



TUSCARAWAS COUNTY HEALTH STATUS REPORT

A Compilation of Secondary Data

Tuscarawas County Health Department
Released March 2023



Public Health
Prevent. Promote. Protect.

**Tuscarawas County
Health Department**

CONTENTS

Introduction.....	3
Data Sources	3
Demographics	3
Age and Sex	3
Race and Ethnicity	4
Educational Attainment.....	5
School Enrollment.....	6
Social Vulnerability Index	6
Life Expectancy and Years of Potential Life Lost (YPLL)	9
Leading Causes of Death.....	10
COVID-19.....	10
Aging Population	12
Poverty	12
Households	12
Disability	12
Housing.....	12
Age of Housing Units.....	12
Housing Conditions.....	14
Current Home Values.....	14
Occupancy	14
Housing Burden.....	15
Computers and Internet Usage	16
Family Dynamics	16
Marital Status and Family Types	16
Employment.....	19
Unemployment.....	20
Work Commute	20
Work Industry	21
Maternal and Child Health.....	22
Addiction and Mental Health.....	24
Excessive Drinking	24
Alcohol Impaired Driving Deaths	24
Drug Overdose Deaths	25
Mental Health.....	26

Mental Health Providers..... 26

Health Behaviors..... 26

 Adult Smoking 26

 Adult Obesity 27

 Physical Inactivity 27

Adolescent Health..... 27

 Alcohol Use..... 28

 Tobacco Use..... 29

 Illicit Substance Use..... 30

 Mental Health..... 32

Communicable Diseases 32

 Sexually Transmitted Infections..... 32

 Top Reported Communicable Diseases 34

 Communicable Disease Descriptions..... 36

Access to Healthcare..... 37

 Insurance Coverage..... 37

 Primary Care Physicians 38

Data Appendix for Tuscarawas County 40

 Overall Life Expectancy/Premature Death 40

 Social/Economic Factors..... 41

 Physical Environment 42

 Infant Mortality 43

 Health Behaviors 43

 Health Outcomes 43

 Communicable Diseases 44

 Clinical Care..... 44

References..... 46

INTRODUCTION

In 2022, Healthy Tusc released the 2021 Community Health Assessment titled, “Vital Signs: Examining the Health of Tuscarawas County Adults & Youth.” Building upon the 2018 Tuscarawas County Community Health Assessment, the 2021 assessment represents a shift from a focus on individual clinical conditions to include a larger social determinants of health review including a new section with traffic safety data and additional secondary data from the local health departments.

The Community Health Assessment is completed once every three years; however, secondary data can be pooled from various sources to provide supplemental data that can be used for a variety of purposes including programmatic decisions, request for funding proposals, and strategic planning.

This report is intended to be a supplement to the Community Health Assessment and highlights several critical areas impacting health in Tuscarawas County.

DATA SOURCES

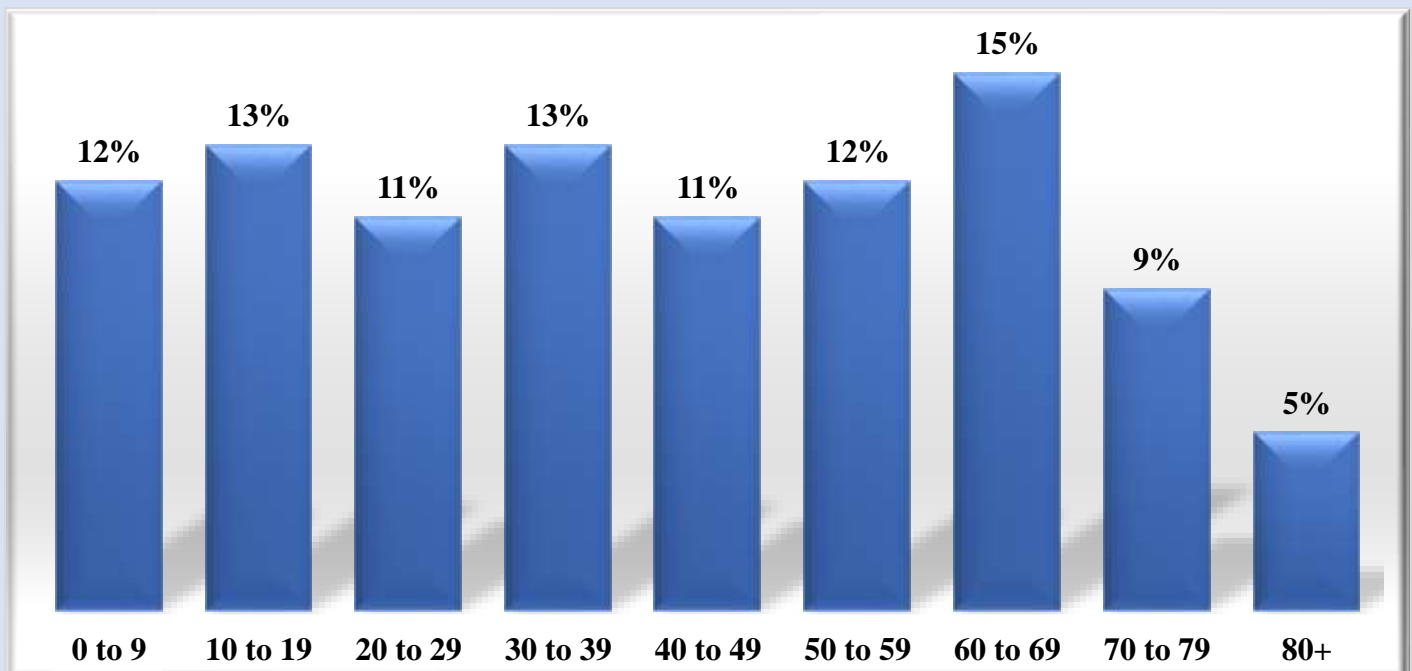
Data was gathered from a variety of sources including County Health Rankings, American Community Survey, Ohio Department of Health Birth and Death data, census data and more. A complete source of data can be found on the References page at the end of this report.

DEMOGRAPHICS

Tuscarawas County is comprised of three (3) municipalities, sixteen (16) villages, and twenty-two (22) townships. The County is located in the northeastern part of the State of Ohio and covers 571 square miles. The population identified in the 2020 census was 93,263. The American Community Survey from 2021 estimated the population to be 92,500. Tuscarawas County is part of Appalachia Ohio.

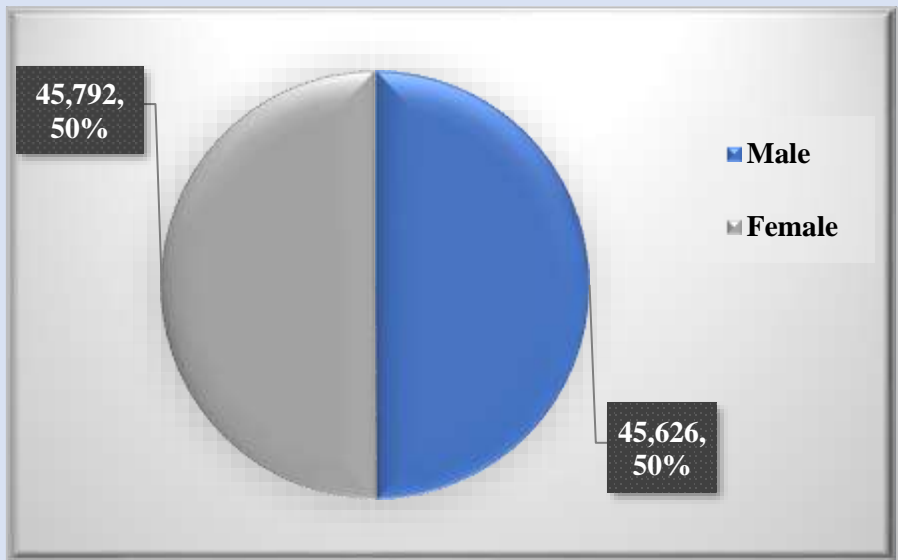
AGE AND SEX

Figure 1: Age Groups
(Census Reporter, 2023)



The median age of Tuscarawas County residents is 40.9. Those under the age of 18 make up 22.8% of the total population, while those 65 and older make up 19.9% of the population.

Figure 2: Sex
(Census Reporter, 2023)



Sex distribution remains consistent with a fairly even split of males and females.

RACE AND ETHNICITY

Figure 3: Race (Census Reporter, 2023)

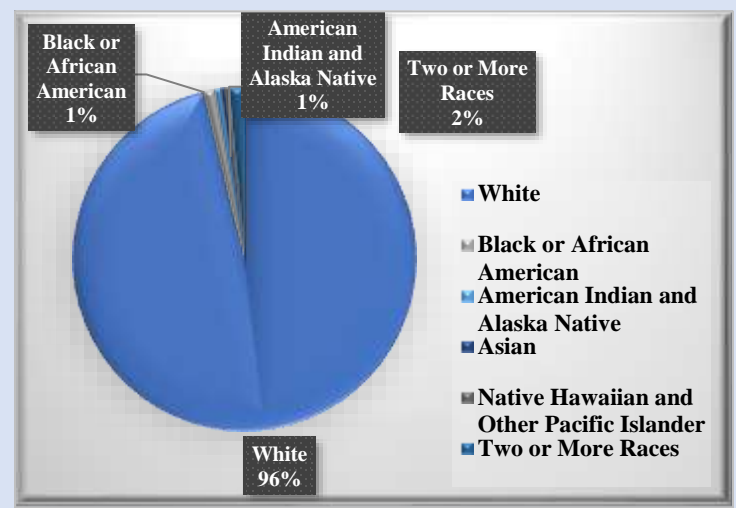
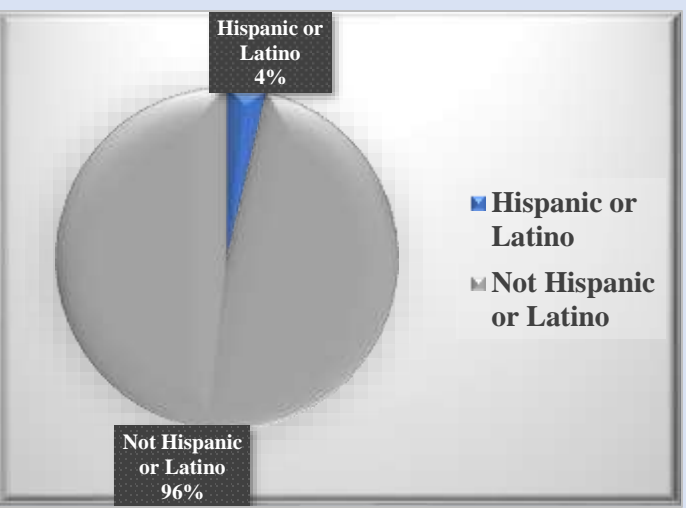


Figure 4: Ethnicity (Census Reporter, 2023)

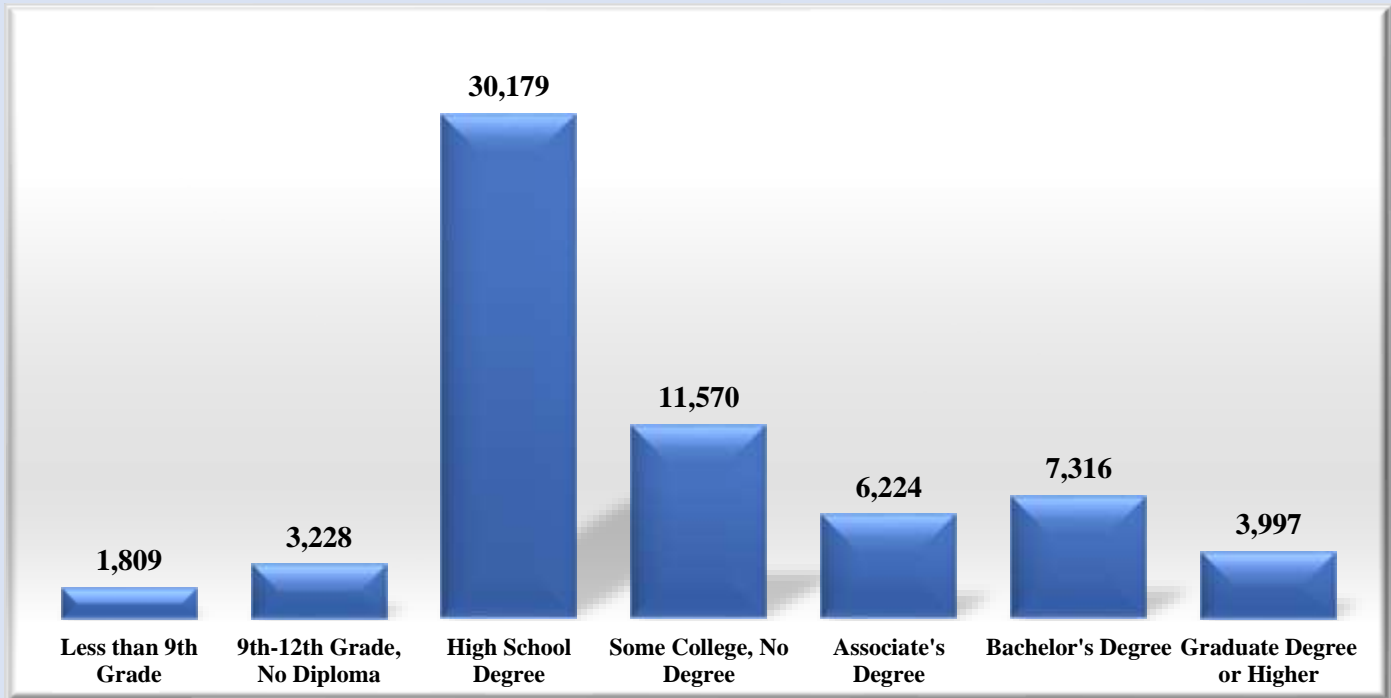


More than 95% of Tuscarawas County residents identify as White. The next largest racial group are those identifying as two or more races accounting for 2% of the population. 4% of the Tuscarawas County population identify as Hispanic or Latino. In 2020, 1.9% of the population in Tuscarawas County identified as foreign born, whereas 1.75% of the population were foreign born in 2019. 98.9% of all residents in Tuscarawas County are US Citizens (Census Reporter, 2023). The areas of the County with the highest percentage of Hispanic or Latino populations include New Philadelphia (23.89%) and Dover (12.87%).

EDUCATIONAL ATTAINMENT

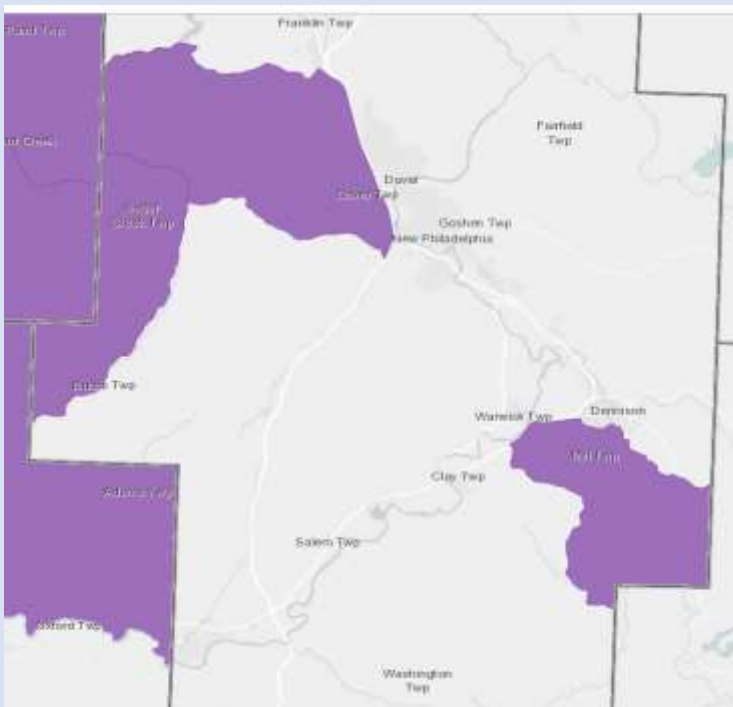
46% of Tuscarawas County residents have a 2-year, 4-year, or advanced degree. However, 8% have less than a high school education (United States Census Bureau, 2023).

Figure 5: Educational Attainment of Persons over 25 Years of Age; 5 Year Average 2018-2022
(United States Census Bureau, 2023)



92% of Tuscarawas County residents have a high school degree or higher, while approximately 18% have a bachelor's degree or higher.

Figure 6: Vulnerable Footprint ACS 2016-2020
(Community Commons, 2023)

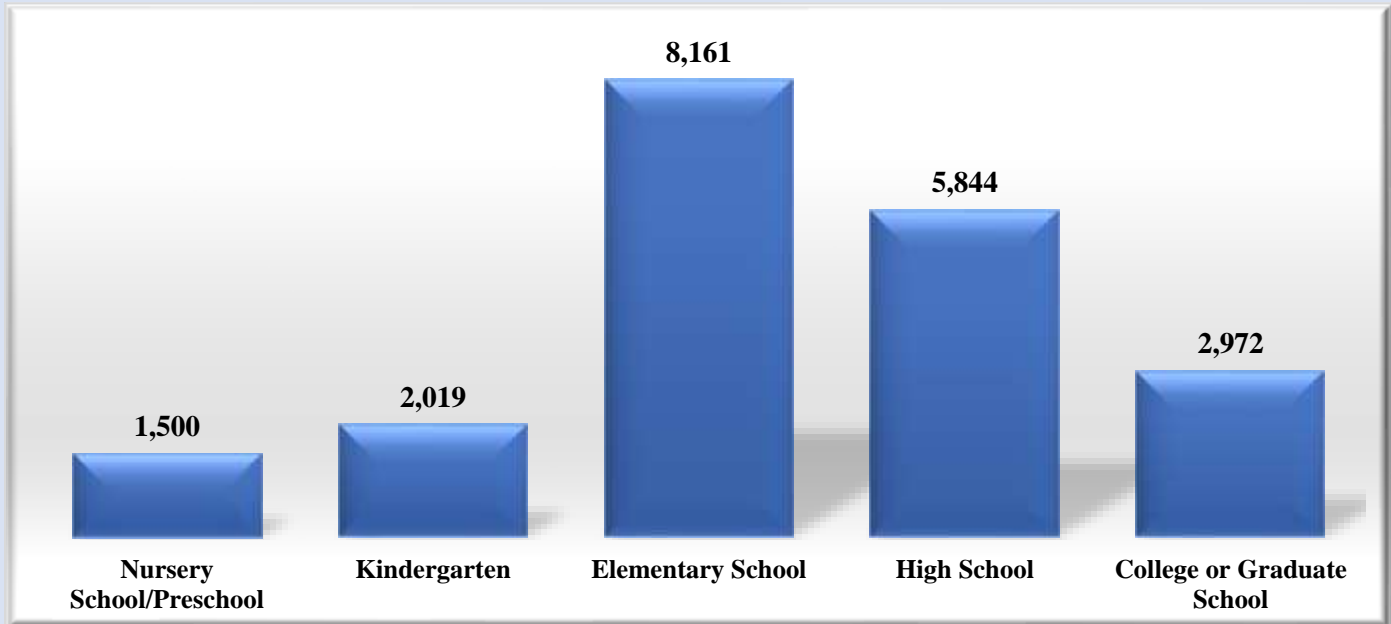


The Institute for People, Places, and Possibility has generated mapping tools that assist communities in better understanding and locating areas of potential social vulnerabilities and health inequities. The graphic on the left illustrates areas in Tuscarawas County in which 20% of the population have less than a high school education. These areas include Mill Township, Dover Township, Sugarcreek Township, and Bucks Township.

SCHOOL ENROLLMENT

Figure 7: School Enrollment in Children 3 Years and Older; 5 Year Average 2018-2022

(United States Census Bureau, 2023)



The Ohio Department of Education provides comprehensive data on school districts throughout Ohio. During the 2021-2022 school year the average attendance rate for all public schools in Tuscarawas County was 93.2%. This surpasses the Healthy People 2030 goal of 90.7%.

The average four-year high school graduation rate for all Tuscarawas County public school districts was 83.4% in 2021. This is slightly increased from 2020 which saw a graduation rate of 80.8%. The State of Ohio reported a four-year graduation rate of 87% in 2021 (Ohio Department of Education, 2023).

SOCIAL VULNERABILITY INDEX

Social vulnerability refers to the potential negative effects on communities caused by external stresses on human health. Such stresses include natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss.

The CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI) uses 16 U.S. census variables to help local officials identify communities that may need support before, during, or after disasters.

“Every community must prepare for and respond to hazardous events, whether a natural disaster like a tornado or disease outbreak, or a human-made event such as a harmful chemical spill. A number of factors, including poverty, lack of access to transportation, and crowded housing may weaken a community’s ability to prevent human suffering and financial loss in a disaster. These factors are known as social vulnerability” (Agency for Toxic Substances and Disease Registry, 2023).

The 2020 overall social vulnerability index score for Tuscarawas County was 0.4424, which indicates a low to medium level of vulnerability.

The 2020 socioeconomic status score for Tuscarawas County was 0.5493, which indicates a medium to high level of vulnerability. Socioeconomic status score is evaluated based on the population below 150% of the

poverty level, total unemployed population, housing cost burdens, population without a high school diploma, and those without health insurance.

The 2020 household characteristic score for Tuscarawas County was 0.436, which indicates a low to medium level of vulnerability. The household characteristics score is evaluated based on the population aged 65 and older, the population aged 17 and younger, total persons living with a disability, single-parent households, and English language proficiency.

The 2020 racial and ethnic minority score for Tuscarawas County was 0.1445, which indicates a low level of vulnerability. The racial and ethnic minority score is evaluated based on the total population that identifies as a racial or ethnic minority.

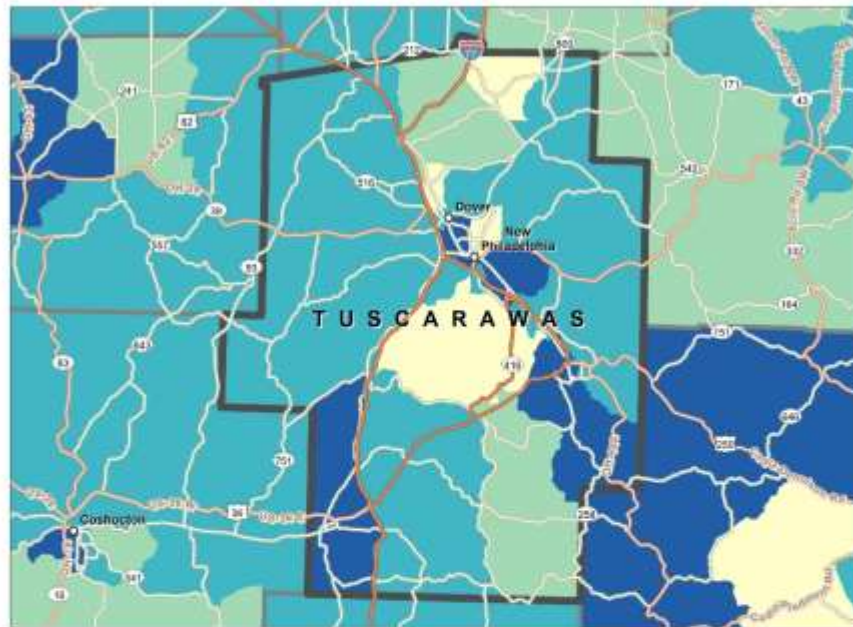
The 2020 housing type and transportation score for Tuscarawas County was 0.4274, which indicates a low to medium level of vulnerability. The housing type and transportation score is evaluated based on total number of multi-unit structures, number of mobile homes, crowding, housing units without a vehicle, and group quarters.

CDC/ATSDR Social Vulnerability Index 2020

TUSCARAWAS COUNTY, OHIO



Overall Social Vulnerability¹



Social vulnerability refers to a community's capacity to prepare for and respond to the stress of hazardous events ranging from natural disasters, such as tornadoes or disease outbreaks, to human-caused threats, such as toxic chemical spills. The **CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI 2020)¹ County Map** depicts the social vulnerability of communities, at census tract level, within a specified county. CDC/ATSDR SVI 2020 groups **sixteen census-derived factors** into **four themes** that summarize the extent to which the area is socially vulnerable to disaster. The factors include economic data as well as data regarding education, family characteristics, housing, language ability, ethnicity, and vehicle access. Overall Social Vulnerability combines all the variables to provide a comprehensive assessment.

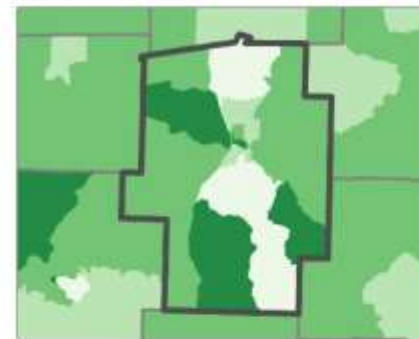


Geospatial Research, Analysis, and Services Program

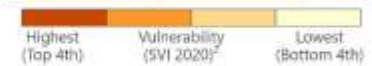
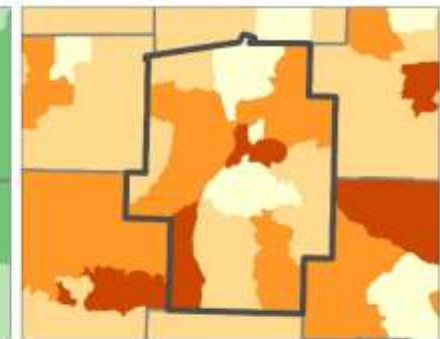
CDC/ATSDR SVI 2020 – TUSCARAWAS COUNTY, OHIO

CDC/ATSDR SVI Themes²

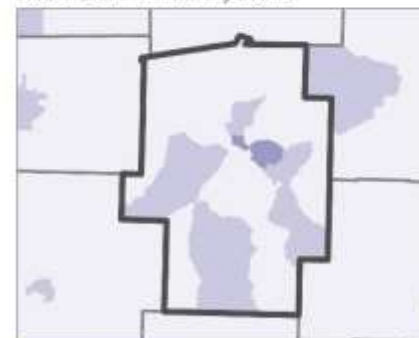
Socioeconomic Status³



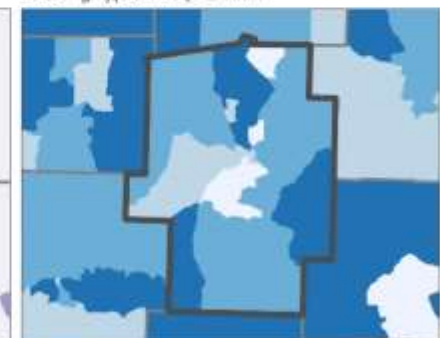
Household Characteristics⁴



Racial and Ethnic Minority Status⁷



Housing Type/Transportation⁵



Data Sources: ¹CDC/ATSDR/GRIST, U.S. Census Bureau, DataFusion, StreetView™ Permits.

Notes: ²Overall Social Vulnerability: All 16 variables. ³Census tracts with 0 population. ⁴The CDC/ATSDR SVI combines percentile rankings of US Census American Community Survey (ACS) 2018–2020 variables, for the state, at the census tract level. ⁵Socioeconomic Status: Below 120% Poverty, Unemployed, Housing Costs Burden, No High School Diploma, No Health Insurance. ⁶Household Characteristics: Aged 15 and Older, Aged 17 and Younger, Civilian with a Disability, Single-Person Household, English Language Proficiency. ⁷Race/Ethnicity: Hispanic or Latino (of any race), Black and African American, Not Hispanic or Latino; American Indian and Alaska Native, Not Hispanic or Latino; Asian, Not Hispanic or Latino; Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino; Two or More Races, Not Hispanic or Latino; Other Race, Not Hispanic or Latino; Housing Type/Transportation: Multi-Unit Structures, Mobile Homes, Converting, No Vehicle, Group Quarters.

Projection: Ohio NAD 1983 UTM Zone 17N, CM shifted to -62.

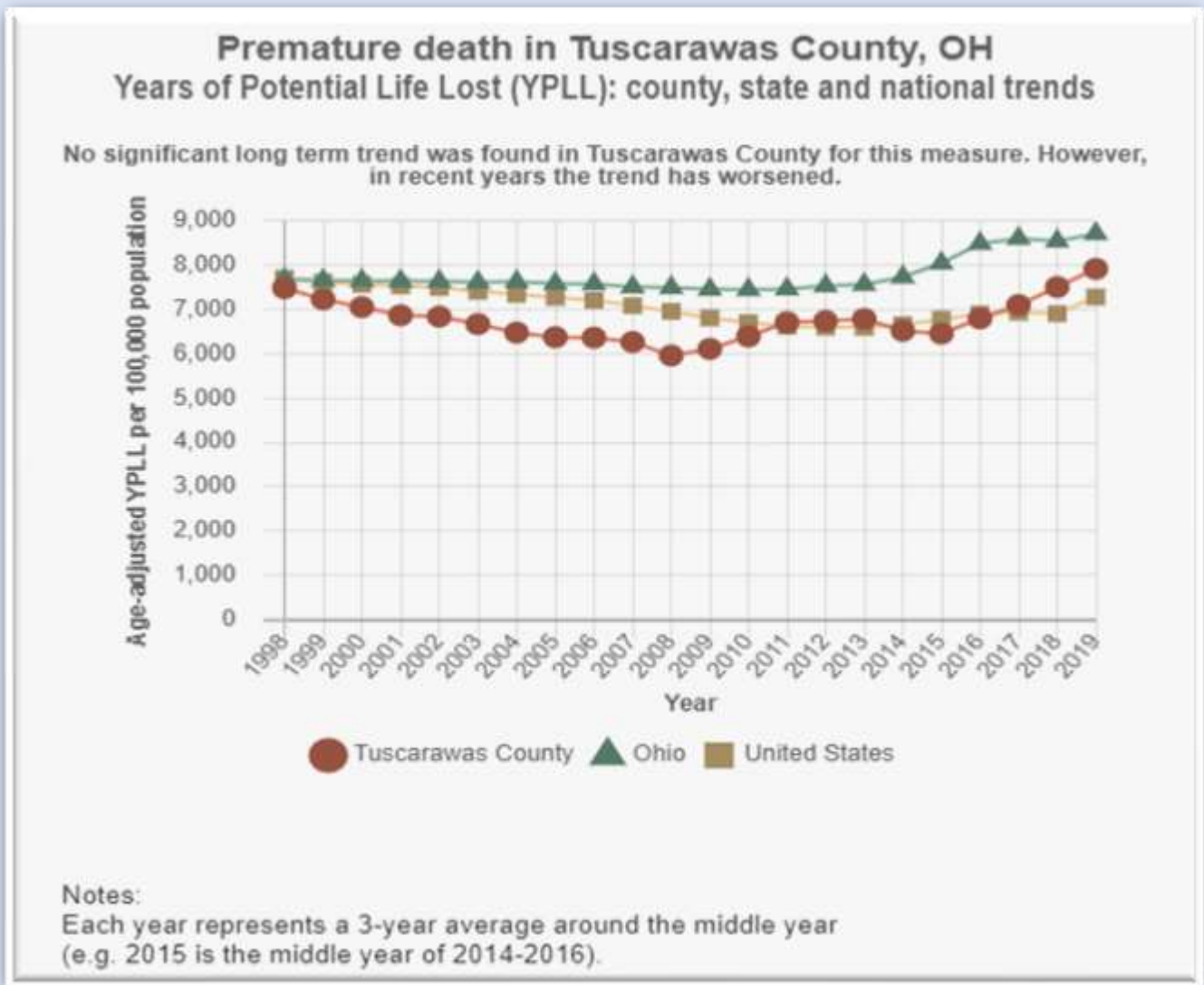
References: Banagan, B.L., et al., A Social Vulnerability Index for Disaster Management. *Journal of Homeland Security and Emergency Management*, 2011, 8(1). CDC/ATSDR SVI web page: <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>.

LIFE EXPECTANCY AND YEARS OF POTENTIAL LIFE LOST (YPLL)

As of 2022, the life expectancy for Tuscarawas County residents was 76.6 years. This places Tuscarawas County 29th out of the 88 counties in the State of Ohio for life expectancy (University of Wisconsin Population Health Institute, 2022).

Years of potential life lost (YPLL) per 100,000 people measures premature death; that is, the combined number of years of life lost by people who die before age 75.

Figure 8: Premature Death in Tuscarawas County
(University of Wisconsin Population Health Institute, 2022)



Tuscarawas County has recently been trending above United States rates for age-adjusted years of potential life lost (2018-2019) but has consistently been below the State of Ohio rates.

Areas with the lowest life expectancy in Tuscarawas County include Uhrichsville (73.9), the western portions of Salem and Oxford Townships (74), Southern Mill/Northern Rush Township (74), and New Philadelphia (74.7). Areas with the highest life expectancy include Roswell, Barnhill, and Midvale (83.3).

LEADING CAUSES OF DEATH

The leading causes of death in individuals under age 75 living in Tuscarawas County from 2018 to 2020 were as follows:

1. Malignant neoplasms (cancer)
2. Diseases of the heart
3. Accidents
4. Chronic lower respiratory diseases
5. Diabetes mellitus

Deaths in individuals under age 75 due to COVID-19 living in Tuscarawas County in 2020 were 53.

The top five causes of death in individuals living in Tuscarawas County (not including COVID-19) from 2018 to 2022 were heart disease, cancer, diabetes, chronic lower respiratory disease, and Alzheimer’s Disease.

Figure 9: Leading Causes of Death in Tuscarawas County Residents

(University of Wisconsin Population Health Institute, 2022)

<i>Leading Causes of Death</i>	Number of Deaths (2013-2017)	Number of Deaths (2018-2022)	Change in the Number of Deaths	% Change in Deaths
<i>Heart Disease</i>	1,301	1,353	52	4%
<i>Cancer</i>	1,122	1,132	10	1%
<i>Diabetes</i>	211	407	196	48%
<i>Chronic Lower Respiratory Disease</i>	390	379	-11	-3%
<i>Alzheimer’s Disease</i>	254	366	112	31%
Total (All Deaths)	5,291	6,266	975	16%

In all leading causes of death, except for chronic lower respiratory disease, the total death counts have increased in recent years.

COVID-19

As of December 31, 2022, 535 Tuscarawas County residents had died from COVID-19, making it the 3rd leading cause of death from 2018 to 2022.

Figure 10 on the following page is based on a format designed by the Centers for Disease Control and Prevention (CDC). It shows the 8 leading causes of death for each age group in Tuscarawas County residents in 2020 through 2022. The top 5 causes of death are shaded navy to follow the disease progression through the age groups.

If more than one cause of death had the same rank, both causes of death were listed. If there is no cause of death listed, it is due to there being inadequate data to report.

The impact of COVID-19 stands out as the blocks have been shaded white. COVID-19 is in the top 5 causes of death for all age groups 25 and older and the top 3 causes of death for age groups 35 and older.

Figure 10: Leading Causes of Death by Age Group 2020-2022 (Ohio Department of Health, 2023)

Rank	Under 5	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over
1	Conditions originating in the perinatal period	-	Accidents	Accidents	Accidents	Cancer	Cancer	Cancer	Heart Disease	Heart Disease
2	Congenital malformations, deformations, and chromosomal abnormalities	-	Intentional Self Harm	Intentional Self Harm	Cancer	Heart Disease, Covid-19	Heart Disease	Heart Disease	Cancer	COVID-19
3	Accidents, Meningitis, Assault, Influenza	-	Cancer, Assault	Heart Disease	Covid-19	Accidents	Covid-19	Covid-19	Covid-19	Alzheimer's Disease
4	-	-	-	Cancer	Intentional Self-Harm	Intentional Self-Harm	Accidents	Diabetes	Chronic Lower Respiratory Disease	Cancer
5	-	-	-	Covid-19	Chronic Liver Disease	Septicemia	Diabetes	Chronic Lower Respiratory Disease	Alzheimer's Disease	Cerebrovascular Disease
6	-	-	-	Chronic Liver Disease	Assault	Diabetes, Chronic Liver Disease	Chronic Lower Respiratory Disease	Cerebrovascular Disease	Diabetes	Diabetes
7	-	-	-	Pregnancy, Influenza, Assault, Cerebrovascular Disease	Influenza, Diseases of the Appendix, Pregnancy	Nephrosis	Cerebrovascular Disease	Accidents	Cerebrovascular Disease	Chronic Lower Respiratory Disease
8	-	-	-	-	Cerebrovascular Disease	Infection of the Kidney, Hypertension, Nutritional Deficiency, Viral Hepatitis	Influenza, Intentional Self-Harm	Alzheimer's Disease	Accidents	Accidents

AGING POPULATION

Tuscarawas County is home to 17,684 seniors aged 65 and older. That accounts for approximately 19% of the total population in the County. From 2000 to 2021 the 65 and older age group was the fastest growing population, increasing by 35.9%. The 35 to 49 age group declined most significantly from 2000 to 2021 by 23.2% (Census Reporter, 2023). Areas of the County that have 22.24% or more of the population identified as age 65 and older include Lawrence Township (24.72%), the southeast portion of York Township (35.92%), Port Washington and Newcomerstown (22.75%), New Philadelphia southside (29.69%), New Philadelphia northeast side (43.59%), and northeast Dover (38.85%)

POVERTY

Of those 65 and older residing in Tuscarawas County, 9% lives below the poverty level. This equates to approximately 1,592 individuals (Census Reporter, 2023).

HOUSEHOLDS

1,953 or 5% of all households in Tuscarawas County had an individual age 65 or older living alone (United States Census Bureau, 2023). Typically, the percentage of people living alone increases with age. “Older adults who live alone are more likely to be poor, especially with advancing age. Many report feelings of loneliness (in 60% of those > 75) and social isolation. In those with health problems or sensory deficits, new or worsening symptoms may be unnoticed. Many have difficulty complying with prescribed treatment regimens. Because they have physical limitations and because eating is a social activity, some older people who live alone do not prepare full, balanced meals, making undernutrition a concern” (Kaplan, 2022).

DISABILITY

5,168 individuals in Tuscarawas County age 65 and older have a disability. That equates to 29% of those persons aged 65 and older, or 6% of the total population in Tuscarawas County being both 65 and older and living with a disability (United States Census Bureau, 2023).

HOUSING

According to Healthy People 2030 there are several aspects of housing that impact health, including affordability, stability, quality and safety, and the surrounding neighborhood (Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary, U.S. Department of Health and Human Services, 2023).

AGE OF HOUSING UNITS

There are approximately 40,850 housing units in Tuscarawas County. The majority of the housing structures in the County were built before 1970. It is important to note that lead based paint was legal for use until 1978. There are no safe blood lead levels for children. Lead can damage children’s kidneys, blood, and brain. Therefore, there are approximately 11,583 housing units in the County at risk for containing lead-based paint, unless remediated since being built.

According to the Mayo Clinic, lead poisoning can be hard to detect. Signs and symptoms usually don't appear until levels are quite high. Symptoms in children may include, but are not limited to, developmental delays, irritability, loss of appetite, weight loss, fatigue, and vomiting.

Figure 11: Age of Housing Structures in Tuscarawas County; 5-Year Averages 2016-2020
(United States Census Bureau, 2023)

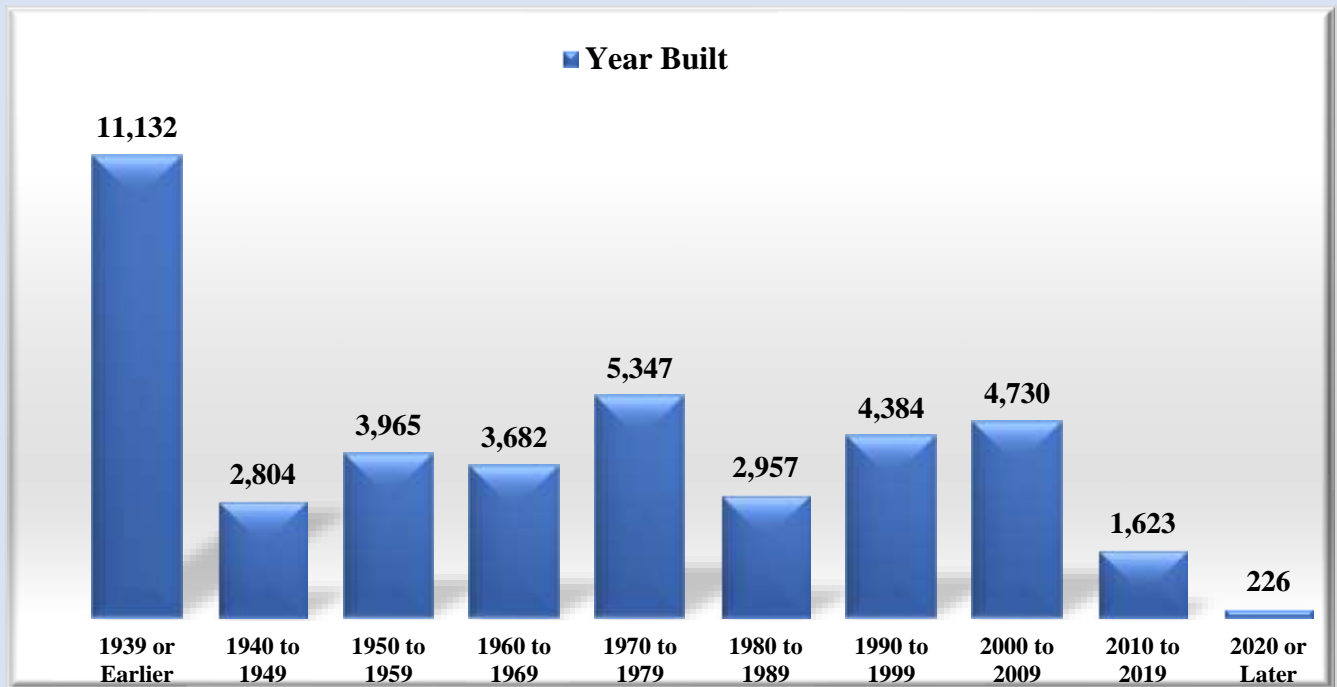
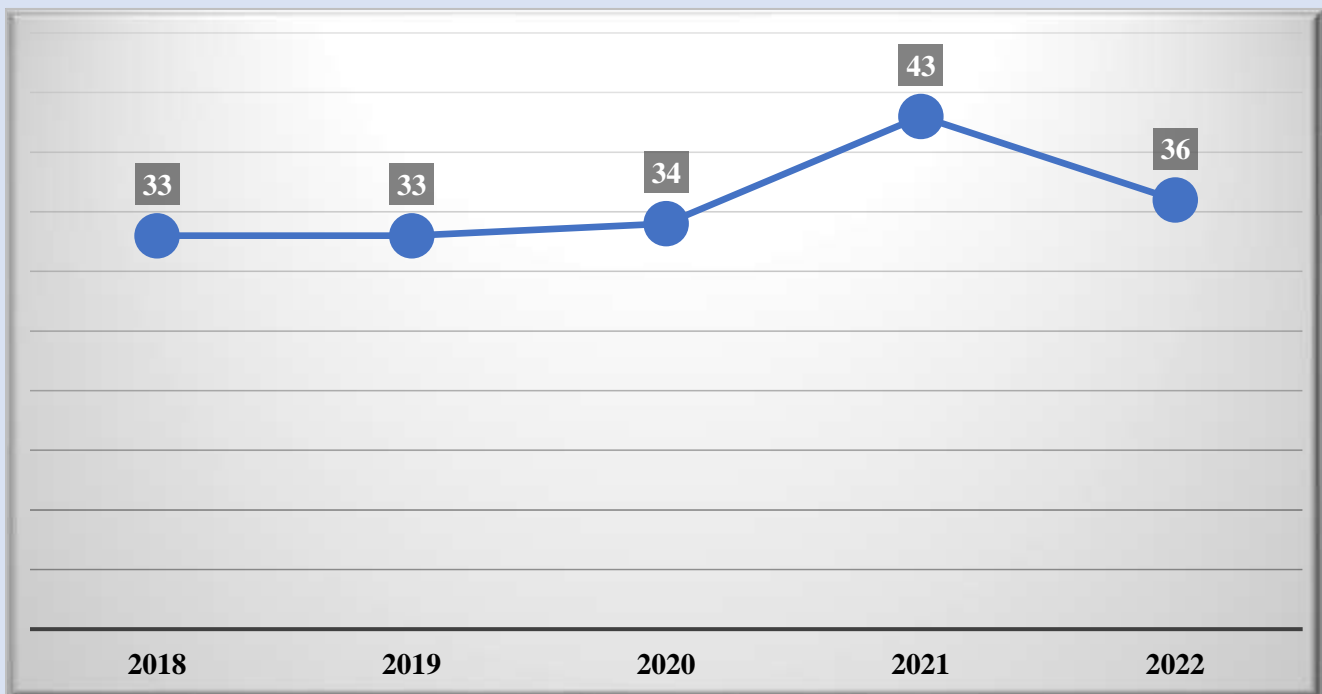


Figure 12: Confirmed Elevated Blood Lead Levels in Tuscarawas County Residents, Less than 6 Years of Age; 2018-2022
(Ohio Department of Health, 2023)



Areas reporting the highest risk of lead exposure (2015-2019) include Roswell, Barnhill, Midvale, New Philadelphia, Uhrichsville, and portions of Rush Township.

HOUSING CONDITIONS

According to the American Community Survey, a total of 683 occupied housing units lacks one or more basic facilities such as heating, complete plumbing facilities, complete kitchen facilities, or telephone service.

The County Health Rankings and Roadmaps show that approximately 12.3% of the population in Tuscarawas County was living with severe housing problems in 2022. This indicator has grown by 0.726% from 2014 to 2021.

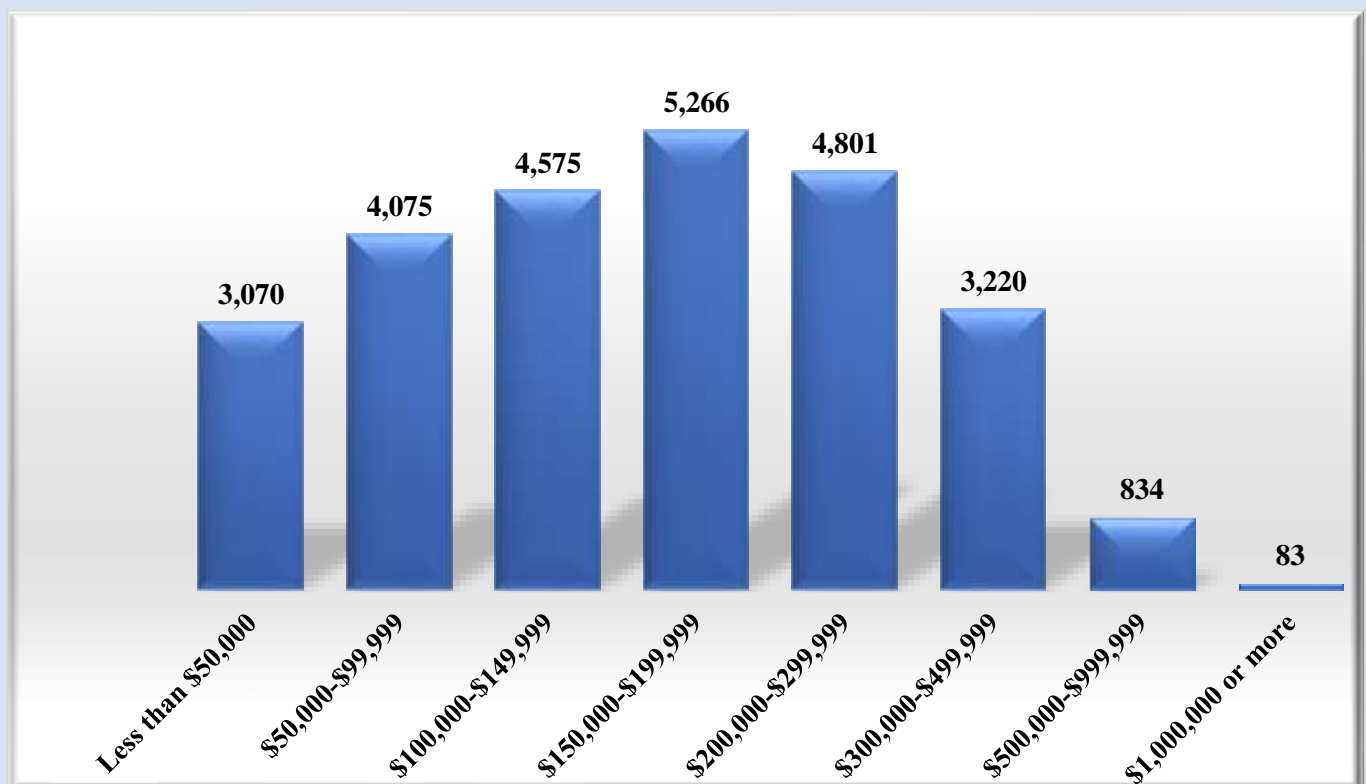
CURRENT HOME VALUES

In 2022, homes in Tuscarawas County sold for approximately 10% more than what they did one year prior with a median sale price of \$174,919. Comparatively, this is lower than the median sale price in Holmes County (\$240,000), Carroll County (\$185,000), and Stark County (\$175,100), but above the median sale price in Coshocton County (\$136,000).

On average, 54.4% of homes in Tuscarawas County are sold below asking price; however, there has been a decrease in homes available in recent years, which could affect the market.

The median home value in Tuscarawas County is \$158,800.

Figure 13: Owner Occupied Home Value Estimates; 5-Year Averages 2016-2020
(United States Census Bureau, 2023)



OCCUPANCY

From 2018-2022, there were 40,850 available housing units in Tuscarawas County and 2,166 were vacant, or approximately 5% of all units. Out of the 38,684 occupied homes, 25,924 were owner occupied or 67% of all

units. The average household size of owner-occupied homes was 2.52, while the average household size for renter-occupied homes was slightly smaller at 2.04 (United States Census Bureau, 2023).

HOUSING BURDEN

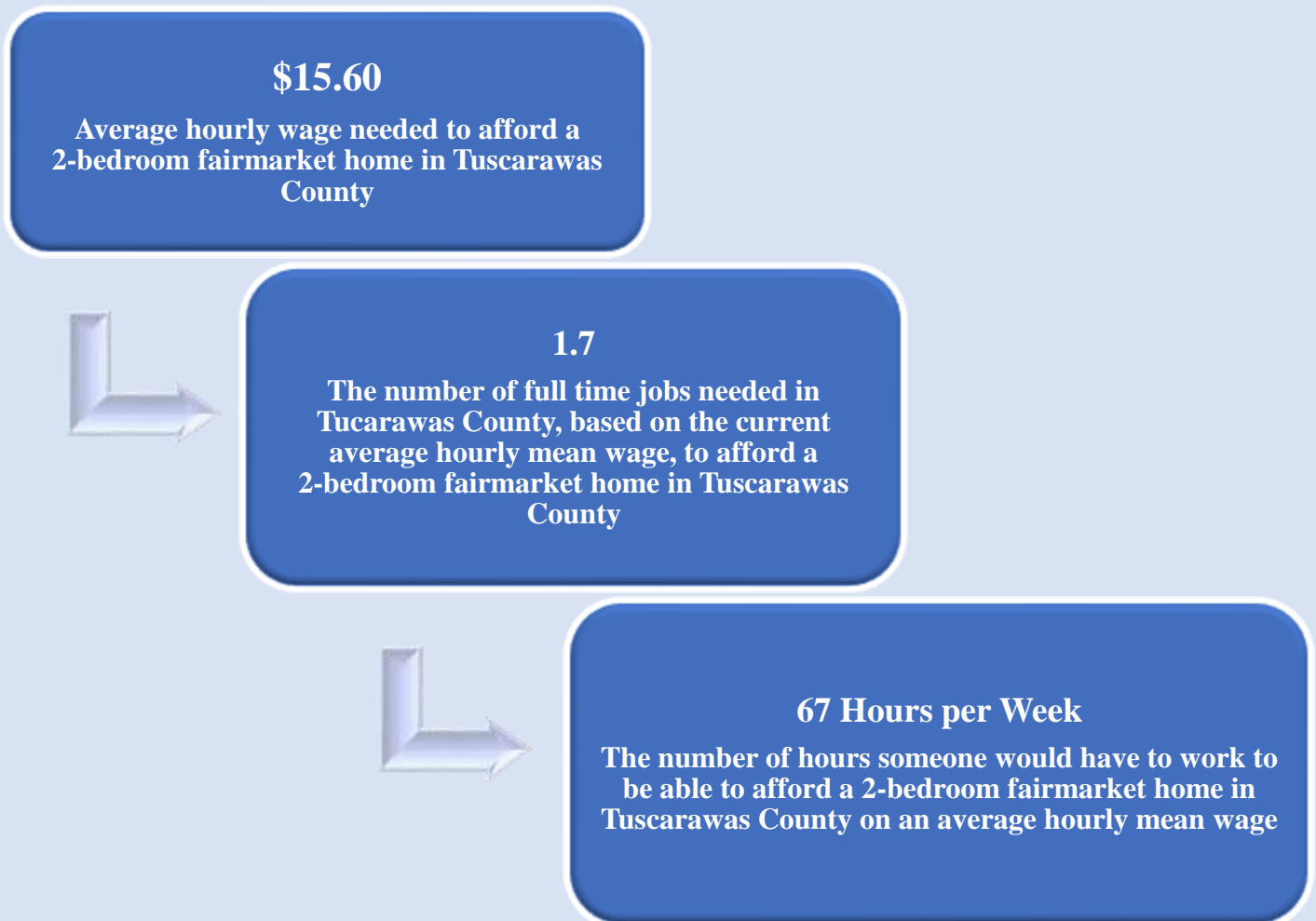
In 2021, the median selected monthly owner cost of a home for homeowners with a mortgage is \$1,139, which is over 2.5 times higher than the median cost for those without a mortgage, which is \$412 per month. Selected monthly owner costs is defined as the sum of payment for mortgages, real estate taxes, homeowners' insurance, utilities, fuels, and fees.

34% of homeowners with a mortgage are paying more than 20% of their income in monthly housing costs. This falls to 17% for those without a mortgage.

The median amount renters pay per month in 2021 for a housing unit in Tuscarawas County was \$793. 79% of renters pay more than 20% of their monthly income in housing costs, and 42% of renters pay more than 35% of their monthly income in housing costs (National Low Income Housing Coalition, 2023).

Figure 14: FY21 Housing Costs

(National Low Income Housing Coalition, 2023)



Based on the information above and the median hourly wage for the largest occupations in Tuscarawas County, the following occupations would be below the wage threshold to afford a two-bedroom fair market home in Tuscarawas County:

- Waiters/Waitresses (\$10.44 per hour)
- Fast food and counter workers (\$11.32 per hour)
- Cashiers (\$11.60 per hour)
- Home health and personal care aids (\$12.21 per hour)
- Retail salesperson (\$13.74 per hour)
- Teaching assistants (\$14.66 per hour)
- Cooks (\$14.67 per hour)
- Janitors and cleaners (\$14.88 per hour)
- Receptionist (\$14.90 per hour)
- Nursing assistants (\$15.17 per hour)
- Stockers and order fillers (\$15.22 per hour)

COMPUTERS AND INTERNET USAGE

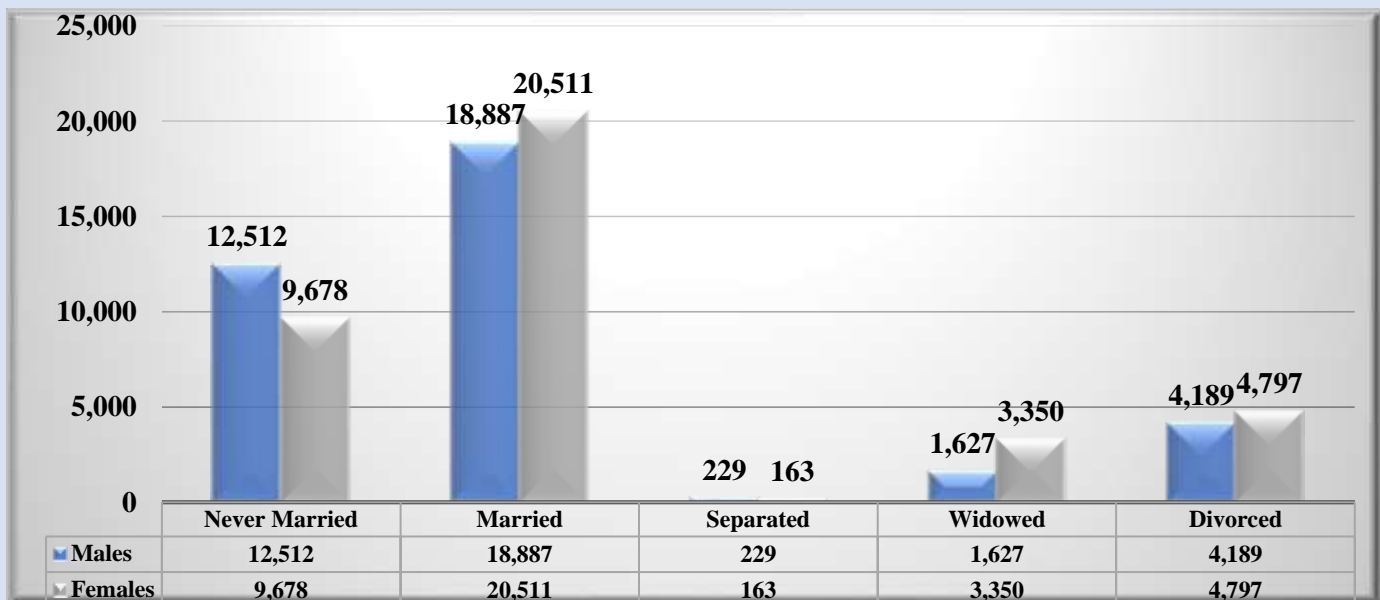
92% of all households in Tuscarawas County have a computer available for use, and 85% of households report having a broadband internet subscription (United States Census Bureau, 2023). Areas identified with higher percentages of homes without any internet access (greater than 17.83%) include Auburn Township, Sugarcreek Township, Dover Township, Fairfield Township, Warren Township, Bucks Township, Warwick, Newport, Stillwater, Newcomerstown, Stone Creek, and Mineral City.

FAMILY DYNAMICS

MARITAL STATUS AND FAMILY TYPES

52% of Tuscarawas County residents over the age of 15 are currently married. 29% of residents report they have never been married, while the remaining 19% report being separated, divorced, or widowed (United States Census Bureau, 2023).

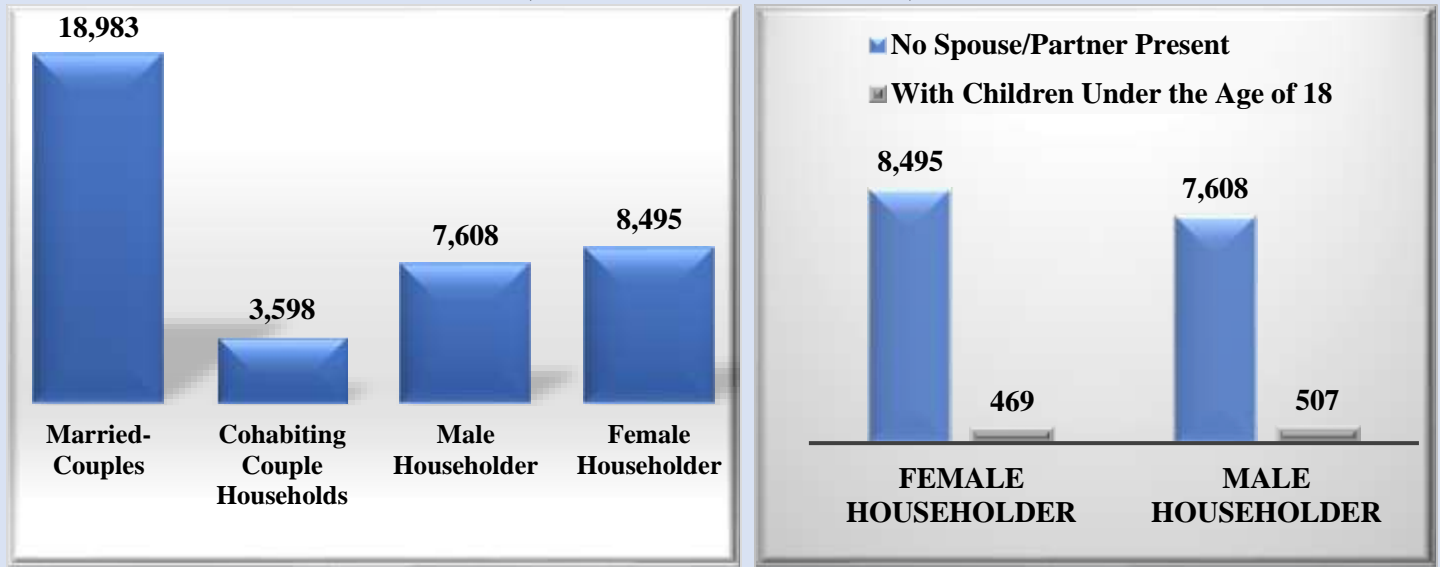
**Figure 15: Marital Status in Tuscarawas County Residents over the age of 15;
5-Year Averages 2016-2020**
(United States Census Bureau, 2023)



49% of all households in Tuscarawas County are inhabited by married couples. Of those married couple households, 40% have children under the age of 18 living in the home with them.

Figure 16 and 17: Households By Type; 5-Year Averages 2016-2020

(United States Census Bureau, 2023)



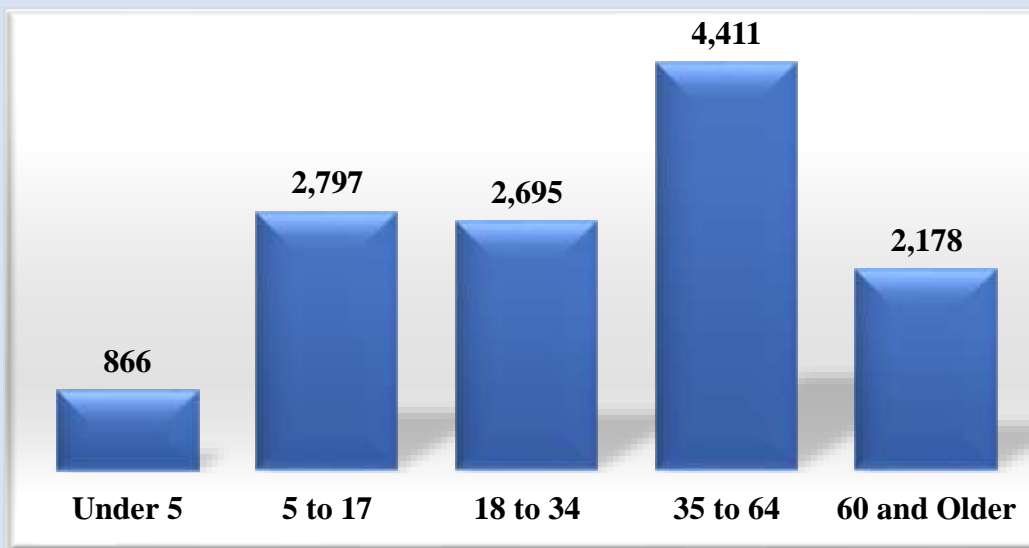
Poverty

The American Academy of Family Physicians states that “beginning before birth and continuing throughout an individual’s life, poverty can significantly impact health and health outcomes.”

It is estimated that 13.5% of all Tuscarawas County residents are currently living below the poverty level, or approximately 12,947 residents.

Figure 18: Age of Tuscarawas County Residents Living Below the Poverty Level in 2022

(United States Census Bureau, 2023)



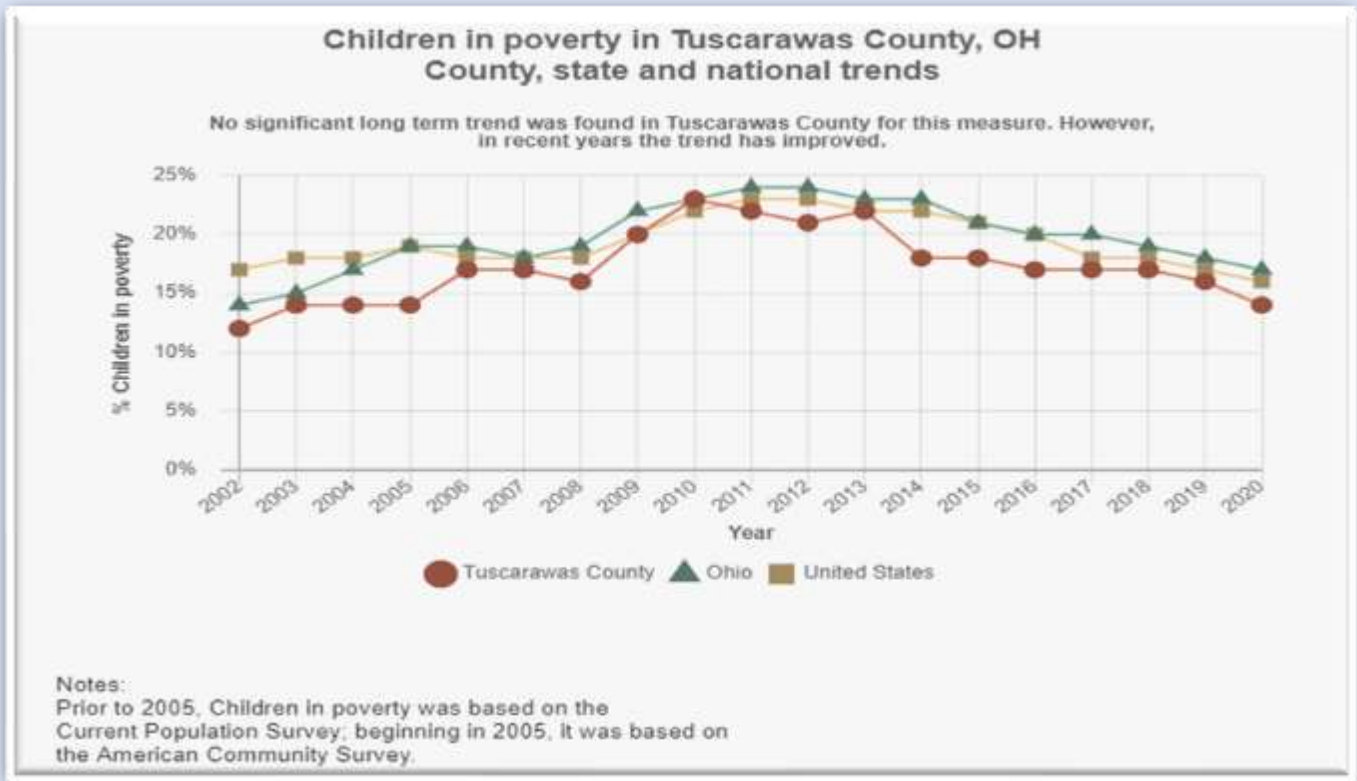
The largest age group of those living in poverty in Tuscarawas County are persons aged 35 to 64, of which approximately 5% are living below the poverty level compared to the overall population.

The proportion of men to women living below the poverty level in Tuscarawas does not differ.

The areas of Tuscarawas County in which at least 20% of the population is below the poverty level include the following: New Philadelphia, Goshen Township, Salem Township, Mill Township, Dennison, Union Township, Oxford Township, and portions of Rush and Warwick Townships.

The areas identified as having the highest number of persons living in poverty in Tuscarawas County include the western portions of Salem and Oxford Townships (24.62%).

Figure 19: Children in Poverty in Tuscarawas County
(University of Wisconsin Population Health Institute, 2022)

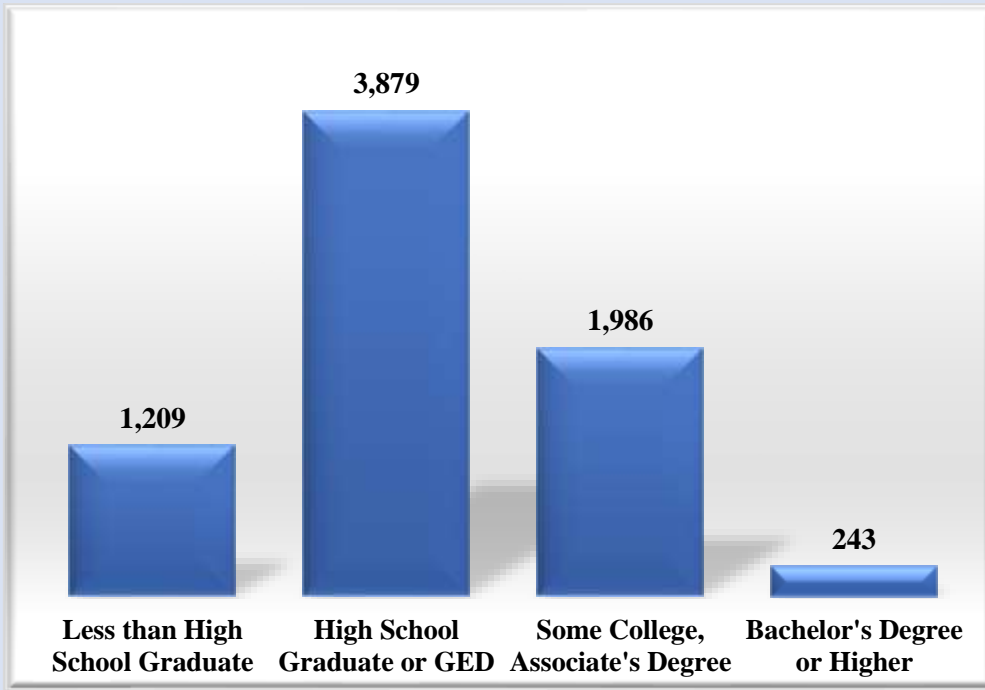


The Ohio Department of Education estimated that for all public-school districts in Tuscarawas County during the 2021-2022 school year, 42.7% of students in preschool through 12th grade were economically disadvantaged. Further, 1.4% of all enrolled students were homeless at some point during the 2021-2022 school year.

58.1% of students in the Claymont City School district were eligible to receive free and reduced lunches compared to 50.6% at Tuscarawas Valley, 42.5% at Indian Valley School district, 40.8% at New Philadelphia, 36.67% at Garaway, and 35.3% at Dover. There was insufficient data to report for Newcomerstown, Strasburg, and Sandy Valley.

Figure 20: Educational Attainment of Tuscarawas County Residents Living Below Poverty Level; 5-Year Averages 2016-2020

(United States Census Bureau, 2023)



Approximately 70% of all Tuscarawas County residents living below the poverty level have a high school degree or lower.

Less than 1% of those living below the poverty level worked full-time, year-round in the previous 12 months. Whereas 9% reported working part-time or part-year in the previous 12 months.

An additional 15,877 Tuscarawas County residents live between 100-200% of the federal poverty level (17%).

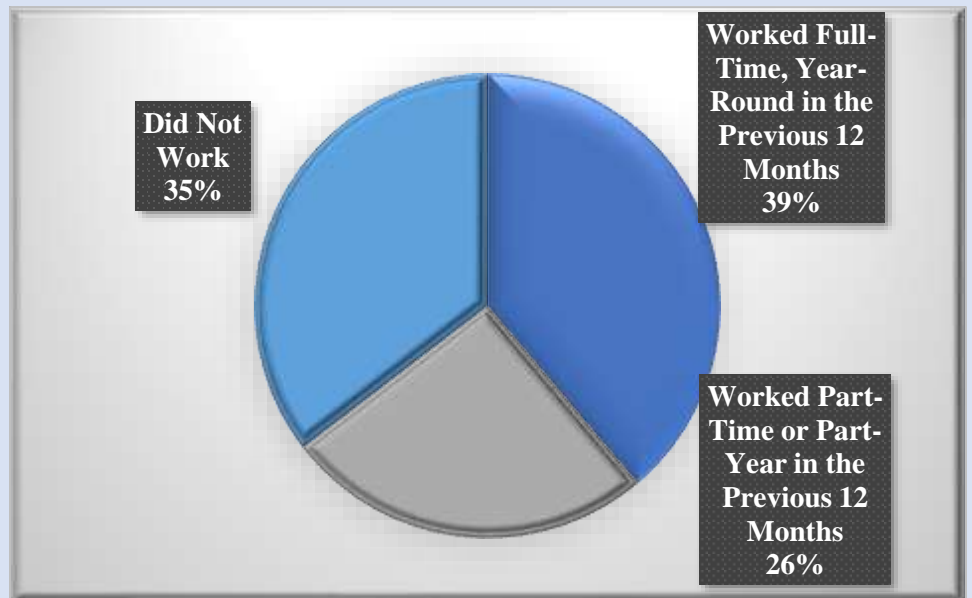
EMPLOYMENT

Figure 21: Employment Status of Those 16 Years and Over; 5-Year Averages 2016-2020

(United States Census Bureau, 2023)

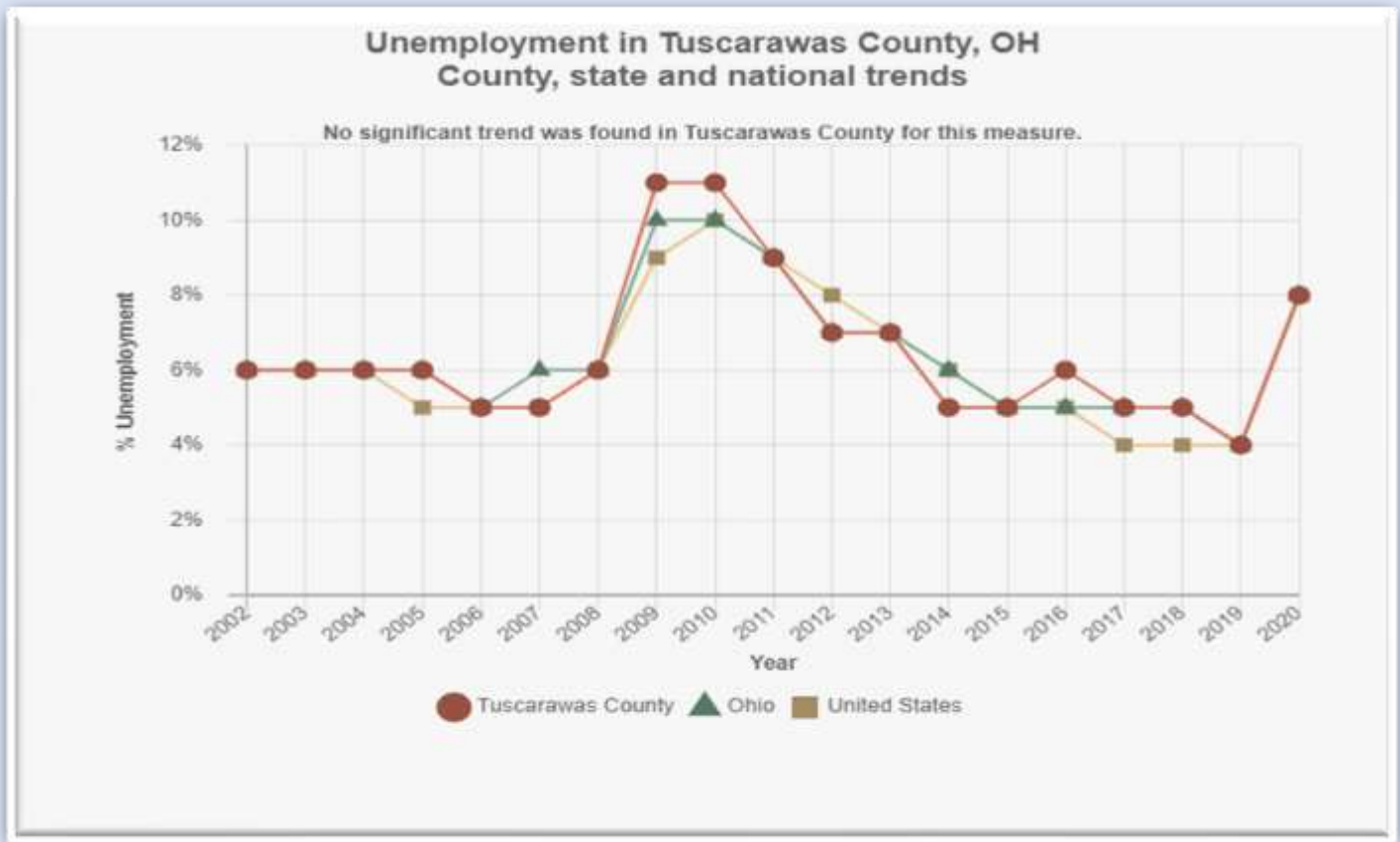
From 2019 to 2020, employment in Tuscarawas County declined at a rate of 2.14%.

The 5-year average from 2016 to 2022 shows that 35% of Tuscarawas County residents did not work at all, while 26% worked part-time or part-year, while the majority of residents, 39%, worked full-time, year-round.



UNEMPLOYMENT

Figure 22: Unemployment in Tuscarawas County
(University of Wisconsin Population Health Institute, 2022)



WORK COMMUTE

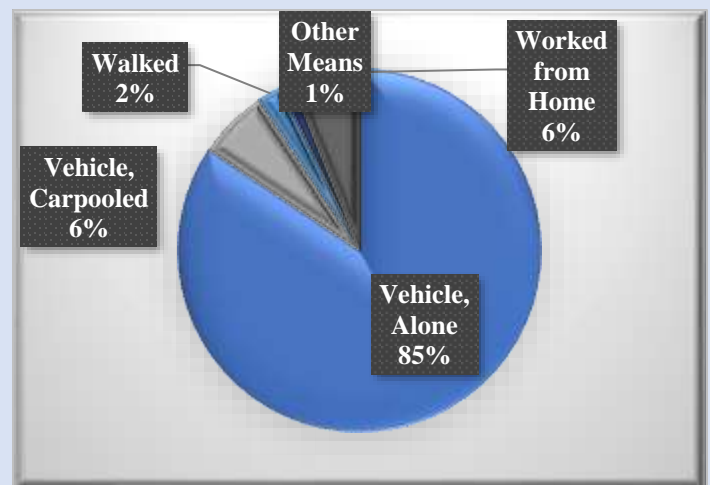
**Figure 23: Means of Commuting to Work;
5-Year Averages 2016-2020**

(University of Wisconsin Population Health Institute, 2022)

The mean travel time to work for Tuscarawas County residents is 22.8 minutes. Workers from the Port Washington area reported the highest commute times with 22.58% of the population commuting more than 1 hour.

The top locations that Tuscarawas County residents commute to include:

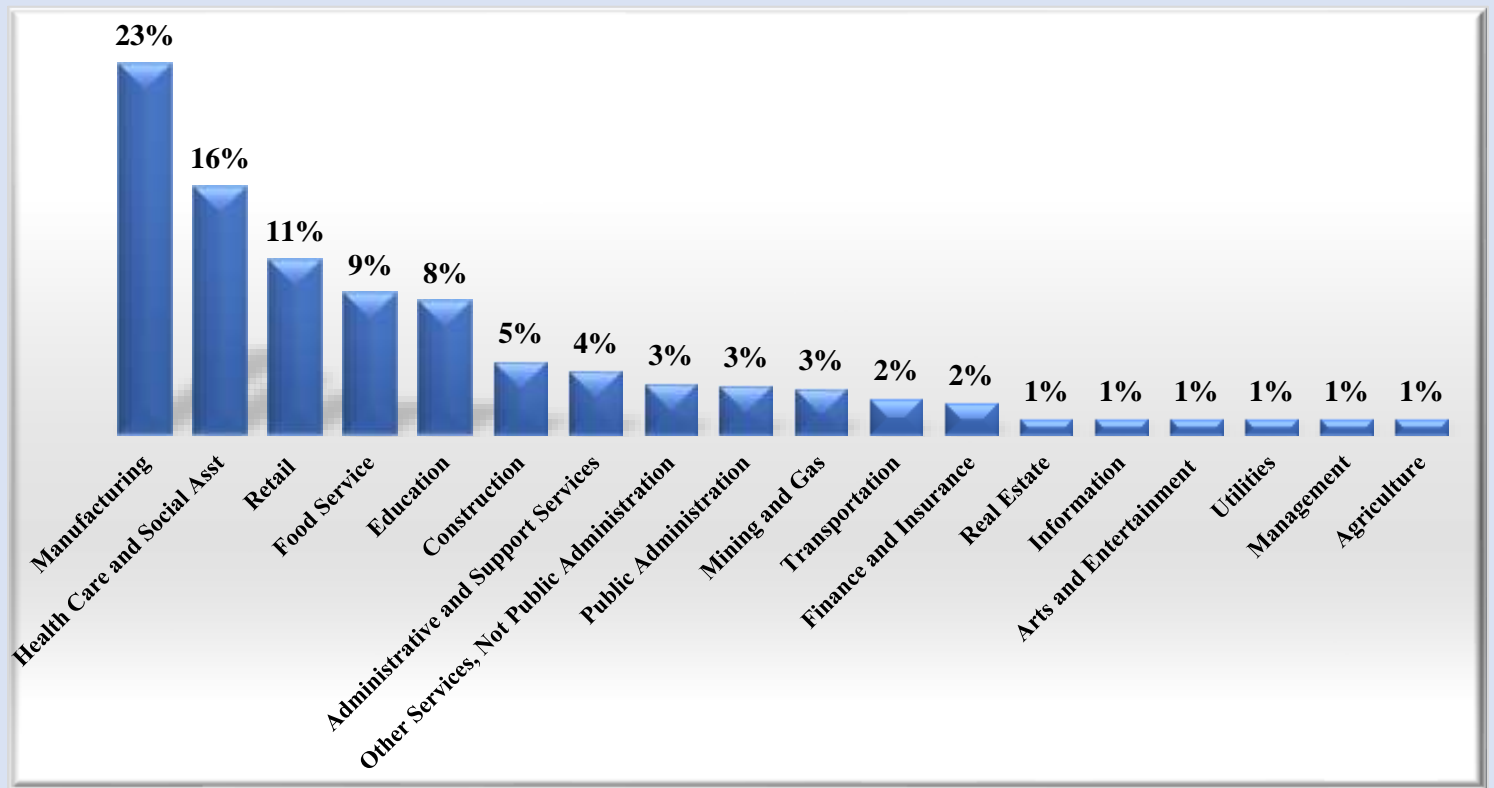
1. Stark County
2. Holmes County
3. Summit County
4. Wayne County
5. Franklin County (Ohio Department of Job and Family Services , July 2021)



WORK INDUSTRY

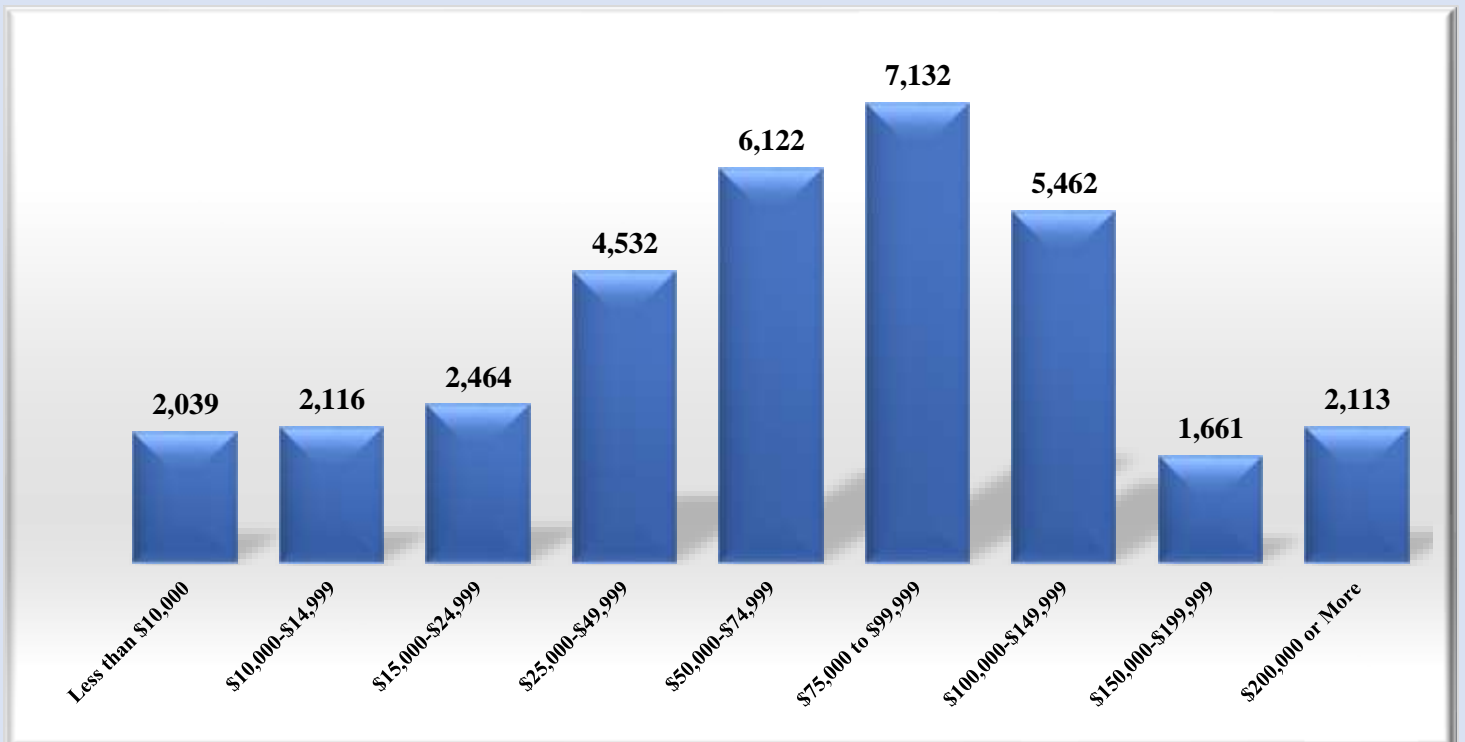
Figure 24: Percent Annual Employment Industry 2021; Tuscarawas County Residents;

(Ohio Department of Job and Family Services , July 2021)



**Figure 25: Household Income and Benefits;
5-Year Averages 2016-2020**

(United States Census Bureau, 2023)



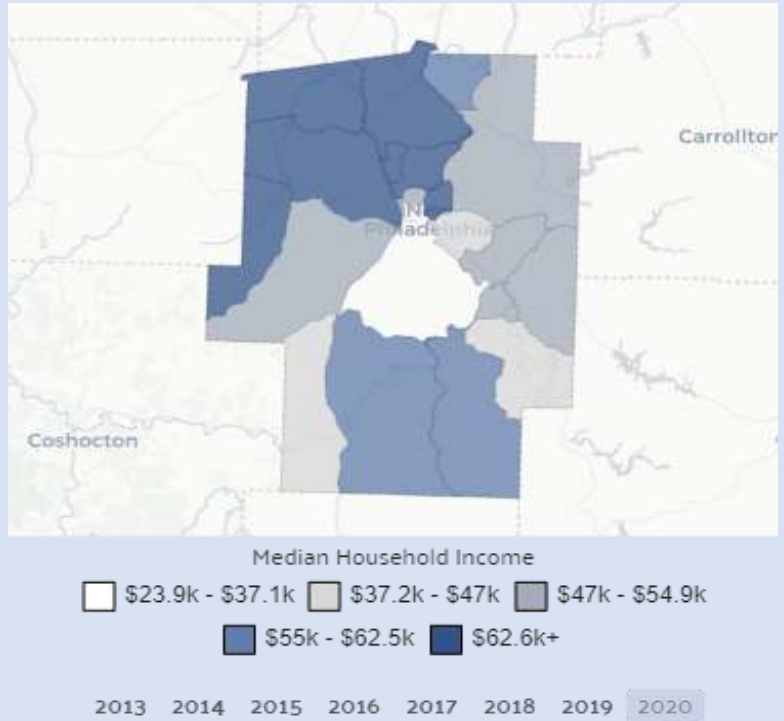
The median household income in 2021 was \$58,060 in Tuscarawas County, which means at least 28% of households are living below the median income.

The median earnings for a male, full-time, year-round worker was \$52,341 in 2021. The median income for a female, full-time, year-round worker was \$43,210, which is approximately 17% less than her male counterpart.

Figure 26: Income by Location in Tuscarawas County
(United States Census Bureau, 2023)

In 2020, the census tracts in Tuscarawas County with the highest median household income were as follows:

1. Census Tract 205; \$68,958; location Northwest Tuscarawas County includes the Southwest portion of Dundee
2. Census Tract 206; \$68,614; includes North Dover locations
3. Census Tract 202; 66,518; northern part of Tuscarawas County just North of Parral but South of Strasburg



MATERNAL AND CHILD HEALTH

Family structures across the Nation have been changing in recent decades, which includes the number of babies born to unwed mothers. However, there have not been any significant changes in maternal and child health data in Tuscarawas County residents from 2018 to 2022.

Figure 27: Tuscarawas County Live Births by Birthmother Wed Type by Year (2018-2022)
(Ohio Department of Health, 2023)

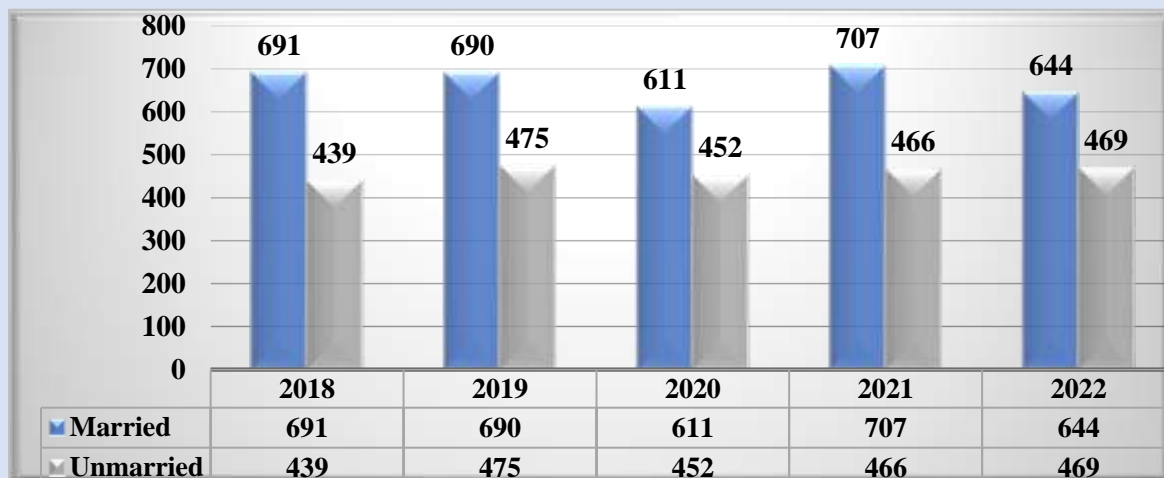
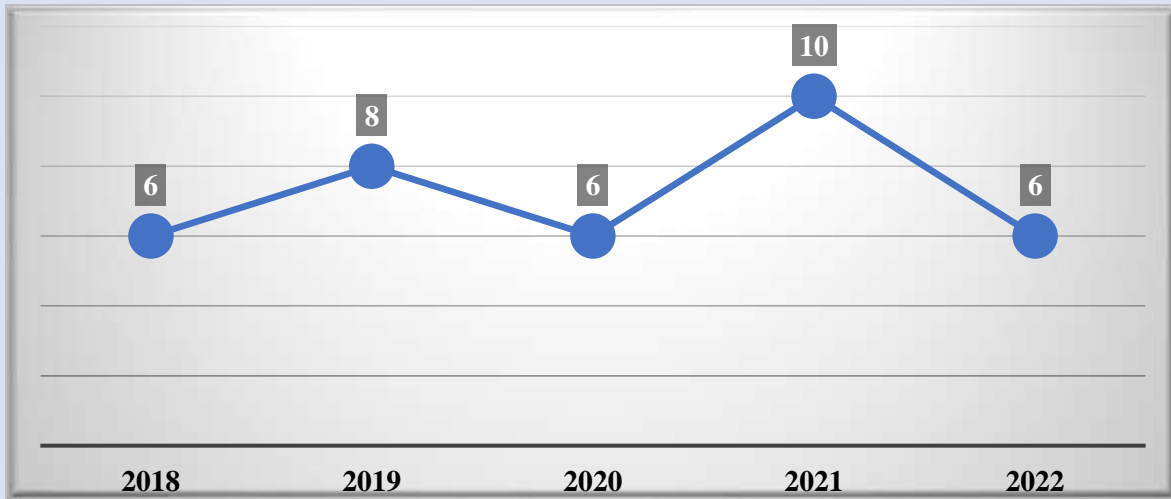


Figure 28: Tuscarawas County Infant Deaths by Year 2018-2022

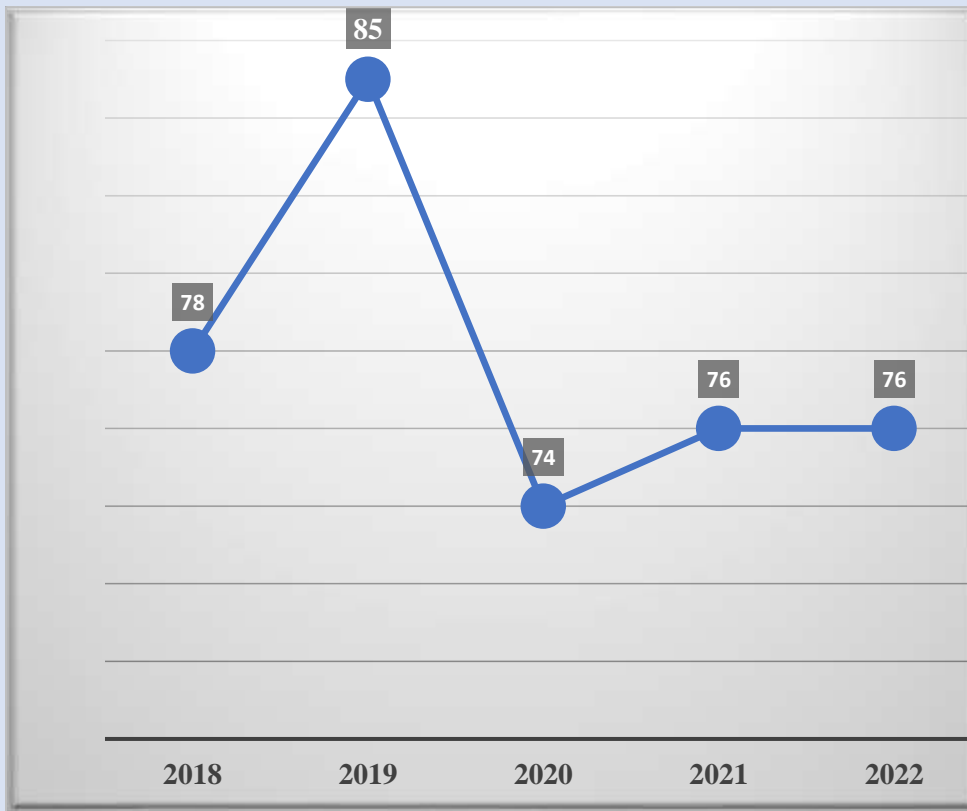
(Ohio Department of Health, 2023)



In 2021, the number of infant deaths (within 1 year) per 1,000 live births was 5.42 in Tuscarawas County. This is down from approximately 6.5 per 1,000 live births in 2014. The Healthy People 2030 goal is 5.0 per 1,000 live births.

Figure 29: Tuscarawas County Low Birth Weight (<2,500g) Deliveries by Year (2018-2022)

(Ohio Department of Health, 2023)



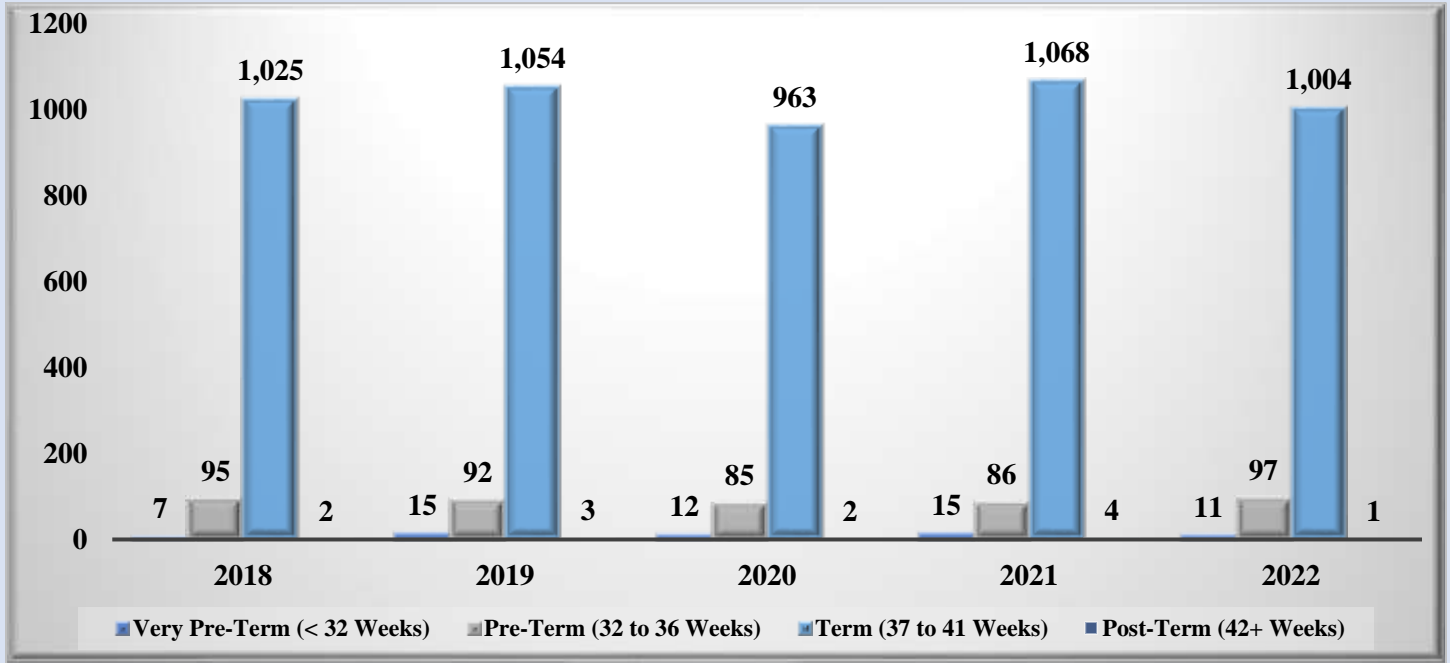
Infants that weigh less than 2,500g, or 5.5 pounds, are classified as low birth weight. Prematurity (before 37 weeks gestation) and fetal growth restrictions are the most common causes of low birthweight babies. According to March of Dimes (March of Dimes, 2021), babies who weigh less at birth are more likely to have health problems such as:

- Respiratory distress syndrome
- Bleeding in the brain
- Intestinal problems
- Underdeveloped eyes
- Jaundice
- Infections

Low birth weights may also cause problems later in life including:

- Diabetes
- Heart disease
- High blood pressure
- Obesity

Figure 30: Tuscarawas County Resident Births 2018-2022
(Ohio Department of Health, 2023)



ADDICTION AND MENTAL HEALTH

EXCESSIVE DRINKING

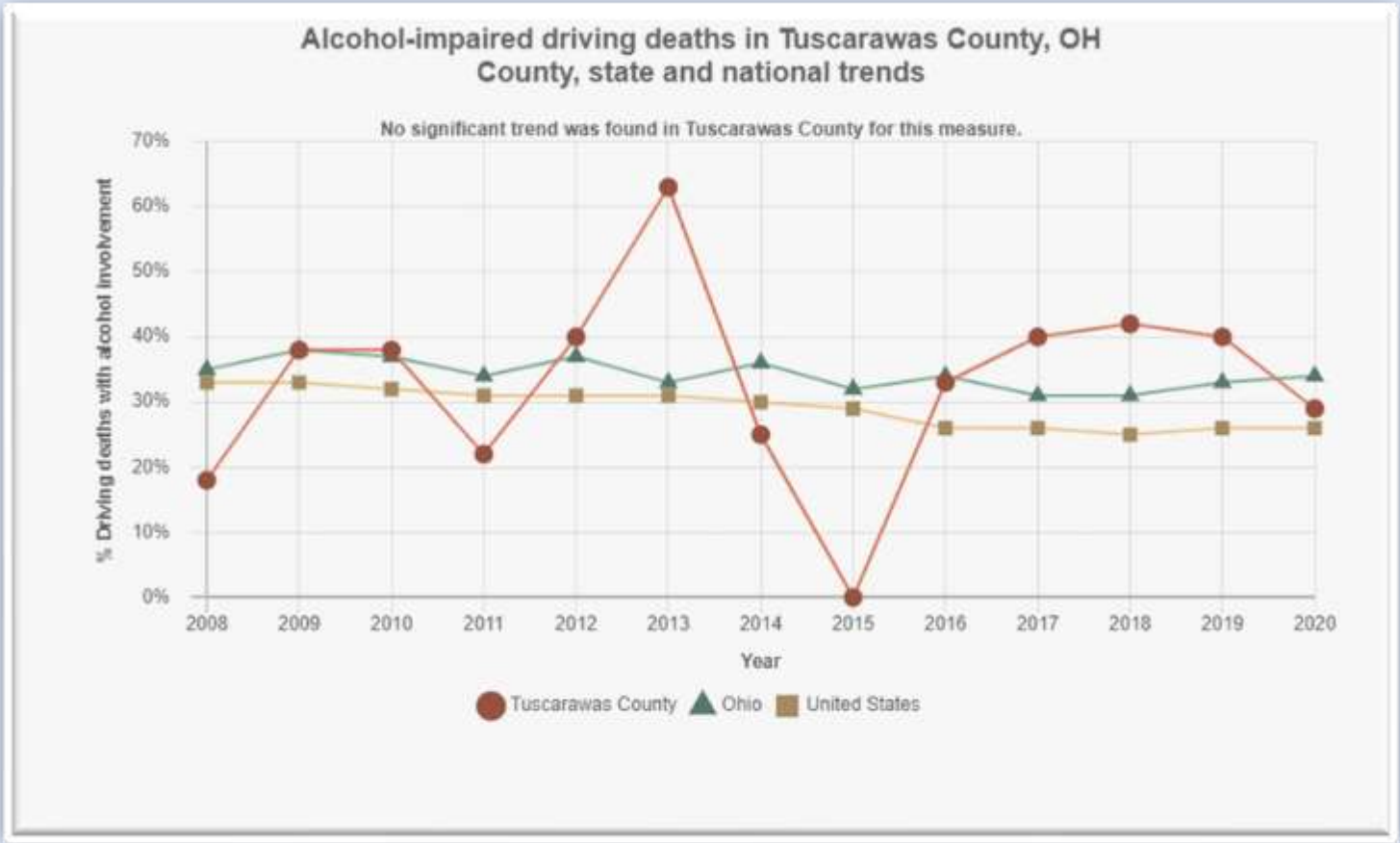
18% of Tuscarawas County adults reported binge drinking or heavy drinking in the last 30 days (University of Wisconsin Population Health Institute, 2022). Binge drinking is defined as consuming 5 or more drinks on one occasion for men and 4 or more drinks on one occasion for women. Binge drinking can be associated with serious injuries and disease, as well as a higher risk of alcohol use disorder (Centers for Disease Control and Prevention, 2022).

ALCOHOL IMPAIRED DRIVING DEATHS

The Fatality Analysis Reporting System states that driving while drunk is the main cause of traffic-related deaths in the United States. According to Healthy People 2030, 30% of motor vehicle crash deaths involved drink driving in 2020 (Insurance Institute for Highway Safety, 2022).

37% of Tuscarawas County motor vehicle crash deaths from 2016 to 2022 involved alcohol (University of Wisconsin Population Health Institute, 2022).

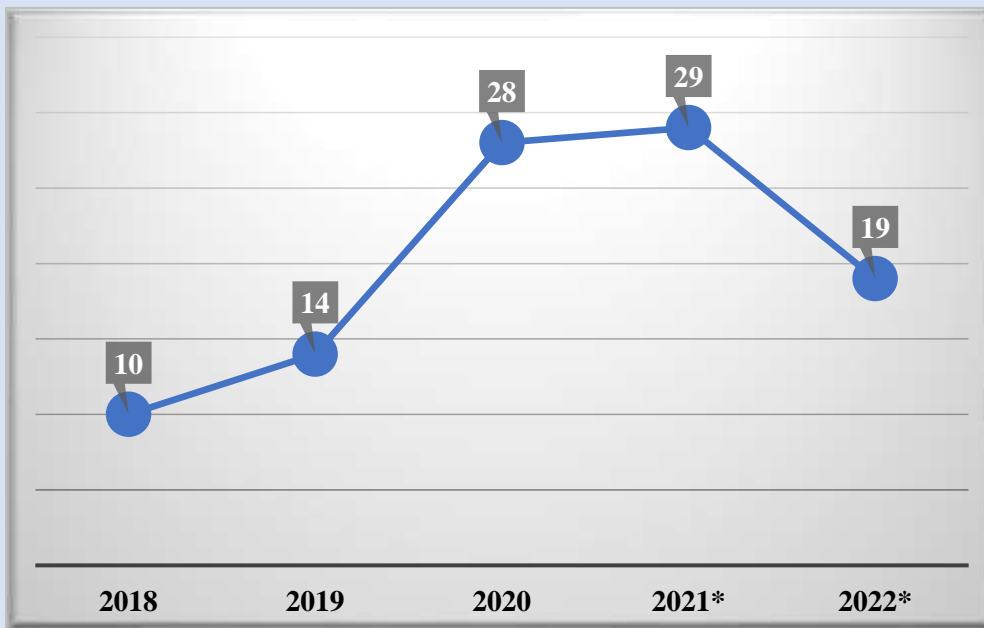
Figure 31: Alcohol Impaired Driving Deaths in Tuscarawas County
(University of Wisconsin Population Health Institute, 2022)



The Healthy People 2030 goal is to reduce vehicle crash deaths involving drunk drivers to 28.3%.

DRUG OVERDOSE DEATHS

Figure 32: Unintentional Drug Overdose Deaths in Tuscarawas County Residents by Year
(Ohio Department of Health, 2023)



Drug overdose deaths are considered a National Public Health emergency. Healthy People 2030 estimates that there were 28.3 overdose deaths per 100,000 population Nationally in 2020. This had increased from 20.7 per 100,000 population in 2018. The goal is to reduce that rate to 20.7 per 100,000 population by 2030.

MENTAL HEALTH

18% of Tuscarawas County Adults reported 14 or more days of poor mental health per month, compared to 17% Statewide and 14% Nationally.

In 2022*, 18 Tuscarawas County residents lost their lives to intentional self-harm (*data may be incomplete). In the past 3 years alone, 47 Tuscarawas County resident lost their lives to suicide. Suicide is one of the leading causes of death nationwide. In addition, per the National Vital Statistics System, suicide rates have increased in almost every state in the last 2 decades (Ohio Department of Health, 2023).

MENTAL HEALTH PROVIDERS

According to the 2022 County Health Rankings and Roadmaps Tuscarawas County had a ratio of 570 people to every 1 mental health provider. The Health Resource and Services Administration (HRSA) estimates that Tuscarawas County experiences a current shortage of 6.56 FTE mental health providers to achieve the population to practitioner target ratio (Health Resources & Services Administration (HRSA), 2023).

HEALTH BEHAVIORS

ADULT SMOKING

The tobacco epidemic is one of the biggest public health threats the world has ever faced, killing more than 8 million people a year, including around 1.2 million deaths from exposure to second-hand smoke (World Health Organization, 2023). All forms of tobacco are harmful, and there is no safe level of exposure to tobacco. Cigarette smoking is the most common form of tobacco use worldwide.

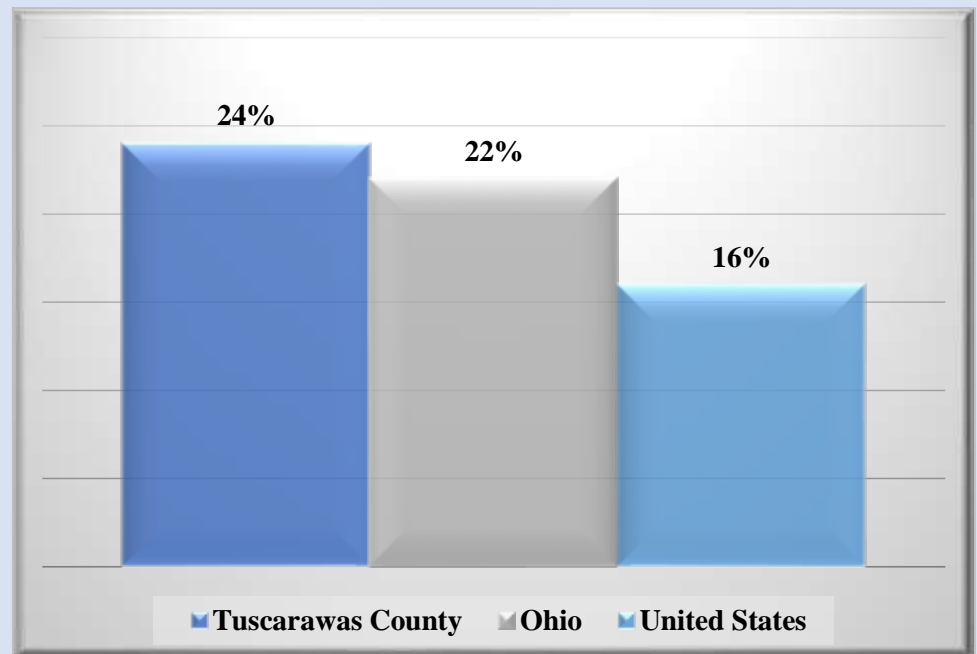
According to the 2022 County Health Rankings and Roadmaps, 24% of Tuscarawas County adults are current cigarette smokers.

Figure 33: Percentage of Adults Who Are Current Cigarette Smokers

(Source: County Health Rankings and Roadmaps, 2022)

“Over 80% of the 1.3 billion tobacco users worldwide live in low- and middle-income countries, where the burden of tobacco-related illness and death is heaviest. Tobacco use contributes to poverty by diverting household spending from basic needs such as food and shelter to tobacco.

The economic costs of tobacco use are substantial and include significant health care costs for treating the diseases caused by tobacco use as well as the lost human capital that results from tobacco-attributable morbidity and mortality” (World Health Organization, 2023).



The Healthy People 2030 goal is to reduce the number of current cigarette smokers to 6.1%.

ADULT OBESITY

In 2022, 38% of the Tuscarawas County adult population reported a body mass index greater than or equal to 30. This is compared to 35% in Ohio and 32% in the United States (University of Wisconsin Population Health Institute, 2022). Body Mass Index (BMI) is a value that is calculated based on a person's height and weight. BMI categorizes a person as underweight, normal weight, overweight, or obese.

Overweight and obese individuals are at an increased risk for coronary artery disease, Type 2 Diabetes, gallbladder disease, hypertension, osteoarthritis, sleep apnea, stroke, infertility, and some types of cancers.

Healthy People 2030 has set a target of only 36% of adults aged 20 and older reporting obesity.

PHYSICAL INACTIVITY

The American Heart Association recommends 30-60 minutes of aerobic exercise three to four times per week. 30% of adults in Tuscarawas County reported participating in no physical activity outside of work (University of Wisconsin Population Health Institute, 2022), which is higher than the Statewide report of 28% and the National report of 26% (American Heart Association, 2023).

The second edition of *Physical Activity Guidelines for Americans* describes the benefits of physical activity to include the following:

- Improved brain health
- Reduced cancer risk
- Smaller risk of fall-related injuries
- Immediate and longer-term positive effects on how people feel, function, and sleep
- Other benefits among older adults and people with long term conditions

ADOLESCENT HEALTH

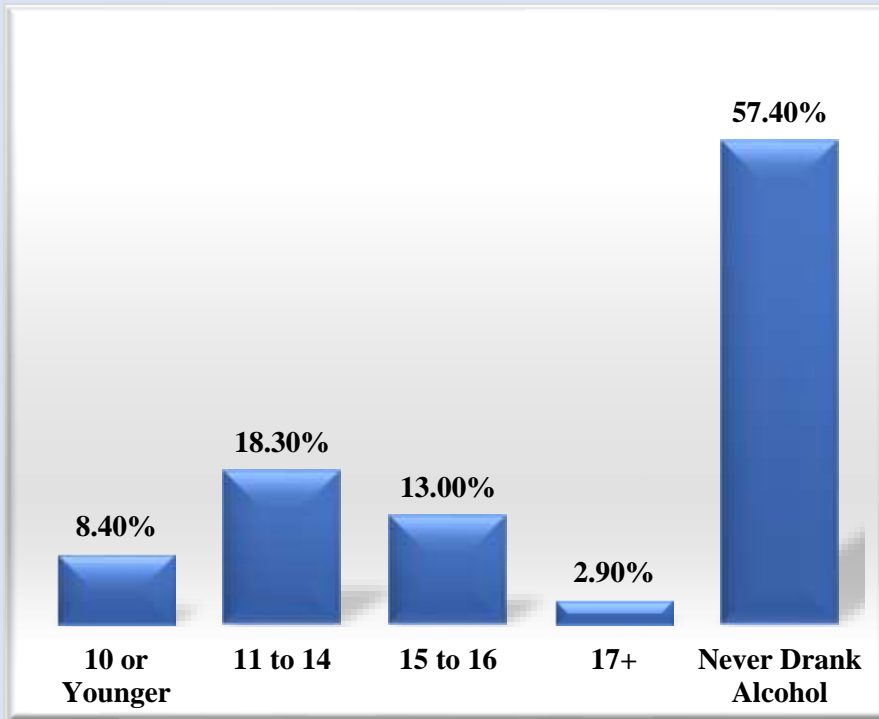
Due to reduced school district participation, data obtained for the 2021 Tuscarawas County Health Assessment as it relates to adolescent health was limited. As such, secondary data sources help to provide a more comprehensive picture of the issues impacting adolescent health in Tuscarawas County.

The Ohio Healthy Youth Environments Survey (OHYES!) is a free, voluntary, web-based survey to collect information that schools and communities can use to access resources to reduce risk behaviors and create healthy and safe community, school, and family environments. The Ohio Department of Mental Health and Addiction Services collected information from students aged 12 and over in grades 7-12 enrolled in both public and private schools (Ohio Mental Health and Addiction Services, Ohio Department of Health and Ohio Department of Education, 2023).

ALCOHOL USE

Figure 34: Age When First Drank More Than A Few Sips of Alcohol; Tuscarawas County; 2019

(Ohio Mental Health and Addiction Services, Ohio Department of Health and Ohio Department of Education, 2023)



There are approximately 9,500 youth in Tuscarawas County over the age of 12 in grades 7-12. Therefore, it can be estimated that over 4,000 youth have experience with alcohol.

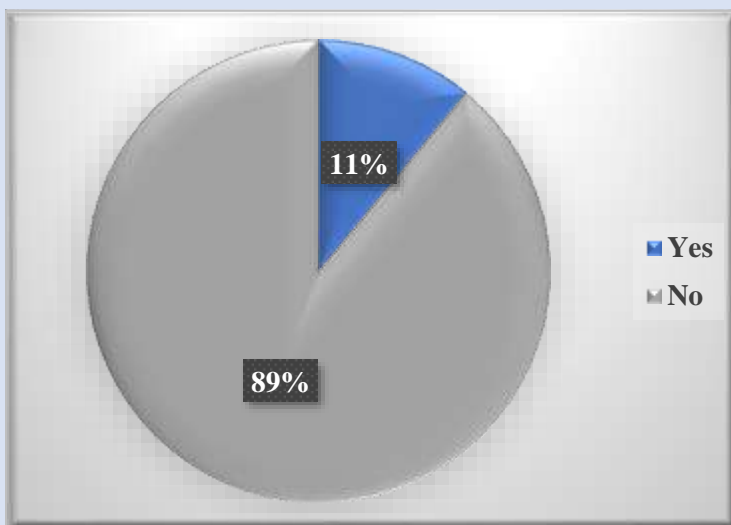
According to the survey, 3% of respondents from Tuscarawas County reported driving a vehicle (1 or more times) in the last 30 days when drinking (equates to 285 youth). Statewide 2% of youth reported driving a vehicle when drinking (1 or more times) in the last 30 days. Further, 13% of respondents reported that they had rode in a vehicle (1 or more times) in the last 30 days with someone who had been drinking (equates to 1,235 youth).

The National Survey on Drug Use and Health states that drinking alcohol is associated with other risky behaviors such as smoking and drug use. It is also linked to the 3 leading causes of death in adolescents Nationwide including accidental injury, suicide, and homicide (Substance Abuse and Mental Health Administration, 2020).

Healthy People 2030 has set a target of 6.3% of youth aged 12-17 who report using alcohol in the past 30 days. The current Nationwide baseline is 9.4% (2019).

Figure 35: Friend's Parents Gave Alcohol to Me; Tuscarawas County; 2019

(Ohio Mental Health and Addiction Services, Ohio Department of Health and Ohio Department of Education, 2023)



Based on the 9,500 youth population estimate, 11% equals roughly 1,045 Tuscarawas County youth. This is higher than the data reported Statewide which shows that approximately 10% of youth reported that a friend's parent had given them alcohol.

TOBACCO USE

According to the Centers for Disease Control and Prevention (CDC), nearly all tobacco use begins in childhood and adolescence. It continues to be the leading cause of preventable death in the United States.

Figure 36: Smoked Cigarettes on One or More of the Past 30 Days; Tuscarawas County; 2019

(Ohio Mental Health and Addiction Services, Ohio Department of Health and Ohio Department of Education, 2023)

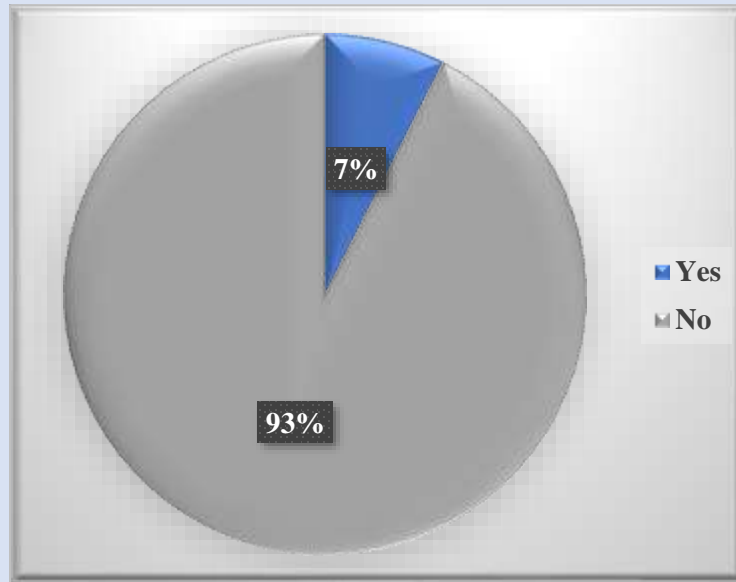


Figure 37 Smoked Cigarettes, Cigars, Chewing Tobacco, Snuff, or Dip on One or More of the Past 30 Days; Tuscarawas County; 2019

(Ohio Mental Health and Addiction Services, Ohio Department of Health and Ohio Department of Education, 2023)

While 13% of youth in Tuscarawas County reported smoking cigarettes, cigars, chewing tobacco, snuff, or dip on one or more of the past 30 days, only 8% of Ohio youth reported the same.

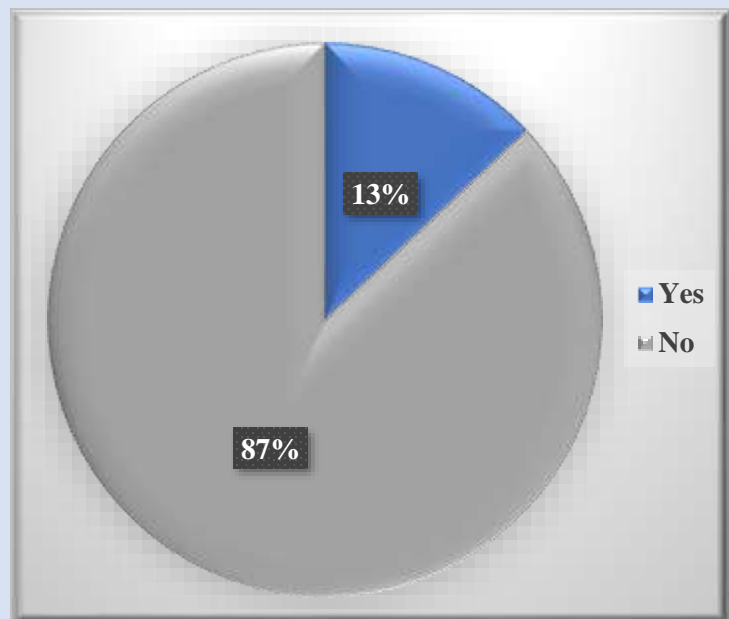
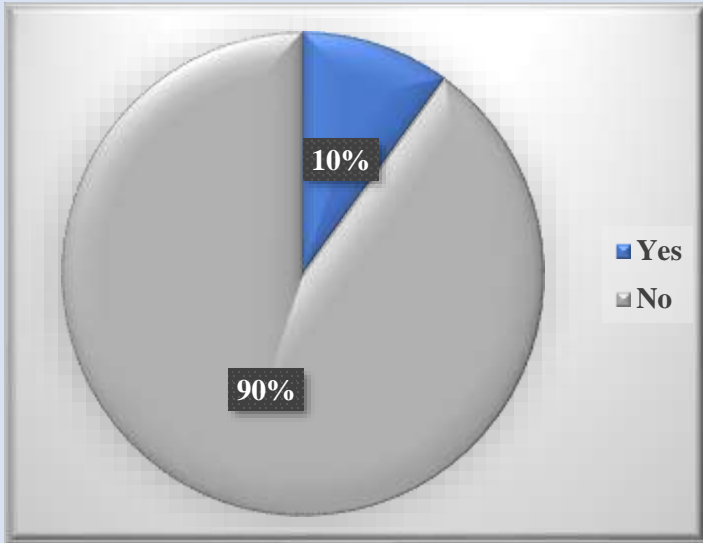


Figure 38: Used an Electronic Vapor Product One or More of the Past 30 Days; Tuscarawas County; 2019

(Ohio Mental Health and Addiction Services, Ohio Department of Health and Ohio Department of Education, 2023)



In 2019, 10% of Tuscarawas County youth had reported using a vapor product one or more of the past 30 days. It is estimated that the percentage is much higher in 2023 based on State and National trends.

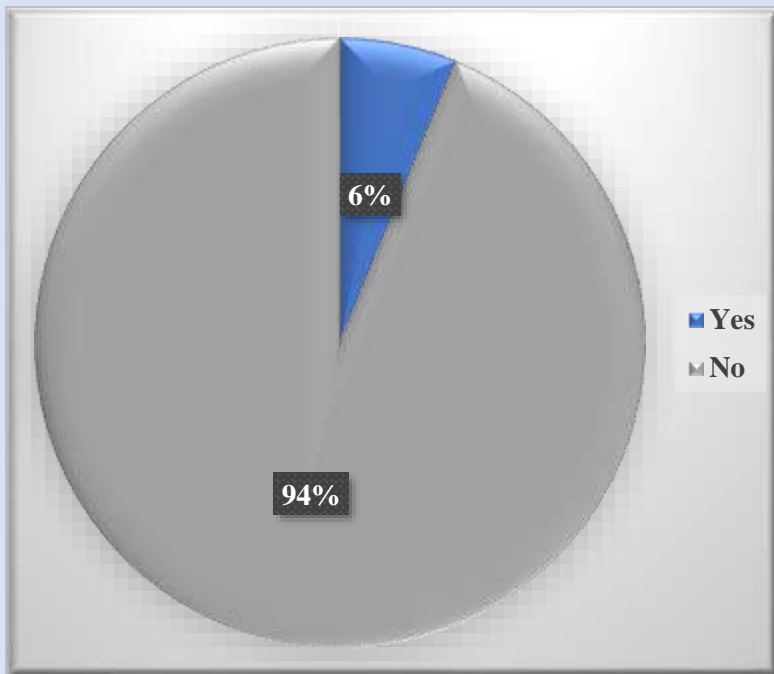
Healthy People 2030 estimates that 23% (2019) of students in grades 6 through 12 used cigarettes, e-cigarettes, cigars, smokeless tobacco, hookah, pipe tobacco, and/or bidis in the past 30 days. The 2030 goal is to reduce that number to 11.3%.

ILLICIT SUBSTANCE USE

According to the Centers for Disease Control and Prevention (CDC), the teen brain is actively developing and continues to develop until around the age of 25. Drug use, including marijuana, during adolescence and youth adulthood may harm the developing brain (Centers for Disease Control and Prevention (CDC), 2021).

Figure 39: Tried Marijuana for the First Time Before Age 13; Tuscarawas County; 2019

(Ohio Mental Health and Addiction Services, Ohio Department of Health and Ohio Department of Education, 2023)



6% of Tuscarawas County youth reported that they had tried marijuana for the first time before age 13 (equates to 570 youth). This compares to the Statewide response of 3.6% of Ohio youth reporting marijuana use before age 13.

The CDC outlines the negative effects of teen marijuana use to include the following:

- Difficulty thinking and problem solving
- Problems with memory and learning
- Reduced coordination
- Difficulty maintaining attention
- Problems with school and social life

Figure 40: Youth who Perceive Use of Any Prescription Drugs Not Prescribed to You as Moderate or Great Risk; Tuscarawas County; 2019

(Ohio Mental Health and Addiction Services, Ohio Department of Health and Ohio Department of Education, 2023)

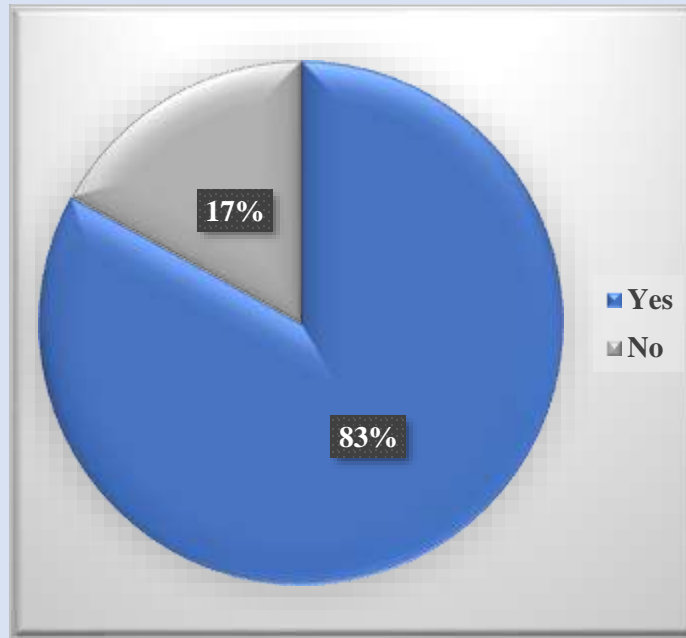
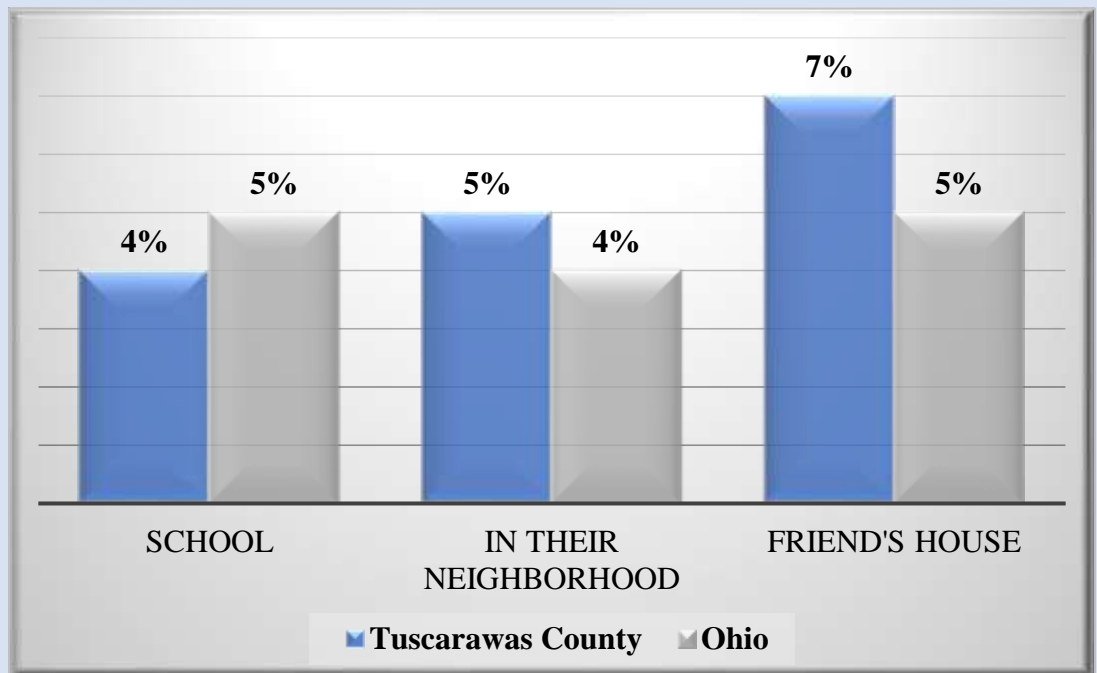


Figure 41: Location Youth Report Being Offered Drugs; Tuscarawas County vs Ohio; 2019

(Ohio Mental Health and Addiction Services, Ohio Department of Health and Ohio Department of Education, 2023)

Youth in Tuscarawas County reported being offered drugs more frequently than the Statewide average in their neighborhoods and while at friend’s houses.

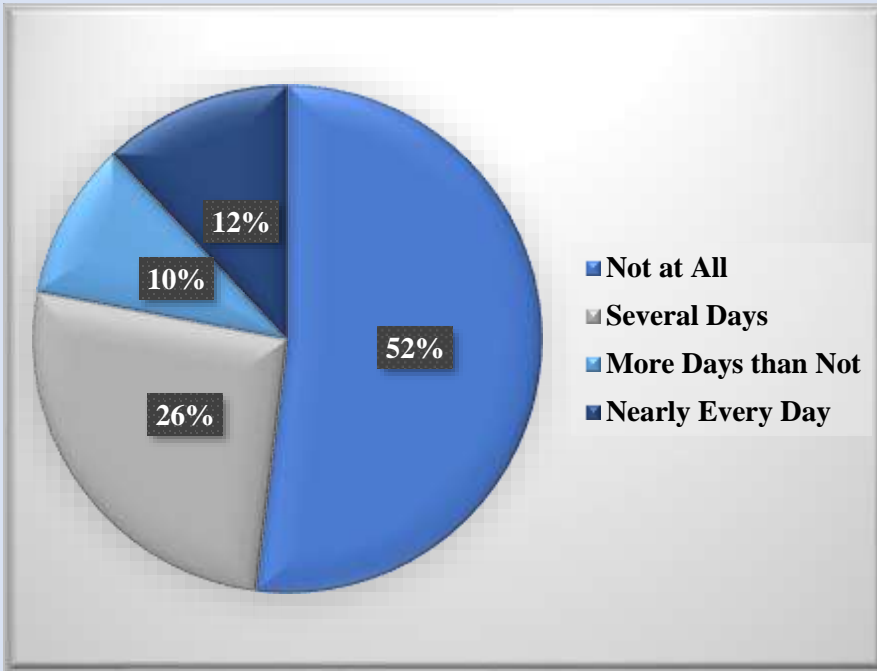
Healthy People 2030 estimates that 8.7% (2019) of adolescents have used drugs in the past month. The goal is to reduce that to 5.5% by 2030.



MENTAL HEALTH

Figure 42: Reported Feeling Bothered by Depression or Hopelessness in the Last 2 Weeks; Tuscarawas County; 2019

(Ohio Mental Health and Addiction Services, Ohio Department of Health and Ohio Department of Education, 2023)



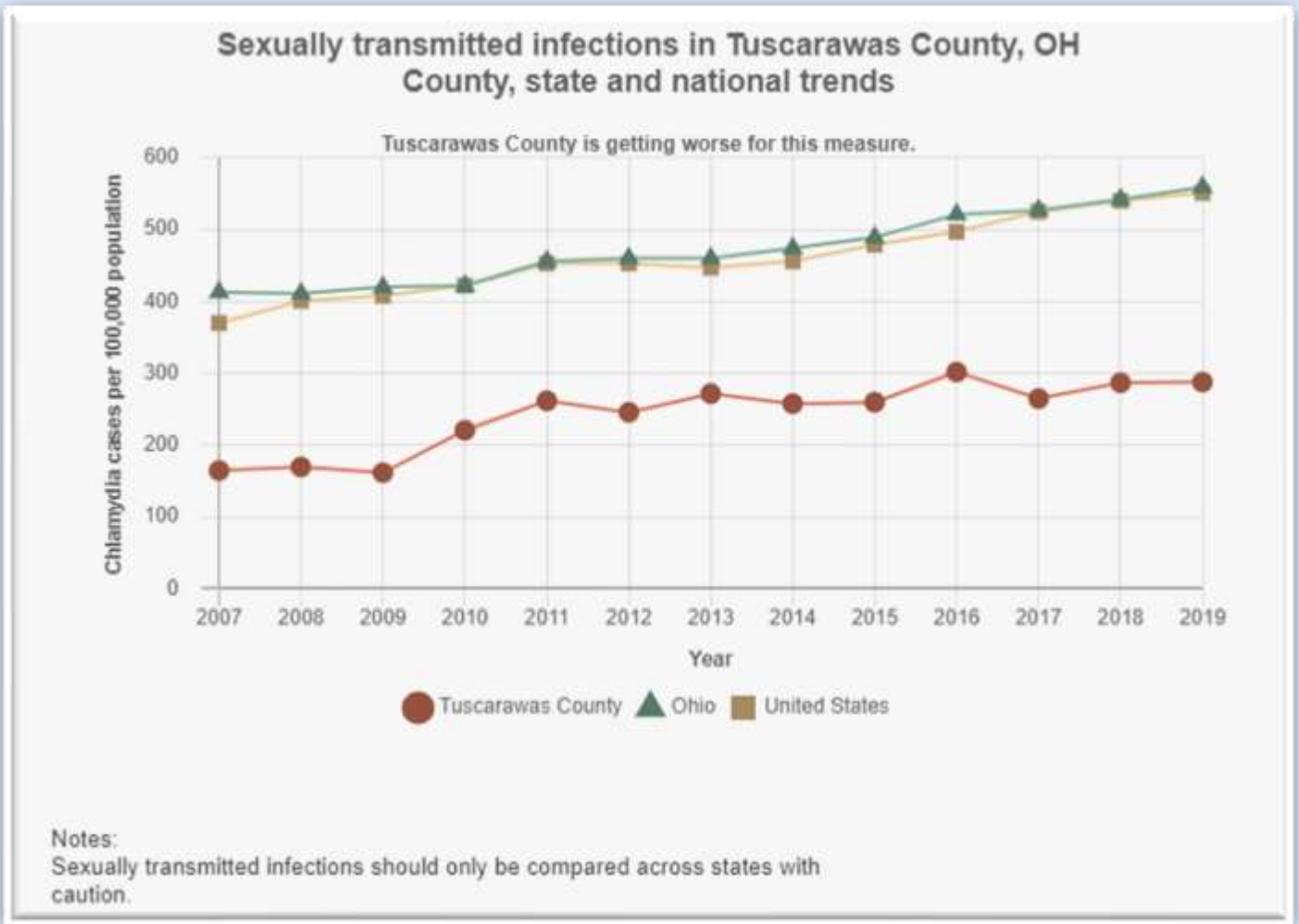
48% of youth reported feeling sad or hopeless in the last 2 weeks, which is approximately 4,560 youth in our County.

COMMUNICABLE DISEASES

SEXUALLY TRANSMITTED INFECTIONS

Chlamydia and gonorrhea infections continue to be the top reported communicable diseases outside of COVID-19 among Tuscarawas County residents in recent years. Both chlamydia and gonorrhea infection rates are associated with unsafe sexual activity. Chlamydia is the most common bacterial sexually transmitted infection in North America and is one of the major causes of tubal infertility, ectopic pregnancy, inflammatory disease, and chronic pelvic pain. Further, sexually transmitted infections are associated with increased risk of cervical cancer, infertility, and premature death. In 2008, the direct medical costs of managing sexually transmitted infections and their complications in the United States was approximately \$15.6 billion dollars (County Health Rankings and Roadmaps).

Figure 43: Sexually Transmitted Infections in Tuscarawas County
(University of Wisconsin Population Health Institute, 2022)



TOP REPORTED COMMUNICABLE DISEASES

Figure 44: Top Reported Communicable Diseases in Tuscarawas County 2019-2022

(Ohio Department of Health, 2023)

	2022	2021	2020	Trend based on previous 3-year average
Vaccine Preventable Diseases				
Chickenpox (Varicella)	3	0	0	Worsened
COVID-19	8,320	10,253	6,244	Worsened
Haemophilus influenzae	3	1	0	Worsened
Hepatitis A	0	1	39	Improved
Hepatitis B Acute/Chronic	2	2	7	Improved
Influenza – Hospitalized	92	2	67	Worsened
Pertussis (Whooping Cough)	4	0	10	Improved
Strep Pneumoniae	13	9	2	Worsened
Sexually Transmitted Infections				
Chlamydia	205	292	272	Improved
Gonorrhea	42	59	42	Improved
Other Communicable Diseases				
Campylobacteriosis	10	16	14	Improved
CP-CRE	2	1	3	Improved
Cryptosporidiosis	4	2	1	Worsened
Cyclosporiasis	0	1	0	Improved
Dengue	0	1	0	Improved
E. Coli	0	2	1	Improved
Giardia	4	0	2	Worsened
Hepatitis C – Acute/Chronic	21	32	34	Improved
La Cross Virus	1	1	0	Worsened
Legionellosis	1	8	4	Improved
Lyme Disease	17	39	34	Improved
Meningitis – Viral	5	2	1	Worsened
MISC-associated with COVID-19	0	3	0	Improved
Salmonella	12	5	9	Worsened
Shigella	0	1	1	Improved
Streptococcal A	9	2	2	Worsened
Tuberculosis (TB)	0	2	3	Improved
Vibriosis	1	0	0	Worsened
Yersiniosis	1	2	0	Improved

Figure 45: Most Reported Communicable Diseases by Age Group, Tuscarawas County Residents

(Ohio Department of Health, 2023)

The figure on the next page shows the most diagnosed communicable diseases (excluding COVID-19) by age group for the past 5 years (2018-2022). Areas with no information did not have sufficient data to report a funding.

Rank	Under 5	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85 & Over
1	Pertussis	Lyme Disease	Chlamydia	Chlamydia	Chlamydia	Hepatitis C	Hospitalized Influenza	Hospitalized Influenza	Hospitalized Influenza	Hospitalized Influenza
2	Viral Meningitis	Chlamydia	Gonorrhea	Hepatitis C	Gonorrhea	Gonorrhea	Hepatitis C	Lyme Disease	Lyme Disease	Streptococcus Pneumoniae
3	Salmonella	Hospitalized Influenza	Hospitalized Influenza	Gonorrhea	Hepatitis C	Hepatitis A	Lyme Disease	Hepatitis C	Streptococcus Pneumoniae	-
4	Hospitalized Influenza	Pertussis	Hepatitis C	Hepatitis A	Hepatitis A	Hepatitis B	Legionellosis	Streptococcus Pneumoniae	Campylobacteriosis	-
5	Lyme Disease	Varicella	Lyme Disease	Lyme Disease	Campylobacteriosis	Chlamydia	Salmonella	Campylobacteriosis	-	-
6	Campylobacteriosis	Salmonella	Salmonella	Campylobacteriosis	Lyme Disease	Hospitalized Influenza	Gonorrhea	Salmonella	-	-
7	Varicella	Campylobacteriosis	Giardia	Hospitalized Influenza	Hepatitis B	Streptococcus Pneumoniae	Streptococcus Pneumoniae	Hepatitis B	-	-
8	Yersiniosis	Streptococcus Pneumoniae	Hepatitis B	Hepatitis B	Hospitalized Influenza	Legionellosis	Hepatitis A	Legionellosis	-	-
9	Hepatitis A	La Crosse	Hepatitis A	Streptococcus Pneumoniae	Streptococcus Pneumoniae	-	CP-CRE	-	-	-
10	Streptococcus Pneumoniae	-	Syphilis	E. Coli	-	-	Campylobacteriosis	-	-	-

COMMUNICABLE DISEASE DESCRIPTIONS

Campylobacteriosis: Campylobacter infection, or campylobacteriosis, is caused by Campylobacter bacteria. It is the most common bacterial cause of diarrheal illness in the United States.

Chlamydia: Chlamydia is a common STD that can cause infection among both men and women. It can cause permanent damage to a woman's reproductive system. This can make it difficult or impossible to get pregnant later. Chlamydia can also cause a potentially fatal ectopic pregnancy (pregnancy that occurs outside the womb).

CP-CRE: Carbapenemase-Producing Carbapenem-Resistant Enterobacteriaceae (CP-CRE) Some CRE produce enzymes (carbapenemases) that break down carbapenems and related antibiotics, making them ineffective.

E. Coli: Symptoms of Shiga toxin-producing E. coli (STEC) infection vary for each person, but often include severe stomach cramps, diarrhea (often bloody), and vomiting. Some people may have a fever, which usually is not very high (less than 101°F/38.5°C). Most people get better within 5 to 7 days. Some infections are very mild, but others are severe or even life-threatening.

Giardia: Giardia is a tiny parasite (germ) that causes the diarrheal disease giardiasis. Giardia is found on surfaces or in soil, food, or water that has been contaminated with feces (poop) from infected people or animals. You can get giardiasis if you swallow Giardia germs.

Gonorrhea: Gonorrhea is a sexually transmitted disease (STD) caused by infection with the Neisseria gonorrhoeae bacterium. N. gonorrhoeae infects the mucous membranes of the reproductive tract, including the cervix, uterus, and fallopian tubes in women, and the urethra in women and men.

Hospitalized Influenza: Flu is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and sometimes the lungs.

Hepatitis A: Hepatitis A is a vaccine-preventable liver infection caused by the hepatitis A virus (HAV). HAV is found in the stool and blood of people who are infected.

Hepatitis B: Hepatitis B is a vaccine-preventable liver infection caused by the hepatitis B virus (HBV). Hepatitis B is spread when blood, semen, or other body fluids from a person infected with the virus enters the body of someone who is not infected.

Hepatitis C: Hepatitis C is a viral infection that causes liver inflammation, sometimes leading to serious liver damage. The hepatitis C virus (HCV) spreads through contaminated blood.

La Crosse: La Crosse virus is spread to people by the bite of an infected mosquito. Most people infected with the virus do not have symptoms. Some people may develop severe disease, including encephalitis (inflammation of the brain). Severe disease occurs most often in children under 16 years of age.

Legionellosis: Legionellosis varies in severity from a mild febrile illness to a serious and sometimes fatal form of pneumonia and is caused by exposure to the Legionella bacteria species found in contaminated water and potting mixes.

Lyme Disease: Lyme disease is caused by the bacterium Borrelia burgdorferi and rarely, Borrelia mayonii. It is transmitted to humans through the bite of infected blacklegged ticks. Typical symptoms include fever, headache, fatigue, and a characteristic skin rash called erythema migrans.

Pertussis: Pertussis, also known as whooping cough, is a highly contagious respiratory infection caused by the bacterium Bordetella pertussis. Pertussis spreads easily from person to person mainly through droplets produced by coughing or sneezing.

Salmonella: Salmonella infection (salmonellosis) is a common bacterial disease that affects the intestinal tract. Salmonella bacteria typically live in animal and human intestines and are shed through stool (feces). Humans become infected most frequently through contaminated water or food.

Streptococcus Pneumoniae: Streptococcus pneumoniae is the most common cause of middle ear infections, sepsis (blood infection) in children and pneumonia in immunocompromised individuals and the elderly. It can also cause meningitis (inflammation of the coverings of the brain and spinal cord) or sinus infections.

Varicella: Varicella-zoster is a herpes virus that causes chickenpox, a common childhood illness. It is highly contagious. If an adult develops chickenpox, the illness may be more severe. After a person has had chickenpox, the varicella-zoster virus can remain inactive in the body for many years. Herpes zoster (shingles) occurs when the virus becomes active again.

Viral Meningitis: Viral meningitis (when meningitis is caused by a virus) is the most common type of meningitis. Most people get better on their own without treatment. However, anyone with symptoms of meningitis should see a doctor right away because any type of meningitis can be serious.

Yersiniosis: Yersiniosis is an infection caused most often by eating raw or undercooked pork contaminated with Yersinia enterocolitica bacteria.

ACCESS TO HEALTHCARE

The National Academies of Sciences, Engineering, and Medicine (formerly known as the Institute of Medicine) define primary care as “the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community” (National Institute of Medicine, 1994).

Primary care providers offer a usual source of care, early detection and treatment of disease, chronic disease management, and preventive care. Patients with a usual source of care are more likely to receive recommended preventive services such as flu shots, blood pressure screenings, and cancer screenings.

Healthy People 2030 estimates that only 76% (2017) of people in the United States have a usual primary care provider. The goal is to increase that to 84% by 2030. It was reported in the Community Health Assessment that most adults in Tuscarawas County (90%) reported they had a primary care provider. However, 27% of adults reported that they went outside of Tuscarawas County for health services. (Healthy Tusc, 2021)

INSURANCE COVERAGE

10% of Tuscarawas County residents are currently without health insurance coverage. Additionally, 7% of persons aged 18 and under are without any insurance coverage. The long-term trend for uninsured in Tuscarawas County is getting better; however, in recent years (2017 forward) the trend has worsened (University of Wisconsin Population Health Institute, 2022). The 2021 Community Health Assessment for Tuscarawas County showed that one in eight or 13% of adults were without insurance coverage. Those most likely to be uninsured were females (14%) and adults ages 19-64 (15%) (Healthy Tusc, 2021).

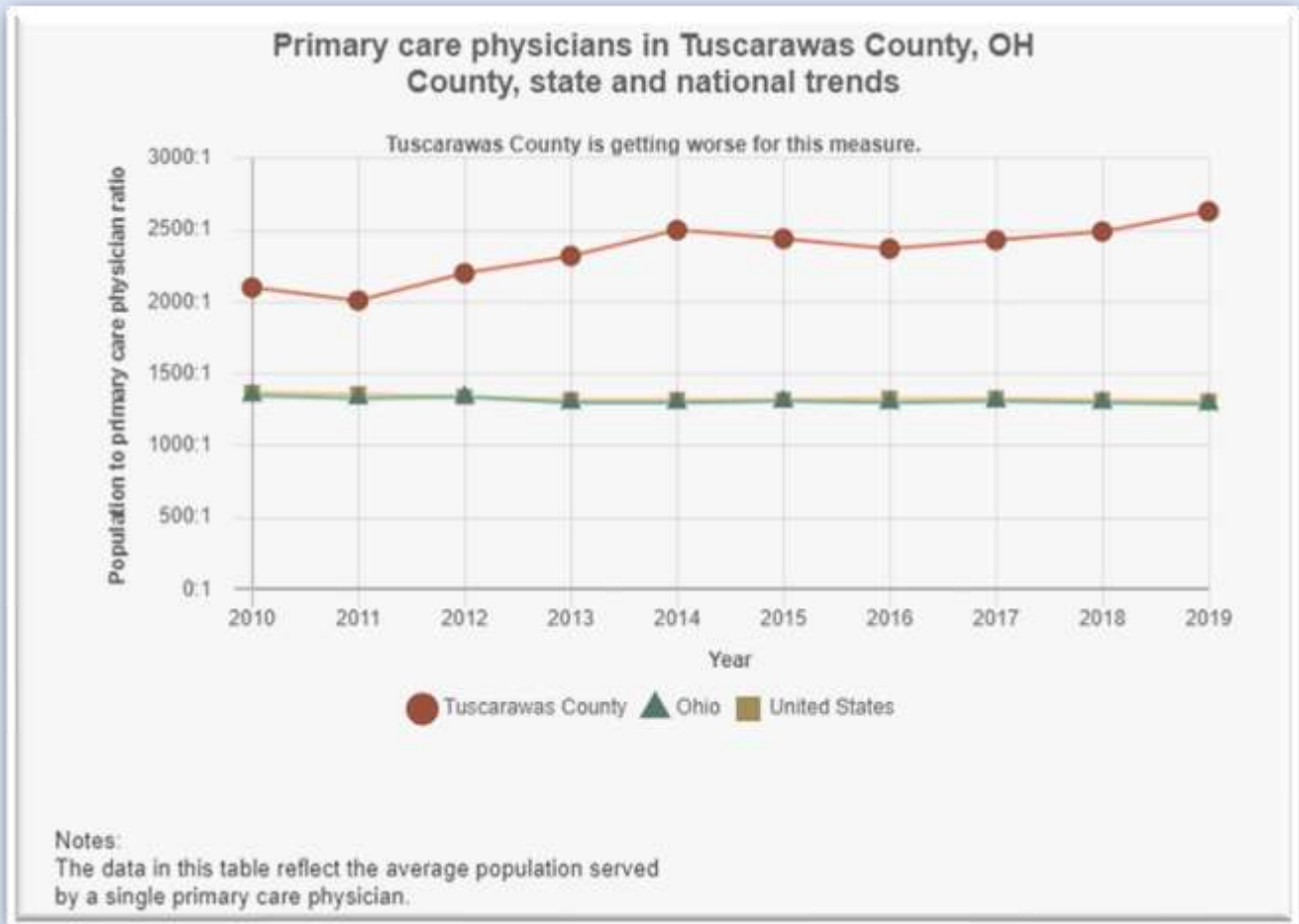
Lack of health insurance decreases the use of preventive and primary care services and is associated with poor health outcomes. Individuals without health insurance may delay seeking care when they are ill or injured, and they are more likely to be hospitalized for chronic conditions such as diabetes or hypertension.

Of the Tuscarawas County persons with health insurance coverage, 49.5% are on employee plans, 15.5% on Medicaid, 13.9% on Medicare, 10.9% on non-group plans, and 1.55% of military or VA plans (United States Census Bureau, 2023).

Areas of Tuscarawas County reporting higher percentages of persons without health insurance (2017-2021) include Port Washington (19.07%), Sugarcreek/Baltic (18.96%), New Philadelphia (14.85%), and Strasburg/Dundee (13.9%).

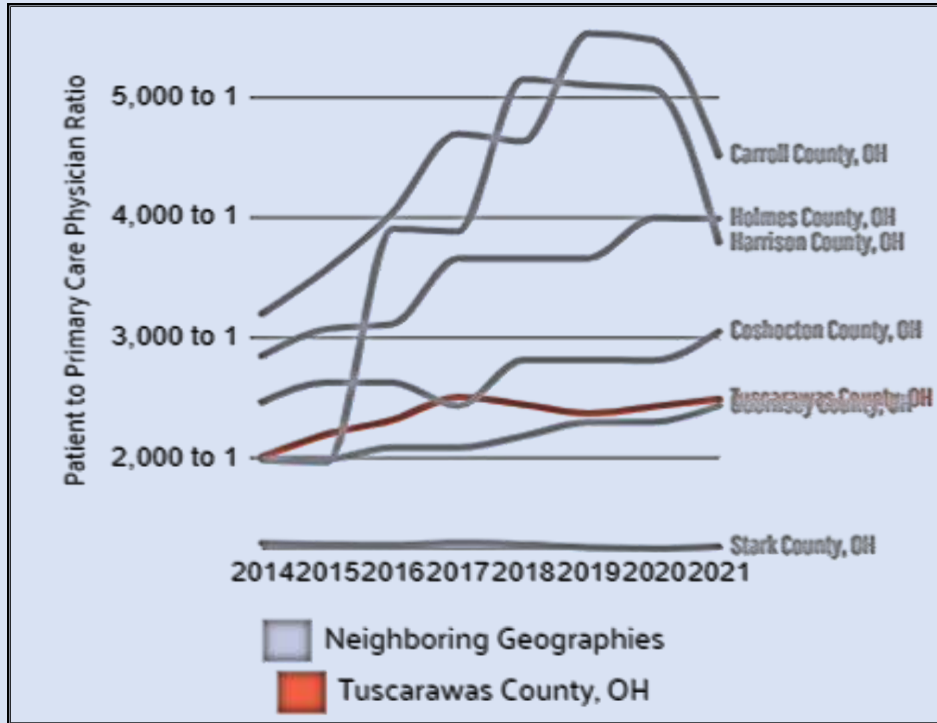
PRIMARY CARE PHYSICIANS

Figure 46: Primary Care Physicians, Tuscarawas County
(University of Wisconsin Population Health Institute, 2022)



The Health Resource and Services Administration (HRSA) estimates that Tuscarawas County experiences a current shortage of 9.69 FTE primary care providers to achieve the population to practitioner target ratio (Health Resources & Services Administration (HRSA), 2023).

Figure 47: Patient to Primary Care Physician Ratio; County Comparison
 (USA FACTS, 2023)



Primary care physicians in Tuscarawas County see 2,491 patients per year on average. This represents a 2.55% increase from the previous year.

DATA APPENDIX FOR TUSCARAWAS COUNTY

OVERALL LIFE EXPECTANCY/PREMATURE DEATH

Years of Potential Life Lost (YPLL) per 100,000

Source: (University of Wisconsin Population Health Institute, 2022)

2016-2018	2018-2020	State	HP 2030	
7,100	7,900	8,700		Worsened

Number of Deaths Due to Suicide

Source: (Ohio Department of Health, 2023)

2019	2022	State	HP 2030	
13	18	N/A		No Change

Number of Deaths Due to Overdose per 100,000 population

Source: (University of Wisconsin Population Health Institute, 2022)

2019	2020	State	HP 2030	
18.0	21.0	38.0	20.7	Worsened

Number of Motor Vehicle Crash Deaths per 100,000 population

Source: (University of Wisconsin Population Health Institute, 2022)

2019	2020	State	HP 2030	
11.0	12.0	10.0	10.1	Worsened

Age Adjusted Death Rate per 100,000: Cancer

Source: (Ohio Department of Health, 2023)

2021	2022	State	HP 2030	
142.1	173.6	155.6	122.7	Worsened

Age Adjusted Death Rate per 100,000: Diabetes

Source: (Ohio Department of Health, 2023)

2021	2022	State	HP 2030	
46.7	43.6	27.1		Improved

Age Adjusted Death Rate per 100,000: Alzheimer's Disease

Source: (Ohio Department of Health, 2023)

2021	2022	State	HP 2030	
41.9	51.7	31.6		Worsened

Age Adjusted Death Rate per 100,000: Heart Disease

Source: (Ohio Department of Health, 2023)

2021	2022	State	HP 2030	
197.5	196.4	188.6	71.1	Improved

Age Adjusted Death Rate per 100,000: Chronic Lower Respiratory Diseases

Source: (Ohio Department of Health, 2023)

2021	2022	State	HP 2030	
42.9	53.9	42.4		Worsened

Age Adjusted Death Rate per 100,000: Accidents

Source: (Ohio Department of Health, 2023)

2021	2022	State	HP 2030	
82.0	47.4	66.8		Improved

Age Adjusted Death Rate per 100,000: COVID-19

Source: (Ohio Department of Health, 2023)

2019	2022	State	HP 2030	
201.9	77.9	60.0		Improved

SOCIAL/ECONOMIC FACTORS

Children in Poverty

Source: (University of Wisconsin Population Health Institute, 2022)

2019	2020	State	HP 2030	
16%	14%	17%		Improved

Median Household Income

Source: (United States Census Bureau, 2023)

2020	2021	State	HP 2030	
\$54,451	\$58,060	\$62,262		Improved

Percent of Population 19 to 64 who are currently Unemployed

Source: (United States Census Bureau, 2023)

2020	2021	State	HP 2030	
4.5%	2.6%	4.2%		Improved

Disciplinary Actions Resulting in Out of School Suspension

Source: (Ohio Department of Education, 2023)

2020-2021	2021-2022	State	HP 2030	
321	662	N/A		Worsened

Percent of Students Enrolled in Preschool-12th Grade Public Schools Considered Economically Disadvantaged

Source: (Ohio Department of Education, 2023)

2020-2021	2021-2022	State	HP 2030	
46.3%	42.7%	N/A		Improved

Percent of Students Enrolled in Preschool-12th Grade Public Schools Considered Homeless

Source: (Ohio Department of Education, 2023)

2020-2021	2021-2022	State	HP 2030	
1.3%	1.4%	N/A		Worsened

Average four-year High School Graduation Rate

Source: (Ohio Department of Education, 2023)

2020	2021	State	HP 2030	
80.8%	83.4%	87%		Improved

Average School Attendance Rate

Source: (Ohio Department of Education, 2023)

2020-2021	2021-2022	State	HP 2030	
94.0%	93.2%	90.4%	90.7%	Worsened

PHYSICAL ENVIRONMENT

Percentage of Households with at least 1 of 4 housing problems: overcrowding, high cost, lack of kitchen facilities, or lack of plumbing facilities

Source: (University of Wisconsin Population Health Institute, 2022)

2017	2018	State	HP 2030	
12%	12%	13%		No Change

Percent Owner-Occupied Housing Units with a Mortgage

Source: (United States Census Bureau, 2023)

2020	2021	State	HP 2030	
53%	55%	61%		Worsened

Renter Housing Affordability (% payment more than 30% of Income on Housing)

Source: (United States Census Bureau, 2023)

2020	2021	State	HP 2030	
47%	48%	49%		Worsened

Housing Affordability with Mortgage (% payment more than 30% of Income on Housing)

Source: (United States Census Bureau, 2023)

2020	2021	State	HP 2030	
20%	16%	21%		Improved

Housing Affordability without Mortgage (% payment more than 30% of Income on Housing)

Source: (United States Census Bureau, 2023)

2020	2021	State	HP 2030	
12%	8%	12%		Improved

INFANT MORTALITY

Infant Mortality Rate per 100,000

Source: (Ohio Department of Health, 2023)

2020	2021	State	HP 2030	
892.9	535.7	676.4	500.0	Improved

HEALTH BEHAVIORS

Adult Smoking

Source: (University of Wisconsin Population Health Institute, 2022)

2018	2019	State	HP 2030	
25%	24%	22%	12%	Improved

Physical Inactivity

Source: (University of Wisconsin Population Health Institute, 2022)

2018	2019	State	HP 2030	
26%	30%	28%	21.2%	Worsened

Adult Obesity

Source: County Health Rankings and Roadmaps

2017	2019	State	HP 2030	
35%	38%	35%	30.5%	Worsened

Access to Exercise Opportunities

Source: (University of Wisconsin Population Health Institute, 2022)

2019	2021	State	HP 2030	
70%	64%	77%		Worsened

Alcohol Impaired Driving Deaths

Source: (University of Wisconsin Population Health Institute, 2022)

2019	2020	State	HP 2030	
35%	37%	33%	30.5%	Worsened

Percentage of Adults (19-64) Who Have Binge Drank Alcohol in the Last 30 Days

Source: (The Ohio State University College of Medicine, 2021)

2019	2021	State	HP 2030	
15.5%	22.4%	N/A		Worsened

Percentage of Adults (19-64) Who Have Used Marijuana in the Past 30 Days

Source: (The Ohio State University College of Medicine, 2021)

	2021	State	HP 2030	
9.9%	7.1%	N/A		Improved

HEALTH OUTCOMES

Percent of Adults Who have Diabetes

Source: (Ohio Department of Health, 2023)

2018	2019	State	HP 2030	
11%	11%	10%		No Change

COMMUNICABLE DISEASES

Number of people aged 13 and older living with HIV per 100,000 people

Source: (University of Wisconsin Population Health Institute, 2022)

2018	2019	State	HP 2030	
35	35	235		No Change

Number of newly diagnosed chlamydia cases per 100,000 population

Source: (University of Wisconsin Population Health Institute, 2022)

2018	2019	State	HP 2030	
287:1	288.1	559.4		Improved

CLINICAL CARE

Percent of female Medicare Enrollees aged 65-74 that receive mammography screenings

Source: (University of Wisconsin Population Health Institute, 2022)

2018	2019	State	HP 2030	
38%	41%	45%		Improved

Late-Stage Diagnosis of breast cancer

Source: (Ohio Department of Health, 2023)

2018	2019	State	HP 2030	
25.8%	27.4%	28.2%		Worsened

Ratio of Tuscarawas County Population to Primary Care Physicians

Source: (University of Wisconsin Population Health Institute, 2022)

2018	2019	State	HP 2030	
2,490:1	2,630:1	1,290:1		Worsened

Ratio of Tuscarawas County Population to Dentists

Source: (University of Wisconsin Population Health Institute, 2022)

2018	2019	State	HP 2030	
2,360:1	2,350:1	1,570:1		Improved

Ratio of Tuscarawas County Population to Mental Health Providers

Source: (University of Wisconsin Population Health Institute, 2022)

2020	2021	State	HP 2030	
630:1	570:1	350:1		Improved

Preventable Hospital Stays per 100,000 people enrolled in Medicare

Source: (University of Wisconsin Population Health Institute, 2022)

2018	2019	State	HP 2030	
4,341	3,916	4,338		Improved

Percentage of Medicare Enrollees that had an annual flu vaccine

Source: (University of Wisconsin Population Health Institute, 2022)

2018	2019	State	HP 2030	
42%	41%	51%		Worsened

Percentage of adults under the age of 65 without health insurance

Source: (University of Wisconsin Population Health Institute, 2022)

2018	2019	State	HP 2030	
11%	12%	9%		Worsened

Percentage of children under the age of 19 without health insurance

Source: (University of Wisconsin Population Health Institute, 2022)

2018	2019	State	HP 2030	
6%	7%	5%		Worsened

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