow Urgent Care at Aultman North, located at 6100 Whipple Ave. NW, Canton, Stark County, Ohio 44720
- AultmanNow Urgent Care at Washington Square, located at 2203 E. Maple Street, North Canton, Stark County, Ohio 44720

Aultman Orrville Sports & Wellness. Located at 365 S. Crown Hill Rd., Orrville, Wayne County, Ohio 44667 and 1020 Trump Rd. NW, Carrollton, Carroll County, Ohio 44615, Sports & Wellness is a membership facility that combines athletic training, exercise science, and a hospital-based wellness center. It specializes in prescription exercise plans tailored to the individual. Staff members, including exercise physiologists and athletic trainers, have certifications such as strength and conditioning, performance enhancement, and personal training.

Aultman Tusc. Located at 2615 Tuscarawas St. W, Canton, Stark County, Ohio, 44708, providing physical, occupational, and speech therapies, occupational rehabilitation, LSVT LOUD and LSVT BIG behavioral treatment programs, vestibular rehab for dizziness and balance disorders, and the Lymphedema Care Clinic.

Aultman Woodlawn. Located at 2821 Woodlawn Ave. NW, Canton, Stark County, Ohio, 44708, providing skilled nursing, short-term inpatient rehabilitation, and transitional care to patients who need additional treatment after a hospital stay, hospice and palliative care, compassionate care, grief services, and home health care.

Certified Rural Health Clinics. Healthcare providers practicing at nine office locations to provide Family Medicine and Primary Care for all ages:

- Dunlap Family Physicians at 830 S. Main St., Orrville, Wayne County, Ohio, 44667
- Dunlap Family Physicians at 129 Wenger Rd., N. Suite B, Dalton, Wayne County, Ohio 44618
- Dunlap Family Physicians at 49 Maple St., Apple Creek, Wayne County, Ohio 44606
- Aultman Orrville Doylestown Health Center at 400 Collier Drive, Suite C, Doylestown, Wayne County, Ohio 44237
- Tuscarawas Health Center of Aultman Orrville Hospital at 603 Monroe St., Dover, Tuscarawas County, Ohio 44662
- Aultman Orrville Bolivar Health Center at 10724 OH-212, Bolivar, Tuscarawas County, Ohio 44612
- Dover Health Center of Aultman Orrville Hospital at 340 Oxford St., Suite 120, Dover, Tuscarawas County, Ohio 44622

- Aultman Orrville Carrollton Health Center at 1020 Trump Rd. N.W., Suites 2 and 4, Carrollton, Carroll County, Ohio 44615
- Aultman Alliance Family Medicine of AOH at 270 E. State St., Suite 240, Alliance, Stark County, Ohio 44601

III. PROCESS AND METHODS USED TO CONDUCT THE CHNA

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

- Evaluating the impact of actions taken to implement the 2022 CHNAs
- Consulting with persons representing the broad interests of the community
- Collaborating with organizations to conduct this CHNA
- Soliciting comments on this CHNA report
- Reviewing various community data sources

A. Evaluation Of Impact Of Actions In Prior CHNAs

Aultman reviewed the 2022 Joint CHNA for Aultman Alliance Community Hospital and Aultman Hospital[16], as well as the 2022 CHNA for Aultman Orrville Hospital, and evaluated the impact of steps taken as part of the implementation strategies for those CHNAs. Please see Appendix B for a report of this evaluation.

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

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

Aultman consulted with the community members in various ways, including through participation in the Stark County Health Department community assessment process, an online survey (discussed further below), a stakeholder meeting on August 27, 2025 (discussed further below), and through direct, ongoing discussions with hospital committees, executives, and Board members.

In addition, Aultman solicited written comments on its 2022 CHNA reports and implementation strategies. However, no written comments on the 2022 CHNAs or related implementation strategies were received.

C. Collaborating Partners

In addition to the partners and organizations outlined above, Aultman collaborated with Squire Patton Boggs (US) LLP to assist in conducting the CHNA process. Among other steps, Squire Patton Boggs provided source data for Aultman's review, prepared and facilitated an online survey (discussed further below), conducted a stakeholder meeting, advised on CHNA program requirements, and assisted in preparing this CHNA report.

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[16] The 2022 Joint CHNA also included Aultman Specialty Hospital, which has since ceased operations. Aultman Specialty Hospital will, therefore, not be included in this report.

D. Written Comments On This CHNA Report

This report was posted to Aultman's website on December 19, 2025. A copy of this report may also be obtained at no charge by contacting Aultman Health System at 2600 Sixth St. SW, Canton, Ohio, 44710, or via email at chooseyourgood@aultman.com, or by calling 330.363.4908.

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

E. Other Data Sources Considered In Conducting This CHNA

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

IV. PROCESS FOR IDENTIFYING AND PRIORITIZING COMMUNITY HEALTH NEEDS

As part of its 2025 CHNA, Aultman took the following steps to identify and prioritize the community's health needs. First, it conducted an online survey to solicit information from stakeholders in Stark, Wayne, Tuscarawas, Carroll, Holmes, and Summit Counties. Second, it conducted a meeting with stakeholders on August 27, 2025, to discuss the results of the online survey and other issues concerning the community's health needs and resources. Third, it considered various data sources relating to health and wellness issues in the community.

A. Electronic Survey

Aultman collaborated with Squire Patton Boggs to conduct an online survey through Google Forms. The survey consisted of 160 questions divided into five components:

1. Identifying the community served
2. Identifying key health and wellness issues in the community
3. Assessing the impact of health and wellness issues on the individual and the community
4. Identifying and evaluating community resources for specific health issues
5. Identifying barriers to treatment for specific health issues

The survey was open to participants from June 23 to July 30, 2025. During that time, more than 18,000 data points were collected from the 112 individuals who participated in the survey, representing stakeholders in Stark, Wayne, Tuscarawas, Carroll, Holmes, and Summit Counties. The individuals and organizations invited to participate in the survey are included in the list provided in Appendix A. The survey contents and results are summarized below.

1. Identifying And Prioritizing Key Health Issues

An initial list of 14 health issues was compiled by Squire Patton Boggs attorneys with expertise in the healthcare field. The list was developed by conducting in-depth discussions with healthcare professionals at Aultman, reviewing prior CHNA data for Aultman and other hospitals, reviewing health department information and surveys, and analyzing public health data available for the community:

Aging	Infectious/contagious disease	Sexually transmitted diseases
Cancer	Lung disease	
Cardiovascular health	Maternal health/pregnancy	Smoking
Chronic pain	Mental health	Substance abuse
Diabetes	Obesity/overweight	Trauma/physical injury

Survey participants were given the opportunity to write in any other significant health issues not included in this list. Participants wrote in access to healthcare resources, housing/homelessness, menopause, and acid reflux as additional health issues affecting the community.

Participants were then asked a series of questions to evaluate the significance of each of these 14 health issues according to four metrics using the following numeric scale to rate each metric for each of the 14 health issues:

Metric	Numeric Scale
The amount of the population directly affected by the health issue	1. Few people in the community are experiencing the issue 2. Some people in the community are experiencing the issue 3. Many people in the community are experiencing the issue 4. Most people in the community are experiencing the issue 5. All people in the community are experiencing the issue
The severity of the impact on those directly affected	1. The issue has a mild impact on the individual who is experiencing it 2. The issue has a moderate impact on the individual experiencing it 3. The issue has a severe impact on the individual experiencing it
The degree of impact the health issue has on others	1. The issue has no impact beyond the person directly experiencing it 2. The issue impacts the immediate household/family of the person directly experiencing it 3. The issue impacts those beyond the immediate household/family of the person directly experiencing it
How the significance of the health issue has changed over the past three years	1. The issue has become less significant over the past three years 2. There has been no change in the significance of the issue over the past three years 3. The issue has become more significant over the past three years

Based on these evaluations, the scores for each of the 14 health issues were then summed and compared to identify the health issues with the highest scores across all four metrics. The health issues with the three highest total scores were (1) obesity/overweight, (2) mental health, and (3) aging. Other significant issues included cardiovascular health, cancer, diabetes, and substance abuse.

2. Identifying And Evaluating Community Resources

Participants were next asked to evaluate each of the 14 health issues with respect to two metrics using the associate numeric scale:

Metric	Numeric Scale
The amount of community resources being directed to each health issue	1. There are too many resources being directed to addressing the issue 2. There are an appropriate amount of resources being directed to addressing the issue 3. There are too few resources being directed to addressing the issue 4. Insufficient knowledge
The effectiveness of the existing efforts to address each health issue	1. The current efforts to address the issue are highly effective 2. The current efforts to address the issue are somewhat effective 3. The current efforts to address the issue are not effective 4. Insufficient knowledge

Based on these metrics, the three health issues identified by the survey participants as having the greatest need for resources were: (1) mental health, (2) aging, and (3) obesity/overweight. The three health issues where existing efforts were rated least effective were: (1) mental health, (2) substance abuse, and (3) obesity/overweight, with aging ranked as (5).

In addition to scoring the amount and effectiveness of existing resources, participants were asked to identify specific community resources available for each of the 14 health issues. These responses are incorporated into the list of community resources discussed below.

3. Identifying Barriers To Treatment

The next section of the survey identified barriers to treatment for each of the 14 health issues. Participants were prompted with a list of 12 potential barriers to treatment:

Awareness of prevention resources	Privacy
Awareness of treatment resources	Other cultural
Lack of providers	Mobility
Lack of insurance	Schedule
Other financial issues	Transportation
Language	Distance

For each of the 14 health issues, participants were asked to identify which of these 12 potential barriers were a significant barrier to treatment. The results indicated that four barriers were significant across most health issues (including obesity/overweight and aging):

- Awareness of prevention resources

- Awareness of treatment resources

- Lack of insurance

- Other financial issues

The overall significance of these barriers indicates that access to care is an important issue impacting the health and wellness of the community. In addition, participants indicated that *lack of providers*, *mobility*, and *transportation* were significant barriers for aging, and *culture*, *mobility*, and *privacy* were identified as significant barriers to obesity/overweight.

B. Stakeholder Meeting

On August 27, 2025, Aultman conducted an in-person meeting with stakeholders from Stark and Wayne Counties. The attendees were Aultman executives and members of Aultman's Health Equity Committee.

At the meeting, Squire Patton Boggs presented the results of the online survey and facilitated a discussion of the results and other experiences and data bearing on the community's health needs and resources. Participants generally agreed that the key health issues identified in the survey results (obesity/overweight and aging) were priority issues for the community. Participants also discussed the extent to which the healthcare community's responses to those key issues may overlap or differ. For example, stakeholders indicated that services are needed to help community members navigate the resources available for aging and obesity/overweight. In addition, stakeholders viewed certain barriers to accessing care, such as awareness of resources, lack of providers, and difficulty affording care, as impacting many health issues present in the community.

C. Other Data Sources Considered

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

1. County Health Rankings & Roadmaps (2025)[17]

The University of Wisconsin Population Health Institute prepares an annual survey on various factors that influence health. The 2025 survey includes the following data for the State of Ohio and for Carroll, Holmes, Stark, Summit, Tuscarawas, and Wayne Counties.

Factor	Ohio	Carroll	Holmes	Stark	Summit	Tuscarawas	Wayne
Adult smoking	**18%**	25%	27%	17%	18%	23%	19%
Adult obesity	**38%**	41%	43%	38%	40%	44%	40%
Physical inactivity	**24%**	29%	33%	23%	24%	30%	24%
Access to exercise opportunities	**84%**	36%	39%	74%	95%	71%	65%
Excessive drinking	**21%**	20%	20%	20%	20%	21%	20%
Alcohol-impaired driving deaths[18]	**32%**	43%	9%	34%	39%	41%	36%
Limited access to healthy foods	**7%**	2%	2%	9%	8%	3%	5%
Drug overdose deaths (per 100,000)	**45**	15	Data not available	38	43	31	31
Suicides (per 100,000)	**15**	15	Data not available	17	15	15	14
Uninsured	**7%**	9%	35%	6%	7%	9%	13%
Ratio of patients to primary care physicians	**1,330:1**	3,810:1	4,920:1	1,290:1	1,020:1	2,800:1	2,010:1
Ratio of patients to mental health providers	**290:1**	1,780:1	4,930:1	270:1	260:1	500:1	250:1

2. Community Health Improvement Plans[19]

Each county's local health department publishes community health improvement plans (CHIPs) and community health assessments (CHAs), identifying health issues in the community and setting priorities to improve public health.

- **Stark County 2023–2025 CHIP[20]:**

The Stark County Community Health Needs Assessment (CHNA) Advisory Committee included multiple local health departments in the county, as well as community agencies. The most recent CHIP, finalized in December 2023, identified two broad priorities: mental health and access to care. Some of the goals and strategies outlined in the report included the following:

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[17] University of Wisconsin Population Health Institute*, 2025 County Health Rankings & Roadmaps* (2025), available at https://www.countyhealthrankings.org/health-data (last accessed Sept. 29, 2025).

[18] This factor refers to the percentage of motor vehicle crash deaths that involved alcohol.

[19] Repository of CHIPs, CHAs, and similar documents available at https://odh.ohio.gov/about-us/Local-Health-Departments/lhd-plans-by-county. See Appendix D for links to CHIPs and CHAs for Summit, Carroll, Holmes, and Tuscarawas Counties.

[20] Stark County Community Health Needs Assessment, County Community Health Needs Assessment Advisory Committee, *Stark County Community Health Improvement Plan: 2023–2025* (Dec. 2023), available at https://cms7files1.revize.com/starkcountyoh/2023-2025%20CHIP%20&%20Action%20Plans%20FINAL.pdf.

– Unify services to address complexities and disparities in health outcomes by developing a technology platform to exchange information among community organizations and health partners

– Improve coordination of patient care between behavioral or mental health providers and medical providers by increasing formal relationships among those providers

– Increase digital wellness for parents and children, including by improving safe device education, with goals of decreasing electronic bullying, improving stress management skills and sleep for youth, and improving parental behaviors surrounding device management

– Improve behavioral health support for school staff to improve mental cognition and reduce classroom stress

– Improve patient access to behavioral health care by reducing nontreatment barriers and identifying funding sources

Among the reasons identified for improving mental health and access to care were:

– 64% of community leaders reported that the issue of mental health was worse than it was in 2022

– 24% of community leaders reported that the issue of access to care was worse than it was in 2022

– Mental and behavioral health barriers included availability of providers, staffing shortages, timely care, integration of mental health into medical offices, cultural bias, and overall health literacy in the community

- **Wayne County 2024–2027 CHIP: Community Health Improvement Plan[21]:**

The Wayne County Health Department prepared its most recent Community Health Improvement Plan as part of a long-term, systematic effort to address health problems in the community based on results from a community health assessment. It identified three priorities in an earlier plan, including (1) mental health and substance use disorder, (2) physical health and chronic conditions, and (3) cross-cutting factors, including access and equity, adverse childhood experiences, and obesity.

<u>**Priority 1 – Mental Health and Substance Use Disorder:**</u> Wayne County has three desired outcomes for its plan to address mental health and substance use disorder: (1) reducing the number of deaths from overdoses, (2) reducing child abuse, and (3) reducing suicides and suicide attempts. The most recent CHIP reported the following statistics:

– Suspected overdoses have declined 7.6%

– Overdose deaths (based on preliminary data from 2023) showed a decrease of 45%

– Child abuse investigations in 2022 decreased by 6.3% since 2019

– Suicide deaths and attempts in 2023 were the same as in 2020

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[21] Wayne County Health Department, *2024–2027 CHIP: Community Health Improvement Plan* (2024), available at https://www.wayne-health.org/reports-publications.

- Youth suicide deaths (ages 10 to 24) for 2023 remained the same as in 2020, but attempts increased from 2020 to 2023

Priority 2 – Physical Health and Chronic Conditions: Wayne County reported that the leading cause of death in Wayne County is heart disease, and that physical inactivity can increase risk of chronic diseases such as heart disease, cancer, diabetes, and stroke. It also noted the importance of nutrition and diet, sleep, and seeking medical care early for minor illnesses or injuries. The most recent CHIP identified the following statistics, while noting that the COVID-19 pandemic likely skewed 2021 results:

- In Wayne County, 26% of deaths could be attributed to heart disease

- 40.7% of residents are considered obese (BMI above 29.9), and 71.3% are considered either overweight or obese

- Nearly 44% of residents do not eat one serving of fruit and one serving of vegetables daily

- The county's cancer mortality rate increased from 163.6 per 100,000 in 2019 to 172 per 100,000 in 2022

- The prevalence of unmanaged diabetes increased from 10.6% in 2019 to 11.2% in 2021

Priority 3 – Cross-Cutting Factors: Cross-cutting factors include health care access and equity, adverse childhood experiences, and obesity. These factors affect different types of health conditions. The Wayne County Health Department aims to (1) reduce the number of people not seeking medical care due to access issues, (2) reduce the average number of adverse childhood experiences, and (3) reduce the problem of obesity.

3. **Community Health Assessments**

- **2025 Stark County Community Health Assessment (prepared by the Center for Marketing and Opinion Research, LLC)[22]**

Stark County's Community Health Assessment (CHA) identified priority health areas through several sources, including a community survey, a survey of community health partners, and secondary data. Those priority areas for 2025 were access to healthcare, community conditions, chronic diseases, mental health, and substance abuse. The CHA reported the following statistics:

- Residents surveyed cited insurance issues (38.3%) as the reason they were unable to get needed healthcare services, with high cost (28.7%) and long wait time (13.9%) also cited

- Among residents with insurance, 16% still reported needing healthcare that they were unable to get, and for those without insurance, that number jumped to 31%

- 54% of health partners in the community said there were not enough primary care physicians in the area who accepted Medicaid

- 60% of residents surveyed described themselves as "overweight"

- 61% of community health partners said there were not enough services or programs for healthy living, and 57% said there were not enough resources and services for the elderly

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[22] 2025 Stark County Community Health Assessment (prepared by the Center for Marketing and Opinion Research, LLC), available at https://cms7files1.revize.com/starkcountyoh/2025STARKCountyCHAPresFINAL.pdf.

- **2024 Wayne County Community Health Assessment[23]**

Wayne County's CHA collected data from surveys in Wayne County, as well as statewide and nationwide. The CHA reported the following statistics:

- From 2017 to 2021, Wayne County residents drank alcohol more heavily, with excessive drinking increasing from 18% in 2017 to 21% in 2021, compared to 19% in Ohio and nationwide.

- In 2021, 23% of Wayne County residents smoked tobacco, compared to 17.1% of Ohio residents and 13.5% nationwide.

- 41% of Wayne County residents are classified as obese, compared to about 38% in Ohio and 34% nationwide, with an additional 30% classified as overweight.

- Wayne County's patient-to-doctor ratio is 2,030 to 1, significantly higher than Ohio's ratio of 1,290 to 1, and could account for Wayne County's higher rate of emergency department visits (19.9%, compared to Ohio's 17%).

- 14% of Wayne County residents are uninsured, higher than the state average, which the CHA notes may be due in part to the 7.8% of the population who are Amish and typically do not use conventional health insurance.

[23] 2024 Wayne County Community Health Assessment, available at https://www.wayne-health.org/sites/default/files/2024-01/Combined%20CHA%202024.pdf.

4. Medicare, Medicaid, and Uninsured Rates by Community[24]

	Ohio	Carroll	Holmes	Stark	Summit	Tuscarawas	Wayne
Medicare	**13.7%**	18.2%	9.35%	16%	14.9%	15%	14%
Medicaid	**17.8%**	17.3%	7.31%	18.4%	17.9%	17.1%	12.6%
Uninsured	**6.36%**	9.16%	42.3%	5.72%	5.62%	8.7%	14%

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[24] Data USA, available at https://datausa.io (last accessed Sept. 29, 2025).

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

A. Selection Of Priority Health Needs

Aultman evaluated the results of the survey data, stakeholder feedback, and other data sources discussed above to identify the priority health needs of the community. The survey data indicated that obesity/overweight and aging were two of the most significant health needs by virtually all metrics. As discussed above, the survey results were consistent with stakeholder feedback and other data sources regarding community health needs, which also indicated the importance of addressing obesity/overweight issues as part of an overall focus on healthy behaviors that can impact many other associated and preventable health issues. Additionally, the survey results and stakeholder feedback demonstrated the need to address barriers to accessing care across all health issues.

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

1. Improving Access to Care
2. Support for Aging Population
3. Promoting Healthy Behaviors

These priority health needs align with local and state health priorities. As discussed above, Stark County Health Department's 2025 CHA identified access to healthcare and community conditions (including transportation, food insecurity, and housing) as priority health areas and stated that 38% of the elderly population in Stark County is not adequately served by local health services. Similarly, top priorities in the Wayne County Health Department's 2021–2024 CHIP included physical health and chronic conditions (including physical activity, nutrition, and diet) and cross-cutting factors (including obesity).

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

1. **Improving Access to Care**

- Access Health Stark County – Provides access to a coordinated system of healthcare and community resources for those that are underserved and uninsured in the community

- AultCare MAC Trailer Health & Wellness Center – Partnership between AultCare and MAC Trailer to add more resources to the Health & Wellness Center to promote clinical quality and wellness among employees at the MAC Trailer locations in Alliance, Kent, and Salem. The Center offers services to promote, protect, and restore each employee's health and streamline access to complete individual well-being through AultCare's Care Coordination platform services

- Aultman Alliance Community Hospital's University of Mount Union Student Health Center – Promotes good health practices, offers short-term clinical care, and offers counseling services where students can receive short-term counseling in-house or be linked with a counselor in the Alliance area for more long-term services

- AultmanNow – Provides virtual doctor visits through smartphones or convenient urgent care locations to meet the community's medical needs

- Beacon Charitable Pharmacy – Provides prescription medication assistance to uninsured and underinsured residents in Stark and Carroll Counties who have low to moderate income, coordinates prescription assistance, maximizes resources, expands the utilization of prescription assistance programs throughout the community, advocates for vulnerable populations, and provides a practice site for NEOMED's pharmacy students

- Social Service Manual – Provides a listing of available social and health services that accept patients and/or community residents for a variety of services including medical, dental, home health care, and more

- Stark Help Central – Navigation tool that connects young people and their families with hundreds of community resources to help them overcome challenges and achieve their full potential

- United Way 2-1-1 – Toll-free telephone number that connects the community to hundreds of local resources for emergency housing, healthcare services, food assistance, drug rehabilitation, and more

- Aultman Transportation Outreach – Provides no-cost transportation services to Amish communities in the surrounding counties

2. **Support for Aging Population**

- Area Agencies on Aging – Coordinates local services and supports for older adults and people with disabilities in their communities. The Area Agencies on Aging offer classes on healthy choices and nutrition education, coordinate home-delivered meal programs, offer education to prevent falls and manage chronic conditions, coordinate transportation programs, offer caregiver support services and resources, provide access to home maintenance, repair, and modification services, and help individuals and families plan for long-term care needs with free long-term care consultations

- Alzheimer's Association – Provides access to free educational programs, care consultations, advocacy opportunities, and support groups

- Silver Sneakers – Provides in-person and online fitness classes for adults 65 and older

- PASSPORT – Helps Medicaid-eligible older Ohioans get the long-term services and support they need to stay in their homes or other community setting, rather than nursing homes

- Arthritis Foundation – Offers a helpline to answer questions about arthritis and how to manage it, including open enrollment for insurance, important changes to Medicare drug plans, treatment options, navigating medical systems, and more

- VANTAGE Aging – Offers services to help older adults remain healthy, active, and independent in the community, such as its Senior Community Service Employment Program, Meals on Wheels, and AmeriCorps Seniors Retired and Senior Volunteer Program

- Meals on Wheels – Delivers nutritious meals to seniors and others who are unable to purchase or prepare their own food, helping them remain in their homes

- SarahCare – Provides health-related care for seniors during the day at adult day care centers

- JRC Adult Day Center – Provides purposeful and engaging activities for seniors who need assistance, as well as intensive services such as showering and personal care

- St. Joseph Senior Living – Provides long-term living, memory care, assisted living, and independent living options for seniors

- Carroll Golden Age Retreat – Provides custodial care, assisted living, and intermediate care for persons not requiring skilled nursing care

3. **Promoting Healthy Behaviors**

- YMCA

- Aultman Orrville Sports and Wellness (*see description above*)

- Aultman MEDS Clinic, including diabetes treatment and education

- Aultman Carrollton (*see description above*)

- Aultman Ambassador Program – Created and launched to lead communities in Wayne and Stark Counties to improved health by helping youth create healthy habits. The Aultman Ambassador Program has partnered with area high schools, colleges, and universities. The schools provide advisors for the program participants. An Aultman wellness coordinator supports the schools' advisors by providing the program's framework, tools, and resources. During the school year, advisors coach the students in the program. The students use peer-to-peer mentoring to promote nutritious meals and snacks, hydration, active lifestyles, good sleep habits, and stress management

- Growing Healthy Habits, including Lose-A-Ton Win-A-Ton and Orrville Moves

- Wayne Holmes Information Referral Exchange (WHIRE) – United Way's WHIRE can link individuals to resources such as rent and utility assistance, food, health-related services, homeless services, foreclosure information, senior services, family counseling, support groups, and parenting resource information. WHIRE is designed to provide information and referrals using an extensive database of community resources

- Library – Self-help/education books

- Supplemental Nutrition Assistance Program (SNAP) education

- Ohio State University Extension – Offers the Expanded Food and Nutrition Education Program for limited-resource adults with children and youth

- Stark County Health Department WIC Clinic

- A Whole Community Inc. – Food resiliency

- Family and Children First Council of Wayne County – Committed to improving the social well-being of Wayne County's children and their families by strengthening collaboration among agencies, service organizations, parents, and communities

- Catholic Charities – Build strong families by providing mental health services for children, adults, and families, as well as home-based counseling services for children and families on a selected basis

- Orrville Area Boys and Girls Club

- Rails to Trails of Wayne County

- Arbors of Minerva – Subacute and rehabilitation center

Organization
ADAMHS Board of Tuscarawas and Carroll Counties
Access Health Stark County
Alliance Family Health Center
Alliance City Health Department
Aultman Community Hospital Board of Directors
Aultman Health Equity Committee
Aultman Health System Board of Directors
Aultman Hospital Board of Directors
Aultman Medical Group Primary Care Physicians
Aultman Medical Group Women's Health Services
Aultman North Canton Medical Group
Aultman Orrville Carrollton Health Center
Beacon Charitable Pharmacy
The Belden Brick Company
Big Brothers Big Sisters East Central Ohio
Carroll County Health Department
Canton City Public Health
Canton Regional Area Health Education Center
Carrollton Exempted Village Schools
Cleveland Clinic Mercy Hospital
Domestic Violence Project Inc.
Dunlap Family Physicians
East Central Ohio ESC
Healthy Tusc
Jackson Township Fire
Jarrett Industries
Kent State University Tuscarawas
LifeCare Family Health & Dental Center
Margaret B. Shipley Child Health Clinic
Massillon Chamber of Commerce
Massillon City Health Department
Metamor5sis
My Community Health Center
North Canton Medical Foundation
Ohio State University Extension Stark County
Orrville Boys & Girls Club
Orrville Chamber of Commerce
Paramount Advantage
Pioneer Equipment Inc.
Pipes Insurance Services, LTD
Representatives of Aultman Alliance Community Hospital
Representatives of Aultman Health System

Representatives of Aultman Hospital
Representatives of Aultman Orrville Hospital
Rittman & Southeast Schools
Salvation Army of Canton Citadel
Springvale Health Center
Stark Community Foundation
Stark County Community Action Agency
Stark County Educational Service Center
Stark County Family Council
Stark County Health Department
Stark County Job and Family Services
Stark County Mental Health Addiction & Recovery
Stark Fresh
Stark Parks
Tuscarawas County Commissioners
Tuscarawas County Human Resources
Tuscarawas County YMCA
Tuscarawas Economic Development Corp.
United Way of Greater Stark County
VANTAGE Aging
WJER Radio
Wayne County Emergency Management Agency
Wayne County Health Department
Wayne Economic Development Council
Youngstown State University

Aultman Alliance Community Hospital[25]

1.) Mental Health Services – access, addiction, suicide

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

Anticipated Impact:
- Increased access to mental healthcare.
- Improve safe prescriber practices.
- Reduce community suicide rate.

Access

Action: Aultman Alliance Community Hospital will continue to operate a Senior Care Unit (geriatric psychiatric unit for ages 55+).

Impact: *Aultman Alliance Community Hospital's Senior Care Unithas increased access to inpatient geriatric mental health services, as measured by the Senior Care Unit patient days.*

Client Visits:

Year:	Senior Care Unit:
2023	2336
2024	3460
2025 (Q1)	641

Action: Aultman Medical Group will continue to offer AultmanNow telehealth mental health services.

Impact: *Aultman Medical Group's AultmanNow telehealth mental health services have resulted in increased access to virtual mental health services, as measured by the number of AultmanNow telehealth appointments for mental health services.*

Appointments:

Year:	AultmanNow Telehealth:
2023	446
2024	692
2025 (Q1)	163

Action: Aultman Alliance Community Hospital will continue participation in the Access Health Stark County Medicaid Sustainability Care Coordination project for identification, referral, and linkage of patients to mental health services.

Impact: *Aultman Alliance Community Hospital did participate in the Access Health Stark County Medicaid Sustainability Care Coordination project, but it no longer makes referrals to the program due to a lack of patient interest.*

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[25] Aultman Specialty Hospital was included in the 2022 Joint CHNA and 2023-2025 Joint Implementation Strategy with Aultman Alliance Community Hospital and Aultman Hospital. Aultman Specialty Hospital has since ceased operations. While in operation, Aultman Specialty Hospital worked towards addressing the priority health needs it identified in 2022. Its implementation progress will not be evaluated in this report.

Action: Aultman Alliance Community Hospital staff will continue to engage with Coleman Professional Services' Mobile Response Unit for Crisis Intervention & Stabilization of children, teens & adults.

Impact: *Aultman Alliance Community Hospital has consistently engaged with Coleman Professional Services' Mobile Response Unit for Crisis Intervention & Stabilization. This resource is available to help children, young adults (up to age 21), and their families experiencing a mental or behavioral health crisis no matter where they are. The Mobile Response Teams are made up of professionals who have experience in treating the behavioral health needs of youth and young adults, including licensed clinicians, case managers, family peer support specialists, and on-call psychiatric staff. The goals of the Mobile Response Team are to:*

- *De-escalate the situation in the least restrictive setting possible*
- *Develop a safety plan with the youth and family*
- *Prevent the crisis from worsening*
- *Stabilize the situation by building skills and making appropriate referrals for support and services*
- *Offer up to 42 days of support to assist in stabilizing the youth and family.*

Action: Aultman Alliance Community Hospital will continue participation in the Behavioral Health Access and Integration Collaborative, a county-wide initiative to improve access to mental health services.

Impact: *Aultman Alliance Community Hospital participated in the Behavioral Health Access and Integration Collaborative in 2023. Other Aultman entities continued participation in the program in 2024 and 2025.*

Action: Aultman Alliance Community Hospital will continue participation in the Ohio OpenBeds Behavioral Health Network, an online registry to match patients with open inpatient psychiatric beds.

Impact: *Aultman Alliance Community Hospital participated in the Ohio OpenBeds Behavioral Health Network. OpenBeds helps support processes, create connections, and give visibility to behavioral health treatment services statewide. It supports providers by sharing access to an embedded patient assessment tool, real-time inventory of available mental health and substance use disorder resources for rapid referral to care, and support for proper transitions of care.*

Action: Aultman Alliance Community Hospital will continue to offer colleagues the Aultman Health System Colleague Well-Being Services (e.g., Employee Assistance Program, AultmanNow App, Aultman Medical Group Behavioral Health and Counseling Services, Prosperity@Work, Aultman Grief Services).

Impact: *Aultman Alliance Community Hospital continues to offer colleagues the Aultman Health System Colleague Well-Being Services. The percentage of all Aultman colleagues who access Colleague Well-Being Services has remained consistent at 82% over the last three years.*

Addiction
Action: Aultman will continue to participate in Wave 2 of the Optimizing HEALing in Ohio Communities (OHiO) (part of the NIH HEALing Communities Study) led by The Ohio State University and Case Western Reserve University in Stark County. The study aims to reduce overdose deaths statewide by 40% over the next three years. **Impact:** *Aultman participated in Wave 2 of Optimizing HEALing in Ohio Communities (part of the NIH HEALing Communities Study) until the study ended in 2023. The study did not result in a statistically significant reduction in opioid-related overdose death rates during the evaluation period. Researchers identified the COVID-19 pandemic and increased prevalence of fentanyl in the illicit drug market as factors that likely weakened the impact of the intervention on reducing opioid-related overdose deaths.* *Despite facing unforeseen challenges, the HEALing Communities Study successfully engaged communities to select and implement hundreds of evidence-based strategies over the course of the intervention, demonstrating how leveraging community partnerships and using data to inform public health decisions can effectively support the uptake of evidence-based strategies at the local level.*[26]
Action: Aultman Alliance Community Hospital will continue to participate in the Stark County Health Department Overdose Fatality Review Committee. **Impact:** *A representative of Aultman Health System participates in the Stark County Health Department Overdose Fatality Review Committee. This team conducts a comprehensive review of available data so that recommendations can be made to identify opportunities for reducing unintentional opiate related deaths and overdoses.*
Action: Aultman Health Foundation and Aultman Alliance Community Hospital will continue to participate on Stark County Opiate Task Force. **Impact:** *Aultman participates in the Stark County Opiate & Addiction Task Force. Composed of individuals from a variety of community organizations, the Task Force is designed to bring people and resources together from all sectors of the community to develop and pursue goals and strategies, including:* • *Focusing on advocacy, education, community partnerships, innovation, and data around addiction* • *Implementing strategies centered around harm reduction, client engagement, public awareness, and data* • *In conjunction with Drug Free Stark County, collaborating with community partners for Stark County's Drug Take Back Days*

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[26] National Institute on Drug Abuse, *NIH-Funded Intervention Did Not Impact Opioid-related Overdose Death Rates Over Evaluation Period*, https://nida.nih.gov/news-events/news-releases/2024/06/nih-funded-intervention-did-not-impact-opioid-related-overdose-death-rates-over-evaluation-period (June 16, 2024).

Action: Aultman Alliance Community Hospital will continue to participate on the Aultman Opioid Committee.

- **Subcommittee IT. Goal – Better Transitions Between Practitioners.**
- **Subcommittee Regulatory/Compliance and Acute/Chronic Pain. Goal – Safe Prescribing for Proper Treatment & Proper Evaluation.**
- **Subcommittee Education. Goal – Education to physicians, nurses, clinicians, and patients.**

Impact: *Aultman Alliance Community Hospital continues to participate on the Aultman Opioid Committee. However, the subcommittees were changed to be more relevant to practice in 2024. The new Opioid Subcommittees are:*

- *Opioid Use Disorder: Focuses on opioid use disorder resources, education, and treatment in the emergency department and inpatient areas.*
- *Stewardship (Inpatient): Focuses on opioid stewardship and prescribing within the inpatient setting.*
- *Accountability: Focuses on diversion potential and closed loop transactions of controlled substances within the hospital.*
- *Outpatient & Community: Focuses on outpatient prescribing and community needs in relation to controlled substances.*
- *Controlled Substance Safety: Focuses on safe dispensing, administration, storage, and disposal of controlled substances.*

One of the aims of the Aultman Opioid Committee is to increase safe prescriber practices, which can be measured by the number of naloxone doses administered in inpatient settings and the percent of opioid prescription pill quantity/supply ≤7 days at discharge.

Naloxone doses administered in inpatient settings (excluding ED and OR):

Year:	Number:
2023	4
2024	3

Opioid prescription pill quantity/supply ≤7 days at discharge:

Year:	Percent:
2023	97%
2024	98%

Action: Aultman Alliance Community Hospital will continue to offer a MedSafe medication safe disposal site.

Impact: *Aultman Alliance Community Hospital offers a MedSafe medication safe disposal site. The number of MedSafe collection site containers destroyed indicates a reduction in the amount of unintended access to unused prescription medication.*

MedSafe collection site containers:

Year:	*Number destroyed (lbs.):*
2023	*272*
2024	*249*

Suicide Prevention

Action: Aultman Alliance Community Hospital will continue to support affiliate AultCare's You Matter campaign.

Impact: *Aultman Alliance Community Hospital participated in AultCare's You Matter campaign in 2023 but transitioned to other avenues of support in subsequent years.*

Action: Aultman Alliance Community Hospital will continue to implement the Zero Suicide continuous quality improvement framework for transforming suicide prevention in health and behavioral healthcare systems.

- **Sustain Columbia Suicide Severity Rating Scale (C-SSRS) screening.**
- **Complete ED staff training on CALM: Counseling on Access to Lethal Means and implement in ED.**

Impact: *Aultman Alliance Community Hospital implements the Zero Suicide continuous quality improvement framework. It has further maintained Columbia Suicide Severity Rating Scale screening, and ED staff training on CALM was assigned to all nursing staff in 2023.*

Implementation of the Zero Suicide framework can be measured by the percent of consent to referral to Coleman Professional Services for ER patients.
ER patients ages 12–17 C-SSRS screening moderate to high risk of suicide:

Year:	Percent consenting to referral:
2023	94%
2024	100%
2025 (Q1)	100%

ER staff trained in CALM:

Year:	Percent:
2023	73%
2024	93%
2025 (Q1)	91%

Action: Offer QPR ("Question, Persuade and Refer" by QPR Institute) Suicidal Thinking, Behavior, Attempts prevention training for staff.

Impact: *Aultman Alliance Community Hospital has consistently offered QPR Suicidal Thinking, Behavior, Attempts prevention training for staff.*

Staff trained in QPR:

Year:	Percent:
2023	100%
2024	93%
2025 (Q1)	100%

2.) Access to Health Care – primary care

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

Anticipated Impact:
- Increase access to primary care services.
- Improve care coordination across the care spectrum.
- Improve affordability of healthcare services.

Action: Aultman Medical Group will continue to offer AultmanNow App Telehealth Primary Care services.

Impact: *Aultman Alliance Community Hospital offers AultmanNow App Primary Care Telehealth appointments. The number of AultmanNow App Primary Care Telehealth appointments indicates increased access to virtual primary care services.*

Appointments:

Year:	Number:
2023	358
2024	441
2025 (Q1)	138

Action: Aultman Alliance Community Hospital will continue to offer MAC Trailer employees on-site primary care services in the Aultman Alliance Community Hospital MAC Trailer Health and Wellness Center.

Impact: *Aultman Alliance Community Hospital offers MAC Trailer employees on-site primary care services in the Aultman Alliance Community Hospital MAC Trailer Health and Wellness Center.*

Visits:

Year:	Number:
2023	1941
2024	1445
2025 (Q1)	419

Action: Aultman Alliance Community Hospital will continue to offer University of Mount Union students and staff primary care services in the Aultman Alliance Community Hospital – University of Mount Union Student Health Center.

Impact: *Aultman Alliance Community Hospital offers University of Mount Union students and staff primary care services in the Aultman Alliance Community Hospital – University of Mount Union Student Health Center. The number of visits to the Student Health Center indicates an increase in access for students to primary care services.*

Student visits:

Year:	Number:
2023	1857
2024	2779
2025 (Q1)	438

Action: Aultman Alliance Community Hospital will continue to participate in the Access Health Stark County Medicaid Sustainability Care Coordination project for identification, referral, and linkage of patients without a regular primary care provider.

Impact: *While Aultman Alliance Community Hospital continues to participate in the Access Health Stark County Medicaid Sustainability Care Coordination project, patients have not chosen to enroll in the project.*

Aultman Hospital

1.) Mental Health Services – access, addiction, suicide

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

Anticipated Impact:
- Increase access to primary care services.
- Improve care coordination across the care spectrum.
- Improve affordability of healthcare services.

Access

Action: Aultman Hospital will continue to offer ambulatory mental health services through Aultman Medical Group Behavioral Health and Counseling Center.

Impact: *Aultman Hospital offers ambulatory mental health services through Aultman Medical Group Behavioral Health and Counseling Center. The Center provides understanding and supportive outpatient mental health services, tailored to individual patients. It utilizes many tools, including talk therapy, medication management, individual and group counseling, breathing through anxiety, EMDR (Eye Movement Desensitization and Reprocessing), Collaborative Assessment and Management of Suicidality (CAMS) and DBT (Dialectical Behavior Therapy).*

Action: Aultman Hospital will continue to offer inpatient mental health addiction services through CommQuest Detox & Recovery Unit at Aultman Hospital.

Impact: *Aultman Hospital offered inpatient mental health addiction services through the CommQuest Detox & Recovery Unit until it relocated at the end of 2024 to the newly expanded CommQuest Recovery Campus.*

In January 2025, Coleman Health Services began operating a temporary crisis stabilization unit on the sixth floor of Aultman Hospital to serve people facing addiction or a mental health crisis. Clients can stay for up to two weeks – receiving medication management, individual and group counseling, linkage to community resources, and 24/7 care and monitoring.

Action: Aultman Medical Group will continue to offer AultmanNow telehealth for virtual mental health services.

Impact: *Aultman Hospital's AultmanNow telehealth for virtual mental health services have resulted in increased access to virtual mental health services, as measured by the number of AultmanNow telehealth appointments for mental health services.*

Appointments:

Year:	AultmanNow Telehealth:
2023	446
2024	692
2025 (Q1)	163

Action: Aultman Hospital staff will continue to engage with Coleman Professional Services' Mobile Response Unit for Crisis Intervention & Stabilization of children, teens & adults.

Impact: *Aultman Hospital has consistently engaged with Coleman Professional Services' Mobile Response Unit for Crisis Intervention & Stabilization. This resource is available to help children, young adults (up to age 21), and their families experiencing a mental or behavioral health crisis no matter where they are. The Mobile Response Teams are made up of professionals who have experience in treating the behavioral health needs of youth and young adults, including licensed clinicians, case managers, family peer-support specialists, and on-call psychiatric staff. The goals of the Mobile Response Team are to:*

- *De-escalate the situation in the least restrictive setting possible*
- *Develop a safety plan with the youth and family*
- *Prevent the crisis from worsening*
- *Stabilize the situation by building skills and making appropriate referrals for support and services*
- *Offer up to 42 days of support to assist in stabilizing the youth and family.*

Action: Aultman Hospital ED will initiate participation in the TelePIRC - Akron Children's Hospital Psychiatric Intake Response Center (PIRC) telehealth project.

Impact: *Aultman Hospital did not initiate participation in the TelePIRC - Akron Children's Hospital Psychiatric Intake Response Center (PIRC) telehealth project because there was not a strong need for its services. Aultman is working towards taking part in this program in the future.*

Action: Aultman Hospital will continue to participate in Behavioral Health Access and Integration Collaborative.

Impact: *Aultman Hospital participates in the Behavioral Health Access and Integration Collaborative, a group dedicated to catalyzing effective and sustainable integration of behavioral and mental health care into physician practices. Initially focused on primary care, the Collaborative has expanded to include a selection of non-primary care specialties that provide longitudinal care to patients with chronic illnesses significantly impacted by a comorbid mental health condition.*

Action: Aultman Hospital will continue to offer the behavioral health navigator role for ED crisis intervention, care coordination, referral, and placements for patient Crisis Intervention & Stabilization.

Impact: *Aultman Hospital offers the behavioral health navigator role for ED crisis intervention, care coordination, referral, and placements for patient Crisis Intervention & Stabilization.*

Action: Aultman Hospital will continue to utilize the social worker role to help patients transition to community mental health services for patient Crisis Intervention & Stabilization.

Impact: *Aultman Hospital utilizes the social worker role to help patients transition to community mental health services for patient Crisis Intervention & Stabilization.*

ED mental health encounters for crisis intervention and care coordination:

Year:	Number:
2023	938
2024	929
2025 (Q1)	102

Action: Aultman Hospital will continue to participate in the Ohio OpenBeds Behavioral Health Network.

Impact: *Aultman Hospital ceased participation in the Ohio OpenBeds Behavioral Health Network, as it was unable to access updated information from this source. Aultman Hospital's social workers and care coordinators work directly with providers to refer patients for appropriate and available levels and specialties of care.*

Action: Aultman Hospital will continue to offer colleagues the Aultman Health System Colleague Well-Being Services (e.g., Employee Assistance Program, AultmanNow App, Aultman Behavioral Health and Counseling Services, Prosperity@Work, Aultman Grief Services).

Impact: *Aultman Hospital continues to offer colleagues the Aultman Health System Colleague Well-Being Services. The percentage of all Aultman colleagues accessing Colleague Well-Being Services has remained consistent at 82% over the last three years.*

Action: Aultman Hospital will continue to participate in the Access Health Stark County Medicaid Sustainability Care Coordination project to identify, refer, and link patients to community resources.
Impact: *Aultman Hospital participates in the Access Health Stark County Medicaid Sustainability Care Coordination project to identify, refer, and link patients to community resources.*

Referred patients who enroll:

Year:	Percent:
2023	29%
2024	28%
2025 (Q1)	9%

Addiction
Action: Aultman Health System will continue to participate in Wave 2 of the Optimizing HEALing in Ohio Communities (OHiO) (part of the NIH HEALing Communities Study) led by The Ohio State University and Case Western Reserve University in Stark County. Aim: Reduce overdose deaths statewide by 40% over the next three years. **Impact:** *Aultman Hospital participated in Wave 2 of Optimizing HEALing in Ohio Communities (part of the NIH HEALing Communities Study) until the study ended in 2023. The study did not result in a statistically significant reduction in opioid-related overdose death rates during the evaluation period. Researchers identified the COVID-19 pandemic and increased prevalence of fentanyl in the illicit drug market as factors that likely weakened the impact of the intervention on reducing opioid-related overdose deaths.* *Despite facing unforeseen challenges, the HEALing Communities Study successfully engaged communities to select and implement hundreds of evidence-based strategies over the course of the intervention, demonstrating how leveraging community partnerships and using data to inform public health decisions can effectively support the uptake of evidence-based strategies at the local level.*[27]
Action: Aultman Hospital will continue to participate in the Stark County Health Department Overdose Fatality Review Committee. **Impact:** *Aultman Hospital participated in the most recent Overdose Fatality Review Report, released in 2023.*
Action: Aultman Health Foundation will continue to participate on Stark County Opiate Task Force. **Impact:** *Aultman participates in the Stark County Opiate Task Force. Composed of individuals from a variety of community organizations, the Task Force is designed to bring together people and resources from all sectors of the community to develop and pursue goals and strategies, including:* • *Focusing on advocacy, education, community partnerships, innovation, and data around addiction* • *Implementing strategies centered around harm reduction, client engagement, public awareness, and data* • *In conjunction with Drug Free Stark County, collaborating with community partners for Stark County's Drug Take Back Days*

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[27] National Institute on Drug Abuse, *NIH-Funded Intervention Did Not Impact Opioid-related Overdose Death Rates over Evaluation Period*, https://nida.nih.gov/news-events/news-releases/2024/06/nih-funded-intervention-did-not-impact-opioid-related-overdose-death-rates-over-evaluation-period (June 16, 2024).

Action: Aultman Hospital will continue to participate on the Aultman Opioid Committee.

- **Subcommittee IT. Goal – Better Transitions Between Practitioners.**
- **Subcommittee Regulatory/Compliance and Acute/Chronic Pain. Goal – Safe Prescribing for Proper Treatment & Proper Evaluation.**
- **Subcommittee Education. Goal – Education to physicians, nurses, clinicians and patients.**

Impact: *Aultman Hospital continues to participate in the Aultman Opioid Committee. However, the subcommittees were changed to be more relevant to practice in 2024. The new Opioid Subcommittees are:*

- *Opioid Use Disorder: Focuses on opioid use disorder resources, education and treatment in the emergency department and inpatient areas.*
- *Stewardship (Inpatient): Focuses on opioid stewardship and prescribing within the inpatient setting.*
- *Accountability: Focuses on diversion potential and closed loop transactions of controlled substances within the hospital.*
- *Outpatient & Community: Focuses on outpatient prescribing and community needs in relation to controlled substances.*
- *Controlled Substance Safety: Focuses on safe dispensing, administration, storage, and disposal of controlled substances.*

One of the aims of the Aultman Opioid Committee is to increase safe prescriber practices, which can be measured by the number of naloxone doses administered in inpatient settings.

Naloxone doses administered in inpatient settings (excluding ED and OR):

Year:	*Number:*
2023	*70*
2024	*124*

Suicide
Action: Aultman Hospital will continue to support affiliate AultCare's You Matter campaign. **Impact:** *Aultman Hospital continues to support AultCare's You Matter campaign.*
Action: Aultman Hospital will continue to participate on the Stark County Suicide Prevention Coalition. **Impact:** *Aultman Hospital participated on the Stark County Suicide Prevention Coalition in 2023 and 2024. The Coalition is a partnership of representatives from more than 20 local community organizations, community members, and those with lived experience working together to save lives. The goal of the Coalition is to provide education, guidance, and resources to achieve a Stark County community with zero suicides.*
Action: Aultman Hospital will continue to participate in the Behavioral Health Access and Integration Collaborative. **Impact:** *Aultman Hospital participates in the Behavioral Health Access and Integration Collaborative. The Collaborative is a group dedicated to catalyzing effective and sustainable integration of behavioral and mental healthcare into physician practices. Initially focused on primary care, the Collaborative has since expanded to include a selection of non-primary care specialties that provide longitudinal care to patients with chronic illnesses significantly impacted by a co-morbid mental health condition.*
Action: Aultman Hospital will continue to offer ED Mental Health Crisis Intervention and Care Coordination. **Impact:** *Aultman Hospital continues to offer ED Mental Health Crisis Intervention and Care Coordination.*

Action: Aultman Hospital will continue to implement the Zero Suicide framework for transforming suicide prevention in health and behavioral healthcare systems.

- **Sustain Columbia Suicide Severity Rating Scale (C-SSRS) screening.**

- **Complete ED staff training on CALM: Counseling on Access to Lethal Means and implement in ED.**

- **Aultman Hospital will initiate QPR Suicidal Thinking, Behavior, Attempts prevention training for staff.**

Impact: *Aultman Hospital implements the Zero Suicide framework for transforming suicide prevention in health and behavioral healthcare systems. It has further maintained Columbia Suicide Severity Rating Scale (C-SSRS) screening and completed ED staff training on CALM: Counseling on Access to Lethal Means. Aultman Hospital initiated QPR Suicidal Thinking, Behavior, Attempts prevention training for staff in 2023 and 2024.*

ER staff trained in CALM:

Year:	Percent:
2023	100%
2024	98%
2025 (Q1)	100%

Staff trained in QPR:

Year:	Percent:
2023	100%
2024	100%
2025 (Q1)	Program stopped

2.) Access to Health Care – primary care

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

Anticipated Impact:
- Increase access to primary care services
- Improve care coordination across the care spectrum
- Improve affordability of healthcare services

Action: Aultman Medical Group, a group of employed physicians under the Aultman Health System, will continue to offer office-based primary care services.

Impact: *The number of Aultman Medical Group primary care providers has grown since 2022, indicating an increase in access to primary care services.*

Aultman Medical Group providers:

Year:	Number:
2023	90
2024	122
2025 (Q1)	132

Action: Aultman Medical Group will continue to offer AultmanNow App telehealth primary care services.

Impact: *Aultman Medical Group offers telehealth primary care services through the AultmanNow App.*

Appointments:

Year:	Number:
2023	1689
2024	1640
2025 (Q1)	497

Action: Aultman Hospital will continue membership in the Integrative Health Care (IHC) Medicare Shared Savings Program.

Impact: *Aultman Hospital continues to participate in the Integrative Health Care (IHC) Medicare Shared Savings Program.*

Program beneficiary ER utilization rate:

Year:	Rate:
2023	345
2024	306
2025 (Jan.)	28

Program beneficiary Primary Care visit rate:

Year:	Number:
2023	1689
2024	1640
2025 (Q1)	497

Action: Aultman Health System will initiate Ohio Department of Health grant-funded school-based health clinic telehealth services.

Impact: *Aultman Health System has initiated Ohio Department of Health grant-funded school-based health clinic telehealth services. AultmanNow is a healthcare service that provides a convenient family practice provider – online – for sick children while they are still at school. With a parent's permission and the assistance of the school nurse, children can be seen by a family practice provider by using telemedicine technology. Using a smartphone or computer, parents are welcome to join the visit without leaving their home or office.*

AultmanNow brings affordable healthcare to children's schools, so that they can feel better, faster. Telehealth services are available in the following school districts: Canton City, Carrollton, Claymont, Malvern, Minerva, Orrville, Rittman, Sandy Valley, Tusky Valley, Wayne County Career Center, Waynedale, and West Branch.

Action: Aultman Hospital will continue to offer Medicaid enrollment assistance for self-pay patients.

Impact: *Aultman Hospital offers Medicaid enrollment assistance for self-pay patients.*

Action: Aultman Hospital will continue to participate in the Access Health Stark County Medicaid Sustainability Care Coordination project.

Impact: *Aultman Hospital participates in the Access Health Stark County Medicaid Sustainability Care Coordination project.*

Aultman Orrville Hospital

1.) Mental Health and Substance Abuse

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

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

Action: Implement telehealth options for mental health care.

Impact: *Aultman Orrville Hospital partners with American Well to provide telehealth services for those experiencing mental health issues.*

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

Impact: *Aultman Orrville Hospital partners with Aultman Behavioral Health and the Counseling Center of Wayne County in Wayne County to provide mental health services to community members. It also previously partnered with OneEighty, which ceased operations. Aultman Orrville Hospital works collaboratively with the Crisis Center and the Mental Health and Recovery Board to provide appropriate care and services to individuals in need. Aultman Orrville Hospital participates in the Orrville City Schools O'Huddle mentoring program to provide positive support for at-risk students to reduce and manage mental health issues.*

Action: Screen patients to evaluate those at high risk.

Impact: *All Aultman Orrville Hospital patients are screened and scored for emotional health. Referrals are made to appropriate agencies as needed, including but not limited to the Counseling Center of Wayne County and formerly OneEighty in Wayne County. Additionally, Rural Health Clinic providers perform wellness screenings for employees who are participating in the Aultman Wellness program, as well as their other patients who select to have an annual wellness visit.*

The Sexual Assault Nurse Examiner (SANE) program ensures patients receive prompt treatments by nurses who have received specialized forensic training and training to care for individuals impacted by sexual or domestic violence. Employees are offered the Employee Assistance Program (EAP), which provides counseling services as needed. Additionally, Aultman has partnered with the United Way and their Prosperity@Work program for employees to connect with special experts who are trained to listen to employee needs and link employees with community resources

Action: Expand drug abuse education initiatives.

Impact: *Aultman Orrville Hospital is represented on the Aultman Opioid Committee, with a focus on better transitions between practitioners, safe prescribing for proper treatment and evaluation, and providing education to physicians, nurses, clinicians, and patients. Aultman Orrville Hospital leaders participate in the Wayne County Opiate Task Force, which involves a Sequential Intercept Mapping (SIM) exercise to identify top needs related to opioid management.*

Aultman Orrville Hospital collaborated with OneEighty to establish a 24-hour "Treatment Navigator" process that can initiate access to treatment services prior to patients leaving the emergency department. Aultman Orrville Hospital continues to create access to pain management services for those individuals in the community with chronic pain management. Patient evaluations are completed at Aultman Orrville Hospital and referrals are made if providers are unable to manage care on campus.

Action: Provide deterra bags by distributing them at community events.

Impact: *Decrease the availability of unused medication in homes of community members by providing an at-home disposal process for medication. Deterra bags distributed by the Working on Wellness (WOW) team at community events (per year) are as follows:*

Year:	Deterra Bags Distributed:
2023	494
2024	354
2025 (Q1)	25

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

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

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

Impact: *Regular audits are performed for primary care provider prescribing trends. Aultman Orrville Hospital's electronic medical record discharge order has adopted a standard opioid equianalgesic reference chart for hospitals. A collaboration between emergency department providers, pain management providers, and primary care providers takes place for those individuals who are noted to utilize the emergency department frequently for complaints of chronic pain.*

2.) Healthy Behaviors

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

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

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

Impact: *The Aultman Orrville Hospital Weight management program utilizes a 12-week Healthy Lifestyles program for clients. The program focuses on nutrition, exercise, and behavioral habits.*

Year:	Clinic Visits:
2023	*353*
2024	*221*
2025 (Q1)	*40*

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

Year:	Clinic Visits:
2023	*156*
2024	*145*
2025 (Q2)	*71*

The Aultman Orrville Hospital Sports & Wellness programs offered an annual member weight management challenge over the holiday seasons. An incentive was offered to those who met criteria. Annual participation each year exceeded 100 members. The total average pounds lost (annually) exceeded 140 pounds with an 82% success rate per member participation.

Numerous health & wellness education events are offered during the year to support healthy behavior strategies. Programs included, but were not limited to, the following:
- *Informed Nutrition for Healthy Aging*
- *Right Intensity for Cardiovascular Benefit*
- *Healthy Aging in the New Year*
- *Holiday Stress Relief*
- *Healthy Holiday Nutrition*
- *Healthy Heart – Don't Risk It*
- *Feel Better – Move Better – Managing Arthritis*
- *Moving to a Healthy You Weight Management*
- *Simple Steps for Successful Aging*

The Health & Wellness Impact Survey was initiated to evaluate progress with healthy behaviors related to impact made through Sports & Wellness services. The top six are listed below with the majority focused on maintaining health and independence. Percentage of members indicating progress made or management of health & wellness conditions are as follows:

Services	2023	2024
Orthopedic	*92%*	*85%*
Sarcopenia (strength loss)	*52%*	*N/A*
Healthy Aging	*N/A*	*80%*
Arthritis	*43%*	*72%*
Weight Management	*40%*	*61%*
Balance	*32%*	*61%*

Weekly group exercise classes are offered for free to Sports & Wellness members to promote social and physical wellness.

Class:	Classes per Week:	Attendance per Class:
Strength & Function	*2*	*10-15*
Flex & Balance	*1*	*6-12*
Chair Yoga	*3*	*14-22*
Align & Define	*2*	*4-8*

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

Impact: *The Aultman Orrville Hospital Sports & Wellness program has two locations. The first location is in Orrville, Ohio, located at 365 South Crown Hill Road, Orrville, Ohio 44667. The second location is in Carrollton, Ohio, located at 1020 Trump Road NW, Carrollton, Ohio 44615. Each location provides a hospital-based wellness center offering memberships utilizing evidence-based practices. The facility specializes in prescription exercise plans tailored for the individual. Plans focus on clinical exercise, post-rehabilitation, transition programs (i.e., physical therapy, cardiac rehabilitation, and MEDS Clinic), sport-specific training, and overall fitness. Group exercise classes are also available at each location.*

Aultman Orrville Sports & Wellness – Crown Hill location:

Year:	Annual Member Visits:
2020	*16,508*
2021	*17,413*
2022 (Q1)	*4,453*

Aultman Orrville Sports & Wellness – Carrollton location:

Year:	Annual Member Visits:
2020	*16,508*
2021	*17,413*
2022 (Q1)	*4,453*

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

Impact: *The Lose-A-Ton, Win-A-Ton (LAT-WAT) challenge, which lasts three months, continues to make positive behavior change in the community. The focus is on healthy habits that promote weight loss. Measurables include weight loss or maintenance of a body mass index (BMI) <26. In 2024, the total number of competitors on a team was limited to five.*

Year:	Teams:	Participants:	Average Weight Lost:
2023	15	132	8.90 lbs./person
2024	16	80	6.16 lbs./person
2025	14	70	6.51 lbs./person

The GHH Coalition also sponsors Orrville Moves and has expanded its impact. Orrville Moves is a five-month community challenge that promotes physical activity. This supports the Growing Healthy Habits mission and serves as a catalyst for change. The intent is to promote healthy behaviors and lead the community to improved health.

Year:	Check-ins:	Mileage Moved:
2023	8,084	35,336
2024	9,003	34,055
2025	(Results pending as of publication)	

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

Impact: *In 2021, Aultman Orrville Hospital opened a new service to offer a patient plan of care focusing on diabetes and coumadin management with an integrated team of pharmacists and dietitians. The number of annual visits is as follows:*

Year:	Diabetes:	Coumadin:
2023	1,047	729
2024	1,161	665
2025 (Q1)	309	171

The MEDS Clinic also began offering a patient plan of care for asthma and COPD in 2024. The annual visits are as follows:

Year:	Asthma / COPD:
2024	17
2025 (Q1)	14

Action: Provide community education on health-related issues.

Impact: *Through its HealthTalks program, Aultman Orrville Hospital provides a monthly speaker series with health topic recommendations. After each presentation, evaluations from participants are solicited and issues identified are incorporated into future programs.*

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

Impact: *Aultman Orrville Hospital's Working on Wellness (WOW) program consists of registered nurses who participate in health fairs, community events, and various programs throughout the service area. The intent is to screen and educate. Non-invasive screening is provided to increase knowledge and awareness of healthy values and education and access to care information is provided as needed to support chronic disease prevention and management and support healthy lifestyle choices.*

Year:	Screened:	Provided Education:
2023	3,281	3,240
2024	3,064	3,007
2025 (Q1)	1,088	773

The Aultman Ambassador program is supported through Aultman Orrville Hospital in the Dalton, Rittman, Orrville, and Norwayne School Districts. The Ambassador program arms local high school and middle school students with the information and confidence to provide a student-led program. Students are asked to promote healthy habits in their schools. This program provides opportunities for assessment, programming, and progress in the areas of physical activity, sleep, hydration, nutrition, and stress related to the school health & wellness culture. Advisors provide oversight for student-led programming for each school district (e.g., yoga class, smoothie day, March Madness kickball tournament, elementary turf time, student & faculty walk day, mental health awareness posters, school health & wellness website, etc.).
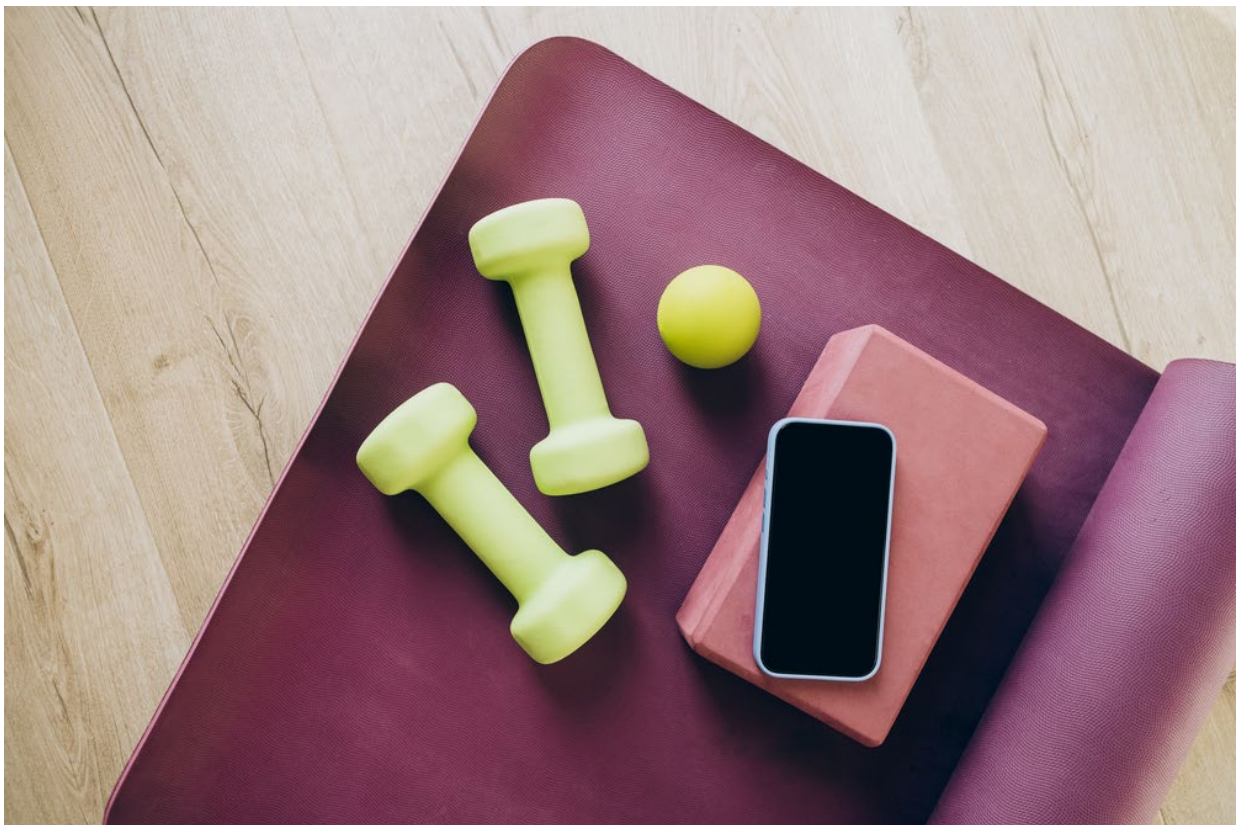
3.) Access to healthcare

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

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

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

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

Action: Increase availability of care.

Impact: *Aultman Orrville Hospital continues to recruit primary care providers to Wayne, Carroll, and Tuscarawas counties to meet the needs of its patients and to expand access to healthcare. Aultman Orrville Hospital now has four rural health clinics in Wayne County, three in Tuscarawas County, one in Carroll County, and one in Stark County. The number of physical office visits per year, per location, are as follows:*

Location	2023	2024	2025 (Q1)
Aultman Alliance Family Medicine of AOH	2,488 (Q4)	17,749	4,511
Aultman Orrville Bolivar Health Center	15,546	16,288	5,232
Aultman Orrville Carrollton Health Center	16,775	17,705	5,907
Aultman Orrville Doylestown Health Center	3,892	4,155	1,490
Aultman Orrville DFP Apple Creek	5,719	6,304	2,303
Aultman Orrville DFP Dalton	7,597	8,026	2,985
Aultman Orrville DFP Orrville	31,137	34,528	12,367
Dover Health Center of Aultman Orrville	3,016	5,665	2,267
Tuscarawas Health Center of Aultman Orrville	21,352	20,953	6,927

In addition to primary care, select specialty services are offered at the rural health clinics, including, but not limited to, cardiovascular care, endocrinology, and women's health. The number of office visits per year, per location, are as follows:

<u>Cardiovascular Care</u>:

Location	2023	2024	2025 (Q1)
Aultman Orrville Bolivar Health Center	338	368	107
Aultman Orrville DFP Apple Creek	77	84	39
Aultman Orrville DFP Orrville	2,899	3,034	926

<u>Endocrinology</u>:

Location	2023	2024	2025 (Q1)
Aultman Orrville Carrollton Health Center	N/A	N/A	314
Aultman Orrville DFP Orrville	2,899	3,034	926

<u>Women's Health</u>:

Location	2023	2024	2025 (Q1)
Aultman Orrville Carrollton Health Center	N/A	N/A	99

In addition to primary care and specialty services, telehealth visits are offered as an alternative avenue to care, when applicable and agreed to by the provider. The number of telehealth visits per year, per location, are as follows:

Location	2023	2024	2025 (Q1)
Aultman Orrville Bolivar Health Center	554	359	95
Aultman Orrville Carrollton Health Center	2,378	2,397	1,102
Aultman Orrville Doylestown Health Center	61	55	22
Aultman Orrville DFP Apple Creek	47	20	5
Aultman Orrville DFP Dalton	157	85	34
Aultman Orrville DFP Orrville	639	303	90
Dover Health Center of Aultman Orrville	61	259	86
Tuscarawas Health Center of Aultman Orrville	599	3	14

In addition to primary care and specialty services, telehealth visits are offered in our community schools as well. Aultman Orrville Hospital continues to create new points of access in our communities with the intent of keeping students and teachers in the classroom. The number of school-based telehealth visits per academic year, per school system, are as follows:

Location	2023-2024	2024-2025
Brown Local Schools	171	126
Carrollton Exempted Village Schools	359	241
Minerva Local School	294	266
Claymont Local Schools	369	133
Tusky Valley Local Schools	219	203
Sandy Valley Local Schools	121	144
Wayne County Career Center	11	10
Rittman Local Schools	9	1
Canton City Schools	95	90
West Branch Local Schools	N/A	21

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

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

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

Impact: *Follow-up appointments are scheduled with the patient's Primary Care provider by the Care Management team and documented in the patient's discharge instructions.*

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

Impact: *Aultman Orrville Hospital's Care Management team meets with every patient and assesses if their discharge needs include a Primary Care provider. Referrals are initiated as needed. In collaboration with our Emergency Department providers and Primary Care providers, procedures and protocols have been established to create a care plan for individuals that have frequent visits to the Emergency Department with no established Primary Care provider*.

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

Impact: *Age-appropriate health screenings are offered and completed through the Rural Health Clinic, Imaging Department, Obstetric Department, and Emergency Department. These screenings include current vaccine and immunization status, social habits, and post-partum education.*

Ohio County Profiles

Prepared by the Office of Research   2025 Edition

Department of Development

Stark County

Established:	Act - February 13, 1808
2024 Population:	374,091
Land Area:	576.2 square miles
County Seat:	Canton City
Named for:	General John Stark, Revolutionary War
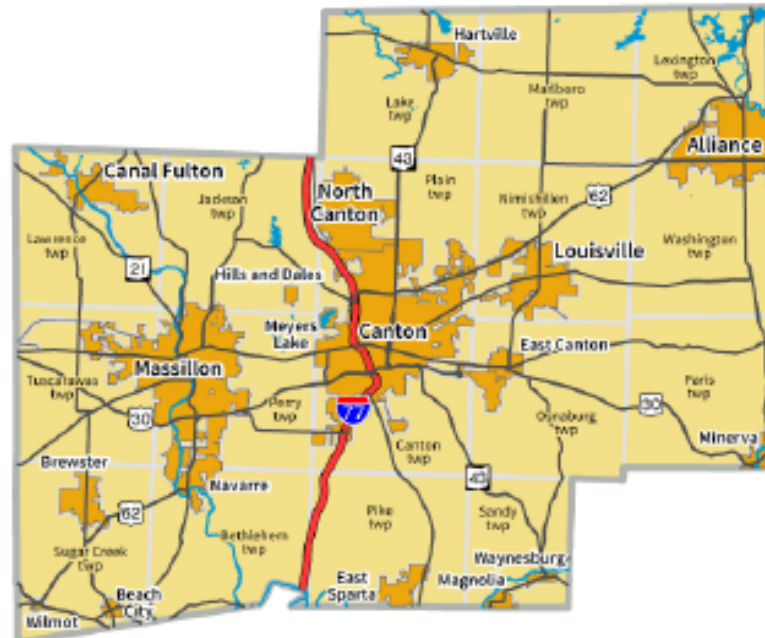
Taxes

Taxable value of real property	$9,331,999,660
Residential	$7,129,580,200
Agriculture	$346,348,610
Industrial	$340,884,130
Commercial	$1,513,664,490
Mineral	$1,522,230
Ohio income tax liability	$252,131,694
Average per return	$1,403.52

Land Use/Land Cover

	Percent
Developed, Lower Intensity	28.43%
Developed, Higher Intensity	7.54%
Barren (strip mines, gravel pits, etc.)	0.53%
Forest	20.73%
Shrub/Scrub and Grasslands	0.24%
Pasture/Hay	21.58%
Cultivated Crops	18.29%
Wetlands	1.74%
Open Water	0.92%

Largest Places

	2024	2020
Canton city	69,211	70,611
Jackson twp UB	43,130	43,074
Plain twp UB	35,565	35,546
Massillon city	32,750	32,048
Perry twp UB	28,226	28,245
Lake twp UB	27,013	26,992
Alliance city (pt.)	21,477	21,587
North Canton city	17,677	17,822
Canton twp UB	11,807	11,828
Louisville city	9,793	9,505
		UB: Unincorporated balance

Total Population

Census

Year	Population	Year	Population		
1800		1910	122,987	**2020**	**374,853**
1810	2,734	1920	177,218		
1820	12,406	1930	221,784		
1830	26,588	1940	234,887	**Estimate**	
1840	34,603	1950	283,194	**2024**	**374,091**
1850	39,878	1960	340,345		
1860	42,978	1970	372,210		
1870	52,508	1980	378,823	**Projection**	
1880	64,031	1990	367,585	**2030**	**358,580**
1890	84,170	2000	378,098	**2040**	**337,655**
1900	94,747	2010	375,586	**2050**	**317,552**
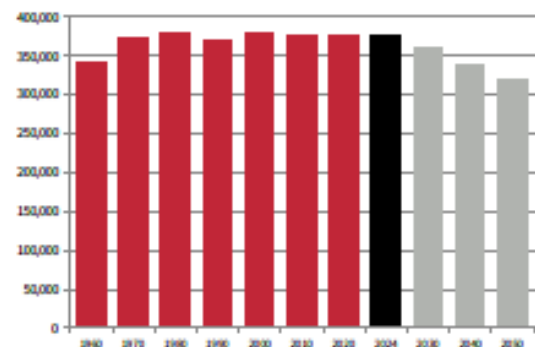
Population by Race

	Number	Percent
ACS Total Population	373,764	100.0%
White	318,786	85.3%
African-American	28,074	7.5%
Native American	348	0.1%
Asian	3,254	0.9%
Pacific Islander	123	0.0%
Other	2,300	0.6%
Two or More Races	20,879	5.6%
Hispanic (may be of any race)	10,887	2.9%
Total Minority	58,534	15.7%

Educational Attainment

	Number	Percent
Persons 25 years and over	262,124	100.0%
No high school diploma	18,910	7.2%
High school graduate	96,960	37.0%
Some college, no degree	55,622	21.2%
Associate degree	25,146	9.6%
Bachelor's degree	42,362	16.2%
Master's degree or higher	23,124	8.8%

Family Type by Employment Status

	Number	Percent
Total Families	96,520	100.0%
Married couple, husband and wife in labor force	34,114	35.3%
Married couple, husband in labor force, wife not	13,366	13.8%
Married couple, wife in labor force, husband not	6,671	6.9%
Married couple, husband and wife not in labor force	15,200	15.7%
Male householder, in labor force	6,306	6.5%
Male householder, not in labor force	1,551	1.6%
Female householder, in labor force	13,185	13.7%
Female householder, not in labor force	6,127	6.3%

Household Income

	Number	Percent
Total Households	155,366	100.0%
Less than $10,000	7,127	4.6%
$10,000 to $19,999	11,857	7.6%
$20,000 to $29,999	14,418	9.3%
$30,000 to $39,999	12,953	8.3%
$40,000 to $49,999	12,693	8.2%
$50,000 to $59,999	12,650	8.1%
$60,000 to $74,999	16,426	10.6%
$75,000 to $99,999	22,101	14.2%
$100,000 to $149,999	25,450	16.4%
$150,000 to $199,999	10,804	7.0%
$200,000 or more	8,887	5.7%
Median household income	$65,740	

Percentages may not sum to 100% due to rounding.

Population by Age

	Number	Percent
ACS Total Population	373,764	100.0%
Under 5 years	20,621	5.5%
5 to 17 years	60,254	16.1%
18 to 24 years	30,765	8.2%
25 to 44 years	89,551	24.0%
45 to 64 years	97,473	26.1%
65 years and more	75,100	20.1%
Median Age	41.9	

Family Type by Presence of Own Children Under 18

	Number	Percent
Total Families	96,986	100.0%
Married-couple families with own children	22,901	23.6%
Male householder, no wife present, with own children	4,004	4.1%
Female householder, no husband present, with own children	10,642	11.0%
Families with no own children	59,439	61.3%

Poverty Status of Families By Family Type by Presence Of Related Children

	Number	Percent
Total Families	96,986	100.0%
Family income above poverty level	88,318	91.1%
Family income below poverty level	8,668	8.9%
Married couple, with related children	972	1.0%
Male householder, no wife present, with related children	606	0.6%
Female householder, no husband present, with related children	4,754	4.9%
Families with no related children	2,336	2.4%

Ratio of Income To Poverty Level

	Number	Percent
Population for whom poverty status is determined	365,306	100.0%
Below 50% of poverty level	21,931	6.0%
50% to 99% of poverty level	24,622	6.7%
100% to 124% of poverty level	15,192	4.2%
125% to 149% of poverty level	15,799	4.3%
150% to 184% of poverty level	23,209	6.4%
185% to 199% of poverty level	10,063	2.8%
200% of poverty level or more	254,490	69.7%

Geographical Mobility

	Number	Percent
Population aged 1 year and older	369,827	100.0%
Same house as previous year	331,866	89.7%
Different house, same county	25,780	7.0%
Different county, same state	8,142	2.2%
Different state	3,506	0.9%
Abroad	533	0.1%

Travel Time To Work

	Number	Percent
Workers 16 years and over	158,310	100.0%
Less than 15 minutes	52,941	33.4%
15 to 29 minutes	63,943	40.4%
30 to 44 minutes	26,541	16.8%
45 to 59 minutes	7,558	4.8%
60 minutes or more	7,327	4.6%
Mean travel time	21.8 minutes	

Housing Units

	Number	Percent
Total housing units	167,525	100.0%
Occupied housing units	155,366	92.7%
Owner occupied	106,535	68.6%
Renter occupied	48,831	31.4%
Vacant housing units	12,159	7.3%

Year Structure Built

	Number	Percent
Total housing units	167,525	100.0%
Built 2020 or later	767	0.5%
Built 2010 to 2019	5,360	3.2%
Built 2000 to 2009	12,381	7.4%
Built 1990 to 1999	15,700	9.4%
Built 1980 to 1989	13,363	8.0%
Built 1970 to 1979	27,158	16.2%
Built 1960 to 1969	21,536	12.9%
Built 1950 to 1959	24,066	14.4%
Built 1940 to 1949	12,065	7.2%
Built 1939 or earlier	35,129	21.0%
Median year built	1966	

Value for Specified Owner-Occupied Housing Units

	Number	Percent
Specified owner-occupied housing units	106,535	100.0%
Less than $20,000	3,096	2.9%
$20,000 to $39,999	2,956	2.8%
$40,000 to $59,999	3,257	3.1%
$60,000 to $79,999	4,676	4.4%
$80,000 to $99,999	6,698	6.3%
$100,000 to $124,999	10,244	9.6%
$125,000 to $149,999	9,909	9.3%
$150,000 to $199,999	21,536	20.2%
$200,000 to $299,999	25,952	24.4%
$300,000 to $499,999	13,709	12.9%
$500,000 to $999,999	3,658	3.4%
$1,000,000 or more	844	0.8%
Median value	$177,700	

House Heating Fuel

	Number	Percent
Occupied housing units	155,366	100.0%
Utility gas	119,667	77.0%
Bottled, tank or LP gas	3,513	2.3%
Electricity	24,989	16.1%
Fuel oil, kerosene, etc	4,080	2.6%
Coal, coke or wood	1,455	0.9%
Solar energy or other fuel	1,149	0.7%
No fuel used	513	0.3%

Percentages may not sum to 100% due to rounding.

Gross Rent

	Number	Percent
Specified renter-occupied housing units	48,831	100.0%
Less than $100	692	1.4%
$100 to $199	183	0.4%
$200 to $299	1,428	2.9%
$300 to $399	966	2.0%
$400 to $499	1,560	3.2%
$500 to $599	2,599	5.3%
$600 to $699	4,555	9.3%
$700 to $799	5,997	12.3%
$800 to $899	6,841	14.0%
$900 to $999	6,986	14.3%
$1,000 to $1,499	12,380	25.4%
$1,500 or more	2,274	4.7%
No cash rent	2,370	4.9%
Median gross rent	$877	
Median gross rent as a percentage of household income	26.8	

Selected Monthly Owner Costs for Specified Owner-Occupied Housing Units

	Number	Percent
Specified owner-occupied housing units with a mortgage	64,528	100.0%
Less than $400	317	0.5%
$400 to $599	1,904	3.0%
$600 to $799	5,333	8.3%
$800 to $999	9,857	15.3%
$1,000 to $1,249	11,933	18.5%
$1,250 to $1,499	11,937	18.5%
$1,500 to $1,999	12,550	19.4%
$2,000 to $2,999	8,262	12.8%
$3,000 or more	2,435	3.8%
Median monthly owners cost	$1,311	
Median monthly owners cost as a percentage of household income	18.0	

Vital Statistics

	Number	Rate
Births / rate per 1,000 women aged 15 to 44	3,931	58.0
Teen births / rate per 1,000 females 15-19	213	18.7
Deaths / rate per 100,000 population	4,615	1,238.2

Components of Population Change

Natural Change   Net Migration
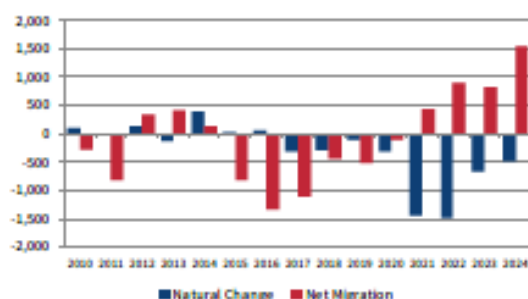
Agriculture

Land in farms (acres)	125,207
Number of farms	1,431
Average size (acres)	87
Total cash receipts	$124,637,000
Per farm	$87,098
Receipts for crops	$63,748,000
Receipts for livestock/products	$60,889,000

Education

Traditional public schools buildings	89
Students	51,256
Teachers (Full Time Equivalent)	3,725.9
Expenditures per student	$11,683
Graduation rate	92.7
Community/charter schools buildings	5
Students	998
Teachers (Full Time Equivalent)	94.5
Expenditures per student	$10,867
Graduation rate	93.3
Private schools	20
Students	3,989
Public universites, 4-year	1
Public universities/colleges, 2-year	1
Public learning centers, less-than 2-year	1
Private universities and colleges	3
Public libraries (Districts / Facilities)	7 / 19

Transportation

Registered motor vehicles	445,456
Passenger cars	291,357
Noncommercial trucks	63,100
Total license revenue	$12,243,628.69
Permissive tax revenue	$7,312,670.00
Interstate highway miles	18.58
Turnpike miles	0.00
U.S. highway miles	74.21
State highway miles	230.42
County, township, and municipal road miles	2,684.69
Commercial airports	2

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

Areas/Facilities	5
Acreage	4,391

Finance

FDIC insured financial institutions (HQs)	2
Assets (000)	$1,194,497
Branch offices	88
Institutions represented	16

Sources of Income

Total personal income	$21,230,364,000
Net earnings	$12,199,885,000
Personal current transfer receipts	$5,217,111,000
Income maintenance benefits	$379,313,000
Unemployment insurance compensation	$25,357,000
Retirement and other	$4,812,441,000
Dividends, interest, and rent	$3,813,368,000
Dependency ratio	24.6%
(Percent of total personal income from transfer receipts)	

Voting

Number of registered voters	253,471
Voted in 2024 election	186,211
Percent turnout	73.5%

Health Care

Physicians	1,086
Registered hospitals	4
Number of beds	1,458
Licensed nursing homes	60
Number of beds	3,164
Licensed residential care	28
Number of beds	2,196
Persons with health insurance (Aged 0 to 64)	93.5%
Adults with insurance (Aged 18 to 64)	92.2%
Children with insurance (Aged Under 19)	96.9%

Per Capita Personal Income
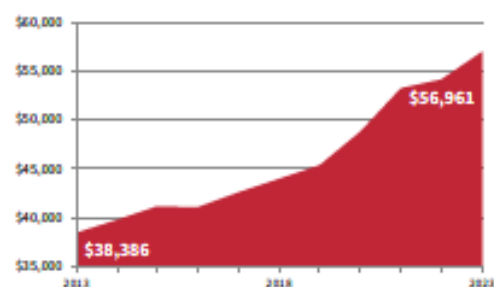
Civilian Labor Force

Civilian Labor Force	2024	2023	2022	2021	2020
Civilian labor force	182,900	179,200	177,300	179,300	180,700
Employed	174,700	172,200	170,000	169,500	165,900
Unemployed	8,300	7,000	7,300	9,800	14,800
Unemployment rate	4.5	3.9	4.1	5.5	8.2

Establishments, Employment, and Wages by Sector: 2024

Industrial Sector	Number of Establishments	Average Employment	Total Wages	Average Weekly Wage
Private Sector	9,182	140,625	$7,647,064,697	$1,046
Goods-Producing	1,492	32,565	$2,370,519,918	$1,400
Natural Resources and Mining	74	462	$29,202,716	$1,215
Construction	868	8,031	$633,874,379	$1,518
Manufacturing	550	24,072	$1,707,442,823	$1,364
Service-Providing	7,690	108,060	$5,276,544,779	$939
Trade, Transportation and Utilities	1,989	32,486	$1,528,341,156	$905
Information	139	1,416	$85,830,965	$1,166
Financial Services	892	6,088	$438,758,279	$1,386
Professional and Business Services	1,700	14,139	$1,012,182,412	$1,377
Education and Health Services	1,160	29,919	$1,564,397,584	$1,006
Leisure and Hospitality	972	18,334	$421,765,273	$442
Other Services	832	5,673	$225,080,070	$763
Federal Government		926	$73,624,534	$1,529
State Government		1,153	$96,789,994	$1,615
Local Government		15,755	$841,411,939	$1,027

Private Sector total includes Unclassified establishments not shown.

Change Since 2017

Private Sector	9.8%	0.0%	26.4%	26.5%
Goods-Producing	6.0%	-3.3%	20.1%	24.3%
Natural Resources and Mining	-6.3%	-25.6%	-0.6%	33.7%
Construction	8.0%	5.6%	38.8%	31.4%
Manufacturing	4.8%	-5.5%	14.8%	21.5%
Service-Producing	10.6%	1.0%	29.5%	28.1%
Trade, Transportation and Utilities	4.2%	13.6%	45.7%	28.2%
Information	58.0%	5.0%	43.2%	36.4%
Financial Services	4.0%	-9.0%	13.9%	25.1%
Professional and Business Services	25.6%	-6.6%	30.0%	39.4%
Education and Health Services	4.9%	-3.4%	17.5%	21.8%
Leisure and Hospitality	9.1%	-0.7%	36.7%	37.7%
Other Services	12.0%	-1.4%	39.2%	41.0%
Federal Government		-2.4%	18.6%	21.6%
State Government		-11.2%	17.6%	32.5%
Local Government		-3.9%	19.1%	23.9%

Residential Construction

Residential Construction	2024	2023	2022	2021	2020
Total units	528	509	809	952	683
Total valuation (000)	$167,793	$157,604	$166,515	$199,947	$143,588
Total single-unit bldgs	371	361	468	537	511
Average cost per unit	$402,628	$392,130	$289,119	$287,310	$250,370
Total multi-unit bldg units	157	148	341	415	172
Average cost per unit	$117,311	$108,409	$91,517	$110,027	$90,981

Major & Notable Employers

Aultman Health Services	Serv
Canton City Schools	Govt
Cleveland Clinic - Mercy Hospital	Serv
Fresh Mark	Mfg
KraftHeinz Foods	Mfg
Nickles Bakery	Mfg
Shearer's Foods	Mfg
Stark County Government	Govt
Stark State College	Serv
Sterilite Corporation	Mfg
Timken Co	Mfg
Wal-Mart Stores Inc	Trade

Ohio County Profiles

Prepared by the Office of Research   2025 Edition

Department of Development

Wayne County

Established:	Proclamation - August 15, 1796
2024 Population:	116,632
Land Area:	555.4 square miles
County Seat:	Wooster City
Named for:	General Anthony Wayne, Revolutionary War
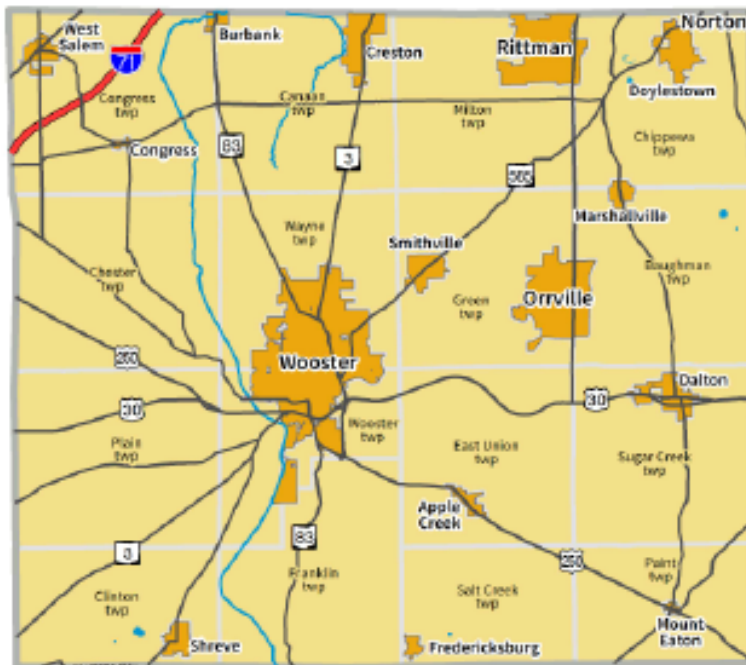
Taxes

Taxable value of real property	$3,639,695,850
Residential	$2,632,101,220
Agriculture	$449,350,060
Industrial	$197,399,620
Commercial	$359,427,690
Mineral	$1,417,260
Ohio income tax liability	$68,343,147
Average per return	$1,281.90

Land Use/Land Cover

	Percent
Developed, Lower Intensity	13.92%
Developed, Higher Intensity	2.34%
Barren (strip mines, gravel pits, etc.)	0.08%
Forest	14.57%
Shrub/Scrub and Grasslands	0.11%
Pasture/Hay	26.72%
Cultivated Crops	39.14%
Wetlands	2.67%
Open Water	0.45%

Largest Places

	2024	2020
Wooster city	26,982	27,237
Orrville city	8,442	8,462
Chippewa twp UB	6,783	6,755
Rittman city (pt.)	6,003	6,024
East Union twp UB	5,775	5,764
Sugar Creek twp UB	5,232	5,240
Wooster twp	4,602	4,614
Franklin twp	4,237	4,236
Salt Creek twp UB	4,099	4,108
Wayne twp	4,013	4,003
	UB: Unincorporated balance	

Total Population

Census

1800		1910	38,058	**2020**	**116,894**	
1810		1920	41,346			
1820	11,933	1930	47,024			
1830	23,333	1940	50,520	**Estimate**		
1840	35,808	1950	58,716	**2024**	**116,632**	
1850	32,981	1960	75,497			
1860	32,483	1970	87,123			
1870	35,116	1980	97,408	**Projection**		
1880	40,076	1990	101,461	2030	114,490	
1890	39,005	2000	111,564	2040	110,745	
1900	37,870	2010	114,520	2050	107,314	
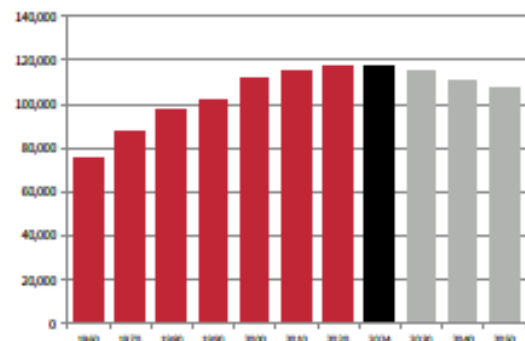
Ohio County Profiles

Wayne County

Population by Race

	Number	Percent
ACS Total Population	116,618	100.0%
White	108,708	93.2%
African-American	1,351	1.2%
Native American	98	0.1%
Asian	1,368	1.2%
Pacific Islander	0	0.0%
Other	1,238	1.1%
Two or More Races	3,855	3.3%
Hispanic (may be of any race)	2,781	2.4%
Total Minority	8,743	7.5%

Educational Attainment

	Number	Percent
Persons 25 years and over	76,835	100.0%
No high school diploma	10,519	13.7%
High school graduate	29,197	38.0%
Some college, no degree	12,410	16.2%
Associate degree	5,719	7.4%
Bachelor's degree	11,591	15.1%
Master's degree or higher	7,399	9.6%

Family Type by Employment Status

	Number	Percent
Total Families	29,649	100.0%
Married couple, husband and wife in labor force	10,804	36.4%
Married couple, husband in labor force, wife not	7,203	24.3%
Married couple, wife in labor force, husband not	1,839	6.2%
Married couple, husband and wife not in labor force	4,678	15.8%
Male householder, in labor force	1,339	4.5%
Male householder, not in labor force	507	1.7%
Female householder, in labor force	2,403	8.1%
Female householder, not in labor force	876	3.0%

Household Income

	Number	Percent
Total Households	44,192	100.0%
Less than $10,000	1,395	3.2%
$10,000 to $19,999	3,107	7.0%
$20,000 to $29,999	3,101	7.0%
$30,000 to $39,999	3,603	8.2%
$40,000 to $49,999	3,532	8.0%
$50,000 to $59,999	3,676	8.3%
$60,000 to $74,999	4,952	11.2%
$75,000 to $99,999	7,275	16.5%
$100,000 to $149,999	7,850	17.8%
$150,000 to $199,999	2,972	6.7%
$200,000 or more	2,729	6.2%
Median household income	$71,769	

Percentages may not sum to 100% due to rounding.

Population by Age

	Number	Percent
ACS Total Population	116,618	100.0%
Under 5 years	7,283	6.2%
5 to 17 years	20,817	17.9%
18 to 24 years	11,683	10.0%
25 to 44 years	26,617	22.8%
45 to 64 years	28,525	24.5%
65 years and more	21,693	18.6%
Median Age	38.9	

Family Type by Presence of Own Children Under 18

	Number	Percent
Total Families	29,864	100.0%
Married-couple families with own children	9,589	32.1%
Male householder, no wife present, with own children	605	2.0%
Female householder, no husband present, with own children	1,562	5.2%
Families with no own children	18,108	60.6%

Poverty Status of Families By Family Type by Presence Of Related Children

	Number	Percent
Total Families	29,864	100.0%
Family income above poverty level	28,381	95.0%
Family income below poverty level	1,483	5.0%
Married couple, with related children	363	1.2%
Male householder, no wife present, with related children	108	0.4%
Female householder, no husband present, with related children	511	1.7%
Families with no related children	501	1.7%

Ratio of Income To Poverty Level

	Number	Percent
Population for whom poverty status is determined	112,277	100.0%
Below 50% of poverty level	3,631	3.2%
50% to 99% of poverty level	6,176	5.5%
100% to 124% of poverty level	5,421	4.8%
125% to 149% of poverty level	5,011	4.5%
150% to 184% of poverty level	8,392	7.5%
185% to 199% of poverty level	3,628	3.2%
200% of poverty level or more	80,018	71.3%

Geographical Mobility

	Number	Percent
Population aged 1 year and older	115,110	100.0%
Same house as previous year	102,695	89.2%
Different house, same county	7,406	6.4%
Different county, same state	2,855	2.5%
Different state	1,517	1.3%
Abroad	637	0.6%

Travel Time To Work

	Number	Percent
Workers 16 years and over	50,192	100.0%
Less than 15 minutes	21,283	42.4%
15 to 29 minutes	16,918	33.7%
30 to 44 minutes	6,867	13.7%
45 to 59 minutes	2,588	5.2%
60 minutes or more	2,536	5.1%
Mean travel time	20.6 minutes	

Housing Units

	Number	Percent
Total housing units	46,804	100.0%
Occupied housing units	44,192	94.4%
Owner occupied	33,612	76.1%
Renter occupied	10,580	23.9%
Vacant housing units	2,612	5.6%

Year Structure Built

	Number	Percent
Total housing units	46,804	100.0%
Built 2020 or later	202	0.4%
Built 2010 to 2019	2,725	5.8%
Built 2000 to 2009	4,973	10.6%
Built 1990 to 1999	6,599	14.1%
Built 1980 to 1989	4,962	10.6%
Built 1970 to 1979	7,903	16.9%
Built 1960 to 1969	4,837	10.3%
Built 1950 to 1959	4,636	9.9%
Built 1940 to 1949	1,750	3.7%
Built 1939 or earlier	8,217	17.6%
Median year built	1975	

Value for Specified Owner-Occupied Housing Units

	Number	Percent
Specified owner-occupied housing units	33,612	100.0%
Less than $20,000	1,162	3.5%
$20,000 to $39,999	1,067	3.2%
$40,000 to $59,999	467	1.4%
$60,000 to $79,999	730	2.2%
$80,000 to $99,999	1,200	3.6%
$100,000 to $124,999	2,376	7.1%
$125,000 to $149,999	2,739	8.1%
$150,000 to $199,999	6,540	19.5%
$200,000 to $299,999	9,170	27.3%
$300,000 to $499,999	6,139	18.3%
$500,000 to $999,999	1,644	4.9%
$1,000,000 or more	378	1.1%
Median value	$204,600	

House Heating Fuel

	Number	Percent
Occupied housing units	44,192	100.0%
Utility gas	28,507	64.5%
Bottled, tank or LP gas	3,065	6.9%
Electricity	8,247	18.7%
Fuel oil, kerosene, etc	1,598	3.6%
Coal, coke or wood	2,237	5.1%
Solar energy or other fuel	394	0.9%
No fuel used	144	0.3%

Percentages may not sum to 100% due to rounding.

Gross Rent

	Number	Percent
Specified renter-occupied housing units	10,580	100.0%
Less than $100	57	0.5%
$100 to $199	74	0.7%
$200 to $299	420	4.0%
$300 to $399	197	1.9%
$400 to $499	291	2.8%
$500 to $599	734	6.9%
$600 to $699	960	9.1%
$700 to $799	1,415	13.4%
$800 to $899	1,442	13.6%
$900 to $999	1,249	11.8%
$1,000 to $1,499	2,331	22.0%
$1,500 or more	550	5.2%
No cash rent	860	8.1%
Median gross rent	$849	
Median gross rent as a percentage of household income	23.6	

Selected Monthly Owner Costs for Specified Owner-Occupied Housing Units

	Number	Percent
Specified owner-occupied housing units with a mortgage	19,124	100.0%
Less than $400	66	0.3%
$400 to $599	390	2.0%
$600 to $799	1,288	6.7%
$800 to $999	2,278	11.9%
$1,000 to $1,249	3,857	20.2%
$1,250 to $1,499	3,292	17.2%
$1,500 to $1,999	4,672	24.4%
$2,000 to $2,999	2,568	13.4%
$3,000 or more	713	3.7%
Median monthly owners cost	$1,378	
Median monthly owners cost as a percentage of household income	18.9	

Vital Statistics

	Number	Rate
Births / rate per 1,000 women aged 15 to 44	1,399	66.0
Teen births / rate per 1,000 females 15-19	41	9.8
Deaths / rate per 100,000 population	1,286	1,103.8

Components of Population Change

Natural Change ■ Net Migration
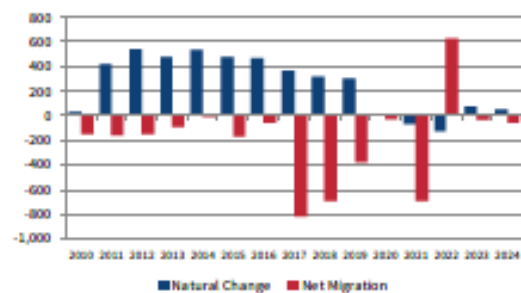
Ohio County Profiles

Wayne County

Agriculture

Land in farms (acres)	259,339
Number of farms	2,084
Average size (acres)	124
Total cash receipts	$554,206,000
Per farm	$265,934
Receipts for crops	$143,265,000
Receipts for livestock/products	$410,941,000

Education

Traditional public schools buildings	37
Students	13,317
Teachers (Full Time Equivalent)	1,109.8
Expenditures per student	$12,895
Graduation rate	96.2
Community/charter schools buildings	1
Students	61
Teachers (Full Time Equivalent)	5.4
Expenditures per student	$11,801
Graduation rate	
Private schools	6
Students	941
Public universites, 4-year	0
Public universities/colleges, 2-year	1
Public learning centers, less-than 2-year	2
Private universities and colleges	1
Public libraries (Districts / Facilities)	2 / 8

Transportation

Registered motor vehicles	139,369
Passenger cars	81,129
Noncommercial trucks	23,295
Total license revenue	$4,352,696.80
Permissive tax revenue	$2,306,467.50
Interstate highway miles	7.12
Turnpike miles	0.00
U.S. highway miles	58.54
State highway miles	186.83
County, township, and municipal road miles	1,343.81
Commercial airports	1

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

Areas/Facilities	5
Acreage	6,123

Finance

FDIC insured financial institutions (HQs)	3
Assets (000)	$1,801,659
Branch offices	42
Institutions represented	12

Sources of Income

Total personal income	$6,776,366,000
Net earnings	$4,336,998,000
Personal current transfer receipts	$1,340,076,000
Income maintenance benefits	$78,693,000
Unemployment insurance compensation	$6,509,000
Retirement and other	$1,254,874,000
Dividends, interest, and rent	$1,099,292,000
Dependency ratio	19.8%
(Percent of total personal income from transfer receipts)	

Voting

Number of registered voters	70,625
Voted in 2024 election	53,865
Percent turnout	76.3%

Health Care

Physicians	174
Registered hospitals	2
Number of beds	188
Licensed nursing homes	15
Number of beds	958
Licensed residential care	11
Number of beds	750
Persons with health insurance (Aged 0 to 64)	87.4%
Adults with insurance (Aged 18 to 64)	87.2%
Children with insurance (Aged Under 19)	87.8%

Per Capita Personal Income
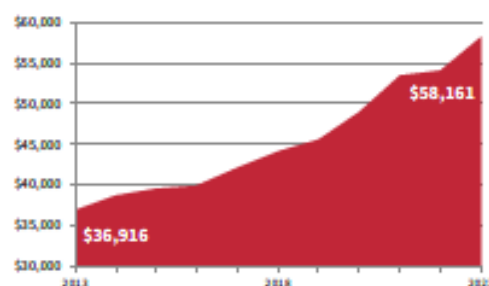
$36,916

$58,161

Civilian Labor Force

	2024	2023	2022	2021	2020
Civilian labor force	56,200	55,800	55,000	54,800	55,300
Employed	54,100	54,000	53,100	52,600	51,800
Unemployed	2,200	1,800	1,900	2,200	3,500
Unemployment rate	3.9	3.2	3.5	4.1	6.4

Establishments, Employment, and Wages by Sector: 2024

Industrial Sector	Number of Establishments	Average Employment	Total Wages	Average Weekly Wage
Private Sector	2,857	41,965	$2,448,894,969	$1,122
Goods-Producing	845	17,512	$1,184,580,717	$1,301
Natural Resources and Mining	121	1,039	$51,888,445	$960
Construction	385	2,539	$166,892,729	$1,264
Manufacturing	339	13,934	$965,799,543	$1,333
Service-Providing	2,012	24,454	$1,264,314,252	$994
Trade, Transportation and Utilities	676	8,243	$387,143,891	$903
Information	36	145	$9,969,431	$1,324
Financial Services	206	1,400	$98,385,140	$1,351
Professional and Business Services	392	3,450	$321,789,302	$1,794
Education and Health Services	269	6,286	$316,564,119	$968
Leisure and Hospitality	239	3,820	$78,446,290	$395
Other Services	193	1,109	$51,953,035	$901
Federal Government		252	$18,474,945	$1,408
State Government		637	$41,187,803	$1,244
Local Government		5,671	$286,240,198	$971

Private Sector total includes Unclassified establishments not shown.

Change Since 2017

Private Sector	11.8%	-1.5%	20.1%	21.8%
Goods-Producing	13.6%	-7.6%	3.8%	12.3%
Natural Resources and Mining	9.0%	-44.9%	-54.9%	-18.2%
Construction	15.6%	12.8%	43.8%	27.4%
Manufacturing	13.0%	-5.9%	6.1%	12.7%
Service-Producing	11.0%	3.4%	41.0%	36.2%
Trade, Transportation and Utilities	8.0%	1.8%	23.7%	21.4%
Information	157.1%	-28.6%	27.4%	78.2%
Financial Services	-1.4%	-3.0%	15.4%	18.9%
Professional and Business Services	24.8%	38.7%	121.7%	59.9%
Education and Health Services	5.1%	-4.2%	27.9%	33.5%
Leisure and Hospitality	13.8%	6.3%	48.9%	40.1%
Other Services	4.9%	-11.6%	14.3%	29.3%
Federal Government		-1.6%	21.3%	23.2%
State Government		-18.6%	-2.2%	20.3%
Local Government		-0.7%	21.1%	22.0%

Major & Notable Employers

Artiflex Manufacturing	Mfg
College of Wooster	Serv
Daisy Brand	Mfg
Frito-Lay Inc	Mfg
Gerber Poultry	Mfg
GOJO Industries	Serv
JM Smucker Co	Mfg
Schaeffler Transmission	Mfg
State of Ohio	Govt
Will-Burt Co	Mfg
Wooster Brush Co	Mfg
Wooster City Schools	Govt
Wooster Community Hospital	Serv

Residential Construction

	2024	2023	2022	2021	2020
Total units	282	212	205	189	275
Total valuation (000)	$84,947	$67,495	$55,487	$55,065	$60,387
Total single-unit bldgs	228	202	168	168	196
Average cost per unit	$337,822	$323,290	$297,422	$304,465	$261,292
Total multi-unit bldg units	54	10	37	21	79
Average cost per unit	$146,729	$219,000	$149,181	$186,429	$116,126

Ohio County Profiles

Prepared by the Office of Research

2025 Edition

Department of Development

Tuscarawas County

Established:	Act - March 15, 1808
2024 Population:	92,048
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	$2,372,310,850
Residential	$1,656,421,600
Agriculture	$300,339,440
Industrial	$121,305,160
Commercial	$290,721,320
Mineral	$3,523,330
Ohio income tax liability	$56,652,762
Average per return	$1,313.38

Land Use/Land Cover

	Percent
Developed, Lower Intensity	11.96%
Developed, Higher Intensity	2.13%
Barren (strip mines, gravel pits, etc.)	0.73%
Forest	49.82%
Shrub/Scrub and Grasslands	1.02%
Pasture/Hay	23.34%
Cultivated Crops	9.14%
Wetlands	1.08%
Open Water	0.78%

Largest Places

	2024	2020
New Philadelphia city	17,378	17,671
Dover city	12,946	13,188
Uhrichsville city	5,122	5,257
Lawrence twp UB	4,741	4,698
Goshen twp UB	4,319	3,913
Dover twp UB	4,152	4,211
Newcomerstown village	3,631	3,710
Strasburg village	2,747	2,755
Dennison village	2,647	2,688
Wayne twp	2,392	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	**Estimate**		
1840	25,631	1950	70,320	**2024**	**92,048**	
1850	31,761	1960	76,789			
1860	32,463	1970	77,211			
1870	33,840	1980	84,614	**Projection**		
1880	40,198	1990	84,090	**2030**	90,206	
1890	46,618	2000	90,914	**2040**	86,669	
1900	53,751	2010	92,582	**2050**	83,900	
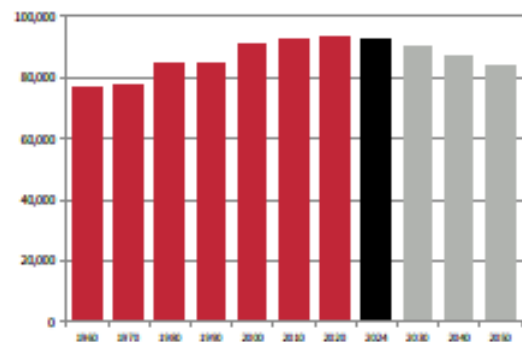
Ohio County Profiles

Population by Race	Number	Percent
ACS Total Population	92,585	100.0%
White	87,374	94.4%
African-American	689	0.7%
Native American	34	0.0%
Asian	336	0.4%
Pacific Islander	4	0.0%
Other	1,756	1.9%
Two or More Races	2,392	2.6%
Hispanic (may be of any race)	4,070	4.4%
Total Minority	6,961	7.5%

Educational Attainment	Number	Percent
Persons 25 years and over	63,945	100.0%
No high school diploma	7,082	11.1%
High school graduate	28,834	45.1%
Some college, no degree	10,231	16.0%
Associate degree	5,270	8.2%
Bachelor's degree	8,645	13.5%
Master's degree or higher	3,883	6.1%

Family Type by Employment Status	Number	Percent
Total Families	24,835	100.0%
Married couple, husband and wife in labor force	9,083	36.6%
Married couple, husband in labor force, wife not	4,032	16.2%
Married couple, wife in labor force, husband not	1,609	6.5%
Married couple, husband and wife not in labor force	4,183	16.8%
Male householder, in labor force	2,199	8.9%
Male householder, not in labor force	526	2.1%
Female householder, in labor force	2,048	8.2%
Female householder, not in labor force	1,155	4.7%

Household Income	Number	Percent
Total Households	38,127	100.0%
Less than $10,000	1,992	5.2%
$10,000 to $19,999	3,339	8.8%
$20,000 to $29,999	3,155	8.3%
$30,000 to $39,999	3,369	8.8%
$40,000 to $49,999	3,071	8.1%
$50,000 to $59,999	2,871	7.5%
$60,000 to $74,999	4,155	10.9%
$75,000 to $99,999	5,684	14.9%
$100,000 to $149,999	6,756	17.7%
$150,000 to $199,999	2,295	6.0%
$200,000 or more	1,440	3.8%
Median household income	$64,494	

Percentages may not sum to 100% due to rounding.

Population by Age	Number	Percent
ACS Total Population	92,585	100.0%
Under 5 years	5,897	6.4%
5 to 17 years	15,625	16.9%
18 to 24 years	7,118	7.7%
25 to 44 years	21,651	23.4%
45 to 64 years	23,891	25.8%
65 years and more	18,403	19.9%
Median Age	41.2	

Family Type by Presence of Own Children Under 18	Number	Percent
Total Families	25,011	100.0%
Married-couple families with own children	6,214	24.8%
Male householder, no wife present, with own children	1,422	5.7%
Female householder, no husband present, with own children	1,689	6.8%
Families with no own children	15,686	62.7%

Poverty Status of Families By Family Type by Presence Of Related Children	Number	Percent
Total Families	25,011	100.0%
Family income above poverty level	22,680	90.7%
Family income below poverty level	2,331	9.3%
Married couple, with related children	206	0.8%
Male householder, no wife present, with related children	513	2.1%
Female householder, no husband present, with related children	895	3.6%
Families with no related children	717	2.9%

Ratio of Income To Poverty Level	Number	Percent
Population for whom poverty status is determined	91,329	100.0%
Below 50% of poverty level	5,599	6.1%
50% to 99% of poverty level	6,249	6.8%
100% to 124% of poverty level	4,872	5.3%
125% to 149% of poverty level	3,848	4.2%
150% to 184% of poverty level	5,550	6.1%
185% to 199% of poverty level	2,500	2.7%
200% of poverty level or more	62,711	68.7%

Geographical Mobility	Number	Percent
Population aged 1 year and older	91,291	100.0%
Same house as previous year	80,418	88.1%
Different house, same county	6,128	6.7%
Different county, same state	2,430	2.7%
Different state	2,218	2.4%
Abroad	97	0.1%

Ohio County Profiles

Travel Time To Work

	Number	Percent
Workers 16 years and over	38,468	100.0%
Less than 15 minutes	13,636	35.4%
15 to 29 minutes	13,601	35.4%
30 to 44 minutes	6,361	16.5%
45 to 59 minutes	2,451	6.4%
60 minutes or more	2,419	6.3%
Mean travel time	23.2 minutes	

Housing Units

	Number	Percent
Total housing units	40,840	100.0%
Occupied housing units	38,127	93.4%
Owner occupied	26,185	68.7%
Renter occupied	11,942	31.3%
Vacant housing units	2,713	6.6%

Year Structure Built

	Number	Percent
Total housing units	40,840	100.0%
Built 2020 or later	135	0.3%
Built 2010 to 2019	1,952	4.8%
Built 2000 to 2009	4,593	11.2%
Built 1990 to 1999	5,162	12.6%
Built 1980 to 1989	3,298	8.1%
Built 1970 to 1979	5,291	13.0%
Built 1960 to 1969	3,463	8.5%
Built 1950 to 1959	4,401	10.8%
Built 1940 to 1949	2,097	5.1%
Built 1939 or earlier	10,448	25.6%
Median year built	1970	

Value for Specified Owner-Occupied Housing Units

	Number	Percent
Specified owner-occupied housing units	26,185	100.0%
Less than $20,000	1,083	4.1%
$20,000 to $39,999	828	3.2%
$40,000 to $59,999	802	3.1%
$60,000 to $79,999	1,077	4.1%
$80,000 to $99,999	1,654	6.3%
$100,000 to $124,999	2,568	9.8%
$125,000 to $149,999	2,282	8.7%
$150,000 to $199,999	4,949	18.9%
$200,000 to $299,999	6,535	25.0%
$300,000 to $499,999	3,479	13.3%
$500,000 to $999,999	720	2.7%
$1,000,000 or more	208	0.8%
Median value	$176,800	

House Heating Fuel

	Number	Percent
Occupied housing units	38,127	100.0%
Utility gas	24,140	63.3%
Bottled, tank or LP gas	2,409	6.3%
Electricity	8,565	22.5%
Fuel oil, kerosene, etc	1,070	2.8%
Coal, coke or wood	1,312	3.4%
Solar energy or other fuel	616	1.6%
No fuel used	15	0.0%

Percentages may not sum to 100% due to rounding.

Gross Rent

	Number	Percent
Specified renter-occupied housing units	11,942	100.0%
Less than $100	127	1.1%
$100 to $199	35	0.3%
$200 to $299	319	2.7%
$300 to $399	251	2.1%
$400 to $499	341	2.9%
$500 to $599	780	6.5%
$600 to $699	1,123	9.4%
$700 to $799	1,417	11.9%
$800 to $899	1,390	11.6%
$900 to $999	1,316	11.0%
$1,000 to $1,499	3,349	28.0%
$1,500 or more	454	3.8%
No cash rent	1,040	8.7%
Median gross rent	$876	
Median gross rent as a percentage of household income	28.0	

Selected Monthly Owner Costs for Specified Owner-Occupied Housing Units

	Number	Percent
Specified owner-occupied housing units with a mortgage	14,292	100.0%
Less than $400	39	0.3%
$400 to $599	435	3.0%
$600 to $799	1,195	8.4%
$800 to $999	2,292	16.0%
$1,000 to $1,249	2,895	20.3%
$1,250 to $1,499	2,353	16.5%
$1,500 to $1,999	3,058	21.4%
$2,000 to $2,999	1,655	11.6%
$3,000 or more	370	2.6%
Median monthly owners cost	$1,281	
Median monthly owners cost as a percentage of household income	17.7	

Vital Statistics

	Number	Rate
Births / rate per 1,000 women aged 15 to 44	1,121	71.1
Teen births / rate per 1,000 females 15-19	69	26.2
Deaths / rate per 100,000 population	1,126	1,225.6

Components of Population Change

Natural Change   Net Migration
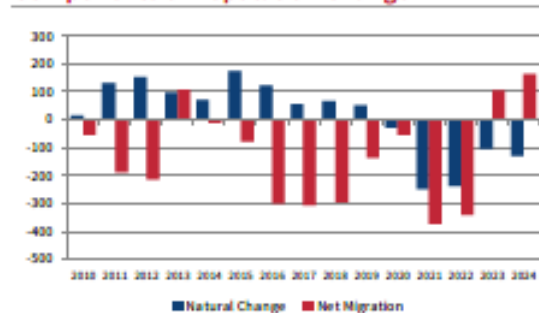
Agriculture

Land in farms (acres)	166,404
Number of farms	1,154
Average size (acres)	144
Total cash receipts	$143,301,000
Per farm	$124,178
Receipts for crops	$37,375,000
Receipts for livestock/products	$105,926,000

Education

Traditional public schools buildings	36
Students	12,333
Teachers (Full Time Equivalent)	956.5
Expenditures per student	$11,371
Graduation rate	88.5
Community/charter schools buildings	
Students	
Teachers (Full Time Equivalent)	
Expenditures per student	
Graduation rate	
Private schools	3
Students	355
Public universites, 4-year	1
Public universities/colleges, 2-year	0
Public learning centers, less-than 2-year	1
Private universities and colleges	0
Public libraries (Districts / Facilities)	5 / 10

Transportation

Registered motor vehicles	124,630
Passenger cars	70,955
Noncommercial trucks	22,056
Total license revenue	$3,833,421.60
Permissive tax revenue	$282,317.50
Interstate highway miles	34.98
Turnpike miles	0.00
U.S. highway miles	39.15
State highway miles	141.46
County, township, and municipal road miles	1,470.42
Commercial airports	1

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

Areas/Facilities	1
Acreage	393

Finance

FDIC insured financial institutions (HQs)	3
Assets (000)	$1,312,052
Branch offices	34
Institutions represented	11

Sources of Income

Total personal income	$5,267,562,000
Net earnings	$3,280,125,000
Personal current transfer receipts	$1,208,320,000
Income maintenance benefits	$74,003,000
Unemployment insurance compensation	$6,124,000
Retirement and other	$1,128,193,000
Dividends, interest, and rent	$779,117,000
Dependency ratio	22.9%
(Percent of total personal income from transfer receipts)	

Voting

Number of registered voters	58,854
Voted in 2024 election	43,628
Percent turnout	74.1%

Health Care

Physicians	98
Registered hospitals	2
Number of beds	142
Licensed nursing homes	12
Number of beds	814
Licensed residential care	6
Number of beds	561
Persons with health insurance (Aged 0 to 64)	91.4%
Adults with insurance (Aged 18 to 64)	90.5%
Children with insurance (Aged Under 19)	93.6%
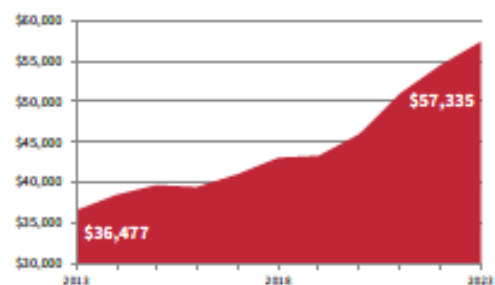
Per Capita Personal Income

Ohio County Profiles

Civilian Labor Force

	2024	2023	2022	2021	2020
Civilian labor force	45,700	45,500	44,900	44,700	44,900
Employed	43,900	43,900	43,200	42,600	41,600
Unemployed	1,800	1,700	1,700	2,100	3,300
Unemployment rate	4.0	3.7	3.8	4.7	7.4

Establishments, Employment, and Wages by Sector: 2024

Industrial Sector	Number of Establishments	Average Employment	Total Wages	Average Weekly Wage
Private Sector	2,256	32,179	$1,628,593,257	$973
Goods-Producing	551	11,244	$731,266,910	$1,251
Natural Resources and Mining	57	765	$53,377,270	$1,342
Construction	278	1,702	$108,534,430	$1,226
Manufacturing	216	8,777	$569,355,210	$1,248
Service-Providing	1,705	20,936	$897,326,347	$824
Trade, Transportation and Utilities	556	6,396	$291,514,339	$877
Information	29	185	$9,733,016	$1,014
Financial Services	183	1,062	$64,059,357	$1,160
Professional and Business Services	279	3,286	$186,793,933	$1,093
Education and Health Services	214	4,800	$217,552,036	$872
Leisure and Hospitality	255	4,050	$79,265,099	$376
Other Services	189	1,157	$48,408,567	$805
Federal Government		255	$18,611,386	$1,406
State Government		447	$31,009,995	$1,334
Local Government		4,541	$225,617,171	$955

Private Sector total includes Unclassified establishments not shown.

Change Since 2017

Private Sector	5.4%	1.3%	29.7%	28.0%
Goods-Producing	14.1%	8.0%	28.5%	19.0%
Natural Resources and Mining	-3.4%	-25.1%	-23.1%	2.7%
Construction	29.9%	3.6%	1.7%	-1.9%
Manufacturing	2.4%	13.2%	44.9%	28.0%
Service-Producing	2.9%	-1.9%	30.8%	33.3%
Trade, Transportation and Utilities	0.4%	-2.0%	30.1%	32.9%
Information	70.6%	-17.0%	-0.1%	20.4%
Financial Services	0.5%	-0.2%	22.3%	22.5%
Professional and Business Services	11.6%	9.0%	52.3%	39.8%
Education and Health Services	0.9%	-10.0%	16.8%	30.0%
Leisure and Hospitality	-1.9%	-1.0%	37.3%	38.7%
Other Services	3.8%	6.3%	45.2%	36.4%
Federal Government		-2.3%	22.9%	26.0%
State Government		-9.3%	15.5%	27.3%
Local Government		4.9%	25.2%	19.2%

Major & Notable Employers

Allied Machine & Engineering	Mfg
Cleveland Clinic - Union Hospital	Serv
Dover Chemical Corporation	Mfg
Dover City Schools	Govt
Gradall Industries	Mfg
Lauren International	Mfg
Marlite, Inc.	Mfg
New Philadelphia City Schools	Govt
nuCamp RV	Mfg
Wal-Mart Stores Inc	Trade
Zimmer Biomet	Mfg

Residential Construction

	2024	2023	2022	2021	2020
Total units	70	316	63	64	69
Total valuation (000)	$18,582	$87,539	$14,291	$15,979	$18,746
Total single-unit bldgs	54	282	53	64	65
Average cost per unit	$297,686	$295,192	$249,729	$249,672	$280,553
Total multi-unit bldg units	16	34	10	0	4
Average cost per unit	$156,707	$126,314	$105,500		$127,500

Ohio County Profiles

Prepared by the Office of Research   **2025 Edition**

Department of Development

Carroll County

Established:	Act - January 1, 1833
2024 Population:	26,460
Land Area:	394.7 square miles
County Seat:	Carrollton Village
Named for:	Charles Carroll, signer of the Declaration of Independence

Taxes

Taxable value of real property	$891,556,120
Residential	$500,832,010
Agriculture	$194,023,620
Industrial	$13,452,710
Commercial	$49,294,400
Mineral	$133,953,380
Ohio income tax liability	$14,515,855
Average per return	$1,170.35

Land Use/Land Cover

	Percent
Developed, Lower Intensity	9.11%
Developed, Higher Intensity	0.73%
Barren (strip mines, gravel pits, etc.)	0.05%
Forest	52.26%
Shrub/Scrub and Grasslands	0.55%
Pasture/Hay	29.38%
Cultivated Crops	5.78%
Wetlands	0.88%
Open Water	1.27%

Largest Places

	2024	2020
Brown twp UB	4,443	4,494
Carrollton village	3,060	3,083
Harrison twp	2,286	2,314
Minerva village (pt.)	1,718	1,712
Monroe twp UB	1,618	1,632
Augusta twp	1,474	1,491
Center twp UB	1,336	1,340
Rose twp UB	1,180	1,192
Malvern village	1,096	1,104
Washington twp	1,081	1,095
		UB: Unincorporated balance

Total Population

Census

1800		1910	15,761	**2020**	**26,721**		
1810		1920	15,942				
1820		1930	16,057				
1830		1940	17,449	**Estimate**			
1840	18,108	1950	19,039	**2024**	**26,460**		
1850	17,685	1960	20,857				
1860	15,738	1970	21,579				
1870	14,491	1980	25,598	**Projection**			
1880	16,416	1990	26,521	**2030**	**25,297**		
1890	17,566	2000	28,836	**2040**	**23,881**		
1900	16,811	2010	28,836	**2050**	**22,627**		

Ohio County Profiles

Population by Race

	Number	Percent
ACS Total Population	26,731	100.0%
White	25,414	95.1%
African-American	195	0.7%
Native American	0	0.0%
Asian	13	0.0%
Pacific Islander	0	0.0%
Other	129	0.5%
Two or More Races	980	3.7%
Hispanic (may be of any race)	337	1.3%
Total Minority	**1,371**	**5.1%**

Educational Attainment

	Number	Percent
Persons 25 years and over	19,265	100.0%
No high school diploma	1,970	10.2%
High school graduate	9,273	48.1%
Some college, no degree	3,193	16.6%
Associate degree	2,126	11.0%
Bachelor's degree	1,749	9.1%
Master's degree or higher	954	5.0%

Family Type by Employment Status

	Number	Percent
Total Families	7,405	100.0%
Married couple, husband and wife in labor force	2,309	31.2%
Married couple, husband in labor force, wife not	1,372	18.5%
Married couple, wife in labor force, husband not	553	7.5%
Married couple, husband and wife not in labor force	1,478	20.0%
Male householder, in labor force	543	7.3%
Male householder, not in labor force	129	1.7%
Female householder, in labor force	585	7.9%
Female householder, not in labor force	436	5.9%

Household Income

	Number	Percent
Total Households	11,476	100.0%
Less than $10,000	433	3.8%
$10,000 to $19,999	913	8.0%
$20,000 to $29,999	1,259	11.0%
$30,000 to $39,999	848	7.4%
$40,000 to $49,999	853	7.4%
$50,000 to $59,999	1,068	9.3%
$60,000 to $74,999	1,488	13.0%
$75,000 to $99,999	1,584	13.8%
$100,000 to $149,999	1,706	14.9%
$150,000 to $199,999	701	6.1%
$200,000 or more	623	5.4%
Median household income	**$64,675**	

Percentages may not sum to 100% due to rounding.

Population by Age

	Number	Percent
ACS Total Population	26,731	100.0%
Under 5 years	1,378	5.2%
5 to 17 years	4,123	15.4%
18 to 24 years	1,965	7.4%
25 to 44 years	5,736	21.5%
45 to 64 years	7,677	28.7%
65 years and more	5,852	21.9%
Median Age	**45.5**	

Family Type by Presence of Own Children Under 18

	Number	Percent
Total Families	7,456	100.0%
Married-couple families with own children	1,692	22.7%
Male householder, no wife present, with own children	309	4.1%
Female householder, no husband present, with own children	645	8.7%
Families with no own children	4,810	64.5%

Poverty Status of Families By Family Type by Presence Of Related Children

	Number	Percent
Total Families	7,456	100.0%
Family income above poverty level	6,750	90.5%
Family income below poverty level	706	9.5%
Married couple, with related children	112	1.5%
Male householder, no wife present, with related children	73	1.0%
Female householder, no husband present, with related children	406	5.4%
Families with no related children	115	1.5%

Ratio of Income To Poverty Level

	Number	Percent
Population for whom poverty status is determined	26,271	100.0%
Below 50% of poverty level	1,518	5.8%
50% to 99% of poverty level	1,756	6.7%
100% to 124% of poverty level	1,226	4.7%
125% to 149% of poverty level	1,196	4.6%
150% to 184% of poverty level	1,643	6.3%
185% to 199% of poverty level	1,139	4.3%
200% of poverty level or more	17,793	67.7%

Geographical Mobility

	Number	Percent
Population aged 1 year and older	26,485	100.0%
Same house as previous year	24,446	92.3%
Different house, same county	1,120	4.2%
Different county, same state	624	2.4%
Different state	291	1.1%
Abroad	4	0.0%

Travel Time To Work

	Number	Percent
Workers 16 years and over	10,758	100.0%
Less than 15 minutes	3,042	28.3%
15 to 29 minutes	3,067	28.5%
30 to 44 minutes	2,390	22.2%
45 to 59 minutes	1,011	9.4%
60 minutes or more	1,248	11.6%
Mean travel time	29.0 minutes	

Housing Units

	Number	Percent
Total housing units	13,391	100.0%
Occupied housing units	11,476	85.7%
Owner occupied	8,947	78.0%
Renter occupied	2,529	22.0%
Vacant housing units	1,915	14.3%

Year Structure Built

	Number	Percent
Total housing units	13,391	100.0%
Built 2020 or later	24	0.2%
Built 2010 to 2019	557	4.2%
Built 2000 to 2009	1,216	9.1%
Built 1990 to 1999	2,095	15.6%
Built 1980 to 1989	1,280	9.6%
Built 1970 to 1979	2,184	16.3%
Built 1960 to 1969	1,161	8.7%
Built 1950 to 1959	1,159	8.7%
Built 1940 to 1949	611	4.6%
Built 1939 or earlier	3,104	23.2%
Median year built	1973	

Value for Specified Owner-Occupied Housing Units

	Number	Percent
Specified owner-occupied housing units	8,947	100.0%
Less than $20,000	199	2.2%
$20,000 to $39,999	216	2.4%
$40,000 to $59,999	502	5.6%
$60,000 to $79,999	349	3.9%
$80,000 to $99,999	775	8.7%
$100,000 to $124,999	876	9.8%
$125,000 to $149,999	623	7.0%
$150,000 to $199,999	1,998	22.3%
$200,000 to $299,999	1,919	21.4%
$300,000 to $499,999	1,030	11.5%
$500,000 to $999,999	390	4.4%
$1,000,000 or more	70	0.8%
Median value	$174,500	

House Heating Fuel

	Number	Percent
Occupied housing units	11,476	100.0%
Utility gas	4,234	36.9%
Bottled, tank or LP gas	1,361	11.9%
Electricity	2,998	26.1%
Fuel oil, kerosene, etc	1,225	10.7%
Coal, coke or wood	1,034	9.0%
Solar energy or other fuel	560	4.9%
No fuel used	64	0.6%

Percentages may not sum to 100% due to rounding.

Gross Rent

	Number	Percent
Specified renter-occupied housing units	2,529	100.0%
Less than $100	0	0.0%
$100 to $199	18	0.7%
$200 to $299	145	5.7%
$300 to $399	79	3.1%
$400 to $499	220	8.7%
$500 to $599	247	9.8%
$600 to $699	103	4.1%
$700 to $799	276	10.9%
$800 to $899	252	10.0%
$900 to $999	120	4.7%
$1,000 to $1,499	506	20.0%
$1,500 or more	69	2.7%
No cash rent	494	19.5%
Median gross rent	$780	
Median gross rent as a percentage of household income	24.1	

Selected Monthly Owner Costs for Specified Owner-Occupied Housing Units

	Number	Percent
Specified owner-occupied housing units with a mortgage	5,032	100.0%
Less than $400	8	0.2%
$400 to $599	205	4.1%
$600 to $799	334	6.6%
$800 to $999	610	12.1%
$1,000 to $1,249	1,140	22.7%
$1,250 to $1,499	1,145	22.8%
$1,500 to $1,999	850	16.9%
$2,000 to $2,999	652	13.0%
$3,000 or more	88	1.7%
Median monthly owners cost	$1,298	
Median monthly owners cost as a percentage of household income	19.8	

Vital Statistics

	Number	Rate
Births / rate per 1,000 women aged 15 to 44	256	59.8
Teen births / rate per 1,000 females 15-19	0	0.0
Deaths / rate per 100,000 population	367	1,371.6

Components of Population Change

Natural Change   Net Migration
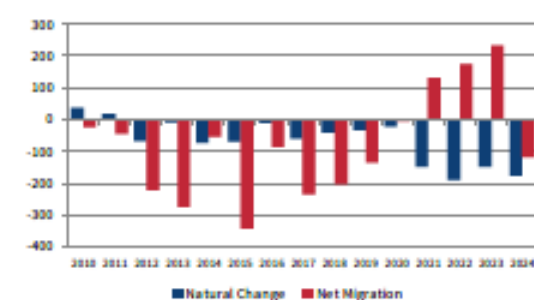
Ohio County Profiles

Agriculture

Land in farms (acres)	111,677
Number of farms	817
Average size (acres)	137
Total cash receipts	$53,115,000
Per farm	$65,012
Receipts for crops	$24,201,000
Receipts for livestock/products	$28,914,000

Education

Traditional public schools buildings	7
Students	2,810
Teachers (Full Time Equivalent)	250.7
Expenditures per student	$13,179
Graduation rate	96.3
Community/charter schools buildings	
Students	
Teachers (Full Time Equivalent)	
Expenditures per student	
Graduation rate	
Private schools	0
Students	0
Public universites, 4-year	0
Public universities/colleges, 2-year	0
Public learning centers, less-than 2-year	0
Private universities and colleges	0
Public libraries (Districts / Facilities)	1 / 2

Transportation

Registered motor vehicles	43,024
Passenger cars	20,690
Noncommercial trucks	9,170
Total license revenue	$1,295,424.81
Permissive tax revenue	$82,275.00
Interstate highway miles	0.00
Turnpike miles	0.00
U.S. highway miles	0.00
State highway miles	151.99
County, township, and municipal road miles	778.82
Commercial airports	2

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

Areas/Facilities	2
Acreage	700

Finance

FDIC insured financial institutions (HQs)	0
Assets (000)	
Branch offices	9
Institutions represented	6

Sources of Income

|	
Total personal income	$1,359,547,000
Net earnings	$791,997,000
Personal current transfer receipts	$363,771,000
Income maintenance benefits	$20,573,000
Unemployment insurance compensation	$1,873,000
Retirement and other	$341,325,000
Dividends, interest, and rent	$203,779,000
Dependency ratio	26.8%
(Percent of total personal income from transfer receipts)	

Voting

Number of registered voters	18,326
Voted in 2024 election	13,932
Percent turnout	76.0%

Health Care

Physicians	15
Registered hospitals	0
Number of beds	0
Licensed nursing homes	5
Number of beds	172
Licensed residential care	2
Number of beds	177
Persons with health insurance (Aged 0 to 64)	91.4%
Adults with insurance (Aged 18 to 64)	90.6%
Children with insurance (Aged Under 19)	93.6%
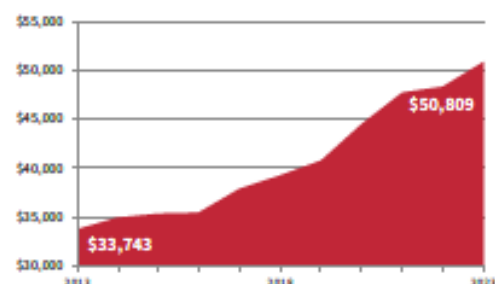
Per Capita Personal Income

Civilian Labor Force

	2024	2023	2022	2021	2020
Civilian labor force	12,300	12,100	11,900	12,100	12,200
Employed	11,700	11,600	11,400	11,400	11,100
Unemployed	600	500	500	700	1,100
Unemployment rate	4.8	4.2	4.5	6.1	9.2

Establishments, Employment, and Wages by Sector: 2024

Industrial Sector	Number of Establishments	Average Employment	Total Wages	Average Weekly Wage
Private Sector	492	5,051	$247,832,887	$944
Goods-Producing	128	1,672	$106,270,641	$1,222
Natural Resources and Mining	16	164	$12,866,446	$1,506
Construction	77	588	$37,974,195	$1,242
Manufacturing	35	920	$55,430,000	$1,158
Service-Providing	365	3,379	$141,562,246	$806
Trade, Transportation and Utilities	111	1,349	$64,319,081	$917
Information	10	24	$1,889,992	$1,504
Financial Services	34	159	$9,889,452	$1,196
Professional and Business Services	77	291	$14,873,006	$984
Education and Health Services	37	799	$34,500,504	$830
Leisure and Hospitality	56	569	$10,605,725	$358
Other Services	41	187	$5,484,486	$563
Federal Government		41	$2,497,636	$1,181
State Government		37	$2,645,369	$1,360
Local Government		961	$42,998,213	$861

Private Sector total includes Unclassified establishments not shown.

Change Since 2017

Private Sector	4.0%	-3.7%	19.8%	24.5%
Goods-Producing	10.3%	-2.6%	17.5%	20.6%
Natural Resources and Mining	-11.1%	76.3%	184.1%	60.7%
Construction	26.2%	32.4%	57.0%	18.5%
Manufacturing	-7.9%	-22.0%	-10.2%	15.1%
Service-Producing	2.2%	-4.3%	21.6%	27.1%
Trade, Transportation and Utilities	0.0%	0.1%	17.8%	17.7%
Information	42.9%	26.3%	27.6%	-0.1%
Financial Services	-8.1%	-14.5%	20.9%	41.5%
Professional and Business Services	16.7%	-19.4%	-3.6%	19.6%
Education and Health Services	-7.5%	3.1%	47.0%	42.6%
Leisure and Hospitality	0.0%	-13.3%	20.5%	38.8%
Other Services	2.5%	1.1%	23.8%	22.1%
Federal Government		-4.7%	12.7%	18.2%
State Government		0.0%	22.4%	21.0%
Local Government		1.8%	23.2%	21.1%

Major & Notable Employers

Carroll County Government	Govt
Carroll Senior Care Center Inc	Serv
Carrollton Exempted Village Schools	Govt
DuraFin Tube	Mfg
GBS Corporation	Mfg
St John's Villa	Serv

Residential Construction

	2024	2023	2022	2021	2020
Total units	0	3	1	1	7
Total valuation (000)		$1,031	$312	$502	$2,339
Total single-unit bldgs	0	3	1	1	7
Average cost per unit		$343,514	$311,724	$502,400	$334,143
Total multi-unit bldg units	0	0	0	0	0
Average cost per unit					

1. **Aultman Alliance Community Hospital 2022 Priority Health Needs**

    - Mental health services – access, addiction, suicide

    - Access to health care – primary care

2. **Aultman Hospital Priority 2022 Health Needs**

    - Mental health services – access, addiction, suicide

    - Access to health care – primary care

3. **Aultman Orrville Hospital 2022 Priority Health Needs**

    - Mental Health – provide screening to patients that are at risk for emotional instability with referral to appropriate provider or agency

    - Substance abuse – increase awareness of opiate addiction and improve access to necessary services and specialists

    - Healthy behaviors (including overweight/obesity) – educate community on healthy lifestyle choices

4. **Ohio Department of Health, Ohio 2020–2022 State Health Improvement Plan (2020), available at https://odh.ohio.gov/static/SHIP/2020-2022/2020-2022-SHIP.pdf (last accessed Oct. 9, 2025)**

    - Ohio Health Factor Priorities:

        – Community Conditions – Housing affordability and quality, poverty, K-12 student success, adverse childhood experiences

        – Health Behaviors – Tobacco/nicotine use, nutrition, physical activity

        – Access to Care – Health insurance coverage, local access to healthcare providers, unmet need for mental health care

    - Ohio Health Outcome Priorities

        – Mental health and addiction – Depression, suicide, youth drug use, drug overdose deaths

        – Chronic disease – heart disease, diabetes, childhood conditions (asthma, lead)

        – Maternal and infant health – preterm births, infant mortality, maternal morbidity

5. **Ohio Department of Health, Ohio 2023 State Health Assessment (2023), available at https://dam.assets.ohio.gov/image/upload/odh.ohio.gov/SHA/2023/2023-state-health-assessment.pdf (last accessed Oct. 9, 2025).**

    - Additional details and interactive version (with data through 2021) available at https://odh.ohio.gov/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment (last accessed Oct. 9, 2025)

        - **Additional details and interactive version (with data through 2021)** available at https://odh.ohio.gov/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment.

6. **University of Wisconsin Population Health Institute, 2025 County Health Rankings & Roadmaps (2025), available at https://www.countyhealthrankings.org/health-data (last accessed Oct. 9, 2025).**

- **Areas to Explore:**

  - Adult smoking

  - Adult obesity

  - Uninsured

  - High school completion

  - Some college

  - Alcohol-impaired driving deaths

  - Sexually transmitted infections (STIs)

  - Access to primary care physicians (PCPs)

- **Stark County,** available at https://www.countyhealthrankings.org/health-data/ohio/stark?year=2025 (last accessed Oct. 9, 2025).

  - Stark County fares worse than Ohio generally by some measures, including access to exercise opportunities (74% in Stark County versus 84% in Ohio generally), limited access to healthy foods (9% versus 7%), and food insecurity (15% versus 14%).

  - However, it does better than Ohio by other measures, including ratio of patients to both primary care physicians (1,290:1 versus 1,330:1) and mental health providers (270:1 versus 290:1). It also has more flu vaccinations (52% versus 51%), fewer preventable hospital stays (2,711 versus 3,033), and a smaller percentage of uninsured individuals (6% versus 7%) than Ohio generally.

  - **Adult obesity:** 38% (same as Ohio generally)

  - **Adult smoking:** 17% (versus Ohio's 18%)

  - **STIs:** 436.9 (versus Ohio's 463.2)

  - **Alcohol-impaired driving deaths:** 34% (versus Ohio's 32%)

- **Wayne County,** available at https://www.countyhealthrankings.org/health-data/ohio/wayne?year=2025 (last accessed Oct. 9, 2025).

  - Wayne County fares worse than Ohio generally on the following measures: flu vaccinations (48% in Wayne County versus 51% in Ohio generally), access to exercise opportunities (65% versus 84%), and ratio of patients to primary care physicians (2,010:1 versus 1,330:1). It also has significantly more uninsured individuals (13% versus 7%).

  - However, it does better than Ohio on certain measures: it has a better ratio of patients to mental health providers (250:1 versus 290:1 in Ohio generally), fewer preventable hospital stays (2,264 versus 3,033), and a higher percentage of patients who get mammography screenings (48% versus 47%). It also has a much lower percentage of children living in

poverty (12% versus Ohio's 18%) and a lower unemployment rate (2.8% versus 3.5%), despite lower rates of high school completion (86% versus 92%) and some college attendance (54% versus 66%).

  – **Adult obesity:** 40% (versus Ohio's 38%)

  – **Adult smoking:** 19% (versus Ohio's 18%)

  – **STIs:** 206.8 (versus Ohio's 463.2)

  – **Alcohol-impaired driving deaths:** 36% (versus Ohio's 32%)

- **Tuscarawas County,** available at https://www.countyhealthrankings.org/health-data/ohio/tuscarawas?year=2025 (last accessed Oct. 9, 2025).

  – Tuscarawas County fares worse than Ohio generally on the following measures: flu vaccinations (37% in Tuscarawas County versus 51% in Ohio generally), access to exercise opportunities (71% versus 84%), and ratio of patients to primary care physicians (2,800:1 versus 1,330:1). It also has more uninsured individuals (9% versus 7%) and a worse ratio of patients to mental health providers (500:1 versus Ohio's 290:1). In addition, it has lower rates of high school completion (89% versus 92%) and some college attendance (49% versus 66%).

  – However, it does better than Ohio on preventable hospital stays (2,732 versus 3,033) and fewer children in poverty (17% versus Ohio's 18%).

  – **Adult obesity:** 44% (versus Ohio's 38%)

  – **Adult smoking:** 23% (versus Ohio's 18%)

  – **STIs:** 217.5 (versus Ohio's 463.2)

  – **Alcohol-impaired driving deaths:** 41% (versus Ohio's 32%)

- **Carroll County,** available at https://www.countyhealthrankings.org/health-data/ohio/carroll?year=2025 (last accessed Oct. 9, 2025).

  – Carroll County fares worse than Ohio generally on the following measures: flu vaccinations (41% in Carroll County versus 51% in Ohio generally), access to exercise opportunities (36% versus 84%), and ratios of patients to both primary care physicians (3,810:1 versus 1,330:1) and mental health providers (1,780:1 versus 290:1). It also has more uninsured individuals (9% versus 7%), fewer people getting mammography screenings (43% versus 47%), and more preventable hospital stays (3,202 versus 3,033). In addition, its rates of high school completion are slightly lower than Ohio's (90% versus 92%), and its rates of some college attendance are markedly lower (46% versus 66%).

  – However, it fares better than Ohio when it comes to premature deaths (9,600 to Ohio's 9,700).

  – **Adult obesity:** 41% (versus Ohio's 38%)

  – **Adult smoking:** 25% (versus Ohio's 18%)

  – **STIs:** 206.3 (versus Ohio's 463.2)

–   **Alcohol-impaired driving deaths:** 43% (versus Ohio's 32%)

• **Holmes County,** available at https://www.countyhealthrankings.org/health-data/ohio/holmes?year=2025 (last accessed Oct. 9, 2025).

   –   Holmes County fares worse than Ohio generally on the following measures: flu vaccinations (40% in Holmes County versus 51% in Ohio generally), access to exercise opportunities (39% versus 84%), and significantly worse ratios of patients to both primary care physicians (4,920:1 versus Ohio's 1,330:1) and mental health providers (4,930:1 versus Ohio's 290:1). It also has far more uninsured individuals (35% versus 7%) and has fewer people getting mammography screenings (43% versus 47%). In addition, its rates of high school completion are much lower than Ohio generally (57% versus 92%), and its rates of some college attendance are significantly lower (22% versus 66%).

   –   However, it has fewer preventable hospital stays (895 to Ohio's 3,033) and fewer premature deaths (6,100 to Ohio's 9,700). These figures are age-adjusted and per 100,000 population.

   –   **Adult obesity:** 43% (versus Ohio's 38%)

   –   **Adult smoking:** 27% (versus Ohio's 18%)

   –   **STIs:** 72.1 (versus Ohio's 463.2)

   –   **Alcohol-impaired driving deaths:** 9% (versus Ohio's 32%)

• **Summit County,** available at https://www.countyhealthrankings.org/health-data/ohio/summit?year=2025 (last accessed Oct. 9, 2025).

   –   Summit County fares the same as Ohio generally when it comes to premature deaths (9,700) but worse than the U.S. as a whole (8,400). It also has equal rates of mammography screenings (47%) and uninsured individuals (7%).

   –   It fares worse than Ohio generally on the following measures: limited access to healthy foods (8% in Summit County versus 7% in Ohio generally), STIs (522.1 versus 463.2), and alcohol-impaired driving deaths (39% versus 32%). It also has more children living in poverty (20% versus 18%) and slightly higher unemployment (3.7% versus 3.5%), despite having higher rates of high school completion (93% versus 92%) and some college attendance (70% versus 66%) than Ohio generally.

   –   It does better than Ohio on the following measures: flu vaccinations (56% versus 51%), access to exercise opportunities (95% versus 84%), better ratios of patients to primary care physicians (1,020:1 versus 1,330:1), mental health providers (260:1 versus 290:1), and dentists (1,480:1 versus 1,530:1). It has fewer preventable hospital stays (2,743 versus 3,033).

   –   **Adult obesity:** 40% (versus Ohio's 38%)

   –   **Adult smoking:** 18% (same as Ohio generally)

   –   **STIs:** 522.1 (versus Ohio's 463.2)

   –   **Alcohol-impaired driving deaths:** 39% (versus Ohio's 32%)

7. **Census Reporter, available at https://censusreporter.org (last accessed Oct. 9, 2025).** These updated figures rely on the Census Bureau's American Community Survey (ACS) data. For Stark, Summit, Tuscarawas, and Wayne Counties, these statistics reflect ACS 1-year data from 2023. Carroll and Holmes Counties use ACS 5-year data from 2023.[28]

- **Wayne County,** available at https://censusreporter.org/profiles/05000US39169-wayne-county-oh (last accessed Oct. 9, 2025).

  - **Total Wayne County population:** 116,510

  - **Total Wayne County seniors (65+) living in poverty:** 12%

- **Stark County,** available at https://censusreporter.org/profiles/05000US39151-stark-county-oh (last accessed Oct. 9, 2025).

  - **Total Stark County population**: 372,716

  - **Total Stark County seniors (65+) living in poverty:** 10%

- **Tuscarawas County,** available at https://censusreporter.org/profiles/05000US39157-tuscarawas-county-oh (last accessed Oct. 9, 2025).

  - **Total Tuscarawas County population:** 91,874

  - **Total Tuscarawas County seniors (65+) living in poverty:** 9%

- **Carroll County,** available at https://censusreporter.org/profiles/05000US39019-carroll-county-oh (last accessed Oct. 9, 2025).

  - **Total Carroll County population:** 26,731

  - **Total Carroll County seniors (65+) living in poverty:** 8%

- **Holmes County,** available at https://censusreporter.org/profiles/05000US39075-holmes-county-oh (last accessed Oct. 9, 2025).

  - **Total Holmes County population:** 44,312

  - **Total Holmes County seniors (65+) living in poverty:** 11%

- **Summit County,** available at https://censusreporter.org/profiles/05000US39153-summit-county-oh (last accessed Oct. 9, 2025).

  - **Total Summit County population:** 535,733

  - **Total Summit County seniors (65+) living in poverty:** 10%

8. **Data USA, available at https://datausa.io (last accessed Oct. 9, 2025).** These statistics also rely on ACS 5-year data.

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[28] For statistics about seniors living in poverty, Census Reporter cautions that "[m]argin of error is at least 10 percent of the total value."

- **Wayne County,** available at https://datausa.io/profile/geo/wayne-county-oh#health (last accessed Oct. 9, 2025).

  - **Percentage on Medicare:** 14%

  - **Percentage on Medicaid:** 12.6%

  - **Percentage uninsured:** 14%

- **Stark County,** available at https://datausa.io/profile/geo/stark-county-oh#health (last accessed Oct. 9, 2025).

  - **Percentage on Medicare:** 16%

  - **Percentage on Medicaid:** 18.4%

  - **Percentage uninsured:** 5.72%

- **Tuscarawas County,** available at https://datausa.io/profile/geo/tuscarawas-county-oh#health (last accessed Oct. 9, 2025).

  - **Percentage on Medicare:** 15%

  - **Percentage on Medicaid:** 17.1%

  - **Percentage uninsured:** 8.7%

- **Carroll County,** available at https://datausa.io/profile/geo/carroll-county-oh#health (last accessed Oct. 9, 2025).

  - **Percentage on Medicare:** 18.2%

  - **Percentage on Medicaid:** 17.3%

  - **Percentage uninsured:** 9.16%

- **Holmes County,** available at https://datausa.io/profile/geo/holmes-county-oh#health (last accessed Oct. 9, 2025).

  - **Percentage on Medicare:** 9.35%

  - **Percentage on Medicaid:** 7.31%

  - **Percentage uninsured:** 42.3%

- **Summit County,** available at https://datausa.io/profile/geo/summit-county-oh#health (last accessed Oct. 9, 2025).

  - **Percentage on Medicare:** 14.9%

  - **Percentage on Medicaid:** 17.9%

  - **Percentage uninsured:** 5.62%

9. Ohio Department of Development, Ohio County Profiles – Summit County (2025), available at https://dam.assets.ohio.gov/image/upload/development.ohio.gov/research/countytrends/2025/stark.pdf (last accessed Oct. 9, 2025).

10. Ohio Department of Development, Ohio County Profiles - Wayne County (2025), available at https://dam.assets.ohio.gov/image/upload/development.ohio.gov/research/countytrends/2025/wayne.pdf (last accessed Oct. 9, 2025).

11. Ohio Department of Development, Ohio County Profiles - Tuscarawas County (2025), available at https://dam.assets.ohio.gov/image/upload/development.ohio.gov/research/countytrends/2025/tuscarawas.pdf (last accessed Oct. 9, 2025).

12. Ohio Department of Development, Ohio County Profiles - Carroll County (2025), available at https://dam.assets.ohio.gov/image/upload/development.ohio.gov/research/countytrends/2025/carroll.pdf (last accessed Oct. 9, 2025).

13. Zip-codes.com, Ohio Zip Codes, available at https://www.zip-codes.com/state/oh.asp (last accessed Oct. 9, 2025).

14. Health Resources and Services Administration, HSPA Find, available at https://data.hrsa.gov/tools/shortage-area/hpsa-find (last accessed Oct. 9, 2025).

15. Ohio Department of Health, Long-Term Care, Non Long-Term Care, & CLIA Health Care Provider Search, available at https://publicapps.odh.ohio.gov/eid/Provider_Search.aspx (last accessed Oct. 9, 2025).

    - Number of federally qualified (active Medicare/Medicaid certification) health centers[29]

        – Stark County: 10

        – Wayne County: 0

        – Carroll County: 1

        – Holmes County: 0

        – Tuscarawas County: 3

        – Summit County: 7

16. Wayne County Family and Children First Council Shared Plan for SFYs 2026–2028, available at https://waynefcfc.squarespace.com/sharedplan (last accessed Oct. 9, 2025).

Ohio law requires county Family and Children First Councils (FCFCs) to establish a process to identify local priorities, monitor progress on these priorities with indicators established by the FCFCs, and develop an annual plan that identifies the local interagency efforts to enhance child well-being in the county. County FCFCs are also required to demonstrate progress of increasing child well-being by reporting annually to the Ohio FCF Cabinet Council and county commissioners. For example, Wayne County's current initiatives include expanding service coordination for young children (ages 0 to 6) and their families, as well as

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[29] "Disclaimer – A provider with an 'Active' status may be closed pending final approval of the Centers for Medicare & Medicaid Services (CMS)."

strengthening the system of care for those families and training frontline staff. The Wayne County FCFC's 2026–28 shared plan includes the following goals:

- **Address Youth in Congregate Care:** Wayne County aims to reduce by 30% the number of children in residential treatment. It also has a goal of maintaining the time those children spend in out-of-home treatment to six months or less. As of January 2025, that number was 5.5 months on average.

- **Address Services and Supports for Multi-System Youth:** Wayne County aims to increase by 30% the number of families and youths served by the Family and Children First Council and other local partners, moving from 437 served in 2023 to 568 going forward.

- **Address School Readiness:** Wayne County aims to increase the number of children (ages 0 to 6) served by service coordination by 500% (10 children) per year by December 2027. It also has a goal of decreasing the number of children (ages 0 to 6) entering Children Services custody by 20% (or 26 children) by December 2028.

17. **Community Health Improvement Plans (CHIPs) and Community Health Needs Assessments (CHAs)**

- **Stark County:**

  – **Stark County Community Health Needs Assessment Advisory Committee, Stark County Community Health Improvement Plan: 2023–2025** (Dec. 2023), available at https://cms7files1.revize.com/starkcountyoh/2023-2025%20CHIP%20&%20Action%20Plans%20FINAL.pdf (last accessed Oct. 9, 2025)

  – **2025 Stark County Community Health Assessment, prepared by the Center for Marketing & Opinion Research, LLC, available at https://cms7files1.revize.com/starkcountyoh/2025STARKCountyCHAPresFINAL.pdf ?t=202506271426480&t=202506271426480 (last accessed Oct. 9, 2025).**

    ▪ **Priority health areas** (identified through sources including community survey, secondary data, and community partners)

      • **Access to healthcare**

      • **Community conditions**

      • **Chronic diseases**

      • **Mental health**

      • **Substance abuse**

    ▪ **Mental health concerns** (community survey responses)

      • **Suicide:**

        ○ **11%** seriously considered suicide in the past 12 months

        ○ **46%** knew someone who died by suicide

- o **40%** knew someone who talked about suicidal thoughts

- o **30%** knew someone who has attempted suicide but did not die

- ▪ **Diagnoses of self or household member:**

  - **Depression:** 40%

  - **Anxiety disorder:** 39%

  - **ADD/ADHD:** 22%

- **Wayne County Health Department, 2024–2027 CHIP: Community Health Improvement Plan** (2024), available at https://www.wayne-health.org/reports-publications (last accessed Oct. 9, 2025)

- **Summit County Public Health, 2023–2025 CHIP: Community Health Improvement Plan** (Oct. 2023), available at https://www.scph.org/sites/default/files/editor/RPT/2023%20SCPH%20CHIP.pdf (last accessed Oct. 9, 2025)

- **Carroll County Coalition for Public Health, Charting Carroll County's Course to 2025: Community Health Improvement Plan 2021–2025,** available at https://www.c3ph.org/assets/pdf/2021-2025_CarrollCountyCommunityHealthImprovementPlan_FINAL.pdf (last accessed Oct. 9, 2025)

- **Partners for a Healthier Holmes County, 2023 Holmes County Community Health Assessment: Executive Summary,** available at https://www.holmeshealth.org/wp-content/uploads/2024/01/2023-CHA-Executive-Summary.pdf (last accessed Oct. 9, 2025)

- **Tuscarawas County:**

  - **Healthy Tusc, 2022–2025 Tuscarawas County Community Health Improvement Plan** (Oct. 14, 2022), available at http://www.newphilaoh.com/downloads/Tuscarawas_County_2022-2025_FINAL_CHIP_Oct_2022-_NP_Data.pdf (last accessed Oct. 9, 2025)

  - **Healthy Tusc, Tuscarawas County Community Health Needs Assessment** (Apr. 2025), available at https://www.tchdnow.org/uploads/4/2/8/6/42860741/tuscarawas_county_chna_april_2025.pdf (last accessed Oct. 9, 2025)

18. **Stark County Profile, Preliminary assessment from the Northeast Ohio Youth Health Survey, Fall 2021,** available at https://cms7files1.revize.com/starkcountyoh/Document_center/Offices/Public%20health/Nursing%20Services/Stark%20County_2021.pdf (last accessed Oct. 9, 2025)

- **Suicide risk**

  - **Percentage of students answering "yes" to suicide risk:** 20.7%

  - **Females:** 27.2%

  - **Males:** 12.8%

- **Students in 11th grade:** 24.5% (highest percentage)

- **Students in 7th grade:** 16.4% (lowest percentage)

- **Access to medical and psychological care**

  - **Always able to get care when needed:** 85.6%

  - **Not able to get care when needed:** 14.4%

  - **Top reasons for answering "no":**

    - "Didn't want my parents to know" (53.6%)

    - "I thought the problem would go away" (49.1%)

    - "Didn't know whom to go see" (39.4%)

19. **State of Ohio Integrated Behavioral Health Dashboard,** available at https://data.ohio.gov/wps/portal/gov/data/view/ohio-ibhd (last accessed Oct. 9, 2025).

- Compiled data on substance misuse trends and overdoses, 2017–2024, from state agencies (Department of Health, Department of Medicaid, Department of Public Safety, and Board of Pharmacy).

- **Drug overdose deaths in 2023 compared with previous year:**

  - **Carroll County:** 7 deaths in 2023 (up from 4 in 2022)

  - **Holmes County:** 4 deaths in 2023 (up from 2 in 2022)

  - **Stark County:** 158 deaths in 2023 (up from 145 in 2022)

  - **Summit County:** 216 deaths in 2023 (down from 240 in 2022)

  - **Tuscarawas County:** 24 deaths in 2023 (up from 23 in 2022)

  - **Wayne County:** 20 deaths in 2023 (down from 32 in 2022)

20. **Stark County Health Department, Suicide Fatality Review Annual Report 2024,** available at https://cms7files1.revize.com/starkcountyoh/Document_center/Nursing/Booklet%202024%20Suicide%20Fatality%20Review%20Annual%20Report.pdf (last accessed Oct. 9, 2025)

- **Total deaths by suicide in Stark County in 2024:** 69

  - 65+ years old: **29%**

  - 54–64 years old: **21.7%**

  - 43–53 years old: **20.3%**

  - 32–42 years old: **15.9%**

  - 21–31 years old: **10.1%**

– 10–20 years old: **2.9%**

21. Ohio Suicide Prevention Foundation, Seniors and Older Adults: Tips for Preventing Suicide, available at https://www.ohiospf.org/wp-content/uploads/dlm_uploads/2022/09/Suicide-Among-Older-Adults_September.pdf (last accessed Oct. 9, 2025) (noting that "[i]n Ohio, men age 75+ have the highest suicide rate among all populations," according to ODH data from 2019).

22. Ohio Department of Health, Ohio Suicide Deaths: Preliminary Data Summary (Quarter 4: 2024), available at https://odh.ohio.gov/wps/wcm/connect/gov/3c85f9e8-078b-4a28-aeb4-79865c9e1178/Ohio+Quarterly+Suicide+Report_Preliminary+Data_Q4+2024_08192025+%281%29.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_JQGCH4S04P41206HNUKVF31000-3c85f9e8-078b-4a28-aeb4-79865c9e1178-pBjJOPx (last accessed Oct. 9, 2025)

- Data from 2022 to 2024 showed that more suicide deaths occurred in the 65+ age demographic than in any other. (Table 4).

23. Ohio Department of Health, 2023 Ohio Suicide Report, available at https://odh.ohio.gov/wps/wcm/connect/gov/a79b2c14-8d21-4354-9292-58ca041de8d3/BHIW_2023+Ohio+Suicide+Report_01222025.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_K9I401S01H7F40QBNJU3SO1F56-a79b2c14-8d21-4354-9292-58ca041de8d3-pijWTIV (last accessed Oct. 9, 2025)

- A previous ODH report indicated that "[i]n 2023, Ohioans aged 45–54 had the highest rate of suicide deaths (20.1 per 100,000 population), followed closely by those aged 25–34 (19.9 per 100,000 population)."

- From 2022 to 2023, "Ohioans aged 55–64 had the largest increase in the rate of suicide deaths (10%), followed by . . . those aged 45–54 (4%)."

- Ohio's overall age-adjusted rate of suicide deaths from 2020 to 2023 was 14.5 per 100,000 population. While Wayne County (11.3%) fared better, Stark County (14.8%), Summit County (15.6%), Carroll County (16.9%), and Tuscarawas County (18.2%) all saw higher rates of suicide deaths during that time period. (Figure 12).