



2024 Carroll County Community Health Assessment

Prepared for:



**CARROLL COUNTY
GENERAL HEALTH DISTRICT**
Healthy People — Safe Communities

Prepared by:



Table of Contents

	Page
EXECUTIVE SUMMARY	4
CONTRIBUTING FACTORS TO HEALTH CHALLENGES	5
COMMUNITY HEALTH ASSESSMENT MODEL	7
PROCESS FOR IDENTIFYING COMMUNITY HEALTH NEEDS	8
PRIORITY HEALTH NEEDS	9
<i>Access to Health Care, Affordable Housing, Healthy Living, Mental Health, Senior Services, Substance Abuse</i>	9
PROGRESS 2019-2014	17
CARROLL COUNTY DEMOGRAPHIC PROFILE	21
COMMUNITY ASSETS AND RESOURCES	26
<u>COMMUNITY HEALTH ASSESSMENT: DETAILED RESULTS</u>	28
<i>Community Needs</i>	29
<i>Social Determinants</i>	54
<i>Personal Health Status</i>	58
<i>Access to Health Care</i>	62
<i>Mental Health</i>	73
<i>Oral Health</i>	89
<i>Smoking/Tobacco Use</i>	93
<i>Alcohol and Substance Use</i>	99
<i>Maternal, Infant, and Child Health</i>	125
<i>Healthy Living</i>	128
<i>Communicable Diseases, Vaccinations and Prevention Services</i>	143
<i>Chronic Disease Management</i>	150
<i>Transportation</i>	155
<i>Housing</i>	159
<i>Environmental Quality</i>	161
<i>Safety, Injury and Violence</i>	162
<i>Reproductive and Sexual Health</i>	169
<i><u>Social Media</u></i>	173
<u>APPENDIX: SURVEY RESULTS BY INCOME</u>	175
<u>APPENDIX: SURVEY RESULTS BY AGE</u>	183
<u>APPENDIX: RESEARCH METHODOLOGY</u>	191
<u>APPENDIX: PARTICIPANT CHARACTERISTICS</u>	193

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Executive Summary

The assessment process is an ongoing cycle that includes building partnerships; coordinating a consortium; assessing data, community needs, and capacity; and conducting planning, prioritization, interventions, implementation, and evaluation. This report begins the 3-year cycle. The Center for Marketing and Opinion Research (CMOR) was selected by the Carroll County General Health District to conduct data collection and analysis for the CHA through four project components.

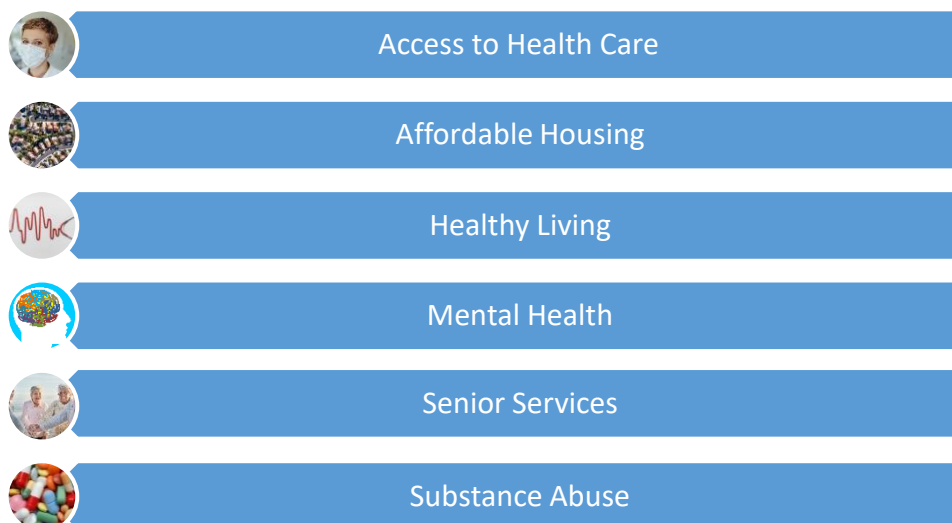
The first component of the project, a Community Survey, consisted of a random sample telephone and web survey of Carroll County, Ohio households. This method was used to ensure representativeness of the adult population and to warrant statistical validity. The final sample size was 400 which resulted in an overall sampling error of +/- 5.0% within a 95% confidence level. The survey questions focused on the following areas: community need and social determinants, access to care, mental health and substance abuse, healthy living, vaccinations, chronic diseases, housing, safety, and transportation.

The second phase of the project, Secondary Data Analysis, consisted of reviewing and analyzing secondary data sources to identify priority areas of concern when compared to survey data. CMOR gathered and compiled health and demographic data from various sources. The sources of data are outlined in the Research Methodology section of this report.

The third phase of the study, a Youth Health Survey, consisted of a survey of 427 area middle and high school students. The survey covered the following topics: safety, violence-related behaviors, bullying, sad feelings and attempted suicide, cigarette smoking, electronic vapor products, other tobacco products, drinking alcohol, prescription pain medicine, marijuana and other drug use, sexual behavior, body weight, food and beverages, physical activity, and concussions.

The fourth and final phase consisted of collecting qualitative data to provide contextual information to the primary and secondary data outlined above. The qualitative data included a Community Partner Survey which consisted of an on-line survey completed by 24 community partners with knowledge of and experience in community health related issues as well as a focus group of 28 students from different area schools, ages 17 to 18.

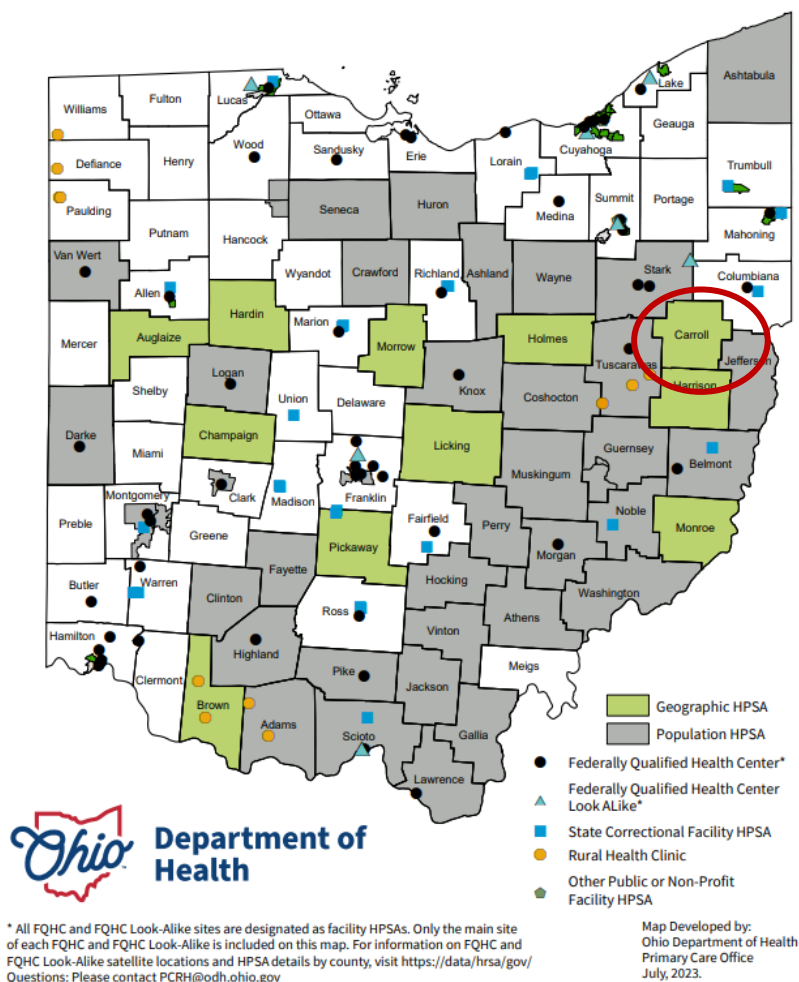
When available, data was compared to previous years' information and other geographic areas such as Ohio or the United States. Analysis included survey data and health and demographic data. After compiling and analyzing the data from all three components, CMOR identified six priority health needs for the county including (in alphabetical order):




Contributing Factors to Health Challenges

Carroll County is a rural Appalachian County located in central eastern Ohio. Carroll County is one of the **smallest** counties in the state, ranking 80 out of 88 in terms of population, with a current population of 26,721. Carroll County’s population is projected to decrease by more than 15% between now and 2050. Carroll County is considerably more **rural** (71%) than Ohio (22%) and the country as a whole (19%) (*Source: U.S. Census Bureau*). Carroll County is designated as a Health Professional Shortage Area (HPSA). This designation is based on shortages of primary medical care, dental or mental health providers and may be related to geography, population, or facilities.

Ohio Primary Care Health Professional Shortage Areas (HPSAs)



Being **rural** creates additional challenges that make it more difficult for Carroll County residents to get the health-related services they need. For example, the percentage of Carroll County residents with access to locations for physical activity is alarmingly low. Just over a third of county residents, 36%, have access compared to a statewide average of 84%. Only seven of Ohio’s 88 counties have a smaller percentage of the population with adequate access. (*Source: County Health Ranking*). In addition, more than half of community partners, 59%, mentioned that the rural/isolated area of Carroll County is an underlying cause of health-related issues and challenges in the county. Nearly half, 42%, of community partners indicated that rural residents were NOT being adequately served by local health services.



Personal income and poverty are other contributing factors to the county's health challenges. Residents in communities with the lowest income levels have the poorest health and the most difficulty in gaining access to health care. The age group with the highest poverty level is children under 5, 29.3% (*Source: U.S. Census Bureau 2021*). The poverty rates for female headed households with children under 18 is significantly higher than married family households, 46.0% compared to 5.5%. Financial difficulties extend well past the county residents that fall below the federal poverty line. ALICE is an acronym that stands for "Asset-Limited, Income-Constrained, Employed." These are households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county. When looking at four different household types and their household financial status, the most financially vulnerable group was single-female-headed households with children. In Carroll County, 82% of households in this classification are below the ALICE threshold meaning that under a fifth, 18%, of single-female-headed households with children can afford the essentials. Comparatively, nearly a quarter, 24% of married households with children are below the ALICE threshold (*Source: 2023 ALICE Report Ohio, Carroll County*).

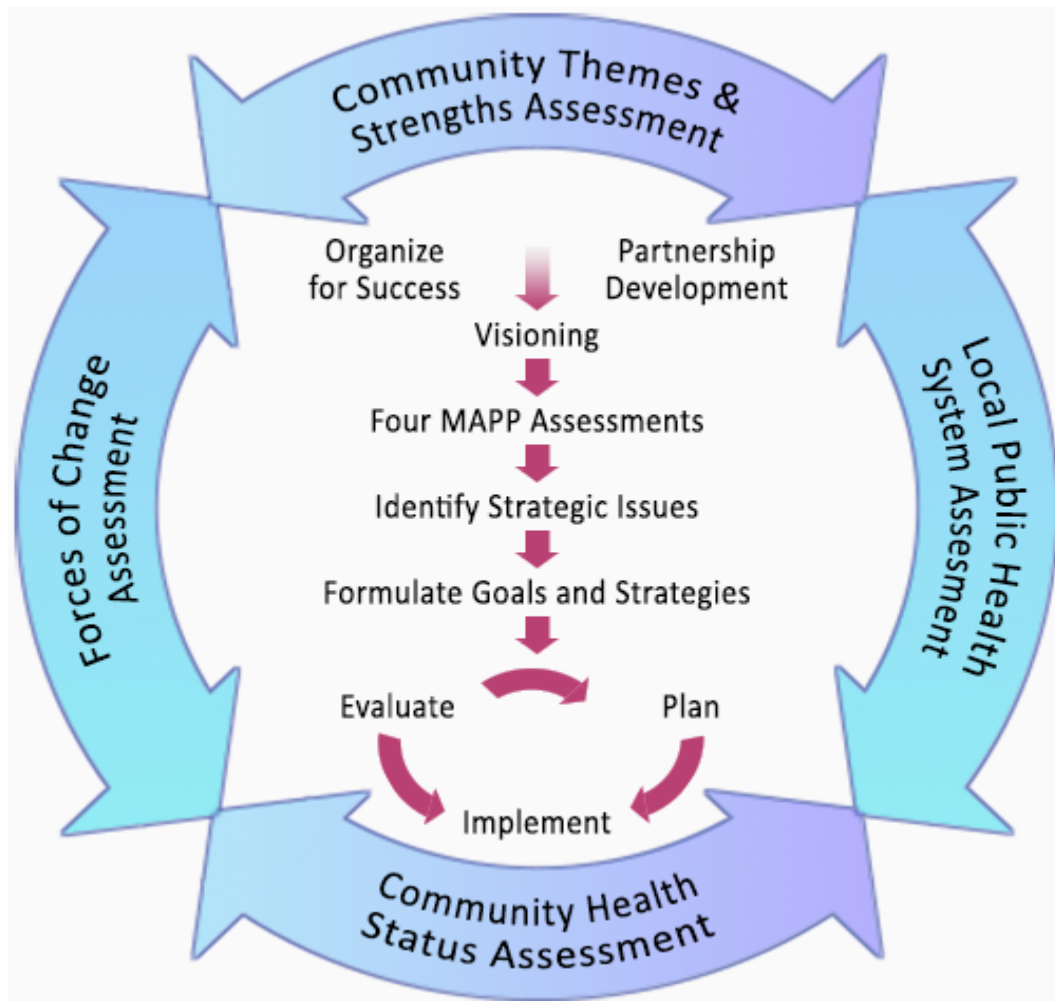
Educational attainment also contributed. Only 14.1% of the county population over the age of 25 have a bachelor's degree or higher (compared to 29.7% in the state) (*Source: US Census Bureau, American Fact Finder*). Additionally, there are no 4-year public universities or private colleges, or 2-year public colleges, located within Carroll County. Ohio State University has an extension of their College of Food, Agricultural, and Environmental Sciences located in Carrollton. There are also no Ohio Technical Centers located within the County. This means that there are limited secondary education options within the county limits. (*Source ODSA*). In Carroll County, as in most other geographies, the lower the education level, the higher the poverty level for that demographic group (poverty rate for those with less than a high school diploma was 21.4% compared to 2.4% for college graduates). (*Source: U.S. Census Bureau 2021*).

The **aging population** is also a contributing factor in the county's health challenges and this is likely to grow in importance over the next few years. Currently, the median age in the county, 46.1, is higher than the median age of 39.6 for the state. Also, 21% of the county population is aged 65 or over compared to 17% of the state's population (*Source: U.S. Census Bureau 2021*). Half of community partners, 50%, felt there were NOT enough services and programs currently available to meet the needs of the aging population and seniors of Carroll County right now.

One last contributing factor to note in Carroll County is **transportation** barriers. On the community survey, more than half, 59%, of community residents rated transportation as a very or moderately serious problem in Carroll County. Also, 4% of residents or a loved one had sought assistance for transportation in the past year. In addition, 7% of residents stated that they do not have access to transportation when they need it. Nearly a sixth of community survey respondents, 14%, use a transportation method other than their own car most often when they need to get somewhere. The most common alternatives to having their own car include family members or friends (7%) and walking (3%). Community partners also noted the impact of transportation barriers several times. On a scale in which 1 is 'not at all important' and 10 is 'very important', community partners gave transportation an importance rating of 8.70, the third highest of the fourteen issues asked and 36% named transportation as one of the most important health related issues or challenges in the county right now. In addition, 21% of community partners named transportation as one of the top three issues that, if addressed, would have the largest positive impact on county residents. Most, 83%, of community partners felt there were NOT enough services and programs currently available to meet the transportation needs of Carroll County right now. Additionally, only a quarter of community partners, 25.0%, agreed that "Transportation for medical appointments is available for residents in Carroll County when needed."

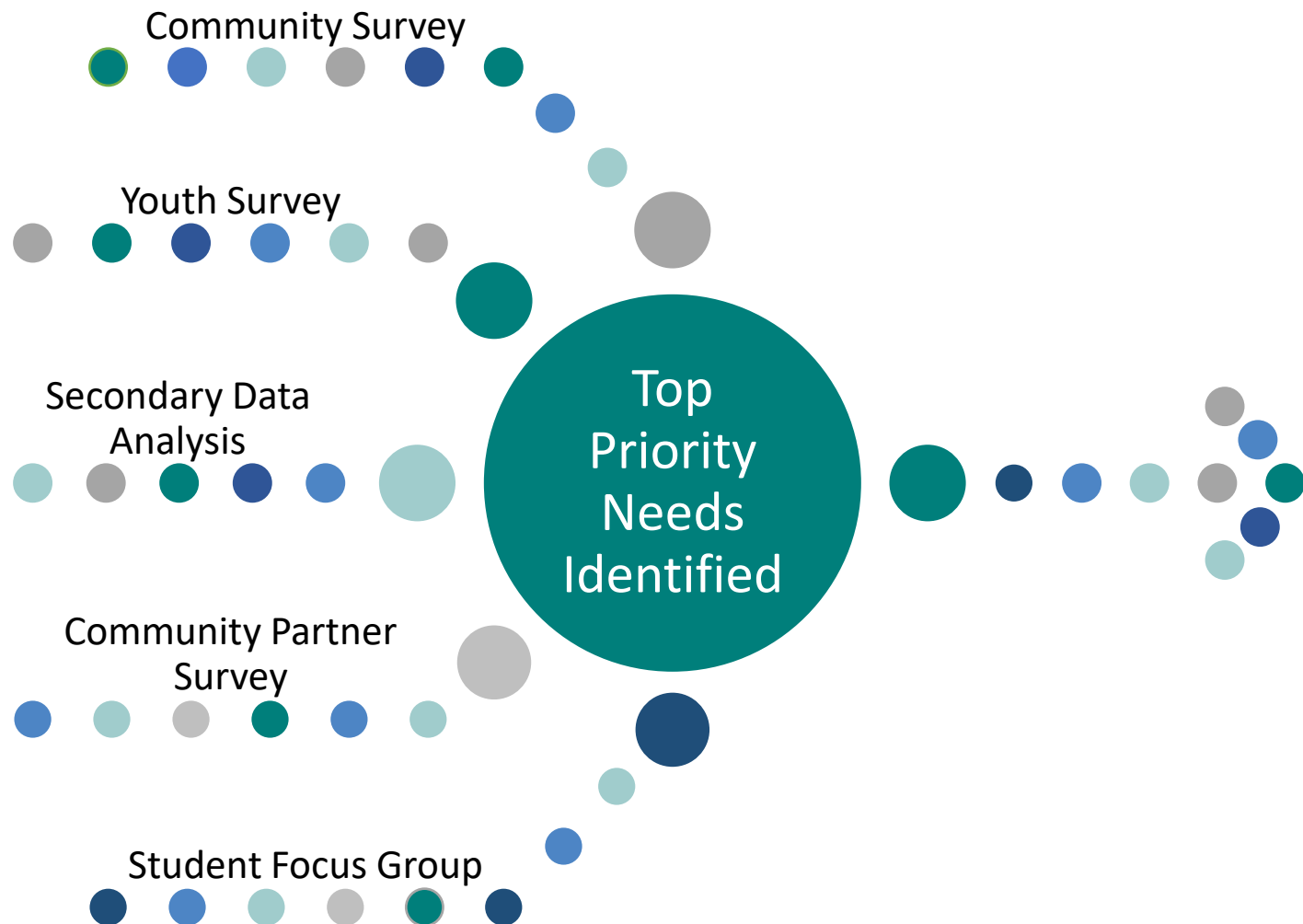
Community Health Assessment Model

The Carroll County General Health District adopted the Mobilizing for Action through Planning and Partnerships (**MAPP**) Model. **MAPP** is a community-wide strategic planning process that assists communities with prioritizing public health issues, identifying resources for addressing those issues, and developing a shared, long-term Community Health Improvement Plan (CHIP). **MAPP** is an evidence-based approach to improve public health practice that includes six phases and four assessments. The three significant components underlining the foundation of MAPP are strategic planning, collaboration, and quality improvement.



Process for Identifying Priority Health Needs

Analysis for the CHA included survey data in conjunction with health and demographic data. Using all data available, CMOR identified priority community health needs for the county. The data is included in this document. The findings from the secondary data reinforce the findings of the CHA Community Survey, Youth Survey, Community Partner Survey, and a Student Focus Group Discussion.





Priority Health Needs

This section presents a summary of the priority health needs for Carroll County (*in alphabetical order*). For each area, data is given to support the identified health need. In many cases there were significant differences between demographic groups. The priority health needs were identified after analyzing multiple sources of data as outlined in the Research Methodology appendix. The six priority health need areas were identified as common themes which appeared throughout multiple sources of data and contained adequate support to identify them as a significant issue.

ACCESS TO HEALTH CARE

HEALTH NEED: A portion of county residents do not have access to affordable basic health care services including primary care doctors. Access to medical specialists, dentists, and mental health professionals were also issues.

PRIMARY CARE

- On the community survey, more than half of residents, 60%, rated access to health care as a moderately or very serious problem facing Carroll County while slightly fewer, 52%, rated access to dental care as a moderately or very serious program.
- A tenth, 10% of community survey residents or a loved one sought assistance for healthcare in the past year while 9% sought assistance for Medicare or other health insurance. 7% sought assistance for dental care and a notable percentage, 6%, sought prescription assistance.
- On the community survey, more than a tenth of residents, 12%, reported that they do not have one person or group they think of as their doctor or health care provider.
- On the community survey, more than a quarter of residents, 29%, stated that they most often receive health care from a source other than a primary care or family doctor such as a stat care center (19%) or emergency room (3%).
- On a community survey, nearly two thirds, 64%, of community residents reported that they had to go outside of the county for healthcare in the past year. The most common reason for leaving the county was due to the location of their doctor or the type of service needed (60%). The most commonly needed service was a specialist (36%) followed by their primary care doctor (24%).
- On the community survey, a fifth, 20%, of community residents reported there were healthcare services that they or a family member needed in the past year that they were unable to get. The two services needed most often were specialist services and dental care. The most common reason for not being about to get the needed service was that the service was not available in their area. (*Source: Community Survey*)
- ALL community partners named access to health care as one of the most important health related issues or challenges in the county right now.
- On a scale in which 1 is 'not at all important' and 10 is 'very important', community partners gave access to health care an importance rating of 9.13, the **HIGHEST** of the fourteen issues asked about.
- On the community partner survey, 42% of community partners named access to health care as one of the top three issues that, if addressed, would have the largest positive impact on county residents.
- Most community partners, 96%, felt there were NOT enough services and programs currently available to meet the access to care needs in Carroll County right now.
- Half, 50%, of community partners indicated that people without health insurance were NOT being adequately served by local health services.

- Most, 79%, of community partners DISAGREED “Emergency care is accessible and available in my county”. Furthermore, 71% DISAGREED “There are enough PCPs that accept new patients” and 67% DISAGREED “Residents are able to access a PCP when needed.”
- In Carroll County, there is 1 primary care physician for every 3,840 residents which is much worse than the state ratio of 1 PCP for every 1,290 residents. Likewise, there is 1 Other Primary Care Provider (such as nurse practitioner or physician assistant) for every 3,810 Carroll County residents compared to 1 for every 770 residents of the state of Ohio as a whole *(Source: County Health Rankings)*.
- There are no registered hospitals located in Carroll County. Mercy Medical Center and Aultman Hospitals, both primarily located in Stark County, both serve patients from Carroll County. *(Source: Ohio Development Services Agency, Ohio County Profiles)*

DENTAL

- More than a third of community survey respondents, 39%, have not seen a dentist in the past year while 14% have not seen a dentist in 5 years or more. Nearly a quarter, 23%, of youth survey respondents/students have not seen a dentist in the past year.
- A third of community survey respondents, 33%, have dental issues that need to be addressed. The most common reason for not getting the needed dental care was the expense.
- On a scale in which 1 is ‘not at all important’ and 10 is ‘very important’, community partners gave access to dental care an importance rating of 7.91.
- Three quarters, 75%, of community partners felt there were NOT enough services and programs currently available to meet the access to dental care needs of Carroll County right now.
- Nearly three-quarters, 71%, of community partners DISAGREED that “Residents in Carroll County are able to access a dentist when needed.”
- In Carroll County, there is 1 dentist for every 2,970 residents which is much worse than the state ratio of 1 dentist for every 1,550 residents. *(Source: County Health Rankings)*.

SPECIALISTS

- More than a sixth, 18%, of community partners named the need for specialists as one of the most important health related issues or challenges in the county right now.
- Most, 96%, community partners DISAGREED that “Residents are able to access medical specialists LOCALLY when needed”.

AFFORDABLE HOUSING

HEALTH NEED: A lack of affordable housing limits residents' choices about where they live often forcing low-income residents to substandard housing in unsafe, overcrowded neighborhoods with higher poverty rates and fewer resources for health promotion such as parks and recreational centers and healthy food.

- Nearly three-quarters of community survey respondents, 73%, rated the availability of affordable housing as a moderate or very serious problem facing Carroll County.
- Nearly a tenth, 8% of community survey respondents or a loved one had sought assistance with utilities, while 6% sought assistance with a house repair and 5% sought mortgage or rent assistance.
- While a majority of community survey respondents, 88%, indicated they have housing, a notable portion, 9%, have housing but are worried about losing it. A small number, 2%, do not have housing and are staying at a hotel, shelter, friend’s house or on the street and 1% have temporary housing such as a tent or camper.
- According to the community survey, a tenth, 10%, of respondents have a problem with mold and nearly one in ten respondents, 7%, have a problem with water leaks and 7% reported having rodents such as mice or rats.

- On the youth survey, the majority of students, 95%, usually slept in their parent’s or guardian’s home in the past 30 days. A small percentage of students, 2%, usually slept in the home of a friend, family member, or other person due to leaving the home of their parent or guardian because they cannot afford housing.
- Nearly a sixth, 14%, of community partners named housing as one of the most important health related issues or challenges in the county right now.
- On a scale in which 1 is ‘not at all important’ and 10 is ‘very important’, community partners gave the availability of affordable housing an importance rating of 8.39, the fifth highest of the fourteen issues asked.
- On the community partner survey, 29% of community partners named the availability of affordable housing as one of the top three issues that, if addressed, would have the largest positive impact on county residents.
- Most, 91%, of community partners felt there were NOT enough services and programs currently available to address housing and homelessness in Carroll County right now.
- The percentage of vacant houses is significantly higher in Carroll County (17.1%) than Ohio (10.1%). *(Source: Ohio Development Services Agency, Ohio County Profiles)*

HEALTHY LIVING

HEALTH NEED: LIVING a healthy lifestyle means a lower risk of developing many illnesses, like heart disease and diabetes, which are prevalent in the county. A healthy lifestyle can lead to better mental health as well.

- On the community survey, the majority of residents, 82%, rated **obesity and healthy choices** as a moderately or very serious problem facing Carroll County.
- On the community survey, most residents, 78%, rated **youth vaping** as a moderate or very serious problem facing Carroll County.
- On the community survey, 29% of residents report currently smoking every day or some days and 16% of residents currently use electronic cigarettes or vape every day or some days.
- On the community survey, nearly a quarter, 22%, have not exercised in the past month. The most common reasons for not exercising were health problems and lack of time.
- On the community survey, two-thirds of respondents, 67%, reported they are overweight.
- On the community survey, on average, residents spend an average of 3.3 hours a day watching television, 3.2 hours a day using their cell phone, 3.1 hours on social media, 1.3 hours using their computer outside of school or work, and 1.2 hours playing video games.
- Nearly half, 45.2%, report sleeping 6 or less hours a night.
- Also in the community survey, slightly more than a third of respondents, 42%, reported having difficulty getting fresh fruits and vegetables.
- Nearly a tenth, 9%, of community survey respondents reported consuming unhealthy drinks one time per day, followed by 16% reporting two to three times per day and 7% four or more times a day.
- A sixth of community survey respondents, 16.0%, eat fresh fruits and vegetables zero to one time a week while 38.5%, eat fresh fruits and vegetables two to four times a week
- On the youth survey, 13% of high school students and 7% of middle school students reported smoking cigarettes in the past while 17% of high school students and 9% of middle school students report using electronic vapor products in the past.
- Also on the youth survey, a higher percentage of middle school students, 43.5%, categorized themselves as either slightly or very overweight. For high school students, the percentage of students who thought of themselves as overweight was significantly lower, 32.5%.

- Nearly a sixth, 14%, of community partners named obesity and healthy lifestyle choices as one of the most important health related issues or challenges in the county right now.
- On a scale in which 1 is 'not at all important' and 10 is 'very important', community partners gave youth vaping AND obesity and healthy lifestyle choices both an importance rating of 7.87.
- On the community partner survey, 21% of community partners named obesity and healthy lifestyle choices as one of the top three issues that, if addressed, would have the largest positive impact on county residents.
- A majority of community partners, 88%, felt there were NOT enough services and programs currently available to meet the healthy living needs of Carroll County right now.
- Two thirds, 67%, of community partners felt there were NOT enough services and programs currently available to meet the youth vaping needs of Carroll County right now.
- Students on the youth survey were asked how often they drank or ate certain items in the past 7 days.
 - Less than a sixth, 13%, had at least one high energy drink such as coffee, espresso or energy drinks a day.
 - Over a quarter, 29%, of high school students reported they did not drink a glass of milk in the past week.
 - A quarter of high school students, 25%, drank at least one glass of soda or pop a day.
 - Slightly more than one tenth, 11%, of high school students reported they did not eat vegetables in the past week, while 55% of students ate vegetables at least once in the past week but not daily. Less than one tenth, 9%, of high school students reported that they did not eat fruit in the past week, while 57% of students ate fruit at least once in the past week but not daily.
- One in ten students on the youth survey, 10.0%, had at least one day per week that they did NOT have enough food such that they went to bed hungry (because their family does not have enough money for food).
- Over half, 62.2% of high school and 55.0% of middle school, students spend an average of 3 or more hours on a cell phone on an average school day.
- More than a quarter, 25.8%, of high school and 23.4% middle school students reported getting 5 hours or less of sleep a night.
- *Community partners were asked to list some challenges residents in the county face in trying to maintain healthy lifestyles like exercising and eating healthy and/or trying to maintain chronic conditions like diabetes or heart disease. The most common challenges mentioned were lack of cost and access to healthy foods (57%), a lack of knowledge about available resources (52%), and access and affordability of gyms and recreational facilities.*
- A quarter of adults, 25%, in Carroll County currently smoke every day or most days and have smoked at least 100 cigarettes in their lifetime, significantly higher than the state average, 20% (*Source: County Health Rankings*).
- More than a quarter of adults, 28%, in Carroll County are considered physically inactive, higher than the state average, 24%. (*Source: County Health Rankings*).
- The percentage of Carroll County residents with access to locations for physical activity is significantly lower than the state average. Around a third of county residents, 36%, have access compared to a statewide average of 84%. (*Source: County Health Rankings*).
- More than a third of adults, 38%, in Carroll County have a BMI of 30 or more, slightly higher than the state average of 36%. (*Source: County Health Rankings*).
- The percentage of the population who are food insecure or do not have access to a grocery store is higher in Carroll County than the state, 14% compared to 12%. (*Source: County Health Rankings*).

MENTAL HEALTH

HEALTH NEED: The need for mental health treatment and intervention continues to increase, especially for youth. High diagnosis rates for anxiety and depression as well as the number of residents with low levels of connectiveness to their community or other people substantiate this issue.

- On the community survey, nearly three quarters of residents, 72%, rated mental health as a moderate or very serious problem facing Carroll County.
- Nearly a tenth, 7%, of residents or a loved one had sought assistance for a mental health issue in the past year.
- On the community survey, nearly a fifth, 19%, stated that their mental health was not good 11 or more days in the past month.
- Nearly half of community survey respondents, 40%, reported that poor physical or mental health kept them from doing their usual activities such as self-care, work, or recreation in the past 30 days.
- On the community survey, a quarter of respondents, 25%, felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the past year and 8% reported seriously considering suicide sometime in their adult life.
- A fifth of community survey residents, 20%, reported to have a high stress level on a typical day while another 44% said that their daily stress level was moderate.
- More than a quarter, 26%, of community survey respondents reported that they or a family member has seen a counselor or psychiatrist in the past year.
- More than a quarter of community survey respondents, 26%, reported seeing or talking to someone close to them 1 or 2 times a week while 23% see or talk to someone close to them less than once a week. Nearly a third of residents, 31%, reported feeling not at all connected to their community.
- According to the community survey:
 - More than a quarter of respondents, 27%, have been diagnosed with an anxiety disorder such as obsessive-compulsive disorder (OCD) or panic disorder.
 - A quarter of respondents, 25%, have been diagnosed with depression.
- More than half, 54%, of community survey respondents had at least one day in the past 30 days that their mental health was not good. Nearly one in five, 19%, indicated that their mental health was not good 11 or more days in the past 30.
- More than a quarter of students, 26%, have felt isolated or alone 6 or more times in the last 12 months (30% middle school and 22% high school). *(Source: Youth Survey)*
- Nearly a third of high school students, 32%, have felt so sad or hopeless almost every day for two weeks or more in a row that it stopped them from doing their usual activities sometime in the last 12 months. *(Source: Youth Survey)*
- A sixth of students, 16%, have seriously considered suicide sometime in the past 12 months (17% middle school and 15% high school). Of those who considered suicide, 63% actually attempted it and 60% made a plan of how to attempt suicide. *(Source: Youth Survey)*
- Over a third of students reported that thinking about the future (38.6%) and self-image (35.1%) were causes of anxiety, stress, or depression. *(Source: Youth Survey)*
- Nearly half, 49%, of students have experienced at least one of fourteen adverse childhood experiences while 17% had experienced four or more experiences. *(Source: Youth Survey)*
- Almost half, 46%, of students reported hurting themselves on purpose sometime in their life (16% reported cutting, 16% scratching, and 16% hair pulling or picking). *(Source: Youth Survey)*
- On the community partner survey, mental and behavioral health were reported as the second MOST important health related issue or challenge, named by 65% of community partners.

- On a scale in which 1 is 'not at all important' and 10 is 'very important', community partners gave mental health services an importance rating of 9.09, the second **highest** of the fourteen issues asked about.
- On the community partner survey, 71% of community partners named mental health as one of the top three issues that, if addressed, would have the largest positive impact on county residents.
- Most, 83%, of community partners felt there were NOT enough services and programs currently available to meet the mental health needs of Carroll County right now.
- Two-thirds, 67%, of community partners indicated that people with mental illness were not being adequately served by local health services.
- Only 29% of community partners agreed "*There are a sufficient number of mental and behavioral health providers in the area.*"
- In Carroll County, there is 1 mental health provider for every 1,670 residents which is much worse than the state ratio of 1 mental health provider for every 330 residents. *(Source: County Health Rankings).*

SENIOR SERVICES

HEALTH NEED: Nearly half of households in the county have a resident age 60 and over, a percentage that has been slowly increasing each year. As the county continues to age, there will be significant challenges to meet the health needs of the aging population.

- More than half of residents, 58%, rated resources and services for seniors as a moderately or very serious problem facing Carroll County.
- More than a tenth of community residents, 12%, are responsible for providing regular care or assistance to an elderly parent or loved one.
- Having enough money to meet daily expenses was the largest challenge facing seniors according to community residents with 81% naming it as a major or moderate challenge facing seniors. Approximately three quarters of residents also rated the following as major or moderate problems facing seniors: affordable long-term nursing home care, feeling lonely or isolated, not knowing what services are available, and physical health. More than half of residents, 51%, felt that there was not enough support in the county to address these challenges.
- On the community partner survey, 14% of community partners named aging and elder care as the most important health related issue or challenge facing the county right now.
- On a scale in which 1 is 'not at all important' and 10 is 'very important', community partners gave resources and services for seniors an importance rating of 8.39, the fifth highest of the fourteen issues asked about.
- Half of community partners, 50%, felt there were NOT enough services and programs currently available to meet the needs of the aging population and seniors of Carroll County right now.
- The median age in the county, 46.1, is higher than the median age of 39.6 for the state. Also, 21% of the county population is aged 65 or over compared to 17% of the state's population *(Source: U.S. Census Bureau 2021).*
- Nearly half, 46.6%, of households in the county had at least one adult age 60 and over. *(Source: U.S. Census Bureau 2021).*

SUBSTANCE ABUSE

HEALTH NEED: Community residents and partners are extremely concerned about addiction and overdoses and the toll that it has taken on the community. Excessive alcohol and substance use can lead to an increased risk of other health problems such as injuries, violence, liver disease, and cancer.

- On the community survey, most residents, 79%, rated **heroin or other illegal drug** use as a moderate or very serious problem facing Carroll County. Nearly two-thirds, 66%, thought that **underage drinking** was a moderate or very serious problem facing Carroll County.
- On the community survey, nearly one in ten respondents, 7%, reported driving after drinking any alcoholic beverages during the past month.
- Nearly a third, 31%, of community survey residents felt that it is okay for a person under the age of 21 to drink alcohol as long as they do not drive. Slightly fewer, 28%, felt that it was not at all difficult for residents under 21 to buy alcohol in the county.
- Also on the community survey, nearly a sixth of respondents, 15%, reported that they or someone in their household had used marijuana in the past six months.
- More than a third, 38%, of community survey respondents know someone who has overdosed from drugs while 12% know someone who has taken prescription medications to get high.
- More than one in ten community survey respondents, 11%, stated that they, a family member, or friend needed drug or alcohol treatment in the past year.
- More than half of community survey respondents, 51%, felt that there were certain drugs that were a problem in the county. The drugs mentioned most often as a problem in the county were Heroin and Methamphetamines.
- More than a quarter of high school students, 27.7%, and nearly one-sixth, 14.0%, of middle school students drank alcohol (more than just a few sips) sometime in the past. *(Source: Youth Survey)*
- The high school students who drank alcohol in the past were asked a series of follow-up questions.
 - More than half of high school students who drank in the past, 51.9%, had drunk at least one drink of alcohol in the past 30 days. Nearly a tenth of students, 9.3%, of those who drank in the past reported drinking alcohol 10 or more days in the past month.
 - Nearly a quarter of high school students who drank in the past, 23.1%, had six or more alcoholic drinks in a row sometime during the past 30 days. *(Source: Youth Survey)*
- More than a tenth of students, 13%, have misused an over-the-counter medication sometime in their lifetime while 11% have taken a family member or friend's medication sometime in the past. A tenth of students reported using prescription pain medications without a doctor's prescription or differently than how a doctor told them to use it sometime in their lifetime while 3% reported using prescription pain medications without a doctor's prescription or differently than how a doctor told them to use it in the past 30 days. *(Source: Youth Survey)*
- Nearly a tenth of students, 9.4%, have used marijuana sometime in their lifetime, with usage being more than twice as high for high school students (13.4%) than middle school students (5.9%). *(Source: Youth Survey)*
- On the community partner survey, nearly half of community partners, 41%, named addiction and overdoses as the most important health related issue or challenge facing the county.
- On a scale in which 1 is 'not at all important' and 10 is 'very important', community partners gave substance use an importance rating of 8.57, the fourth highest of the fourteen issues asked.
- On a scale in which 1 is 'not at all important' and 10 is 'very important', community partners gave underage drinking an importance rating of 7.74.
- On the community partner survey, 42% of community partners named substance abuse as one of the top three issues that, if addressed, would have the largest positive impact on county residents.

- Most, 74%, of community partners felt there were NOT enough services and programs currently available to meet the substance abuse needs of Carroll County right now while slightly fewer, 70%, felt there were not enough services and programs available to address underage drinking.
- More than half, 58%, of community partners indicated that people addicted to drugs and alcohol were not being adequately served by local health services.
- On average, 30% percent of client admissions in the county were associated with a primary diagnosis of alcohol abuse or dependence in SFY 2021, much higher than the state average of 20%. *(Source: Ohio Mental Health and Addiction Services).*
- The number of unintentional drug overdose deaths in Carroll County has increased significantly since 2013 from 2 to 8. *(Source: Ohio Department of Health).*

Progress 2019-2024

2019 HEALTH NEEDS

CHRONIC DISEASE MANAGEMENT/HEALTHY LIVING

HEALTH NEED: Chronic diseases develop over a period of time and require reoccurring care, which can be very expensive and span a person's lifetime. While chronic diseases cannot be prevented by vaccinations, there are lifestyle choices that can increase a person's likelihood of developing a chronic disease.

CARROLL COUNTY UPDATE: Indicators for healthy living have all worsened since 2019. There are many contributing factors affecting chronic diseases. The health department is tracking data for mortality rates and delayed care and early identification of health risks are the most common factors affecting mortality from chronic diseases. There are few services directly PROVIDED for chronic disease management beyond treatment by the health care system or palliative care. Prevention efforts to increase physical activity and improved nutrition are necessary. The Health Department has expanded screening services for cancers, hypertension, and heart disease. Future work is needed in this area.

MEASURE	2019	2024	CHANGE
Percentage of residents reporting their health to be excellent or good	75.7%	67.8%	-7.9%
Percentage of residents who reported not exercising in past month	28.4%	21.5%	-6.9%
Percentage of residents who describe themselves as overweight	49.3%	66.5%	+17.2%
Percentage of residents use tobacco some days or everyday	28.0%	29.5%	+1.5
Percentage of residents vaping some days or everyday	5.5%	16.2%	+10.7%
Percentage of residents reporting eating fruits/vegetables less than once a day	47.1%	54.5%	+7.4%
Percentage of high school students reporting to be overweight	34.5%	32.5%	-2.0%
Percentage of middle school students reporting to be overweight	25.3%	43.5%	+18.2%
Percentage of high school students reporting less than 7 hours of sleep on an average school night	41.2%	45.4%	+4.2%
Percentage of middle school students reporting less than 7 hours of sleep on an average school night	27.6%	44.1%	+16.5%
Percentage of high school students not physically active at least 60 minutes 1 day per week	9.1%	10.8%	+1.7%
Percentage of middle school students not physically active at least 60 minutes 1 day per week	5.4%	11.8%	+6.4%
Percentage of high school students reporting playing 3 or more hours of computer or video games on an average school day	42.1%	37.9%	-4.2%
Percentage of middle school students reporting playing 3 or more hours of computer or video games on an average school day	36.5%	43.9%	+7.4%
Percentage of high school students reporting watching 3 or more hours of television on an average school day	23.2%	25.4%	+2.2%
Percentage of middle school students reporting watching 3 or more hours of television on an average school day	26.4%	23.9%	-2.5%

ACCESS TO HEALTH CARE

HEALTH NEED: A large portion of county residents still do not have access to affordable basic health care services including primary care doctors. Access to medical specialists, dentists, and mental health professionals were also issues.

CARROLL COUNTY UPDATE: Healthcare service delivery has changed since 2019, driven by needs during the covid-19 pandemic. Telehealth visits are a common form of service delivery and have improved access but still have barriers when internet service is not an option. School based telehealth services have expanded access and minimize lost work time for parents. Expanding these services to on-site practitioners is now happening in two of our 3 school districts. We continue to seek funding and recruit federally qualified health centers to expand services for primary care, behavioral health and dental to Carroll County. Specialty care is being provided through both Aultman and Mercy Cleveland Clinic, but with minimal hours. Emergency care remains an issue and use of urgent care as a primary care provider also remains a concern.

MEASURE	2019	2024	CHANGE
Percentage of residents reporting that there were healthcare services that they or a family member needed in the past year that they were unable to get.	13%	20%	+7%
Percentage of residents with health insurance	90.6%	94.5%	+3.9%
Percentage of residents with a primary care provider	83.6%	88.0%	+4.4%
Percentage of residents who have had a routine checkup in past year	74.1%	79.0%	+4.9%
Percentage of residents who receive health care most often from somewhere other than primary care doctor	26.2%	29.5%	+3.3%
The ratio of population to primary care physicians	5,530:1	3,840:1	
The ratio of population to mental health providers	2,490:1	1,670:1	
The ration of population to dentist	2,490:1	2,970:1	
Number of registered hospitals in Carroll County	0	0	-
Rank of 'Health Care Access' as most important health related issue as indicated by community partners	2	1	-1

CHANGING DEMOGRAPHICS, SOCIAL DETERMINANTS, AND OTHER COUNTY-SPECIFIC BARRIERS

HEALTH NEED: Carroll County is one of the oldest counties in Ohio (it is 5th out of 88) and the population ages 65 and over is growing. In addition, due partly to the heroin and opiate epidemic, the number of grandparents raising grandchildren has also been rapidly increasing. As the county continues to age, there will be significant challenges to meet the health needs of the again population.

CARROLL COUNTY UPDATE: The data for the last two assessments have demonstrated the burden placed on our senior population. As we continue to age, more of our population is over the age of 65. The county has expanded services to our seniors to provide home risk assessments with interventions intended to keep seniors safe and independent in their homes. Though data suggests that less grandparents are raising grandchildren than in 2019. Programs to address services to families in need of housing, transportation, nutrition services and other needs are being implemented through CCGHD to provide wrap around care to support the basic health needs of families.

MEASURE	2019	2024	CHANGE
Percentage of community residents who reported that the distance from the store made it difficult for them to get the food they needed.	27%	23%	-4%
Median age in the county	45.0	46.1	+1.1
Percentage of county population age 65 and over	20%	21%	+1%
Number of grandparents raising grandchildren in Carroll County	350	170	-180
Adults ages 18 to 24- percentage with a high school degree or more education	73.3%	79.6%	+6.3%
Percentage of Carroll County residents with a bachelor's degree or higher	12%	14%	+2%



MENTAL HEALTH SERVICES/SUICIDE

HEALTH NEED: The need for mental health treatment and intervention continues to increase, especially for youth. High diagnosis rates for anxiety and depression as well as an alarming percentage of youth who have admitted having suicidal thoughts substantiate this issue.

CARROLL COUNTY UPDATE: Mental health and its impact on suicide continue to be an alarming problem for our residents. The pandemic has impacted all communities in how individuals feel, their levels of anxiety and how they cope have changed since 2019. More than half of our residents report that their mental health has not been good in the past 30 days. Access to mental health services is a challenge without going outside the county. The county has done a lot to increase awareness of how to access services, has expanded walk-in services for mental health evaluations and has increased training opportunities to those service providers most involved in helping those affected. Schools have expanded in school counseling services. Adolescent rates of depression and anxiety have reached an all-time high. The community has come together to work on how to build youth resiliency to provide our youth skills to healthy coping, decision making. The youth resiliency coalition has been branded and is the Empower Youth Coalition. This is a youth lead, adult guided coalition that works to bring awareness and decrease stigma around mental health across the county.

MEASURE	2019	2024	CHANGE
Percentage of community residents reported at least one day in the past 30 days that their mental health was not good.	36.5%	53.7%	+17.2%
Percentage of community residents reported that their mental health was not good 16 or more days in the past 30.	10.7%	11.8%	+1.1%
Percentage of community residents reporting knowing someone who has died by suicide.	43.3%	46.8%	+3.5%
Percentage of community residents reporting knowing someone who has talked about suicide	31.4%	34.5%	+3.1%
Percentage of community residents reporting knowing someone who has attempted suicide but did not die	21.3%	25.5%	+4.2%
Percentage of high school students reporting having felt so sad or hopeless almost every day for two weeks or more in a row that it stopped them from doing their usual activities sometime in the last 12 months.	27.4%	32.0%	+4.6%
Percentage of high school students reporting having seriously considered suicide sometime in the past 12 months.	21.9%	15.2%	-6.7%
Percentage of middle school students reporting having seriously considered suicide sometime in the past 12 months.	14.9%	16.7%	+1.8%
The ratio of population to mental health providers	2,490:1	1,670:1	
Rank of 'Mental Health' as most important health related issue as indicated by community partners	1	2	+1



HEROIN/OPIOID/ILLEGAL DRUG USE

HEALTH NEED: A highly addictive opioid drug, heroin use has been steadily rising nationally, statewide and in Carroll County. The epidemic has swept across all parts of Carroll County and has touched all demographic groups and has put strains on all governmental agencies and health-related organizations, including county health departments.

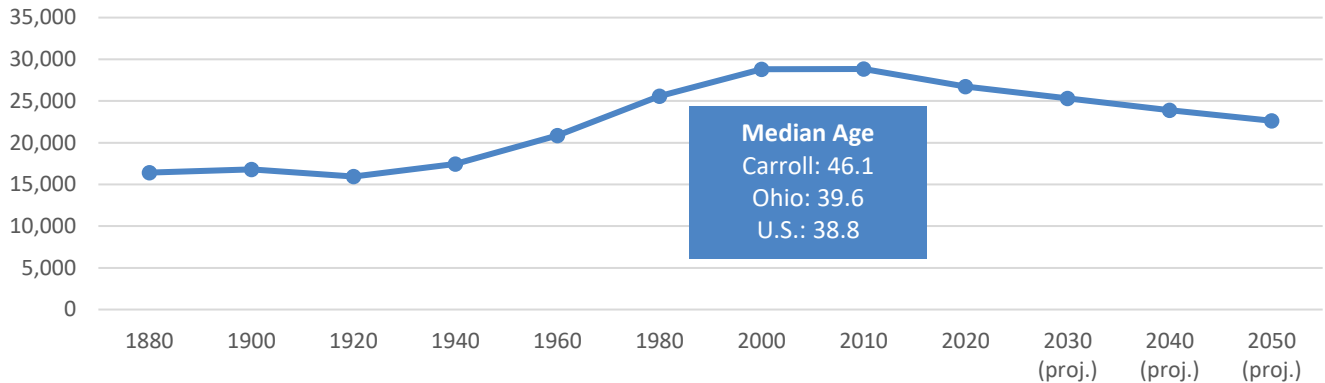
CARROLL COUNTY UPDATE: Carroll County has a county-wide coalition funded through the Centers for Disease Control to bring together different sectors of the county to work together around youth substance use. The goals of this coalition are focused on Nicotine (vaping) and marijuana use. Since 2019, vaping was not a common mechanism for youth substance use. Today this is the primary way youth are choosing to use tobacco and marijuana substances. CCGHD has partnered to provide Project Dawn (Narcan) to community members and is working on harm reduction strategies. We have developed a committee to for collective decisions on the One Ohio funds, which are the state settlement dollars awarded to each community that was part of the class action lawsuit against pharmaceutical companies and their role in the opioid epidemic in Ohio. We are bringing a standardized curriculum to all schools for k-8th grade that focuses on substance use prevention. This will begin being delivered in Fall 2024.

MEASURE	2019	2024	CHANGE
Percentage of residents reporting that they know someone who was treated for a drug overdose with Narcan.	13%	14%	+1%
Percentage of high school students reporting consuming alcohol (more than just a few sips) sometime in the past.	55.5%	27.7%	-27.8%
Percentage of middle school students reporting consuming alcohol (more than just a few sips) sometime in the past.	29.5%	14.0%	-15.5%
Percentage of high school students reporting using marijuana sometime in past	26.4%	13.4%	-13.0%
Percentage of middle school students reporting using marijuana sometime in past	6.5%	5.9%	-0.6%
The number of unintentional drug overdose deaths in Carroll County	6	8	+2

Carroll County Demographic Profile

Carroll County is one of the smallest counties in Ohio, ranking 80 out of 88 in terms of population, with a current population of 26,721. Carroll County’s population is projected to decrease by more than 15% between now and 2050. The state’s population is also projected to decrease over the same time period, although at a much smaller rate, 6%. The median age in the county, 46.1, is significantly higher than the median age of 39.6 for the state.

Carroll County Population Trends and Projections



County Population Trends & Projections						
	Carroll County		Ohio			
1880	16,416	3,198,062			2020	26,721 / 11,799,448
1900	16,811	4,157,545			2025	26,054 / 11,765,739
1920	15,942	5,759,394			2030	25,297 / 11,694,767
1940	17,449	6,907,612			2035	24,569 / 11,574,119
1960	20,857	9,706,397			2040	23,881 / 11,425,531
1980	25,598	10,797,603			2045	23,227 / 11,267,043
2000	28,822	11,353,336			2050	22,627 / 11,123,896
2010	28,836	11,536,504			Change 20-50	-4,094 / -675,552

SOURCE: Ohio Development Services Agency, U.S. Census

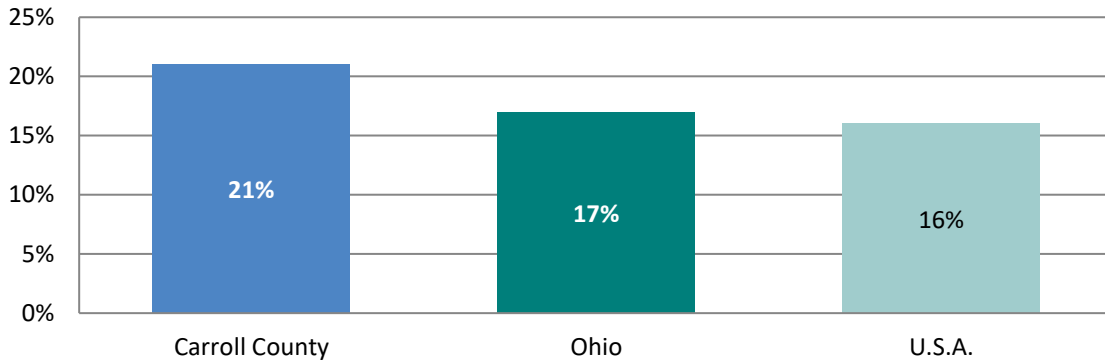
County Population Trends & Projections - Children				
	Carroll County		Ohio	
	Under 5	Under 18	Under 5	Under 18
2011	1,590	4,973	708,922	2,694,664
2012	1,556	4,929	699,363	2,668,994
2013	1,491	4,877	695,657	2,652,685
2014	1,426	4,823	696,733	2,640,987
2015	1,418	4,736	696,816	2,627,298
2016	1,349	4,609	697,923	2,612,172
2017	1,318	5,852	695,704	2,627,168
2018	1,309	5,763	695,933	2,736,314.3
2019	1,364	5,707	694,711	2,723,827.3
2020	1,330	5,592	692,983	2,712,788.3
2021	1,332	5,544	668,935	2,721,701
Change 2011 to 2021	-258	+571	-55,730	-928,383

SOURCE: U.S. Census Bureau, American Fact Finder



As shown in the graph below, Carroll County has a significantly higher percentage of the population ages 65 and over compared to both Ohio and the country.

Percentage of Population ages 65+, 2021

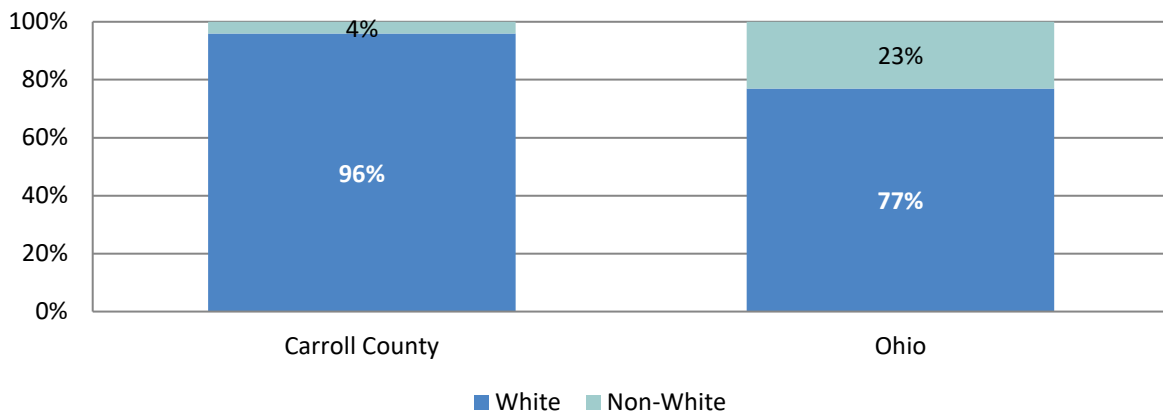


Data Source: US Census Bureau

In 2023, there was an estimated **Amish population** in Carroll County of 1,150 spread among two settlements: Carrolton with 740 and Kilgore with 410. ¹

Carroll County is much less diverse than the state of Ohio with just 4% of the population being non-white compared to 23% in the state.

Population by Race, 2021



County Population by Race, 2021

	White	African American	Native American	Asian	Pacific Islander	Other Race	Two or more races
Carroll County	25,820	218	0	0	0	65	763
Ohio	9,374,538	1,452,530	18,416	276,828	3,899	141,320	327,089

SOURCE: U.S. Census Bureau, 5-year estimates

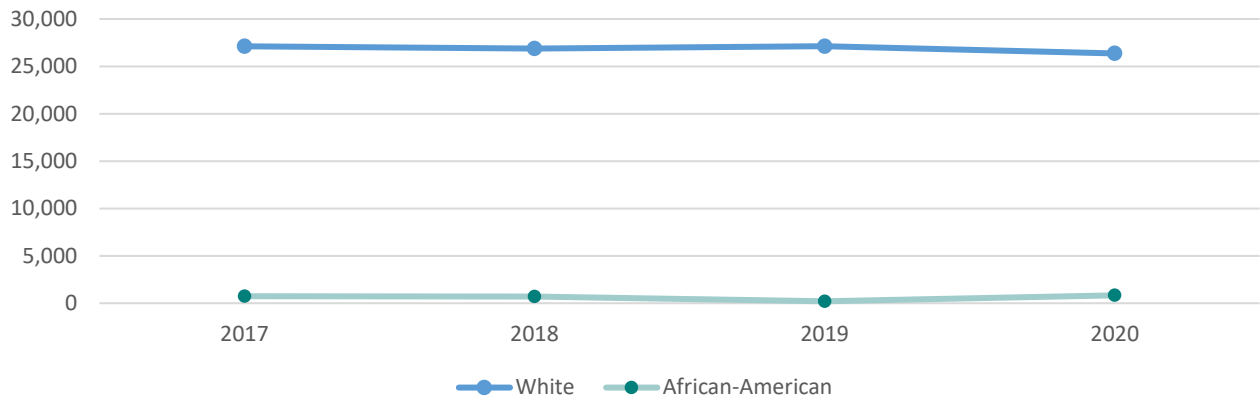
¹ SOURCE: "Amish Population Profile, 2022." Young Center for Anabaptist and Pietist Studies, Elizabethtown College. <http://groups.etown.edu/amishstudies/statistics/amish-population-profile-2022>.





Over the past five years, the number of white and African American residents has decreased while the number of multi-race residents tripled.

Carroll County Population Estimates by Race

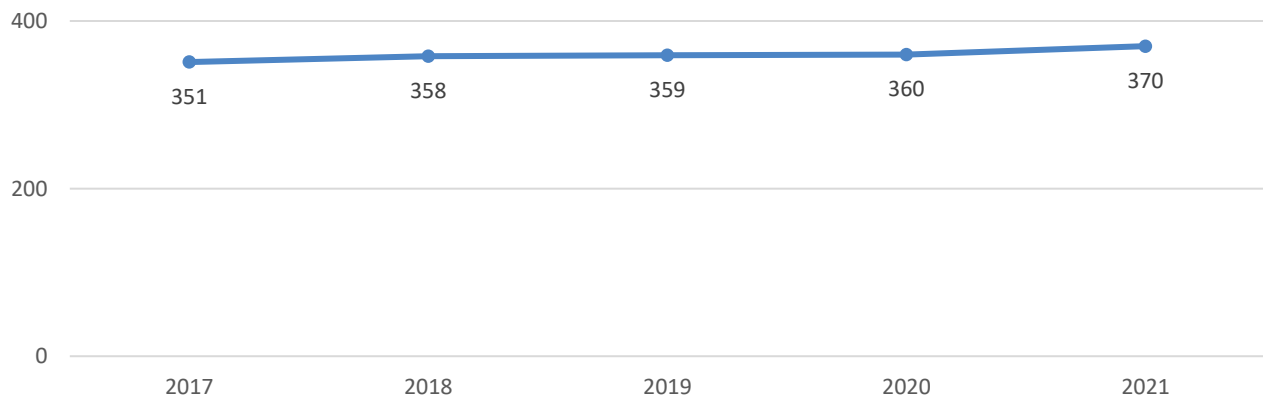


Carroll County Population Estimates by Race						
	2017	2018	2019	2020	2021	% Change
White	27,103	26,891	27,126	26,364	25,820	-4.7%
African American	257	187	72	275	218	-15.2%
Native American	21	9	8	0	0	-100.0%
Asian	105	128	9	25	0	-100.0%
Pacific Islander	17	0	0	0	0	-100.0%
Other race	70	16	22	0	65	-7.1%
Two or more races	252	347	95	531	763	+202.8%

SOURCE: U.S. Census Bureau 5-year estimates

The number of Hispanic or Latino residents in the county has increased by just 5% from 2017 to 2021.

Carroll County Population by Hispanic Origin



Source: U.S. Census



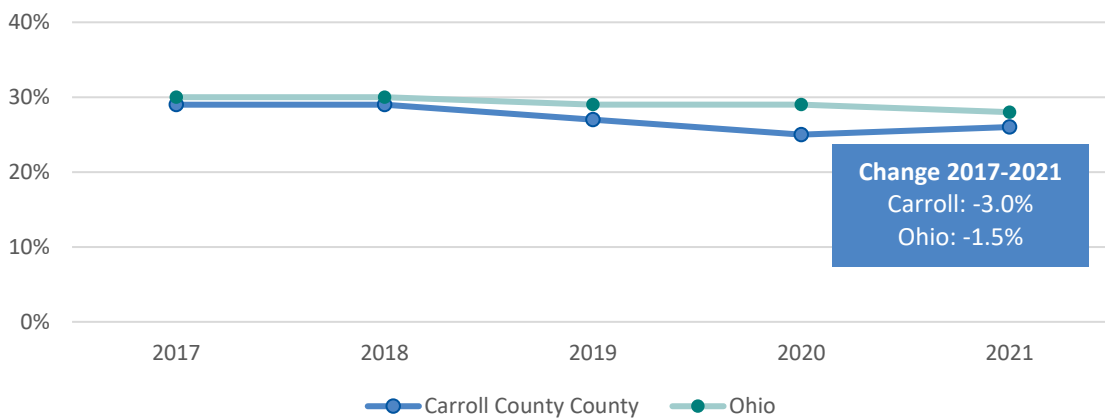
The percentage of Carroll County residents ages 5 and over who speak a language other than English is 5.5%, an increase from 3.7% in 2018.

Language Spoken at Home- Speak a language other than English (% of population ages 5 and over)						
County	2018	2019	2020	2021	2022	Change
Carroll County	3.7%	2.8%	5.1%	5.0%	5.5%	+1.8%
Ohio	7.0%	7.2%	7.2%	7.3%	7.4%	+0.4%

SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates

A slightly lower percentage of households in the county than in the state have children in the household (26.0% compared to 28.3%). This percentage has slightly decreased over the past five years.

Families with Children as a Percent of Households



Families with Children as a Percent of Households						
County	2017	2018	2019	2020	2021	Change
Carroll County	29.0%	28.8%	26.8%	25.2%	26.0%	-3.0%
Ohio	29.8%	29.6%	28.5%	28.9%	28.3%	-1.5%

SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates

In 2021, more than half, 53%, of households were married couple households. More than a quarter of households, 26.0%, had children under the age of 18 and nearly half, 30.5%, had at least one adult age 60 and over. Both average household and family size has slightly declined over the past five years.

Carroll County Households by Type						
	2017	2018	2019	2020	2021	Change
Total households	10,917	11,126	11,298	11,286	11,300	+3.5%
Married couple households	6,380	6,361	6,253	6,077	5,998	-5.9%
Married couple with kids	2,091	2,082	1,985	1,861	1,822	-12.8%
Male household, with kids	243	277	254	250	208	-14.4%
Female household, with kids	424	493	437	439	519	+22.4%
Households with children	29.0%	28.8%	26.8%	25.2%	26.0%	-3.0%
Households with 60+	44.9%	45.2%	45.8%	47.2%	46.6%	+1.7%
Average household size	2.51	2.44	2.38	2.37	2.34	-0.17
Average family size	2.96	2.91	2.89	2.92	2.88	-0.08

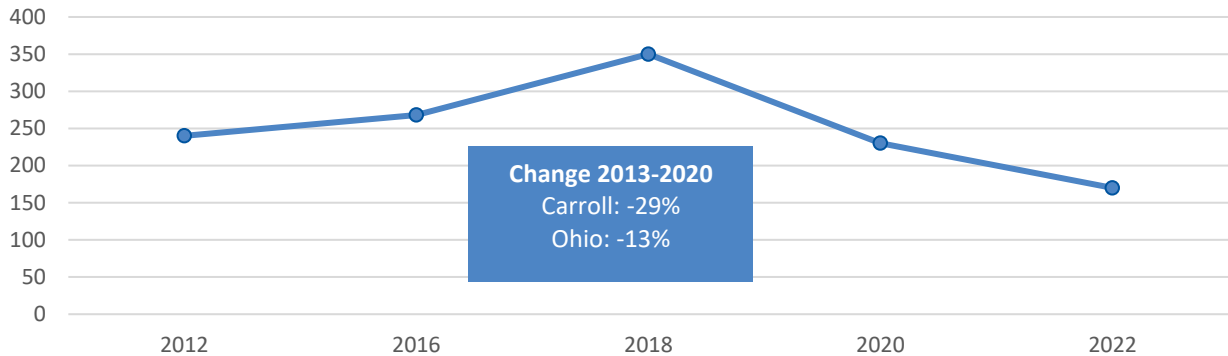
SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates





Children living with their grandparents has decreased significantly since 2012. However, the decrease was more than twice as high in Carroll County (-29%) as it was in the state (-13%).

Number of Grandparents Raising Grandchildren - Carroll County

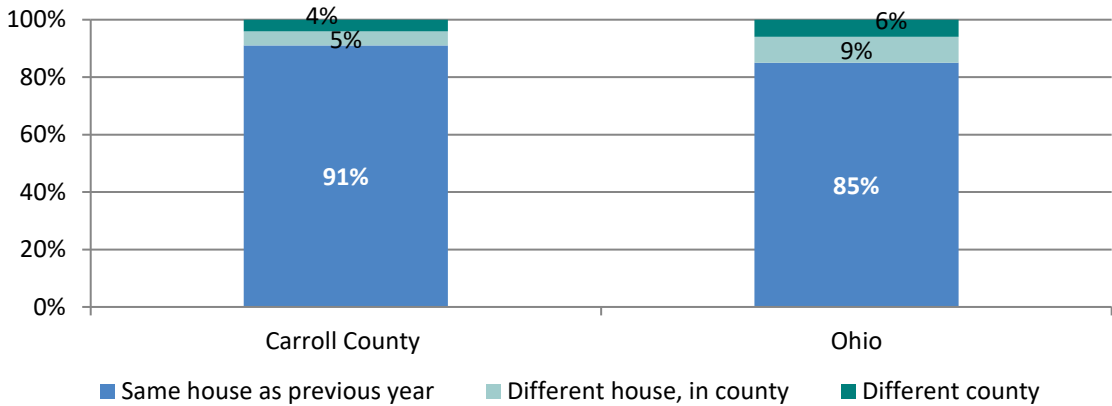


Number of Grandparents Raising Grandchildren						
County	2012	2016	2018	2020	2022	Change '12- '22
Carroll County	240	268	350	230	170	-29.2%
Ohio	99,487	100,667	97,811	91,845	86,941	-12.6%

SOURCE: Public Children Services Association of Ohio (PCSAO)

Residents of Carroll County tend to be slightly less geographically mobile than Ohio with the majority, 91%, living in the same house as last year.

Geographic Mobility, 2021



Geographic Mobility, 2021					
	Same house as previous year	Different house, in county	Different County, in state	Different state	Abroad
Carroll County	91.1%	4.6%	3.2%	1.2%	0.0%
Ohio	85.3%	9.1%	3.4%	1.7%	0.4%

SOURCE: Ohio Development Services Agency, Ohio County Profiles



Community Assets & Resources

HEALTH CARE ASSETS AND RESOURCES

The ratio of the population to primary care physicians, mental health providers, and dentists is much worse in Carroll County than Ohio; (1) for primary care physicians, the ratio was nearly three times higher in Carroll County, (2) for mental health providers, the ratio was nearly five times higher in Carroll, (3) for dentists, the ratio is almost 2 times higher in the county than the state.

There are no registered hospitals located in Carroll County. Mercy Medical Center and Aultman Hospitals, both primarily located in Stark County, both serve patients from Carroll County.

Health Care Summary, 2021		
	Carroll County	Ohio
Primary Care Physicians	7	36,438
<i>Ratio of population to primary care</i>	<i>3,840:1</i>	<i>1,303:1</i>
Mental Health Providers	-	30,543
<i>Ratio of population to mental health</i>	<i>1,670:1</i>	<i>383:1</i>
Dentists	-	7,503
<i>Ratio of population to dentists</i>	<i>2,970:1</i>	<i>1,558:1</i>
Number of registered hospitals*	0	211
<i>Number of hospital beds*</i>	<i>0</i>	<i>41,107</i>
<i>Licensed nursing homes*</i>	<i>3</i>	<i>949</i>
<i>Number of beds*</i>	<i>197</i>	<i>87,130</i>
Licensed residential care*	2	795
<i>Number of beds*</i>	<i>108</i>	<i>69,514</i>
<i>SOURCE: County Health Rankings: Original source National Center for Health Statistics</i>		
<i>*Ohio Development Services Agency, Ohio County Profiles</i>		

Major Employers

Five of the major employers in Carroll County are listed in the table below.

Carroll County Major Employers
American Axle, Manufacturing- Colfour
GBS Corporation
Metaldyne
CBC Services
DLH Industries
<i>SOURCE: Ohio Southeast Economic Development, Carroll County Overview</i>

Education Assets and Information

There are three school districts located in the county: Brown Local School District, Carrollton Exempted Village Schools, and Conotton Valley Union Local School District. The average expenditure per student is slightly less than the state average. However, the graduation rate for Carroll County is higher than the state, 95.5% compared to 91.4%.

There are no 4-year public universities or private colleges, or 2-year public colleges located within Carroll County.

County Education Information, 2021		
	Carroll County	Ohio
Public school buildings	7	3,033
# public students	2,855	1,535,460
# public teachers	175.7	110,338.5
Expenditures per student	\$10,179	\$10,669
Graduation Rate	95.5%	91.4%
# non-public schools	0	707
# non-public students	0	167,892
# 4-yr public universities	0	13
# 4-year branches	0	24
# 2-year public colleges	0	38
# Private colleges and universities	0	48
Public libraries (Main/Branches)	1/2	734

SOURCE: Ohio Development Services Agency, Ohio County Profiles

Other Community Assets

Additional community resources and assets located in Carroll County that can be mobilized to address health challenges if needed include 11 residential camps, Future Farmers of America Camp (FFA Camp), and Seven Ranges-Boy Scouts of America Camp; Faith-based Ministerial Association, NPO- Carroll Cares, HRH, and OSU Extension office.

Community Health Assessment:

Detailed Results

The four data components included in this assessment include:

- **Community Survey** - A community survey was conducted with a representative sample of 400 adults in the county. The survey questions focused on the following areas: community need and social determinants, access to care, mental health and substance abuse, healthy living, vaccinations, chronic diseases, and transportation.
- **Youth Survey**- A total of 427 surveys were completed with middle school (223) and high school students (204) from Carrollton and Conotton Valley School Districts. The survey covered the following topics: safety, violence-related behaviors, bullying, sad feelings and attempted suicide, cigarette smoking, electronic vapor products, other tobacco products, drinking alcohol, prescription pain medicine, marijuana and other drug use, sexual behavior, body weight, food and beverages, physical activity, and concussions.
- **Secondary Data Analysis** - Main sources of data include the American Fact Finder, Ohio Department of Health, and County Health Rankings.
- **Community Partner Survey**- In addition to the data mentioned above, additional data was gathered to provide some contextual information to the primary and secondary data. This included a Community Partner survey which consisted of an online survey completed by 24 community partners who have knowledge of and/or experience in community health issues.
- **Student Focus Group**- An additional source of qualitative data was a focus group of 28 area students ages 17-18, both male and female. The questions developed were a deep dive into substance use and the perception of the youth's knowledge of how harmful these substances are to their health.

More detailed information about the data components can be found in the Research Methodology appendix.

THE RESULTS ARE BROKEN DOWN INTO THE FOLLOWING TOPIC AREAS:

- | | |
|--------------------------------------|---|
| → Community Needs | → Communicable Diseases, Vaccinations and Prevention Services |
| → Social Determinants | → Chronic Disease Management |
| → Personal Health Status | → Transportation |
| → Access to Health Care | → Housing |
| → Mental Health | → Environmental Quality |
| → Oral Health | → Safety, Injury and Violence |
| → Smoking/Tobacco Use | → Reproductive and Sexual Health |
| → Alcohol and Substance Abuse | → Social media |
| → Maternal, Infant, and Child Health | |
| → Healthy Living | |

Throughout the report, statistically significant findings and statistical significance between groupings (i.e., between age groups or between races) are indicated by an asterisk ()*



COMMUNITY NEEDS

COMMUNITY SURVEY

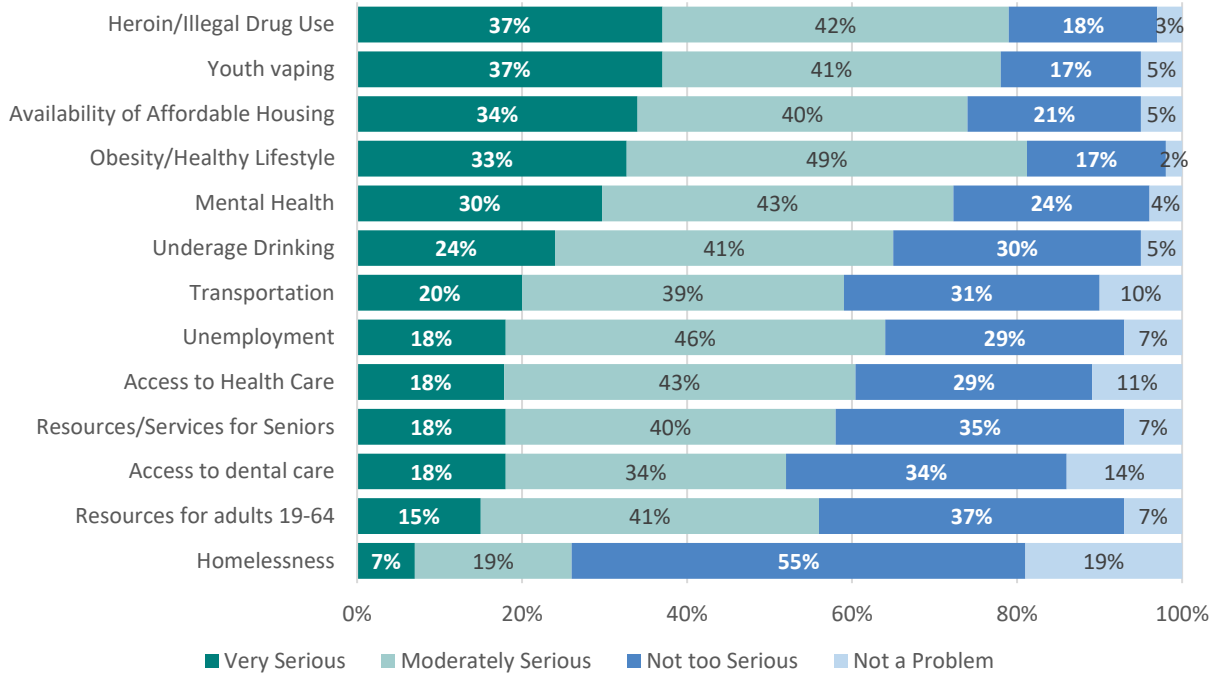
Summary: Community Needs			
		% of responses	N
Seriousness of Problems in Carroll County <i>(% rating it as very or moderately serious)</i>	Obesity and healthy choices	81.8%	400
	Heroin or other illegal drug use	78.5%	
	Youth vaping	78.2%	
	Availability of affordable housing	73.3%	
	Mental health	72.3%	
	Underage drinking	65.7%	
	Unemployment	63.6%	
	Access to health care	60.4%	
	Transportation	58.8%	
	Resources/Services for Seniors	57.8%	
	Resources and services for ages 19-64	56.0%	
	Access to dental care	52.3%	
	Homelessness	26.1%	
Sought assistance in past year for . . .	Food	14.0%	400
	Healthcare	9.8%	
	Medicare or other health insurance	8.8%	
	Utilities	8.0%	
	Mental health issues	7.0%	
	Dental care	6.5%	
	Prescription assistance	6.0%	
	Clothing	5.8%	
	Home repair	5.5%	
	Employment	4.5%	
	Rent/mortgage assistance	4.5%	
	Transportation	4.0%	
	Legal aid services	3.0%	
	Shelter	2.3%	
	Childcare	2.0%	
	Addition services	0.8%	
	Unsafe structural issues with housing	0.8%	
	Unplanned pregnancy	0.3%	
None of the above	70.0%		



Next, all respondents were given a list of 13 problems and were asked how serious they thought each problem was in Carroll County on a scale of ‘not a problem’ to ‘very serious.’ Each problem is discussed in more detail below.

Seriousness of Problems

For each of the following, would you say that it is a very serious problem in Carroll County today, a moderately serious problem, not too serious, or not really a problem at all?



- Obesity and Healthy Lifestyle Choices-** A majority of residents, 82%, felt that obesity and healthy lifestyle choices was a serious problem in the county with 33% rating it as a very serious problem. Groups of residents more likely to rate this as a serious problem include females and college graduates.
- Heroin or other Illegal Drug Use-** More than three-quarters of residents, 79%, felt that heroin or other illegal drug use was a serious problem in the county with 37% rating it as a very serious problem. Groups of residents more likely to rate this as a serious problem include residents ages 45 and over, and those who are employed full-time.
- Youth vaping-** Slightly fewer residents, 78%, felt that mental health was a serious problem in the county with 37% rating it as a very serious problem. There are no demographic groups of residents that are statistically more likely to feel that this was a very serious problem in the county.
- Availability of Affordable Housing-** Nearly three-quarters of residents, 73%, felt that the availability of affordable housing was a serious problem in the county with 34% rating it as a very serious problem. Groups of residents more likely to rate this as a serious problem include females, residents with some college education, those who are not married, residents with children in the home, and renters.
- Mental Health-** Slightly fewer residents, 72%, felt that mental health was a serious problem in the county with 30% rating it as a very serious problem. Groups of residents more likely to rate this as a serious problem include females, residents with some college or more education, those with children in the home, and renters.
- Underage Drinking-** Two thirds of residents, 66%, felt that underage drinking was a serious problem in the county with 24% rating it as a very serious problem. There are no demographic groups of residents that are statistically more likely to feel that this was a very serious problem in the county.



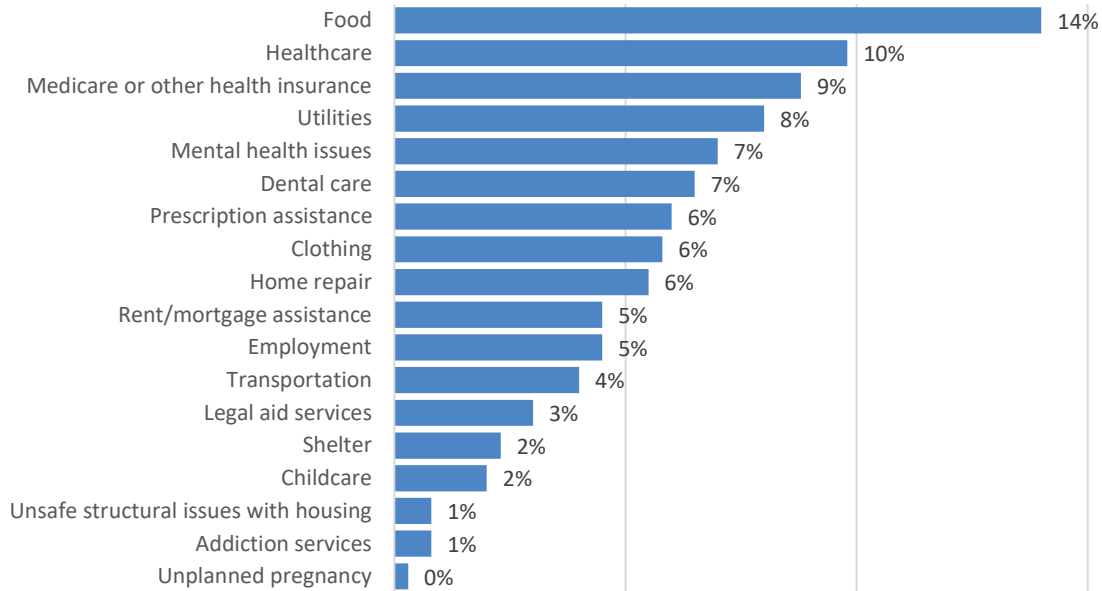
- **Unemployment-** Less than two-thirds of residents, 64%, felt that unemployment was a serious problem in the county with 18% rating it as a very serious problem. Unemployed residents were more likely to rate this as a serious problem.
- **Access to Health Care-** More than half of residents, 60%, felt that access to healthcare was a serious problem in the county with 18% rating it as a very serious problem. College graduates were more likely to rate this as a serious problem.
- **Transportation-** Slightly fewer residents, 59%, felt that transportation was a serious problem in the county with 20% rating it as a very serious problem. Groups of residents more likely to rate this as a serious problem include females, college graduates, and residents with an annual income under \$25,000.
- **Resources and Services for Seniors-** More than half of residents, 58%, felt that resources and services for seniors were a serious problem in the county with 18% rating it as a very serious problem. There are no demographic groups of residents that are statistically more likely to feel that this was a serious problem in the county.
- **Resources and Services for Adults 18-64-** Slightly fewer residents, 56%, felt that resources and services for seniors were a serious problem in the county with 15% rating it as a very serious problem. Groups of residents more likely to rate this as a serious problem include females and unemployed residents.
- **Access to Dental Care-** More than half of residents, 52%, felt that access to dental care was a serious problem in the county with 18% rating it as a very serious problem. Groups of residents more likely to rate this as a serious problem include females, those who are not married, and renters.
- **Homelessness-** More than a quarter of residents, 26%, felt that homelessness was a serious problem in the county with 7% rating it as a very serious problem. Groups of residents more likely to rate this as a serious problem include females and renters.



Next, all respondents were given a list of eighteen issues and asked if they or a loved one sought assistance for each issue in the past year. Each issue is discussed in more detail below.

Sought Assistance For

In the past year, have you or a loved one sought assistance for any of the following?



- ✓ **FOOD-** Nearly one-sixth, 14.0%, of respondents sought assistance for food in the past year. Groups of residents more likely to have sought assistance in this area include females, residents ages 25 to 44, those with a high school diploma or less education, residents who are employed part-time or unemployed, those with an annual income under \$25,000, residents who are not married, renters, those with children in the home, and households of three or more people.
- ✓ **HEALTHCARE-** Nearly one in ten, 9.8%, of respondents sought healthcare assistance in the past year. Groups of residents more likely to have sought assistance in this area include females, residents ages 25 to 44, those with some college or less education, residents who are employed part-time or unemployed, those with an annual income under \$25,000, renters, those with children in the home, and households of three or more people.
- ✓ **MEDICARE OR OTHER HEALTH INSURANCE-** About one in ten respondents, 8.8%, sought assistance in the past year for Medicare or other health insurance. Groups of residents more likely to have sought assistance in this area include those with a high school diploma or less education, unemployed residents, those with an annual income under \$25,000, renters, those with children in the home, and households of three or more people.
- ✓ **UTILITIES-** Slightly fewer respondents, 8.0%, sought assistance for utilities in the past year. Groups of residents more likely to have sought assistance in this area include residents ages 25 to 44, those with some college or less education, unemployed residents, those with an annual income under \$25,000, unmarried residents, renters, those with children in the home, and one person households.
- ✓ **MENTAL HEALTH ISSUES-** Less than one in ten respondents, 7.0%, sought assistance for mental health issues in the past year. Groups of residents more likely to have sought assistance in this area include females, residents ages 18 to 44, those with some college or less education, unemployed residents, those with an annual income under \$25,000, renters, those with children in the home, and households of three or more people.
- ✓ **DENTAL CARE-** Slightly fewer, 6.5%, respondents sought assistance in the past year for dental care. Groups of residents more likely to have sought assistance in this area include residents ages 25 to 44, those with an annual



income under \$50,000, single, or widowed residents, renters, those with children in the home, and households of three or more people.

- ✓ **PRESCRIPTION ASSISTANCE-** Less than one in ten respondents, 6.0%, sought prescription assistance in the past year. Groups of residents more likely to have sought assistance in this area include those with an annual income under \$25,000, renters, those with children in the home, and one person households.
- ✓ **CLOTHING-** More than one in 20 respondents, 5.8%, sought assistance in the past year for clothing. Groups of residents more likely to have sought assistance in this area include females, residents ages 18 to 44, those with a high school diploma or less education, unemployed residents, those with an annual income under \$25,000, single residents, renters, those with children in the home, and households of three or more people.
- ✓ **HOME REPAIR-** Fewer, 5.5% of respondents sought assistance in the past year for home repair. Groups of residents more likely to have sought assistance in this area include those with an annual income under \$25,000.
- ✓ **EMPLOYMENT-** Less than one in twenty, 4.5%, of respondents sought assistance in the past year for employment. Groups of residents more likely to have sought assistance in this area include residents ages 18 to 44, unemployed residents, unemployed residents, those with an annual income under \$25,000, and renters.
- ✓ **RENT/MORTGAGE ASSISTANCE-** Similarly, 4.5% of respondents sought assistance in the past year for rent/mortgage assistance. Groups of residents more likely to have sought assistance in this area include residents ages 25 to 44, unemployed residents, those with an annual income under \$25,000, divorced or widowed residents, renters, and those with children in the home.
- ✓ **TRANSPORTATION-** Slightly fewer, 4.0% of respondents sought assistance in the past year for transportation. Groups of residents more likely to have sought assistance in this area include those with a high school diploma or less education, unemployed residents, those with an annual income under \$25,000, renters, and one person households.
- ✓ **LEGAL AID SERVICES-** Fewer, 3.0% of respondents sought assistance in the past year for legal aid services. Groups of residents more likely to have sought assistance in this area include unemployed residents, those with an annual income under \$25,000, and renters.
- ✓ **SHELTER-** A small number of respondents, 2.3%, sought assistance in the past year for shelter. Groups of residents more likely to have sought assistance in this area include those with a high school diploma or less education, unemployed residents, those with an annual income under \$25,000, divorced, or widowed residents, and renters.
- ✓ **CHILDCARE-** Even fewer, 2.0%, sought assistance in the past year for affordable childcare. Groups of residents more likely to have sought assistance in this area include females, residents ages 18 to 24, renters, those with children in the home, and households of three or more people.
- ✓ **ADDICTION SERVICES-** Only a small portion of respondents, 0.8%, sought assistance in the past year for addiction services. Groups of residents more likely to have sought assistance in this area include those with a high school diploma or less education, unemployed residents, those with an annual income under \$25,000, and renters.
- ✓ **UNSAFE HOUSING-** Similarly, 0.8% of respondents sought assistance in the past year for unsafe structural issues with housing. Groups of residents more likely to have sought assistance in this area include those with an annual income under \$25,000 and one person households.
- ✓ **UNPLANNED PREGNANCY-** Only a small portion of respondents, 0.3%, sought assistance in the past year for unplanned pregnancy. There were no statistically significant demographic differences among groups in this area.
- ✓ **NONE OF THE ABOVE-** Nearly three-quarters of respondents, 70.0%, did not seek assistance in the past year for any of the services mentioned. Groups of residents more likely to have NOT sought assistance in any of these areas include males, residents ages 65 and over, college graduates, those who are employed full-time, those with an annual income over \$75,000, married residents, homeowners, those without children in the home, and two person households.

Summary: Caregiving and Senior Needs			
		%	N
Responsible for Providing Regular Care or Assistance	Elderly parent or loved one	11.8%	400
	Someone with physical/mental health problem	7.5%	
	An adult child	3.5%	
	Grandchildren	6.0%	
	Someone with special needs	4.8%	
	Children with severe behavioral issues	3.8%	
	A foster child	0.5%	
	Not responsible for caregiving	73.5%	
Someone provides assistance to them	Yes	15.5%	400
	No	84.5%	
Challenges facing seniors (% major or moderate challenge)	Having enough money to meet daily expenses	80.9%	398
	Affordable long term nursing home care	78.0%	396
	Feeling lonely or isolated	74.6%	398
	Not knowing what services are available	74.6%	398
	Physical health	74.0%	396
	Having safe and affordable housing	72.2%	396
	Maintaining a healthy diet	71.7%	399
	Being a victim of fraud or a scam	71.2%	399
	Dealing with public programs	70.4%	399
	Feeling depressed	70.3%	397
	Maintaining their home and yard	69.7%	399
	Dealing with the loss of someone	69.5%	397
	Getting needed health care	68.0%	397
	Providing care for another person	64.6%	398
	Having safe and affordable transportation	63.6%	398
	No longer being able to drive	62.5%	397
Having access to food	59.1%	399	
Enough support in county for seniors	Yes	49.1%	399
	No	50.9%	
What is missing (open-ended, top 3)	Know services available/advertising	38.2%	165
	Adequate finances	21.2%	
	Outreach to elderly who have no support system	15.2%	

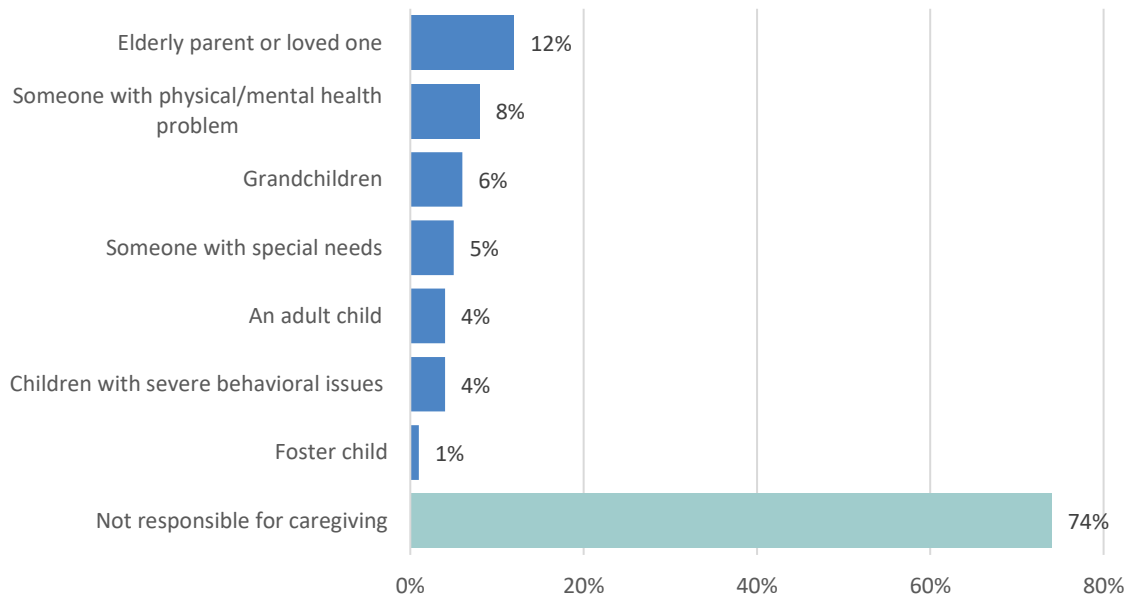
A quarter of residents, 26.5%, indicated that they are responsible for providing regular care or assistance to at least one of seven different populations. Each is discussed in more detail below.

- More than one in ten residents, 11.8%, reported providing regular care or assistance to an **elderly parent or loved one**. Groups of residents more likely to provide care or assistance to this population include employed residents, residents without children in the home, and two person households.
- Less than one in ten, 7.5%, reported providing regular care or assistance to **a friend, family member or spouse who has a physical or mental health problem**. Groups of residents more likely to provide care or assistance to this population include households of 4 or more residents.

- Slightly fewer, 6.0%, reported providing regular care or assistance to a **grandchild**. Groups of residents more likely to provide care or assistance to this population include residents ages 45 and over, those with an annual income of \$25,000 to \$50,000, widowed residents, and residents without children in the home.
- About one in twenty residents, 4.8%, reported providing regular care or assistance to **someone with special needs**. Females were more likely to provide care or assistance to this population.
- Slightly fewer, 3.8%, reported providing regular care or assistance to a **child with severe behavioral issues**. Groups of residents more likely to provide care or assistance to this population include residents ages 18 to 44, unemployed residents, those who are single, renters, residents with children in the home, and households of 4 or more residents.
- A small percentage of residents, 3.5%, reported providing regular care or assistance to an **adult child**. Groups of residents more likely to provide care or assistance to this population include employed residents, residents with children in the home, and households of 4 or more residents.
- Even fewer, 0.5%, reported providing regular care or assistance to a **foster child or child that they were temporary guardian of**. Groups of residents more likely to provide care or assistance to this population include unemployed residents, those who are living with a partner, and renters.
- Nearly three-quarters of residents, 73.5%, reported **NOT** providing regular care or assistance to any of the above populations. Groups of residents more likely **NOT** to provide care include males and single person households.

Caregiving Responsibility

Are you responsible for providing regular care or assistance to any of the following?

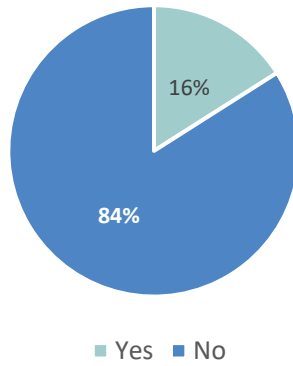




Nearly a sixth of residents, 15.5%, reported that someone they have a significant personal relationship with such as a relative, partner, friend, or neighbor provides assistance to them almost every day. Groups of residents more likely to receive caregiving from someone close to them include residents ages 18 to 24, those with a high school diploma or less education, unemployed residents, those with an annual income under \$25,000, residents who are widowed or single, renters, those with children in the home, and households of three or more people.

Receive Caregiving

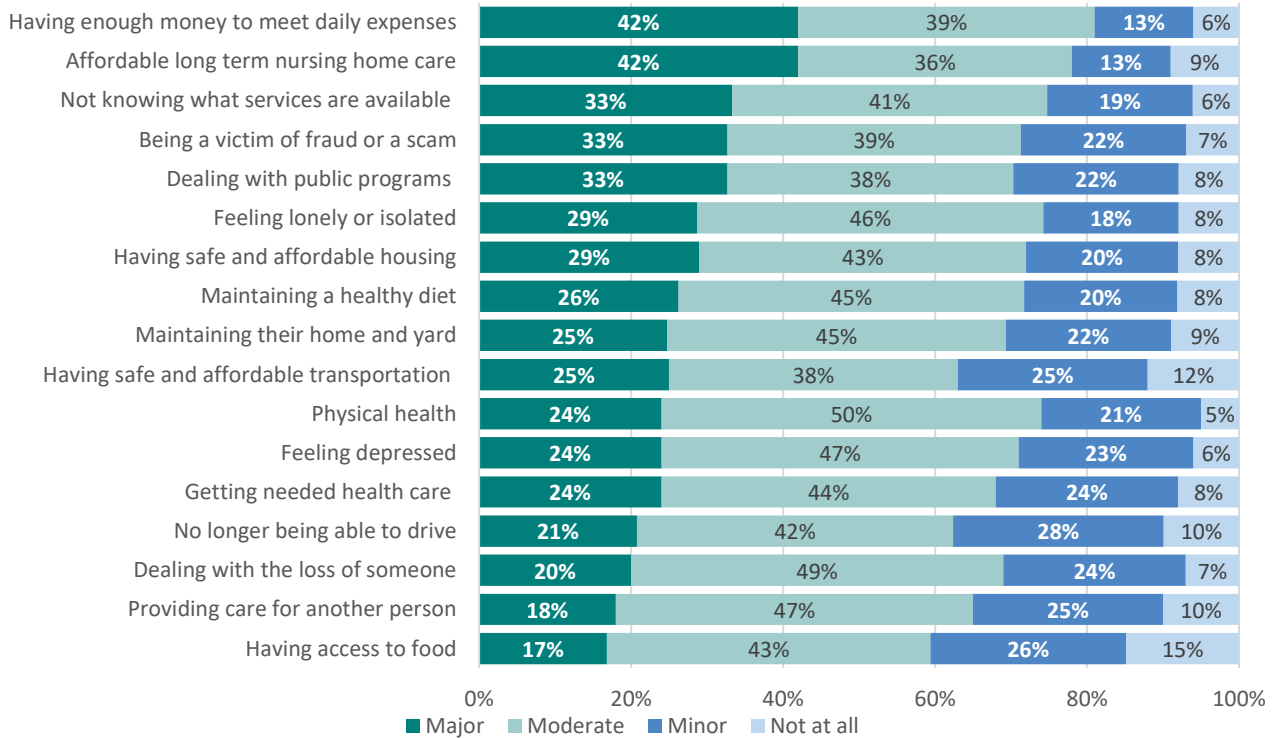
Whether or not they live with you, does someone with whom you have a significant personal relationship (such as a relative, partner, friend or neighbor) provide assistance TO YOU almost every day?



Respondents were given a list of seventeen challenges that older adults may face and asked how much of a problem they felt each was for older adults in Carroll County. Each problem is discussed in more detail below.

Seriousness of Challenges to Seniors

Older adults may face a number of challenges. How much of a problem, if at all, do you think each of the following are for older adults in Carroll County?



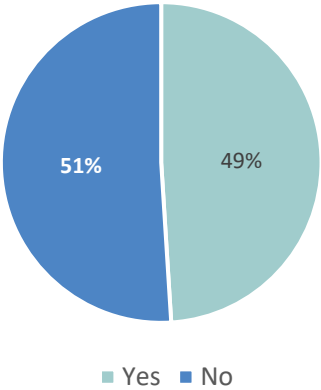
- A majority of residents, 81%, felt that **having enough money to meet daily expenses** was a problem facing older adults in the county with 39% saying it was a major problem. Groups of residents more likely to feel this was a major problem facing older adults include females, those with some college education, residents with an annual income of \$50,000 to \$75,000, and renters.
- More than three quarters of residents, 78%, felt that **affordable long term nursing home care** was a problem facing older adults in the county with 42% saying it was a major problem. Groups of residents more likely to feel that this was a major problem facing older adults include females, those with some college education, and residents with an annual income of \$50,000 to \$75,000.
- Three-quarters of residents, 75%, felt that **feeling lonely or isolated** was a problem facing older adults in the county with 29% saying it was a major problem. Groups of residents more likely to feel that this was a major problem facing older adults include females, residents ages 25 to 44, those with some college education, those with children in the home, and households of three or more people.
- The same percentage of residents, 75%, felt that **not knowing what services are available to older adults in their community** was a problem facing older adults in the county with 33% saying it was a major problem. There were no statistically significant differences between demographics groups in this area.
- Slightly fewer residents, 74%, felt that **physical health** was a problem facing older adults in the county with 24% saying it was a major problem. Groups of residents more likely to feel this was a major problem facing older adults include females, residents ages 18 to 44, those with some college education, residents who are employed part-time or unemployed, residents with an annual income under \$25,000, those with children in the home, and households of three or more people.
- Less than three-quarters of residents, 72%, felt that **having safe and affordable housing** was a problem facing older adults in the county with 29% saying it was a major problem. Groups of residents more likely to feel this was a major problem facing older adults include females, residents ages 25 to 44, non-college graduates, employed residents, residents with an annual income of \$25,000 to \$75,000, renters, those with children in the home, and households of three or more people.
- The same percentage of residents, 72%, felt that **maintaining a healthy diet** was a problem facing older adults in the county with 26% saying it was a major problem. Groups of residents more likely to feel this was a major problem facing older adults include females, residents ages 25 to 44, those with some college or more education, those with children in the home, and single person households.
- Slightly fewer residents, 71%, felt that **being a victim of fraud or a scam** was a problem facing older adults in the county with 33% saying it was a major problem. Groups of residents more likely to feel this was a major problem facing older adults include residents ages 25 to 64 and those with some college education.
- Less than three-quarters of residents, 70%, felt that **having adequate information or dealing with public programs such as Social Security, Medicare, and Medicaid** was a problem facing older adults in the county with 33% saying it was a major problem. Groups of residents more likely to feel this was a major problem facing older adults include those with some college education and residents with an annual income of \$50,000 to \$75,000.
- The same percentage of residents, 70%, felt that **feeling depressed** was a problem facing older adults in the county with 24% saying it was a major problem. Groups of residents more likely to feel that this was a major problem facing older adults include females, residents ages 25 to 44, those with some college education, employed residents, and residents with an annual income of \$50,000 to \$75,000.
- The same percentage of residents, 70%, felt that **maintaining their home or yard** was a problem facing older adults in the county with 25% saying it was a major problem. Groups of residents more likely to feel that this was a major problem facing older adults include females, residents ages 18 to 44, those with some college education, residents who are employed part-time, and residents with an annual income of \$50,000 to \$75,000.

- The same percentage of residents, 70%, felt that **dealing with the loss of a close family member or friend** was a problem facing older adults in the county with 20% saying it was a major problem. Groups of residents more likely to feel that this was a major problem facing older adults include females, residents ages 25 to 44, those with some college education, those with children in the home, and households of three or more people.
- More than two-thirds of residents, 68%, felt that **getting the health care they need** was a problem facing older adults in the county with 24% saying it was a major problem. Groups of residents more likely to feel that this was a major problem facing older adults include females, residents ages 25 to 44, those with some college education, residents with an annual income of \$50,000 to \$75,000, those who are single or divorced, those with children in the home, and households of three or more people.
- Slightly fewer residents, 65%, felt that **providing care for another person** was a problem facing older adults in the county with 18% saying it was a major problem. Groups of residents more likely to feel that this was a major problem facing older adults include females, those with some college education, and residents with children in the home.
- Less than two thirds of residents, 64%, felt that **having safe and affordable transportation** was a problem facing older adults in the county with 25% saying it was a major problem. Groups of residents more likely to feel this was a major problem facing older adults include females, residents ages 25 to 44, those with some college or more education, unemployed residents, residents with an annual income under \$25,000, those who are single, those with children in the home, and households of three or more people.
- Slightly fewer residents, 63%, felt that **no longer being able to drive** was a problem facing older adults in the county with 21% saying it was a major problem. Groups of residents more likely to feel this was a major problem facing older adults include females, those with some college education, and one person households.
- More than half of residents, 59%, felt that **having access to food** was a problem facing older adults in the county with 17% saying it was a major problem. Groups of residents more likely to feel that this was a major problem facing older adults include females, residents ages 25 to 44, employed residents, those who are unemployed, residents who are single or divorced, renters, those with children in the home, and single person households.

More than half, 50.9%, of residents felt there was NOT currently enough support in Carroll County to address the challenges facing seniors in the community. Groups of residents more likely to feel that was not enough support for seniors include females and residents ages 45 to 64.

Enough Support in County to Address Senior Challenges

Do you feel there is enough support in Carroll County for the challenges just mentioned?



The 50.9% of residents who felt that there were not enough supports available in the county to address the challenges mentioned were asked a follow-up question as to what was missing in the county. This was an open-ended question. The most common responses were seniors knowing what services are available, having adequate finances, outreach to elderly who don't have a support system, transportation services, and healthcare.

What is missing in Carroll County for seniors		
	# of TOTAL Responses	% of Residents
Know services available/advertising	63	38.2%
Adequate finances	35	21.2%
Outreach to elderly who have no support system	25	15.2%
Transportation	21	12.7%
Healthcare	21	12.7%
Programs at Activities Center	13	7.9%
Navigating public programs	11	6.7%
Access to affordable food	11	6.7%
Housing	9	5.5%
Living in their own home with assistance	8	4.8%
Mental health	6	3.6%
Services for elderly in rural area	6	3.6%
Advocates	6	3.6%
Independent, assisted living availability	5	3.0%
Healthy diet	3	1.8%
Total	243	(n=165)
<i>Question: What is missing?</i>		

COMMUNITY PARTNER SURVEY

The 24 community partners who completed the on-line survey were first asked what they thought were the most important health related issues or needs in Carroll County right now. Community partners were then asked a follow-up question as to what needs to be done to address the issue(s) they mentioned. Both questions were open-ended in which the respondents could give multiple responses.

The most common need or issue which was mentioned by all community partners was access to healthcare. More specifically, the following were mentioned: 24 hours stat care or emergency room, need for home-based care, lack of providers, and dialysis. Recruiting additional providers, increased funding, increased use of telehealth, and educating residents on the available services were common themes of what needs done.

The second most common need or issue was mental and behavioral health issues, mentioned by 64% of community partners. Lack of funding and not enough workforce were specifically mentioned. Increased workforce and providing services in locations like workplaces and schools were common themes of what needs done.

Less than half of community partners, 41% named addiction and overdoses. This included things such as prevention, treatment, recovery, and services specifically for pregnant women. Education and awareness as well as enforcing laws were all mentioned as things that could be done to address the issue.

Other issues named by community partners include, in order of importance, transportation related issues, health education, need for specialists, housing related issues, food related issues, services for adolescents, community resources, services for families, and obesity and health lifestyle choices. Issues and challenges mentioned by two or fewer partners are listed in the table below.

Most Important Health Related Issue or Challenge		
	# of TOTAL Responses	% of Partners
Access to healthcare	22	100.0%
Mental/behavioral health	14	63.6%
Addiction/overdoses	9	40.9%
Transportation	8	36.4%
Health education	6	27.3%
Need for specialists	4	18.2%
Housing issues	3	13.6%
Food related issues	3	13.6%
Services for adolescents	3	13.6%
Community resources	3	13.6%
Services for families	3	13.6%
Obesity/healthy lifestyle choices	3	13.6%
Aging/elder care	3	13.6%
County water system	2	9.1%
Maternity services	2	9.1%
Cancer/Chronic Disease	2	9.1%
Total	86	(n=22)
<i>Question: Given your professional experience, what do you think are the most important health related issues or needs in Carroll County right now? (could give multiple responses)</i>		

When asked what needs to be done to address these issues, general themes included increasing providers and healthcare workers, outreach and education, increased funding, and addressing social determinants of health. More specific recommendations are outlined in the table below.

What needs done to address issues	
Issue	What Needs Done
<i>PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.</i>	
Access to health care	<ul style="list-style-type: none"> • Attract more providers to the area, assure that uninsured and Medicaid recipients have access to local providers • Greater funding • Build multi-service services and provide education/programming in the community on MH awareness reducing stigma and self-care/healthy lifestyle practice • Higher reimbursement to the caregivers, either through gov. funding or grant availability • Need a committee to address this • Recruiting general practitioners/educating families about telehealth benefits and limitations. • We need more healthcare providers in this area. We also need more specialists in the area. • Determine how to increase access to primary care physicians and/or increase community's comfort with teleservices • Request Cleveland Clinic to have longer operating hours for stat care services • Coordinated schedule for specialty providers 1 -2 days per month or as needed in frequency. • Recruit physicians. Emergent care facilities with longer hours. • Expand local services to assure timely assessment and ongoing care to those in need • Continued Medicaid beds in both long term care and assisted living • Additional crisis and home bases services providers in the community • Recruit health systems to service, Mobile care unit • make service available locally • Carroll county does not have an emergency room if an individual needs emergency care, they must go to a neighboring county • Helping people find the resources available • Low Medicaid reimbursement rates contribute to dentist not being willing to take Medicaid • Expand local options for in home care to assist seniors with daily living needs • Need dental clinics to care for the under insured or not insured clients.
Mental/Behavioral health	<ul style="list-style-type: none"> • Reach out to people at workplaces, schools and businesses and have counseling available onsite. • Local providers to screen and assist. Referrals to agencies who can help. • Have more local options including pediatric trauma informed care and therapies • Better hours for 24-hour assistance, Early Childhood services as early as toddler/preschool • Need Mental Health Practitioners • More counselors • Continue to improve communication about mental health to reduce stigma. Need for more professionals to help with this in such as psychiatrist, counselor, psychologist, etc. • More employees in the mental health field? • Education in the schools for staff and students • Collaborative county-wide effort to pass a behavioral health levy • Staff salaries in rural communities need to exceed salaries in urban counties. To be competitive, the community will need to determine how to increase and sustain reimbursement for clinicians
Addiction/ Overdoses	<ul style="list-style-type: none"> • Public awareness/education • Additional counseling services i.e., a proper 3-4 day a week IOP group and more counselors • Believe the police are doing what they can to prevent but educating the families is needed



What needs done to address issues	
Issue	What Needs Done
<i>PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.</i>	
	<ul style="list-style-type: none"> Stopping legalizing drugs. People need to have jobs and stop government handouts for those refusing to work. Stricter enforcement of laws for impaired driving. Local policies are restrictive of business related to marijuana, education for youth about effects Youth education. Support for families who have a member who is at risk or using. Local counseling for offenders. Implementation of prevention programming and dissemination of educational materials and programs for family and the person with the addiction
Transportation	<ul style="list-style-type: none"> Extended hours for local transit system County-wide collaborative to increase transportation options including sustainable funding Transportation costs are increasing making it hard for low-income folks to afford. Scheduling issues contribute to lack of transportation Push state and federal agencies to provide better funding and priority for county infrastructure Expand hours of transit services Transportation is not available in the evening and uber does not travel into Carroll County Laws to stop people using cell phones when driving need to be enforced. Technology to stop the ability to use cell phones when driving. Support funding to increase services
Health education	<ul style="list-style-type: none"> Parent education on seeing doctors regularly, class to explain to parents what insurance does cover compared to what costs money. Media releases and general information regarding the need to take steps to prevent illness/disease. Education regarding the benefits of routine screenings/wellness visits with an established family physician. More in person opportunities or even emails to let families know what services are available to them. Families with financial struggles need support, but don't always know what is available. Informational meetings could be held on different topics weekly or at least monthly. Expand local educational opportunities and in-home intervention to strengthen parenting at all levels- infant and preschool families, elementary school age families and pre-teen to teen
Need for Specialists	<ul style="list-style-type: none"> Increase of quality care Seek specialized physicians and see if they would provide these services in Carroll County at a minimum 2x week if not more Need Specialists to have regular hours here in the county. Increase the number of providers
Housing Issues	<ul style="list-style-type: none"> County-wide collaborative to increase low-income housing options Many people leave the county due to lack of housing resources and availability.
Food insecurity	<ul style="list-style-type: none"> We need a bigger grocery store or a farmers' market year-round. Work with local retail establishments to increase fresh foods options and partner with them to offer regular informational sessions throughout the county on nutritional needs for children and adults and preparation of healthy food at home. More healthy food is needed for families at a rate they can afford.
Services for adolescents	<ul style="list-style-type: none"> Schools and daycares need to be informed of what to do to lessen the spread of virus / illness then pass that information along to parents. Teens have nowhere to go after school. Have a safe space for them to be busy/ supervised Access and develop after school and summer programs and/or open an activity center for youth
Community resources	<ul style="list-style-type: none"> Dressing for the weather and functions, families need free/cheap clothing so they can dress appropriately.

What needs done to address issues

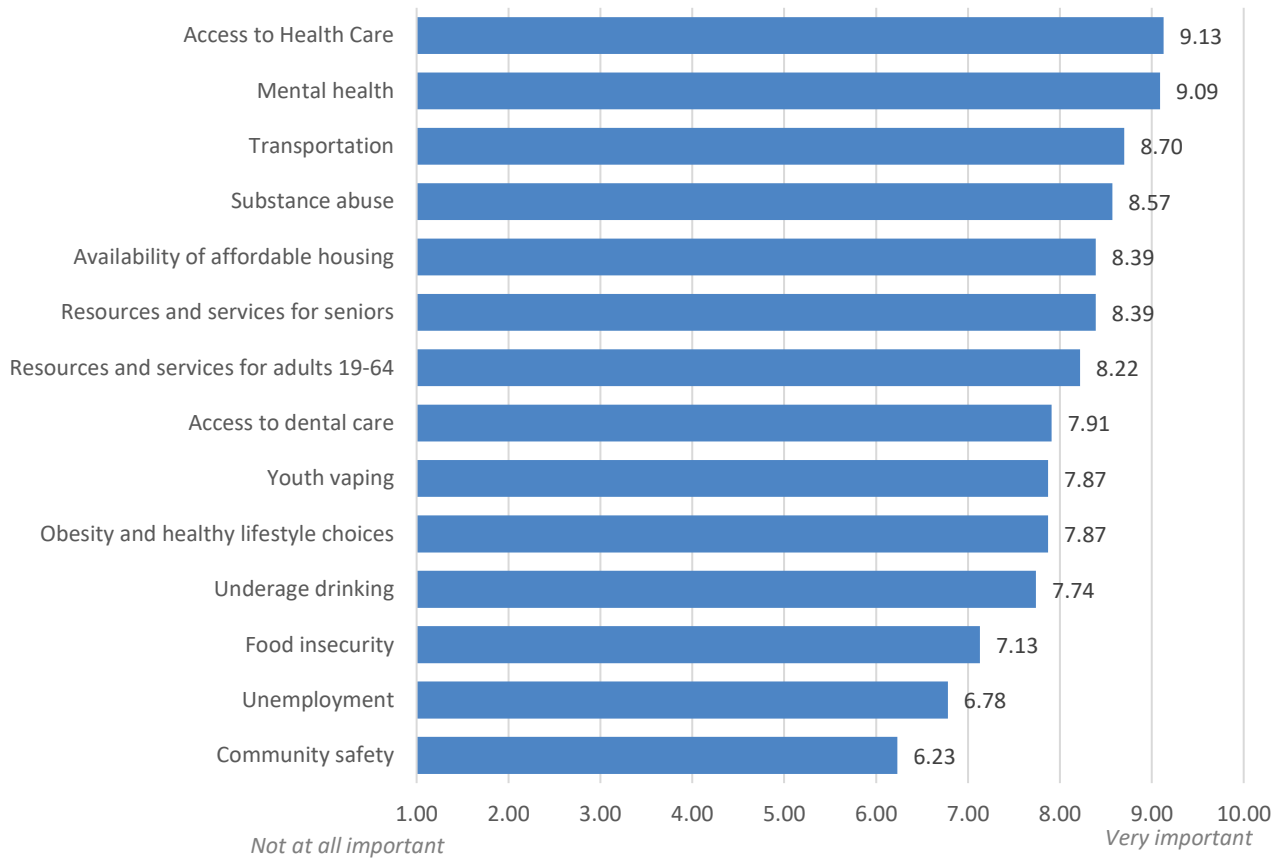
Issue	What Needs Done
<i>PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.</i>	
	<ul style="list-style-type: none"> Overall, a rural community with many individuals going out of county for resources. Build a community Center where families can exercise together. Walking and Bike Trails, Swimming pool.
Services for families	<ul style="list-style-type: none"> Families need more support such as parent classes, respite, counseling, how to deal with difficult children. Provide support programs to the grandparents and the child(ren) (mentors, financial, MH services, grief, and trauma-informed care Resources for single moms and more pregnancy support/mentoring Make foster parent recruitment a priority Get more info out to people about becoming childcare providers or respite for families.
Obesity/healthy lifestyle choices	<ul style="list-style-type: none"> Nutrition education promoting healthy eating and exercise. Access to fresh, healthy produce. clients show a great need for education on nutrition Eliminate television screens at gas stations. Eliminate advertisement of tobacco/vaping products. Enforce and make stricter laws for underage sales.
County water system	<ul style="list-style-type: none"> Provide homeowners with additional help and not place all the burden on them Push legislators at all levels to improve infrastructure
Aging/elder care	<ul style="list-style-type: none"> Elderly living centers and assisted living center residents need to be informed of what to do to lessen the spread of virus / illness and pass that along to family members / care givers. More quality care
Maternity services	<ul style="list-style-type: none"> There is no delivering hospital, and many women have to go out of county for services. Increase navigation and education
Cancer/Chronic Disease	<ul style="list-style-type: none"> Make cancer services available locally Increase education and address social determinants of health to improve health outcomes



Community Partners were given a list of health-related issues that were identified through the community survey and secondary data analysis and were asked, based on their professional experience, how important they thought the issue was on a scale of 1=Not at all Important to 10= Very Important. Responses were averaged in order to rank the importance of the issues. The top three issues, based on the rankings, were (1) access to health care (2) mental health, and (3) transportation.

Importance of Issues

Based on your professional experience, on a scale in which 1 is 'Not at All Important' and 10 is 'Very Important', how important do you think each issue is in CARROLL COUNTY?

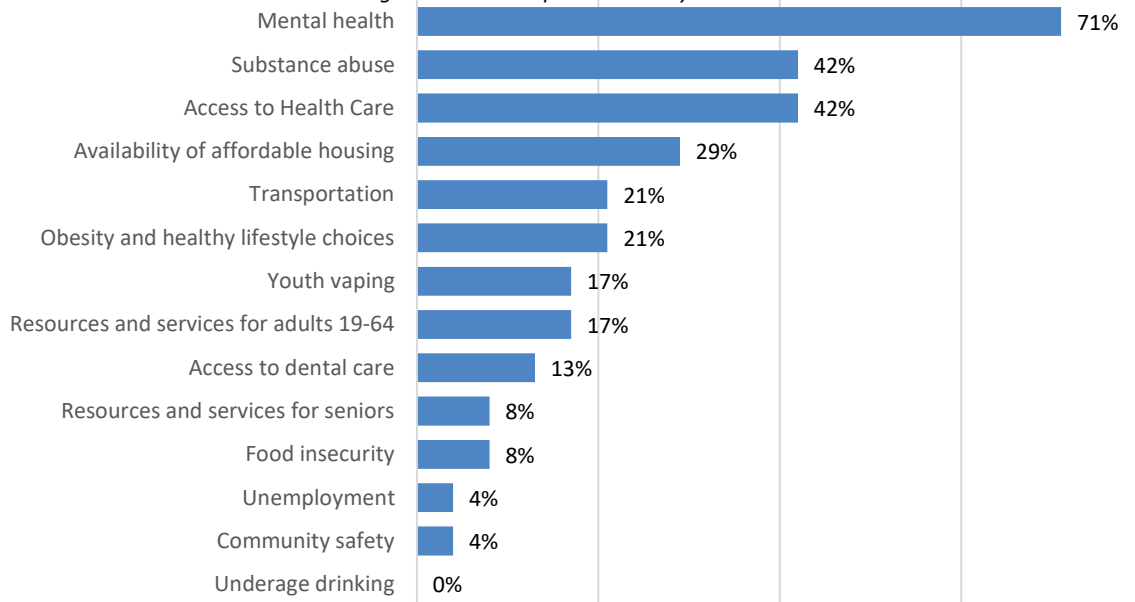




Next, Community Partners were given the same list of health-related issues that were identified through the community survey and secondary data analysis and were asked, based on their professional experience, which three issues they felt, that if addressed, would have the largest positive impact on county residents. The top three issues identified were mental health, substance abuse and access to health care.

Top 3 Issues - the Largest POSTIVE Impact Potential

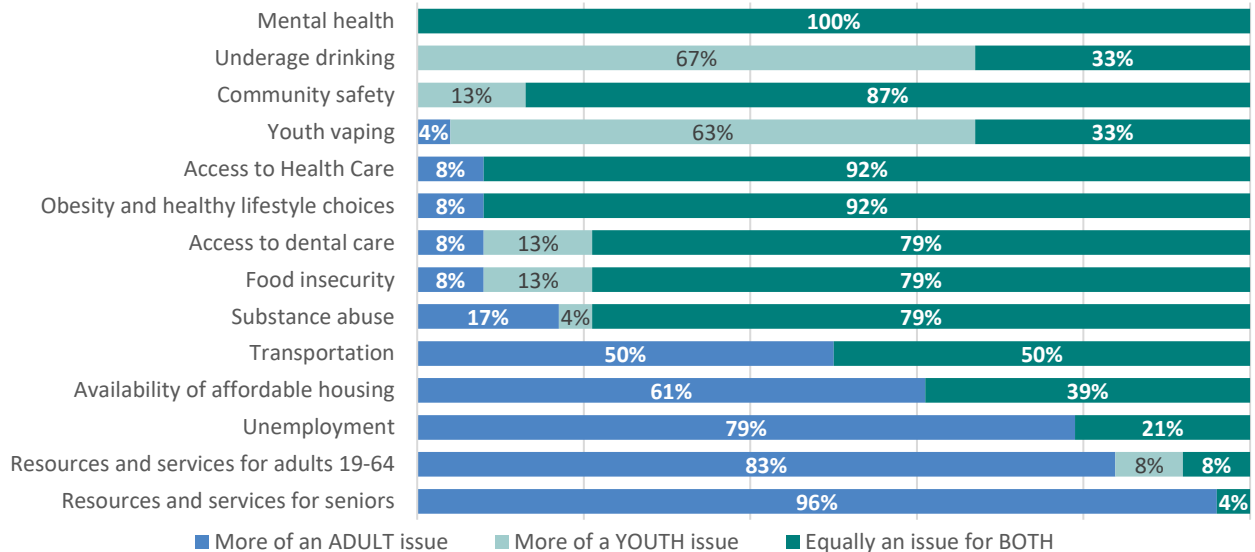
Which of the following THREE issues do you feel, that if they were addressed, would have the largest POSITIVE impact on County residents?



Community Partners were also asked if they thought each issue was more of an adult issue, more of a youth issue or equally an issue for both populations. Transportation, availability of affordable housing, unemployment, resources, and services for adults ages 19-64, and resources and services for seniors were seen as more of adult issues while underage drinking and youth vaping were seen as more of youth issues. The remaining issues listed were seen mostly as an issue for both adults and youth.

Population Issue Effects Most

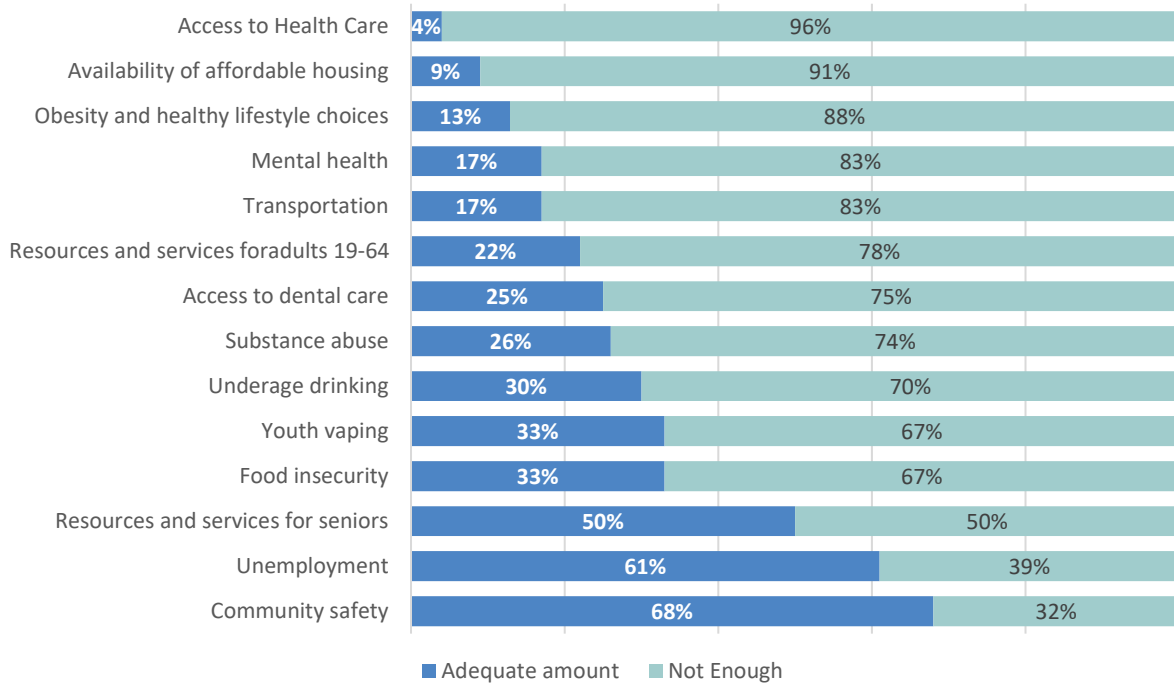
Do you think each issue is more of an adult issue, more of a youth issue, or equally an issue for both?



Community Partners were also asked if they thought there were adequate services and programs already in place to address each issue. Community Partners thought unemployment and community safety were issues that already have adequate services and programs in place. If they indicated there were not enough services or programs in place, they were then asked what is missing. Responses to this question are listed, verbatim, in the table below.

Adequate Services and Programs Available to Address Issue

Do you feel that there are an adequate amount, not enough or too many services and programs already in place in Carroll County to address each of these issues?



What is missing from Carroll County to address issue (responses are verbatim)	
Issues	What is Missing
Access to health care	<ul style="list-style-type: none"> • A 24 7 clinic or branch and improved highways to get to existing health care • Affordable healthcare • It is difficult to attract and retain physicians to the rural community. Access to Wi-Fi can also be spotty which makes tele difficult. Comfort with using Wi-Fi for primary care is also something that needs addressed. • Lack of local providers/physicians (mentioned by 3 respondents) • Lack of primary care physicians. Need to go out of county for these services. • Lack of specialists in area • Lack primary and specialized health care providers in the county, no hospital. hours are limited • Limited options locally. • Limited PCP's or specialists so they have to travel out of the county for resources. • Low income employed adults having little or no insurance • More providers to accept new patients, and longer Stat Care hours. • Need heart and kidney specialists in Carroll County • Need to work with Aultman and Cleve. Clinic to bring in the specialists • Not enough providers taking patients. If you get an appointment, it's months before getting in to be seen. Need more options. Dental as well. • Primary care doctor volume



What is missing from Carroll County to address issue (responses are verbatim)	
Issues	What is Missing
	<ul style="list-style-type: none"> • Primary doctors are not an issue, but specialists are. Many people, mostly seniors, do not want to travel distances needed to receive care. • Stat care that accepts all or no insurance, specialty doctors that come to Carroll County • There is only one primary care doctor's office • This community needs an FQHC. It is probably the only option that will bring additional medical providers to the community who will not turn away uninsured, under-insured and Medicaid pts. • We need more providers and expanded hours
Availability of Affordable Housing	<ul style="list-style-type: none"> • Affordable safe housing • All I know is landlords have taken advantage of the gas and oil boom. As long as people are willing to pay high dollars for rent this will not be fixed. • Assistance for first time homeowners • Housing • It's practically nonexistent, if someone needs HUD/Section 8, they typically go to another county • Lack of any housing oversight organization - HUD Lack of reasonable rent costs • Lack of income-based housing for families • Limited housing available • More senior housing and housing for families with children. • Number of available units • Opportunities for those who can't afford housing. Knowing what resources are available. • Rent has increased to a point where people can't sustain housing. Rent assistance programs for the general public would be helpful as well as an increase in affordable units • Rental and purchase prices are too high for the income of this area. • Senior government subsidies • There are not enough appropriate, low priced/or subsidized units for individuals and families in the county- the county needs to work to expand options for safe, affordable living space for individuals and families of all ages • There is minimal housing for individuals in the community to choose from that is affordable. • Volume of affordable units • We need more housing and affordable rates for renters
Obesity and Healthy Lifestyles	<ul style="list-style-type: none"> • Access to a wellness center, walking/biking trails, educational programs, grocery store with fresh market foods to support a healthy lifestyle • Access to health activities is difficult in a rural community. Community based outdoor options may be a reasonable solution regardless of location • Awareness of parks and programs for a healthier lifestyle. • Community outreach and education. • Dietician and an educator on healthy eating. • Dietician nutritionist • Easily accessible and free services to all ages, community policy to address healthy lifestyle (running events, hiking, biking etc.) • Education nutrition and on healthy/affordable cooking at home • If you look around this is an issue. People have free choice. I am not sure enough education occurs at an early age, so people make informed decisions. Also, not sure if trauma is dealt with. • Indoor/outdoor rec areas/clubs; walking track; weight watchers (or similar) group • local available programs • Local YMCA or community center for fitness activities, opportunities for outdoor exercise. Programs to encourage healthy eating habits and exercise. • More education



What is missing from Carroll County to address issue (responses are verbatim)	
Issues	What is Missing
	<ul style="list-style-type: none"> • Need better education opportunities and options • Not enough weight loss programs. Also need access to walking courses and trails. • The County employees have access to these programs through their insurance but not sure there are local programs offered to all income, ages, or age. • There is only one zoom meeting available weekly • Ways to afford to eat better. Education to the community.
Mental Health	<ul style="list-style-type: none"> • Lack of available counselors and psychiatry • Lack of counselors, psychiatrists especially for children, and psychologist especially for children. • Lack of mental health professionals and facilities not only in this county but region. • Lack of quality providers who do home based services • Lack of service providers in the county and programming to reduce the stigma attached to MH • Limited options and staff availability locally • Local assessment in a timely fashion, adequate availability of individual counselling session opportunities, local group therapy opportunities, local support groups for families caring for a family member needing mental health care, no local emergency in patient care, limited local supported living opportunities for individuals with severe mental health needs • Many services are from outside of the county like Springvale, Ohio Guidestone, etc. • More options to seek for Mental Health services • More providers needed for our community. • Need better county wide education of what services are available, those that need it are afraid to ask how to get it • Need more choices besides Community Mental Health. Private practitioners. • Not enough staff to cover the number of clients that need the service (psychiatric, adult case management, in-home counseling) • Pediatric trauma informed services • There are not enough early childhood mental health consultants. • There will never be too much support for mental health. • We need more counselors and psychiatrists along with 24-hour access to these resources
Transportation	<ul style="list-style-type: none"> • Affordable transit options, RTA stops • Convince state and federal officials that Carroll County needs better highways for safety and economic growth • Extended Transit hours (nights and weekends) • Lack of evening/weekend options. • Lack of transportation services • Limited-service hours, long mile trips to run residents out of county to receive services • Limited times, cost is increasing, availability to meet ride volume and longer trips. • More transit drivers • Need to be longer hours or more transportation services • Options for those who don't drive. • There is limited transportation and what is available is often pre-purchased for specific populations. Public options, such as uber, may be a solution for the community • Transit does not offer evening services. Transit is expensive for the individual rider and very expensive in contacting with agency- that needs to be addressed. We need expanded public transportation at an affordable rate. This issue will not be resolved with financial support at the county level • Transit has expanded services, but timeframe is limited





What is missing from Carroll County to address issue (responses are verbatim)	
Issues	What is Missing
	<ul style="list-style-type: none"> • Transit only runs Monday through Friday from 8 am to 6 pm. Need transportation for weekends and weeknights. • Transportation is not available during the evening • We need more forms of alternative transportation
Resources and services for adults	<ul style="list-style-type: none"> • Education services for these ages to seek help with anything • In general, it seems as though there are more resources available to youth and seniors. • Job skills • Lack of funding for this age group • Lack of social programs and activities for young to middle age. Seniors have a good, dedicated group of resources available. • Local support and self- improvement opportunities to assist those in this group with emotional stability, improved decision -making skills, and improved job skills. • MH case management; low-income legal assistance; recreation, parenting • Not many resources in the county and a need to go out of county for these resources. • Programs to support youth transitioning into adulthood • Recreational and education • Single moms support • Substance abuse, mental health, transportation • We need more information and a coordinator to explain and reach out to the resources
Access to dental care	<ul style="list-style-type: none"> • A local FQHC is needed to increase the availability of dental services to uninsured, under-insured and Medicaid individuals. • Affordable insurance • Dental providers who are willing to take Medicaid (mentioned by 7 respondents) • Encourage additional dentists to set up shop in Carroll County • Lack of dentists/more options (mentioned by 3 respondents) • Need more dentists that accept other insurances • Out of county travel to dental care. • There are several dental offices available • We need a dental clinic with longer hours
Substance abuse	<ul style="list-style-type: none"> • Add more services • Affordable safe housing to get out of that situation. Mentors. • Community outreach and education • Drug epidemic is beyond control. do the best we can do • Easy access to support groups. • In-person treatment; consequences for adults who contribute to youth using substances • Limited local assessment -no local inpatient services- limited local follow up services for the alcoholic/addict • Local counseling for offenders. Prevention programs K-12. • Local providers - home based services - peer mentors • Many families and individuals have to go to other counties for mental health or substance abuse. • need better education and enforcement • Professional services in the county • The issue is usually having to go out of the county for these services. • There is no IOP • We need more counselors and rehab opportunities
Underage drinking	<ul style="list-style-type: none"> • Consequences for adults who contribute to youth using substances • Education (mentioned by 3 respondents)



What is missing from Carroll County to address issue (responses are verbatim)	
Issues	What is Missing
	<ul style="list-style-type: none"> • Lack of enforcement on sale to minors and adults hosting. • Local services and accountability for the youth • More education, besides prom weekend, in the schools. • More intervention and follow up services for the underage drinker, more educational services for parents and community members on the seriousness of underage drinking. • Need better education and enforcement • Punishment when caught. So many getting away with it. Need to educate youth on what consequences are. Also, stop selling to minors. • School programming • Underage drinking is a normalized in the community
Youth vaping	<ul style="list-style-type: none"> • Consequences for adults who contribute to youth using substances • Educating parents and youth and finding vape shops that sell to underage youth. • Education and prevention • Education to youth and adults on the harmful effects of vaping, change in policy and laws at local and state level • Educational information • Harsher punishment for people who buy vapes for those underage. • I am not aware of other services or youth vaping. • I don't believe there is enough programs and education • More education in the schools • More education in the schools and include programs for parents. • Parent education. Stores selling to underage, no punishment. • The issue is too much advertising and false narrative it is healthier than tobacco. Need better education on health effects. • There is no elementary program in place for prevention
Food insecurity	<ul style="list-style-type: none"> • Affordable local groceries. • Economy based which cannot be fixed at a local level. programs which help people grow or raise their own food should be promoted more • Educating people on what foods to purchase • Food bank accessibility, school-based programs to provide homegoing food • Food voucher and extended food bank • Having more access to food • Improved access to healthy foods • Increased awareness of food pantries/free meals • Lack of fresh food markets • More food distribution • More food options available as food is a struggle for most families as the cost continues to rise. • Quality, fresh fruits and vegetables at a reasonable price at the local grocery store. Access to food banks and school pantries. • We need expanded opportunities for affordable healthy food shopping and educational services to teach community members how to shop and how to cook healthy at home.
Resources and services for seniors	<ul style="list-style-type: none"> • Additional funding and emphasis • Homebased services, homemaker services • Limited in-home care options to support seniors with activities of daily living, 'friendly visiting, Support and educational services for family members caring for elderly parents. • Mental health; hoarding-related treatment; payee services; scam education • Navigation of services available- funding for these care coordination services

What is missing from Carroll County to address issue (responses are verbatim)	
Issues	What is Missing
	<ul style="list-style-type: none"> • Not so much missing but a resource center that helps seniors and their caregivers know where to find information • Senior legal aid • Small assistance from APS and the local senior center. More funding to help people this age. • We need more transportation, foot delivery and access to providers for seniors
Unemployment	<ul style="list-style-type: none"> • job training • limited resources to help link people to jobs. • May have the services not utilized • more employment opportunities • more jobs that will hire felons • training and job placement programming
Community safety	<ul style="list-style-type: none"> • lack of law enforcement officers • More education/training (mentioned by 3 respondents)

A sixth, 16.7%, of community partners reported that there were additional important health issues that they would like to see the Carroll County Health District focus on over the next three years. Identified issues are listed in the table below.

Other health issues residents would like health department to address		
	# Responses	% of Partners
Advance care and end of life planning	1	33.3%
Mental health services for students	1	33.3%
Vaping education/prevention for all ages	1	33.3%
Total	3	N=3

Next, community partners were asked what they thought were the underlying causes of the health-related issues and challenges in the county. This was an open-ended question in which the partners could give multiple responses. The most common response, given by more than half of community partners, 59.1%, was that Carroll County is a rural and isolated area. Lack of funding, residents' perception of not needing or wanting help, and a lack of providers were all mentioned by multiple community partners. Other identified causes are listed in the table below.

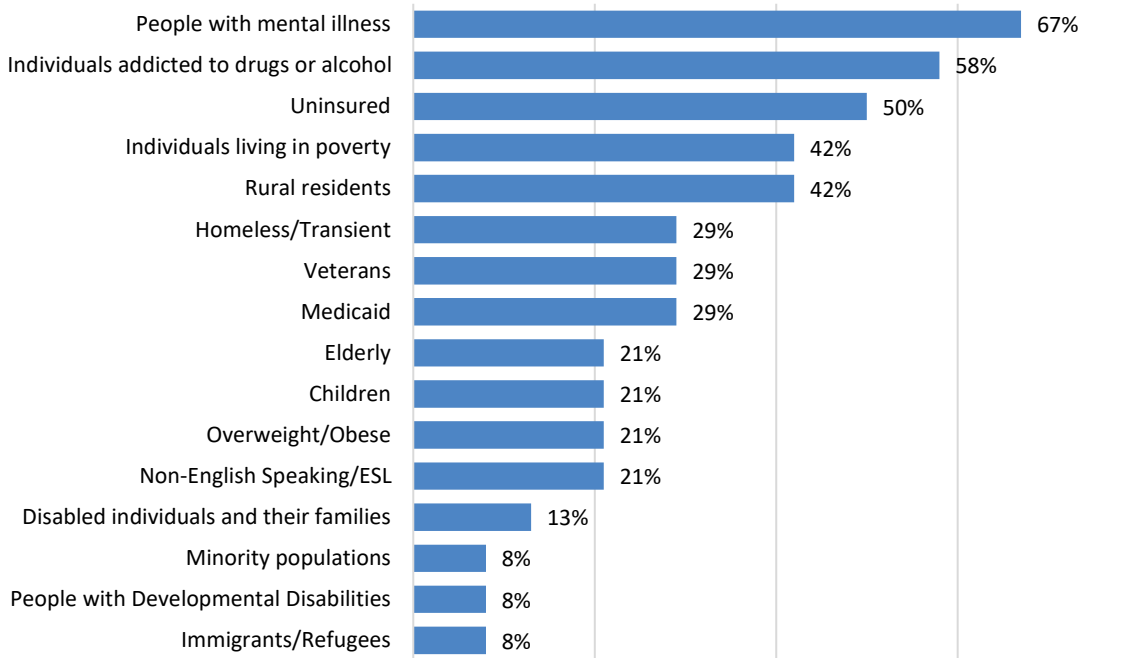
Causes of Health-Related Issue or Challenge		
	# of Responses	% of Partners
Rural/isolated area	13	59.1%
Lack of funding/cost	9	40.9%
Perception/Residents not wanting to accept help	5	22.7%
Lack of providers	4	18.2%
Pandemic	1	4.5%
Lack of resources/programs	1	4.5%
Lack of health education to community	1	4.5%
Transportation issues	1	4.5%
Organizations not working together	1	4.5%
No hospital in area	1	4.5%
Total	37	(n=22)

Question: Thinking of the issues mentioned earlier in the survey, what do you think are the underlying causes of these health issues in Carroll County? (could give multiple responses)

Next, community partners were given a list and asked how important it was for the Carroll County Health District to address each **demographic group**. Most community partners (50% or more) thought it was very important to address the following groups: people with mental illness, individuals addicted to drugs or alcohol, and the uninsured.

Populations NOT Adequately Served by Local Health Services

Which of the following populations in Carroll County, if any, do you think are not being adequately served by local health services?



Community partners were also asked to list some **problems, barriers, or gaps in services** that prevent residents from receiving the health-related care and services they need. This was an open-ended question in which the respondent could give multiple responses. The most common barriers mentioned were lack of resources or services (78%), transportation issues (57%), cost (30%), and lack of community education and awareness of available services and programs (30%).

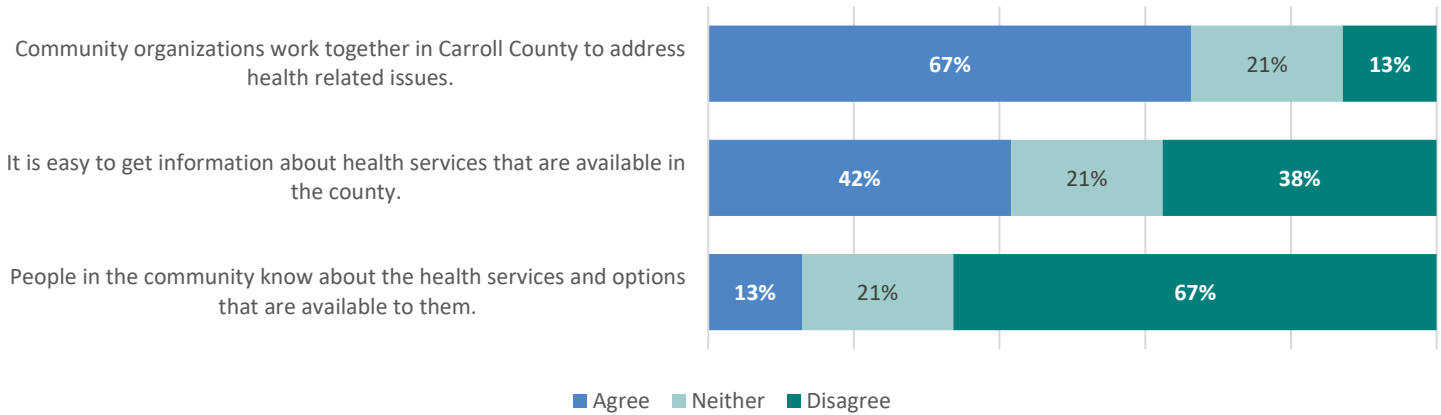
Problems, barriers, or gaps in services		
	# of TOTAL Responses	% of Partners
Lack of resources/services	18	78.3%
Transportation issues	13	56.5%
Cost	7	30.4%
Education/awareness	7	30.4%
Health insurance	6	26.1%
Personal unwillingness to seek care/Social norms/Stigmas	6	26.1%
Uncertainty/fear	3	13.0%
Location	3	13.0%
Lack of collaboration	2	8.7%
Lack of basic needs	2	8.7%
Discomfort with telehealth	2	8.7%
Total	69	(n=23)
<i>Question: What are some problems, barriers, or gaps in services that prevent residents from receiving health related care and services they need? (could give multiple responses)</i>		





Two-thirds of community partners, 66.7%, agreed, “Community organizations work together in Carroll County to address health related issues,” with 16.7% strongly agreeing. Less than one-sixth, 12.5%, disagreed. Less than half of community partners, 41.7%, agreed, “It is easy to get information about health services that are available in the county,” no partners strongly agreed. More than a third, 37.5%, disagreed with this statement. Finally, nearly a sixth, 12.5%, agreed, “People in the community know about the health services and options that are available to them.” Two thirds, 66.7%, disagreed.

Agreement with Statements



SOCIAL DETERMINANTS

SECONDARY DATA ANALYSIS

In terms of educational attainment for adults ages 18 to 24, the percentage of the population with a high school degree or more education is much lower in Carroll County than in the state. Likewise, the percentage of the population with a high school degree or more education for those ages 25 and older is slightly lower than the state average (89.7% for Carroll County and 91.1% for state). Only 14.1% of Carroll County residents have a bachelor’s degree or more education, less than half the state average, 29.7%.

Educational Attainment						
	2017	2018	2019	2020	2021	Change 2017-2021
Percentage that have high school degree or higher, ages 18-24						
Carroll County	73.3%	78.1%	82.5%	80.5%	79.6%	+6.3%
Ohio	86.4%	86.8%	87.0%	87.3%	87.5%	-1.1%
Percentage that have high school degree or higher, ages 25 and older						
Carroll County	88.1%	88.7%	89.5%	88.9%	89.7%	+1.6%
Ohio	89.8%	90.1%	90.4%	90.8%	91.1%	-1.3%
Percentage that have bachelor’s degree or higher, ages 25 and older						
Carroll County	12.3%	13.6%	13.3%	13.2%	14.1%	+1.8%
Ohio	27.2%	27.8%	28.3%	28.9%	29.7%	-2.5%

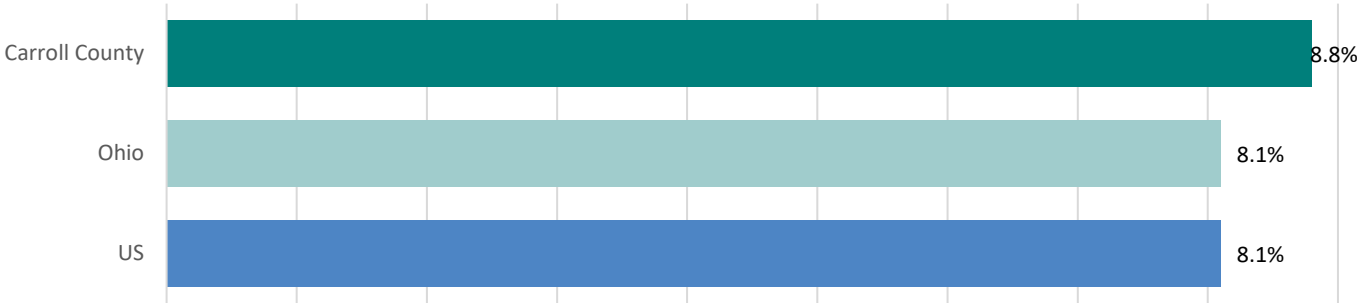
SOURCE: United States Census Bureau, American Community Survey





The unemployment rate for the county in 2022 was slightly higher than it was for the state (8.8% for Carroll County and 8.1% for the state.) For this table, unemployment includes people who were not employed, but who were actively seeking work, waiting to be called back to a job from which they were laid off, or waiting to report within thirty days.

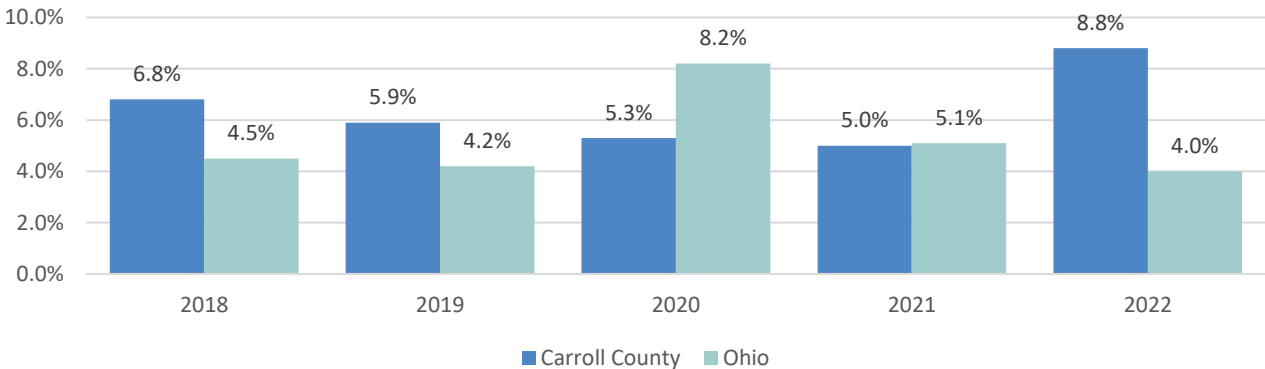
2022 Unemployment Rate



Data Source: Bureau of Labor Statistics

Over the past five years, the unemployment rate in Carroll County has climbed while the unemployment rate of the state has declined. In 2022, the employment rate in Carroll County was more than twice as high than the state average, 8.8% compared to 4.0%.

Unemployment Trends



Data Source: Bureau of Labor Statistics

Unemployment Countywide						
	2018	2019	2020	2021	2022	% Change
Carroll County	6.8%	5.9%	5.3%	5.0%	8.8%	+2.0%
Ohio	4.5%	4.2%	8.2%	5.1%	4.0%	-0.5%

SOURCE: ODJFS, Office of Workforce Development, Bureau of Labor Market Information, Local Area Unemployment Statistics

The percentage of the population in poverty in Carroll County was nearly identical to the state in 2021 (13.2% in county compared to 13.4% in state).

Total Percentage of Population in Poverty							
	# Pop (2021)	2017	2018	2019	2020	2021	Change 2017-2021
Carroll County	26,409	14.8%	13.1%	12.3%	13.0%	13.2%	-1.6%
Ohio	11,451,346	14.9%	14.5%	14.0%	13.6%	13.4%	-1.5%

SOURCE: U.S. Census Bureau, American Fact Finder, American Community Survey 5-Year Estimates



More than a quarter of children under the age of 5, 29.4%, are in poverty in Carroll County, significantly more than the state percentage (21.2%). When looking just at children under the age of 18 in poverty, the percentage is once again higher than in the state, 22.2% (state, 18.6%). Poverty for children has notably increased slightly over the past five years.

Carroll County Percentage of Children under 18 in Poverty							
	# Children (2021)	2017	2018	2019	2020	2021	Change 2017-2021
Carroll	5,338	21.5%	16.4%	16.7%	20.6%	22.2%	+0.7%
Ohio	2,559,302	21.3%	20.8%	19.9%	19.1%	18.6%	-2.7%

Percentage of Children under 5 years in Poverty				
	# Children (2021)	2017	2021	Change 2017-2021
Carroll County	1,299	25.5%	29.4%	+3.9%
Ohio	656,081	25.1%	21.2%	-3.9%

SOURCE: U.S. Census Bureau, American Fact Finder, American Community Survey 5-Year Estimates

Looking specifically at the population in Carroll County in poverty by key demographic measures, children under the age of 5 had the highest level of poverty (29.3%), while those ages 65 and over had the lowest level (6.1%). Females were more likely than males to be in poverty (15.3% to 11.2%). In terms of race and ethnicity, Black residents had the highest poverty levels (19.1%). Additionally, the lower the education level, the higher the poverty level for that demographic group (poverty rate for those with less than a high school diploma was 21.4% compared to 2.4% for college graduates). The poverty rate for unemployed residents is significantly higher than that of the employed population (12.2% compared to 7.0%).

Carroll County Percentage of Population in Poverty by Age Group-							
	Pop 2021	2017	2018	2019	2020	2021	Change
Under 5	1,299	25.5%	24.4%	24.3%	29.4%	29.3%	+3.8%
5-17	4,039	20.4%	14.1%	14.3%	18.8%	19.9%	-0.5%
18-34	4,710	21.3%	18.6%	15.9%	16.1%	18.2%	-3.1%
35-64	10,842	12.0%	11.8%	10.9%	11.4%	10.3%	-1.7%
65+	5,519	7.5%	7.3%	7.3%	6.1%	6.1%	-1.4%

Carroll County Percentage of Population in Poverty by Gender							
Male	13,536	13.0%	10.3%	9.7%	11.1%	11.2%	-1.8%
Female	12,873	16.6%	15.9%	14.9%	15.0%	15.3%	-1.3%

Carroll County Percentage of Population in Poverty by Race and Ethnicity							
White	25,379	14.1%	12.8%	12.3%	13.1%	13.4%	-0.7%
Black	204	80.1%	49.7%	27.1%	18.7%	19.1%	-61.0%
Two or more	761	25.8%	16.7%	13.7%	5.7%	7.8%	-18.0%
Hispanic/Latino	364	15.7%	12.7%	11.5%	9.0%	9.3%	-6.4%

Carroll County Percentage of Population in Poverty by Education Level							
Less than HS	1,911	19.0%	18.8%	16.6%	21.7%	21.4%	2.4%
HS grad	9,148	13.4%	12.8%	11.5%	10.8%	10.6%	-2.8%
Some college	5,345	7.3%	9.1%	9.2%	9.2%	9.9%	2.6%
College grad	2,721	3.6%	2.7%	3.7%	3.3%	2.4%	-1.2%

Carroll County Percentage of Population in Poverty by Employment Status							
Employed	12,168	7.3%	7.1%	6.8%	7.3%	7.0%	-0.3%
Unemployed	452	40.4%	29.6%	20.3%	17.4%	12.2%	-28.2%

SOURCE: U.S. Census Bureau, American Fact Finder, American Community Survey 5-Year Estimates

The poverty rates for female headed households, both overall and with children under 18, were more than five times higher than married family households.

Carroll County Percentage of Families in Poverty by Family Status							
	Pop 2021	2017	2018	2019	2020	2021	Change
All families	7,376	10.9%	9.9%	8.8%	10.5%	10.6%	-0.3%
Married families	5,998	6.5%	6.1%	5.5%	6.6%	5.5%	-1.0%
Female headed	914	43.4%	36.9%	33.4%	45.2%	46.0%	+2.6%

Carroll County Percentage of Families with Children under 18 in Poverty by Family Status							
	Pop 2021	2017	2018	2019	2020	2021	Change
All families	2,890	18.9%	17.1%	15.9%	21.5%	22.7%	+3.8%
Married families	1,948	10.8%	9.2%	8.7%	11.8%	11.4%	+0.6%
Female headed	702	58.4%	50.5%	46.6%	63.3%	57.7%	-0.7%

SOURCE: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

Below are tables with poverty rates by zip code. Poverty levels are highest in Carrollton and Malvern.

Carroll County Poverty Number and Rates by Zip Code, 2021					
Zip Code	Population	# below poverty	% below poverty	# at 125% of poverty level	# at 200% of poverty level
44615 (Carrollton)	9,617	1,624	16.9%	1,921	2,931
44644 (Malvern)	4,656	660	14.2%	762	1,378
44620 (Dellroy)	1,876	126	6.7%	137	556
44651 (Mechanicstown)	1,025	21	2.0%	93	639
44607 (Augusta)	85	0	0.0%	0	0

SOURCE: U.S. Census Bureau, American Fact Finder, American Community Survey 5-Year Estimates

In Carroll County, a lower percentage of children live in single parent households than in the state as a whole, 21% in the county compared to 27% in Ohio. Since 2013, the percentage of children living in a single parent household has slightly declined.

Children in Single Parent Households						
	2013-2017	2014-2018	2015-2019	2016-2020	2017-2021	% Change
Carroll County	23%	25%	18%	19%	21%	-2%
Ohio	36%	36%	27%	27%	27%	-9%

SOURCE: County Health Ranking. ORIGINAL SOURCE: American Community Survey, 5-year estimates

The U.S. Department of Health and Human Services' benchmark suggests childcare is unaffordable if it exceeds 7% of a household's income. In the state of Ohio as a whole, the average percentage of household income that goes to childcare cost is 29%. In Carroll County, it is even higher, 32%.

Child Care cost burden			
	2020-2021	2021-2022	% Change
Carroll County	32%	32%	-
Ohio	29%	29%	-

SOURCE: County Health Ranking. ORIGINAL SOURCE: ACS, 5-year estimates



PERSONAL HEALTH STATUS

COMMUNITY SURVEY

Summary: Personal Health Status			
		2019	2023
Personal description of health	Excellent/Good	75.7%	67.8%
	Fair	17.8%	27.5%
	Poor/Very Poor	6.5%	4.8%
Number of days in past month that PHYSICAL health was not good	Average number of days not well	-	6.10
	None	-	44.5%
	1-5	-	28.6%
	6-10	-	7.7%
	11-20	-	8.4%
	More than 20	-	10.7%
Number of days in past month that MENTAL health was not good	Average number of days not well	-	5.58
	None	63.5%	46.3%
	1-5	16.7%	27.4%
	6-10	5.9%	7.2%
	11-20	6.5%	11.3%
	More than 20	7.3%	7.9%
Number of Days Poor MENTAL or PHYSICAL Health Kept from Usual Activities	Average number of days kept from activities	-	4.18
	None	-	59.8%
	1-5	-	19.6%
	6-10	-	6.3%
	11-20	-	9.0%
	More than 20	-	5.3%

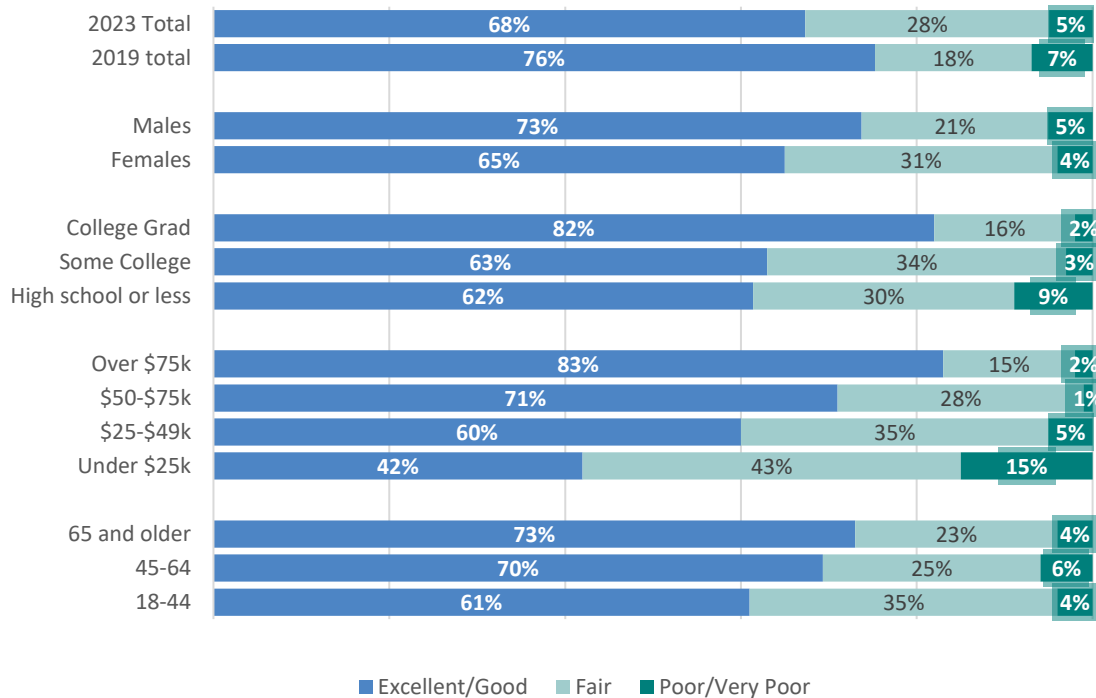
All respondents were asked to describe their health on a five-point scale: excellent, good, fair, poor, or very poor. Less than one-fifth of respondents, 16.3%, rated their health as excellent. More than half, 51.5%, rated their health as good. Combined, 67.8% had a favorable rating of their health. More than a quarter, 27.5% of respondents rated their health as fair. Only a small percentage of respondents, 4.8%, had an unfavorable rating of their health, with 3.8% rating their health as poor and 1.0% as very poor.

Groups of residents more likely to rate their health **favorably** include college graduates, employed residents, those with an annual income of \$75,000 or more, residents who are married, and homeowners. Groups of residents more likely to have an **unfavorable** rating of their health include residents with a high school diploma or less education, unemployed residents, those who are widowed or those who living with a partner, renters, residents without insurance.



Personal Health Rating

Generally, how would you describe your health: excellent, good, fair, poor or very poor?

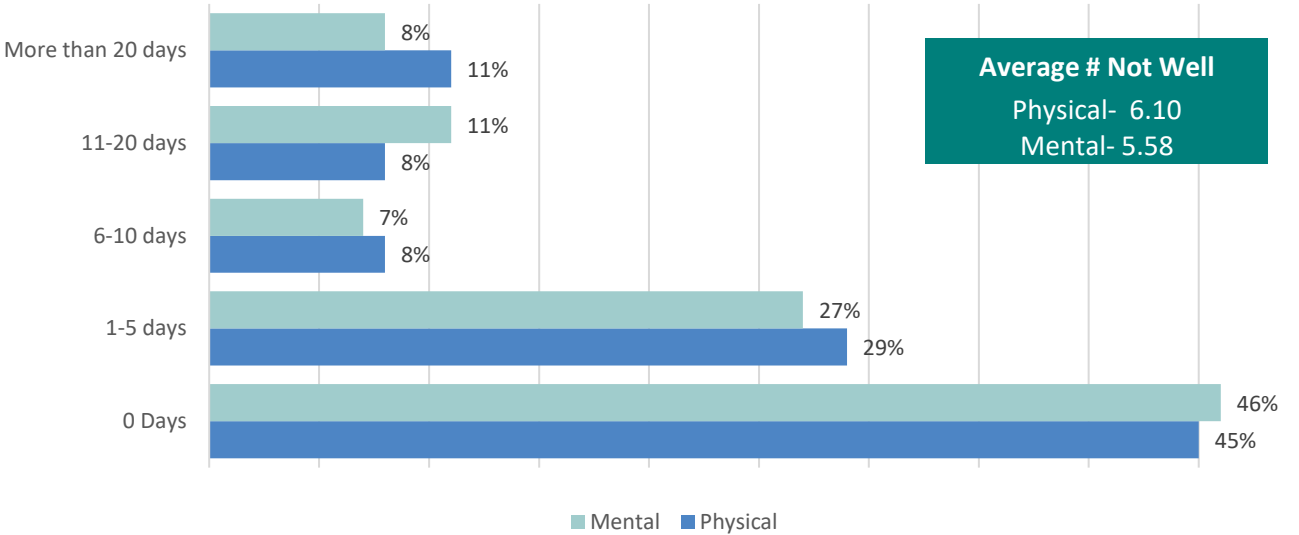


Less than half of respondents, 44.5%, reported they didn't have any days in the past 30 days in which their **physical health** was not good (which includes physical illness and injury) while more than one-quarter, 28.6%, reported that their physical health was not good one to five days in the past 30 days, followed by 7.7% reporting it was not good 6-10 days in the past 30 days. A small portion, 8.4%, indicated it was not good 11-20 days. Around one-tenth of respondents 10.7%, indicated that their physical health was not good for 20 or more days in the past month. The average number of days that residents were physically not well was 6.10. Groups of residents more likely to have 11 or more bad physical health days in the past 30 days include females, residents ages 45 and over, those with a high school diploma or less education, unemployed residents, those with an annual income under \$25,000, residents who are widowed or living with a partner, and renters.

Almost half of respondents, 46.3%, reported they didn't have any days in the past 30 days in which their **mental health** was not good (which includes stress, depression, and problems with emotions) while more than one-quarter, 27.4%, reported that their mental health was not good one to five days in the past 30 days, followed by 7.2% reporting it was not good six to ten days in the past 30 days. More than a tenth of respondents, 11.3%, indicated their mental health was not good 11-20 days in the past month. Nearly a tenth of respondents, 7.9%, indicated that their mental health was not good for 20 or more days in the past month. The average number of days that residents were mentally not well was 5.58. Groups of residents more likely to have 11 or more bad mental health days in the past 30 days include females, residents ages 18 to 44, those with a high school diploma or less education, unemployed residents, those with an annual income under \$25,000, single residents, renters, those with children in the home, residents without a regular healthcare provider, and those without health insurance.

Number of Days Physical and Mental Health Not Good Last Month

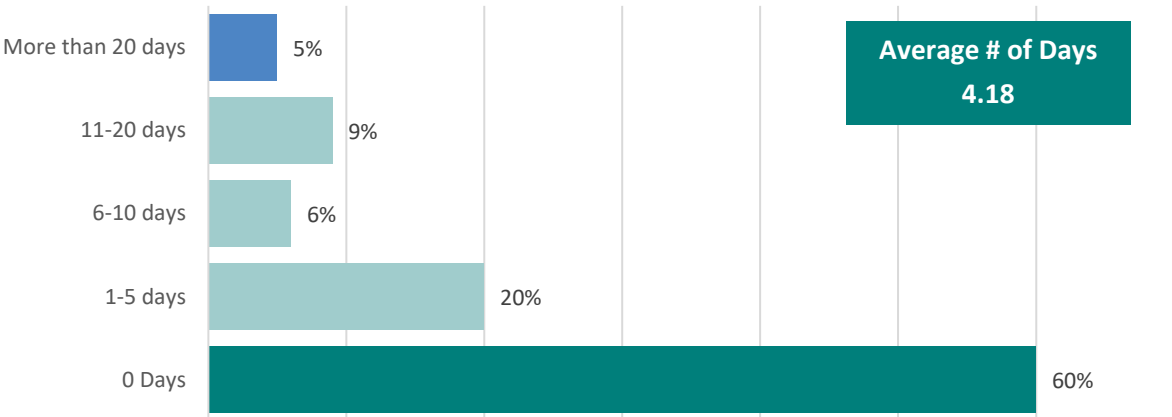
Now thinking about your **physical health**, which includes physical illness and injury, for how many days during the past 30 was your physical health not good?



Nearly half of respondents, 40.2%, reported that poor or very poor mental health kept them from doing their usual activities such as self-care, work, or recreation in the past 30 days. Nearly a fifth of respondents, 19.6%, reported they were kept from their usual activities 1 to 5 days in the past month. A small portion of respondents, 6.3%, indicated 6 to 10 days, followed by 9.0% reporting 11 to 20 days. A total of 5.3% of respondents indicated they were kept from their usual activities more than 20 days in the past month. Groups of residents more likely to have been kept from usual activities 11 or more days in the past 30 days because of poor physical or mental health include females, residents ages 18 to 44, those with a high school diploma or less education, unemployed residents, those with an annual income under \$25,000, residents who are single or divorced, renters, single person households, those without health insurance, and residents who describe their health as poor or very poor.

Past 30 Days, Poor Physical or Mental Health Kept from Usual Activities

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?



YOUTH SURVEY

The majority of students, 70.1%, had last visited their doctor or other health care professional for a routine check-up in the past year. High school students (73.4%) were more likely than middle school students (67.3%) to have had a routine check-up in the past year. Nearly one in ten, 9.6%, students had reported having a routine check-up within the last one to two years. Nearly one in ten, 9.6%, students had reported having a routine check-up within the last one to two years. Nearly one-sixth, 16.1%, did not know when they had their last checkup.

More than half of students, 55.6%, felt that it was very important to follow their doctor's recommendations while an additional 41.5% of students felt it was somewhat important. Only a small percentage, 2.9%, felt it was not at all important to follow doctor recommendations.

Summary: Personal Health Status				
		All students (N=427)	Middle School (N=223)	High School (N=204)
Last time had a routine check-up	Less than a year ago	70.1%	67.3%	73.4%
	1 to 2 years ago	9.6%	11.2%	7.8%
	3 to 5 years ago	1.2%	1.3%	1.0%
	5 or more years ago	2.9%	3.1%	2.6%
	Don't know	16.1%	17.0%	15.1%
Importance of following doctor's directions	Very important	55.6%	56.8%	54.2%
	Somewhat important	41.5%	40.1%	43.2%
	Not at all important	2.9%	3.2%	2.6%

ACCESS TO HEALTH CARE

COMMUNITY SURVEY

Summary: Insurance Coverage			
		2019	2023
Currently has health insurance	Insured	90.6%	94.5%
	Not insured	9.4%	5.5%
Type of Insurance coverage <i>(of those with insurance)</i>	Private insurance- employer paid	42.5%	41.0%
	Private insurance- self paid	12.1%	10.1%
	Medicare	34.6%	27.8%
	Medicaid	10.7%	12.4%
	Medicaid HMO	-	2.4%
	Medical Cost Sharing Plan	-	0.8%
	VA Coverage or Military Coverage	-	2.4%
	Other	-	3.2%
Services covered by insurance <i>(of those with insurance)</i>	Preventative care	86.8%	92.3%
	Emergency room care	91.4%	85.7%
	Hospitalization	93.1%	84.4%
	Prescription assistance	91.2%	82.0%
	Dental services	66.5%	70.1%
	Vision services	68.3%	69.3%
	Mental health	-	57.9%
	Prenatal/maternity	-	45.0%
	Alcohol and drug treatment	-	38.9%
	Family planning (birth control)	47.4%	38.9%
	Long term care	54.2%	32.0%
	Home Care	-	29.1%
	Hospice	-	28.6%

All respondents were asked if they had health insurance coverage. A small portion, 5.5%, did not have health insurance. Of those with insurance, more than one third, 41.0% were covered by employer paid plans, 10.1% were covered by private insurance, 27.8% were covered by Medicare, 12.4% by Medicaid, 2.4% by Medicaid HMO, 0.8% by a Medical Cost Sharing Plan, and 2.4% had VA or military coverage. The most common reason for not having health insurance was not being able to afford it.

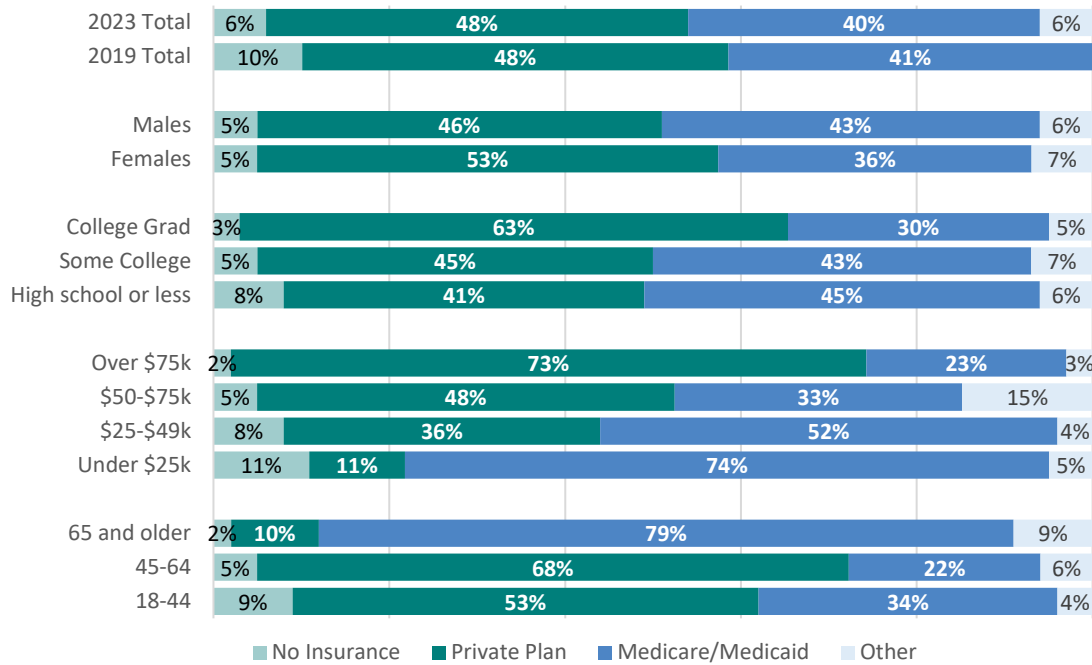
Whether a respondent had health insurance coverage and what type of insurance they held varied according to several demographic and other identifying characteristics. Groups of respondents more likely to **NOT have insurance** coverage include residents ages 18 to 44, those with a high school diploma or less education, unemployed residents, those with an annual income under \$50,000, single or widowed residents, renters, those without a regular healthcare provider, and residents who rate their personal health as poor or very poor. Groups of respondents more likely to **have private insurance** include residents ages 45 to 64, college graduates, employed residents, those with an

Why No Insurance <i>(asked of those with no insurance)</i>		
	#	%
Cannot afford	11	61.1%
Out of work	2	11.1%
VA coverage	2	11.1%
Not offered at work	2	11.1%
In progress	1	5.6%
Total	18	(n=18)

annual income over \$75,000, married residents, homeowners, those with a regular healthcare provider, and residents who rate their personal health as excellent or good. Groups of respondents more likely to **have Medicare or Medicaid** include residents ages 65 and over, those with a high school diploma or less education, residents who are retired or unemployed, those with an annual income under \$50,000, widowed, or single residents, homeowners, and residents who rate their personal health as poor or very poor.

Currently Has Health Insurance

Do you currently have health insurance? Which one of the following categories best describes your current health insurance plan?

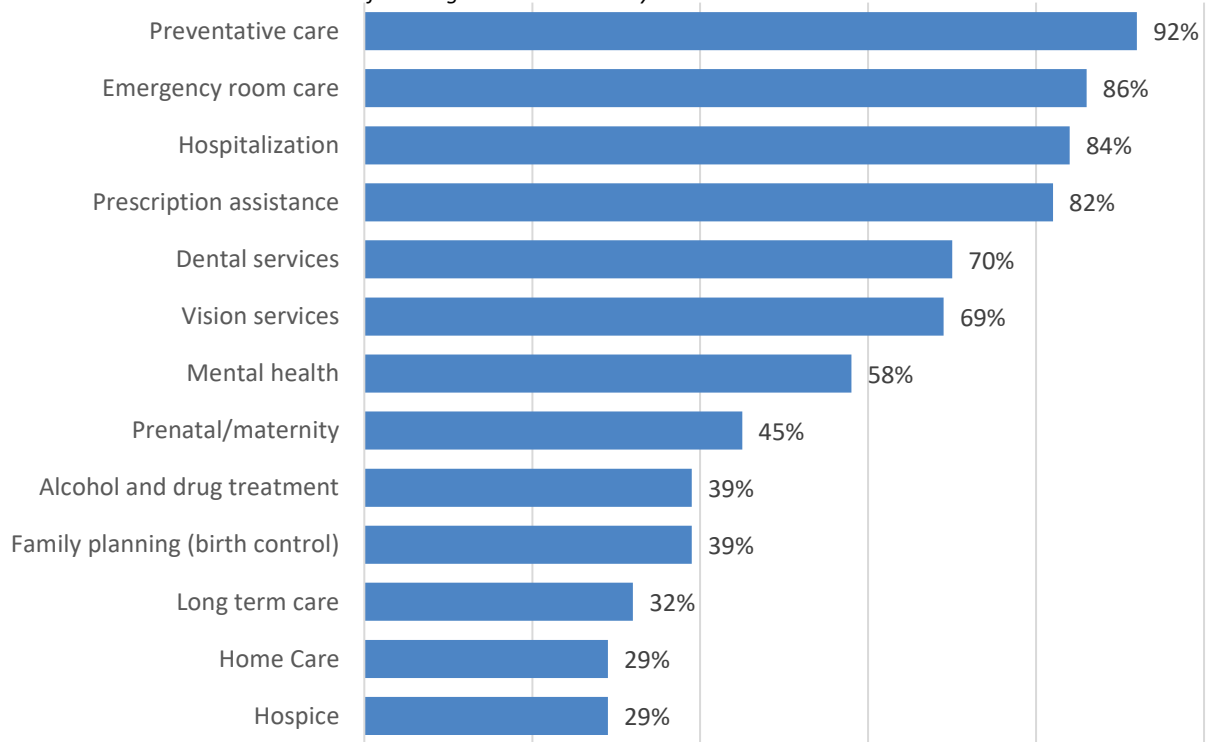




Respondents with health insurance were given a list of services sometimes covered by insurance and were asked whether each service was covered by their health insurance. The services that were covered for most respondents were preventative care (92.3%), emergency room care (85.7%), hospitalization (84.4%), and prescription assistance (82.0%). More than half of respondents with insurance have dental coverage (70.1%), vision (69.3%), or mental health coverage (57.9%). Less than half of respondents have coverage for prenatal/maternity coverage (45.0%), alcohol and drug addiction (38.9%), and family planning/birth control coverage (38.9%). Less than one third of insured respondents have long-term care (32.0%), home care (29.1%) or hospice (28.6%). No respondents reported having coverage for skilled nursing care.

Services Covered by Insurance

I am going to read you a list of services that are sometimes covered by health care plans. Are the following services covered by YOUR health insurance?



Summary: Access to Health Care			
		2019	2023
Have primary care provider	Yes	83.6%	88.0%
	No	16.4%	12.0%
Length of time since last routine check-up	Within past year	74.1%	79.0%
	Within past 2 years	10.3%	6.5%
	Within past 5 years	6.1%	7.3%
	5 or more years ago	7.8%	6.3%
	Never	1.6%	1.0%
Where receive health care most often	Primary care or family doctor	73.8%	70.5%
	Stat Care	15.6%	19.0%
	The emergency room	4.9%	3.3%
	Something else not mentioned	0.9%	1.5%
	VA Hospital	1.8%	1.3%
	Community health center	0.8%	1.0%
	Health department clinic	1.0%	0.8%
	Telemedicine	-	0.8%
	None of the above	-	2.0%
Needed to go outside of county for healthcare		-	63.5%
Why need to go outside of county for care <i>(open-ended, top 3)</i>	Location of current doctor/service	-	60.2%
	Service unavailable locally	-	18.3%
	Availability of doctors	-	7.2%
Services received outside of county <i>(open-ended, top 3)</i>	Specialist	-	35.5%
	Primary care	-	23.6%
	Urgent care/ER	-	11.8%
Unable to get healthcare services in the last two years	Yes	13.1%	20.3%
	No	86.9%	79.8%
Services needed unable to get in past two years <i>(open-ended, top 3)</i>	Specialist	21.1%	35.8%
	Dental	13.2%	20.5%
	Primary care	10.5%	15.3%
Why unable to get in past two years <i>(open-ended, top 3)</i>	Service not available in area	35.1%	44.1%
	High cost/couldn't afford	21.6%	19.4%
	No insurance	16.2%	12.9%
Likelihood of using telehealth or telemedicine	Very likely	-	35.0%
	Somewhat likely	-	39.3%
	Not at all likely	-	25.8%
Why not likely <i>(if not at all likely, open-ended, top 3)</i>	Prefer in-person appointments	-	41.4%
	Too old to learn new	-	17.0%
	May get incorrect	-	17.0%

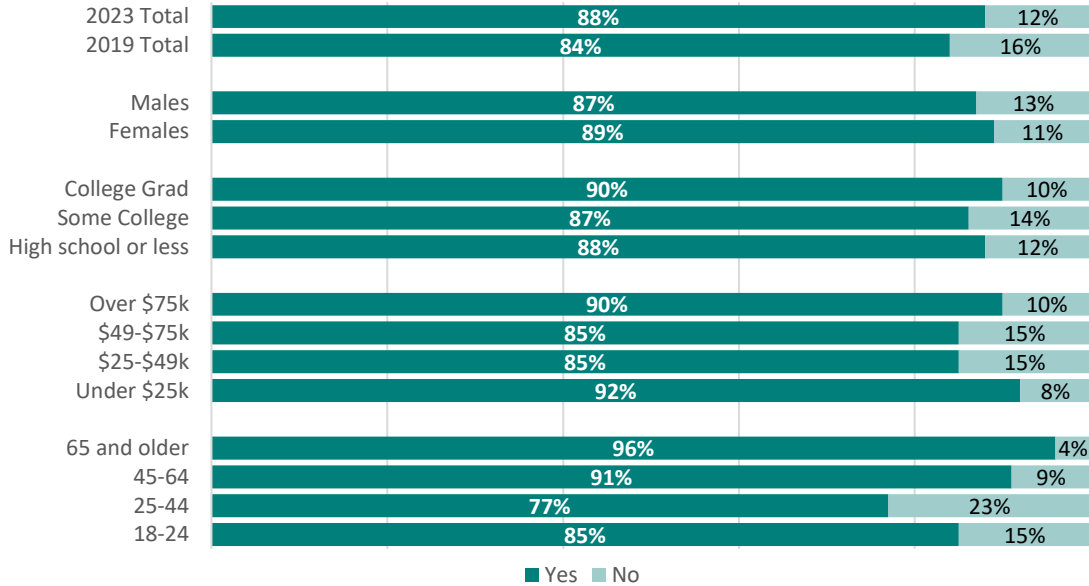


Primary Care Provider

Most respondents, 88.0%, reported having one person or group they think of as their doctor or health care provider, an increase from 83.6% in 2019. Groups of residents more likely to NOT have a primary care doctor or health care provider include residents ages 25 to 44, those who are unemployed, residents without health insurance, and renters.

Has Primary Doctor

Do you have one person or group you think of as your doctor or healthcare provider?



Residents without a doctor, 12% of respondents, were asked why they did not have a regular doctor or healthcare provider. The most common reasons were that it was a personal decision (28%), there was no doctor available (17%), affordability (13%) and proximity issues (13%). Other reasons are listed in the table below.

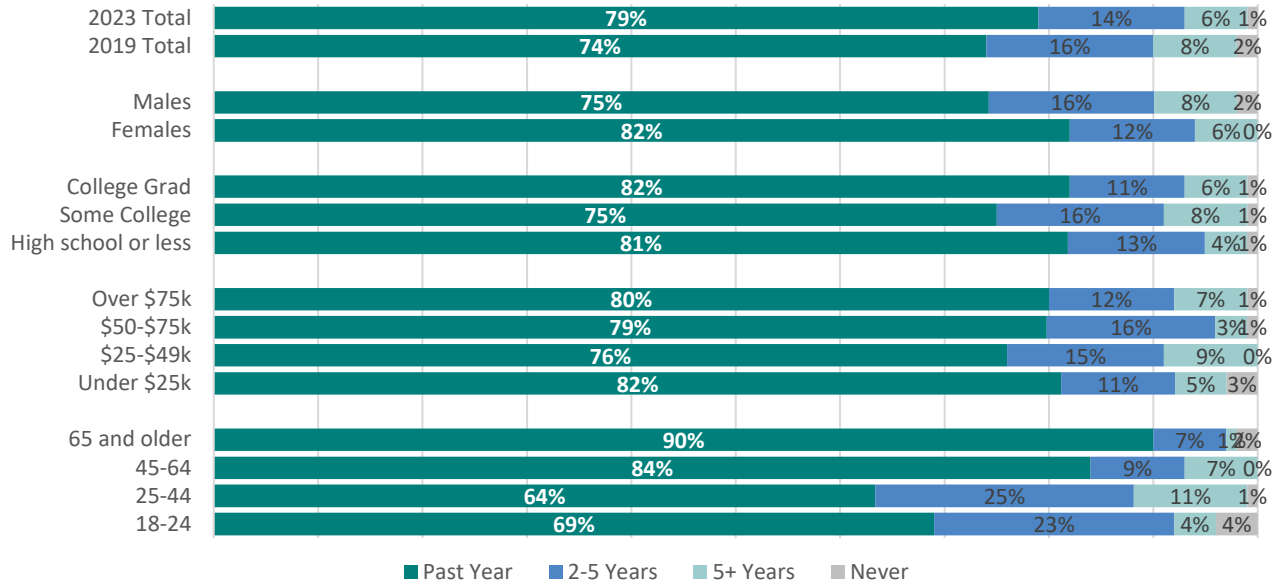
Why No Doctor (asked of those with no doctor)		
	# of responses	% of responses
Personal decision	13	28.2%
Availability	8	17.3%
Affordability	6	13.0%
Proximity	6	13.0%
No insurance	5	10.8%
Insurance not accepted	5	10.8%
New to area	1	2.1%
Medicaid not accepted	1	2.1%
VA insurance	1	2.1%
Total	46	(n=46)

More than three-quarters of respondents, 79%, received a routine checkup within the past year. A small percentage, 6%, had not received a routine medical checkup in five or more years, while 1% indicated they never had a routine checkup. Not surprisingly, the older the respondent, the more likely they were to have had a routine checkup in the past year (as seen in the graph below). Other groups of respondents more likely to have had a routine checkup in the last year include females, retirees, those who are widowed or married, residents with health insurance and homeowners.



Last Routine Check-Up

About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

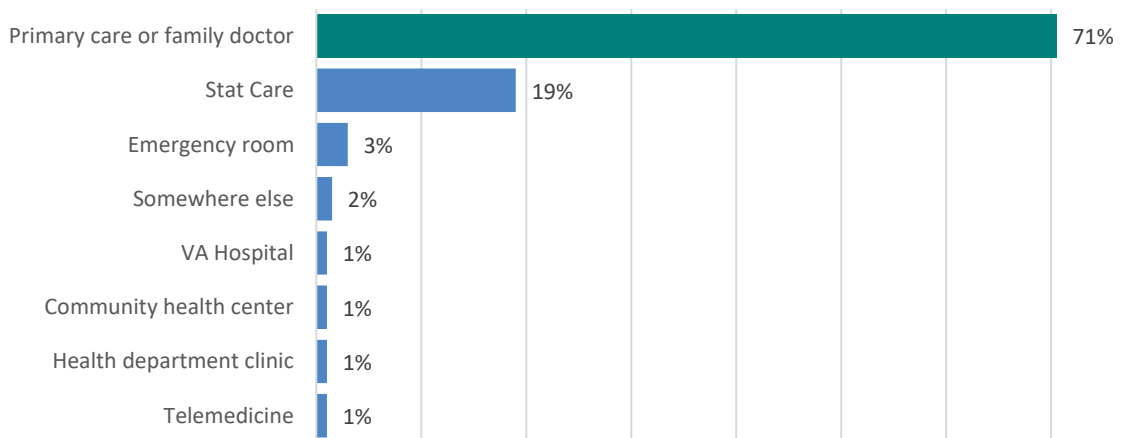


Access to Care

Next, respondents were asked when they receive health care and where do they receive it most often: a primary care or family doctor, the emergency room, a stat care, a community health center, a health department clinic, or a VA hospital. 70.5% of respondents indicated they receive their health care most often from a primary care doctor. Another 19.0% of respondents relied on a Stat Care as their primary source of health care, while 3.3% relied on the emergency room. Groups of residents more likely to use a **primary care or family doctor** include residents ages 45 and over (especially those over the age of 65), retired residents, those who are widowed or married, residents with health insurance, and homeowners. Groups of residents more likely to use something **other than a primary care or family doctor** include residents under the age of 45, those who are unemployed, residents who are single or living with a partner, those without health insurance and renters.

Where Residents Receive Healthcare Most Often

When you are in need of health care, where do you receive it MOST often?





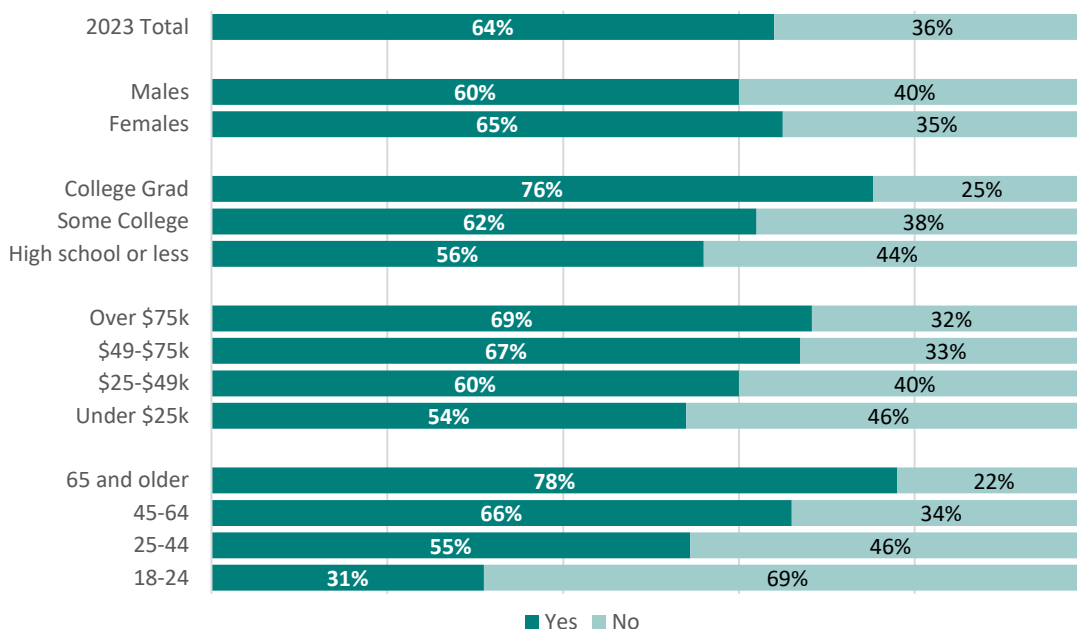
Needed Services

Nearly two-thirds of respondents, 63.5%, reported they needed to go outside of Carroll County in the past two years for healthcare. Groups of residents more likely to have needed to go outside county for healthcare include residents ages 65 and over, college graduates, those who are employed part-time or retired, widowed residents, those with health insurance, and homeowners.

The most common reasons for going outside the county for healthcare were that is where their current doctor practices, the service they need is not available locally, and the availability of doctors in better elsewhere. The most common services received outside of the county were specialists, primary care, and urgent/emergency care.

Needed to Go Outside County for Care

In the past 12 months, have you gone outside of Carroll County for health care?



Why went outside of county		
	#	%
Location of current doctor/service	151	60.2%
Service unavailable locally	46	18.3%
Availability of doctors	18	7.2%
Proximity	10	4.0%
Better healthcare	9	3.6%
Facility needed was closed	6	2.4%
Insurance not accepted locally	5	2.0%
Insurance network providers	4	1.6%
Affordability	2	0.8%
Total	251	(n=251)

Question: Why did you have to go outside of the County for health care?

What services received outside county		
	#	%
Specialist	87	35.5%
Primary care	58	23.6%
Urgent care/ER	29	11.8%
Surgery	21	8.5%
Routine checkup	20	8.1%
Testing/Imaging	14	5.7%
Dental	10	4.0%
Vision	4	1.6%
Hospital visit	2	0.8%
Total	245	(n=245)

What type of service did you get outside of the county?

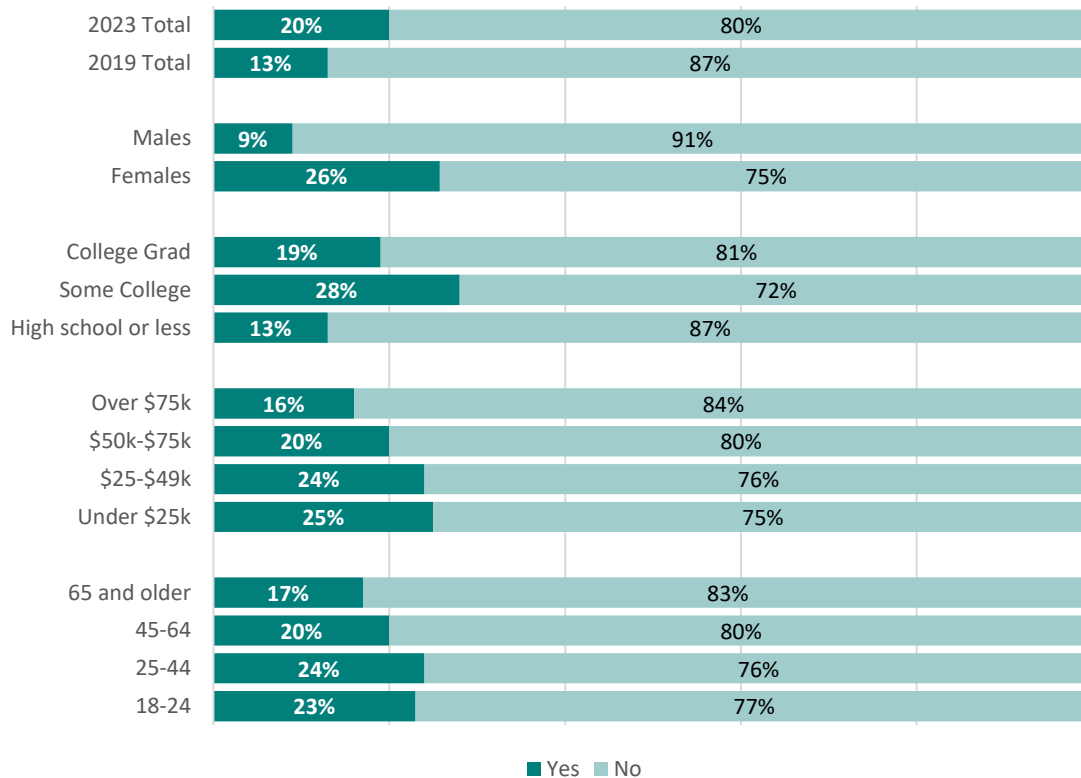


One fifth of respondents, 20.3%, reported there were healthcare services that they or a family member needed in the past year that they were unable to get, an increase from 13.1% in 2019. Groups of residents more likely to have needed services they were unable to get include females, residents with some college education, those who are employed part-time, renters, and residents without health insurance.

The three services needed most often were specialists, dental, and primary care. The most common reasons for not being able to get the service needed were that the services were not available in the county, the cost of the service needed, and they did not have insurance.

Needed Healthcare Unable to Get

Were there any healthcare services that you or a family member needed in the past two years that you were unable to get?



Services Needed		
	#	%
Specialist	28	35.8%
Dental	16	20.5%
Primary care	12	15.3%
Surgery	11	14.1%
Diagnostic test	6	7.6%
Emergency treatment	2	2.5%
Vision	2	2.5%
Hospital visit	1	1.2%
Total	78	(n=78)
<i>Question: Were there any healthcare services that you or a family member needed in the past two years that you were unable to get?</i>		

Why Unable to Get Service		
	#	%
Service not available in area	34	44.1%
High cost/couldn't afford	15	19.4%
No insurance	10	12.9%
Insurance doesn't cover it	6	7.7%
Provider did not follow through	5	6.4%
Medicaid not accepted	3	3.8%
Facility closed	2	2.5%
Limited choices	2	2.5%
Total	77	(n=77)
<i>Question: Why were you unable to get the needed service?</i>		

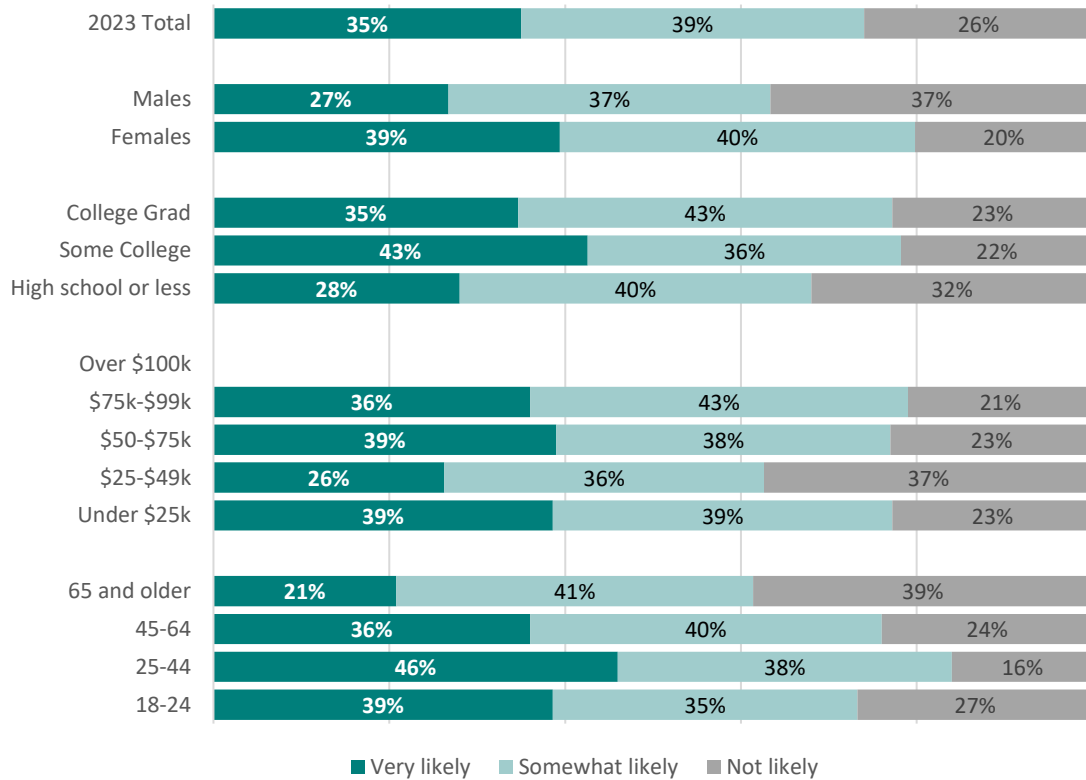


Likelihood of Using Telehealth or Telemedicine

Over a third of respondents, 35.0%, reported they would be very likely to use telehealth or telemedicine services if they were available while an additional 39.3% reported being somewhat likely to use it. More than one quarter of residents, 25.8%, indicated that they were not likely to use telehealth or telemedicine if it were available. Groups of residents more likely to be very interested in using telehealth or telemedicine if it were available include females, residents ages 25 to 44, those with some college education, employed respondents, and renters. The most common reasons for being not likely to use telehealth or telemedicine if it were available were that they prefer in-person appointments, they are too old to learn something new, and they fear they may get it incorrect.

Likelihood of Using Telehealth

How likely would you be to use a telehealth or telemedicine service if it were available? Very likely, somewhat likely, not at all likely.



Why Unlikely to use Telehealth		
	#	%
Prefer in-person appointments	39	41.4%
Too old to learn new	16	17.0%
May get incorrect	16	17.0%
Doesn't see the benefits	10	10.6%
Prefer speaking with	8	8.5%
Unreliable internet	5	5.3%
Total	94	(n=94)

Question: Why are you unlikely to use telehealth or telemedicine?



SECONDARY DATA ANALYSIS

The table below represents the estimated percentage of the population under the age of 65 without health insurance coverage in Carroll County. Over the past five years, the percentage of individuals without health insurance decreased by 2%. The percentage of residents without insurance under the age of 19 (14.5%) is higher than the percentage of residents aged 19 to 64 (10.7%).

Carroll County Percent Uninsured						
	2017	2018	2019	2020	2021	% Change
Carroll County	11.5%	9.2%	8.4%	11.2%	9.4%	-2.1%
Under 19	13.3%	9.6%	8.0%	15.7%	14.5%	+1.2%
19 to 64	14.4%	12.1%	11.3%	13.3%	10.7%	-3.7%
65 and over	0.6%	0.1%	0.5%	0.4%	0.2%	-0.4%

SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates

Primary Care Physicians is the ratio of the population to primary care physicians in the chart below. Primary care physicians include non-federal, practicing physicians (M.D.'s and D.O.'s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics. In Ohio, there is 1 Primary Care Physician for every 1,290 residents. Carroll County's ratio is significantly worse than Ohio ratio at 1 Primary Care Doctor for every 3,840 residents.

Primary Care Physicians										
	2016		2017		2018		2019		2020	
	# of PCP	Ratio	# of PCP	Ratio	# of PCP	Ratio	# of PCP	Ratio	# of PCP	Ratio
Carroll	5	5,530:1	5	5,480:1	6	4,510:1	6	4,490:1	7	3,840:1
Ohio	8,900	1,300:1	8,890	1,310:1	8,970	1,300:1	9,060	1,290:1	9,050	1,290:1

SOURCE: County Health Rankings, Original Source: National Center for Health Statistics

Professionals other than physicians can serve as sources of routine, preventive care, including nurse practitioners (NP), physician assistants (PA), and clinical nurse specialists. The below table shows the ratio of the population to primary care providers other than physicians. In Ohio, there is 1 Other Primary Care Provider for every 770 residents. Carroll County's ratio is once again significantly worse than Ohio ratio at 1 Other Primary Care Provider for every 3,810 residents.

Other Primary Care Providers					
	2016	2017	2018	2019	2020
Carroll County	6,846:1	9,027:1	8,970:1	8,970:1	3,810:1
Ohio	1,161:1	1,009:1	920:1	830:1	770:1

SOURCE: County Health Rankings, Original Source: CMS, National Provider Identification

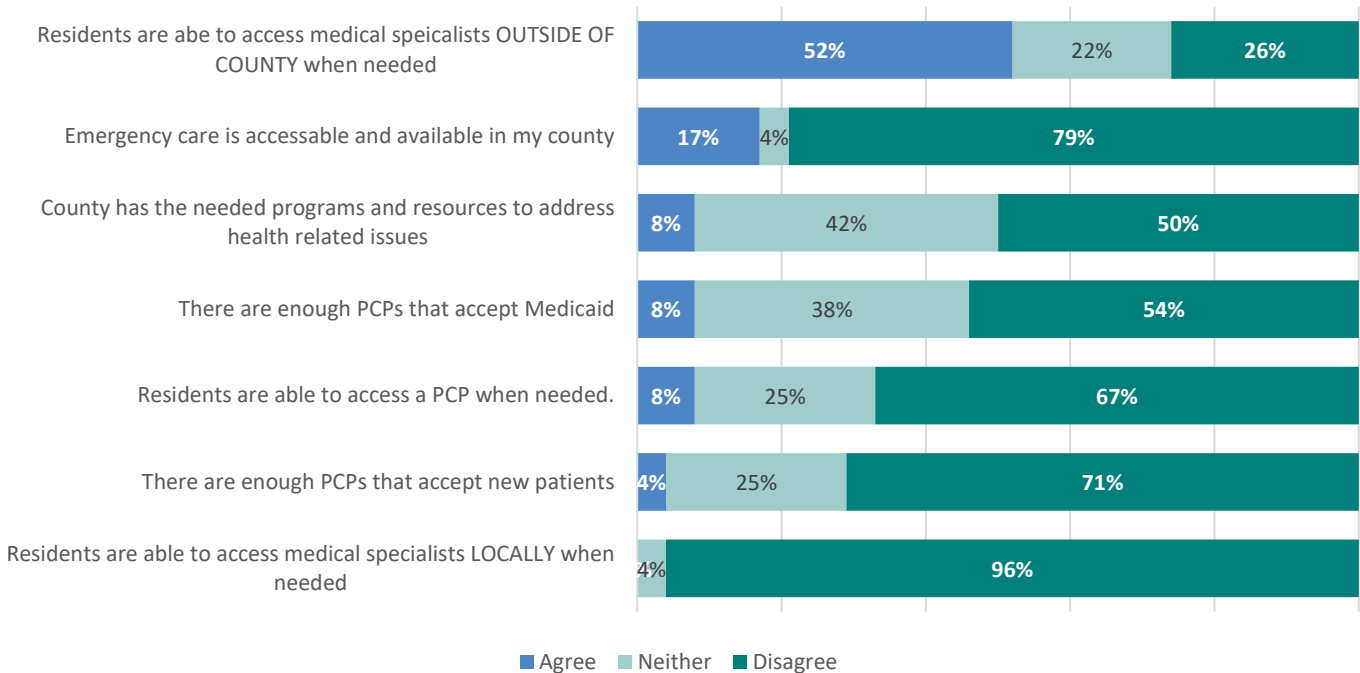


COMMUNITY PARTNER SURVEY

The community partners were given a list of seven statements about access to care issues and were asked how much they agreed with each.

- More than half of community partners, 52.1%, agreed, “Residents in Carroll County are able to access medical specialists OUTSIDE OF THE COUNTY when needed (Cardiologist, Dermatologist, etc.,” with 21.7% strongly agreeing with this statement. More than a quarter, 26.1%, disagreed.
- A sixth of community partners, 16.7%, agreed, “Emergency care is accessible and available in the county,” with none strongly agreeing. The majority, 79.2%, disagreed with this statement.
- Less than a tenth of community partners, 8.3%, agreed, “Carroll County has the needed programs and resources to address health related issues,” with none strongly agreeing. Half, 50.0%, disagreed with the statement.
- Less than a tenth of community partners, 8.3%, agreed, “There are enough Primary Care Physicians in the area that accept Medicaid,” with none strongly agreeing. More than half, 54.2%, disagreed with the statement.
- The same percentage of community partners, 8.3%, agreed, “Residents in Carroll County are able to access a primary care doctor in the area when needed,” with none strongly agreeing. Two-thirds, 66.7%, disagreed with this statement.
- Even fewer community partners, 4.2%, agreed, “There are enough Primary Care Providers in the area that accept new patients,” with none strongly agreeing. Nearly three-quarters, 70.8%, disagreed with this statement.
- None of the community partners, 0.0%, agreed, “Residents in Carroll County are able to access medical specialists LOCALLY when needed (Cardiologist, Dermatologist, etc.” Most, 95.7%, disagreed.

Agreement with Access to Care Statements



MENTAL HEALTH

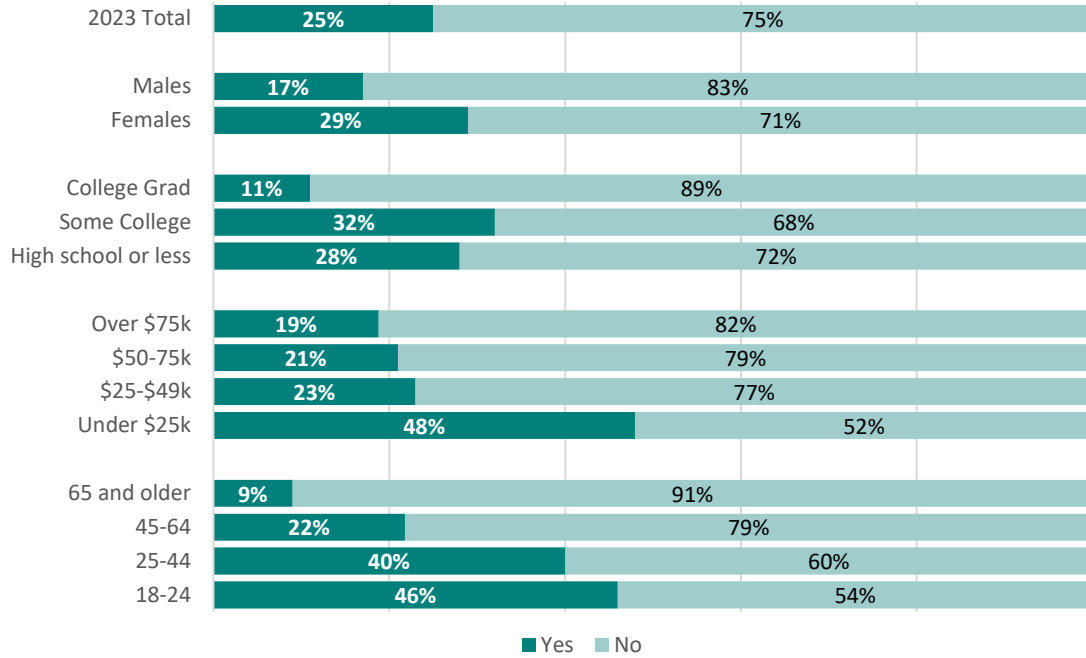
COMMUNITY SURVEY

Summary: Mental Health		2019	2023
During past 12 months...	Felt sad or hopeless 2+ weeks	-	25.0%
	Ever seriously consider suicide	-	7.5%
Resident Diagnosed by Medical Professional	Anxiety disorder such as OCD or panic disorder	-	26.5%
	Depression	-	25.3%
	Posttraumatic stress disorder	-	10.3%
	ADD/ADHD	-	7.2%
	Postpartum depression	-	4.8%
	Bipolar	-	4.3%
	Seasonal affective disorder	-	4.0%
	Alcohol/Substance Abuse/Dependence	-	3.0%
	Other mental health disorder	-	2.8%
	Eating disorder	-	1.3%
	Schizophrenia	-	1.0%
	Developmental disability	-	0.8%
	Problem gambling	-	0.5%
Do you know someone who...	Has died by suicide	43.3%	46.8%
	Has talked about thoughts of suicide	31.4%	34.5%
	Has attempted suicide, but did not die	21.3%	25.5%
Stress level on typical day	Low	-	36.6%
	Moderate	-	44.0%
	High	-	19.6%
Seen a counselor or psychiatrist in the last year		-	26.0%
How often do you see people feel close to	Less than once a week	-	23.3%
	1 or 2 times a week	-	26.0%
	3 to 5 times a week	-	22.3%
	5 or more times a week	-	28.5%
How connected to the community	Very connected	-	16.3%
	Somewhat connected	-	53.0%
	Not at all connected	-	30.8%
Agreement with statements (% agree)	Stigma is a barrier to treatment	-	62.9%
	I would view someone with MH disorder differently	-	14.3%
	In my family, we talk about problems	-	63.8%

A quarter of residents, 25.0%, *felt so sad or hopeless for two or more weeks that they stopped doing some usual activities* in the past 12 months. Groups of respondents more likely to have felt sad or hopeless for two weeks or more in a row include females, residents ages 18 to 44, those with some college or less education, residents who are unemployed or employed part-time, those with an annual income under \$25,000, residents who are single or divorced, renters, those with children in the home, and residents without health insurance.

Felt Sad or Hopeless for 2+ Weeks

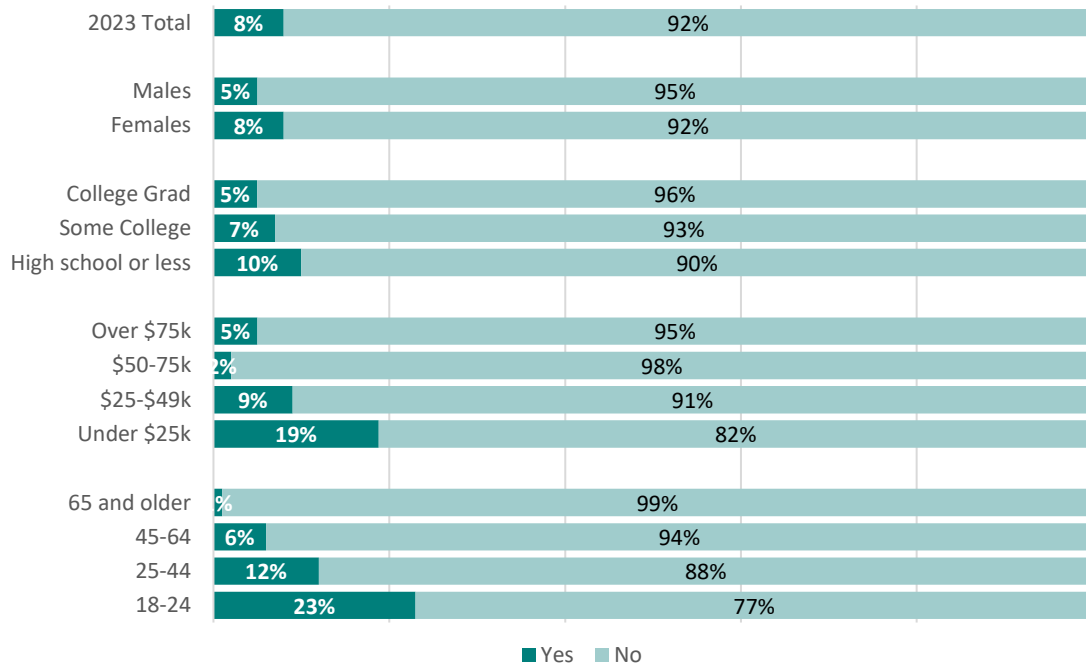
During the past 12 months, did you ever feel sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?



Only a small percentage of respondents, 7.5%, *seriously considered suicide* in the past year. Groups of respondents more likely to have seriously considered suicide include residents ages 18 to 24, those who are unemployed or employed part-time, residents with an annual income under \$25,000, those who are single or divorced, renters, and residents without health insurance.

Seriously Considered Suicide

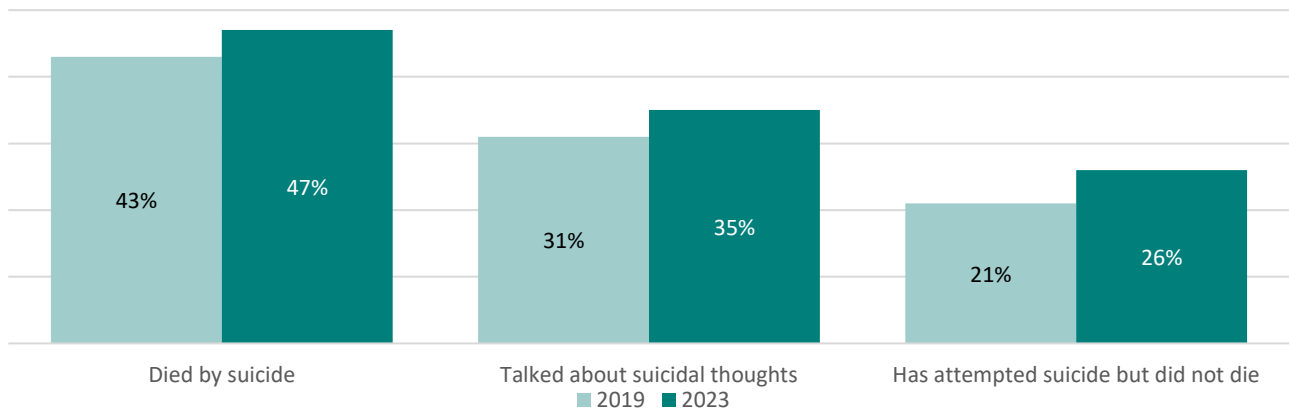
During the past 12 months did you ever seriously consider suicide or harming yourself?





Nearly half of respondents, 46.8%, reported knowing someone who has **died by suicide**, an increase from 43.3% in 2019. Groups of respondents more likely to know someone who has died by suicide include residents ages 45 to 64, college graduates, and renters. More than a third, 34.5%, reported knowing someone who has **talked about thoughts of suicide**, a slight increase from 31.4% in 2019. Groups of respondents more likely to know someone who has talked about suicidal thoughts include females, residents ages 18 to 44, those with some college education, unemployed residents, those who are single or living with a partner, renters, and residents with children in the home. More than a quarter, 25.5%, reported knowing someone who has **attempted suicide, but did not die**, a slight increase from 21.3% in 2019. Groups of respondents more likely to know someone who has attempted suicide but did not die include females, residents ages 18 to 44 (especially those ages 18 to 24), those who are widowed, living with a partner or single, renters, and residents with children in the home.

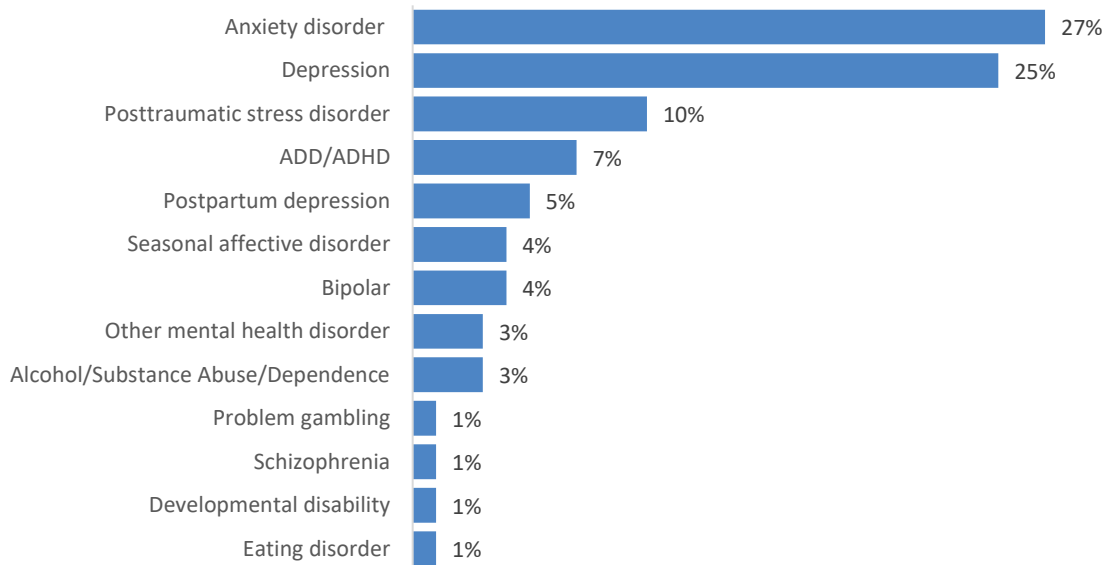
Know Someone Who.



Next, all residents were given a list of thirteen different mental health conditions and asked if they had ever been diagnosed with each. Each condition is discussed in more detail below.

Resident Diagnosed With. . .

Has a doctor or other health professional EVER diagnosed you with any of the following mental or behavioral health issues:



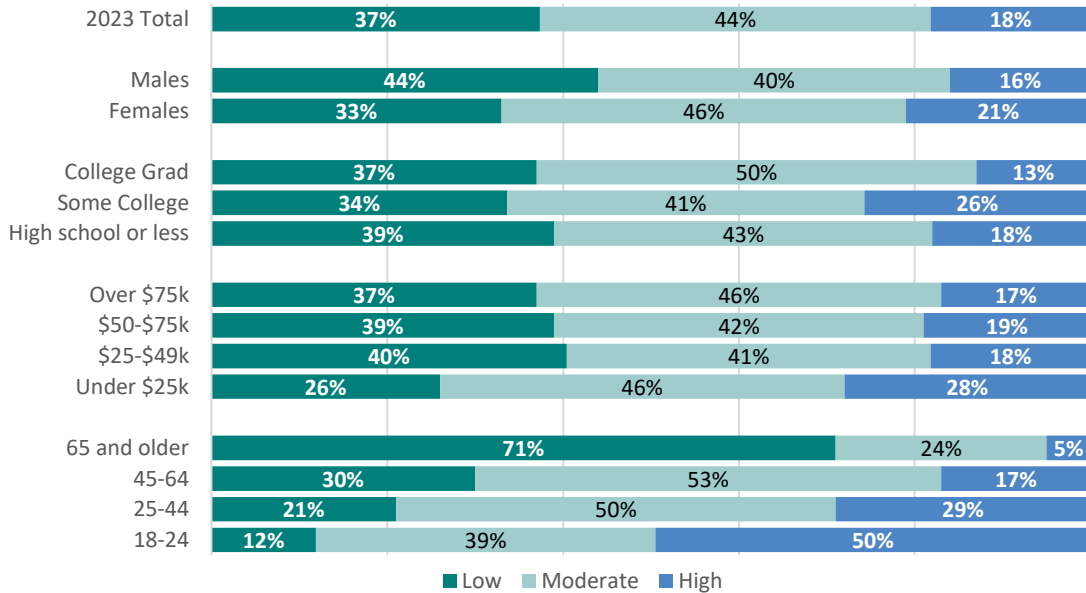
- **Anxiety Disorder such as OCD or Panic Disorder**- Over a quarter of respondents, 26.5%, have been diagnosed with an anxiety disorder such as Obsessive-Compulsive Disorder (OCD) or Panic Disorder. Groups of residents more likely to have been diagnosed with an anxiety disorder include females, residents ages 18 to 44, those who are unemployed or employed part-time, residents with an annual income under \$25,000, renters, residents with children in the home, and those without health insurance coverage.
- **Depression**- A quarter of residents, 25.3%, have been diagnosed with depression. Groups of residents more likely to have been diagnosed with depression include females, residents ages 18 to 64, unemployed residents, those with an annual income under \$25,000, renters, residents with children in the home, and those without health insurance coverage.
- **Posttraumatic Stress Disorder**- A tenth of respondents, 10.3%, have been diagnosed with posttraumatic stress disorder or PTSD. Groups of residents more likely to have been diagnosed with PTSD include females, residents who are employed part-time, those with an annual income under \$25,000, and renters.
- **ADD/ADHD**- Fewer respondents, 7.2%, have been diagnosed with attention deficit disorder or ADD/ADHD. Groups of residents more likely to have been diagnosed with ADD or ADHD include residents ages 18 to 44 (especially those ages 18 to 24), those who are unemployed, residents with an annual income under \$25,000, those who are single or living with a partner, renters, and residents with children in the home.
- **Postpartum Depression**- Less than one-twentieth of residents, 4.8%, have been diagnosed with postpartum depression. Groups of residents more likely to have been diagnosed with postpartum depression include females, residents ages 18 to 44, unemployed residents, renters, and residents with children in the home.
- **Bipolar**- Slightly fewer respondents, 4.3%, have been diagnosed with bipolar disorder. Groups of residents more likely to have been diagnosed with bipolar disorder include residents ages 18 to 44 (especially those ages 18 to 24), unemployed residents, those with an annual income under \$25,000, single residents, renters, and residents with children in the home.
- **Seasonal Affective Disorder**- Even fewer respondents, 4.0%, have been diagnosed with seasonal affective disorder. Groups of residents more likely to have been diagnosed with seasonal affective disorder include females, residents who are retired, and those who are widowed.
- **Alcohol/Substance Abuse Dependence**- A small percentage of respondents, 3.0%, have been diagnosed with alcohol/substance abuse dependence. Groups of residents more likely to have been diagnosed alcohol/substance abuse dependence include unemployed residents, and those with an annual income under \$25,000.
- **Other Mental Health Disorder**- Similarly, a small percentage of respondents, 2.8%, have another mental health disorder that was not listed. There were no statistically significant differences in this area.
- **Eating Disorder**- Slightly fewer, 1.3%, have been diagnosed with an eating disorder. Groups of residents more likely to have been diagnosed with an eating disorder include residents with an annual income under \$25,000, widowed residents, and renters.
- **Schizophrenia**- Only 1% of respondents have been diagnosed with schizophrenia. Groups of residents more likely to have been diagnosed with schizophrenia include renters and residents with children in the home.
- **Developmental Disability**- Fewer respondents, 0.8%, have been diagnosed with a developmental disability. There were no statistically significant differences in this area.
- **Problem Gambling**- Even fewer respondents, 0.5%, have a problem gambling. Groups of residents more likely to have been diagnosed with gambling problems include residents with an annual income under \$25,000, renters, and those without health insurance coverage.



Nearly a fifth of residents, 19.6%, reported a high stress level on a typical day (7.8% very high and 11.8% high) while another 44.0% said that their daily stress level was moderate. More than a third of residents, 36.6%, reported having a low stress level on a typical day (11.3% very low and 25.3% low). Groups of residents more likely to have high-level stress include females, residents ages 18 to 44 (especially those ages 18 to 24), those who are unemployed or employed full-time), single residents, renters, and those with children in the home.

Stress Level on Typical Day

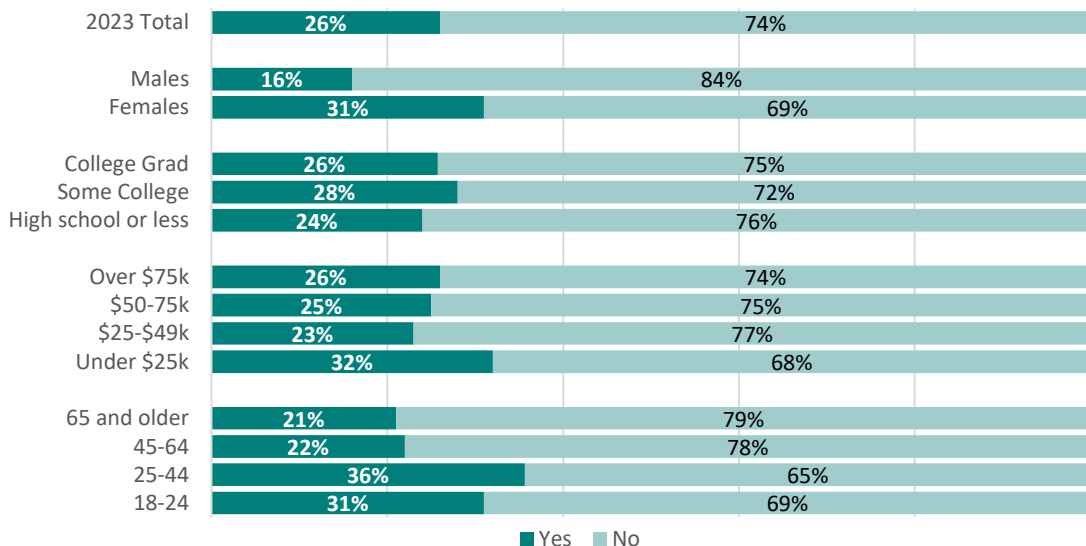
On a typical day, how would you rate your stress level?



More than a quarter of residents, 26.0%, reported that they or a family member had seen a counselor or psychiatrist in the past year. Groups of residents more likely to have seen a counselor or psychiatrist in the past year include females, residents ages 18 to 44, those who are unemployed or employed part-time, renters, and residents with children in the home.

Seen a Counselor or Psychiatrist

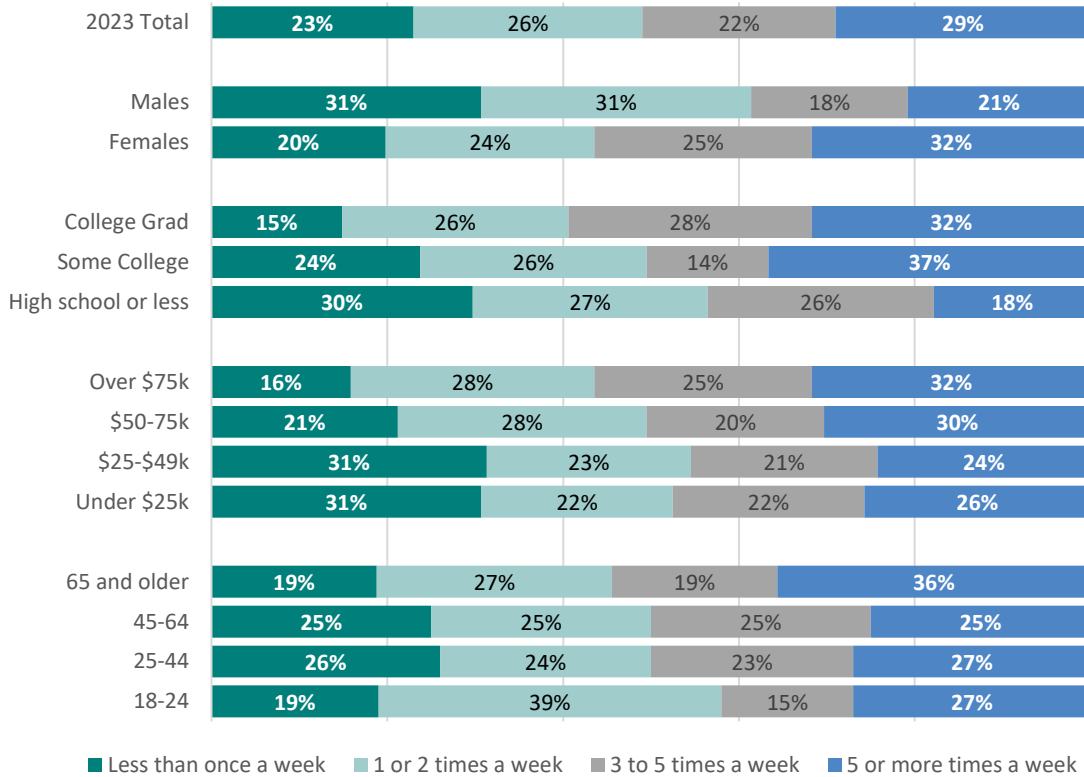
In a past year, have you or a family member seen a counselor or psychiatrist?



Next, residents were asked how often they see or talk to people that they care about or feel close to, such as talking to a friend on the phone, visiting family or friends, or going to church or club meetings. More than a quarter of residents, 28.5%, reported seeing or talking to people close to them five or more times a week while an additional 22.3% see or talk to someone close to them 3 to 5 times a week. More than a quarter of residents, 26.0%, reported seeing or talking to someone close to them 1 or 2 times a week while the remaining 23.3% see or talk to someone close to them less than once a week. Groups of residents more likely to see or talk to someone close to them less than once a week include males, residents with a high school diploma or less education, and renters.

How Often See/Talk People Close to You

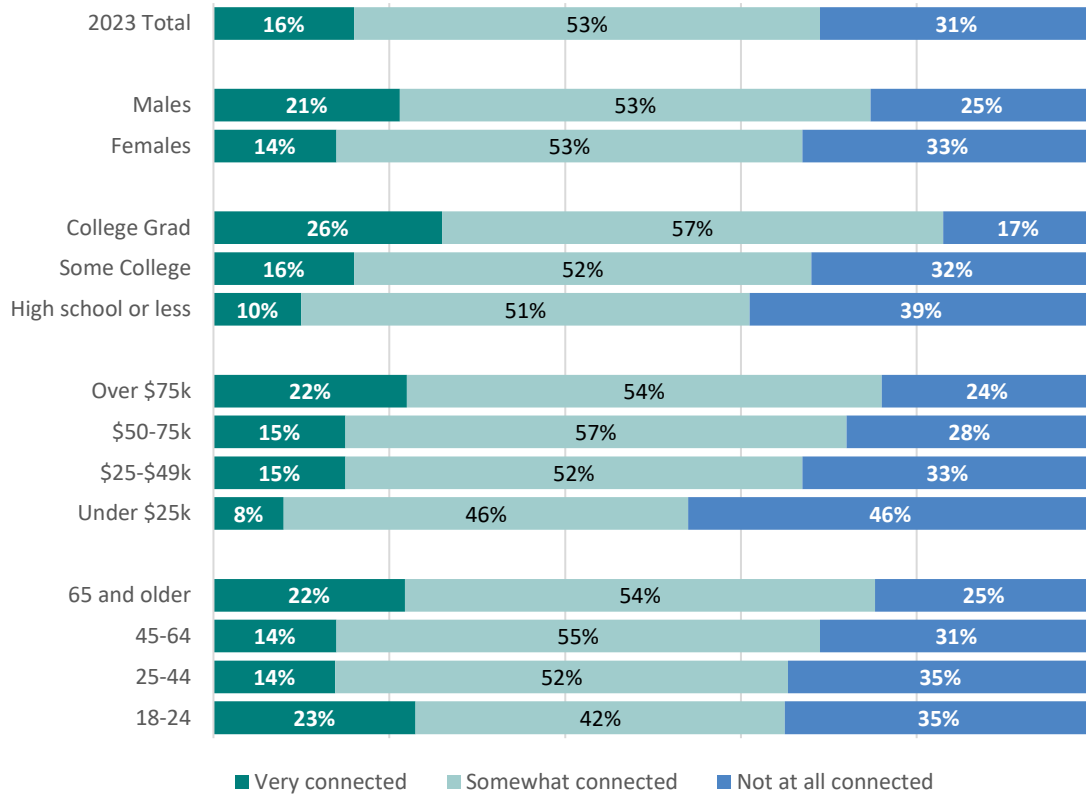
How often do you see or talk to people that you care about and feel close to? (For example: talking to friend on the phone, visiting friends or family, going to church or club meetings)



Less than a sixth of residents, 16.3%, felt that they were very connected to the community while an additional 53.0% felt somewhat connected. Nearly a third of residents, 30.8%, reported feeling not at all connected to their community. Groups of residents more likely to feel not at all connected to their community include females, residents with a high school diploma or less education, those who are unemployed, residents with an annual income under \$25,000, and renters.

Connection to Community

How connected do you feel to your community?

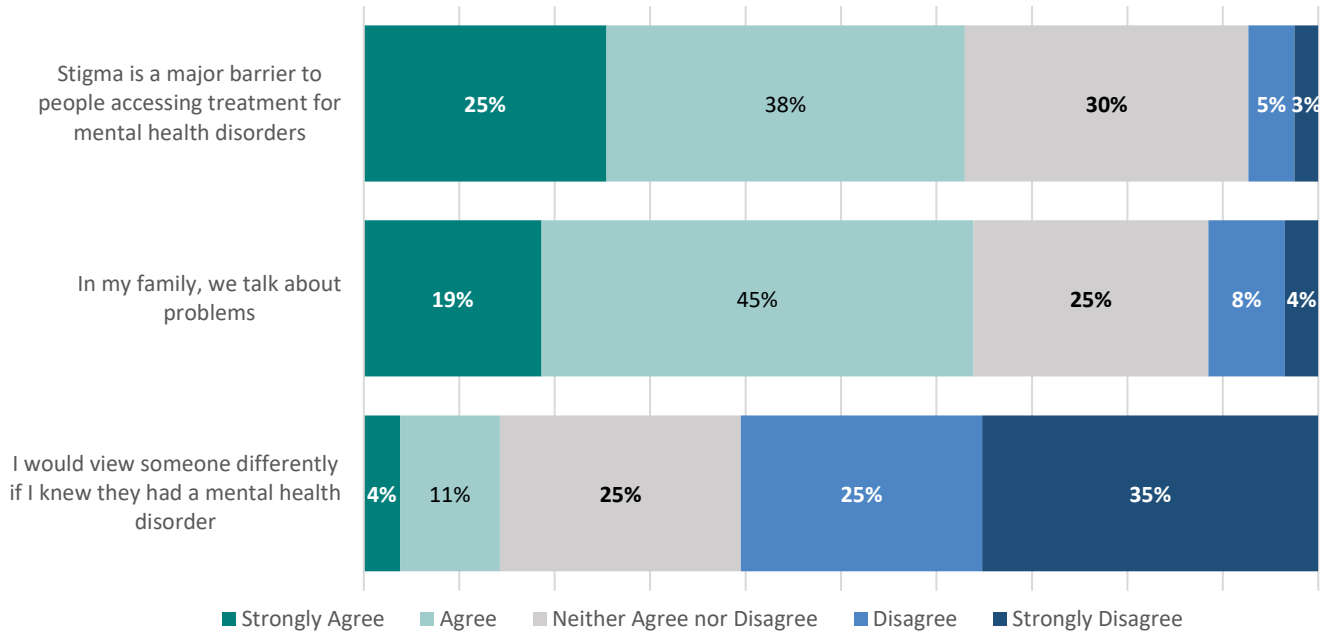




Next, residents were given three statements and asked for their level of agreement with each. Each statement is discussed in more detail below.

Agreement with Statements

How much do you agree or disagree with the following statements?



Family Talks About Problems The statement with the highest level of agreement was “*In my family, we talk about problems.*” Nearly two-thirds, 63.8%, agreed with this statement with 18.6% strongly agreeing. Nearly a quarter, 24.6%, neither agreed nor disagreed. Slightly more than one-tenth, 11.5%, of residents disagreed with the statement. Groups of residents more likely to agree with the statement include residents ages 65 and over, those with an annual income of \$50,000 to \$75,000, residents who are married or widowed, and homeowners.

Stigma is a Barrer Nearly two-thirds, 62.9%, of residents agreed that “*Stigma is a major barrier to people accessing treatment for mental health disorders*” with 25.4% strongly agreeing. Nearly a third, 29.7%, neither agreed nor disagreed. Less than one-tenth, 7.3%, of residents disagreed with the statement. Groups of residents more likely to agree with the statement include females and residents with some college or more education.

View Someone with Mental Health Differently Less than a sixth, 14.3%, of residents agreed that “*I would view someone differently if I knew they had a mental health disorder*” with just 3.8% strongly agreeing. One quarter, 25.3%, neither agreed nor disagreed. More than half, 60.6%, of residents disagreed with the statement with 35.3% strongly disagreeing. Males were more likely to agree with this statement.



YOUTH SURVEY

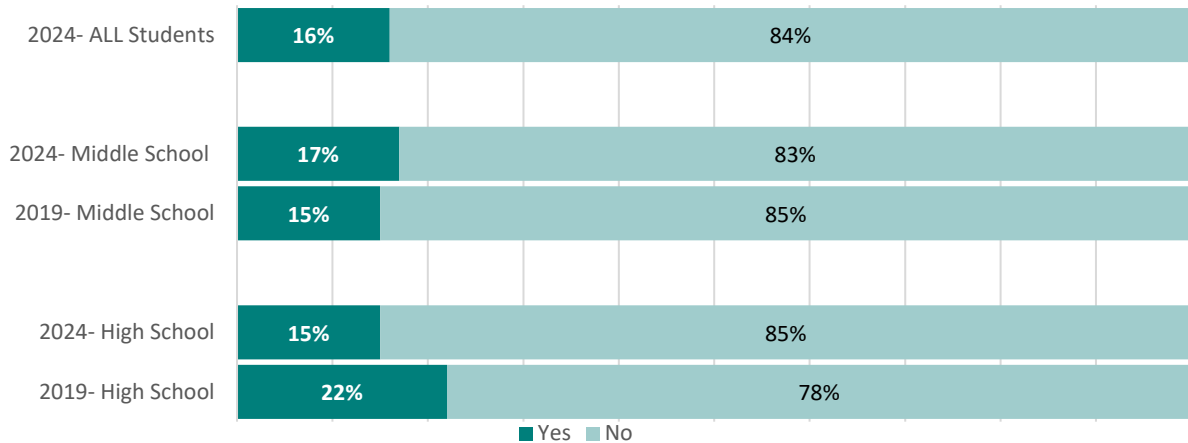
- When dealing with personal problems or feelings of depression or suicide, students were most likely to talk to their best friend (40.7%) or parents (25.8%). A notable percentage, 17.3%, reported that they don't talk to anyone when they have problems or feelings of depression. High school students were much more likely than middle school students to talk to their best friend or significant other while middle school students were much more likely than high school students to talk to an adult relative.
- Less than half of students, 41.4%, reported that they never felt alone or isolated during the past 12 months. Alternatively, 26.3% of students reported feeling alone or isolated 6 or more times with the percentage being slightly higher for middle school students (30.0%) than high school students (22.1%).
- Nearly a third, 32.0%, of high school students, reported that in the past year that they felt so sad or hopeless almost every day for two or more weeks in a row that they stopped doing some usual activities, an increase from 27.4% in 2019.

Summary: Mental Health		2019	2024		
		High School	All students (N=427)	Middle School (N=223)	High School (N=204)
Who talk to when dealing with problems/depression	Best friend*	-	40.7%	36.8%	45.1%
	Parents	-	25.8%	26.5%	25.0%
	Girlfriend/boyfriend/significant other*	-	18.0%	12.1%	24.5%
	No one	-	17.3%	17.9%	16.7%
	Brother/Sister/Sibling	-	11.2%	12.1%	10.3%
	Adult relative*	-	8.0%	9.9%	5.9%
	Caring adult or adult friend	-	6.8%	7.2%	6.4%
	Teacher	-	5.4%	4.5%	6.4%
	School counselor	-	5.2%	4.9%	5.4%
	Professional counselor	-	4.4%	4.5%	4.4%
	Someone not mentioned	-	4.2%	5.4%	2.9%
	Coach	-	2.8%	1.8%	3.9%
	Pastor/Priest or youth minister	-	2.1%	2.2%	2.0%
	Mental health helpline	-	1.2%	1.8%	0.5%
	Did not have these problems/feelings	-	25.3%	27.4%	23.0%
Number of times felt isolated or alone in past 12 months	None	-	41.4%	39.5%	43.6%
	1 time	-	7.0%	7.3%	6.7%
	2-3 times	-	15.4%	14.5%	16.4%
	4-5 times	-	9.9%	8.6%	11.3%
	6 or more times	-	26.3%	30.0%	22.1%
Past yr., felt depressed for 2+ weeks (HS only)	Yes	27.4%	-	-	32.0%
	No	72.6%	-	-	68.0%

- A sixth of students, 16%, reported that they seriously considered attempting suicide sometime in the past 12 months. Over the past five years, the percentage of middle school students who had considered suicide increased slightly from 15% to 17% while the percentage of high school students who had considered suicide decreased from 22% to 15%.

Considered Suicide in Last 12 Months

During the past 12 months, did you ever seriously consider attempting suicide?



- Of those who considered suicide in the past 12 months (16.0%) of all students, 62.7% actually attempted suicide while slightly fewer, 59.7%, made a plan about how they would attempt suicide. One in ten high school students who attempted suicide said that the attempt resulted in an injury, poisoning, or an overdose that had to be treated by a doctor or nurse.
- Next, all students were given a list of items and asked what would keep them from seeking help if they were dealing with anxiety, stress, depression, or thoughts of suicide. Nearly half of the students, 45.7%, said that they could handle these issues and feelings themselves. High schoolers were more likely than middle schoolers to report that they could handle it themselves while middle school students were more likely than high school students to say they were worried about what others would think and that their friends would not be supportive.

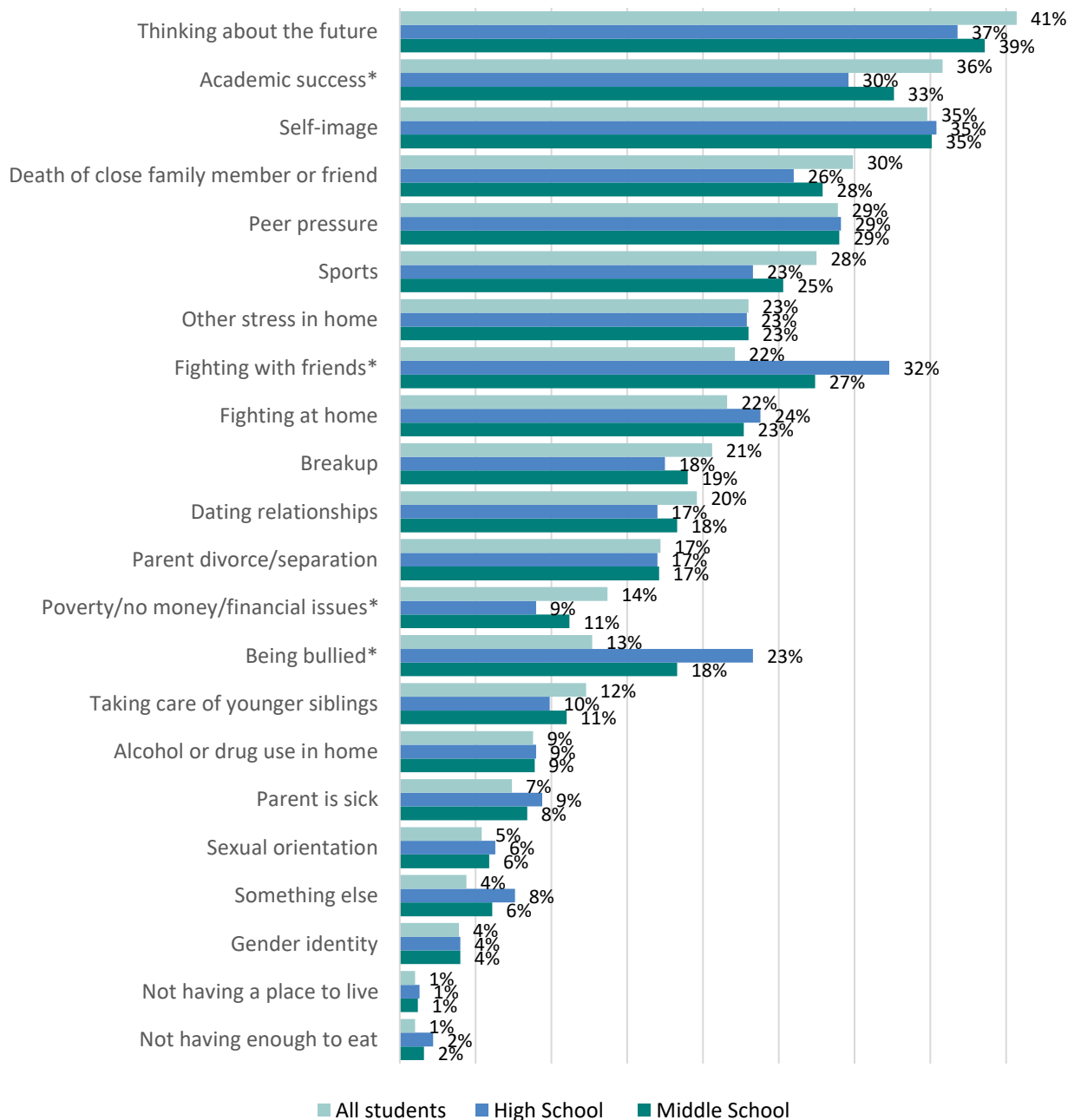
Summary: Anxiety, Stress, Depression, and Suicide				
		All students (N=427)	Middle School (N=223)	High School (N=204)
Considered suicide in past 12 months		16.0%	16.7%	15.2%
Of those who considered suicide. . . .	Attempted suicide	62.7%	59.5%	66.7%
	Made a plan of how attempt suicide	59.7%	54.1%	66.7%
	Attempt resulted in needing doctor (<i>HS only</i>)	10.0%	-	10.0%
What keeps from seeking help in dealing with anxiety, stress, depression, suicidal thoughts	Can handle it myself*	45.7%	42.2%	49.5%
	Worried about what others would think*	26.9%	30.5%	23.0%
	Would seek help	17.8%	18.8%	16.7%
	No time	17.1%	18.4%	15.7%
	Do not know where to go	15.2%	17.0%	13.2%
	Paying for it	12.4%	11.2%	13.7%
	Family would not support getting help	9.1%	9.9%	8.3%
	Something else*	5.2%	8.1%	2.0%
	Friends would not be supportive*	4.9%	6.7%	2.9%
	Transportation	4.4%	5.8%	2.9%
	Currently in treatment	4.4%	3.1%	5.9%



- Over a third of students reported that thinking about the future (38.6%) and self-image (35.1%) were causes of anxiety, stress, or depression. Academic success (32.6%), peer pressure (29.0%), death of a close family member or friend (27.9%), fighting with friends (27.4%), and sports (25.3%) were all mentioned by more than a quarter of students as well. High school students were statistically more likely than middle school students to be stressed by academic success and poverty or financial issues. Middle school students were statistically more likely than high school students to be stressed by fighting with friends and being bullied. In addition to the items listed in the below table, the following were mentioned as causes of anxiety, stress, or depression: loud noises, crowds, school in general, and other family related issues.

Causes of Anxiety, Stress, Depression

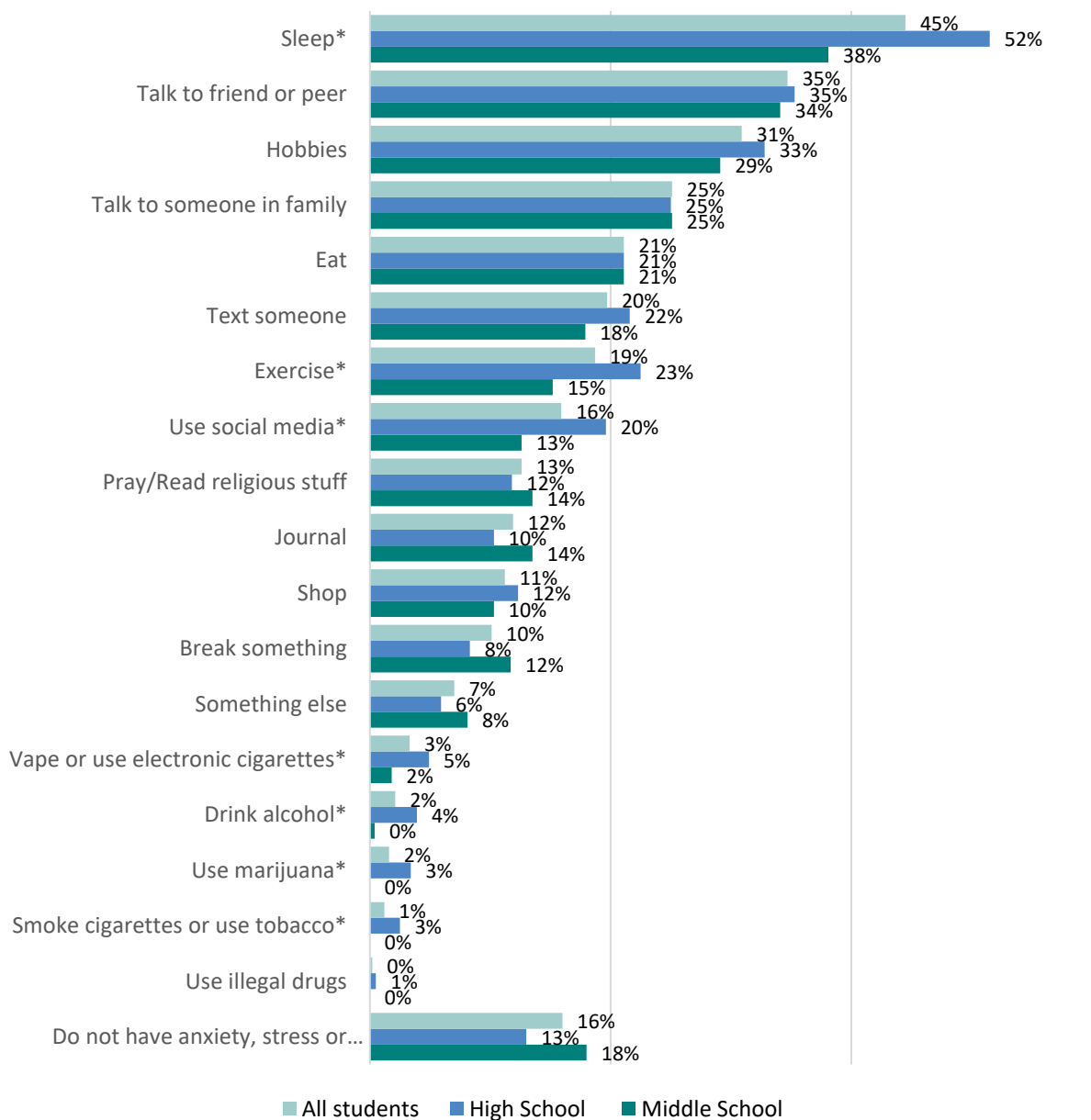
What causes you anxiety, stress or depression?



- Next, students were given a list and asked how they deal with stress, anxiety, or depression. Talking to a friend or peer (34.7%), hobbies (30.9%), and talking to someone in their family (25.1%) were all mentioned by more than a quarter of students. High school students were statistically more likely than middle school students to deal with stress by sleeping, exercising, using social media, vaping, or using electronic cigarettes, drinking alcohol, using marijuana, or smoking cigarettes. In addition to the items listed in the graph below, the following were mentioned as ways to deal with anxiety, stress, or depression: listening to music, reading a book, playing video games, and playing sports.
- Nearly a sixth of students, 15.5%, reported that they do not have any anxiety, stress, or depression. Middle school students (17.9%) were more likely than high school students (12.7%) to report not having any anxiety, stress, or depression.

How Deal with Anxiety, Stress, Depression

How do you deal with anxiety, stress or depression?



- All students were given a list of fourteen adverse childhood experiences and asked whether they had experienced each. More than half of students, 51.3%, reported that they had not experienced any of the adverse experiences, while nearly a third, 32.1%, had one to three of the experiences. More than a tenth, 11.9%, of students had four to six experiences and a small number, 4.7%, had more than six of the experiences. The most common adverse experiences were that parents became separated or divorced (30.2%), a parent or adult in their home swore at them, insulted them or put them down (19.2%), they lived with someone who was depressed, mentally ill or suicidal (18.3%), family did not look out for each other, feel close to each other, or support each other (16.6%), lived with someone who was a problem drinker or alcoholic (15.7%), parents were not married (12.4%), and lived with someone who served time or was sentenced to serve time in prison, jail, or other correctional facility (10.1%).

Summary: Adverse Childhood Experiences (ACES)

		All students (N=427)	Middle School (N=223)	High School (N=204)
Ever experienced ...	Parents became separated or divorced	30.2%	28.7%	31.9%
	Adult in home swore at student or insulted them	19.2%	19.7%	18.6%
	Lived with someone who was mentally ill or suicidal	18.3%	16.6%	20.1%
	Family did not look out for or support each other	16.6%	16.6%	16.7%
	Lived with someone who was a problem drinker or alcoholic	15.7%	17.0%	14.2%
	Parents were not married	12.4%	12.6%	12.3%
	Lived with someone who served time or was sentenced to	10.1%	10.3%	9.8%
	Lived with someone who abused drugs	9.4%	8.5%	10.3%
	Adults in home hit, slapped, or beat each other up	7.5%	9.0%	5.9%
	Adult in home hit, slapped or physically hurt student	4.7%	4.9%	4.4%
	Someone older touched student sexually	3.7%	4.9%	2.5%
	Did not have enough to eat or clean clothes, no one to protect	1.9%	2.2%	1.5%
	Someone older tried to get student to touch them sexually	1.6%	1.3%	2.0%
	Someone older forced student to have sex	0.9%	0.9%	1.0%
Number of ACES	None	51.3%	50.7%	52.0%
	1 to 3	32.1%	32.7%	31.4%
	4 to 6	11.9%	12.1%	11.8%
	More than 6	4.7%	4.5%	4.9%

- Next, students were asked if they had hurt themselves on purpose and were given a list of seven ways people may self-harm when experiencing distress. More than half of students, 54.3%, reported that they do not ever hurt themselves on purpose. Cutting (16.2%), scratching (15.7%), hair pulling or picking (15.7%), and hitting (13.1%) were mentioned most often. Middle school students were statistically more likely than high school students to self-harm by hair pulling or picking and biting. In addition to the items listed in the below table, the following were mentioned as ways to self-harm when experiencing distress: pinching and self-isolating.

Summary: Purposely hurt themselves sometime during life by . . .			
	All students (N=427)	Middle School (N=223)	High School (N=204)
Cutting	16.2%	16.6%	15.7%
Scratching	15.7%	17.0%	14.2%
Hair pulling or picking*	15.7%	18.4%	12.7%
Hitting	13.1%	15.2%	10.8%
Biting*	8.9%	11.2%	6.4%
Burning	4.4%	4.9%	3.9%
Something else*	3.0%	5.4%	0.5%
Never hurt self on purpose	54.3%	54.7%	53.9%

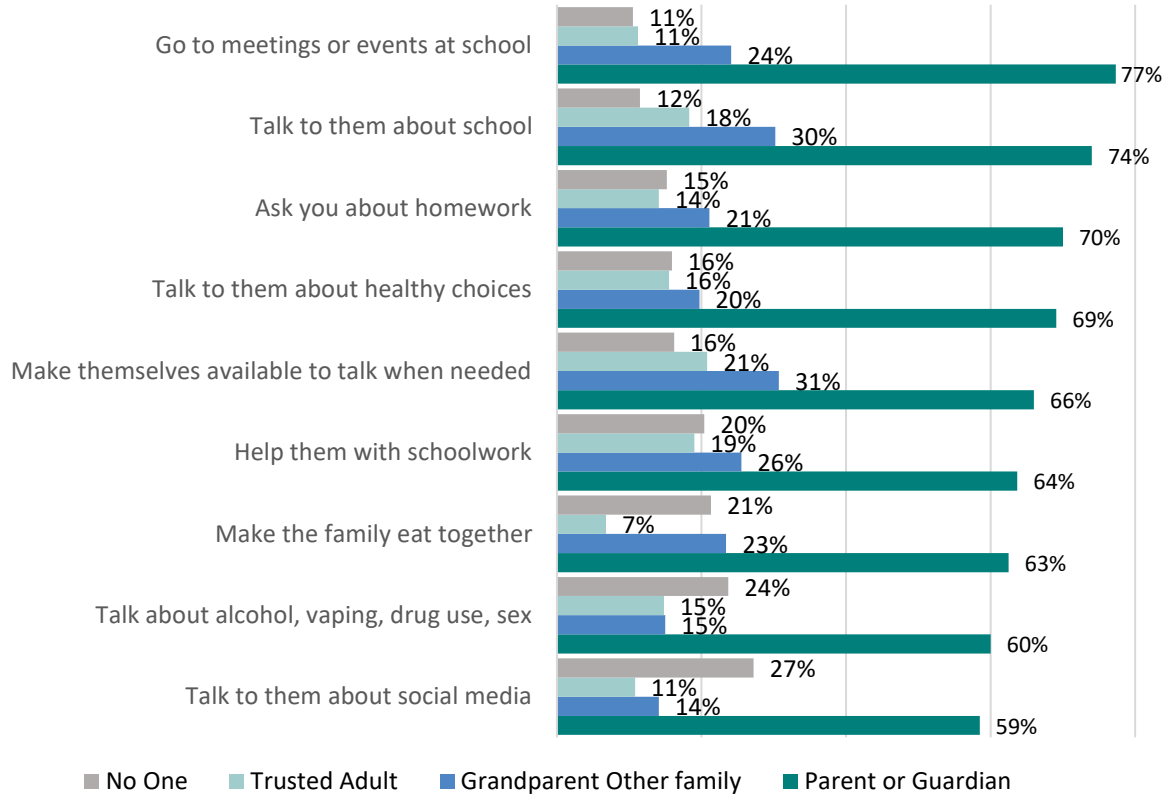
- More than half of high school students, 52%, and 48% of middle school students plan to attend a 4-year college. Over a sixth of students, 18%, plan to attend a community college or technical or trade school while the same percentage will go straight to work. Less than a tenth, 9%, plan to join the military in the future.

Summary: Plans for the future			
	All students (N=427)	Middle School (N=223)	High School (N=204)
Attend a 4-year college	49.6%	48.0%	51.5%
Attend a community college or trade school	17.8%	17.5%	18.1%
Will go straight to work	17.6%	17.5%	17.6%
Plan to join military	8.7%	9.9%	7.4%

- Next, students were asked if they have someone in their life such as a parent/guardian, grandparent or other family member or trusted adult to do nine different things with. The majority of students have someone to go to meetings or events at their school (89.5%) or talk to them about school (88.5%). Slightly fewer students have someone that asks them about their homework (84.8%), talks to them about healthy choices (84.1%), and make themselves available to talk when needed (83.8%). Most students have someone to help them with schoolwork (79.6%), make the family eat together (78.7%), and talk about alcohol, vaping, drug use or sex (76.3%). Less than three quarters of students, 72.8%, have someone to talk to about social media.

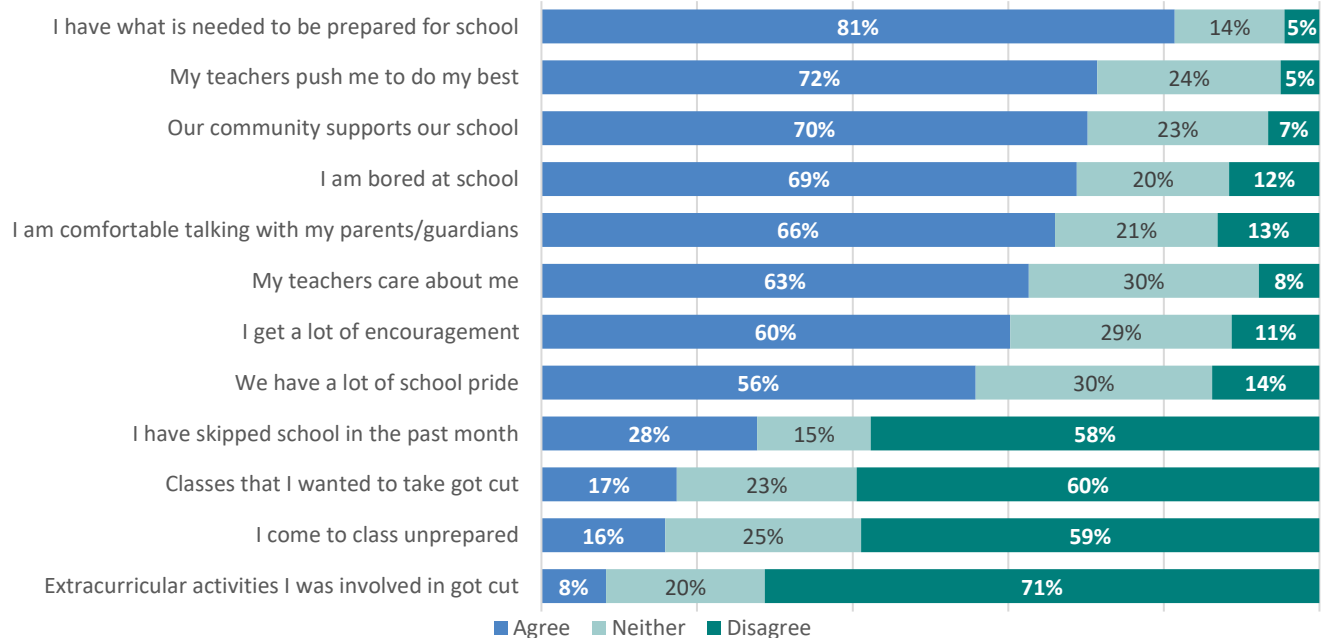
Students Support System

Do you have someone in your life such as a parent/guardian, grandparent or other family member or trusted adult to do any of the following?



Lastly, students were given a list of twelve statements and asked how much they agreed or disagreed with each. Each statement is discussed in more detail below.

Agreement with Statements



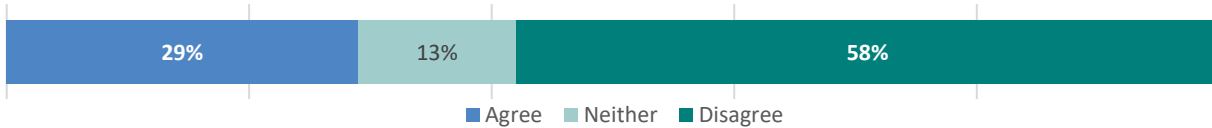


- **HAVE WHAT NEEDED FOR SCHOOL-** The majority of students, 81.4%, agreed “*I have what is needed to be prepared for school*” with 39.9% strongly agreeing. Only a small percentage, 4.5%, disagreed with this statement.
- **TEACHERS PUSH TO DO BEST-** Less than three-quarters, 71.5%, agreed, “*My teachers push me to do my best*” with 27.6% strongly agreeing. A small percentage, 5.0%, disagreed with this statement.
- **COMMUNITY SUPPORTS SCHOOL-** Slightly fewer students, 70.2%, agreed, “*Our community supports our school*” with 30.3% strongly agreeing. Less than a tenth, 6.6%, disagreed with this statement.
- **BORED AT SCHOOL-** More than two-thirds, 68.8%, agreed, “*I am bored at school*” with 42.2% strongly agreeing. A small percentage, 11.6%, disagreed with this statement.
- **COMFORTABLE TALKING TO PARENTS-** Slightly fewer students, 66.0%, agreed, “*I am comfortable talking to my parent/guardian*” with 39.9% strongly agreeing. Less than a sixth, 13.1%, disagreed with this statement. High school students were more likely than middle school students to agree with this statement, 70.3% compared to 62.4%.
- **TEACHERS CARE-** Less than two-thirds, 62.7%, agreed, “*My teachers care about me*” with 23.6% strongly agreeing. Less than a tenth, 7.8%, disagreed with this statement.
- **GET ENCOURAGEMENT-** Slightly fewer students, 60.3%, agreed, “*I get a lot of encouragement*” with 22.3% strongly agreeing. More than a tenth, 11.3%, disagreed with this statement.
- **HAVE SCHOOL PRIDE-** More than half, 55.8%, agreed, “*We have a lot of school pride*” with 23.1% strongly agreeing. Less than a sixth, 13.8%, disagreed with this statement.
- **SKIPPED SCHOOL-** More than a quarter of students, 27.7%, agreed that “*I have skipped school in the past month.*” More than half, 57.6%, disagreed.
- **WANTED CLASS GOT CUT-** Slightly more than one-sixth, 17.4%, agreed that “*Classes I wanted to take got cut*” with a significant percentage, 59.5% disagreeing.
- **COME TO CLASS UNPREPARED-** Even fewer students, 15.9%, of students agreed “*I come to class unprepared*” with 58.9% disagreeing.
- **EXTRACURRICULARS GOT CUT-** Only a small percentage of students, 8.3%, agreed “*Extracurricular activities that I was involved in got cut.*” Most, 71.3% of students disagreed.

COMMUNITY PARTNER SURVEY

More than a quarter of community partners, 29.1%, agreed that “*Residents are able to access mental and behavioral health providers in the area,*” with 8.3% strongly agreeing. More than half, 58.3%, disagreed with this statement with 12.5% strongly disagreeing.

There are enough mental and behavioral health providers in area



SECONDARY DATA ANALYSIS

Mental Health Providers refers to the ratio of the county population to the number of mental health providers including psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental health care. In Ohio, there is 1 Mental Health Provider for every 330 residents. The ratio in Carroll County is nearly five times worse with 1 Mental Health Provider for every 1,670 county residents.

Mental Health Providers											
	2018		2019		2020		2021		2022		
	# of Provider	Ratio	# of Provider	Ratio	# of Provider	Ratio	# of Provider	Ratio	# of Provider	Ratio	
Carroll County	11	2,490:1	12	2,260:1	14	1,920	16	1,680:1	16	1,670:1	
Ohio	24,750	470:1	28,570	410:1	30,540	380:1	33,810	350:1	35,810	330:1	

SOURCE: County Health Rankings, Original Source: CMS, National Provider Identification

The number of suicide deaths in Carroll County each year has ranged from 3 to 6 over the past five years.

Number of deaths by Suicide						
	2018	2019	2020	2021	2022	%Change
Carroll County	3	4	6	5	4	+33.3%
Ohio	1,838	1,813	1,644	1,766	1,802	-1.9%

SOURCE: Ohio Department of Health, Data Warehouse

Poor mental health days are based on survey responses to the question, "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" The value reported indicates the average number of days Carroll County adult residents report their mental health was not good. The average number of poor mental health days in Carroll County was 5.0, the same as the state of Ohio.

Number of Poor Mental Health Days						
	2016	2017	2018	2019	2020	Change
Carroll	4.1	4.4	5.2	5.5	5.0	+0.9
Ohio	4.3	4.6	4.8	5.2	5.0	+0.7

SOURCE: County Health Rankings, Original Source: Behavioral Risk Factor Surveillance System

ORAL HEALTH

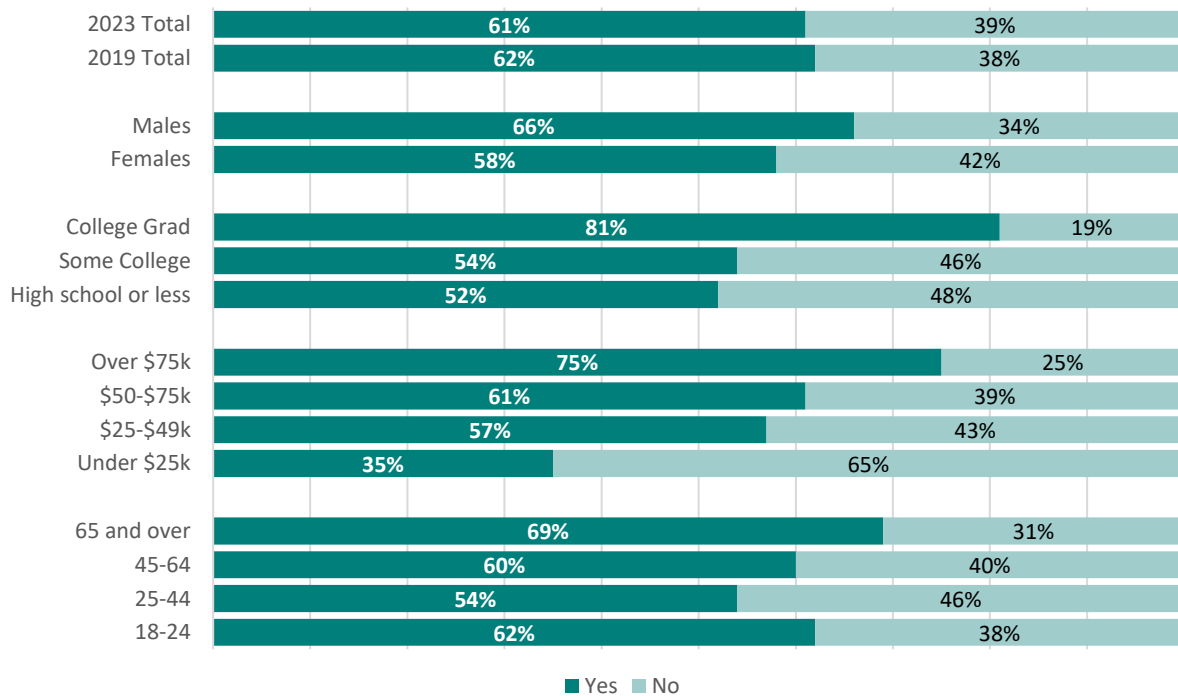
COMMUNITY SURVEY

Summary: Dental Care			
		2019	2023
Length of time since last visited the dentist	Within past year	62.3%	60.8%
	Within past 2 years	11.0%	12.3%
	Within past 5 years	7.9%	12.3%
	5 or more years ago	16.0%	12.2%
	Never	2.8%	1.5%
Currently have dental issues that need to be addressed	Yes	-	33.0%
	No	-	67.0%

Less than two-thirds of respondents, 60.8%, had seen a dentist in the past year, a slight decrease from 62.3% in 2019. An additional 12.3% had seen a dentist in the past two years and 12.3% in the last five years. More than one in ten respondents, 12.2%, had not seen a dentist in five or more years, a small portion, 1.5% had never seen a dentist. Groups of residents most likely to have NOT had a dental visit in the past year include residents with some college or less education, those who are unemployed, residents with an annual income of under \$25,000, those who are not married, renters, residents with children in the home, and those without health insurance.

Seen Dentist in the Past Year

How long has it been since you last visited a dentist or a dental clinic for a routine checkup? A routine checkup is a cleaning, x-rays, dentist evaluation, not a visit for a specific tooth condition.



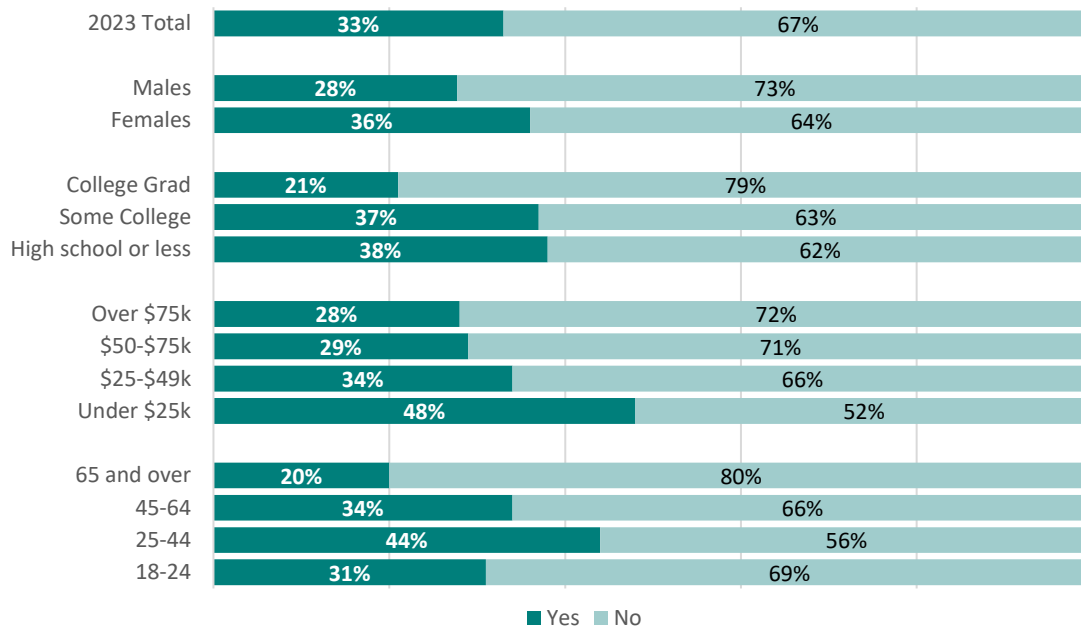
The 39.2% of respondents who had not been to the dentist in the past year were asked the main reason for this. This was an open-ended question in which the respondent could give one response. The most common reasons for not visiting a dentist in the past year were the cost, they wear dentures, having no problems with teeth, being scared, having no insurance, and scheduling difficulties.

Reason Not Visited the Dentist		
	# of Responses	% of Responses
Expense	30	20.7%
Wear dentures	24	16.6%
Don't need to	19	13.1%
Fear	19	13.1%
No insurance	17	11.7%
Scheduling difficulty	14	9.7%
Lack of dentists in area	9	6.2%
Insurance not accepted	5	3.4%
Health issues	4	2.8%
Proximity	3	2.1%
Medicaid not accepted	1	0.7%
Total	145	(n=145)

A third of residents, 33.0%, reported they currently had dental issues that need to be addressed. Groups of residents more likely to have dental issues that need to be addressed include females, residents ages 25 to 44, those with some college or less education, unemployed residents, those with an annual income under \$25,000, single residents, renters, those with children in the home, and residents without health insurance.

Dental Issues That Need to be Addressed

Do you currently have any dental issues that need to be addressed?



The 33.0% of residents who said that they currently have dental issues needing addressed were asked if they are able to get the dental care that they need. Nearly a sixth of these respondents, 59.8%, indicated that they could get the care they need while 40.2% were not able to (this amounted to 13.2% of all respondents). The most common reasons for not being able to get the care they needed were the cost (56.9%) and not having insurance coverage (15.7%). Other reasons are listed in the table below.

Reason Not Able to Receive Needed Dental Care		
	# of Responses	% of Responses
Expense	29	56.9%
No insurance coverage	8	15.7%
Medicaid not accepted	3	5.9%
Proximity	3	5.9%
Lack of dentists in area	3	5.9%
Scheduling difficulty	2	3.9%
Fear	2	3.9%
Unsatisfied with dental work	1	2.0%
Total	51	(n=51)

YOUTH SURVEY

A majority of high school students who were surveyed, 77.1%, indicated that they had seen a dentist for a check-up, exam, teeth cleaning or other dental work during the past twelve months while an additional 8.3% had seen a dentist in the past 2 years. Only a small percentage, 1.0%, of high school students had never seen a dentist.

Summary: Dental Care			
		2019	2024
Length of time since last visited the dentist <i>(asked of HS students only)</i>	Within past year	77.3%	77.1%
	Within past 2 years	7.8%	8.3%
	More than 2 years ago	4.3%	4.2%
	Never	2.8%	1.0%
	Not sure	7.8%	9.4%

SECONDARY DATA ANALYSIS

The ratio below represents the population per dentist in the county. In Ohio, there is 1 dentist for every 1,550 residents. The ratio in Carroll County is significantly higher with 1 dentist for every 2,970 county residents.

Ratio of Population per Dentists

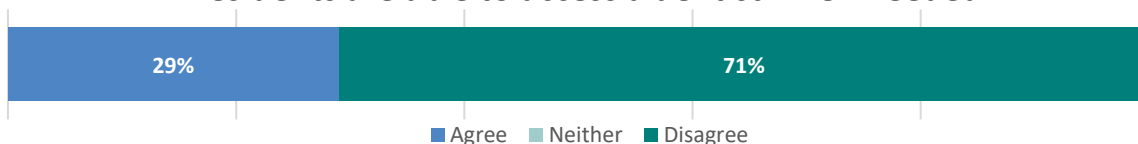
	2017		2018		2019		2020		2021	
	# of Dentists	Ratio	# of Dentists	Ratio	# of Dentists	Ratio	# of Dentists	Ratio	# of Dentists	Ratio
Carroll	11	2,490:1	11	2,460:1	11	2,450:1	9	2,990:1	9	2,970:1
Ohio	7,180	1,620:1	7,260	1,610:1	7,500	1,560:1	7,470	1,570:1	7,580	1,550:1

SOURCE: County Health Rankings, Original Source: Area Health Resource File/National Provider Identifier Downloadable File

COMMUNITY PARTNER SURVEY

More than a quarter of community partners who were surveyed, 29.2%, agreed, "Residents in Carroll County are able to access a dentist when needed," with 4.2% strongly agreeing. Nearly three-quarters, 70.8%, disagreed.

Residents are able to access a dentist when needed



SMOKING/TOBACCO USE

COMMUNITY SURVEY

Summary: Smoking and Tobacco Use			
		2019	2023
Tobacco usage	Everyday	21.9%	22.3%
	Some days	6.1%	7.2%
	Not at all	72.0%	70.5%
Electronic Cigarette/Vape Usage	Everyday	2.4%	10.5%
	Some days	3.2%	5.8%
	Not at all	94.5%	83.8%
Trying to quit or willing to quit smoking (of smokers)	Yes	NA	55.9%
	No		44.1%
Have resources to quit smoking (of smokers)	Yes		62.1%
	No		37.9%

Summary: How harmful is smoking cigarettes			
	Very harmful	Somewhat Harmful	Not at All Harmful
SMOKING CIGARETTES			
You	80.2%	15.0%	4.8%
Youth	89.7%	8.6%	1.8%
Other Adults	81.1%	16.7%	2.3%
SECONDHAND SMOKE			
You	64.4%	29.1%	6.5%
Youth	74.8%	21.9%	3.3%
Other Adults	68.3%	27.7%	4.0%
VAPING			
You	62.6%	26.3%	11.1%
Youth	77.1%	19.1%	3.8%
Other Adults	67.7%	24.8%	7.5%

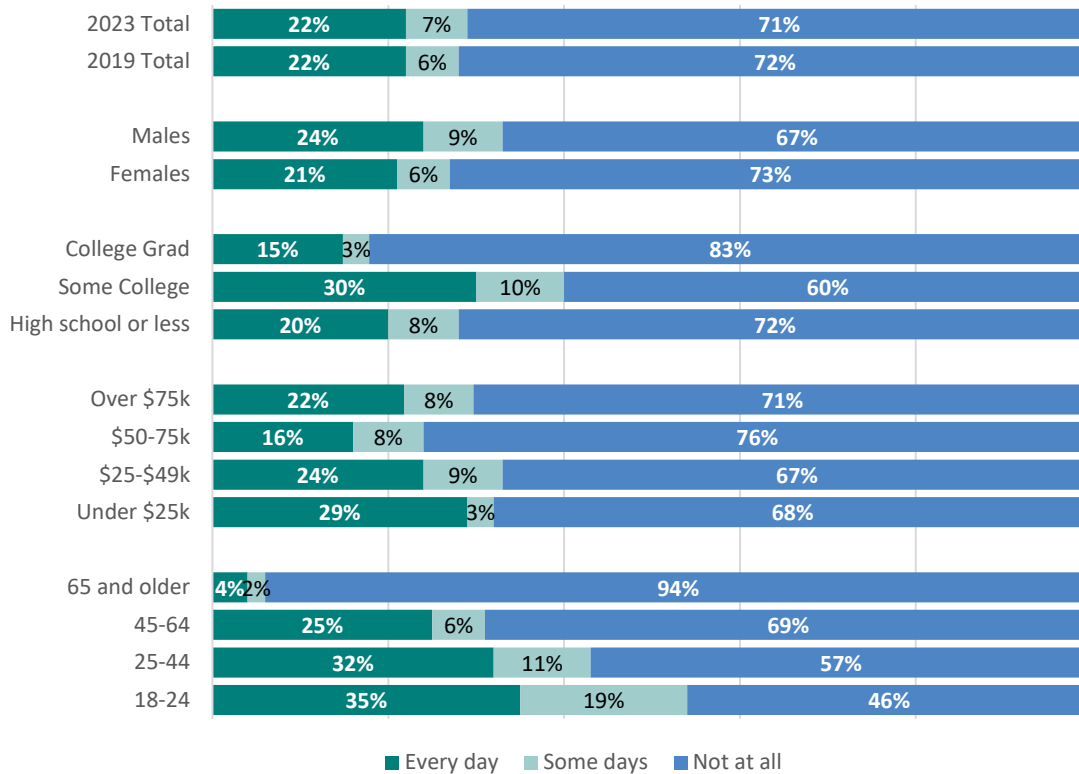




More than one quarter or 29.5% of residents indicated they currently smoke cigarettes, cigars, chewing tobacco or use other tobacco, a slight increase from 28.0% in 2019. **Every day users** amounted to 22.3% of all residents. The remaining proportion of tobacco users indicated they smoke cigarettes or use tobacco less frequently or only **some days**, amounting to 7.2% of all residents. Groups of residents more likely to smoke or use tobacco include residents ages 18 to 44, those with some college or less education, employed residents, those who are single or living with a partner, renters, residents with children in the home, and those without health insurance.

Tobacco Use

Do you smoke cigarettes, cigars, chewing tobacco, or use other tobacco products every day, some days, or not at all?



More than half of tobacco using residents, 55.9%, indicated they are trying to quit or willing to quit smoking. Nearly two-thirds of those who are trying or willing to quit, 62.1%, indicated they have the resources needed to help them quit. Those who were trying or willing to quit but did NOT have the resources needed to help them quit were asked what they needed to help them quit. This was an open-ended question. The most common things mentioned included, in order of importance, cessation products, a support system, and cost-effective resources.

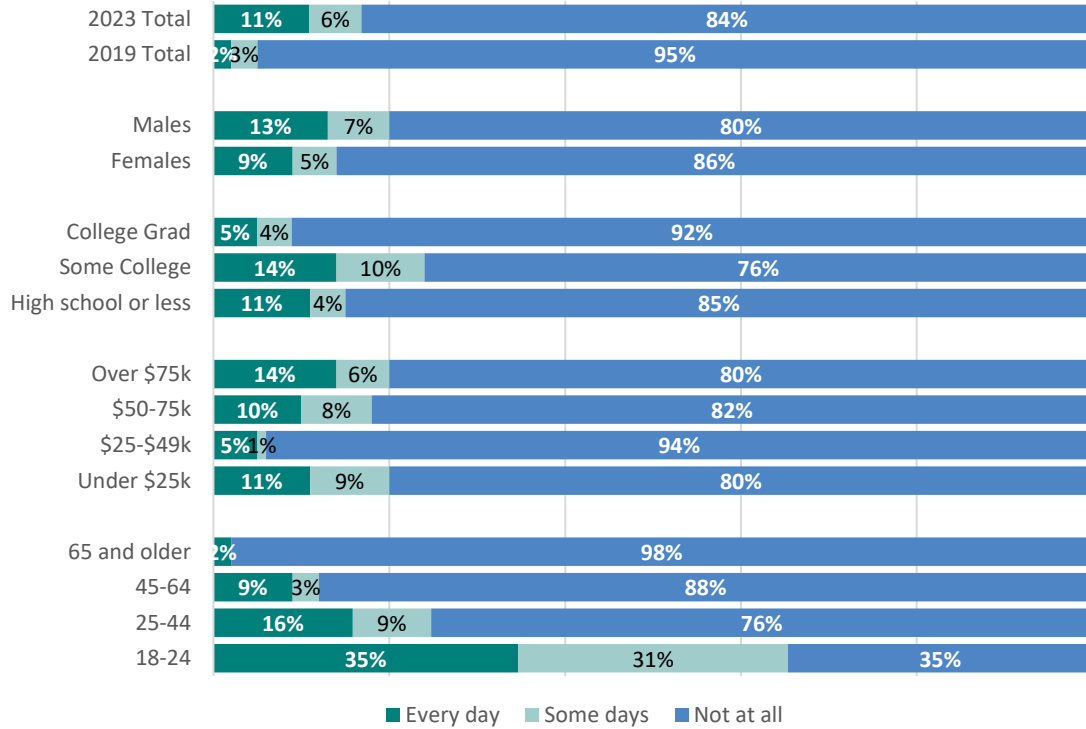
Need to Quit Smoking		
	#	%
Cessation products	7	46.7%
Support system	3	20.0%
Cost effective resource	3	20.0%
Less stress	2	13.3%
Total	15	(n=15)



Nearly a sixth or 16.3% of residents indicated they currently smoke e-cigarettes or vape, a significant increase from 5.6% in 2019. **Every day users** amounted to 10.5% of all residents. The remaining proportion of users indicated they smoke e-cigarettes or vape less frequently or only **some days**, amounting to 5.8% of all residents. Groups of residents more likely to smoke e-cigarettes or vape include residents ages 18 to 44 (especially those ages 18 to 24), residents with some college education, those who are unemployed or employed full-time, residents with an income under \$25,000 or over \$75,000, those who are single or living with a partner, renters, and residents with children in the home.

E-Cigarette Use

Do you currently use electronic cigarettes, e-cigarettes, or vape every day, some days, or not at all?

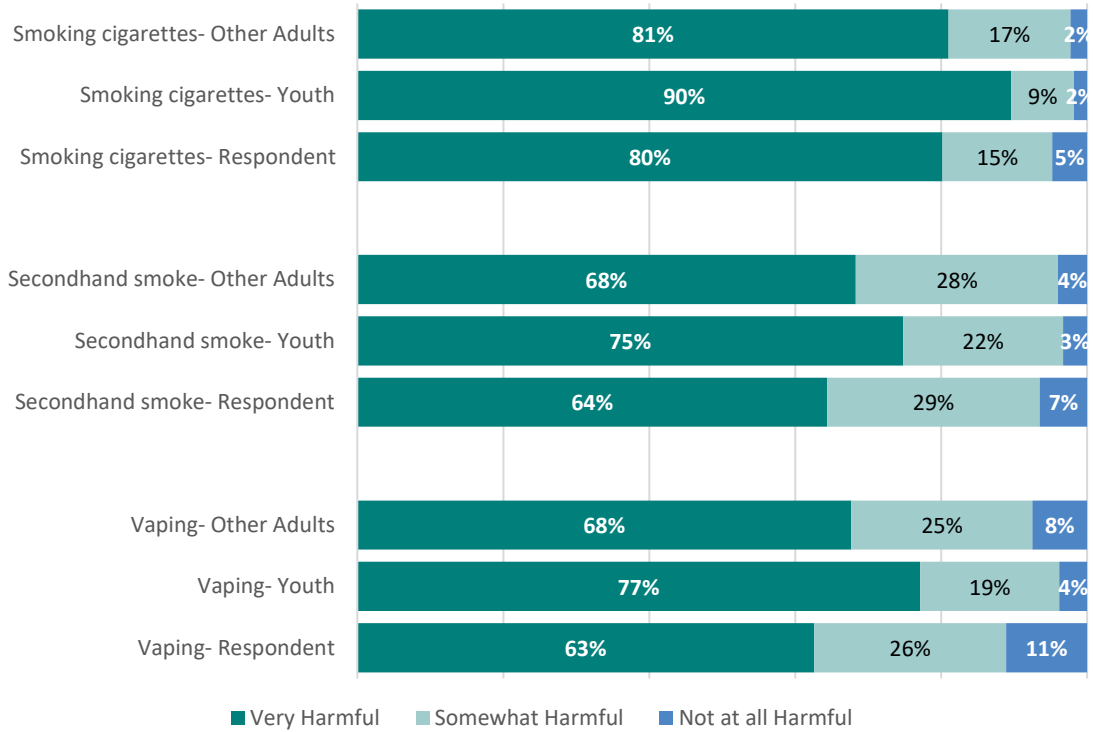




Next, respondents were asked how harmful they felt each of the following was to them, youth, and other adults: smoking cigarettes, secondhand smokes, and electronic cigarettes, e-cigarettes, or vaping. Smoking cigarettes was seen as most harmful for all three populations while vaping and secondhand were about the same. Youth was the population most harmed by all three substances followed by other adults and then the respondent.

Perceived Harmfulness of Usage

How harmful do you think is to each of the following?



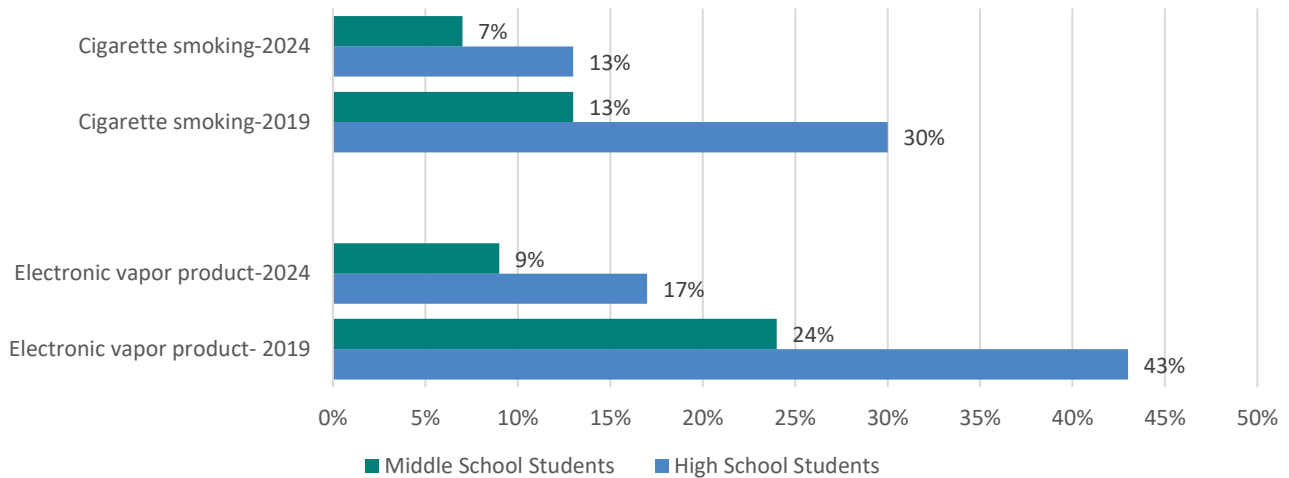


YOUTH SURVEY

In 2024, nearly twice as many high school students have tried cigarette smoking and electronic vaping products than middle school students. In addition, past electronic vapor usage was higher than past cigarette smoking. When examining how usage has changed since 2019, both cigarette smoking and using electronic vapor products have decreased significantly for both high school and middle school students.

Past Cigarette and Vaping Use

Have you ever tried cigarette smoking, even one or two puffs? Have you ever used an electronic vapor product? such as JUUL, Vuse, MarkTen, and blu. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars.



- Half of students who have tried cigarettes in the past, 50.0%, were 11 to 13 the first time they tried cigarettes while 35.0% were 14 or older. The percentage of students who regularly use cigarettes is very small. Most students, 82.5%, who had tried smoking in the past had not smoked in the past 30 days. Someone giving them cigarettes or an older friend or sibling that gave it to them were the most common ways that students got cigarettes in the past 30 days.
- Nealy half of students who had vapes in the past, 48.1%, had vaped in the past 30 days. This percentage was significantly higher for high school students (60.6%) than middle school students (26.3%). The most common way that students got electronic vapor products in the past 30 days was that they borrowed it from someone else.
- Next, all students were given a list of eight different nicotine or tobacco products and were asked which ones they had used in the past year. Most students, 85.9%, had not used any of the listed products in the past year (91.9% of middle school students and 79.4% of high school students). The products used most often were Electronic Vapor Products such as blu, NJOY, Starbuzz, Vaporizer, PV, e-hookah, hookah pens, vape pens or pipes. These were used by 10.3% of students. Cigarettes were used next most often; 3.5% of students. All other products were used by 1.2% of students or less.
- More than three-quarters, 75.8%, of past nicotine and tobacco users indicated that they have tried to quit using all tobacco products, including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, and electronic vapor products in the past twelve months.



Summary: Smoking and Tobacco Use

		2019		2024		
		Middle School	High School	All students (N=427)	Middle School (N=223)	High School (N=204)
Ever tried cigarette smoking*		12.8%	29.5%	9.5%	6.8%	12.7%
Age first tried smoking <i>(of cigarette users)</i>	8 to 10	NA		15.0%	33.3%	4.0%
	11 to 13			50.0%	53.3%	48.0%
	14 to 16			35.0%	13.3%	48.0%
Number of days smoked in past 30 days <i>(of cigarette users)</i>	0 days	68.4%	60.5%	82.5%	80.0%	84.0%
	1 or 2 days	10.5%	9.3%	10.0%	13.3%	8.0%
	3 to 5 days	5.3%	11.6%	5.0%	6.7%	4.0%
	6 or more days	15.8%	18.6%	2.5%	0.0%	4.0%
How got cigarettes in past 30 days <i>(past 30-day smokers)</i>	Someone gave them	NA		28.6%	33.3%	25.0%
	Older friend bought them			28.6%	66.7%	0.0%
	From parents			14.3%	0.0%	25.0%
	From friend's parents			14.3%	0.0%	25.0%
	Took them from family or store			14.3%	0.0%	25.0%
Ever used electronic vapor product*		24.3%	43.4%	12.4%	8.6%	16.8%
Number of days vaped in past 30 days <i>(of vape users)</i>	0 days	57.1%	36.5%	51.9%	73.7%	39.4%
	1 or 2 days	22.9%	22.2%	15.4%	5.3%	21.2%
	3 to 5 days	8.6%	7.9%	7.7%	5.3%	9.1%
	6 or more days	11.4%	33.3%	25.0%	15.8%	30.3%
How got electronic vapor products in past 30 days <i>(past 30-day vapors)</i>	Borrowed from someone else	71.4%	38.9%	48.0%	60.0%	45.0%
	Gave someone money to buy it	7.1%	22.2%	16.0%	20.0%	15.0%
	Bought them in store	0.0%	2.8%	8.0%	0.0%	10.0%
	Older person bought them	14.3%	16.7%	8.0%	0.0%	10.0%
	Took them from store/person	0.0%	0.0%	8.0%	0.0%	10.0%
	Some other way	7.1%	13.9%	8.0%	20.0%	5.0%
	Got them on internet	0.0%	5.6%	4.0%	0.0%	5.0%
Tobacco/Nicotine products used in last year	Electronic vapor products*	NA	NA	10.3%	7.2%	13.7%
	Cigarettes*	NA	NA	3.5%	0.9%	6.4%
	Chewing tobacco, snuff, dip, snus	NA	NA	1.2%	0.9%	1.5%
	Cigarillos (Swishers)	NA	NA	0.9%	0.4%	1.5%
	Pouch (Zyn, Velo, ON, and Snus)	NA	NA	0.9%	0.4%	1.5%
	Cigars	NA	NA	0.7%	0.4%	1.0%
	Little cigars (Black & Milds)	NA	NA	0.7%	0.4%	1.0%
	Hookah	NA	NA	0.2%	0.4%	0.0%
	Something else	NA	NA	0.2%	0.4%	0.0%
None of the above*	NA	NA	85.9%	91.9%	79.4%	
Tried to quit in last 12 months <i>(of HS users only)</i>	Yes	NA	NA	75.8%	-	75.8%
	No	NA	NA	24.2%	-	24.2%

SECONDARY DATA ANALYSIS

Adult smoking prevalence is the estimated percent of the adult population that currently smokes every day or “most days” and has smoked at least 100 cigarettes in their lifetime. The percentage of adults who smoke in the county is significantly higher than the state average, 25% in the county compared to 20% in Ohio.

Percent of Adults that Currently Smoke						
	2016	2017	2018	2019	2020	Change
Carroll County	21%	18%	25%	24%	25%	+4%
Ohio	23%	21%	21%	22%	20%	-3%

SOURCE: County Health Rankings, Original Source: Behavioral Risk Factor Surveillance System

ALCOHOL AND SUBSTANCE ABUSE

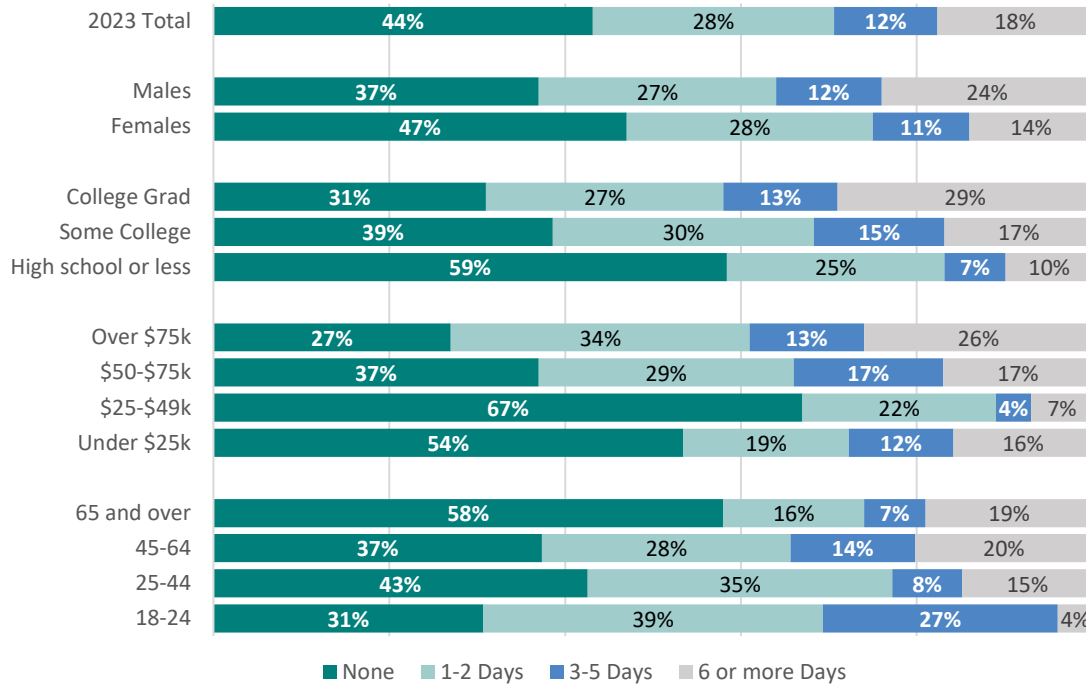
COMMUNITY SURVEY

Summary: Alcohol Use			
		%	N
Alcohol consumption over past 30 days	Never	43.8%	400
	1-2 days	27.5%	
	3-5 days	11.5%	
	6-10 days	5.8%	
	10 days or more	11.5%	
# of days had 5+ drinks past month (men who drank in past month)	None	72.5%	131
	1	13.7%	
	2 or more	13.7%	
# of days had 4+ drinks past month (women who drank in past month)	None	78.7%	267
	1	10.9%	
	2 or more	10.5%	
Driven after drinking alcohol in past month		11.6%	400
Feel it is okay to drink alcohol under the age of 21 if not driving	Yes	30.8%	400
	No	69.3%	
Difficulty buying alcohol under 21 in Carroll County	Very difficult	21.0%	400
	Somewhat difficult	50.7%	
	Not at all difficult	28.2%	
How underage obtain alcohol (if not at all difficult, open-ended, top 3)	Friends/family	46.2%	106
	Adults (non-specific)	34.9%	
	Themselves	17.9%	
Seeking help for alcohol addiction	Yes	2.0%	400
	No	98.0%	
Harmfulness of drinking alcohol to each population (% very or somewhat harmful)	Resident	76.1%	398
	Youth	96.2%	
	Other adults	88.2%	

During the last 30 days, less than half of respondents, 43.8%, reported NEVER having at least one drink of any alcoholic beverage. More than a quarter, 27.5%, reported drinking alcoholic beverages on just one or two days in the past month while another 11.5% reported drinking 3 to 5 days. Less than one in ten residents, 5.8%, reported drinking 6 to 10 days and 11.5% reported drinking 10 or more days. Groups of residents more likely to drink alcoholic beverages 6 or more days a month include males, residents ages 45 to 64, college graduates, those who are employed part-time, and residents with an annual income over \$75,000.

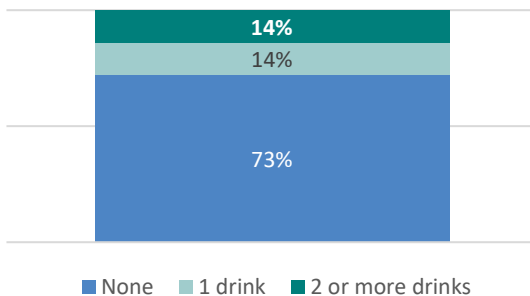
Alcohol Use in Past 30 Days

During the past 30 days, how many days did you have at least one drink of any alcoholic beverage? Never, 1-2 Days, 3-5 Days, 6-10 days, 10 Days or more

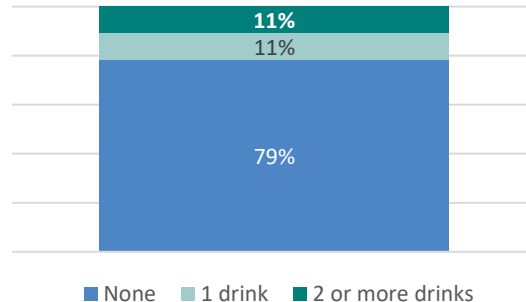


All men were asked how many days during the past month did they had five or more alcoholic drinks on an occasion. Women were asked about how many days they had four or more alcoholic drinks on an occasion. For men, nearly three-quarters, 72.5%, drank five or more alcoholic drinks zero times while 13.7% binged one time. The remaining 13.7% of men drank five or more drinks on one occasion two or more times in the past month. For women, more than three quarters, 78.7%, drank four or more alcoholic drinks zero times while 10.9% binged one time. The remaining 10.5% of women drank four or more drinks on one occasion two or more times in the past month.

Of Days Had 5+ Drinks Past Month (Men)



Of Days Had 4+ Drinks Past Month (Women)

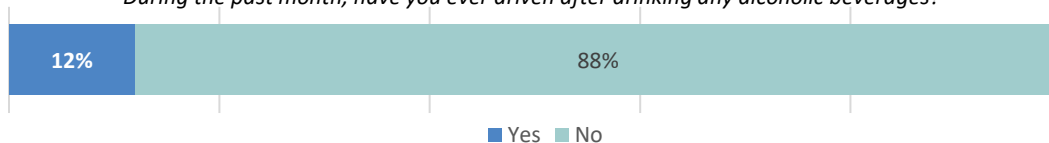




More than one in ten respondents, 11.6%, reported driving after drinking any alcoholic beverages during the past month. Groups of residents more likely to report driving after drinking include residents ages 18 to 24 or 65 and over.

Drove after Drinking Alcohol in Past Month

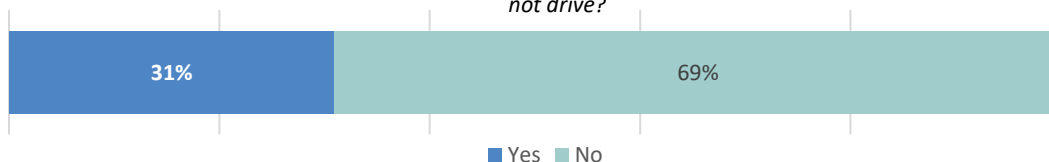
During the past month, have you ever driven after drinking any alcoholic beverages?



Less than one-third, 30.8%, felt that it is okay for a person under the age of 21 to drink alcohol as long as they do not drive. Groups of residents more likely to think it is okay for a person under the age of 21 to drink alcohol include males, residents with some college education, those who are employed, and residents with an annual income over \$75,000.

It's Okay to Drink Under 21 if Not Driving

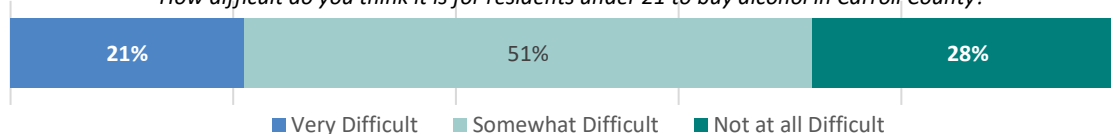
Do you think it is okay for a person under the age of 21 to drink alcohol as long as they do not drive?



Three-quarters of residents, 71.8%, reported feeling that it is difficult for residents under the age of 21 to buy alcohol in Carroll County with 21.0% thinking it is very difficult. More than a quarter, 28.3%, felt that it is not at all difficult for residents under 21 to buy alcohol. Groups of residents more likely to feel that it is not at all difficult for residents under the age of 21 to buy alcohol include residents ages 65 and over, those who are retired, and residents who are married or widowed.

Difficulty Buying Alcohol Under 21

How difficult do you think it is for residents under 21 to buy alcohol in Carroll County?



Residents who indicated that it was not at all difficult for residents under the age of 21 to buy alcohol in Carroll County, 28.3% of all respondents, were asked how they thought residents under 21 got alcohol. This was an open-ended question. Friends and family and adults in general were the most common responses.

How Underage Obtain Alcohol		
	#	%
Friends/family	49	46.2%
Adults (non-specific)	37	34.9%
Themselves	19	17.9%
Theft	1	0.9%
Total	106	(n=106)

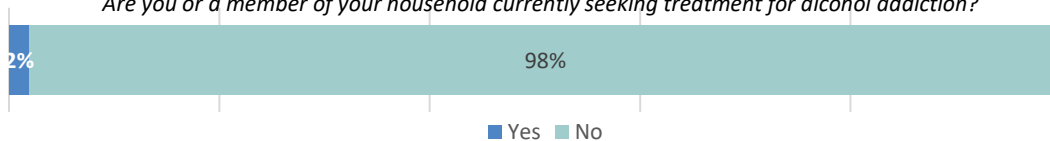




Only a small percentage of residents, 2.0%, reported that they or a member of their household were currently seeking treatment for alcohol addiction.

Seeking Help for Alcohol Addiction

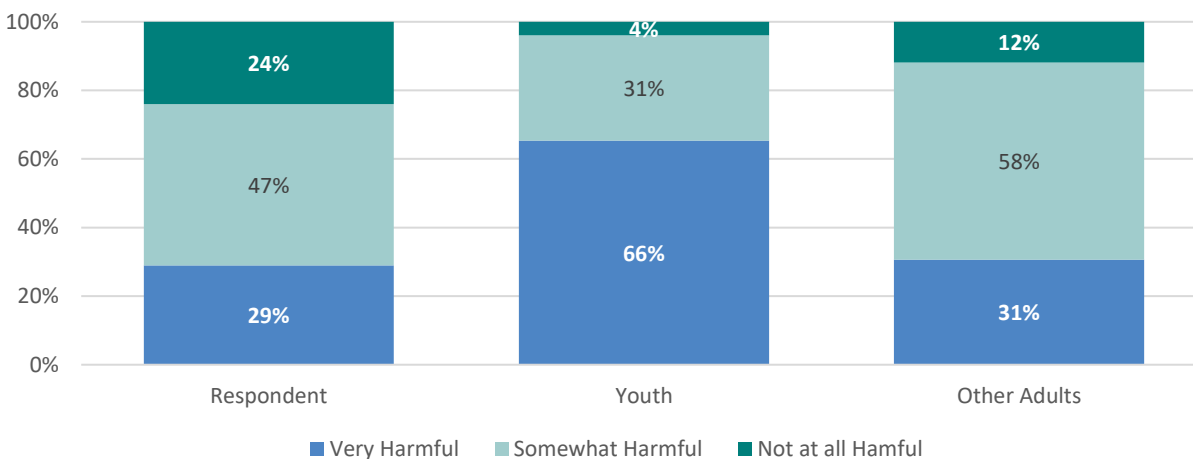
Are you or a member of your household currently seeking treatment for alcohol addiction?



Finally, residents were asked how harmful they thought drinking alcohol was to three different populations: themselves, other adults, and youth. Not surprisingly, residents thought that drinking alcohol was most harmful to youth with 65.6% reporting that drinking alcohol was very harmful to youth and 30.7% feeling that it was somewhat harmful. Nearly a third of residents, 30.7%, thought that drinking alcohol was very harmful to other adults while an additional 57.5% thought it was somewhat harmful. Slightly fewer, 29.1%, thought that it was very harmful for them to drink alcohol while 47.0% thought it was somewhat harmful.

Harmfulness of Drinking Alcohol

How harmful do you think drinking alcohol is to each of the following?





Summary: Substance Use			
		%	N
During the last 6 month, have you used. . .	Marijuana	14.5%	400
	LSD or another hallucinogen	1.0%	
	Amphetamines, methamphetamines, or speed	0.5%	
	Fentanyl	0.5%	
	Cocaine or crack	0.3%	
	Heroin	0.3%	
	Inhalants such as glue, gasoline, or paint	0.3%	
	Ecstasy or GHB	0.3%	
	Adderall that was not prescribed to you	0.3%	
	Performance enhancing drugs such as steroids	0.3%	
	Something not mentioned	2.5%	
	None of the above	84.5%	
How typically get rid of left over or unused prescription medication	Take Back Center or Event	29.3%	400
	Keep them in case I need them in the future	26.3%	
	Flush them down the toilet	20.0%	
	Throw them in the trash	17.5%	
	Give them to someone else who needs them	0.5%	
	Other	6.5%	
Know someone taken prescription meds to get high		11.5%	400
Know someone who has overdosed from drugs		37.5%	400
Outcome of overdose (of those who know someone who overdosed)	They died	50.0%	150
	Treated with Narcan	38.0%	
	Other	12.0%	
Any drugs a problem in Carroll County (% yes)		50.7%	400
Drugs a problem in county (open ended, top 3, asked if yes to question above)	Heroin	27.8%	169
	Methamphetamine	33.1%	
	Fentanyl	13.0%	
You, family member or friend needed drug or alcohol treatment in past year		11.0%	399

Residents were given a list of ten drugs and substances and asked if they or any member of their household had used any of them. Less than a sixth of respondents, 14.5%, reported that they or someone in their household had used marijuana in the past six months. Of those who had used marijuana in the past, less than a quarter, 22.4%, reported having their medical marijuana card. The forms of marijuana used were inhalation (73.5%), oral (20.4%), and topical (4.1%). Groups of residents more likely to have used **marijuana** in the past six months include residents ages 18 to 44 (especially those ages 18 to 24), residents with some college education, those who are unemployed, residents with an annual income under \$25,000, those who are living with a partner, renters, and residents without health insurance.

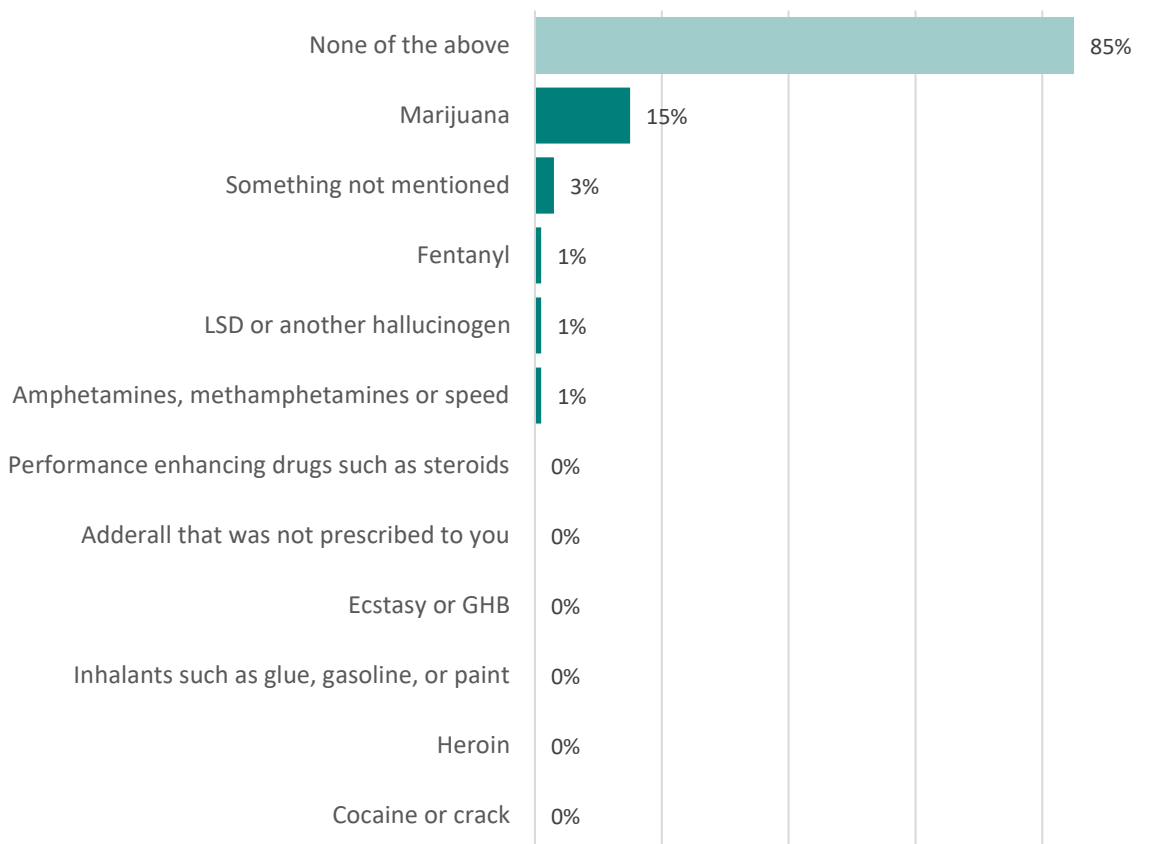
Use of other drugs or substance was much less common, 1.0% of residents or less. Most respondents, 85.0%, reported that they or anyone in their household had not used any of mentioned drugs or substances. Groups of residents more likely **to NOT use any of the drugs** or substances mentioned include residents ages 65 and over, college graduates, those who employed full-time or retired, residents with an annual income over \$75,000, homeowners, those without children in the home, and residents with health insurance.





Household Member Used in Last 6 Months

During the past six months, have you or an immediate family member used any of the following?



Next, residents were asked how they typically get rid of left over or unused prescription medications given five different choices. Each is discussed in more detail below.

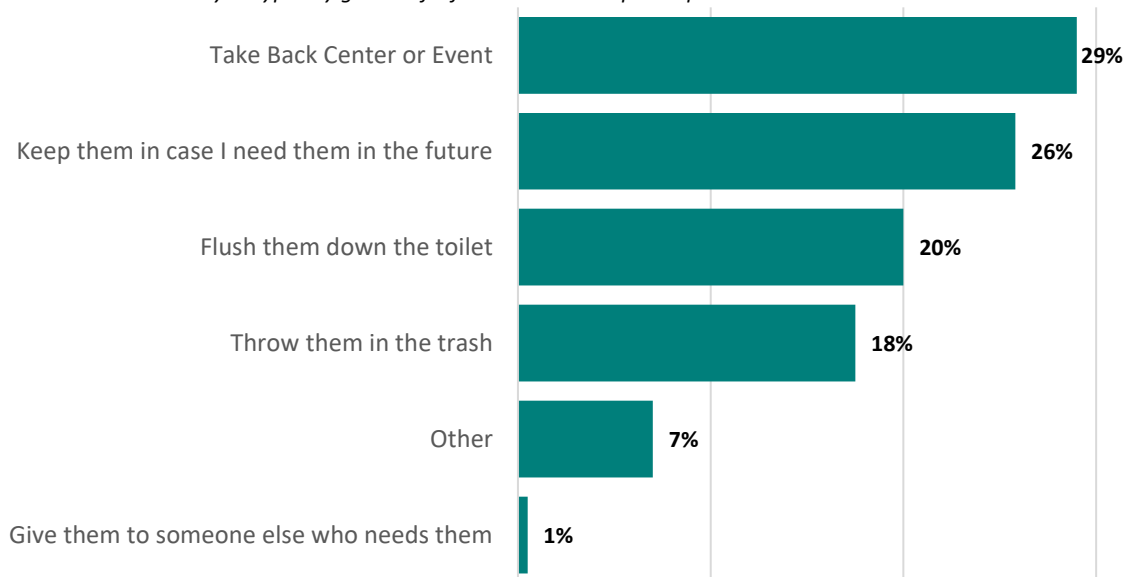
- More than a quarter, 29.3%, reported taking their unused medications to a Take Back Center or event. Groups of residents more likely to get rid of medications this way include residents ages 65 and over.
- Slightly fewer, 26.3%, of residents reported keeping unused medication in case they need it in the future. Groups of residents more likely to get rid of medications this way include residents ages 18 to 44 and those who are living with a partner.
- One fifth, 20.0%, reported flushing their unused medications down the toilet. Groups of residents more likely to get rid of medications in this way include residents ages 45 to 64 and those who are married.
- More than a sixth, 17.5%, reported throwing unused medications in the trash. Groups of residents more likely to get rid of medications this way include residents ages 25 to 44 and those who are not married.
- Only a small percentage, 0.5%, reported giving their unused medications to someone else who needs them.
- Other means mentioned for getting rid of left over or unused prescription medications include burning them, putting them in coffee grounds or cat litter, and disposable med bags.





How Get Rid of Unused Medication

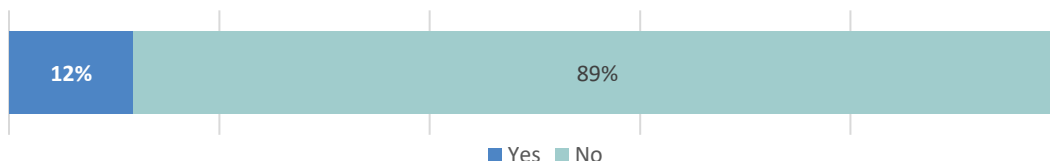
How do you typically get rid of left over or unused prescription medications?



More than one in ten respondents, 11.5%, reported that they or someone they know has taken a prescription medication to get high in the past year. The most common prescriptions used to get high were pain pills, Adderall, Xanax, and Oxycodone. Groups of residents more likely to have taken or know someone who have taken prescription medications to get high include renters and residents without health insurance.

Taken Prescription Medication to Get High

In the past year, have you or someone you know taken prescription medication to get high?



Prescriptions Taken to get high		
	# of responses	% of respondents
Pain pills	6	25.0%
Adderall	5	20.8%
Xanax	4	16.7%
Oxycodone	3	12.5%
Opioids	2	8.3%
Vicodin	2	8.3%
Percocet	2	8.3%
Valium	1	4.2%
Suboxone	1	4.2%
Gabapentin	1	4.2%
total	24	(n=24)

Question: What did the person use to get high?

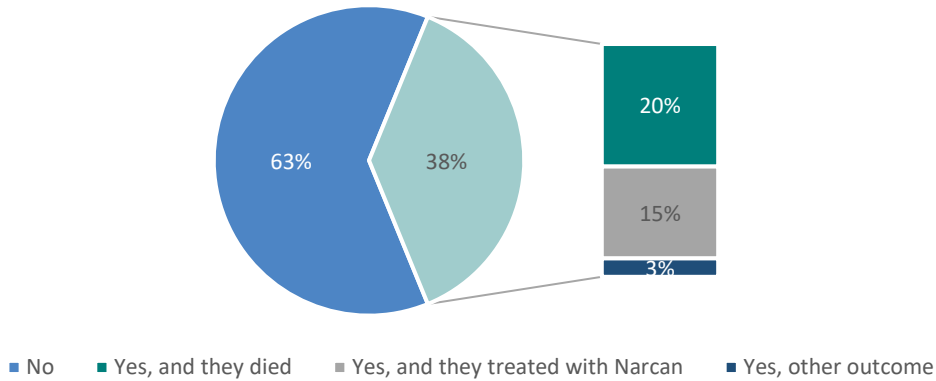




More than a third of respondents, 37.5%, reported that they know someone who has overdosed from drugs. Of those who overdosed, 52.0% died as a result (19.5% of respondents), 38.7% were treated with Narcan (14.5% of all respondents) and 9.3% had another outcome which included hospitalization and having stomach pumped. Groups of residents more likely to know someone who has overdosed from drugs include females, renters, and those with children in the home.

Know Someone Who Has Overdosed

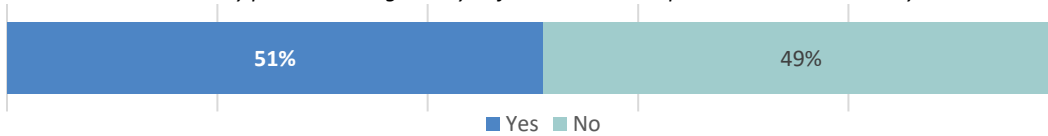
Do you know anyone who has overdosed from drugs? IF YES: What was the outcome?



Slightly more than half of respondents, 50.8%, indicated that they thought there were particular drugs that are a serious problem in Carroll County. The drugs that were mentioned as a serious program in Carroll County most often were methamphetamines, heroin, fentanyl, marijuana, and cocaine.

Any Drugs a Problem in Carroll County

Are there any particular drugs that you feel are a serious problem in Carroll County?



What drugs are a problem		
	# of responses	% of respondents
Methamphetamine	76	45.0%
Heroin	66	39.1%
Fentanyl	34	20.1%
Marijuana	25	14.8%
Cocaine	17	10.1%
Opioids/Narcotics	9	5.3%
Crack	9	5.3%
Prescription drugs	9	5.3%
Nicotine	3	1.8%
Oxycodone	2	1.2%
Speed	2	1.2%
Mushrooms	1	0.6%
Alcohol	1	0.6%
Total	169	(n=169)

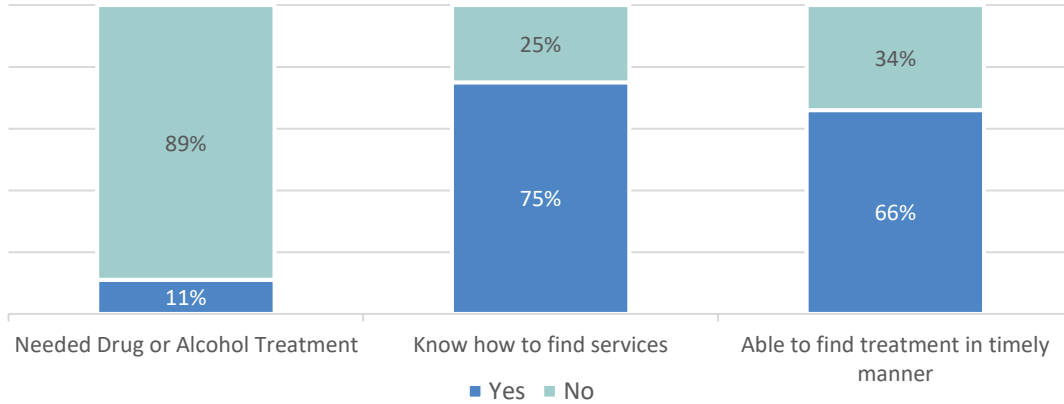




More than one in ten residents, 11.0%, reported that they, a family member, or friend needed drug or alcohol treatment in the past year. Of those who needed treatment services, 75.0% knew where to go to find services while nearly two-thirds, 65.9%, were able to find the services they needed in a timely manner. Groups of residents more likely to have needed these types of services include females, residents with some college or less education, and renters.

Drug/Alcohol Treatment Needed

Have you, a member of your family or close friend needed drug or alcohol treatment services in the past year? IF YES: Did they know where to go to find services? Were they able to find the services they needed in a timely mann





YOUTH SURVEY

- More than a quarter of high school students, 27.7%, and nearly one-sixth, 14.0%, of middle school students drank alcohol (more than just a few sips) sometime in the past, both significant decreases from 2019. Students were told that alcohol includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka or whiskey and did not include drinking a few sips of wine for religious purposes.
- The high school students who drank alcohol in the past were asked a series of follow-up questions.
 - More than half of high school students who reported drinking in the past, 51.9%, drank at least one drink of alcohol in the past 30 days. Nearly a tenth of students, 9.3%, of those who have drunk in the past reported drinking alcohol 10 or more days in the past month.
 - Nearly a quarter of high school students who drank in the past, 21.2%, reported drinking 4 (for girls) or 5 (for boys) drinks in row or within a couple of hours at least 1 time during the past 30 days.
 - Nearly a quarter of high school students who drank in the past, 23.1%, had six or more alcoholic drinks in a row sometime during the past 30 days.
 - The most common ways that high schoolers usually get the alcohol they drink was that someone gave it to them (45.2%) and they took it from a store or family member (22.6%).

		2019		2024		
		Middle School	High School	All students (N=427)	Middle School (N=223)	High School (N=204)
Ever had a drink of alcohol*		29.5%	55.5%	20.4%	14.0%	27.7%
Age had first drink of alcohol* (of alcohol drinkers)	8 years old or younger	11.4%	17.7%	12.9%	12.9%	13.0%
	9 or 10 years old	34.1%	5.1%	14.1%	22.6%	9.3%
	11 or 12 years old	38.6%	11.4%	20.0%	32.3%	13.0%
	13 or 14 years old	15.9%	32.9%	28.2%	29.0%	27.8%
	15 or older	0.0%	32.9%	24.7%	3.2%	37.0%
How many days drank alcohol in last 30 days (HS drinkers only)	0 days	NA	50.0%	48.1%	NA	48.1%
	1 or 2 days		29.5%	35.2%		35.2%
	3 to 5 days		9.0%	7.4%		7.4%
	6 or more days		11.5%	9.3%		9.3%
Number of days binge drank in past 30 days (HS drinkers only)	0 times	NA	68.4%	78.8%	NA	78.8%
	1 day		12.7%	9.6%		9.6%
	2 to 5 days		12.7%	7.6%		7.6%
	6 or more days		6.3%	3.8%		3.8%
Largest # of drinks drank in a row in last 30 days (HS drinkers only)	1 or 2 drinks	NA	34.3%	61.5%	NA	61.5%
	3 to 5 drinks		22.9%	15.4%		15.4%
	6 or more drinks		42.9%	23.1%		23.1%
How got alcohol in last 30 days (of past 30-day alcohol drinkers)	Someone gave it to them	NA	39.0%	45.2%	NA	45.2%
	Took it from store or family member		4.9%	22.6%		22.6%
	Some other way		36.6%	16.1%		16.1%
	Gave someone money to buy it		14.6%	9.7%		9.7%
	Bought it from restaurant or club		4.9%	3.2%		3.2%
	Bought it at public event		0.0%	3.2%		3.2%

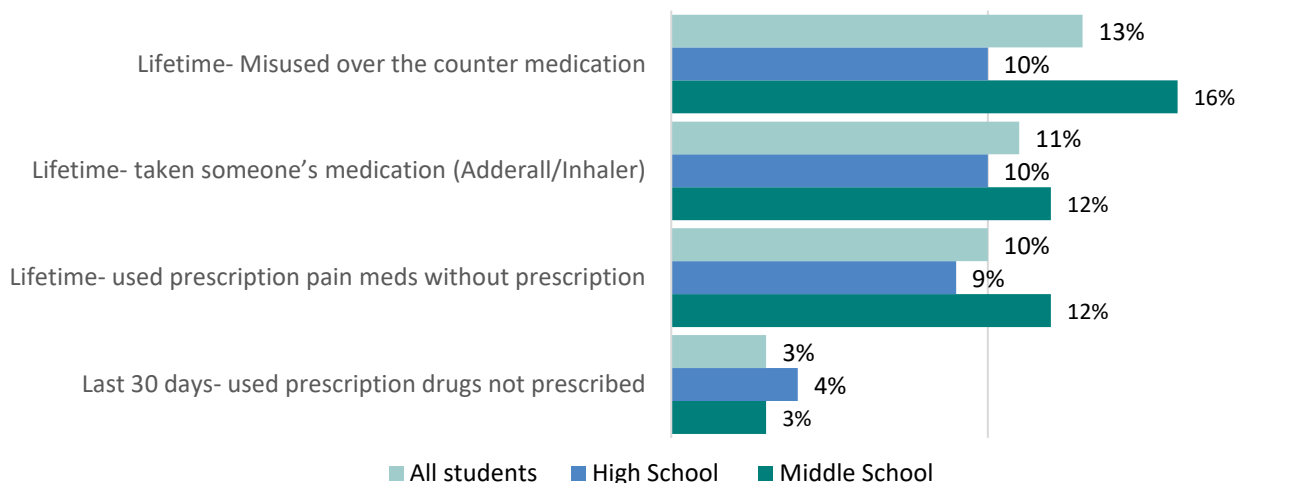




More than a tenth of students, 13.0% have misused an over-the-counter medication sometime in their lifetime while 11.4% have taken a family member or friend’s medication sometime in the past. A tenth of students reported using prescription pain medications without a doctor’s prescription or differently than how a doctor told them to use it sometime in their lifetime while only a small percentage, 3.4%, reported using prescription pain medications without a doctor’s prescription or differently than how a doctor told them to use it in the past 30 days.

Prescription Drug Use

During the past 30 days, did you use prescription drugs not prescribed to you or differently than how a doctor told you to use it? During your life, have you taken prescription pain medicine without a doctor's prescription?



- Nearly a tenth of students, 9.4%, have used marijuana sometime in their lifetime, with usage more than twice as high for high school students (13.4%) than middle school students (5.9%).
- Of high school students who have used marijuana in the past, nearly one-quarter, 23.1%, have used marijuana 10 or more times in the last 30 days.
- The most common ways that high school students have used marijuana was they vaped it (43.6% of users), smoked a joint (35.9%), ate or consumed edibles (35.9%), and smoked blunts (30.8%).

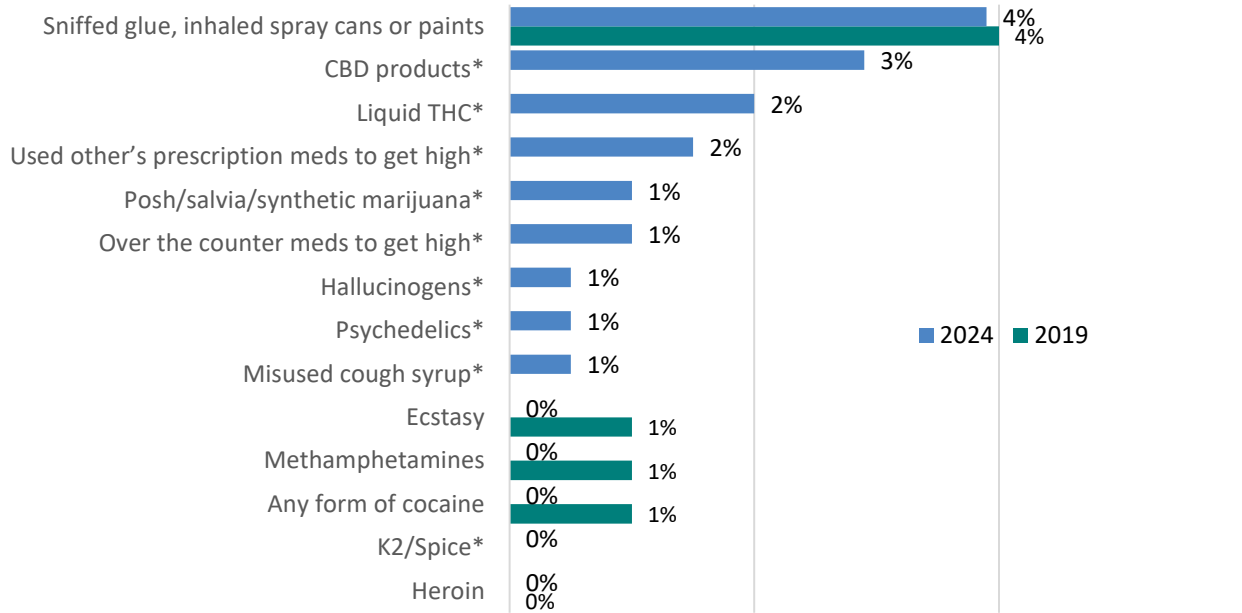
		2019		2024		
		Middle School	High School	All students (N=427)	Middle (N=223)	High School (N=204)
Used marijuana in lifetime		6.5%	26.4%	9.4%	5.9%	13.4%
Age first used marijuana <i>(marijuana users only)</i>	10 years or younger	54.5%	5.2%	15.0%	21.4%	11.5%
	11 or 12 years old	18.2%	15.4%	15.0%	35.7%	3.8%
	13 or 14 years old	27.3%	38.5%	47.5%	42.9%	50.0%
	15 or 16 years old	-	41.0%	22.5%	-	34.6%
Last 30 days, how many times used marijuana <i>(HS users only)</i>	0 times	NA	NA	46.2%	NA	46.2%
	1 or 2 times			19.2%		19.2%
	3 to 9 times			11.5%		11.5%
	10 or more times			23.1%		23.1%
How used marijuana <i>(HS users only)</i>	Vaped it	NA	NA	43.6%	NA	43.6%
	Smoked a joint			35.9%		35.9%
	Ate or consumed it			35.9%		35.9%
	Smoked blunts			30.8%		30.8%
	Used a bong or other equipment			28.2%		28.2%
	Dabs			25.6%		25.6%





Drug use, other than marijuana, was relatively low for high school students: 3.9% reported sniffing glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays; 2.9% reported using CBD products, 2.0% reported using liquid THC; 1.5% reported using medications that were either not prescribed to them or took more than what was prescribed to feel good or high; 1.0% reported using over the counter meds to get high or posh/salvia/synthetic marijuana; and 0.5% reported using Psychedelics such as acid paper and LSD, Hallucinogens such as Mushrooms, or misused cough syrup. No students reported using Heroin, also known as smack, junk, or China White, ecstasy (also known as MDMA or Molly), any form of cocaine (including powder, crack, or freebase), Methamphetamines (also called speed, crystal meth, crank, ice, or meth), and K2/Spice.

Lifetime Use of Other Drugs- High School Students Only

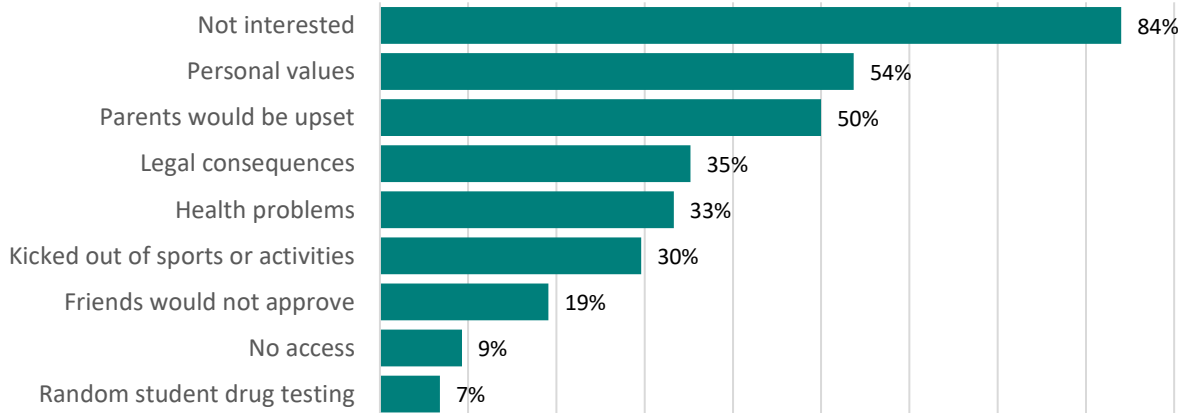


**Not included on the 2019 survey*

Next, high school students who had not used drugs or other illegal substances in the past were asked their reasons for not using given a list of nine potential reasons. The reasons selected most often included they were not interested in drugs (84.0%), their values (53.7%), and that their parents would be upset (50.0%). Other reasons for not using drugs are listed on the graph below.

Reasons Not Used Drugs (asked of High School non-users)

Which of the following are reasons that you have not used drugs?



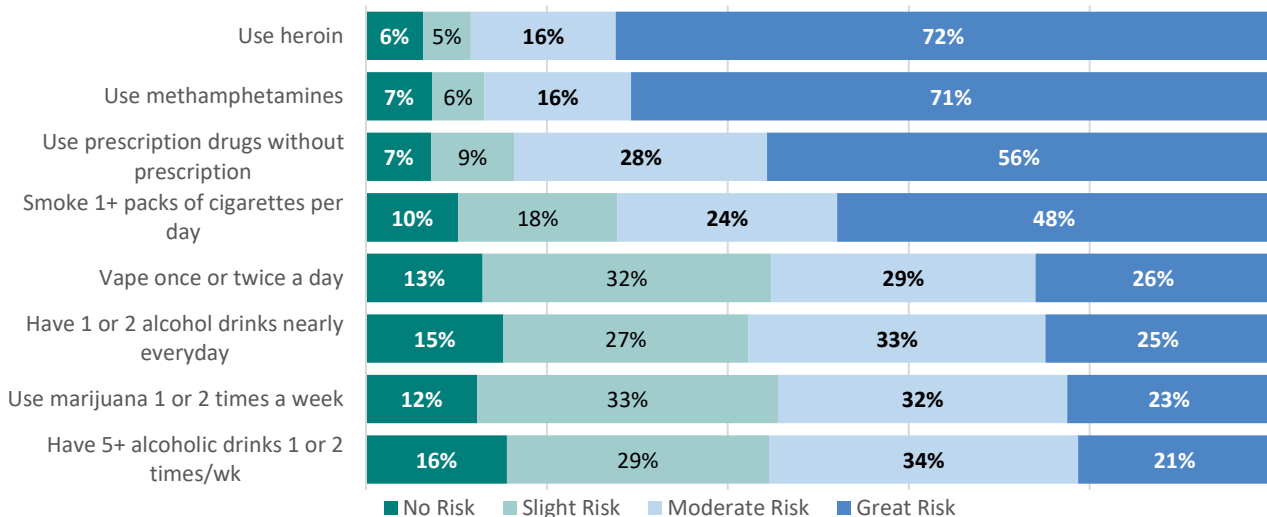


All students were asked how much they thought people risked harming themselves physically or in other ways if they did eight different things. Each is discussed in more detail below:

- **HEROIN**- Most students, 88.4%, felt that using heroin was a moderate or great risk with 72.4% thinking using it was a great risk. Less than one-tenth, 6.3%, felt that there was no risk in using heroin.
- **METHAMPHETAMINES**- Slightly fewer students, 86.9%, felt that using methamphetamines was a moderate or great risk with 70.7% thinking using it was a great risk. Less than one-tenth, 7.3%, felt that there was no risk in using methamphetamines.
- **PRESCRIPTION DRUGS**- Most students, 83.5%, felt that using prescription drugs not prescribed to them was a moderate or great risk with 55.6% thinking using it was a great risk. Less than one-tenth, 7.2%, felt that there was no risk in using prescription drugs not prescribed to them.
- **SMOKING**- Nearly three-quarters of students, 72.2%, felt that smoking one or more packs of cigarettes per day was a moderate or great risk with 47.9% thinking smoking that much was a great risk. One-tenth, 10.2%, felt that there was no risk in smoking one or more packs of cigarettes per day. Female students were more likely than male students to think that smoking was a moderate or great risk (75.5% compared to 67.9%).
- **DRINKING EVERYDAY**- More than half of students, 57.7%, felt that drinking one or two drinks of an alcoholic beverage nearly every day was a moderate or great risk with 24.9% thinking drinking that much was a great risk. Nearly a sixth, 15.2%, felt that there was no risk in taking one or two drinks of an alcoholic beverage nearly every day. High school students were more likely than middle school students to think that drinking everyday was a moderate or great risk (63.6% compared to 52.6%).
- **BINGE DRINKING**- Slightly fewer students, 55.5%, felt that having five or more drinks of an alcoholic beverage once or twice a week was a moderate or great risk with 21.3% thinking drinking that much was a great risk. Nearly a sixth, 15.6%, felt that there was no risk in having five or more drinks of an alcoholic beverage once or twice a week.
- **VAPING**- More than half of students, 55.2%, felt that vaping or using **an electronic vapor product** once or more a day was a moderate or great risk with 26.0% thinking vaping that much was a great risk. More than a tenth, 12.9%, felt that there was no risk in vaping or using **an electronic vapor product** once or more a day.
- **MARIJUANA**- Slightly fewer students, 54.5%, felt that using marijuana once or twice a week (smoke, vape, eat, drink) was a moderate or great risk with 22.5% thinking using it was a great risk. More than one-tenth, 12.3%, felt that there was no risk in using marijuana once or twice a week.

Perceived Risk of Harm to People if . . .

How much do you think people risk harming themselves physically or in other ways for each of the following?





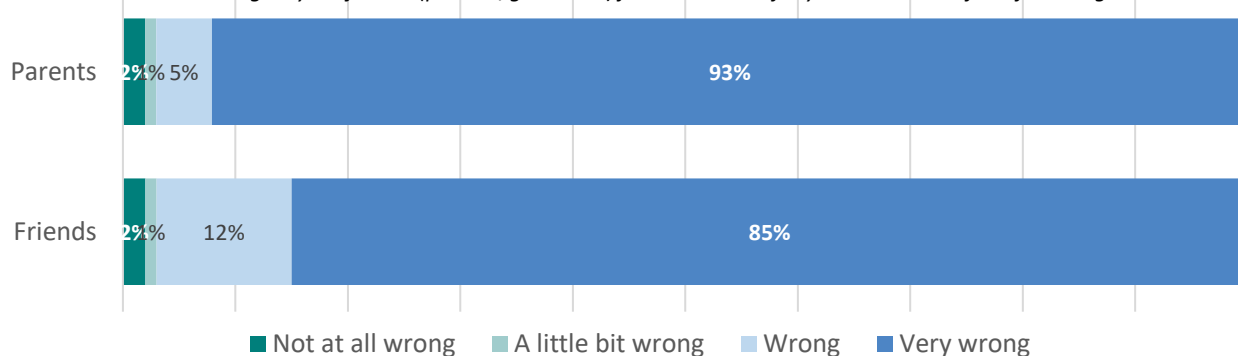
Next, all students were asked how wrong their friends felt it would be for the student to do six different things. The students were then asked how wrong their parents or guardians feel it would be for the student to do the same six things. Overall, parents were much more likely than the student’s friends to think each of the actions were wrong. Each is discussed in more detail below.

HEROIN- Nearly all students, 98.1%, reported that their **parents or guardians** would feel it was wrong or very wrong for the student to use heroin, with 92.7% of students saying that their parents or guardians would think it was very wrong. Slightly fewer students, 96.8%, reported that their **friends** would feel it was wrong or very wrong for the student to use heroin, with 84.5% of students saying that their friends would think it was very wrong.

How Wrong Friends/Parents Feel it would be for Student to:

Use Heroin

How wrong do your friends (parents/guardians) feel it would be for you to do each of the following?

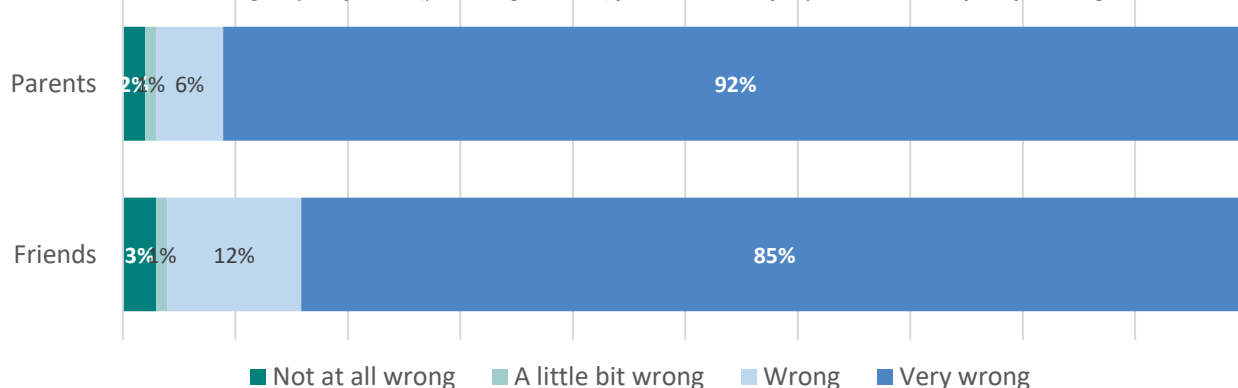


METHAMPHETAMINE- Nearly all students, 97.8%, reported that their **parents or guardians** would feel it was wrong or very wrong for the student to use methamphetamine, with 92.1% of students saying that their parents or guardians would think it was very wrong. Slightly fewer students, 96.5%, reported that their **friends** would feel it was wrong or very wrong for the student to use methamphetamine, with 84.5% of students saying that their friends would think it was very wrong.

How Wrong Friends/Parents Feel it would be for Student to:

Use Methamphetamines

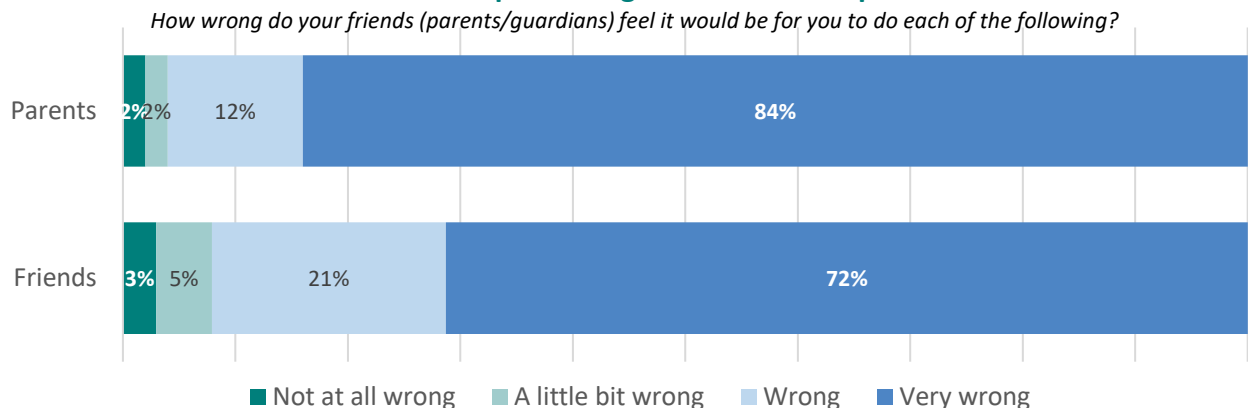
How wrong do your friends (parents/guardians) feel it would be for you to do each of the following?





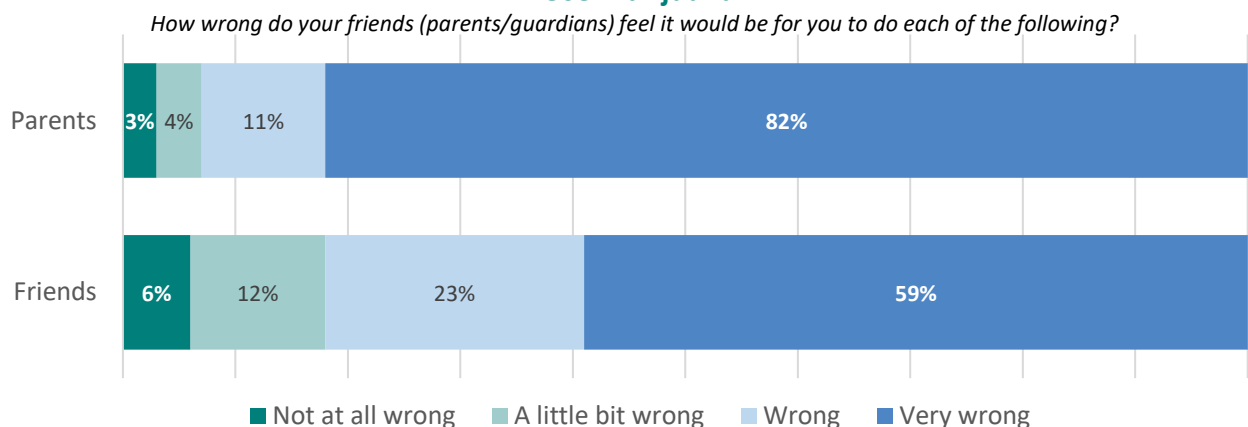
PRESCRIPTION DRUGS- Nearly all students, 95.9%, reported that their **parents or guardians** would feel it was wrong or very wrong for the student to use prescription drugs that were not prescribed to them, with 84.4% of students saying that their parents or guardians would think it was very wrong. Slightly fewer students, 92.3%, reported that their **friends** would feel it was wrong or very wrong for the student to use prescription drugs that were not prescribed to them, with 71.7% of students saying that their friends would think it was very wrong.

How Wrong Friends/Parents Feel it would be for Student to: Use Prescription Drugs without Prescription



MARIJUANA- The vast majority of students, 92.7%, reported that their **parents or guardians** would feel it was wrong or very wrong for the student to use marijuana, with 82.0% of students saying that their parents or guardians would think it was very wrong. Middle school students were more likely than high school students to report that their parents or guardians would think it was very wrong for them to use marijuana, 85.0% compared to 78.4%. Female students were also more likely than male students to report that their parents or guardians would think it was very wrong for them to use marijuana, 84.1% compared to 80.5%. Fewer students, 81.5%, reported that their **friends** would feel it was wrong or very wrong for the student to use marijuana, with 58.8% of students saying that their friends would think it was very wrong. Middle school students were more likely than high school students to report that their friends would think it was very wrong for the student to use marijuana; 62.7% compared to 54.3%. Males were much more likely than females to indicate that their friends would think it was not wrong at all for them to use marijuana, 11.5% compared to just 1.4%.

How Wrong Friends/Parents Feel it would be for Student to: Use Marijuana



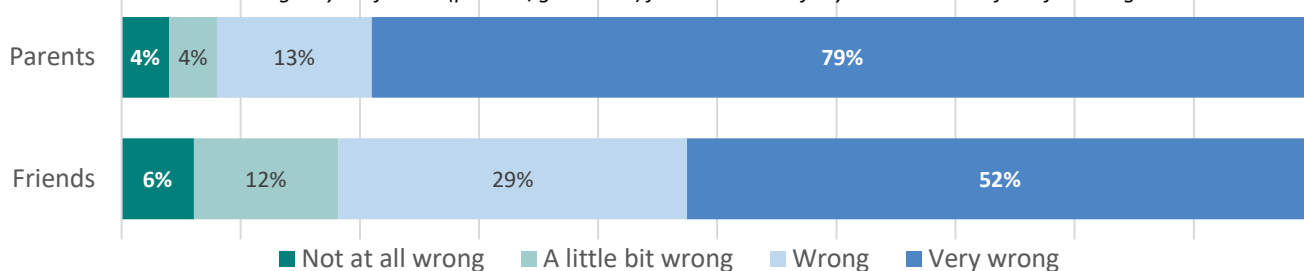


SMOKING TOBACCO- Most students, 91.7%, reported that their *parents or guardians* would feel it was wrong or very wrong for the student to smoke tobacco, with 78.5% of students saying that their parents or guardians would think it was very wrong. Females were more likely than male students to report that their parents or guardians would think it was very wrong for them to smoke tobacco, 81.6% compared to 76.3%. Fewer students, 81.7%, reported that their *friends* would feel it was wrong or very wrong for the student to smoke tobacco, with 52.3% of students saying that their friends would think it was very wrong.

How Wrong Friends/Parents Feel it would be for Student to:

Smoke Tobacco

How wrong do your friends (parents/guardians) feel it would be for you to do each of the following?



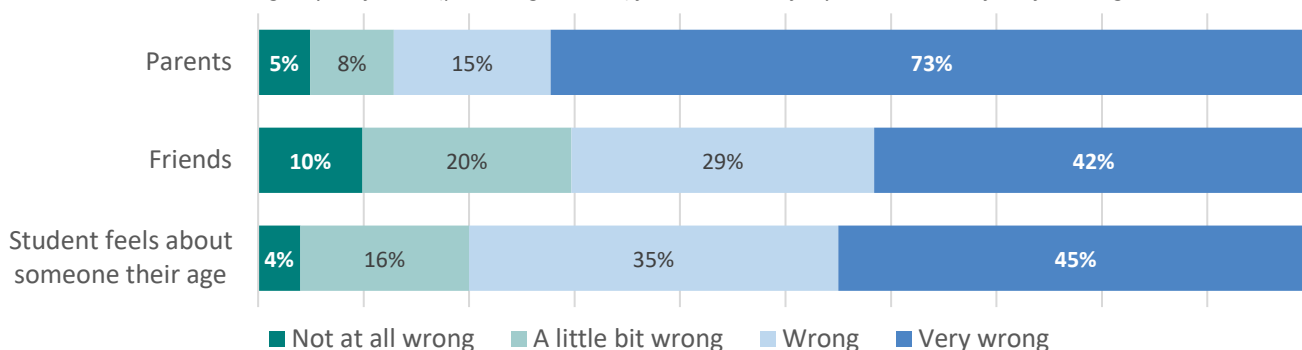
DRINKING ALCOHOL- Most students, 87.9%, reported that their *parents or guardians* would feel it was wrong or very wrong for the student to have one or two drinks of an alcoholic beverage nearly every day, with 72.6% of students saying that their parents or guardians would think it was very wrong. Males were more likely than female students to report that their parents or guardians would think it was very wrong for them to drink alcohol nearly every day, 74.9% compared to 71.0%. Significantly fewer students, 70.9%, reported that their *friends* would feel it was wrong or very wrong for the student to have one to two drinks of an alcoholic beverage nearly every day, with 41.2% of students saying that their friends would think it was very wrong.

The students were also asked how they felt about someone their age having one or two drinks of an alcoholic beverage nearly every day. Most students, 80.4%, felt it was wrong for someone their age to drink this often with 45.1% feeling that it was very wrong. Middle school students were more likely than high school students to think it was very wrong for someone their age to have one or two drinks nearly every day, 48.2% compared to 41.5%. Males were much more likely than females to indicate that they thought it was not wrong at all for students their age to drink alcohol, 5.8% compared to just 0.9%.

How Wrong Friends/Parents Feel it would be for Student to:

Have 1-2 drinks of alcoholic beverage nearly everyday

How wrong do your friends (parents/guardians) feel it would be for you to do each of the following?



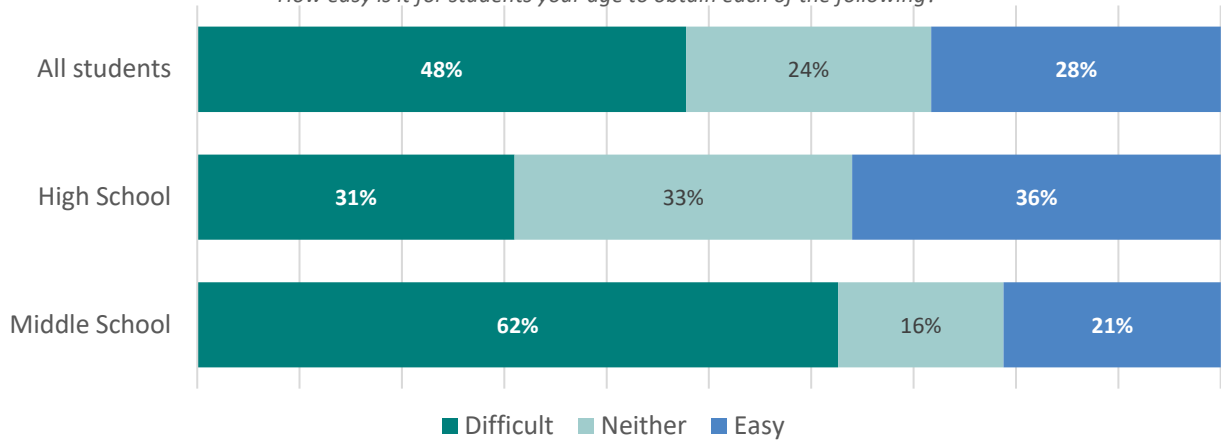


All students were asked how easy they thought it was for students their age to obtain five different substances. Each is discussed in more detail below:

- **MARIJUANA**- Less than half, 48%, of students felt that it was difficult for them to obtain marijuana with 29% saying that it was extremely difficult. On the other hand, 28% of students felt it was easy to obtain marijuana with 15% reporting that it was very easy. Middle school students were twice as likely than high school students to think it was difficult to obtain marijuana.

Difficulty for Students to Obtain: Marijuana

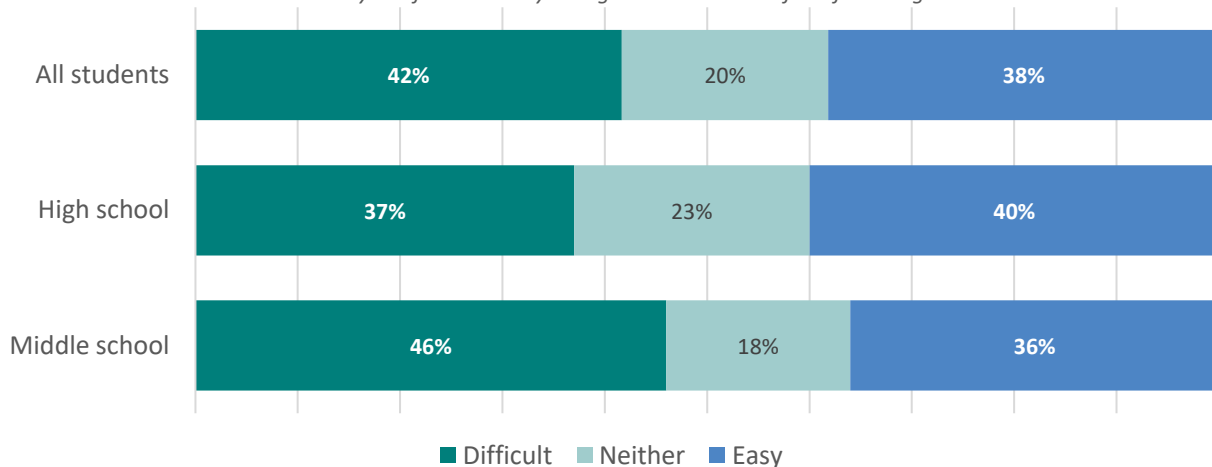
How easy is it for students your age to obtain each of the following?



- **PRESCRIPTIONS**- Slightly fewer, 42%, felt that it was difficult for them to obtain prescription drugs that were not prescribed to them with 27% saying that it was extremely difficult. On the other hand, 38% of students felt it was easy to obtain prescription drugs with 21% reporting that it was very easy. Middle school students were more likely than high school students to think it was difficult to obtain prescription drugs that were not prescribed to them, although this difference was not statistically significant.

Difficulty for Students to Obtain: Prescriptions Not Prescribed

How easy is it for students your age to obtain each of the following?

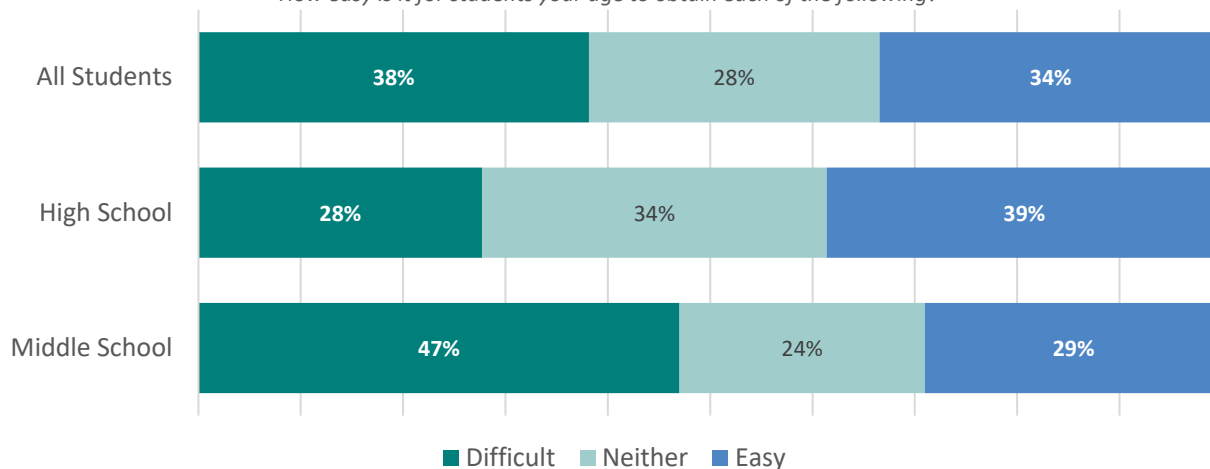




- CIGARETTES-** More than a third, 38%, of students felt that it was difficult for them to obtain cigarettes with 18% saying that it was extremely difficult. On the other hand, 34% of students felt it was easy to obtain cigarettes with 16% reporting that it was very easy. Middle school students were nearly twice as likely as high school students to think it was difficult to obtain cigarettes.

Difficulty for Students to Obtain: Cigarettes

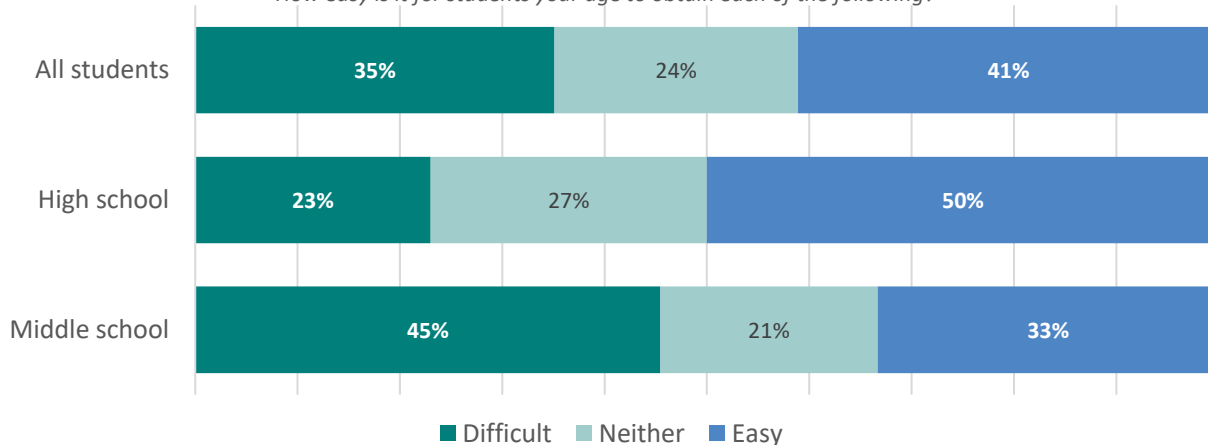
How easy is it for students your age to obtain each of the following?



- ALCOHOL-** Slightly fewer, 35%, felt that it was difficult for them to obtain alcohol with 16% saying that it was extremely difficult. On the other hand, 41% of students felt it was easy to obtain alcohol with 21% reporting that it was very easy. Middle school students were nearly twice as likely as high school students to think it was difficult to obtain alcohol.

Difficulty for Students to Obtain: Alcohol

How easy is it for students your age to obtain each of the following?



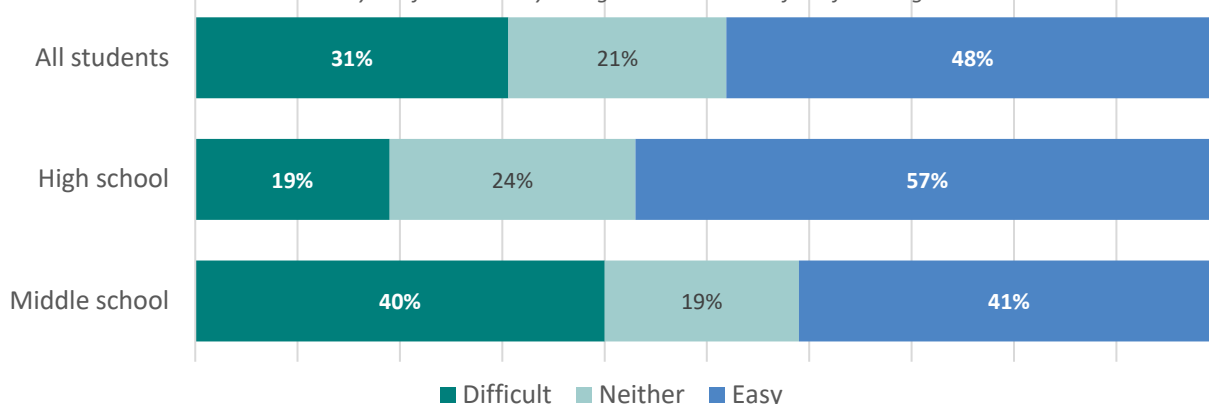
- VAPES-** Less than a third, 31%, of students felt that it was difficult for them to obtain vapes or electronic vapor products with 17% saying that it was extremely difficult. On the other hand, 48% of students felt it was easy to obtain vapes or electronic vapor products with 28% reporting that it was very easy. Middle school students were twice as likely than high school students to think it was difficult to obtain vapes or electronic vapor products.





Difficulty for Students to Obtain: Vapes

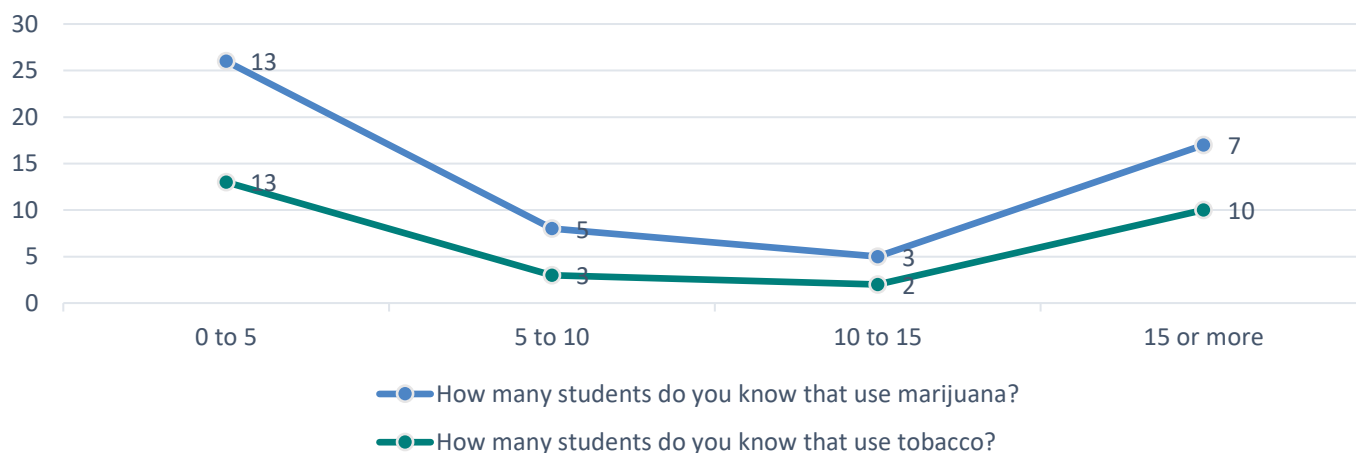
How easy is it for students your age to obtain each of the following?



YOUTH FOCUS GROUP

The students were asked about their knowledge of their friends using these substances, 13 (46%) students responded to knowing between zero to five students currently using nicotine and marijuana. The second highest response was that 10 (35%) students responded to 15 or more students using nicotine, and seven (25%) responded to knowing 15 or more students using marijuana currently. Even though this is only a representation of a portion of students, it still gives details that these substances are being used within the youth population.

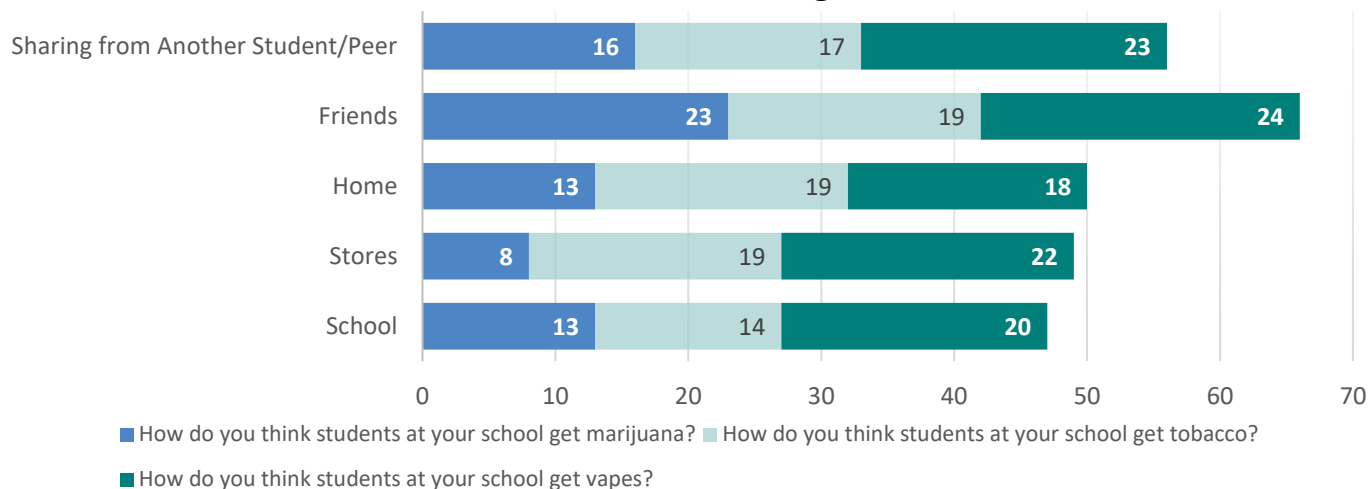
Number of Students Know that Use Marijuana and Nicotine





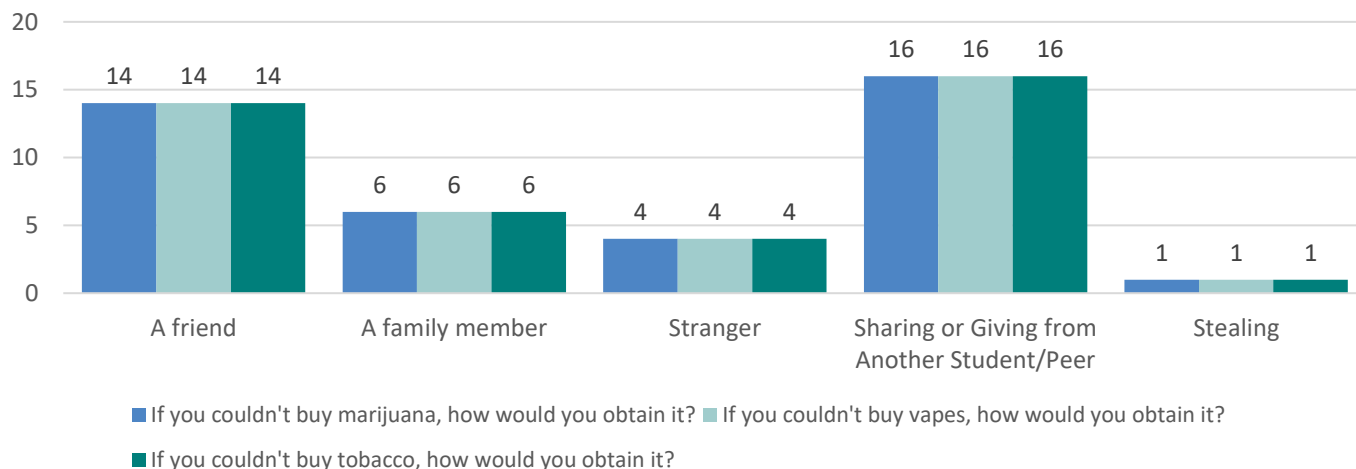
A discussion from the focus group identified 23 (82%) students who obtain marijuana from friends, 19 (67%) who obtain nicotine from friends, and 24 (85%) who responded to obtaining vapes from friends. The results show what is the method commonly used to obtain these substances. Focusing on how students are obtaining these substances will reduce the opportunity that students to use nicotine and marijuana.

How Students are Obtaining Substances



Students were asked how they would obtain marijuana, nicotine, and vapes if they couldn't buy the substances. Qualitative data shows additional knowledge about how these substances are getting into the hands of the youth population. 16 (57%) participants answered that to obtain marijuana, nicotine, and vapes they would share or give from another student or peer. Identifying ways of obtaining these substances helps target strategies to eliminate these from the youth population.

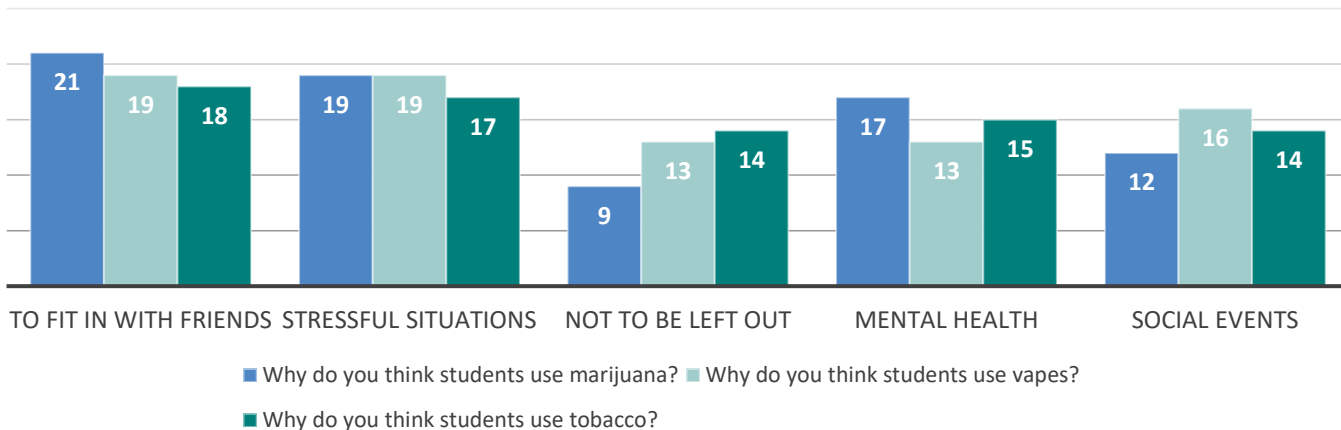
Ways of Obtaining Nicotine and Marijuana





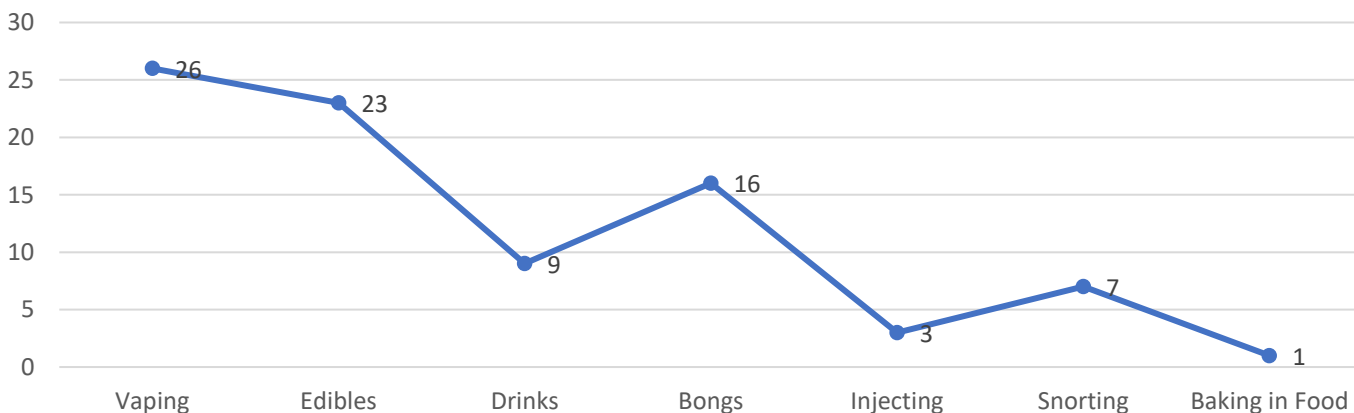
The results identified a common reason for the use of nicotine and marijuana. Using this data provides a more in-depth perspective to focus on education and prevention methods. The influence that students have over one another is a form of peer pressure. A total of 21 (75%) participants responded that marijuana use among the youth population is to fit in with friends, 19 (68%) responded that vape use was to fit in with friends and 18 (64%) responded nicotine use was to fit in with friends. For an individual to feel that they needed to fit in with friends and not understanding the consequences or health risks that this choice has is how public health can change the outcomes of individuals.

Why Students are Using Marijuana and Nicotine



Students during the focus group were asked what the most common method of ingesting marijuana and 26 (93%) students responded with vaping and the next most common method was edibles at 23 (82%). The other methods are shown below. The knowledge of this data targets the method of use and gives a strategy to focus education for students. The potency of marijuana has increased since the 1980s from 4% to an average of 15% today (Lancet Psychiatry, 2023). Edibles can contain an average of 50% to 90% of Tetrahydrocannabinol (THC) (Lancet Psychiatry, 2023). These varying amounts have different effects on the brain. The knowledge of the levels that potentially are being introduced in an individual’s body presents the need to create awareness of these levels.

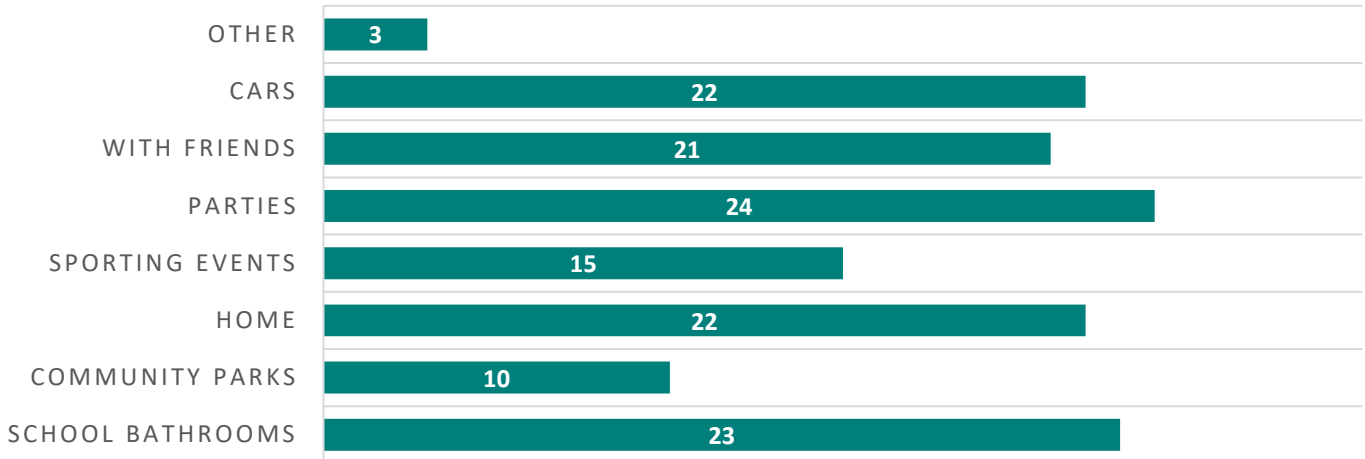
How Students are Ingesting Marijuana





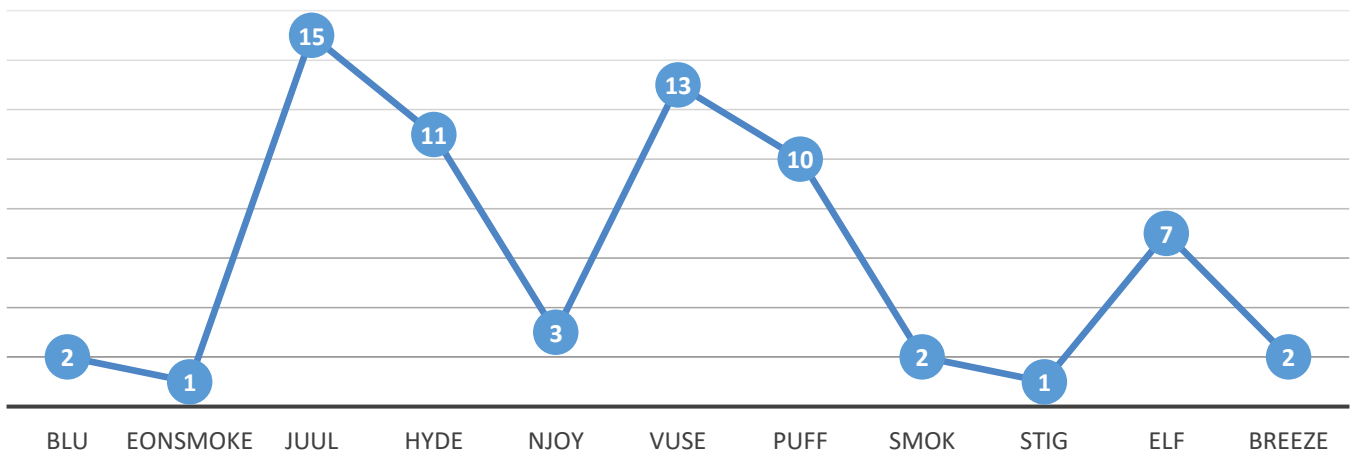
In the discussion, students were asked about the most common area where these substances were used, and data shows that 24 (86%) of the participants' responded parties were the most common and 23 (82%) stated that school bathrooms are a common area. Obtaining this information gives support to the school districts to watch these areas more closely.

Common Areas of Use- *Marijuana and Vapes*



JUUL was identified by 15 (54%) participants from the focus group as the most common device students see in their school. This information suggests that JUUL is the easiest for an individual to obtain. JUUL pods can contain both nicotine and marijuana. The design of this vape is disguised as a USB drive for a computer so it is easily missed by someone who isn't familiar with what it looks like.

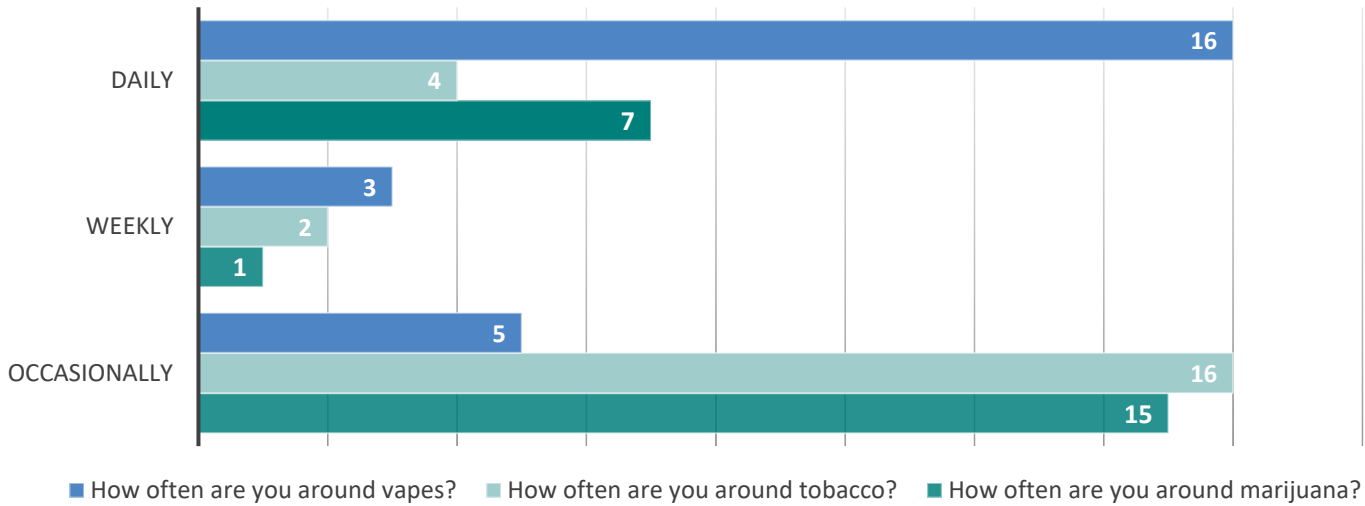
Common Vapes Used





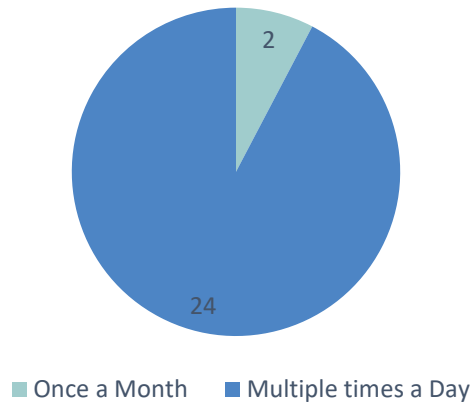
Data shows that 16 (57%) students reported being around nicotine occasionally, and 16 (57%) students reported being around vapes daily. Exposure to nicotine can increase blood pressure, heart rate, flow of blood to the heart, and narrowing of arteries (American Lung Association, 2023). Individuals who are exposed to these behaviors are more at risk of forming habits at a higher rate than a person who is not exposed

How Often Exposed to Marijuana or Nicotine



Data collected asking the participants about the frequency of usage resulted in 24 (85%) responding to students vaping multiple times in a day. Students who are vaping multiple times a day are more likely to become addicted at a higher rate than a person who vapes once every few days. Nicotine concentration in each use is about .049 mg (Eaton et al., 2018).

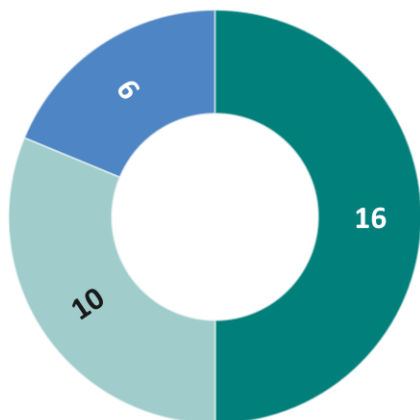
How Often Students Vape





Data collected from students aged 13 to 15 years was identified as the starting age of using nicotine and marijuana. During adolescence, nicotine can harm parts of the brain such as controlled attention, learning, mood, and impulse control (Centers for Disease Control and Prevention, 2023b).

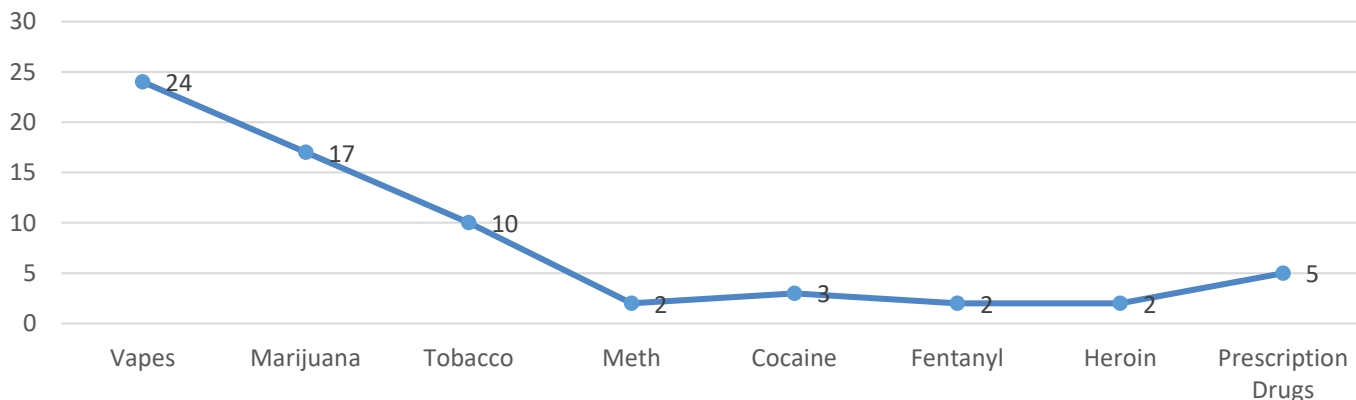
Age Students Begin Using Marijuana and Nicotine



Under 10 years old ■ 11 to 13 years old ■ 13 to 15 years old ■ 15 to 18 years old ■ Over 18 years old

During the discussion, data was collected on what other substances were easy to obtain in the schools, the highest reported was 24 (86%) obtaining vapes, and marijuana was the next highest with 17 (61%). The results show that nicotine and marijuana use are seen in the youth population. As these substances become more available to the youth, public health will continue to see a rise in substance use. As public health evolves and continues to conduct research and provide education, prevention methods, and treatment to everyone affected the hope is to reduce the number of youths currently using and to improve the quality of their life and longevity.

Easiest Substances to Obtain at School





SECONDARY DATA ANALYSIS

Excessive drinking reflects the percent of adults who report either binge drinking, defined as consuming more than four (women) or four (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or two (men) drinks per day on average. The percentage of adults reporting binge or heavy drinking was the same in Carroll County as the state's, 19%.

Percentage of Adults Reporting Binge or Heavy Drinking						
	2016	2017	2018	2019	2020	Change
Carroll County	17%	17%	17%	19%	19%	+2%
Ohio	19%	20%	18%	21%	19%	NC

SOURCE: County Health Rankings, Original Source: Behavioral Risk Factor Surveillance System

In 2021, the percentage of driving deaths with alcohol involvement in Carroll County was slightly lower than the state, 25.0% compared to 32.5%.

Percentage of Traffic Fatalities Involving Alcohol-Impaired Drivers						
	2017	2018	2019	2020	2021	Change
Carroll County	20.0%	0.0%	50.0%	71.4%	25.0%	+5.0%
Ohio	26.6%	27.3%	31.8%	33.3%	32.5%	+5.9%

SOURCE: Ohio Department of Public Safety, State Highway Patrol Division, AODD Dashboard

The table below represents the percentage of unduplicated clients in treatment with a primary diagnosis of alcohol use disorder. On average, 30.4% percent of client admissions in the county were associated with a primary diagnosis of alcohol abuse or dependence in SFY 2021. Although this percentage has significantly decreased over the past five years, it is still notably higher than the start average of 20.2%. It should be noted that this data comes from the Ohio Mental Health & Addiction Services (OhioMHAS) Multi Agency Community Information System (MACSIS). While MACSIS data is required for billing purposes, there are minimal sanctions for failing to submit so underreporting of these numbers is likely. It should also be noted that reported data only reflects information for clients whose treatment was provided with public dollars.

Percentage of Unduplicated Clients - Treatment for Alcohol Use Disorder						
	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	Change
Carroll County	44.0%	36.5%	40.1%	32.5%	30.4%	-13.6
Ohio Avg.	24.1%	21.2%	21.5%	19.2%	20.2%	-3.9

SOURCE: Ohio Mental Health & Addiction Services, Multi Agency Community Information Systems.

The number of unintentional drug overdose deaths in Carroll County is four times higher in 2020 than it was in 2013. However, the rate for unintentional drug overdose deaths per 100,000 population is significantly higher in Ohio (37.4) than Carroll County (21.1).

Number of Unintentional Drug Overdose Deaths, 2013-2020										
	2013	2014	2015	2016	2017	2018	2019	2020	Change	Rate*
Carroll	2	3	5	3	6	4	3	8	+6	21.1
Ohio	2,110	2,531	3,050	4,050	4,854	3,764	4,028	5,017	+2,907	37.4

**2015-2020, Rate per 100,000 Population, SOURCE: 2020 Ohio Drug Overdose Data: General Findings*





The table below represents the percentage of unduplicated clients in treatment with a primary diagnosis of opiate use disorder. On average, 29.7% percent of client admissions in the county were associated with a primary diagnosis of opiate abuse or dependence in SFY 2021, significantly lower than the state average, 51.5%

Percentage of Unduplicated Clients - Treatment for Opiate Use Disorder						
	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY2021	Change
Carroll County	29.7%	32.4%	27.8%	31.5%	29.7%	0.0
Ohio Avg.	48.1%	49.4%	48.4%	49.4%	51.5%	+3.4

SOURCE: Ohio Mental Health & Addiction Services, Multi Agency Community Information Systems.

The table below represents the percentage of unduplicated clients in treatment with a primary diagnosis of cannabis use disorder. On average, 16.2% percent of client admissions in the county were associated with a primary diagnosis of cannabis abuse or dependence in SFY 2020 which was higher than the state average, 12.0%.

Percentage of Unduplicated Clients - Treatment for Cannabis Use Disorder						
	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	Change
Carroll County	18.9%	26.5%	17.9%	16.2%	NA	-2.7
Ohio Avg.	17.0%	15.5%	14.7%	12.0%	11.9%	-5.1

SOURCE: Ohio Mental Health & Addiction Services, Multi Agency Community Information Systems

The table below examines per capita distribution of prescription opioids with data from The Ohio State Board of Pharmacy’s automated prescription reporting system (OARRS). Doses per capita is a measure that gives the average number of doses dispensed for each individual resident in a county in a year. Rates are likely underestimated because data from drugs dispensed at physician offices and the Veteran’s administration are not included in the calculations. In 2021, the rates for the county were slightly lower than the state. Over the five-year time span in which data is available, rates have decreased in both the county and the state, the decrease in the state has been slightly higher.

Prescription Opioid Doses per Capita						
	2017	2018	2019	2020	2021	Rate Change
Carroll County	38.4	31.6	28.0	28.0	24.9	-13.5
Ohio	49.3	40.5	36.0	30.4	27.2	-22.1

SOURCE: Ohio Mental Health & Addiction Services, Multi Agency Community Information Systems.

The table below examines per capita distribution of prescription benzodiazepines with data from The Ohio State Board of Pharmacy’s automated prescription reporting system (OARRS). In 2021, the rates for the county were slightly higher than Ohio. Over the five-year time span in which data is available, rates have decreased in both the county and Ohio.

Prescription Benzodiazepine Doses per Capita						
	2017	2018	2019	2020	2021	Rate Change
Carroll County	18.7	16.2	28.0	16.4	15.3	-3.4
Ohio	20.2	17.1	36.0	14.9	13.8	-6.4

SOURCE: Ohio Mental Health & Addiction Services, Multi Agency Community Information Systems.





MATERNAL, INFANT AND CHILD HEALTH

COMMUNITY SURVEY

PREGNANCY HEALTH

Less than one-tenth of female respondents, 9.4% reported being pregnant within the past five years. Nearly two-thirds of these pregnancies, 64.0%, were planned. Females respondents who had been pregnant in the past five years (a total of 28) were asked additional follow-up questions which are discussed in more detail below.

Been Pregnant In Last Five Years

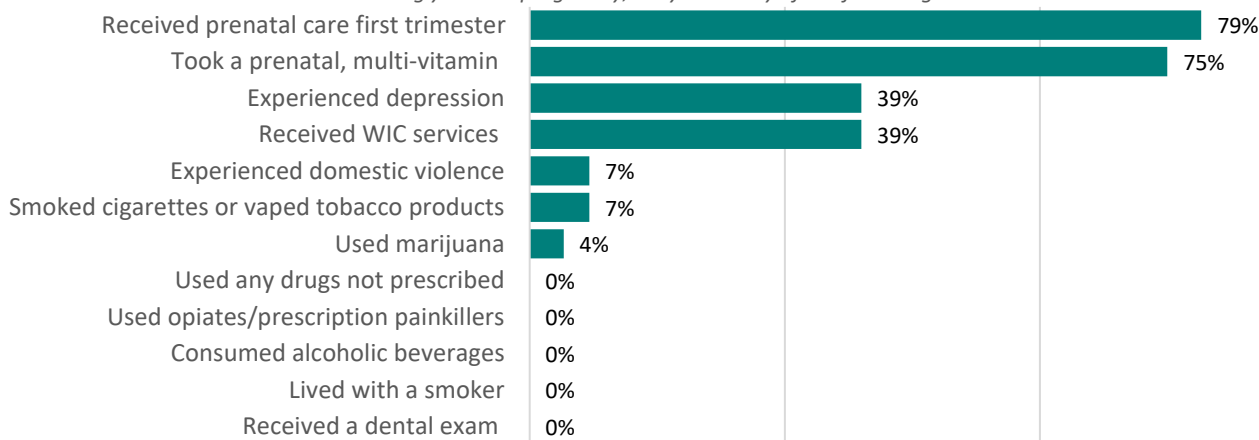
Have you been pregnant in the last five years?



More than three-quarters, 79.2%, received prenatal care within the first 3 months of their pregnancy while three-quarters of those who had been pregnant within the last five years, 75.0%, took a multi-vitamin with folic acid. More than a third of pregnant women, 39.3% reported experiencing depression, either during or after pregnancy or received WIC services (Women, Infants and Children nutrition services). Under a tenth reported smoking cigarettes or vaping other tobacco products (7.1%), experiencing domestic violence, or using marijuana (3.6%). No respondents reported using consuming alcoholic beverages, using any drugs not prescribed to them, receiving a dental exam, living with a smoker, or using opiates or prescription painkillers.

Experienced in Last Pregnancy

During your last pregnancy, did you do any of the following?



All respondents were asked if they or an immediate family member had a child who was born prematurely, at less than 37 weeks gestation. Nearly a sixth, 14.5%, responded that they or a family member had a child prematurely. Groups of respondents more likely to have a child prematurely include residents with some college education, those who are employed parttime, residents who are widowed or divorced, and renters.

Self or Immediate Family Member Had Child Prematurely

Have you or an immediate family member had a child that was born prematurely, at less than 37 weeks?





CHILD HEALTH

More than a a quarter of respondents, 28.5%, have children under 18 living in their household. The ages of children were newborn to two years old (22.8%), ages 3 to 5 (33.3%), ages 6 to 8 (34.2%), ages 9 to 12 (37.7%), and ages 13 to 18 (50.9%). Respondents with children in the household (a total of 114) were asked additional follow-up questions which are discussed in more detail below.

Have Children in Home Under 18

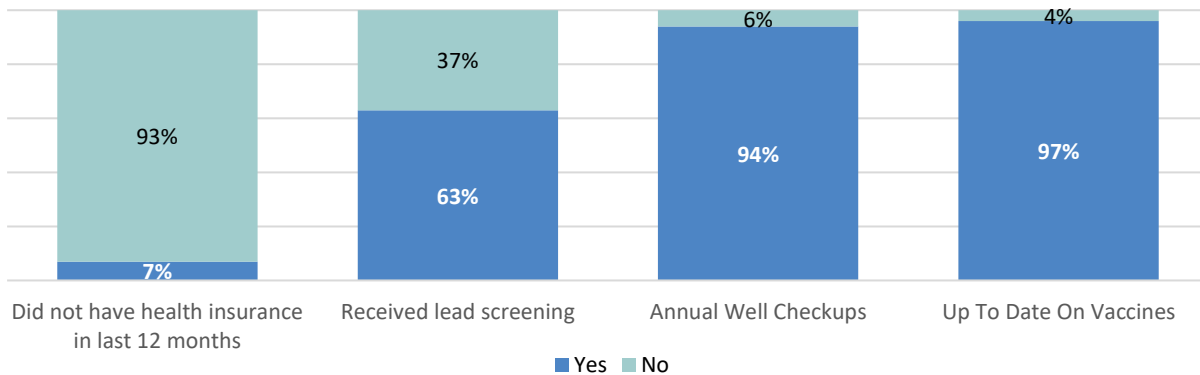


Of those with children, 93.9%, reported that their children receive annual well-children check-ups from a pediatrician or family doctor. Nearly two thirds of respondents with children, 63.2%, reported that their child had received a lead screening. Less than a tenth, 7.0%, of children did not have health insurance at some point during the past year.

In addition, the majority, 96.5%, indicated their children are up to date on recommended vaccines, this does not include the flu vaccine. The three reasons given for children not being up to date on their vaccinations were personal beliefs, their child becomes ill when vaccinated and they had a natural immunity.

Child Health (of those with Children)

Besides the flu vaccine, are the children in your household up to date on their vaccinations? Do your children get annual well-child checkups from a pediatrician or family doctor?



Residents with children ages zero to two were asked what they go for their baby’s vaccinations. The most common response was their family doctor. Other places mentioned were the hospital, health department, and state care.

Where to go for baby vaccinations		
	#	%
Family doctor	17	77.3%
Hospital	3	13.6%
Health department	1	4.5%
Stat care	1	4.5%
Total	22	(n=22)





SECONDARY DATA ANALYSIS

Less than one-tenth of births in Carroll County in 2022 were low birth weight (7.3%). The number of low-birth-weight births has slightly decreased over the past five years.

Carroll County Low Birth Weight					
	2018	2019	2020	2021	2022
# Low birth weight (LBW)	20	30	22	12	17
% Low birth weight (LBW)	7.4%	10.7%	8.7%	5.2%	7.3%

LBW= Births less than 5 pounds, 8 ounces, SOURCE: Ohio Department of Health Data Warehouse.

The percentage of pregnant women accessing prenatal care in the first trimester in the county is significantly lower than the state (63.4% compared to 73.2%).

Trimester of Entry into Prenatal Care					
	2018	2019	2020	2021	2022
CARROLL COUNTY					
None	0%	0.3%	1.6%	0.4%	2.2%
First Trimester	60.8%	62.3%	60.4%	67.7%	63.4%
Second Trimester	33.2%	30.1%	29.2%	27.2%	28.1%
Third Trimester	5.9%	7.1%	8.8%	4.5%	6/1%
OHIO					
None	2.3%	1.6%	1.5%	1.7%	1.7%
First Trimester	72.6%	72.6%	73.2%	74.6%	73.2%
Second Trimester	20.8%	20.7%	20.7%	19.4%	20.5%
Third Trimester	4.8%	4.6%	4.4%	4.1%	4.4%

SOURCE: Ohio Department of Health Data Warehouse

The number of births for women of childbearing age has decreased over the last five years in both Carroll County and the state, although the percentage of decline was greater in the county.

Live Birth Count						
	2018	2019	2020	2021	2022	% Change
Carroll County	269	280	254	230	233	-13.4%
Ohio	135,220	134,560	129,313	129,911	126,951	-6.1%

SOURCE: Ohio Department of Health Data Warehouse

The number of births to young mothers decreased significantly from 2017 to 2021 in both Carroll County and the state.

Number of Births by Young Mothers, 2017-2021									
	2018				2022				# Change 2018-2022
	>15	15-17	18-19	Total	>15	15-17	18-19	Total	
Carroll County	0	5	16	21	0	2	9	11	-10
Ohio	56	1,666	5,379	7,101	68	1,327	4,241	5,636	-1,456

SOURCE: Ohio Department of Health Data Warehouse

The adolescent birth rate for teens ages 15-19 in the county is slightly higher in Carroll County than the state. It should be noted that the teen adolescent birth rate in both the county and Ohio has been declining.

Teen Birth Rate						
	2019	2020	2021	2022	2023	# Change
Carroll County	24	24	23	22	22	-2
Ohio	26	24	22	21	21	-5

SOURCE: ODH Data Warehouse, Rate is the Number of births per 1,000 female population ages 15-19





HEALTHY LIVING

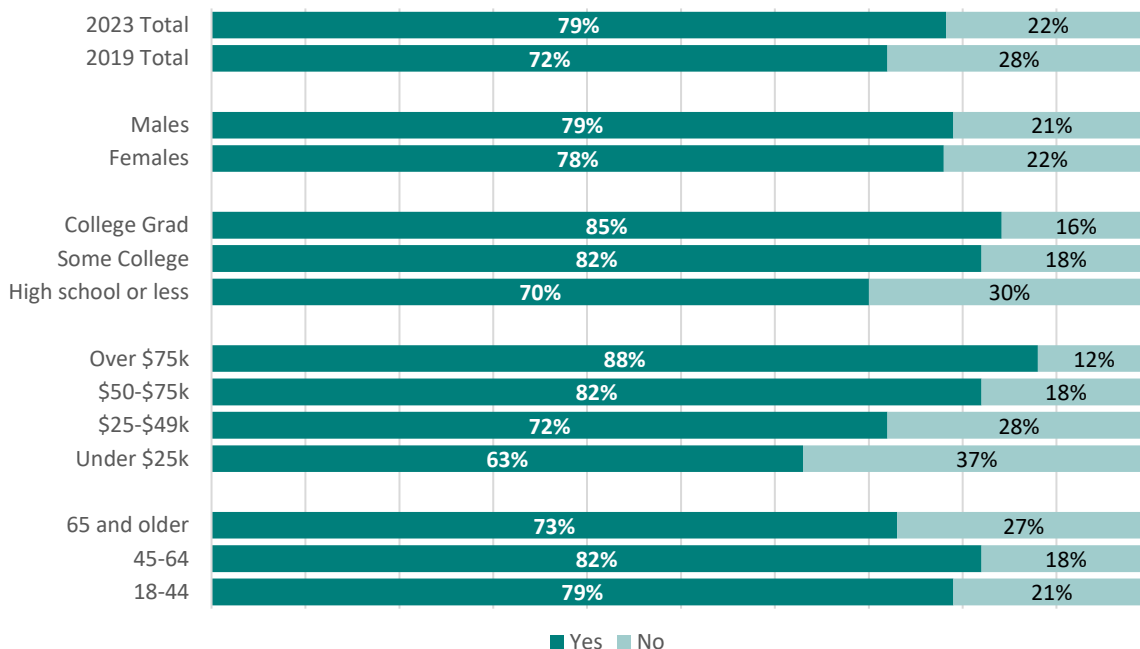
COMMUNITY SURVEY

Summary: Healthy Living- Weight, Exercise, and Sleep			
		2019	2023
Exercise in past month	Yes	71.6%	78.5%
	No	28.4%	21.5%
Self-described weight	Overweight	49.3%	66.5%
	About right	45.2%	28.5%
	Underweight	5.5%	5.0%
Thought about or tried to lost weight	Yes	NA	67.7%
	No		32.3%
Average number of hours per day on activities	Watch TV	NA	3.34
	Play Video Games		1.21
	Use Computer outside of work/school		1.28
	Use cellphone		3.45
	Being on social media		3.40
Avg. # of days did not get enough rest in past 30		NA	6.72

Respondents were asked if other than their regular job, they participated in any physical activity or exercise such as walking, running, lifting weights, team sports, golf, or gardening for exercise. More than three-quarters of respondents, 78.5%, had exercised in the past month, an increase from 71.6% in 2019. Groups of residents more likely to NOT exercise included residents with a high school diploma or less education, those with an annual income under \$50,000 (especially those with an income under \$25,000), widowed residents, and renters.

Exercised in Past Month

During the past month, other than your regular job, did you participate in any physical activity or exercise such as walking, running, lifting weights, team sports, golf or gardening for exercise?

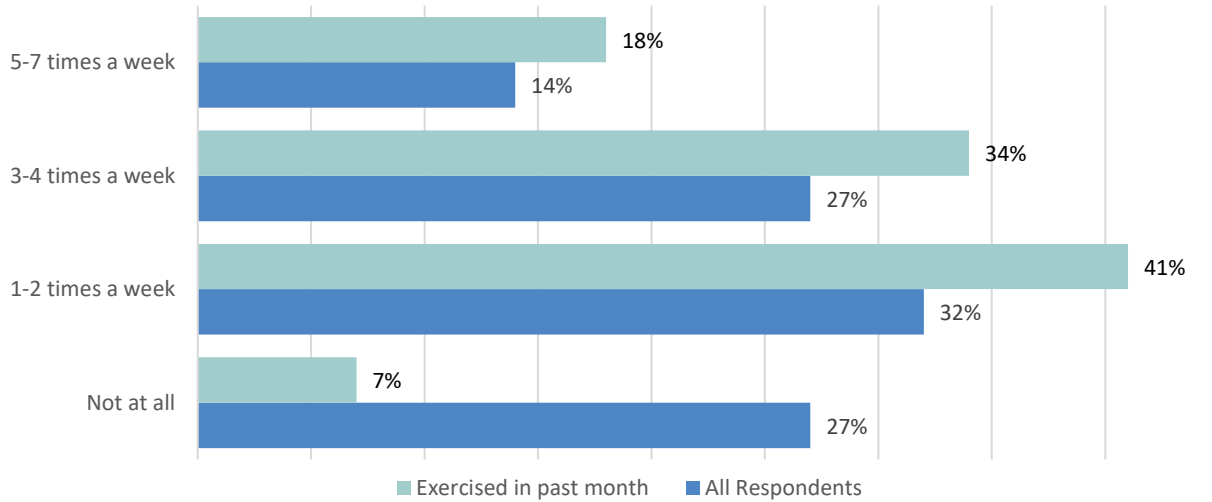




Respondents who exercised in the past month were asked how often they exercise in an average week. Of those who exercise, 7.0% answered not at all. Less than half of exercising respondents, 41.1%, exercise one to two times a week (32.3% of all respondents), another 34.1% of exercising respondents exercise 3 to 4 times per week (26.8% of all respondents). Less than a fifth, 17.8%, exercise 5 to 7 times a week (14.0% of all respondents).

How Often Exercise In A Week

How often do you exercise in an average week?



The 21.5% of respondents who did not exercise in the past month were asked for some of the reasons that exercising is difficult. The most common response, given by less than half, 40.2%, was that they had a health problem or physical limitation that prevented them from exercising. The second most common reason, given by 27.2% of respondents, was that they didn't have the time to exercise. Other reasons that exercise was difficult include, in order of importance, lack of self-discipline (11.6%), pain (9.0%) and age (6.4%).

Reasons Exercising Is Difficult		
	#	%
Physical limitations	31	40.2%
Lack of time	21	27.2%
Lack of self-discipline	9	11.6%
Pain	7	9.0%
Age	5	6.4%
Too tired	2	2.5%
Affordability	1	1.2%
No place to exercise	1	1.2%
Total	77	(n=77)

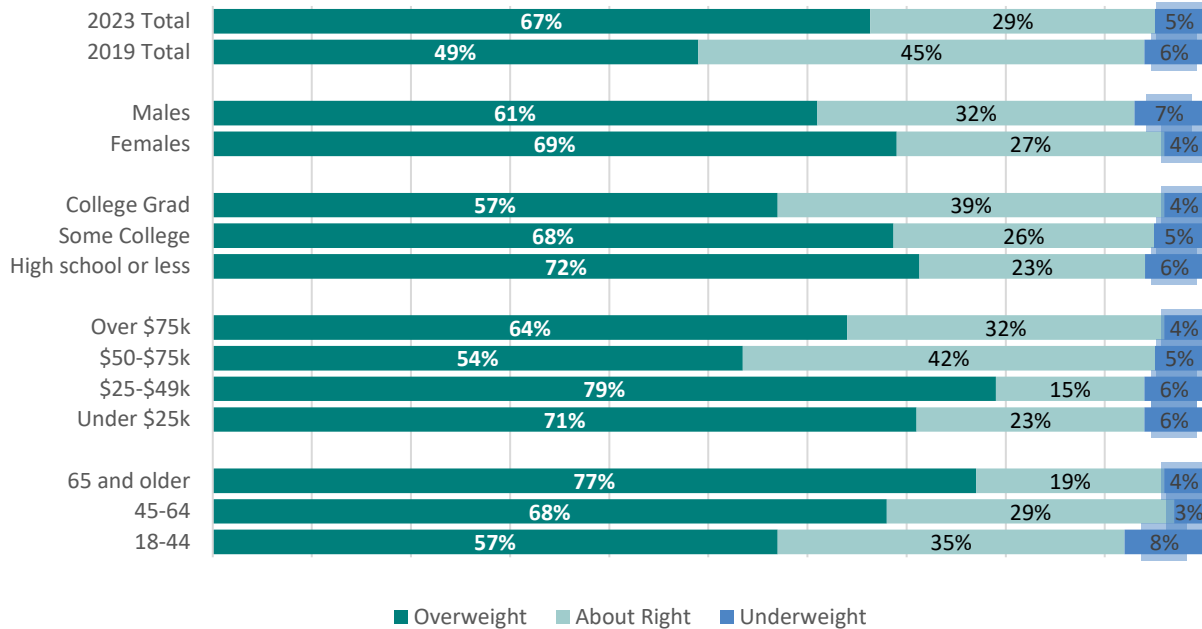




Two thirds of respondents, 66.5%, reported that they are overweight, with 13.5% reporting being very overweight and 53.0% being somewhat overweight. This was a significant increase from 2019 when 49.3% of respondents reported being overweight. Only a small portion, 5.0%, reported being underweight. The remaining 28.5% of respondents described their weight as about right. Groups of residents more likely to report being overweight include females, residents without children in the home, those ages 65 and over, residents with a high school diploma or less education, those with an annual income under \$50,000, widowed residents, and homeowners.

Self-Described Weight

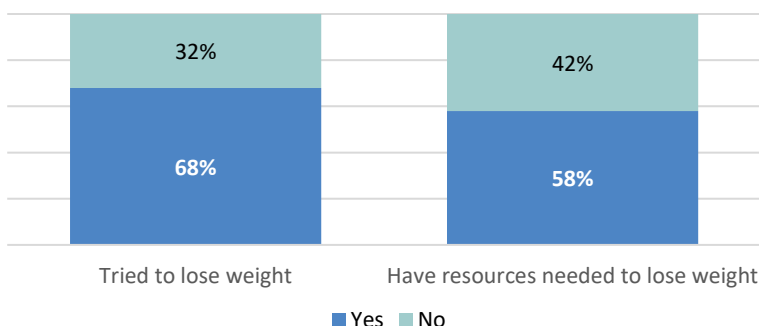
How would you describe your own personal weight situation right now -- very overweight, somewhat overweight, about right, somewhat underweight, or very underweight?



More than two-thirds of residents, 67.7%, reported thinking about or trying to lose weight in the past year. Of those who thought about or tried to lose weight, more than half, 58.1%, feel they have the resources they need to lose weight. Those who reported that they didn't have the resources to lose weight were asked what resources they needed. This was an open-ended question. The most common resources needed were gym or exercise equipment, a plan for eating, better self-discipline, and medical support. Other needed resources are listed in the table below.

Experience with Weight

During the past 12 months, have you thought about or tried to lose weight? IF YES: Do you have the resources you need to help you lose weight?



Resources needed to lose weight		
	#	%
Gym, exercise equipment	36	24.6%
Plan for eating	23	15.7%
Self-discipline, support system	22	15.0%
Medical (doctor, prescriptions)	18	0.6%
Internet (apps, books)	17	11.6%
Weight loss program	13	8.9%
Plan for exercise	12	8.2%
Dietician, nutritionist	4	2.7%
Weight loss surgery	1	0.6%
Total	146	(n=146)



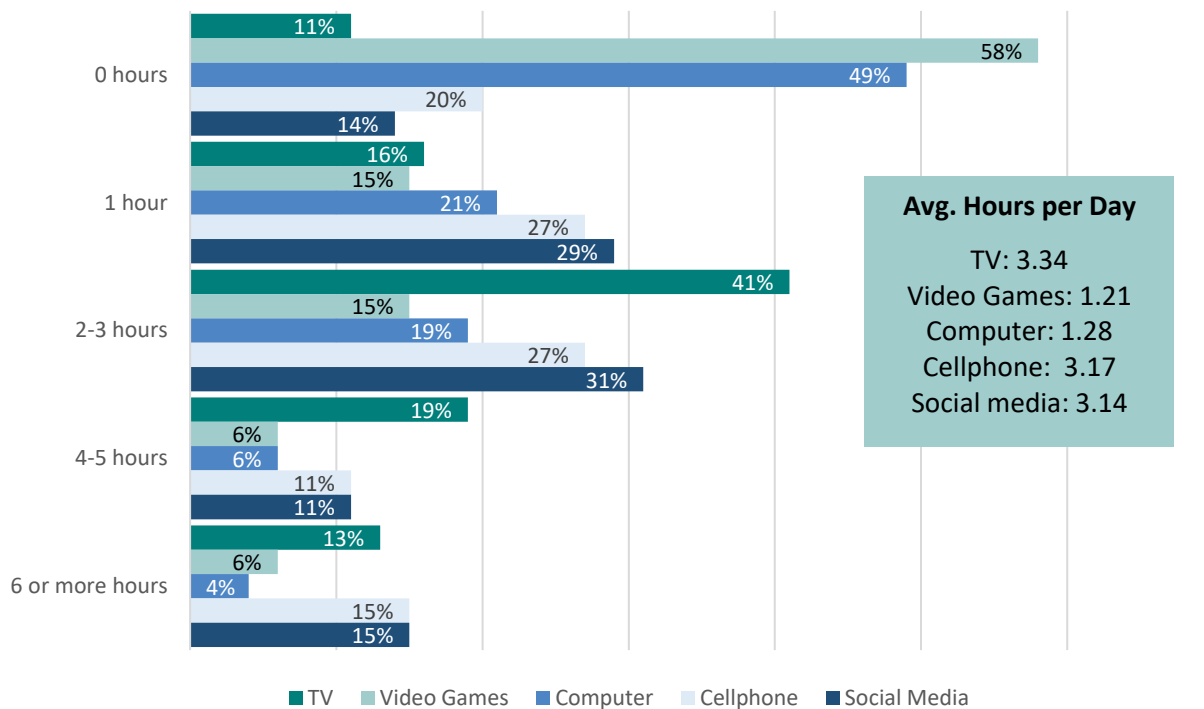


Next, residents were given a list of five sedentary activities and were asked about how many hours a day they spend doing each on average. Each activity is discussed in more detail below.

- The activity with the highest daily average hours was watching TV. On average, residents spend 3.34 hours a day watching television. A tenth, 11%, reported not watching TV at all while an additional 16% watch TV for an hour. Over a third of residents, 41%, watch 2 to 3 hours of TV a day while another 19% watch 4-5 hours. Nearly one-sixth, 15%, report watching TV for six or more hours a day.
- The activity with the second highest daily average hours was using their cellphone. On average, residents spend 3.14 hours a day using their cell phone which includes talking, texting, or going on the internet. A fifth, 20%, reported not using a cellphone at all while 27% use their cell phone for an hour a day. More than a quarter of residents, 27%, use their cell phone 2 to 3 hours a day while another 11% use it 4-5 hours. Nearly one-sixth, 15%, report using their cell phone six or more hours a day.
- On average, residents spend 3.14 hours a day on social media such as Facebook, Instagram, YouTube, or Twitter. Nearly a sixth of residents, 14%, reported not using social media at all while 29% use it for an hour. Nearly a third of residents, 31%, use social media 2 to 3 hours a day while another 11% use it for 4 to 5 hours. Nearly a sixth, 15%, report using social media six or more hours a day.
- On average, residents spend 1.28 hours a day using their computer outside of work or school. Nearly half of residents, 49%, reported not using a computer at all while 21% use their computer for an hour daily. Nearly a fifth of residents, 19%, use their computer 2 to 3 hours a day while another 6% use it for 4 to 5 hours. Only a small percentage, 4%, report using their computer six or more hours a day.
- The activity with the lowest daily average hours was playing video games. On average, residents spend 1.21 hours a day playing video games. More than half, 58%, reported not playing video games at all while an additional 15% play for an hour. Nearly a sixth of residents, 15%, play 2 to 3 hours of video games a day while another 6% play 4 to 5 hours. Only a small percentage, 6%, report playing video games 6 or more hours a day.

Hours Spent on Sedentary Activities

On an average day, about how many hours do you spend doing the following activities?

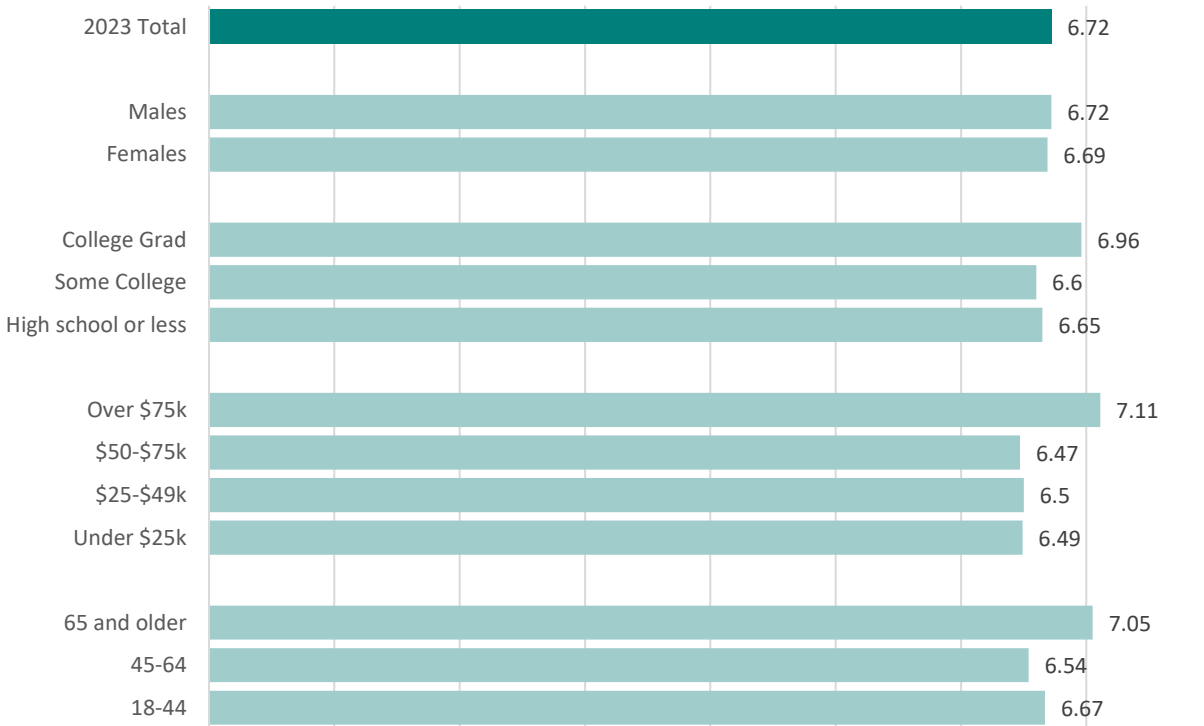




In terms of sleep, residents reported getting an average of 6.72 hours of sleep a night. Nearly half, 45.2%, report sleeping 6 or less hours a night. These residents were asked a follow-up question as to what keeps them from getting more than 7 hours of sleep in a 24-hour period. This was an open-ended question. The most common reasons for not getting more than 7 hours of sleep were trying to get everything done, having insomnia, pain keeping them from sleep and stress. Groups of residents more likely to report sleeping six or fewer hours a night include females, residents with children in the home, those ages 18 to 24 or 65 and over, residents with a high school diploma or less education, those with an annual income under \$75,000, residents who are divorced or widowed, and renters.

Average Number of Hours of Sleep

On average, how many hours of sleep do you get in a 24-hour period?



Reasons for Sleeping Less than 7 Hours a Night		
	#	%
"Can't get everything done"	54	33.8%
Insomnia	43	26.9%
Pain	20	12.5%
Stress	17	10.6%
Health condition	10	6.3%
Preference	9	5.6%
Stay up too late	6	3.8%
Age	1	0.6%
Total	160	(n=160)

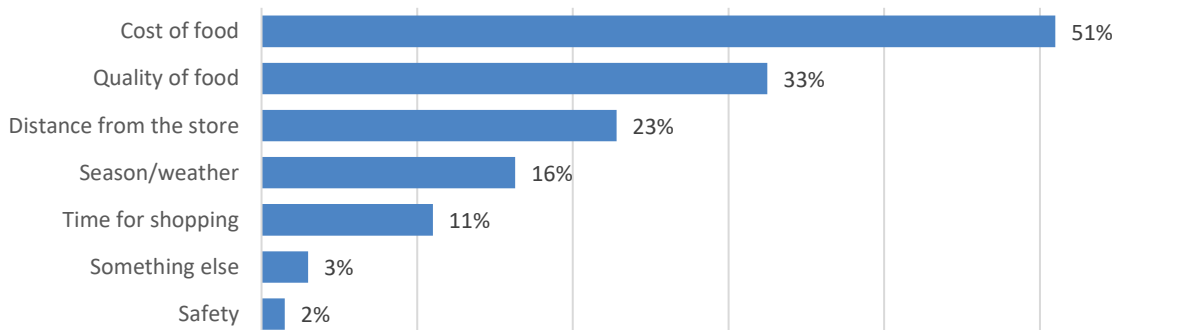


Summary: Healthy Living- Food and nutrition			
		2019	2023
What makes it difficult to get food needed	Cost of food	NA	51.0%
	Quality of food		32.5%
	Distance from the store		22.8%
	Season/weather		16.3%
	Time for shopping		11.0%
	Something else		3.0%
	Safety		1.5%
How difficult to get fresh fruits & vegetables	Very difficult	6.4%	7.8%
	Somewhat difficult	18.0%	34.3%
	Not too/not at all difficult	75.6%	58.0%
How often eat fresh fruits and vegetables	0-1 times/week	10.2%	16.0%
	2-4 times/week	36.9%	38.5%
	Once a day	31.6%	26.3%
	2-4 times a day	17.4%	15.0%
	5 or more times a day	3.9%	4.3%
# of restaurant or takeout meals a week	None	NA	25.0%
	1-2 meals		56.0%
	3-4 meals		14.8%
	5 or more meals		4.3%
# times drink pop or other unhealthy drinks	0	NA	18.0%
	1-3 times per week		37.5%
	4-6 times per week		12.5%
	1 time per day		9.0%
	2-3 times per day		15.8%
	4 or more times per day		7.3%

Residents were asked what makes it difficult for them to get fresh fruit and vegetables. The most common problem making it difficult to get food was cost, with more than half, 51.0%, stating this to be the case. Nearly a third of respondents, 32.5%, stated that the quality of food made it difficult for them to get the food they need. Other things that made it difficult for respondents to get the food they need include, in order of importance, distance from the store (22.8%), the season or weather (16.3%), time for shopping (11.0%), and safety (1.5%). Transportation was also mentioned as something that made it difficult to get fresh food and vegetables.

What Makes it Difficult to Get Needed Food

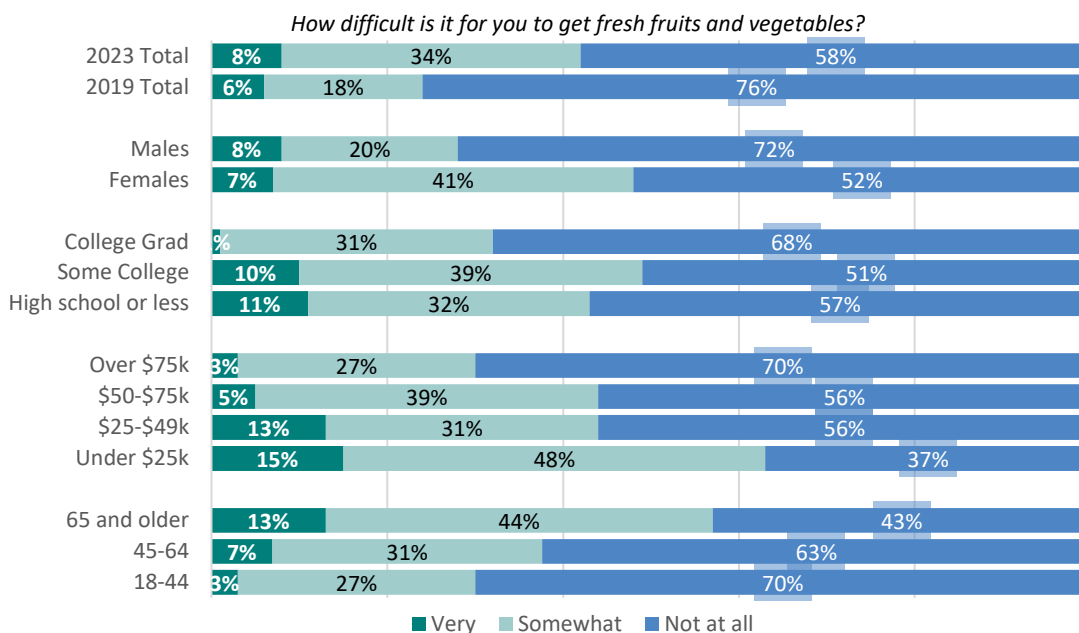
What makes it difficult to get fresh fruits and vegetables?





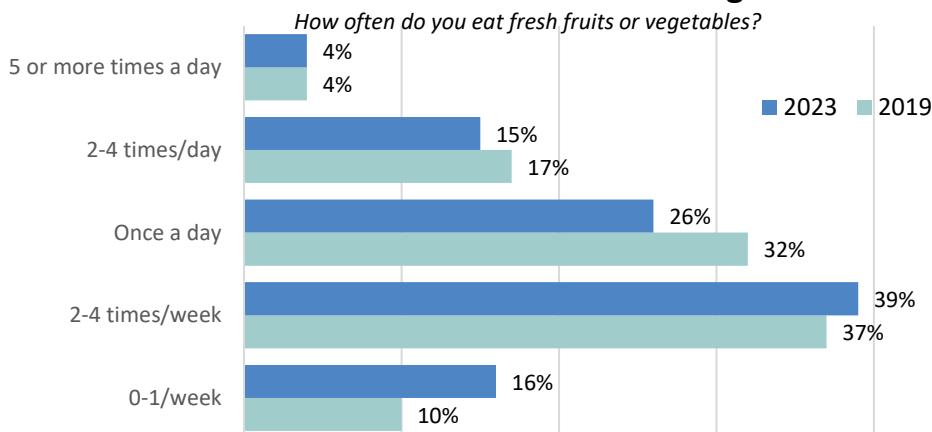
More than half of residents, 58.0%, said that it was not too difficult or not at all difficult to get fresh fruit and vegetables, a significant decrease from 75.6% in 2019. More than a third, 34.3%, of residents reported having a somewhat difficult time and nearly a tenth, 7.8%, have a very difficult time getting fresh fruits and vegetables. Groups of residents more likely to have difficulty getting fresh fruits and vegetables in their neighborhood include females, residents with children in the home, those ages 18 to 44, residents with some college or less education, those who are employed part-time or unemployed, residents with an annual income under \$25,000, those who are single, divorced or widowed, and renters.

How Difficult to Get Fresh Fruit/Vegetables



A sixth of residents, 16.0%, eat fresh fruits and vegetables zero to one time a week while 38.5%, eat fresh fruits and vegetables two to four times a week, and more than a quarter, 26.3%, eat fresh fruits and vegetables once a day. Almost a sixth of respondents, 15.0%, eat fresh fruits or vegetables two to four times a day and 4.3% eat fresh fruits and vegetables five or more times a day. Groups of residents more likely to NOT eat fresh fruits and vegetables daily include residents with children in the home, those ages 18 to 44, residents with some college or less education, those with an annual income under \$50,000, residents who are single or divorced, and renters.

How Often Eat Fresh Fruits and Vegetables

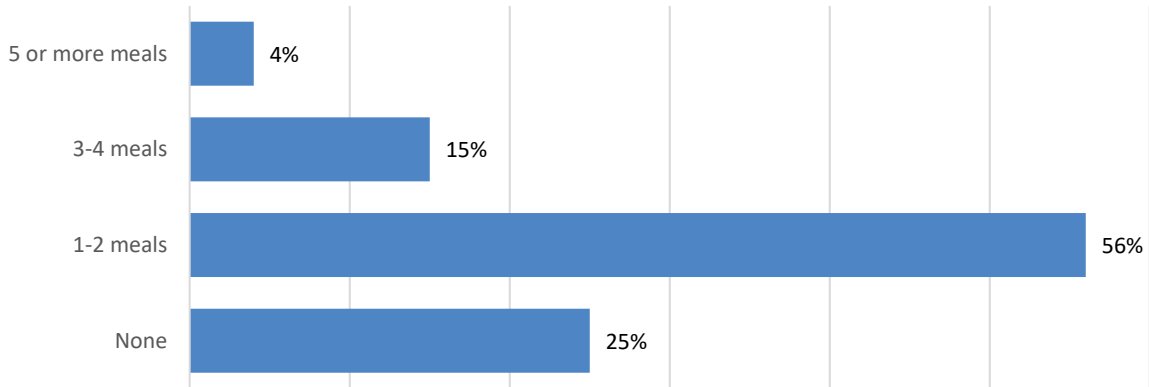




Over half of respondents, 56.0%, eat out at a restaurant or takeout meals one to two times a week while 14.8% eat out three or four times a week. A small number of respondents, 4.3%, eat out five or more times a week. One-quarter, 25.0%, don't eat out at all. Groups of residents more likely to eat at a restaurant or takeout three or more times a week include males and college graduates.

How Often Eat Takeout or At Restaurant

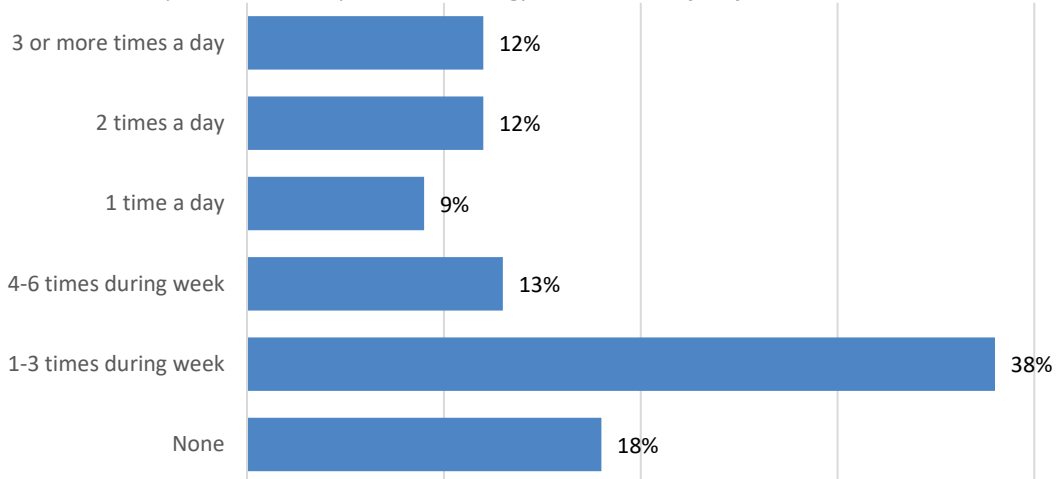
In a typical week, about how many meals do you eat out in a restaurant or bring takeout food home to eat?



Nearly a fifth of respondents, 18.0%, have not drank soda, diet pop, iced coffee, punch, Kool-Aid, sports or energy drinks, or other fruit flavored drinks in the past week. More than a third, 37.5%, reported drinking soda or unhealthy drinks one to three times per week, and 12.5%, four to six times per week. Nearly a tenth, 9.0%, reported one time per day, followed by 11.5% two times per day and 11.6% three or more times a day.

How Often Drink Sugary Drinks Past Week

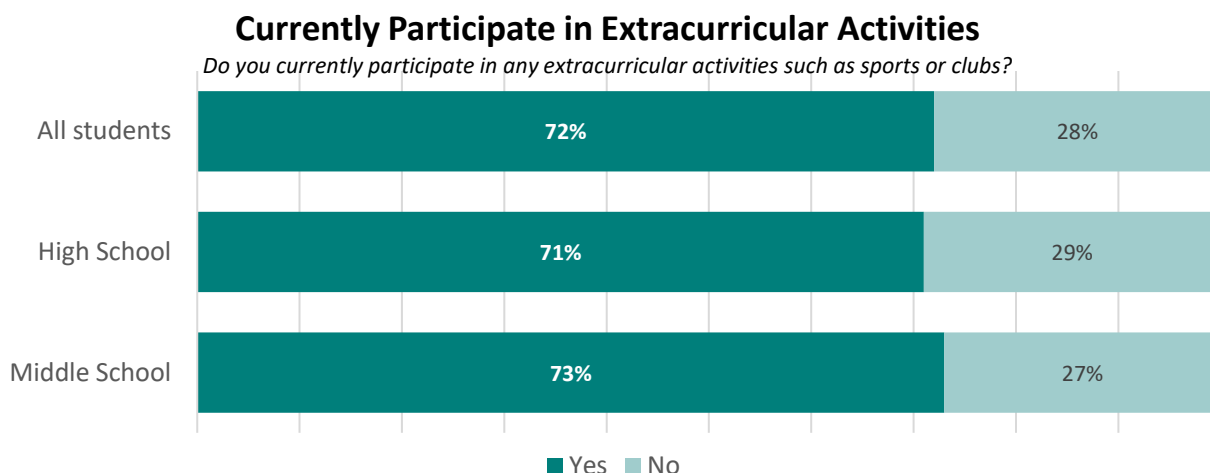
During the past 7 days, how many times did you drink soda pop, diet pop, iced coffee, punch, Kool-Aid, sports drinks, energy drinks, or other fruit flavored drinks?





YOUTH SURVEY

Nearly three-quarters of students, 72.0%, currently participate in extracurricular activities such as sports or clubs. The most common reasons for not participating in extracurriculars included the student was not interested (57.1%), they don't feel they fit in (21.8%), what they want doesn't exist (9.2%), they have a job (9.2%), transportation issues (7.6%), they can't afford it (6.7%), and they watch younger siblings (5.9%).



- A higher percentage of middle school students, 43.5%, categorized themselves as either slightly or very overweight. For high school students, the percentage of students who thought of themselves as overweight was significantly lower, 32.5%.
- More than half of middle school students, 51.6%, and a notable percentage of high school students, 39.9%, reported that they are currently trying to lose weight, while 13.0% of middle school students and 21.8% of high school students are trying to gain weight.
- More than half, 54.7%, of middle school students and 45.6% of high school students indicated that, in the last 30 days, they had done something to lose weight or keep from gaining weight. Students did the following, in order of prevalence, to lose or keep from gaining weight: exercised (65.4%), ate less food, fewer calories, or foods low in fat (60.7%), drank more water (59.2%), skipped meals (38.4%), ate more fruits and vegetables (35.1%), and went without eating for 24 hours (16.1%) *.

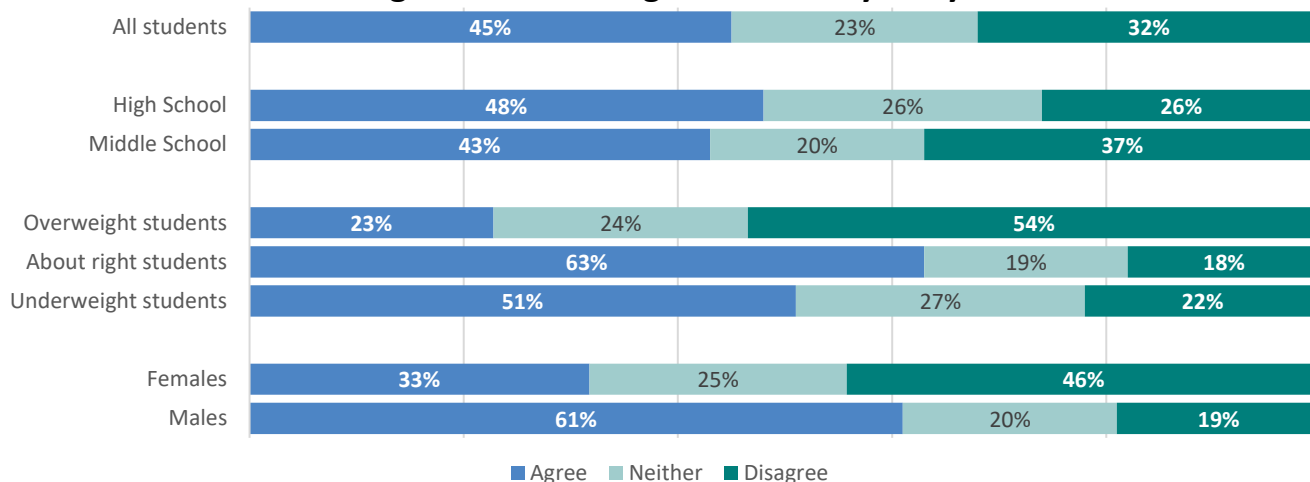
Summary: Weight						
		2019		2024		
		Middle School	High School	All students (N=427)	Middle (N=223)	High School (N=204)
Self-Described weight	Very underweight	3.5%	2.1%	3.6%	3.1%	4.1%
	Slightly underweight	15.5%	16.4%	15.6%	12.6%	19.3%
	About right	46.5%	56.2%	42.4%	40.8%	44.3%
	Slightly overweight	27.5%	20.5%	30.9%	35.9%	25.3%
	Very overweight	7.0%	4.8%	7.4%	7.6%	7.2%
Trying to do about weight	Lose weight	46.1%	41.8%	46.2%	51.6%	39.9%
	Gain weight	12.8%	8.9%	17.1%	13.0%	21.8%
	Stay the same	18.4%	19.9%	17.8%	15.7%	20.2%
	Not trying to do anything	22.7%	29.5%	19.0%	19.7%	8.1%
Last 30 days, try to lose weight	Yes	NA		50.5%	54.7%	45.6%
	No			49.5%	45.3%	54.4%





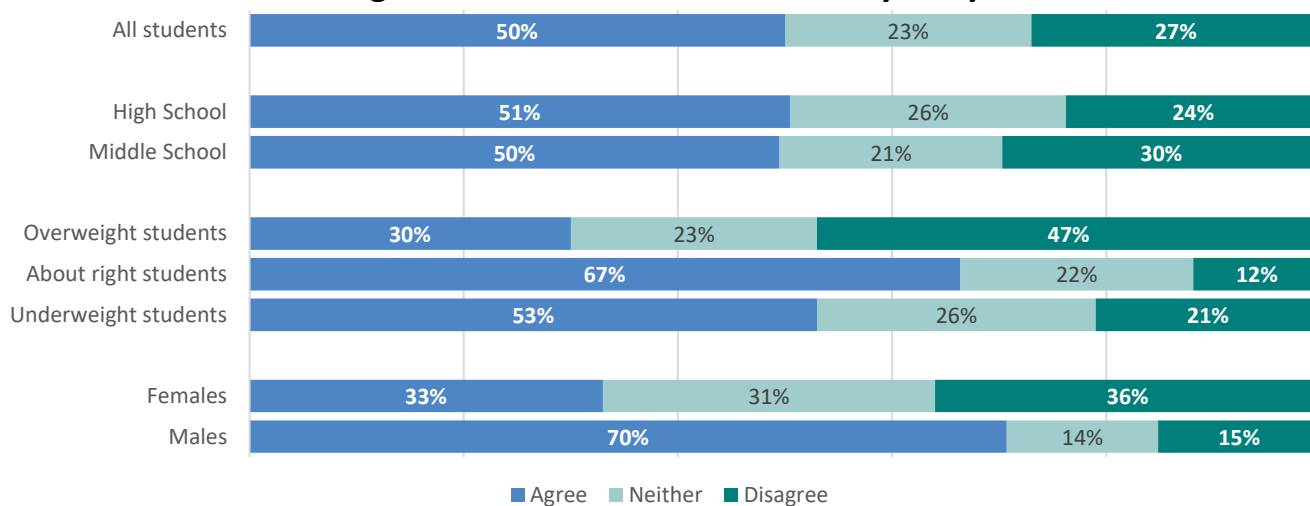
Students were given three statements and asked for their level of agreement with each. Nearly half of students, 45.3%, agreed “I feel good about my body” with 20.0% strongly agreeing. Nearly a third of students, 32.1%, disagreed with 15.3% strongly disagreeing. Females, middle school students, and those who felt they were overweight were more likely to disagree.

Agreement: I feel good about my body



Half of students, 50.0%, agreed “I am comfortable in my body” with 24.6% strongly agreeing. More than a quarter of students, 26.8%, disagreed with 15.6% strongly disagreeing. Females, middle school students, and those who felt they were overweight were more likely to disagree.

Agreement: I am comfortable in my body

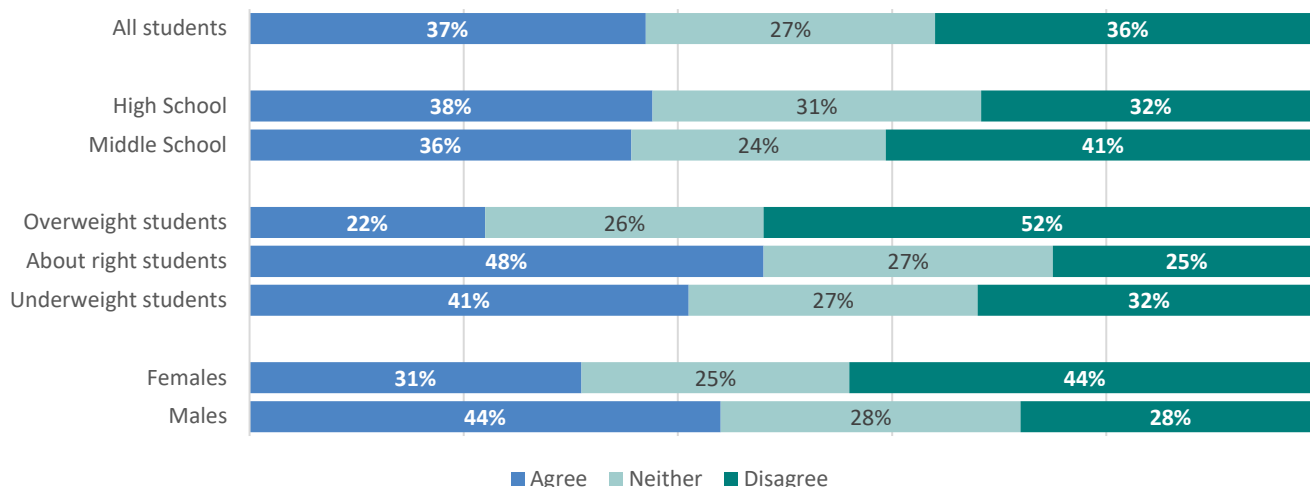


More than a third of students, 36.8%, agreed “I feel like I am attractive even if I am different from media images of attractive people” with 16.1% strongly agreeing. More than a third of students, 36.5%, disagreed with 20.7% strongly disagreeing. Females, middle school students, and those who felt they were overweight were more likely to disagree.





Agreement: I feel like I am attractive even if I am different from media images of attractive people (e.g., models, actresses/actors).



Students were asked how often they drank or ate certain items in the past 7 days. Each is discussed below.

- Nearly half, 46.3%, reported that they did not consume any drink that was high in caffeine, such as coffee or espresso, or energy drinks, such as Red Bull, Monster, or Rockstar in the past week while 40.3% had a high caffeine drink at least once in the past week but not daily. Less than a sixth, 13.4%, had at least one high energy drink a day.
- Over a quarter, 28.5%, of high school students reported that they did not drink a glass of milk in the past week, while 46.6% of students drank at least one glass of milk in the past week but not daily. Nearly a quarter, 24.9%, drank at least one glass of milk a day. Students were instructed to count the milk you drank in a glass or cup, from a carton, or with cereal, and to count the half-pint of milk served at school as equal to one glass.
- Slightly fewer, 27.8%, high school students reported that they did not drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite in the past week, while 47.4% of students drank at least one glass of soda or pop in the past week but not daily. Nearly a quarter, 24.7%, drank at least one glass of soda or pop a day. Students were instructed not to count diet soda or diet pop.
- Slightly more than one tenth, 10.8%, of high school students reported that they did not eat vegetables in the past week, while 55.1% of students ate vegetables at least once in the past week but not daily. More than a third, 34.1%, ate vegetables at least once a day.
- Less than one tenth, 9.3%, of high school students reported that they did not eat fruit in the past week, while 56.7% of students ate fruit at least once in the past week but not daily. More than a third, 34.0%, ate fruit at least once a day.

Summary: Healthy Eating- How often Eat/Drink item in past 7 days

	Did not drink/eat	1-3 times past week	4-6 times past week	1 time a day	2 times per day	3+ times per day
Drank drink high in caffeine (coffee, energy)	46.3%	33.6%	6.7%	6.5%	3.1%	3.8%
Drank glasses of milk*	28.5%	29.0%	17.6%	11.9%	4.7%	8.3%
Drank soda*	27.8%	37.1%	10.3%	8.2%	7.2%	9.3%
Vegetables*	10.8%	34.0%	21.1%	16.0%	9.3%	8.8%
Fruit*	9.3%	29.4%	27.3%	13.4%	10.8%	9.8%

*Asked of high school students only



- When asked how many servings of fruits and vegetables they have per day, nearly two thirds, 63.9%, reported eating 1-2 servings of fruits and vegetables each day while 25.3% reported eating three or more servings. More than one-tenth, 10.8%, of students reported not eating any fruits and vegetables. Middle school students were more likely than high school students to eat 3 or more servings of fruits and vegetables each day. Students were instructed not to include French fries, Kool-Aid, or fruit flavored drinks.
- More than a quarter of students, 26.0%, did not eat breakfast at all in the past week while 29.4% of students ate breakfast every day.
- One in ten students, 10.0%, had at least one day per week that they did NOT have enough food resulting in going to bed hungry (because their family does not have enough money for food).

Summary: Healthy Eating				
		All students (N=427)	Middle School (N=223)	High School (N=204)
Average number of servings of fruits and vegetables each day*	None	10.8%	7.7%	14.5%
	1-2 servings	63.9%	60.8%	67.4%
	3-4 servings	18.6%	23.4%	13.0%
	5 or more	6.7%	8.1%	5.2%
Number of days ate breakfast in past week	None	26.0%	26.6%	25.4%
	1-2 days	19.7%	20.3%	19.2%
	3-4 days	14.5%	12.6%	16.6%
	5-6 days	10.3%	10.0%	10.9%
	All 7 days	29.4%	30.6%	28.0%
Number of days went to bed hungry without enough to eat	0 times	90.0%	91.0%	89.0%
	1-3 days	7.5%	7.2%	7.9%
	4 or more days	2.5%	1.9%	3.1%

- Male students were much more likely than female students to report being physically active for more than 60 minutes a day each day for the past week; 41.1% of males compared to 31.2% of female students. More than a tenth of students, 11.3%, reported not being physically active at all over the past week. Physical activity was defined as any activity that increased their heart rate and made them breath hard some of the time.
- Nearly one fifth, 18.1% of high school students and 14.4% of middle school students indicated that they do not watch TV on an average school day. An additional 25.6% of high school students and 19.8% of middle school students watch less than an hour of TV on a school day. Around a quarter, 25.4% of high school and 23.9% of middle school, students watch an average of three or more hours of television on an average school day.
- More than one-sixth, 17.4% of high school students and 12.8% of middle school students indicated that they do not play video or computer games on an average school day. An additional 14.9% of high school students and 13.6% of middle school students play less than an hour of video or computer games on a school day. Over a third, 37.9% of high school and 43.9% of middle school, students play an average of three or more hours of computer or video games on an average school day. Students were instructed to include time playing games, watching videos, texting, or using social media on their smartphone, computer, Xbox, PlayStation, iPad, or other tablet.
- More than a quarter, 27.5% of high school students and 23.1% of middle school students indicated that they do not spend time on a computer or tablet on an average school day. An additional 9.8% of high school students and 10.9% of middle school students spend less than an hour on a computer or tablet on a school day. Over a third, 43.5% of high school and 38.9% of middle school, students spend an average of three or more hours on a computer or tablet on an average school day.



- Less than a tenth, 8.3% of high school students and 14.0% of middle school students indicated that they do not spend time on a cell phone talking, texting, or on the internet on an average school day. An additional 8.8% of high school students and 7.7% of middle school students spend less than an hour on a cell phone on a school day. Over half, 62.2% of high school and 55.0% of middle school, students spend an average of three or more hours on a cell phone on an average school day.
- More than a quarter, 25.8%, of high school and 23.4% middle school students reported getting five hours or less of sleep a night. Middle school students were more likely to report getting eight or more hours of sleep than high school students, 31.1% compared to 25.3%.

Summary: Physical Activity and Sleep						
		2019		2024		
		Middle School	High School	All students (N=427)	Middle School (N=223)	High School (N=204)
Number of days in past week physically active at least 60 minutes	None	5.4%	9.1%	11.3%	11.8%	10.8%
	1-2 days	13.6%	10.5%	15.9%	15.8%	15.9%
	3-4 days	15.6%	26.6%	17.3%	17.2%	17.5%
	5-6 days	22.5%	20.3%	20.5%	18.5%	22.5%
	All 7 days	42.9%	33.6%	35.1%	36.7%	33.3%
Number of hours watch TV on average school day	Do not watch	12.8%	20.4%	16.1%	14.4%	18.1%
	Less than 1 hour	25.0%	19.0%	22.7%	19.8%	25.9%
	1 hour	14.2%	17.6%	17.3%	17.1%	17.6%
	2 hours	21.6%	19.7%	19.3%	24.8%	13.0%
	3 or more hours	26.4%	23.2%	24.6%	23.9%	25.4%
Number of hours play video or computer games on average school day	Do not play	12.8%	14.1%	14.9%	12.7%	17.4%
	Less than 1 hour	14.2%	9.9%	14.2%	13.6%	14.9%
	1 hour	17.6%	10.6%	13.2%	13.6%	12.8%
	2 hours	18.9%	13.4%	16.6%	16.3%	16.9%
	3 or more hours	36.5%	42.1%	41.1%	43.9%	37.9%
Number of hours spend on computer or tablet on average school day	Do not use	NA		25.1%	23.1%	27.5%
	Less than 1 hour			10.4%	10.9%	9.8%
	1 hour			10.9%	13.1%	8.3%
	2 hours			12.6%	14.0%	10.9%
	3 or more hours			41.1%	38.9%	43.5%
Number of hours spend on cell phone on average school day	Do not use	NA		11.3%	14.0%	8.3%
	Less than 1 hour			8.2%	7.7%	8.8%
	1 hour			8.0%	9.0%	6.7%
	2 hours			14.2%	14.4%	14.0%
	3 or more hours			58.3%	55.0%	62.2%
Number of hours sleep on average school night	4 or less hours	10.1%	7.1%	9.1%	8.1%	10.3%
	5-6 hours	17.5%	34.1%	35.6%	36.0%	35.1%
	7-8 hours	52.3%	52.5%	45.7%	43.2%	48.5%
	9 or more hours	20.2%	6.3%	9.6%	12.6%	6.2%





SECONDARY DATA ANALYSIS

Poor physical health days are based on survey responses to the question, “Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?” The value reported is the average number of days a county’s adult respondents report that their physical health was not good. The average number of poor physical health days was slightly higher in the county than it was in the state.

Number of Poor Physical Health Days						
	2019	2020	2021	2022	2023	Change
Carroll County	3.9	4.1	4.5	4.5	3.3	-0.6
Ohio	4.0	3.9	4.1	4.2	3.2	-0.8

SOURCE: County Health Rankings, Original Source: Behavioral Risk Factor Surveillance System

Physical inactivity is the estimated percentage of adults ages 20 and older reporting no physical activity during leisure time. Examples of physical activities provided include running, calisthenics, golf, gardening, or walking for exercise. More than a quarter of adults in Carroll County are considered physically inactive, a percentage that has remained the same as five years ago and is considerably higher than the state average.

Percentage of Adults Physically Inactive						
	2019	2020	2021	2022	2023	Change
Carroll County	28%	32%	33%	30%	28%	0%
Ohio	26%	25%	26%	25%	24%	-2%

SOURCE: County Health Rankings, Original Source: Behavioral Risk Factor Surveillance System

The table below represents the percentage of the population with adequate access to locations for physical activity. Locations for physical activity are defined as parks or recreational facilities. The percentage of Carroll County residents with access to locations for physical activity is significantly lower than the state average. Just over a third of county residents, 36%, have access compared to a statewide average of 84%.

Access to Exercise Opportunities- % of Population with Access to Locations for Physical Activity						
	2019	2020	2021	2022	2023	Change
Carroll County	30%	31%	31%	17%	36%	+6%
Ohio	84%	84%	84%	77%	84%	0%

SOURCE: County Health Rankings, Original Source: ArcGIS Business Analyst and Living Atlas of the World; YMCA; US Census

More than a third of adults in both Carroll County, 38%, have a BMI of 30 or more slightly higher than the state average of 36%. The percentage of obese adults has increased over the past several years in both areas.

Adult Obesity - Percentage of Adults that Report a BMI of 30 or More						
	2019	2020	2021	2022	2023	Change
Carroll County	35%	39%	41%	37%	38%	+3%
Ohio	32%	32%	34%	35%	36%	+4%

SOURCE: County Health Rankings, Original Source: Behavioral Risk Factor Surveillance System

The Food Environment Index equally weighs two indicators of the food environment: (1) limited access to healthy foods, which estimates the percentage of the population who are low income and do not live close to a grocery store and (2) food insecurity, which estimates the percentage of the population who did not have access to a reliable source of food during the past year. The Food Environment Index ranges from zero (worst) to ten (best). The Food Environment Index is better in Carroll County than Ohio.

Food Environment Index						
	2019	2020	2021	2022	2023	Change
Carroll County	8.1	8.1	8.0	8.1	7.8	-0.3
Ohio	6.7	6.7	6.8	6.8	6.8	+0.1

SOURCE: County Health Rankings, Original Source: USDA Food Environment Atlas; Map the Meal Gap from Feeding America





The percentage of the population who are food insecure or do not have access to a grocery store is higher in Carroll County than in the state.

Food Insecurity Percentage						
	2019	2020	2021	2022	2023	Change
Carroll County	13%	13%	13%	13%	14%	+1%
Ohio	15.1%	14.5%	13.9%	13.2%	11.6%	-3.5%

SOURCE: County Health Rankings, Original Source: Feeding America, Map the Meal Gap

COMMUNITY PARTNER SURVEY

Community partners were also asked to list some challenges residents in the county face in trying to maintain healthy lifestyles like exercising, eating healthy, and/or trying to maintain chronic conditions like diabetes or heart disease. This was an open-ended question in which the respondent could give multiple responses. The most common challenges mentioned were lack of access to and cost of healthy foods (56.5%), lack of awareness of available importance and education about living a healthy lifestyle (52.2%), and access and affordability to gyms and other programs (47.8%). Additional challenges are listed in the table below.

Challenges faced in the community		
	# of TOTAL Responses	% of Partners
Access to/cost of healthy foods	13	56.5%
Lack of knowledge/awareness/education	12	52.2%
Access/affordability to gyms and other programs	11	47.8%
Finances/cost/income	5	21.7%
Lack of motivation	5	21.7%
Outdoor recreational space	5	21.7%
Transportation	3	13.0%
Lack of providers/doctors	3	13.0%
Lack of resources for chronic illnesses	2	8.7%
Mental health/depression	2	8.7%
Lack of local support groups	1	4.3%
Generation patterns	1	4.3%
Health insurance	1	4.3%
Addiction	1	4.3%
Total	65	(n=23)

Question: What challenges do people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy and/or trying to manage chronic conditions like diabetes or heart disease? (could give multiple responses)





COMMUNICABLE DISEASES, VACCINATIONS AND PREVENTION SERVICES

COMMUNITY SURVEY

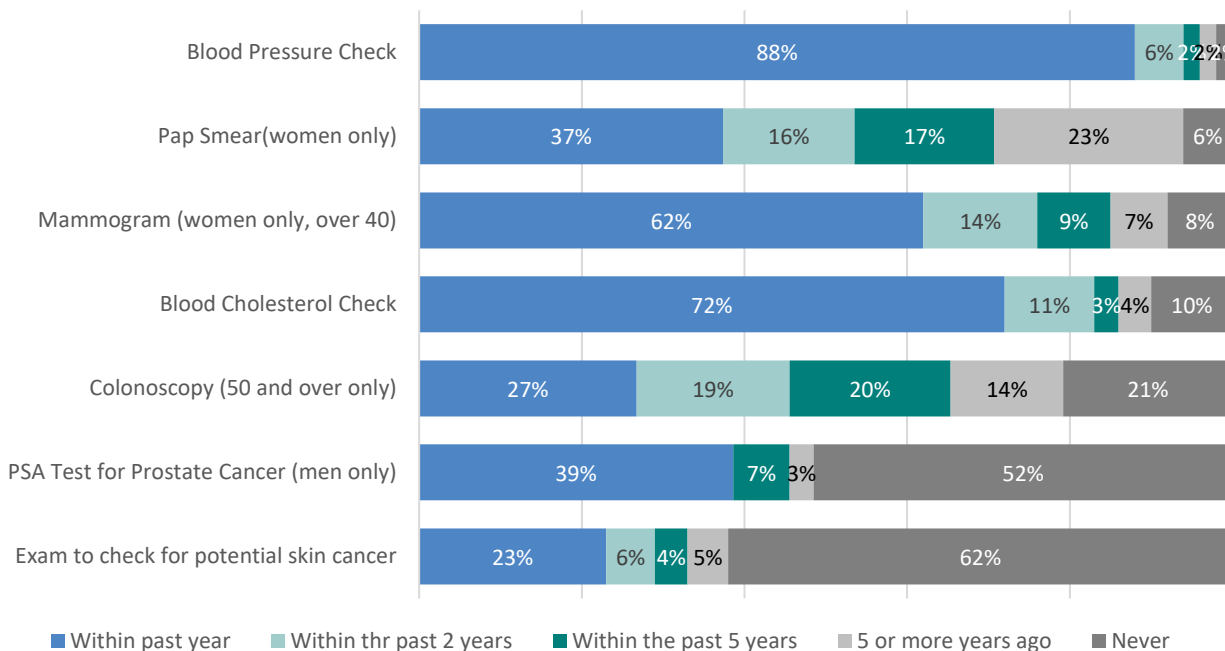
Summary: Prevention, Testing and Screening			
		2019	2023
How long since: had blood cholesterol checked	Within the past year	NA	71.5%
	Within the past 2 years		11.0%
	Within the past 5 years		3.3%
	5 or more years ago		4.3%
	Never		10.0%
	EVER HAD TEST		77.4%
How long since: had blood pressure checked	Within the past year	NA	87.5%
	Within the past 2 years		6.3%
	Within the past 5 years		2.3%
	5 or more years ago		2.0%
	Never		2.0%
	EVER HAD TEST		94.8%
Ever had a colonoscopy (ages 50 and over)		72.6%	79.3%
Ever had a mammogram (Asked only of females 40 and over)		91.0%	91.9%
Ever had a pap smear (Asked only of females)		-	93.6%
Ever had a test for prostate cancer (Asked only of males)		56.5%	48.1%
Ever had a skin cancer exam		30.9%	38.0%
How often do you use sunscreen when outside	Always	NA	7.3%
	Very often		17.8%
	Sometimes		31.3%
	Rarely		20.5%
	Never		23.3%
Vaccinations received	COVID-19	-	59.8%
	Measles vaccine in lifetime	-	52.0%
	Annual flu	42.4%	51.8%
	Tetanus Booster	-	47.8%
	Chicken pox vaccine in	-	38.8%
	Pneumonia vaccine in	-	36.8%
	Hepatitis B vaccine in	-	35.3%
	Shingles vaccine in lifetime	-	25.0%
	Hepatitis A vaccine in	-	26.3%
	HPV vaccine in lifetime	-	8.5%
	None of the above	-	10.8%





All residents were given a list of seven tests, were asked if they had ever had them and, if so, when they last had each test. Each is discussed in more detail below.

Length of time since resident had. . . .



Blood Pressure Check- A majority of respondents, 98%, had their blood pressure checked sometime in the past with 88% having it checked within the past year. A small percentage of respondents, 4%, never had their blood pressure checked or have not had it checked in the past five years. Groups of residents more likely to report having their blood pressure checked *in the past year* include females, those ages 45 and over, retired residents or those employed part-time, widowed, or divorced residents, homeowners, and residents with health insurance coverage.

PAP Smear (women only)- A majority of female respondents, 94%, have had a PAP Smear sometime in the past with 37% having one within the past year. A small percentage of female respondents, 6%, never had a PAP Smear. Groups of female residents more likely to report having a pap smear *in the past year* include residents with children in the home, those ages 25-44, employed residents, residents with an annual income of \$75,000 or more, those who are married, and residents with health insurance coverage.

Mammogram (women over 40 only)- Most female respondents over 40, 92%, had a mammogram sometime in the past with 62% having one within the past year. Nearly a sixth of female residents over 40, 15%, have never had a mammogram or have not had one in the past five years. Groups of residents more likely to report having a mammogram *in the past year* include residents ages 65 and over, those who are married or living with a partner, and homeowners.

Blood Cholesterol Check- The majority of respondents, 90%, had their blood pressure checked sometime in the past, with 72% having it checked within the past year. More than one in ten respondents, 14%, have never had their blood cholesterol checked or have not had it checked within the past five years. Groups of residents more likely to report having their blood cholesterol checked *in the past year* include residents without children in the home, those ages 45 and over (especially those 65 and over), retirees, residents who are married or widowed, homeowners, and residents with health insurance coverage.





Colonoscopy- More than three-quarters of respondents ages 50 and over, 79%, reported having a colonoscopy sometime in the past with 27% having the test within the past year. More than a third, 35%, have never had a colonoscopy or have not had a colonoscopy in the past five years. Groups of residents more likely to report having a colonoscopy *in the past* include residents without children in the home, those ages 65 and over, residents with an annual income of \$50,000 or more, those who are widowed or married, homeowners, and residents with health insurance coverage.

PSA test for Prostate Cancer (men only)- Less than half of male respondents, 48%, reported having a PSA test sometime in the past with 39% having the test within the past year. More than half of male respondents, 55%, have never had a PSA test or have not had one in the past five years. Groups of male residents more likely to report having a PSA test *in the past* include residents without children in the home, those ages 65 and over, and retirees.

Skin Cancer Exam- More than a third of respondents, 38%, reported having an exam to check for potential skin cancer sometime in the past with 23% having the test within the past year. Two-thirds, 67%, have never had a skin cancer exam or have not had one in the past five years. Groups of residents more likely to report having a skin cancer exam *in the past* include residents without children in the home, those ages 65 and over, college graduates, retirees, residents with an annual income of \$75,000 or more, those who are married, homeowners, and residents with health insurance coverage.

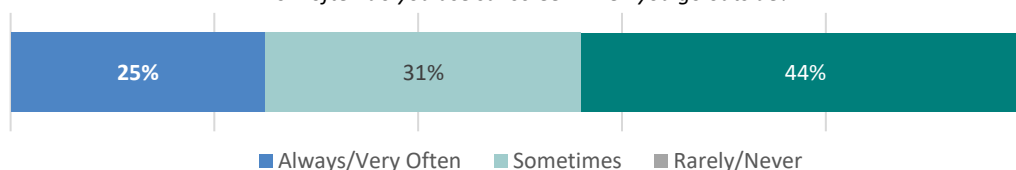
Performed self-breast exam (women only)- Nearly three-quarters of female respondents, 74% have performed a self-breast exam in the past. More than a quarter of female residents, 27%, reported performing a self-breast exam, every month, always while nearly half, 46%, reported doing breast self-exams every so often. Groups of female respondents more likely to have not performed a self-breast exam in the past include residents ages 18 to 44, and those with an annual income under \$25,000 or over \$75,000,

Performed self-testicular exam (men only)- More than a third of male respondents, 36% have performed a self-testicular exam in the past. Less than a sixth residents, 15%, reported performing a self-testicular exam, every month, always while more than a fifth, 21%, reported doing testicular self-exams every so often. There were no statistically significant demographic differences in this area.

Sunscreen- When asked how often they wear sunscreen when going outside, only a quarter, 25.1%, always or very often wear sunscreen when they go outside with 7.3% always using sunscreen. Nearly a third, 31.3%, sometimes wear sunscreen, 20.5% rarely wear it, and 23.3% never wear sunscreen when they go outside. Groups of residents more likely to use sunscreen always or very often include females, college graduates, respondents who are employed part-time, those with an annual income over \$50,000, and ages 45 to 64. Groups of residents more likely to use sunscreen rarely or never include males, residents without children in the home, those with a high school diploma or less education, residents who are unemployed or retired, those with an annual income under \$25,000, and those ages 65 and over.

How Often Use Sunscreen

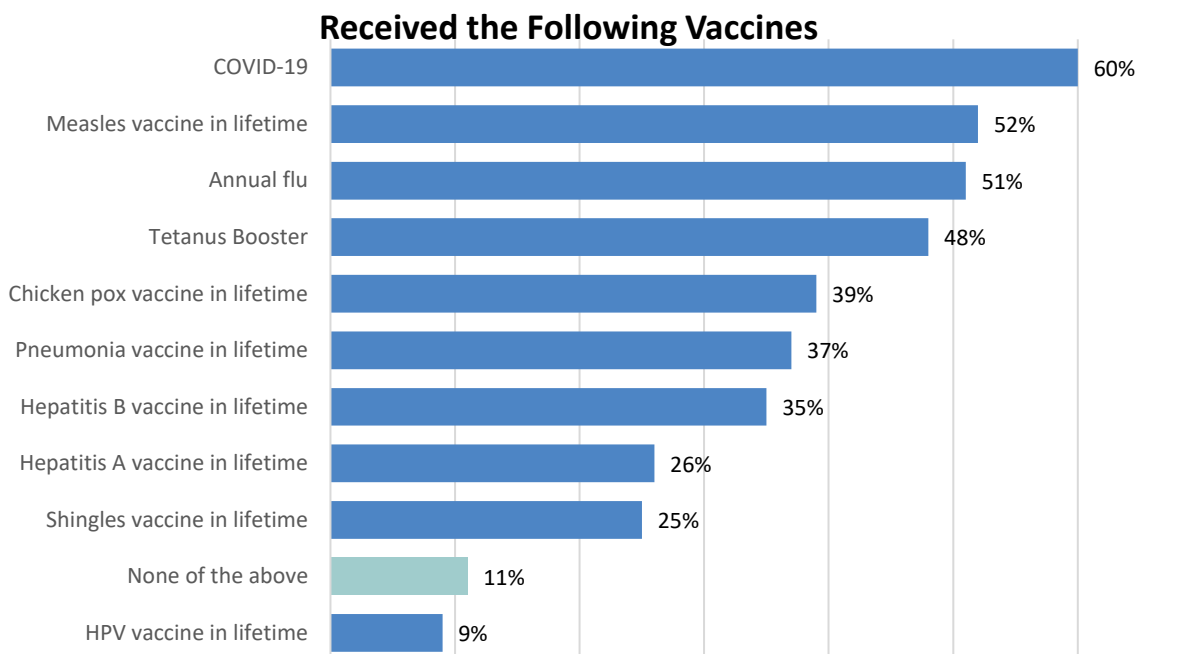
How often do you use sunscreen when you go outside?





VACCINATIONS

Next, residents were given a list of 10 vaccinations and asked if they had received them. Each vaccine is discussed in more detail below.



- **COVID-19 Vaccine**- More than half of respondents, 59.8%, received their COVID-19 vaccine. Groups of residents more likely to have received their COVID-19 vaccine include respondents without children in the home, those ages 65 and over, college graduates, retirees, respondents with an annual income over \$75,000, those who are married or widowed, homeowners, and residents with health insurance.
- **Measles Vaccine**- More than half of respondents, 52.0%, received a Measle vaccine in their lifetime. Groups of residents more likely to have received their Measles vaccine include females, respondents with children in the home, those ages 45 to 64, residents with some college or more education, and those who are married or divorced.
- **Flu Vaccine**- Slightly fewer respondents, 51.8%, received their annual flu vaccine. Groups of residents more likely to have received their flu vaccine include respondents without children in the home, those ages 65 and over, college graduates, retirees, those who are married or widowed, homeowners, and residents with health insurance.
- **Tetanus Booster**- Nearly half of respondents, 47.8%, received a tetanus booster in the past ten years. Groups of residents more likely to have received their tetanus booster include females, and college graduates.
- **Chicken Pox Vaccine**- More than a third of respondents, 38.8%, received a Chicken Pox vaccine in their lifetime. Groups of residents more likely to have received their Chicken Pox vaccine include females, and respondents with an annual income of \$50,000 to \$75,000.
- **Pneumonia Vaccine**- Slightly fewer respondents, 36.8%, received a Pneumonia vaccine in their lifetime. Groups of residents more likely to have received their Pneumonia vaccine include respondents without children in the home, those ages 65 and over, college graduates, retirees, widowed residents, and homeowners.
- **Hepatitis B vaccine**- More than a third of respondents, 35.3%, received a Hepatitis B vaccine in their lifetime. Groups of residents more likely to have received their Hepatitis B vaccine include females, respondents with children in the home, those 25 to 44, college graduates, employed residents, and respondents with an annual income over \$50,000.





- **Hepatitis A vaccine-** More than a quarter of respondents, 26.3%, received a Hepatitis A vaccine in their lifetime. Groups of residents more likely to have received their Hepatitis A vaccine include females, respondents with children in the home, those ages 25 to 44, residents with some college or more education, those who are not retired, respondents with an annual income of \$50,000 to \$75,000, and renters.
- **Shingles Vaccine-** A quarter of respondents, 25.0%, received a Shingles vaccine in their lifetime. Groups of residents more likely to have received their Shingles vaccine include respondents without children in the home, those ages 65 and over, college graduates, retirees, those who are married or widowed, and homeowners.
- **HPV Vaccine-** Less than one in ten respondents, 8.5%, received an HPV vaccine in their lifetime. Groups of residents more likely to have received their HPV vaccine include females, respondents with children in the home, those ages 18 to 44, residents who are unemployed or employed part-time, respondents with an annual income of \$50,000 to \$75,000, and renters.

Residents who have not received an annual flu vaccine, 48.2% of all residents, were asked why they have not received the vaccine. The most common responses were it's a personal choice (29.3%), they didn't see the need for the vaccine (25.0%), and the vaccination makes them and others sick. Other responses are listed in the table below.

Reason For Not Receiving Flu Vaccine		
	# of Responses	% of Responses
Personal choice	54	29.3%
I don't get sick/didn't see the need	46	25.0%
The vaccination makes me/others sick	37	20.1%
Don't believe in vaccinations	23	12.5%
Allergic to it	7	3.8%
I don't have time to get vaccinated	6	3.3%
Flu vaccine can't protect from all flu strains	4	2.2%
Wasn't available when I went to doctor	3	1.6%
Never had one before	2	1.1%
Forgot/Didn't get around to it	1	0.5%
No insurance/cost	1	0.5%
Total	184	(n=184)
<i>Question: What is the main reason you did not get a flu vaccination?</i>		

Residents who have not received a COVID-19 vaccine, 40.2% of all residents, were asked why they have yet to receive the vaccine. The most common response, 52.9%, was concerns about safety to the vaccine. Getting the vaccination is a personal choice and feelings that the vaccine is unnecessary were also commonly mentioned. Other reasons for not getting the COVID-19 vaccination are listed in the table below.

Reason For Not Receiving COVID Vaccine		
	# of Responses	% of Responses
Concerns about vaccine safety	81	52.9%
Personal choice	41	26.8%
Unnecessary	18	11.8%
Natural immunity	7	4.6%
Health issues	5	3.3%
Unavailable	1	0.7%
Total	153	(n=153)
<i>Question: What is the main reason you have not received the COVID-19 vaccine?</i>		



SECONDARY DATA ANALYSIS

Communicable disease rates were higher for most communicable diseases in the state of Ohio when compared to Carroll County. The communicable diseases that had higher rates in Carroll County than Ohio included Lyme (+51.8 difference), Campylobacteriosis (+20.0 difference), Cryptosporidiosis (+12.7 difference), E-coli (+9.8 difference), Varicella (+3.9 difference), Influenza associated hospitalizations (+3.5 difference) and Yersiniosis (+2.7 difference).

Communicable Disease Rates, 2019					
	Carroll County		Ohio		Difference per 100,000
	Case Count	Rate	Case Count	Rate	
Campylobacteriosis	11	40.9	2,438	20.9	+20.0
Cryptosporidiosis	5	18.6	684	5.9	+12.7
E-coli	4	14.9	591	5.1	+9.8
Giardiasis	1	3.7	451	3.9	-0.2
Hepatitis A	0	0.0	1,624	13.9	-13.9
Influenza associated hospitalizations	26	96.6	10,886	93.1	+3.5
Lyme	15	55.7	469	3.9	+51.8
Mumps	0	0.0	69	0.5	-0.5
Salmonellosis	2	7.4	1,600	13.7	-6.3
Shigellosis	0	0.0	425	3.6	-3.6
Spotted Fever, Rickettsiosis	0	0.0	42	N/A	-
Streptococcal, Group A, invasive	0	0.0	780	6.7	-6.7
Varicella	2	7.4	413	3.5	+3.9
Yersiniosis	1	3.7	112	1.0	+2.7

Influenza associated hospitalizations rates have risen significantly over the past four years (64.2 difference). Other notable increases over the past four years were Lyme Disease (+55.7), Campylobacteria (+15.), and E-coli (+7.7).

Communicable Disease Counts and Rates, Carroll County, 2016-2019									
	2016		2017		2018		2019		Rate Change
	#	Rate	#	Rate	#	Rate	#	Rate	
GENERAL DISEASES									
Campylobacteria	7	25.2	11	39.8	5	18.3	11	40.9	15.7
Cryptosporidiosis	4	14.4	3	10.3	0	0.0	5	18.6	4.2
E-coli, unspecified	2	7.2	1	3.6	0	0.0	4	14.9	7.7
Giardiasis	0	0.0	2	7.2	1	3.7	0	3.7	3.7
Salmonellosis	4	14.4	7	25.3	6	21.9	2	7.4	-7.0
Shigellosis	0	0.0	1	3.6	1	3.7	0	0.0	0.0
Yersiniosis	1	3.6	2	7.2	0	0.0	1	3.7	0.1
Hepatitis A	0.0	0	0.0	0	0.0	1	0	0.0	0.0
Legionnaire's	1	3.6	0	0.0	1	3.7	2	7.4	3.8
Meningitis (viral)	1	3.6	0	0.0	0	0.0	0	0.0	-3.6
Streptococcal, Group A	0	0.0	5	18.1	1	3.7	0	0.0	0.0
Streptococcus pneumoniae	6	21.6	3	10.9	3	7.3	2	7.4	-14.2
VACCINE PREVENTABLE DISEASES									
Influenza-associated hosp.	9	32.4	39	141.0	58	211.8	26	96.6	64.2
Pertussis	2	7.2	3	3.6	1	3.7	1	3.7	-3.5
Varicella	1	3.6	0	0.0	2	7.3	2	7.4	3.8
VECTORBORNE AND ZONOTIC									
Lyme Disease	0	0.0	6	21.7	23	84.0	15	55.7	55.7
Malaria	1	3.6	0	0.0	0	0.0	0	0.0	-3.6

Rate=per 100,000 population, number of cases is confirmed and probable, SOURCE: Ohio Department of Health



Preventable hospital stays are measured as the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees. Ambulatory-care sensitive conditions (ACSC) are usually addressed in an outpatient setting and do not normally require hospitalization if the condition is well-managed. Hospitalization for diagnoses treatable in outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal. The measure may also represent a tendency to overuse hospitals as a main source of care. Over the past four years, the number of preventable hospitals stays has decreased significantly at both the county and state level. Preventable hospital stays are slightly higher in the county than the state.

Preventable Hospital Stays						
	2016	2017	2018	2019	2020	Change
Carroll County	4,429	4,396	4,757	3,838	3,314	-1,115
Ohio	5,135	5,168	4,901	4,338	3,278	-1,857

SOURCE: County Health Rankings, Original Source: Mapping Medicare Disparities Tool

Mammography screening represents the percent of female Medicare enrollees aged 67-69 that had at least one mammogram over a two-year period. Less than half, 35%, of female Medicare enrollees ages 67-69 in Carroll County reported having a mammogram in the past two years which is notably lower than the state average of 40%.

Mammography Screening						
	2016	2017	2018	2019	2020	% Change
Carroll County	41%	37%	36%	37%	35%	-6%
Ohio	41%	43%	43%	45%	40%	-1%

SOURCE: County Health Rankings, Original Source: Mapping Medicare Disparities Tool

The table below shows the percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination. While more than half, 53% of FFS Medicare enrollees have had an annual flu vaccination, which is significantly higher than the county average, 44%.

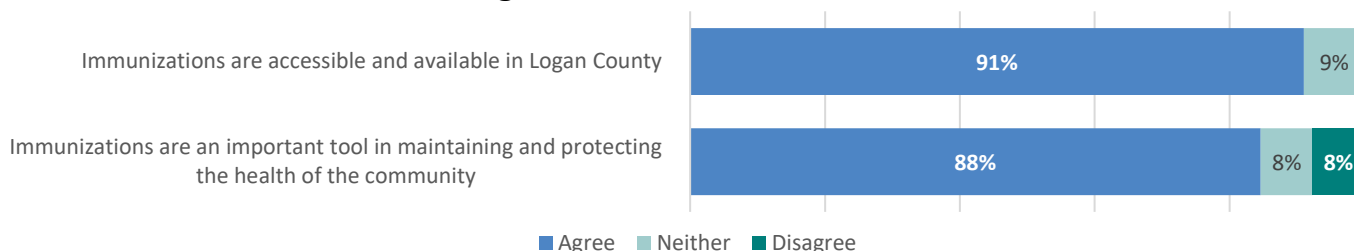
Flu Vaccinations						
	2016	2017	2018	2019	2020	% Change
Carroll County	47%	49%	49%	46%	44%	-3%
Ohio	47%	49%	51%	51%	53%	+6%

SOURCE: County Health Rankings, Original Source: Mapping Medicare Disparities Tool

COMMUNITY PARTNER SURVEY

The majority of community partners, 91%, agreed, “Immunizations are accessible and available in Carroll County,” with 14% strongly agreeing. Likewise, 88% agreed, “Immunizations are an important tool in maintaining and protecting the health of the community,” with 33% strongly agreeing. Nearly a tenth, 8%, did not have an opinion, and 8% disagreed.

Agreement with Statements





CHRONIC DISEASE MANAGEMENT

COMMUNITY SURVEY

Respondents were given a list of twelve chronic diseases and risk factors and were asked if they have ever been diagnosed with the disease or risk factor by a health care professional. The chronic diseases and risk factors most prevalent were high blood pressure, arthritis, high cholesterol, asthma, and diabetes. Each chronic disease and risk factor is discussed in more detail below.

Summary: Chronic Disease Diagnosis and Management		
	<i>Been Diagnosed</i>	<i>Currently doing anything to manage it</i>
High blood pressure	28.3%	94.7%
Arthritis	25.5%	69.6%
High cholesterol	21.0%	96.4%
Asthma	10.5%	81.0%
Diabetes	10.0%	92.5%
Heart disease or heart attack	8.0%	93.8%
Any form of cancer	6.0%	83.3%
Respiratory disease	5.8%	82.6%
Stroke	2.3%	77.8%
Sexually transmitted disease	1.8%	28.9%
Kidney disease	1.3%	80.0%
Alzheimer's	0.8%	66.7%
None of the above	38.0%	-

- ✓ **HIGH BLOOD PRESSURE:** More than a quarter of respondents, 28.3%, reported they have been diagnosed with high blood pressure. Most, 94.7%, of those diagnosed with high blood pressure are currently doing something to manage the condition. Respondents more likely to have been diagnosed with high blood pressure include respondents without children in the home, those ages 65 and over, retirees, widowed residents, and homeowners.
- ✓ **ARTHRITIS:** Slightly fewer respondents, 25.5%, reported they have been diagnosed with arthritis. More than two thirds, 69.6%, of those diagnosed with arthritis are currently doing something to manage the condition. Respondents more likely to have been diagnosed with arthritis include females, respondents without children in the home, those ages 65 and over, retirees, residents with an annual income under \$25,000, and those who are widowed or divorced.
- ✓ **HIGH CHOLESTEROL:** Less than a quarter of respondents, 21.0%, reported that they have been diagnosed with high cholesterol. Most, 96.4%, of those diagnosed with high cholesterol are currently doing something to manage the condition. Respondents more likely to have been diagnosed with high cholesterol include males, respondents without children in the home, those ages 65 and over, and retirees.
- ✓ **ASTHMA:** More than a tenth of respondents, 10.5%, reported that they have been diagnosed with asthma. The majority, 81.0%, of those diagnosed with asthma are currently doing something to manage the condition. Respondents more likely to have been diagnosed with asthma include females and renters.
- ✓ **DIABETES:** A tenth of respondents, 10.0%, reported that they have been diagnosed with diabetes. Most, 92.5%, of those diagnosed with diabetes are currently doing something to manage the condition. Respondents more likely





to have been diagnosed with diabetes include respondents without children in the home, those ages 65 and over, and residents with an annual income of \$25,000 to \$50,000.

- ✓ **HEART DISEASE:** Slightly fewer respondents, 8.0%, reported they have been diagnosed with heart disease or a heart attack. Most, 93.8%, of those diagnosed with heart disease are currently doing something to manage the condition. Respondents more likely to have been diagnosed with heart disease include respondents without children in the home, those ages 65 and over, retirees, residents with an annual income under \$50,000, and those who are widowed.
- ✓ **CANCER:** Less than a tenth of respondents, 6.0%, reported that they have been diagnosed with a form of cancer. The majority, 83.3%, of those diagnosed with cancer are currently doing something to manage the condition. Respondents more likely to have been diagnosed with cancer include those ages 65 and over, and residents who are widowed or divorced.
- ✓ **RESPIRATORY DISEASE:** Slightly fewer respondents, 5.8%, reported they have been diagnosed with a respiratory disease such as COPD or emphysema. The majority, 82.6%, of those diagnosed with respiratory disease are currently doing something to manage the condition. Respondents more likely to have been diagnosed with respiratory disease include respondents with a high school diploma or less education, retirees, residents with an annual income under \$25,000, and those who are widowed.
- ✓ **STROKE:** Only a small percentage of respondents, 2.3%, reported that they have been diagnosed with Stroke. More than three-quarters, 77.8%, of those diagnosed with stroke are currently doing something to manage the condition. Respondents more likely to have been diagnosed with stroke include residents with an annual income under \$25,000 and those who are widowed.
- ✓ **SEXUALLY TRANSMITTED DISEASE:** Even fewer, 1.8%, reported that they have been diagnosed with a sexually transmitted disease. Just 28.9% of those diagnosed with a STD are currently doing something to manage the condition. There are no statistically significant differences between demographic groups.
- ✓ **KIDNEY DISEASE:** Just 1.3% reported that they have been diagnosed with kidney disease. Most, 80.0%, of those diagnosed with kidney disease are currently doing something to manage the condition. Respondents more likely to have been diagnosed with kidney disease include those ages 65 and over, and widowed residents.
- ✓ **ALZHEIMER'S:** Even fewer respondents, 0.8%, reported that they have been diagnosed with Alzheimer's. Two of the three respondents, 66.7%, of those diagnosed with Alzheimer's are currently doing something to manage the condition. There are no statistically significant differences between demographic groups.
- ✓ **NONE OF THE 12-** More than a third of respondents, 38.0%, have not been diagnosed with any of the twelve conditions. Respondents more likely to have NOT BEEN diagnosed with any of the conditions include respondents with children in the home, those ages 18 to 44, respondents who are employed full-time, those with an annual income of \$50,000 or more, and residents who are single or living with a partner.

SECONDARY DATA ANALYSIS

The same percentage, 11%, of adults 20 and above have been diagnosed with diabetes (age-adjusted) in both Carroll County as the state.

Diabetes Prevalence						
	2016	2017	2018	2019	2020	% Change
Carroll County	12%	14%	15%	10%	11%	-1%
Ohio	12%	12%	12%	10%	11%	-1%

SOURCE: County Health Rankings, Original Source: Behavioral Risk Factor Surveillance System





The number of resident deaths in Carroll County has increased by 20.6% over the past five years. The age groups that saw the largest increase in the last five years in Carroll County was those ages 65 to 74.

Carroll County Resident Deaths						
	2018	2019	2020	2021	2022	Change
Carroll	330	352	402	399	398	+68
Ohio	124,294	123,705	143,660	147,583	138,037	+13,743
CARROLL COUNTY BY AGE GROUP						
<1	1	2	0	3	2	+1
1-4	0	0	0	1	1	+1
5-14	0	1	0	1	0	-
15-24	4	4	4	3	1	-3
25-34	3	3	5	4	3	-
35-44	6	7	9	8	11	+5
45-54	16	14	17	16	26	+10
55-64	35	49	54	56	41	+6
65-74	60	69	80	102	97	+37
75-84	94	103	103	96	118	+24
85+	111	100	130	109	98	-13

SOURCE: Ohio Department of Health, ODH Data Warehouse

The number of deaths among residents under age 75 per 100,000 population (age-adjusted) is slightly lower in Carroll County, 400, than Ohio, 420. Likewise, the life expectancy is slightly higher in Carroll County, 76.9 years, than in the state, 76.9 years. Both have slightly declined over the past five years.

Premature Age-Adjusted Mortality Rate						
	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	Change
Carroll County	380	390	410	400	400	+20
Ohio	400	410	410	420	420	+20
Life Expectancy						
Carroll County	77.6	77.4	76.7	76.9	76.9	-0.7
Ohio	77.0	76.9	77.0	76.5	76.5	-0.5

SOURCE: County Health Rankings, Original Source: National Center for Health Statistics - Mortality Files

The top two causes of death in Carroll County in 2022 were heart disease and cancer. When looking at five-year trends, the causes of death with the largest increases were also diseases of the heart and cancer.

Death Rates for Leadership Causes of Death (death per 100,000 population)												
	Carroll County						Ohio					
	2018	2019	2020	2021	2022	Change	2018	2019	2020	2021	2022	Change
Diseases of the heart	204.5	188.5	240.7	145.3	239.3	+34.8	191.7	189.2	196.7	196.6	193.1	+1.4
Malignant Neoplasms	150.3	185.9	154.6	143.7	185.1	+34.8	154.1	151.2	147.2	148.5	157.2	+3.1
Unintentional Injuries	59.2	62	74	37.8	62.1	+2.9	55.0	58.8	68.3	71.1	78.6	23.6
Cerebrovascular	53.1	42.5	43.6	29.9	40.3	-12.8	42.8	42.3	45.4	46.5	46.2	+3.4
CLRD	51.3	72.7	57.7	45.4	33.3	-18.0	49.1	46.0	44.6	40.6	43.1	-6.0
Alzheimer's Disease	25.4	53.4	31.5	36	46	+20.6	35.1	33.7	38.0	31.7	31.7	-3.4
Diabetes	32.9	38.8	38.7	40.1	36.8	+3.9	25.4	25.5	28.3	29.0	27.8	+2.4
Suicide	NA	NA	NA	NA	NA	-	15.3	15.2	13.8	14.8	15.1	-0.2
Flu & Pneumonia	NA	NA	NA	NA	NA	-	15.8	12.7	13.3	10.9	12.5	-3.3

*CLRD- Chronic Lower Respiratory Diseases, SOURCE: Ohio Department of Health, ODH Data Warehouse *Indicates rates have been suppressed for counts <10*



The most prevalent cancers in Carroll County in 2020 were prostate, breast, and lung/bronchus. Melanoma incidence rates were considerably higher in Carroll County than Ohio.

Cancer Incidences in Carroll County and Ohio						
	Number of Cases					Age Adjusted Rate (2020)
	2016	2017	2018	2019	2020	
CARROLL COUNTY						
Bladder	11	13	9	11	11	23.2
Brain and other CNS	1	1	3	1	1	NA
Breast	31	22	21	23	28	62.4
Cervix	1	0	2	0	2	NA
Colon & Rectum	12	9	8	16	10	23.1
Esophagus	3	4	1	2	1	NA
Hodgkin's Lymphoma	2	2	0	2	1	NA
Kidney & Renal Pelvis	9	8	3	11	5	14.4
Larynx	2	2	3	0	1	NA
Leukemia	3	3	4	5	8	17.2
Liver & Intrahepatic Bile Duct	2	3	4	2	1	NA
Lung and Bronchus	31	34	33	29	20	44.9
Melanoma of the Skin	9	7	3	14	12	37.4
Multiple Myeloma	1	3	2	5	2	NA
Non-Hodgkin's Lymphoma	9	5	7	4	8	16.3
Oral Cavity & Pharynx	6	5	6	8	4	NA
Other Sites/Types	21	16	11	14	13	33.9
Ovary	1	5	6	1	0	NA
Pancreas	5	4	4	5	4	NA
Prostate	22	33	19	31	22	97.6
Stomach	4	1	5	3	2	NA
Testis	2	0	4	2	0	NA
Thyroid	4	2	2	3	7	15.1
Uterus	5	8	5	4	4	NA
TOTAL	197	190	165	196	167	388.6
OHIO						
Bladder	3,224	3,286	3,408	3,384	3,147	19.9
Brain and Other CNS	937	971	934	945	822	5.9
Breast	9,863	9,999	10,104	10,232	9,516	65.4
Cervix	494	494	457	511	430	7.1
Colon & Rectum	5,850	5,870	5,989	5,696	5,172	35
Esophagus	830	846	887	545	857	5.3
Hodgkin's Lymphoma	336	331	293	355	303	2.5
Kidney & Renal Pelvis	2,534	2,585	2,612	2,682	2,407	16.2
Larynx	585	601	556	584	531	3.3
Leukemia	1,728	1,798	1,828	1,806	1,587	11.2
Liver & Intrahepatic Bile Duct	1,182	1,202	1,239	1,291	1,103	6.7
Lung and Bronchus	10,088	10,091	10,389	10,470	9,277	57.3
Melanoma of the Skin	3,641	3,425	3,544	3,844	3,404	23.6
Multiple Myeloma	972	935	987	976	932	6
Non-Hodgkin's Lymphoma	2,699	2,795	2,846	2,912	2,624	17.5
Oral Cavity & Pharynx	1,785	1,868	1,892	1,989	1,896	12.4
Other Sites/Types	5,190	5,306	5,359	5,455	5,089	34.1

Cancer Incidences in Carroll County and Ohio

	Number of Cases					Age Adjusted Rate (2020)
	2016	2017	2018	2019	2020	
Ovary	749	788	725	727	683	9
Pancreas	1,904	2,029	2,292	2,216	2,103	13.2
Prostate	7,592	8,544	9,001	9,322	8,329	107.5
Stomach	895	891	852	826	785	5.1
Testis	295	286	308	314	323	5.9
Thyroid	1,920	1,856	1,866	1,860	1,584	12.7
Uterus	2,502	2,573	2,497	2,562	2,259	27.9
TOTAL	67,795	60,372	70,856	71,904	65,163	429.0

*SOURCE: Ohio Department of Health Data Warehouse, *indicates where rates may be unstable for case counts less than five*

The table below measures the percentage of the county population with a disability. Disabilities include difficulties with hearing, vision, cognition, ambulation, and self-care. The percentage of the population with disabilities has slightly increased over the past five years.

Carroll County Disability Status by Age and Type						
	2017	2018	2019	2020	2021	Change
Total Population	27,540	27,293	27,050	26,913	26,615	
% with a Disability	13.3%	14.7%	15.0%	16.7%	17.5%	+4.2%
# with a Disability	3,661	4,019	4,051	4,506	4,653	+992
Number by Age						
<i># under 5</i>	0	0	0	1	5	+5
<i>#5-17</i>	279	342	250	300	248	-31
<i>#18-34</i>	291	285	230	294	348	+57
<i>#35-64</i>	1,308	1,552	1,620	1,901	1,982	+674
<i>#65-74</i>	701	706	822	833	884	+183
<i>75 years and older</i>	1,082	1,134	1,129	1,177	1,186	+104
Number by Disability Type						
<i>Hearing difficulty</i>	1,168	1,382	1,387	1,422	1,159	-9
<i>Vision difficulty</i>	618	780	736	803	935	+317
<i>Cognitive difficulty</i>	1,233	1,530	1,451	1,870	1,777	+544
<i>Ambulatory difficulty</i>	1,856	2,014	2,037	2,408	2,514	+658
<i>Self-care difficulty</i>	692	702	700	750	694	+2
<i>Independent living difficulty</i>	1,240	1,270	1,244	1,475	1,413	+173

SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates

The percentage of students with disabilities in the county is outlined in the table below. These children will have Individual Education Plans (IEPs) at school.

Carroll County Students with Disabilities, 2020-2021 District Level Data			
District	# Total Students	# Students Disabilities	% Students Disabilities
Brown Local	581	99	17.0%
Carrollton Exempted Village	1,823	281	15.4%
Conotton Valley	510	87	17.1%
COUNTY TOTAL	2,914	467	16.0%

SOURCE: Ohio Department of Education



TRANSPORTATION

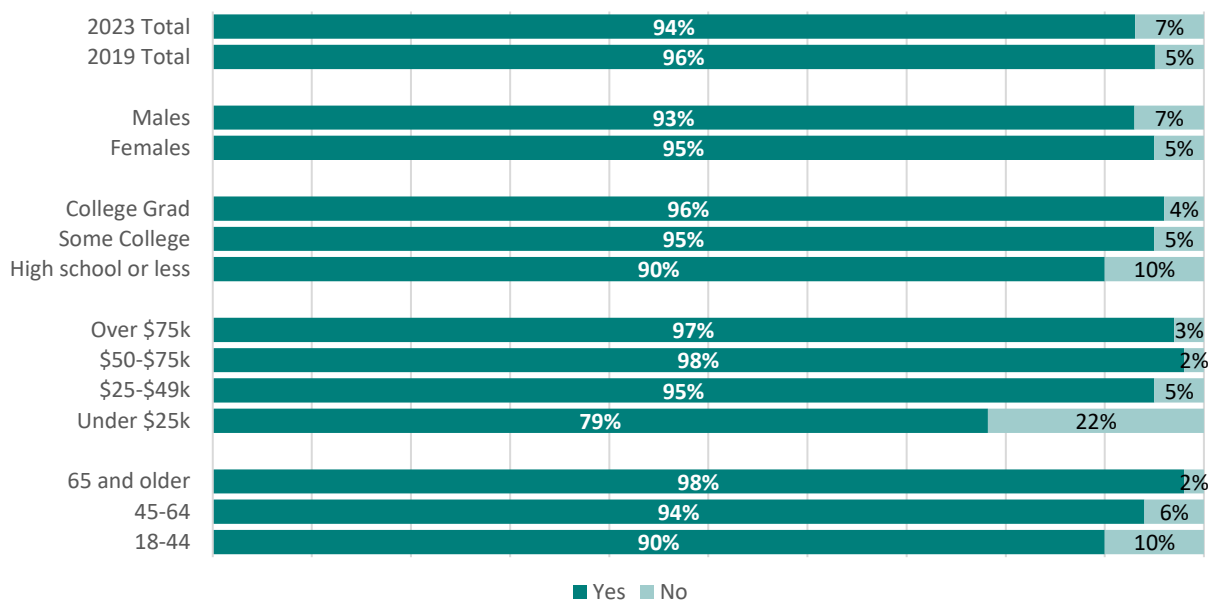
COMMUNITY SURVEY

Summary: Transportation and Safe Driving			
		2019	2023
Have access to transportation when needed		95.5%	93.5%
How you regularly get where need to go MOST often	Drive own car	86.0%	85.8%
	Family member/friend	7.5%	7.2%
	Walk	2.8%	3.0%
	Borrow car	1.2%	1.5%
	Bike	0.4%	1.0%
	Carroll County Transit	0.8%	1.0%
	Something else	1.4%	0.2%
Ever send or received texts/emails while driving		NA	24.3%
How often do you use a seatbelt when driving	Always	NA	84.8%
	Very often		6.8%
	Sometimes		4.0%
	Rarely		2.8%
	Never		1.8%
How often use car seats and booster seats (children under 8, n=68)	Never	NA	11.8%
	Almost always		1.5%
	Always		86.8%

A majority of respondents, 93.5%, have access to reliable transportation when they need it, a minimal decrease from 95.5% in 2019. Groups of respondents more likely to not have access to reliable transportation include respondents ages 25 to 44, those who are unemployed, respondents with an annual income under \$25,000, those who are single or divorced, renters, and residents without health insurance.

Have Reliable Transportation

Do you have access to reliable transportation when you need it?

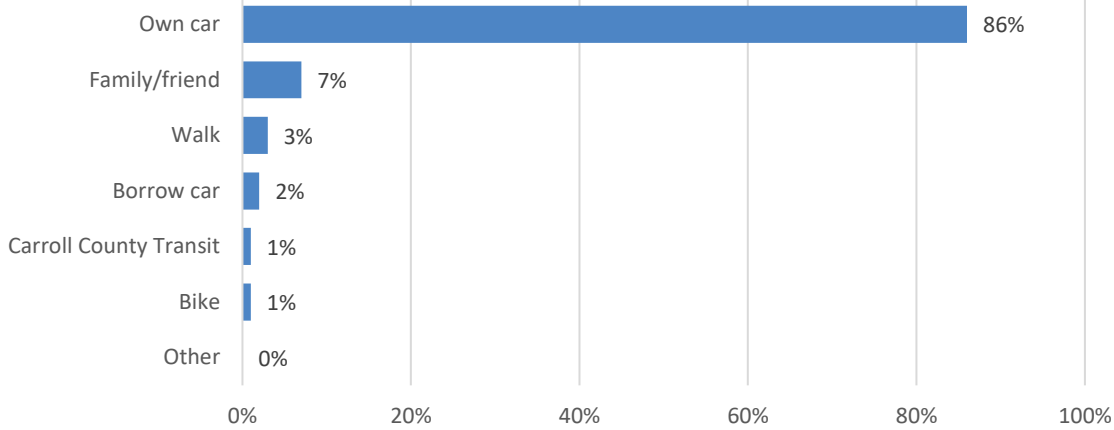




Most respondents, 85.8%, reported using their own car when they need to go somewhere. A small number of respondents, 7.2%, regularly **get rides from family and friends** when they need to go somewhere. Even fewer respondents, 3.0%, regularly get to where they need to go **by walking**. Just a small percentage of respondents, 1.5%, **borrow a car** when they need to go somewhere. Other modes of transportation were used much less often: **biking** (1.0%), **Carroll County Transit** (1.0%), and **other** (0.2%). Groups of residents more likely to **own a car** include residents ages 45 and over, college graduates, those who are employed full-time or retired, residents with an annual income of \$50,000 or over, those who are married, and homeowners. Groups of residents more likely to use **something other their own car** when they need to get somewhere include residents ages 18 to 44 (especially those ages 18 to 24), those with a high school diploma or less education, unemployed residents, those with an annual income under \$25,000, single residents, renters, and those without health insurance.

Type of Transportation Used Most Often

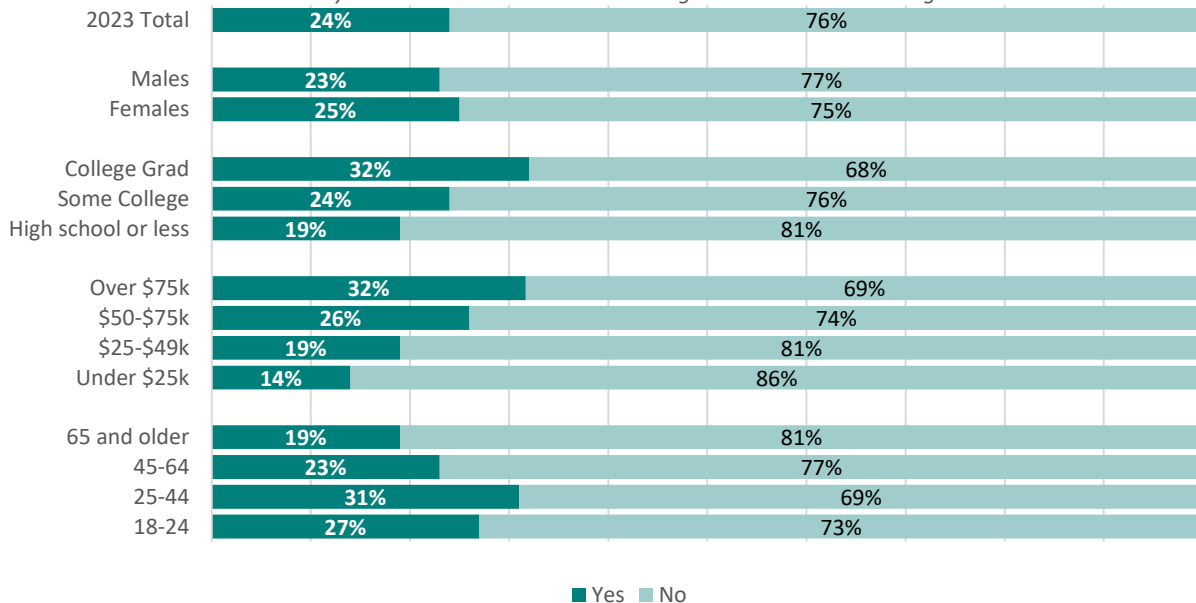
How do you regularly get to where you need to go MOST often?



Nearly a quarter of respondents, 24.3%, reported sending or receiving text messages or e-mails while driving. Groups of residents more likely to send and/or receive text messages when driving include residents with children in the home, college graduates, and those with an annual income of \$75,000 or more.

Text When Driving

Do you ever send or receive text messages or emails while driving?



■ Yes ■ No

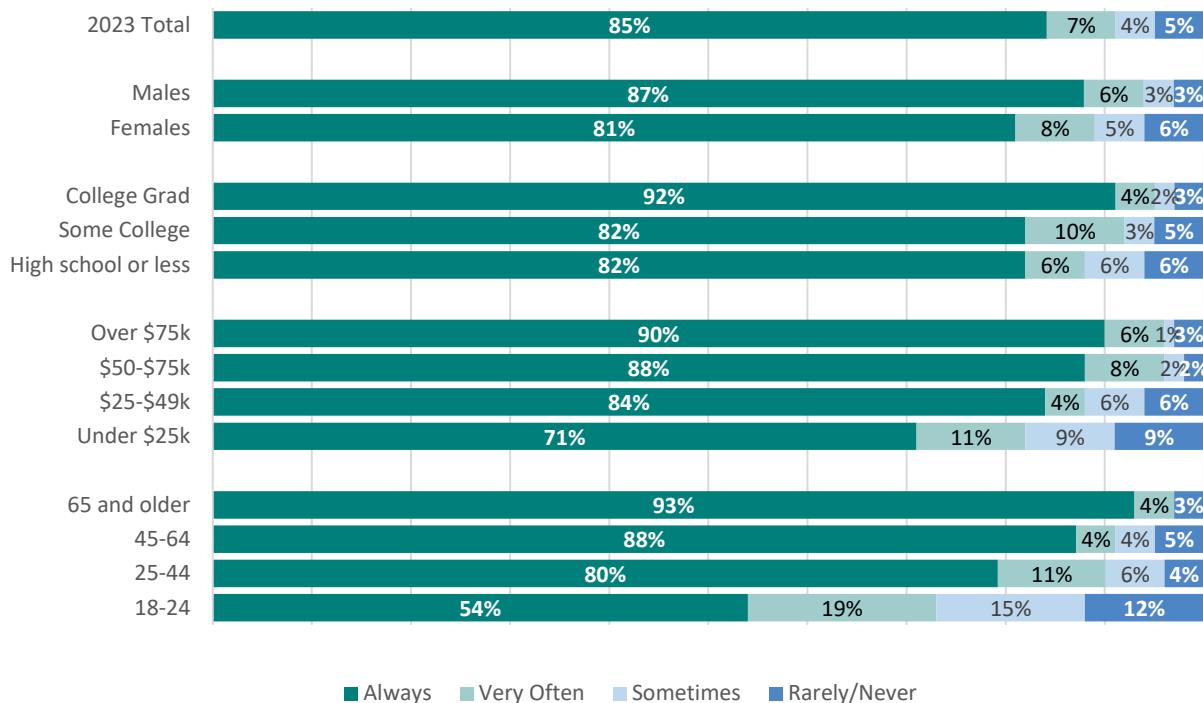




Next, respondents were asked how often they use a seat belt while driving or riding in a car. Most respondents, 84.8%, responded they always wear a seatbelt. A small portion, 6.8%, said very often, 4.0% sometimes, 2.8% rarely, and 1.8% reporting they never wear a seatbelt. Groups of residents more likely to NOT always wear a seatbelt include respondents ages 18 to 44 (especially those ages 18 to 24), unemployed residents, those with an annual income under \$25,000, single, or divorced residents, renters, and those without health insurance.

How Often Wear Seat Belt

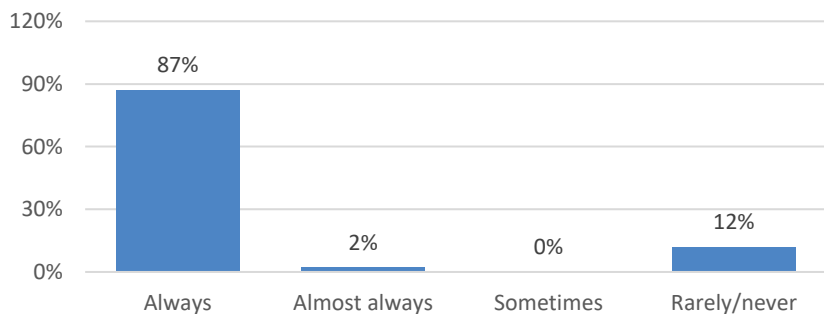
How often do you use a seat belt when you drive or ride in a car?



Respondents with children ages 8 and under were also asked how often they use a car seat or booster seat in their vehicle. Most of these respondents, 86.8%, responded they always use a car seat or booster. A small percentage, 1.5%, said almost always, none sometimes, and 11.8% reported they never use a car seat or booster. The most common reasons for not always using a car or booster seat were that their child has met the weight or height limit and that their child isn't old enough.

How Often Use Car or Booster Seat (kids)

(Ask if have children in the household ages 8 and under) How often do you use car seats or booster seats in your vehicle?



Why not always use a booster seat		
	#	%
Weight/height limit met	3	37.5%
Child is not old enough	2	25.0%
I don't need them	1	12.5%
Weight limit met	1	12.5%
Child is big enough	1	12.5%
Total	8	(n=8)





SECONDARY DATA ANALYSIS

Driving alone to work is the percentage of the workforce that usually drives alone to work. The numerator is the number of workers who commute alone to work via a car, truck, or van. The denominator is the total workforce. Driving alone to work is an indicator of poor public transit infrastructure and sedentary behaviors. The majority of the workforce in Carroll County, 79%, drives alone to work is very similar to the state average of 80%. Over the past five years, the percentage of workers who drive alone to work has decreased at both the county and state level.

Driving Alone to Work: % of the workforce that drives alone to work						
	2017	2018	2019	2020	2021	% Change
Carroll County	83%	83%	82%	80%	79%	-4%
Ohio	83%	83%	83%	82%	80%	-3%

SOURCE: County Health Rankings, Original Source: American Community Survey 5-year estimates

Among workers who commute in their car alone, the percentage that commute more than 30 minutes in Carroll County was 43%, significantly higher than the state percentage, 21%.

Long Commute Driving Alone to Work: % of that drives alone to work that commute <30 minutes						
	2013-2017	2014-2018	2015-2019	2016-2020	2017-2021	% Change
Carroll County	42%	43%	43%	40%	43%	+1%
Ohio	30%	31%	31%	31%	31%	+1%

SOURCE: County Health Rankings, Original Source: American Community Survey 5-year estimates

COMMUNITY PARTNER SURVEY

Only a quarter of community partners, 25.0%, agreed, “Transportation for medical appointments is available for residents in Carroll County when needed,” with 4.2% strongly agreeing. Half, 50.0%, disagreed with 12.5% disagreeing.

Transportation for medical appointments is available for residents when needed





HOUSING

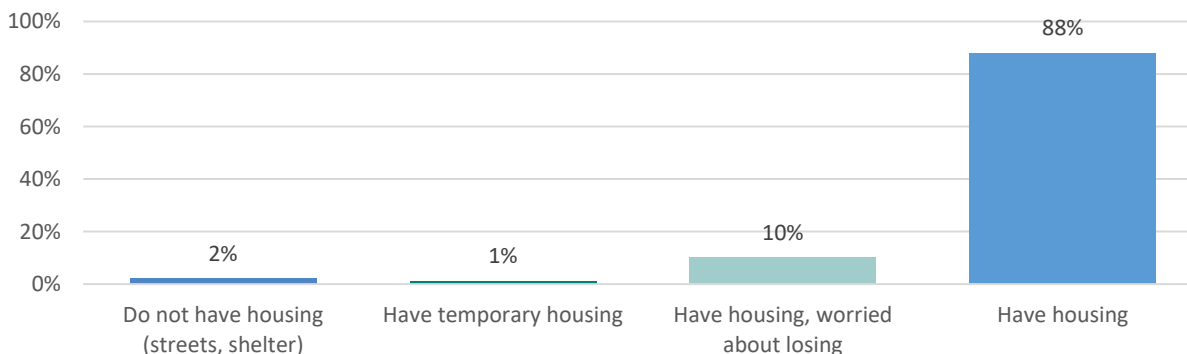
COMMUNITY SURVEY

Summary: Housing			
		%	#
Housing situation today	Do not have housing	2.0%	400
	Have temporary housing (tent, camper)	0.8%	
	Have housing, worried about losing it	9.3%	
	Have housing	88.0%	
Have problems in place live in with...	Mold	10.0%	400
	Water leaks	7.2%	
	Rodents such as mice or rats	6.5%	
	Other	4.5%	
	Smoke detector issues	4.3%	
	Bug infestation	4.3%	
	Oven or stove not working	2.3%	
	Unsafe water supply	2.0%	
	Lead paint or pipes	1.5%	
	Outdoor bugs	0.0%	
	Inadequate heat	0.0%	
	Asbestos	0.0%	
	No running water	0.0%	
	No Housing problems	74.8%	

The majority of respondents, 88.0%, indicated they have housing. Nearly a tenth of respondents, 9.3%, have housing but are worried about losing it while 0.8% have temporary housing such as a tent or a camper. A small number, 2.0%, do not have housing and are staying at a hotel, shelter, friend’s house, or on the street. Groups of residents more likely to not have housing or are worried about losing it include residents with children in the home, those ages 18 to 44, unemployed residents and those working part-time, residents with an annual income under \$25,000, those who are single or living with a partner, renters, and residents without health insurance.

Housing Situation Today

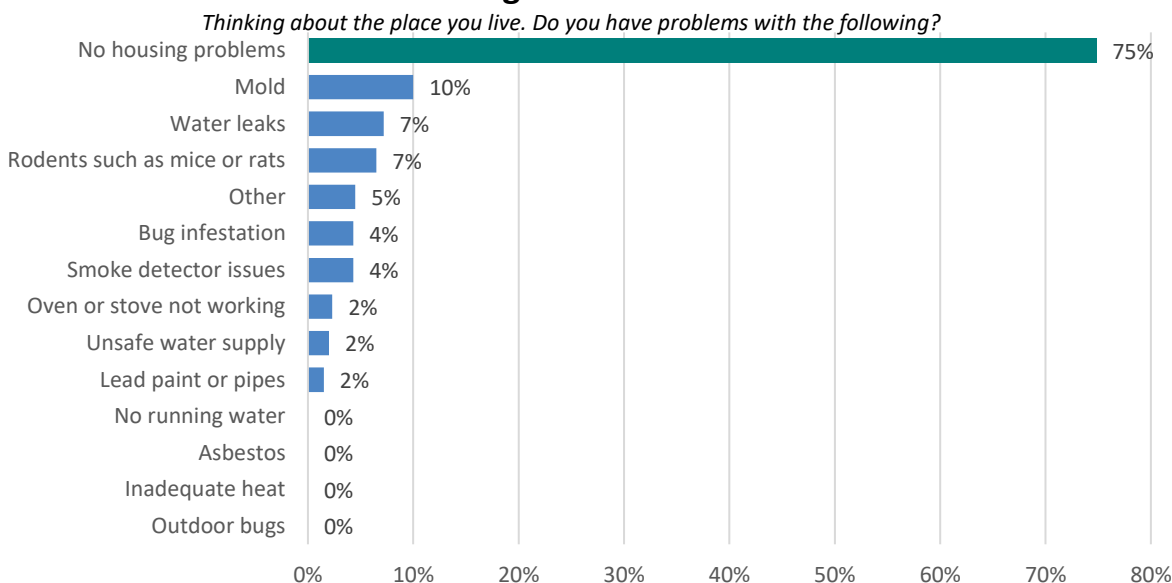
What is your housing situation today?





Respondents were asked where they live, and if they have any problems with a list of thirteen situations. A tenth, 10.0% have a problem with mold and nearly one in ten respondents have a problem with water leaks (7.2%) or problems with rodents such as mice or rats (6.5%). Slightly fewer, 4.3%, reported having smoke detector issues and 4.3% had issues with bug infestation such as insects, cockroaches, bedbugs, mosquitos, or ticks. Only a small percentage of residents had the following issues: oven or stove not working (2.3%), unsafe water supply (2.0%) or lead paint or pipes (1.5%). Nearly three-quarters of residents, 74.8%, did not have any of the listed issues. Groups of residents more likely to have one or more of these issues include residents with children in the home, those ages 18 to 44, unemployed residents, those with an annual income under \$25,000, residents who are not married, renters, and those without health insurance.

Housing Related Issues



SECONDARY DATA

More than three-quarters of housing units in Carroll County, 78.7%, are owner occupied while 21.3% are renter occupied. The percentage of vacant houses is significantly higher in Carroll County (17.0%) than Ohio (10.1%). The median value of a house in Carroll County (\$126,500) is significantly lower than the state (\$145,700). Monthly expenses for both homeowners renters are slightly lower in Carroll County than the state.

Housing Units, 2021							
	% Owner Occupied	% Renter Occupied	% Vacant	Median Year Built	Median Value	Median Gross Rent	Median Monthly Owners Cost
Carroll County	78.7%	21.3%	17.0%	1974	\$126,500	\$706	\$1,131
Ohio	66.1%	33.9%	10.1%	1968	\$145,700	\$808	\$1,282

SOURCE: Ohio Development Services Agency, Ohio County Profiles

The table below shows the percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. In Carroll County, less than one in ten houses, 8%, have a severe housing burden which is considerably lower than the state average of 13%.

% Severe Housing Burden						
	2011-205	2012-2016	2013-2017	2014-2018	2015-2019	% Change
Carroll County	12%	11%	11%	9%	8%	-4%
Ohio	15%	14%	14%	13%	13%	-2%

SOURCE: County Health Rankings, Original Source: Comprehensive Housing Affordability Strategy (CHAS) data



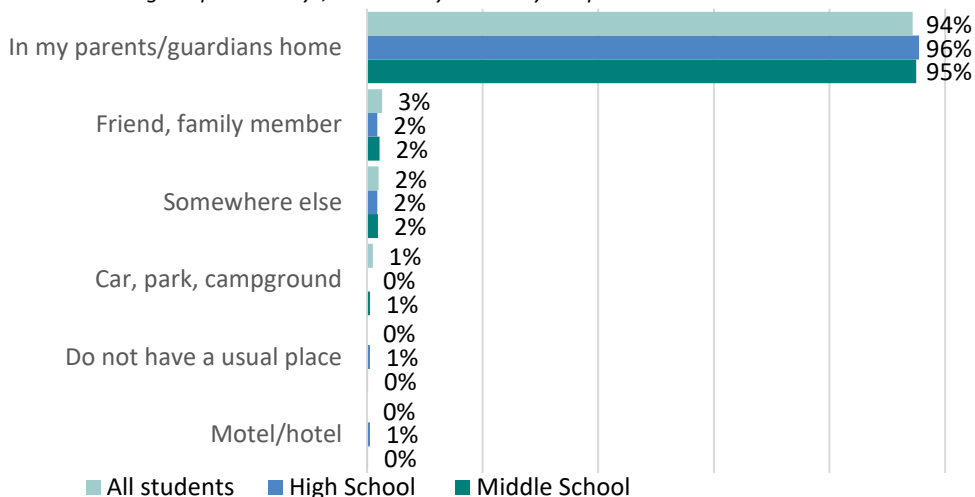


YOUTH SURVEY

A majority of students, 95.0%, usually slept in their parent’s or guardian’s home in the past 30 days. A small percentage of students, 2.2%, usually slept in the home of a friend, family member, or other person because they had to leave the home of their parent or guardian because they cannot afford housing. Less than one percent of students usually slept in a car, park, campground, or other public place (0.5%), in a motel or hotel (0.2%), or they did not have a usual place they slept (0.2%).

Where Usually Slept in Past 30 Days

During the past 30 days, where did you usually sleep?



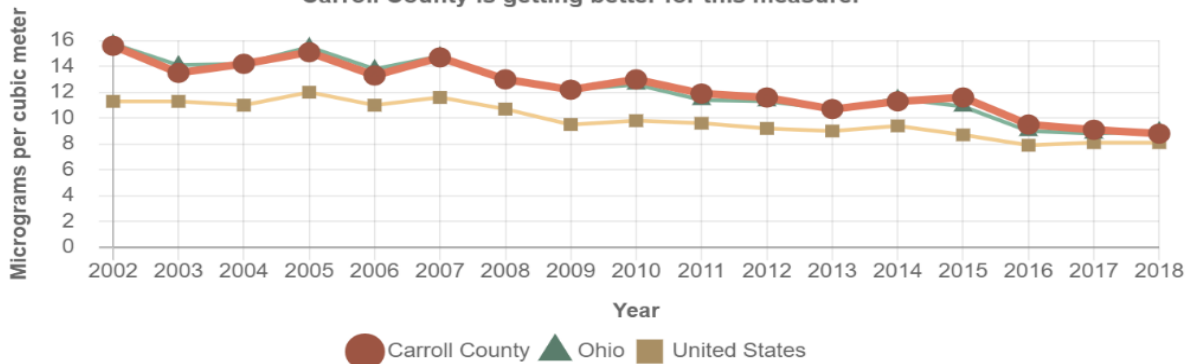
ENVIRONMENTAL QUALITY

SECONDARY DATA

The table below represents the average daily amount of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers. These particles can be directly emitted from sources such as forest fires, or they can form when gases emitted from power plants, industries and automobiles react in the air. Particulate matter has been getting slightly better in the county since 2002 and remains consistent with the state average.

Air pollution - particulate matter in Carroll County, OH Average density of fine particulate matter: county, state and national trends

Carroll County is getting better for this measure.



Source: County Health Ranking & Roadmaps (2022)





SAFETY, INJURY AND VIOLENCE

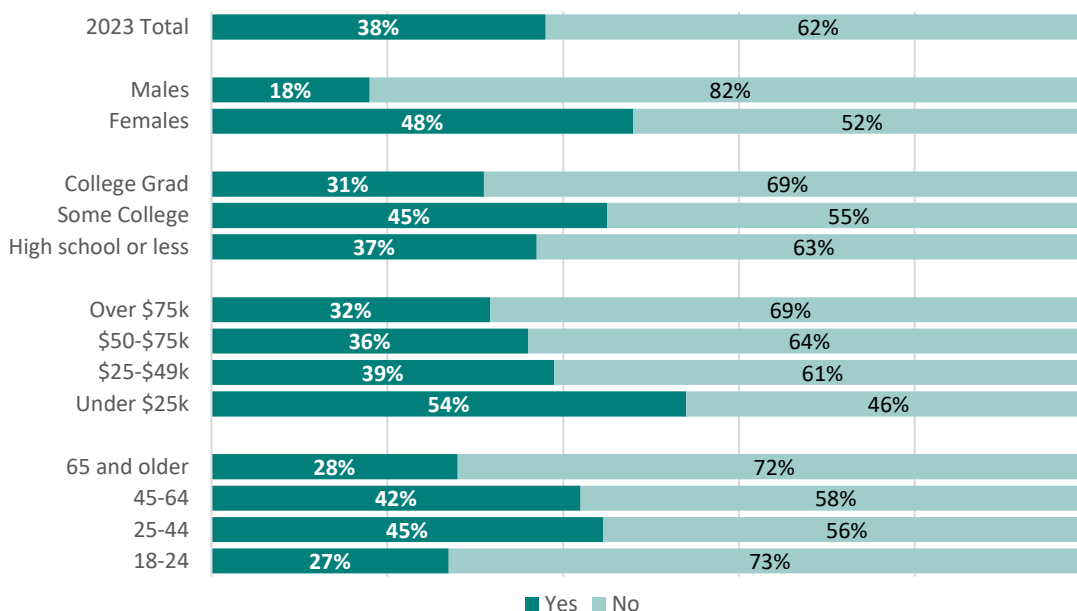
COMMUNITY SURVEY

Summary: Safety and Violence			
		% of residents	# of residents
Ever been abused		38.0%	400
Been abused by <i>(of those who have been abused in past)</i>	By a spouse	56.6%	152
	By another person outside of home	40.8%	
	By a parent	36.2%	
	By a child	7.9%	
	By a paid caregiver	1.3%	
How abused <i>(of those who have been abused in past)</i>	Emotionally	80.3%	152
	Verbally	73.7%	
	Physically	52.6%	
	Sexually	45.4%	
	Financially	30.9%	
Firearms kept in or around home		56.8%	400
Firearms locked and loaded <i>(those with firearms)</i>	Firearms locked	74.9%	227
	Firearms loaded	22.9%	

More than a third of residents, 38.0%, reported being physically, sexually, emotionally, financially, or verbally abused sometime in their lifetime. Groups of residents more likely to have been abused in the past include females, residents ages 25 to 44, those with some college education, residents with an annual income under \$25,000, those who are divorced or living with a partner, and renters.

Ever Abused

Were you EVER physically, sexually, emotionally, financially or verbally abused?

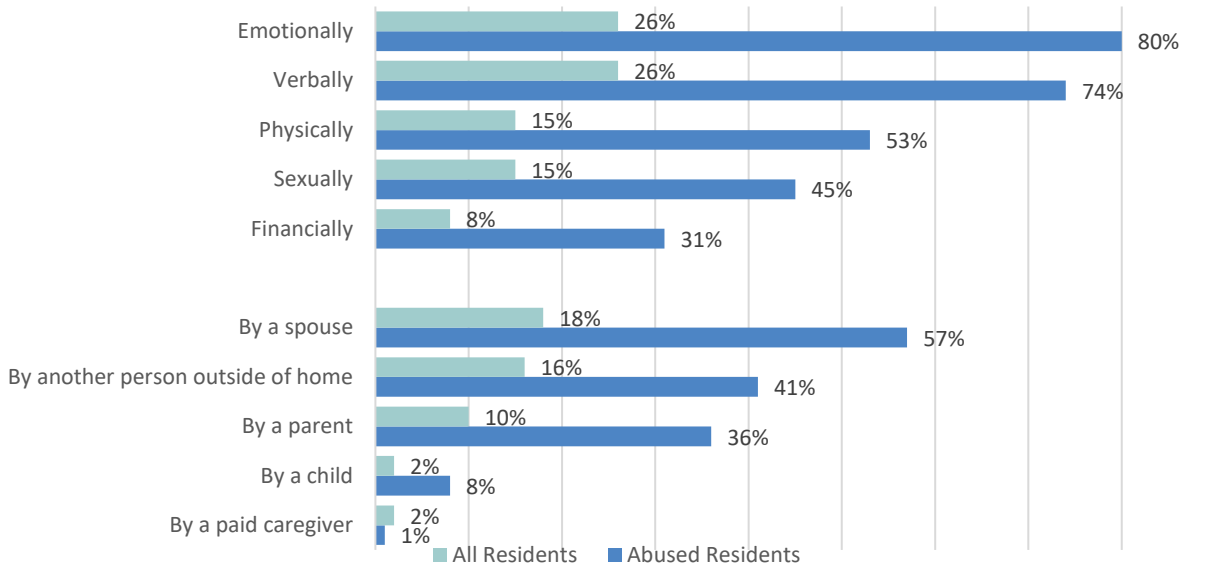




Respondents who had been abused in the past, 38.0% of all residents, were asked a couple of follow-up questions. First, in terms of who abused the resident, the most common response was by a spouse, given by 56.6% of abused respondents. Other abusers include another person outside of the home (40.8%), by a parent (36.2%), by a child (7.9%), and by a paid caregiver (1.9%.) The most common forms of abuse were emotional (80.3% of abused residents) and verbal (73.7%). Other types of abuse include emotional physical (42.6%), sexual (45.4%), and financial abuse (30.9%).

Abused: By who and abuse type

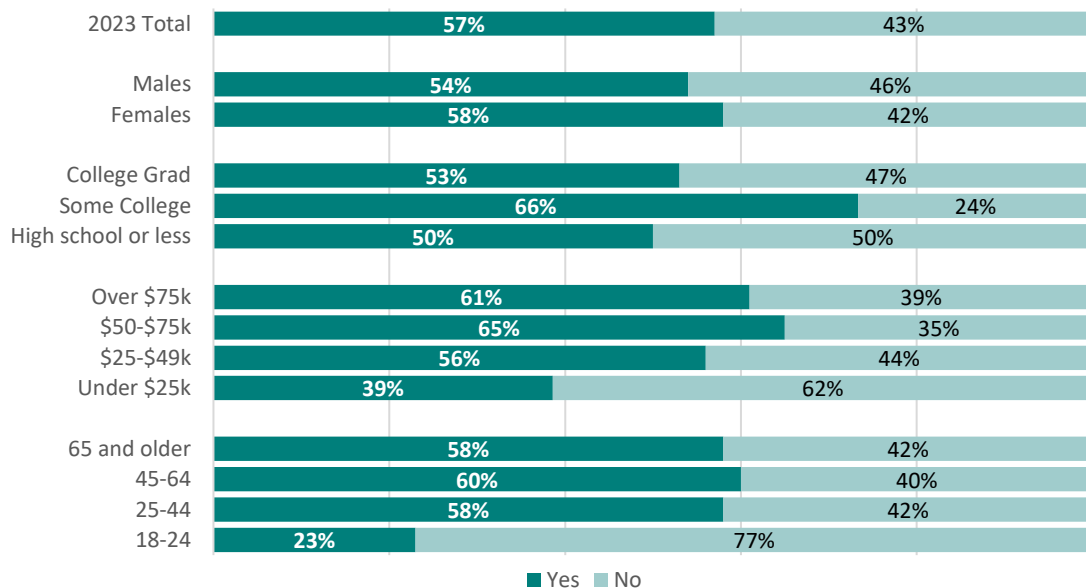
Were you ever abused by any of the following? How were you abused?



More than half, 56.8%, of residents currently keep firearms in or around their home. Of those with firearms, three-quarters, 74.9%, keep them locked and 22.9% keep them loaded. Groups of residents more likely to have firearms in or around their home include residents with children in the home, those ages 45 to 64, residents with some college education, those with an annual income of \$50,000 to \$75,000, married respondents, and homeowners.

Firearms in Home

Are any firearms now kept in or around your home?





YOUTH SURVEY

- More than half of students reported riding a bicycle in the past year (65.0% of middle school and 49.0% of high school students). Of the middle school students who ride bicycles, two-thirds, 66.9%, report never wearing a helmet (this makes up 43.4% of all middle school students surveyed). Only a small percentage of middle school students who ride bikes, 6.9%, report always wearing a helmet when riding (4.5% of all middle school students).
- Less than half of students, 41.9%, report riding a skateboard or rollerblading (47.5% of middle school and 35.8% of high school students). Of middle school students who do ride or rollerblade, nearly three-quarters, 71.4%, report never wearing a helmet (33.6% of all middle school students). Only a small percentage of middle school students who ride or rollerblade, 5.7%, report always wearing a helmet when riding (2.7% of all middle school students).
- More than half of students, 59.3%, report riding a dirt bike, four-wheeler or ATV (61.9% of middle school and 56.4% of high school students). Of middle school students who do ride dirt bikes, four wheelers or ATVs, over a quarter, 28.5%, report never riding a helmet (17.5% of all middle school students surveyed.) More than a third of middle school students who ride on a dirt bike, four-wheeler or ATV, 34.3%, report always wearing a helmet when riding (21.1% of all middle school students).
- More than half of high school students, 58.7%, and more than two-thirds, 69.5%, of middle school students indicate always wearing their seatbelt when riding in a car, both are slight increases from 2019. Only a small percentage, 3.0% of high school and 0.9% of middle school students, reported never wearing a seatbelt.
- More than one-sixth, 17.9%, of high school students reported riding in a car or other vehicle driven by someone who had been driving alcohol sometime in the past 30 days. Slightly fewer middle school students, 16.6%, report having ridden in a car driven by someone who had been drinking alcohol sometime in the past.

Summary: Safety		2019		2024		
		Middle School	High School	All (N=427)	Middle (N=223)	High (N=204)
Activities done in past year	Rode a bicycle*	83.3%	-	57.4%	65.0%	49.0%
	Rollerbladed or rode skateboard*	47.3%	-	41.9%	47.5%	35.8%
	Rode dirt bike, four-wheeler, ATV	-	-	59.3%	61.9%	56.4%
How often wear helmet when ride bicycle (middle school riders only)	Always	4.0%	NA	6.9%	NA	6.9%
	Most of the time	4.0%		4.1%		4.1%
	Sometimes	5.6%		8.3%		8.3%
	Rarely	14.4%		13.8%		13.8%
	Never	72.0%		66.9%		66.9%
How often wear helmet when rollerblading or riding skateboard (middle school riders only)	Always	1.4%	NA	5.7%	NA	5.7%
	Most of the time	4.2%		1.9%		1.9%
	Sometimes	2.8%		10.5%		10.5%
	Rarely	12.7%		10.5%		10.5%
	Never	78.9%		71.4%		71.4%
How often wear helmet when riding dirt bike, ATV, four-wheeler (middle school riders only)	Always	NA	NA	34.3%	NA	34.3%
	Most of the time			17.5%		17.5%
	Sometimes			9.5%		9.5%
	Rarely			10.2%		10.2%
	Never			28.5%		28.5%
How often wear seatbelt*	Always	65.5%	54.1%	64.4%	69.5%	58.7%
	Most of the time	20.9%	33.6%	24.1%	20.6%	27.9%
	Rarely or Sometimes	11.5%	9.6%	9.7%	9.0%	10.5%
	Never	2.0%	2.7%	1.9%	0.9%	3.0%
Rode in car driven by someone drinking alcohol past 30 days		21.5%	12.6%	17.2%	16.6%	17.9%



- Nearly a fifth of high school students, 19.9%, had driven a car in the past 30 days. High school students who have their driver’s license were given a list of thirteen activities and were asked if they had done any of the activities while driving in the past 30 days. More than a third of high school drivers, 36.6%, reported driving while tired or fatigued while 31.7% drove while talking on a cell phone through blue-tooth or handsfree. Around a quarter of drivers reported Doing other tasks while driving like reading, eating, or putting on makeup (26.8%) or driving more than 10 miles above the speed limit (24.4%). Slightly fewer, 19.5%, reported not wearing a seatbelt, 17.1% reported texting while driving, and 12.2% reported talking on the phone NOT on blue-tooth or handsfree. A small percentage, 2.4%, reported driving while using marijuana or drinking alcohol.

Summary: Driving Safety- HIGH SCHOOL STUDENTS ONLY		
	% of responses	N
Have a driver’s license (asked of high school only)	19.9%	201
Activities done while driving in past 30 days (asked of drivers only)	Driving while tired or fatigued	36.6%
	Talking on phone through blue tooth	31.7%
	Doing other tasks	26.8%
	Driving more than 10 miles above limit	24.4%
	Not wearing a seatbelt	19.5%
	Texting	17.1%
	Talking on phone NOT on blue tooth	12.2%
	Drove when drinking alcohol	2.4%
	Using marijuana	2.4%
	Smoking cigarettes or other tobacco	0.0%
	Vaping	0.0%
	Using non-prescribed prescriptions	0.0%
	Using illegal drugs	0.0%

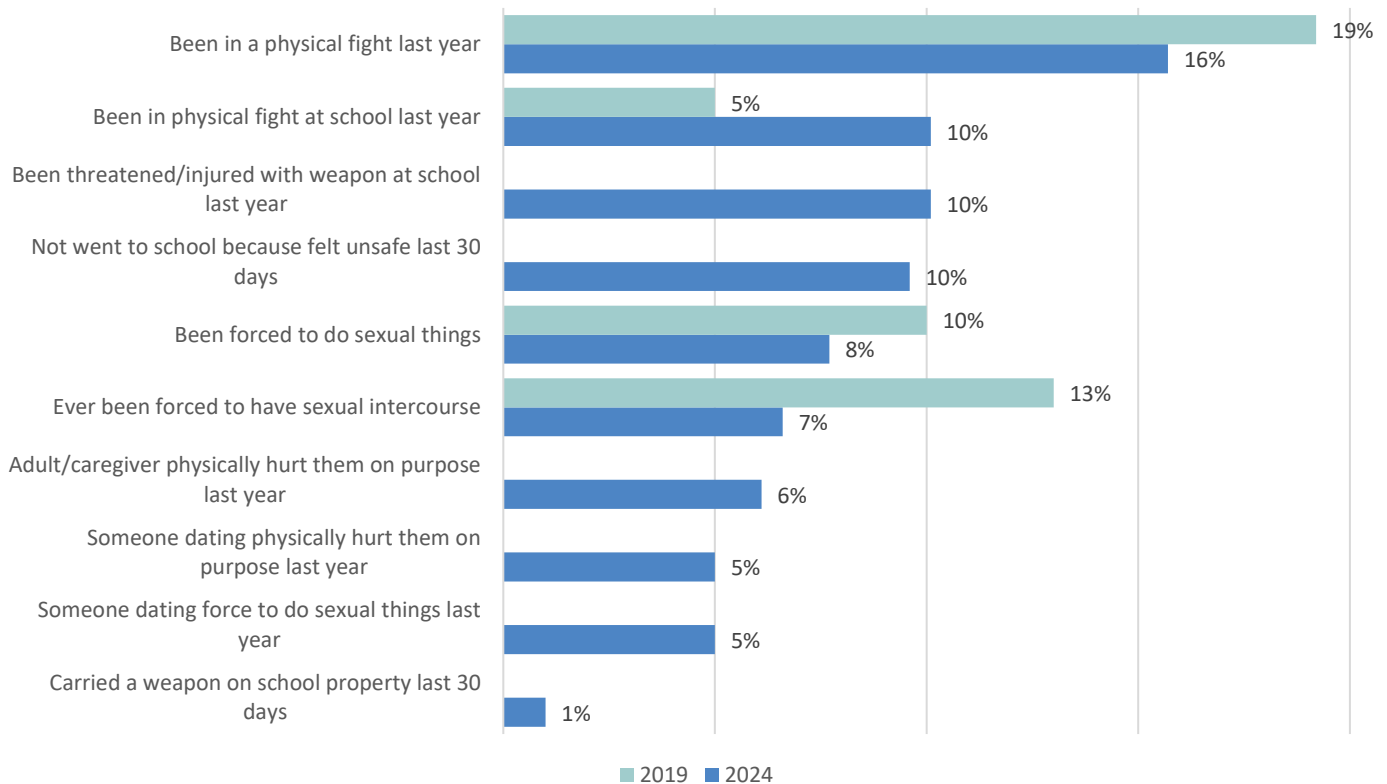
- Nearly one-sixth, 14.5%, of high school students and 19.0% of middle school students report having a concussion from playing a sport or being active sometime in the past twelve months. A small percentage of high school (7.8%) and middle school (5.5%) students reported having more than one concussion in the past twelve months.
- Less than one-tenth, 7.6%, of high school students and 15.9% of middle school students reported suffering a blow to the head while playing with a sports team that caused them to get “knocked out,” have memory problems, double or blurry vision, headaches, or pressure in the head in the past 12 months.
- Less than one-tenth, 6.5%, of high school students and 9.5% of middle school students have completed a social media challenge that put their health or safety at risk sometime in the past.

Summary: Injury					
	2019		2024		
	Middle School	High School	All students (N=427)	Middle School (N=223)	High School (N=204)
Had concussion from sports/being active in past 12 months	15.4%	19.7%	16.9%	19.0%	14.5%
Blow to head in past 12 months*	-	-	12.0%	15.9%	7.6%
Completed risky social media challenge	-	-	8.1%	9.5%	6.5%



- Nearly one-sixth of high school students, 15.7%, reported getting in a physical fight sometime in the past year while 10.1% reported being in a physical fight on school property in the past year.
- A tenth, 10.1%, of high school students indicated that they had been threatened or injured with a weapon such as a gun or knife while on school property in the past 12 months. Just a small percentage of high school students, 1.0%, reported that they carried a weapon such as a gun or knife on school property in the past 30 days.
- Less than one-tenth of high school students, 6.6%, indicate that they have been forced to have sexual intercourse when they did not want to. Slightly more, 7.7% high school students reported that sometime during the past 12 months, someone forced them to do sexual things that they did not want to do such as kissing, touching, or being physically forced to have sexual intercourse.
- Nearly a tenth of high school students, 9.6%, reported that they did NOT go to school because they felt they would be unsafe at school or on their way to or from school sometime in the last 30 days.
- A small percentage of high school students, 6.1%, indicated that in the last twelve months, an adult or caregiver hit, slapped, or physically hurt them on purpose.
- High school students were also asked if someone they were dating or going out with forced them to do sexual things they did not want to do sometime in the past 12 months. Nearly a third of high school students, 29.9%, reported that they had not dated anyone in the past 12 months. Of those who had dated someone, 7.4% reported being forced to do sexual things that they did not want to do (this constitutes 5.0% of all high school students). The same percentage reported that someone they dated or gone out with physically hurt them on purpose.

Violence in the Past



- Bullying tends to be more prevalent in middle school than high school. For these questions, bullying was defined as when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again and NOT when two students of about the same strength or power argue or fight or tease each other in a friendly way. All students were asked if they had been bullied in any of seven different ways in the past 12 months. More than a quarter of students, 29.0%, recorded being verbally bullied (i.e., they were teased, taunted, or called harmful names) while 28.6% have been bullied on school property. Less than a quarter, 22.5%, reported being indirectly bullied (i.e., spread mean rumors about them or kept them out of a “group”) and 19.1% of students had been electronically bullied (being bullied through texting, Instagram, Facebook, or other social media). Other ways that students were bullied include, in order of importance, cyber bullying, 15.9% (i.e. teased, taunted, or threatened by email, cell phone, social media, or other electronic methods); physically bullied, 6.1% (i.e. were hit, kicked, punched, or people took their belongings); and sexually bullied, 2.6% (i.e. using nude or semi-nude pictures to pressure someone to have sex that does not want to, blackmail, intimidate, or exploit another person).
- Next, all students were asked if they had been teased or called names for any of eight listed reasons. Once again, middle school students were more likely than high school students to be teased or called names, 48.4% of middle school and 40.2% of high school students. Nearly a third of students, 32.1%, were teased or called names because of their weight, size, or physical appearance. Significantly fewer, 13.6%, were teased because someone thought they were gay, lesbian, or bisexual while 12.4% were teased because of their mental health. Other reasons for being teased or called named included, in order of prevalence, race or ethnic background (5.6%), gender (5.2%), a disability (1.8%), and because of their health choices (1.4%). Other reasons for being teased or called names mentioned by students not on the original list include their name, athletic ability, hobbies, and voice.

Summary: Bullying

		All students (N=427)	Middle School (N=223)	High School (N=204)
Been bullied in past 12 months	Verbally bullied*	29.0%	35.0%	22.5%
	Bullied on school property*	28.6%	34.5%	23.1%
	Indirectly bullied*	22.5%	28.3%	16.2%
	Electronically bullied*	19.1%	22.0%	15.9%
	Cyber bullied	15.9%	17.9%	13.7%
	Physically bullied*	6.1%	8.5%	3.4%
	Sexually bullied	2.6%	2.2%	2.9%
	Not bullied in any of above ways*	59.0%	55.6%	62.7%
Reasons teased or called names in past 12 months	Weight, size, or physical appearance*	32.1%	36.8%	27.0%
	Because someone thought they were gay/bi-sexual*	13.6%	17.0%	9.8%
	Mental health	12.4%	13.9%	10.8%
	Race or ethnic background	5.6%	4.0%	7.4%
	Other	5.4%	6.7%	3.9%
	Gender	5.2%	6.7%	3.4%
	A disability	1.9%	2.2%	1.5%
	Because of health choices	1.4%	2.2%	0.5%
	None of the above*	55.5%	51.6%	59.8%



SECONDARY DATA ANALYSIS

The death rate for unintentional injuries in Carroll County increased significantly between 2018 to 2022. Homicides are rare in Carroll County with no homicides over the past 5 years.

Injury and Homicide Death Rate (death per 100,000 population)												
	Carroll County						Ohio					
	2018	2019	2020	2021	2022	Change	2018	2019	2020	2021	2022	Change
Unintentional Injuries	53.6	57.8	78.0	35.9	68.7	+15.1	64.2	68.7	78.8	82.4	79.6	+15.4
Homicide	NA	NA	NA	NA	NA	-	7.3	6.9	9.5	9.7	9.0	+1.7

*SOURCE: ODH Data Warehouse *Indicates rates have been suppressed for counts <10, ^change based off 2017 to 2020-*

The table below shows the number of deaths due to firearms per 100,000 population in both the county and state. The firearm fatality rate for Carroll County is 13 compared to 14 for the state.

Firearm Fatality Rate						
	2012-2016	2013-2017	2014-2018	2015-2019	2016-2020	Change
Carroll County	14	10	17	18	13	-1
Ohio	12	13	13	14	14	+2

SOURCE: County Health Rankings

Over the past five years, the total number of maltreatment allegations in the county has decreased in Carroll County and the state as a whole.

Total Number of Maltreatment Allegations,						
	SFY 2017	SFY 2019	SFY 2020	SFY 2021	SFY 2022	Change
Carroll County	214	202	186	179	158	-56
Ohio	97,602	101,243	94,973	93,844	90,755	-6,847
Maltreatment Allegations by Maltreatment Type: PHYSICAL ABUSE						
Carroll County	9%	11%	8%	8%	9%	-
Ohio	30%	30%	31%	31%	31%	+1%
Maltreatment Allegations by Maltreatment Type: NEGLECT						
Carroll County	21%	17%	16%	31%	18%	-3%
Ohio	26%	26%	25%	25%	24%	-2%
Maltreatment Allegations by Maltreatment Type: SEXUAL ABUSE						
Carroll County	14%	16%	12%	7%	16%	+2%
Ohio	9%	9%	9%	9%	9%	-
Maltreatment Allegations by Maltreatment Type: EMOTIONAL MALTREATMENT						
Carroll County	4%	2%	3%	3%	1%	-3%
Ohio	1%	1%	1%	1%	1%	-
Maltreatment Allegations: MULTIPLE ALLEGATIONS						
Carroll County	30%	29%	28%	29%	30%	-
Ohio	14%	18%	20%	21%	20%	+6%
Maltreatment Allegations: FAMILY IN NEED OF SERVICES/DEPENDENCY/OTHER						
Carroll County	21%	24%	32%	21%	25%	+4%
Ohio	19%	17%	13%	12%	13%	-6%

SOURCE: Public Children Services Association of Ohio (PCSAO,) PCSAO





The table below shows the number of youths under the age of 18 adjudicated for felony-level offenses over a five-year period. The rate is the number of adjudications per 1,000 youths in the population. In 2020, no youths in Carroll County were adjudicated for felony-level offenses.

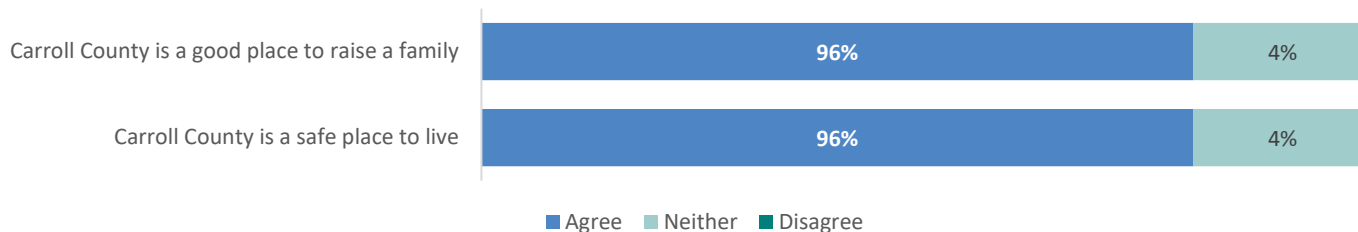
Adolescents Adjudicated for Felonies									
	2017		2018		2019		2020		% Change 2017-2020
	#	Rate per 1,000	#	Rate per 1,000	#	Rate per 1,000	#	Rate per 1,000	
Carroll County	0	0.0	2	0.4	1	0.2	0	0.0	-
Ohio	4,496	1.7	4,195	1.6	3,635	1.4	3,075	1.2	-31.6%

The # of those under age 18 adjudicated for felony-level offenses. The rate is the number of adjudications per 1,000 adolescents in the population.
 SOURCE: Kids Count Data Center

COMMUNITY PARTNER SURVEY

The majority, 95.8%, of community partners agreed, “Carroll County is a safe place to live,” with 29.2% strongly agreeing. No community partners disagreed. Likewise, 95.8% agreed, “Carroll County is a good place to raise a family,” with 33.3% strongly agreeing. Once again, no community partners disagreed.

Agreement with Statements



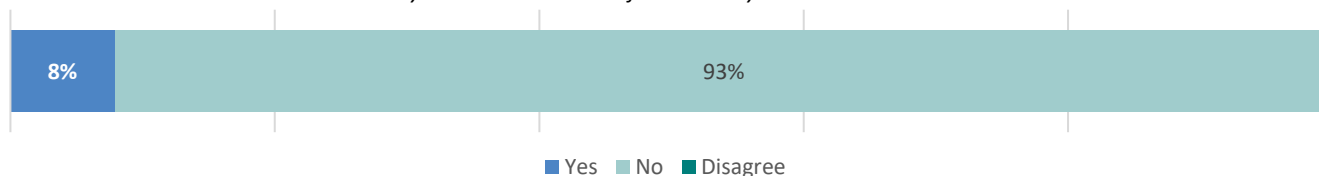
REPRODUCTIVE AND SEXUAL HEALTH

COMMUNITY SURVEY

Less than a tenth of respondents, 7.5%, reported that they have been treated for a sexually transmitted disease in the past. Of those who have been treated for an STD, most, 80.0%, have only been treated for a STD one time. Groups of residents more likely to have been treated for an STD in the past include residents with children in the home, those with an annual income under \$25,000, residents who are single or divorced, renters, and those without health insurance.

Ever been Treated for an STD

Have you ever been treated for a sexually transmitted disease?





YOUTH SURVEY

- More than a sixth of high school students, 17.2%, reported viewing pornography or naked pictures in the past while fewer students, 12.7%, have had sexual intercourse. Approximately one in ten, 10.8%, have had oral sex and a small percentage, 2.5%, have reported having anal sex.
- In the last 30 days, more than one in ten high school students, 12.3%, have received a revealing or sexual photo of someone while fewer, 6.4%, have sent a revealing or sexual photo of themselves. A small percentage of high school students, 2.5%, indicated that a revealing or sexual photo of them was sent without their permission.
- High school students were also asked where they have been taught about pregnancy, prevention, sexually transmitted diseases, AIDS or HIV infection, or the use of condoms or birth control given a list of eight options. Nearly two thirds of high school students, 65.2%, had heard about these topics from their parents or guardians while 63.2% had learned this information at school. Approximately a third of high school students learned about these topics from the internet or social media (37.7%), friends (32.4%), or a doctor (31.9%). Even fewer learned from siblings (16.7%) or church (2.5%). A small percentage of high school students, 4.4%, said that they have never been taught about these topics.
- Less than one in twenty, 4.7%, high school students report being tested for a sexually transmitted disease (STD) such as chlamydia or gonorrhea in the past 12 months.

Summary: Sexual Health (asked of High School Students only)			
		2019	2024
Ever participated in...	Sexual intercourse	28.2%	12.7%
	Oral sex	-	10.8%
	Anal sex	-	2.5%
	View pornography	-	17.2%
	None of the above	-	66.7%
Past 30 days...	Sent revealing/sexual photo of themselves	NA	6.4%
	Receiving a revealing sexual photo or someone		12.3%
	Revealing/sexual photo was sent without permission		2.5%
	None of the above		80.9%
Where taught about pregnancy, prevention, STD, and birth control	Parents/Guardians	NA	65.2%
	School		63.2%
	Internet or social media		37.7%
	Friends		32.4%
	Doctor		31.9%
	Siblings		16.7%
	Somewhere else		2.9%
	Church		2.5%
	Never taught about it		4.4%
Been tested for STD in past year		9.2%	4.7%

- Nearly a quarter, 23.1%, of high school students who have had sexual intercourse in the past had intercourse for the first time at age 13 or younger, 61.6% were 14 or 15 years old and 15.4% were 16 years old or older.
- Nearly a third of those who have had sexual intercourse, 30.3%, have had sex with only one person while 53.9% have had intercourse with two or three people.
- Nearly a fifth of high school students who have had sexual intercourse, 19.2%, reported drinking alcohol or doing drugs before they had sexual intercourse the last time.



- Condoms were the most common method used to prevent pregnancy, followed by birth control pills.
- Nearly a quarter of those who have had intercourse in the past, 23.1%, had been forced or coerced to participate in any sexual activity when you did not want to. More than one a tenth, 11.5%, wanted to get pregnant or had sex or engaged in other sexual activity in exchange for something of value, such as food, drugs, shelter, or money.

Summary: Sexual Health <i>(asked of High School Students who have had intercourse only)</i>			
		2019 <i>(n=40)</i>	2024 <i>(n=26)</i>
Age first had intercourse	13 or younger	30.0%	23.1%
	14 to 15 years old	52.5%	61.6%
	16 years old or older	17.5%	15.4%
Number of people had intercourse with	1 person	47.5%	30.8%
	2 or 3 people	25.0%	53.9%
	4 or more people	27.5%	15.3%
Drank alcohol or used drugs before		15.0%	19.2%
Method of birth control used last time	Condoms	46.5%	50.0%
	Birth control	18.1%	19.2%
	No method used	12.8%	7.7%
	Gay, not needed	-	7.7%
	Not sure	12.8%	7.7%
	An IUD	5.3%	3.8%
	A shot or birth control ring	-	3.8%
	Other	-	3.8%
Have ever...	Been forced or coerced into sexual activity	NA	23.1%
	Wanted to get pregnant		11.5%
	Had sex in exchange for something		11.5%
	Been pregnant		3.8%
	Gotten someone pregnant		3.8%
	Had an abortion		3.8%
	Had a miscarriage		3.8%
	Had a child		3.8%
	Been treated for an STD		3.8%
	<i>None of the above</i>		73.1%



**SECONDARY DATA ANALYSIS**

The Gonorrhea rate is the number of persons per 100,000 population with Gonorrhea. While the rate in Carroll County has increased over the past five years, it is still significantly lower than the state rate.

Gonorrhea Rate						
	2018	2019	2020	2021	2022	Change
Carroll County	33.2	18.6	33.5	52.5	37.5	+4.3
Ohio	216.2	223.8	262.5	237.1	195.1	-21.1

Ohio Department of Health, STD Surveillance

The Chlamydia rate is the number of persons per 100,000 population with Chlamydia. The Chlamydia rate for Carroll County is considerably lower than the state's rate although the gap has been closing over the past five years.

Chlamydia Rate						
	2018	2019	2020	2021	2022	Change
Carroll County	254.8	137.5	133.8	183.6	206.1	-48.7
Ohio	543.1	561.3	504.9	480.5	462.7	-80.4

Ohio Department of Health, STD Surveillance

The Syphilis rate is the number of persons per 100,000 population with Syphilis. The Syphilis rate for Carroll County is considerably lower than the state's rate. Additionally, the rate has been increasing in the county but at a lower rate than in the state.

Syphilis Rate						
	2018	2019	2020	2021	2022	Change
Carroll County	3.7	0.0	3.7	3.7	18.7	+15
Ohio	16.5	17.2	20.9	33.7	45.0	+28.5

SOURCE: Ohio Department of Health, STD Surveillance

The HIV prevalence rate is the Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population. Like other metrics in this section, the HIV prevalence rate for Carroll County is considerably lower than the state's rate. Additionally, the rate has been increasing in the county but at a lower rate than in the state.

HIV Prevalence						
	2016	2017	2018	2019	2020	Change
Carroll County	34	38	35	35	43	+9
Ohio	213	218	228	235	240	+27

Source: County Health Rankings, ORIGINAL SOURCE: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention





SOCIAL MEDIA

YOUTH SURVEY

- The majority of students, 89.6% of middle school and 91.7% of high school students currently have social media or online gaming accounts. The most common platforms used by students were YouTube (85.6%), Snapchat (83.2) and TikTok (75.5%). High school students were statistically more likely than middle school students to use Snapchat, Instagram, and Facebook. Middle school students were statistically more likely than high school students to use Xbox live.
- More than half of students, 59.3%, use social media or online gaming platforms for three or more hours on an average school day.

Summary: Social Media Use and Impact				
		All students (N=427)	Middle (N=223)	High School (N=204)
Has any social media or online gaming accounts		90.6%	89.6%	91.7%
Avg. hours on social media/on-line gaming on school day	0 hours	2.4%	3.0%	1.7%
	Less than 1 hours	10.4%	10.1%	10.7%
	1-2 hours	28.0%	28.7%	27.1%
	3-4 hours	30.6%	29.2%	32.2%
	5 or more hours	28.7%	29.2%	28.2%
Social media/online gaming platforms ever used	YouTube	85.6%	85.9%	85.3%
	Snapchat*	83.2%	80.4%	86.4%
	TikTok	75.5%	73.4%	78.0%
	Instagram*	57.7%	46.2%	70.6%
	Facebook*	46.8%	38.2%	56.5%
	Pinterest	37.2%	35.2%	39.5%
	Xbox live*	33.8%	38.7%	28.2%
	Discord	29.0%	27.6%	30.5%
	Play Station Network	27.9%	25.1%	31.1%
	Twitch	21.3%	20.6%	22.0%
	X (Twitter)	19.4%	17.6%	21.5%
	Steam	15.7%	15.1%	16.4%
	Reddit	14.9%	12.5%	17.5%
	WhatsApp	3.2%	4.0%	2.3%
Something else	8.0%	12.1%	3.4%	

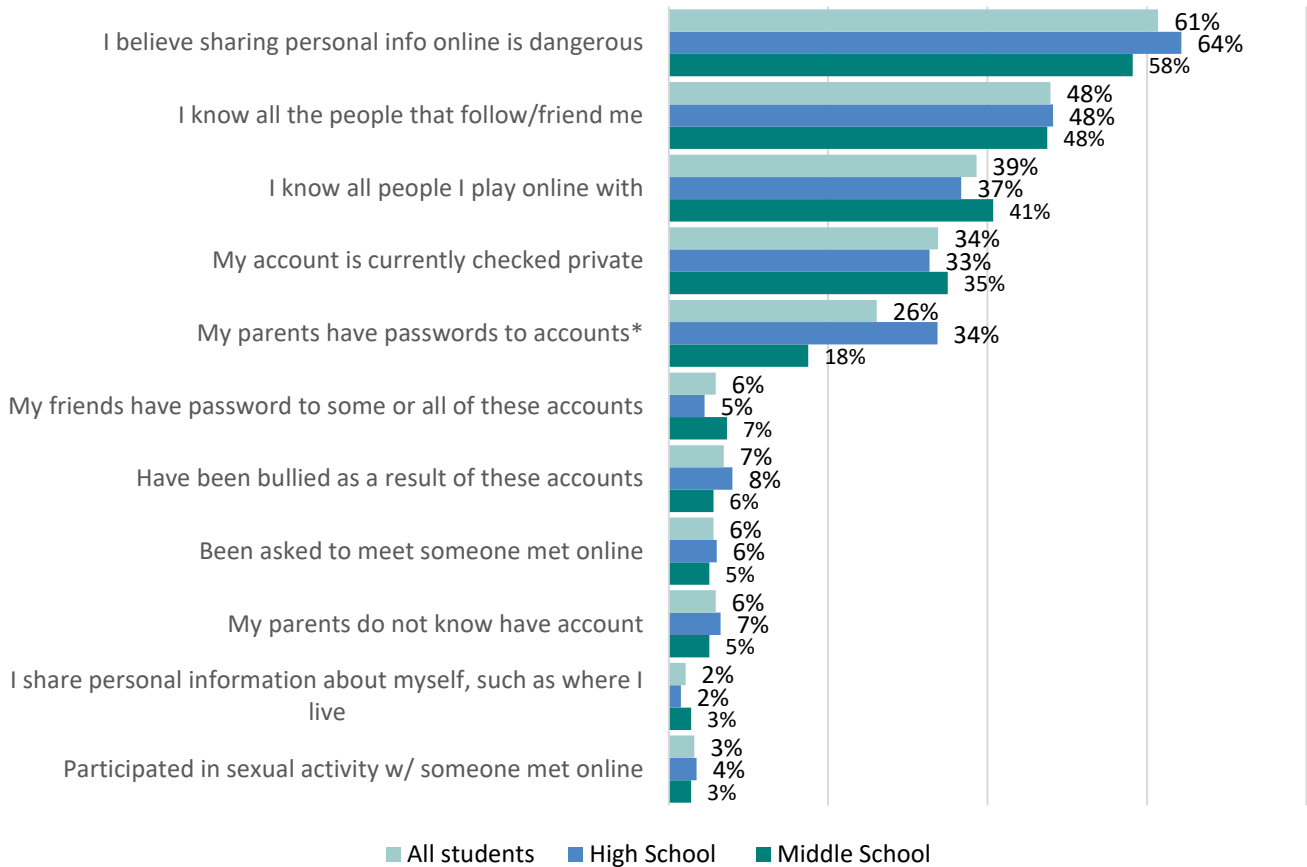




- Students were given a list of statements about social media or online gaming accounts and were asked which statements were true for them. Less than two-thirds, 61%, of students believe that sharing personal information online is dangerous while less than half, 48%, know all the people that “follow/friend” them and even fewer, 39%, know all the people that they play online with. Only a third, 34%, indicated that their accounts are currently marked private.
- More than a quarter, 26%, indicated that their parents have the passwords to their accounts. This percentage is significantly higher for middle school students 34% than high school students (18%).

Thinking about social media and online gaming accounts. . .

Thinking about your social media or online gaming accounts, which of the following apply?



Appendix: Survey Results by Income

Summary: Community Needs				
		Under \$25,000	\$25-\$75,000	Over \$75,000
Seriousness of Problems in Carroll County (% rating it as very or moderately serious)	Obesity and healthy choices	77.8%	84.4%	80.0%
	Heroin or other illegal drug use	70.8%	76.9%	83.9%
	Youth vaping	78.1%	80.1%	75.5%
	Availability of affordable housing	81.0%	74.9%	67.8%
	Mental health	75.4%	69.4%	75.2%
	Underage drinking	66.2%	65.1%	66.0%
	Unemployment	61.5%	62.0%	66.2%
	Access to health care	66.2%	56.7%	63.0%
	Transportation*	67.7%	51.6%	64.4%
	Resources/Services for Seniors	60.3%	58.3%	55.9%
	Resources and services for ages 19-64	60.9%	54.5%	56.2%
	Access to dental care	63.1%	53.5%	46.2%
	Homelessness	27.0%	25.8%	26.4%
Sought assistance in past year for . . .	Food*	40.0%	12.8%	4.1%
	Healthcare*	23.1%	9.0%	4.8%
	Medicare or other health insurance*	24.6%	8.5%	2.1%
	Utilities*	26.2%	6.4%	2.1%
	Mental health issues*	18.5%	5.3%	4.1%
	Dental care	10.8%	7.4%	3.4%
	Prescription assistance*	15.4%	5.9%	2.1%
	Clothing*	20.0%	3.7%	2.1%
	Home repair*	12.3%	4.8%	3.4%
	Employment*	10.8%	4.3%	2.1%
	Rent/mortgage assistance*	15.4%	3.2%	1.4%
	Transportation*	18.5%	1.6%	0.7%
	Legal aid services*	9.2%	2.7%	0.7%
	Shelter*	9.2%	1.1%	0.7%
	Childcare	4.6%	1.6%	1.4%
	Addition services*	4.6%	0.0%	0.0%
	Unsafe structural issues with housing*	4.6%	0.0%	0.0%
Unplanned pregnancy	1.5%	0.0%	0.0%	
None of the above*	38.5%	69.1%	84.9%	
Summary: Caregiving and Senior Needs				
Responsible for Providing Regular Care or Assistance	Elderly parent or loved one	13.8%	88.3%	89.0%
	Someone with physical/mental health problem	10.8%	5.3%	8.2%
	An adult child	3.1%	4.3%	2.7%
	Grandchildren	6.2%	7.4%	4.1%
	Someone with special needs	6.2%	4.3%	4.8%
	Children with severe behavioral issues	6.2%	2.7%	4.1%
	A foster child	1.5%	0.0%	0.7%
Not responsible for caregiving	70.8%	73.4%	75.3%	
Someone provides assistance to them*	30.8%	13.8%	11.0%	
Enough support in county for seniors	43.1%	50.8%	50.0%	



Summary: Personal Health Status				
		Under \$25,000	\$25-\$75,000	Over \$75,000
Personal description of health*	Excellent/Good	41.5%	64.9%	82.9%
	Fair	43.1%	31.9%	15.1%
	Poor/Very Poor	15.4%	3.2%	2.1%
Average number of days physical health not well		10.73	5.99	4.31
Average number of days mental health not well*		10.42	5.35	3.85
Average number of days poor physical/mental health kept from activities*		9.44	3.77	2.42
Summary: Insurance Coverage				
Currently has health insurance*		89.2%	93.6%	97.9%
Type of Insurance coverage* <i>(of those with insurance)</i>	Private insurance- employer paid	6.9%	35.8%	60.8%
	Private insurance- self paid	5.2%	9.1%	13.3%
	Medicare	46.6%	30.7%	16.8%
	Medicaid	34.5%	11.9%	4.2%
	Medicaid HMO	1.7%	2.8%	2.1%
	Medical Cost Sharing Plan	1.7%	0.6%	0.7%
	VA Coverage or Military Coverage	0.0%	3.4%	2.1%
	Other	3.4%	5.7%	0.0%
Services covered by insurance <i>(of those with insurance)</i>	Preventative care	91.4%	92.6%	92.3%
	Emergency room care	79.3%	85.2%	88.8%
	Hospitalization*	72.4%	84.1%	89.5%
	Prescription assistance	79.3%	80.7%	84.6%
	Dental services	69.0%	64.8%	76.9%
	Vision services	70.7%	67.6%	70.6%
	Mental health*	63.8%	50.6%	65.0%
	Prenatal/maternity*	34.5%	36.4%	60.1%
	Alcohol and drug treatment*	36.2%	30.1%	50.3%
	Family planning (birth control)*	29.3%	29.5%	54.5%
	Long term care*	22.4%	29.5%	39.2%
	Home Care	25.9%	30.1%	28.7%
	Hospice	24.1%	27.3%	32.2%
Summary: Access to Health Care				
Have primary care provider		92.3%	85.1%	89.7%
Length of time since last routine check-up	Within past year	81.5%	77.1%	80.1%
	Within past 2 years	6.2%	6.9%	6.2%
	Within past 5 years	4.6%	9.0%	6.2%
	5 or more years ago	4.6%	6.4%	6.8%
	Never	3.1%	0.5%	0.7%
Where receive health care most often	Primary care or family doctor	70.8%	69.1%	71.9%
	The emergency room	4.6%	2.7%	3.4%
	Stat Care	20.0%	20.2%	17.1%
	Health department clinic	0.0%	0.0%	2.1%
	VA Hospital	0.0%	2.7%	0.0%
	Community health center	1.5%	0.0%	2.1%
	Telemedicine	0.0%	1.1%	0.7%
Needed to go outside of county for healthcare		53.8%	63.3%	68.5%
Unable to get healthcare services in the last two years		24.6%	22.3%	15.8%





Likelihood of using telehealth or telemedicine*	Very likely	38.5%	32.4%	36.3%
	Somewhat likely	38.5%	37.2%	42.5%
	Not at all likely	23.1%	30.3%	21.2%
Summary: Mental Health				
		<i>Under \$25,000</i>	<i>\$25-\$75,000</i>	<i>Over \$75,000</i>
During past 12 months...	Felt sad or hopeless 2+ weeks*	47.7%	22.3%	18.5%
	Ever seriously consider suicide*	18.5%	5.9%	4.8%
Resident Diagnosed by Medical Professional	Anxiety disorder such as OCD or panic disorder	44.6%	22.9%	23.3%
	Depression	44.6%	23.9%	18.5%
	Posttraumatic stress disorder*	21.5%	11.7%	3.4%
	ADD/ADHD*	18.5%	5.9%	4.1%
	Postpartum depression	6.2%	4.8%	4.1%
	Bipolar*	15.4%	1.6%	2.7%
	Seasonal affective disorder	7.7%	3.7%	2.7%
	Alcohol/Substance Abuse/Dependence	7.7%	2.7%	1.4%
	Other mental health disorder*	12.3%	1.6%	0.0%
	Eating disorder	4.6%	1.1%	0.0%
	Schizophrenia	3.1%	1.1%	0.0%
	Developmental disability*	3.1%	0.5%	0.0%
	Problem gambling*	3.1%	0.0%	0.0%
Do you know someone who...	Has died by suicide	53.8%	43.1%	48.6%
	Has talked about thoughts of suicide	46.2%	34.0%	30.1%
	Has attempted suicide, but did not die	30.8%	23.9%	25.3%
Stress level on typical day	Low	26.2%	39.9%	37.0%
	Moderate	46.2%	41.5%	45.9%
	High	27.7%	18.6%	17.1%
Seen a counselor or psychiatrist in the last year		32.3%	23.9%	26.0%
How often do you see people feel close to	Less than once a week	30.8%	26.6%	15.8%
	1 or 2 times a week	21.5%	25.5%	28.1%
	3 to 5 times a week	21.5%	20.7%	24.7%
	5 or more times a week	26.2%	27.1%	31.5%
How connected to the community*	Very connected	7.7%	14.9%	21.9%
	Somewhat connected	46.2%	54.3%	54.1%
	Not at all connected	46.2%	30.9%	24.0%
Agreement with statements (% agree)	Stigma is a barrier to treatment	60.9%	58.1%	70.5%
	I would view someone with MH disorder differently	21.5%	13.3%	11.6%
	In my family, we talk about problems*	50.0%	67.6%	64.8%
Summary: Dental Care				
Length of time since last visited the dentist*	Within past year	35.4%	58.5%	74.7%
	Within past 2 years	16.9%	12.8%	9.6%
	Within past 5 years	18.5%	12.8%	8.9%
	5 or more years ago	24.6%	15.4%	5.5%
	Never	4.6%	0.5%	1.4%
Currently have dental issues that need addressed*		47.7%	31.9%	28.1%





Summary: Smoking and Tobacco Use				
		Under \$25,000	\$25-\$75,000	Over \$75,000
Tobacco usage	Everyday	29.2%	20.2%	21.9%
	Some days	3.1%	8.5%	7.5%
	Not at all	67.7%	71.3%	70.5%
Electronic Cigarette/Vape Usage	Everyday	10.8%	7.4%	14.4%
	Some days	9.2%	4.3%	6.2%
	Not at all	80.0%	88.3%	79.5%
Trying to quit or willing to quit smoking (of smokers)		52.4%	55.6%	58.1%
Have resources to quit smoking (of smokers)		45.5%	76.7%	52.0%
Summary: Alcohol Use				
Alcohol consumption*	Never	53.8%	52.7%	27.4%
	1-2 days	18.5%	25.5%	34.2%
	3-5 days	12.3%	10.1%	13.0%
	6-10 days	4.6%	5.3%	6.8%
	10 days or more	10.8%	6.4%	18.5%
# of days had 5+ drinks past month (men)	None	28.6%	61.5%	58.0%
	1	42.9%	19.2%	20.0%
	2 or more	28.6%	19.2%	22.0%
# of days had 4+ drinks past month (women)	None	59.1%	58.7%	60.7%
	1	18.2%	23.8%	17.9%
	2 or more	22.7%	17.5%	21.4%
Driven after drinking alcohol in past month		23.3%	7.9%	11.3%
Feel it is okay to drink alcohol under the age of 21 if not driving*		21.5%	26.6%	40.4%
Difficulty buying alcohol under 21 in Carroll County	Very difficult	30.8%	18.6%	19.9%
	Somewhat difficult	47.7%	51.1%	52.1%
	Not at all difficult	21.5%	30.3%	28.1%
Seeking help for alcohol addiction		3.1%	2.1%	1.4%
Summary: Substance Use				
During the last 6 month, have you used. . .	Marijuana*	26.2%	14.9%	8.9%
	Amphetamines, methamphetamines, or speed	1.5%	0.0%	0.7%
	Cocaine or crack	1.5%	0.0%	0.0%
	Heroin	1.5%	0.0%	0.0%
	LSD or another hallucinogen	1.5%	0.5%	1.4%
	Inhalants such as glue, gasoline, or paint	1.5%	0.0%	0.0%
	Ecstasy or GHB	1.5%	0.0%	0.0%
	Fentanyl	1.5%	0.0%	0.7%
	Adderall that was not prescribed to you	1.5%	0.0%	0.0%
	Performance enhancing drugs such as steroids	1.5%	0.0%	0.0%
	Something not mentioned	4.6%	1.6%	2.7%
None of the above*		72.3%	84.6%	89.7%
How typically get rid of left over or unused prescription medication	Flush them down the toilet	21.5%	20.7%	18.5%
	Throw them in the trash	21.5%	14.4%	19.9%
	Take Back Center or Event	26.2%	29.8%	26.0%
	Give them to someone else who needs them	0.0%	0.0%	1.4%
	Keep them in case I need them in the future	20.0%	25.5%	28.8%
	Something I didn't mention	10.8%	9.6%	5.5%





		<i>Under \$25,000</i>	<i>\$25-\$75,000</i>	<i>Over \$75,000</i>
You or someone taken prescription medication to get high		12.3%	13.3%	8.9%
Know someone who has overdosed from drugs		41.5%	39.4%	33.6%
Any drugs a problem in Carroll County		46.2%	50.5%	52.7%
You, family member or friend needed drug or alcohol treatment in past year		13.8%	13.4%	6.8%
Summary: Pregnancy Health				
Been pregnant in the last five years		10.0%	11.5%	5.7%
During last pregnancy	Received prenatal care within the first 3 months	80.0%	76.5%	83.3%
	Received a dental exam during pregnancy	0.0%	0.0%	0.0%
	Received WIC services*	100.0%	29.4%	16.7%
	Took a prenatal, multi-vitamin with folic acid	80.0%	76.5%	66.7%
	Lived with a smoker	0.0%	0.0%	0.0%
	Smoked cigarettes or vaped tobacco products	20.0%	5.9%	0.0%
	Used electronic cigarettes/vapor products	0.0%	0.0%	0.0%
	Consumed alcoholic beverages	0.0%	0.0%	0.0%
	Used marijuana	20.0%	0.0%	0.0%
	Used opiates or prescription painkillers	0.0%	0.0%	0.0%
	Used any drugs not prescribed	0.0%	0.0%	0.0%
	Experienced depression	40.0%	41.2%	33.3%
	Experienced domestic violence	20.0%	5.9%	0.0%
	Planned for after-birth care	0.0%	0.0%	0.0%
None of the above	0.0%	0.0%	0.0%	
Had child born prematurely		21.5%	14.9%	11.0%
Summary: Child Health				
Children in home under 18*		27.7%	26.6%	31.5%
Children get annual well checkups		88.9%	96.0%	93.5%
Did not have health insurance in past year		11.1%	4.0%	8.7%
Have children received a lead screening		61.1%	68.0%	58.7%
Up to date on vaccines (not including the flu vaccine)		88.9%	96.0%	100.0%
Summary: Healthy Living- Weight, Exercise, and Sleep				
Exercise in past month*		63.1%	76.6%	88.4%
How often exercised in an average week (of those who exercise)	None	9.8%	6.9%	6.2%
	1-2 times	36.6%	38.9%	45.0%
	3-4 times	36.6%	36.8%	30.2%
	5-7 times	17.1%	17.4%	18.6%
Self-described weight	Overweight	70.8%	67.0%	64.4%
	About right	23.1%	27.7%	31.5%
	Underweight	6.2%	5.3%	4.1%
Thought about or tried to lost weight		70.8%	67.9%	66.4%
Have resources needed to lose weight*		32.6%	61.4%	66.0%
Average number of hours per day on activities	Watch TV	4.67	3.11	3.08
	Play Video Games	1.98	1.17	0.95
	Use Computer outside of work/school	1.52	1.19	1.28
	Use cellphone	3.77	2.94	3.23
	On social media	4.19	3.15	2.66
	Sleep per 24-hour period	6.49	6.49	7.11





Summary: Healthy Living- Food and nutrition				
		Under \$25,000	\$25-\$75,000	Over \$75,000
What makes it difficult to get food needed	Cost of food*	78.5%	53.7%	34.9%
	Quality of food	35.4%	35.6%	26.7%
	Time for shopping	10.8%	10.6%	11.6%
	Distance from the store	33.8%	20.7%	20.5%
	Safety	1.5%	1.6%	1.4%
	Season/weather	21.5%	18.1%	11.6%
	Something else*	7.7%	3.7%	0.0%
How difficult to get fresh fruits & vegetables*	Very difficult	15.4%	9.0%	2.7%
	Somewhat difficult	47.7%	35.1%	27.4%
	Not too/not at all difficult	36.9%	55.9%	69.9%
How often eat fresh fruits and vegetables*	0-1 times/week	29.2%	17.0%	8.9%
	2-4 times/week	44.6%	41.0%	32.2%
	Once a day	15.4%	22.9%	35.6%
	2-4 times a day	6.2%	14.4%	19.9%
	5 or more times a day	4.6%	4.8%	3.4%
# of restaurant or takeout meals a week*	None	43.1%	27.7%	13.0%
	1-2 meals	43.1%	55.9%	62.3%
	3-4 meals	9.2%	13.8%	18.5%
	5 or more meals	4.6%	2.7%	6.2%
# times drink pop or other unhealthy drinks*	0	15.4%	17.6%	19.2%
	1-3 times per week	30.8%	41.5%	35.6%
	4-6 times per week	16.9%	11.7%	11.6%
	1 time per day	7.7%	4.8%	15.1%
	2-3 times per day	9.2%	11.2%	13.0%
	4 or more times per day	4.6%	5.3%	2.7%
Summary: Prevention, Testing and Screening				
How long since: had blood cholesterol checked*	Within the past year	61.5%	73.4%	73.3%
	Within the past 2 years	20.0%	9.0%	9.6%
	Within the past 5 years	1.5%	3.2%	4.1%
	5 or more years ago	3.1%	4.8%	4.1%
	Never	13.8%	9.6%	8.9%
How long since: had blood pressure checked*	Within the past year	90.8%	86.2%	87.7%
	Within the past 2 years	1.5%	8.0%	6.2%
	Within the past 5 years	1.5%	2.7%	2.1%
	5 or more years ago	0.0%	2.7%	2.1%
	Never	6.2%	0.5%	2.1%
Have ever: A mammogram		93.8%	88.7%	95.7%
Have ever: had a colonoscopy		75.7%	78.5%	81.9%
Have ever: had a skin cancer exam		18.5%	39.9%	43.8%
How long since: Last Pap Smear* (Asked only of females)	Within the past year	15.9%	39.3%	51.8%
	Within the past 2 years	22.7%	16.4%	16.9%
	Within the past 5 years	27.3%	16.4%	15.7%
	5 or more years ago	34.1%	27.9%	15.7%





		<i>Under \$25,000</i>	<i>\$25-\$75,000</i>	<i>Over \$75,000</i>
Perform breast self-exams* <i>(asked only of females)</i>	No	34.0%	17.7%	34.5%
	Yes, every month, always	26.0%	30.0%	24.1%
	Yes, every so often	40.0%	52.3%	41.4%
Have ever: test for prostate cancer <i>(Asked only of males)</i>		57.1%	47.4%	45.8%
Perform breast self-testicular exams <i>(asked only of males)</i>	No	64.3%	63.2%	64.4%
	Yes, every month, always	21.4%	14.0%	15.3%
	Yes, every month, but skip sometimes	0.0%	1.8%	1.7%
	Yes, every so often	14.3%	21.1%	18.6%
How often do you use sunscreen when outside	Always	1.5%	8.0%	8.9%
	Very often	7.7%	18.6%	21.2%
	Sometimes	27.7%	31.9%	32.2%
	Rarely	27.7%	20.7%	17.1%
	Never	35.4%	20.7%	20.5%
Vaccinations received	COVID-19*	47.7%	55.9%	70.5%
	Measles vaccine in lifetime	49.2%	53.2%	52.1%
	Annual flu	43.1%	50.5%	57.5%
	Tetanus Booster	47.7%	44.7%	52.1%
	Chicken pox vaccine in lifetime	40.0%	43.6%	32.2%
	Pneumonia vaccine in lifetime	38.5%	35.6%	37.7%
	Hepatitis B vaccine in lifetime	24.6%	34.6%	41.1%
	Shingles vaccine in lifetime	18.5%	27.7%	24.7%
	Hepatitis A vaccine in lifetime	20.0%	27.1%	28.1%
	HPV vaccine in lifetime*	12.3%	11.2%	3.4%
	None of the above	9.2%	13.8%	6.8%
Ever been tested for an STD		16.9%	5.3%	6.2%
Summary: Transportation and Safe Driving				
Have access to transportation when needed*		78.5%	96.3%	96.6%
How you regularly get where need to go MOST often	Walk	7.7%	3.2%	0.7%
	Bike	0.0%	0.0%	2.7%
	Carroll County Transit	4.6%	0.0%	0.7%
	Drive own car	64.6%	89.4%	90.4%
	Borrow car	6.2%	0.0%	1.4%
	Family member/friend	15.4%	6.9%	4.1%
	Something else	1.5%	0.5%	0.0%
Ever send or received texts/emails while driving		14.1%	23.3%	31.9%
How often do you use a seatbelt when driving*	Always	70.8%	85.6%	89.7%
	Very often	10.8%	5.9%	6.2%
	Sometimes	9.2%	4.3%	1.4%
	Rarely	3.1%	3.7%	1.4%
	Never	6.2%	0.5%	1.4%
How often use car seats and booster seats* (children under 8)	Never	40.0%	10.8%	0.0%
	Almost always	0.0%	0.0%	4.8%
	Always	60.0%	89.2%	95.2%





Summary: Housing				
		Under \$25,000	\$25-\$75,000	Over \$75,000
Housing situation today*	Do not have housing	4.6%	2.7%	0.0%
	Have temporary housing (tent, camper)	3.1%	0.5%	0.0%
	Have housing, worried about losing it	12.3%	9.0%	8.2%
	Have housing	80.0%	87.8%	91.8%
Have problems in place live in with...	Outdoor bugs	0.0%	0.0%	0.0%
	Mold*	15.4%	13.3%	3.4%
	Rodents such as mice or rats	12.3%	6.9%	3.4%
	Water leaks	13.8%	5.9%	6.2%
	Smoke detector issues*	15.4%	2.7%	1.4%
	Inadequate heat	0.0%	0.0%	0.0%
	Unsafe water supply*	9.2%	1.1%	0.0%
	Bug infestation*	10.8%	3.2%	2.7%
	Oven or stove not working*	7.7%	1.6%	0.7%
	Other	0.0%	0.0%	0.0%
	Lead paint or pipes*	4.6%	1.6%	0.0%
	Asbestos	0.0%	0.0%	0.0%
	No running water	0.0%	0.0%	0.0%
	No Housing problems	52.3%	75.0%	84.2%
Summary: Safety and Violence				
Ever been abused*		53.8%	37.8%	31.5%
Been abused by <i>(of those who have been abused in past)</i>	By a spouse	60.0%	54.9%	56.5%
	By another person outside of home	48.6%	39.4%	37.0%
	By a parent	40.0%	42.3%	23.9%
	By a child	8.6%	5.6%	10.9%
	By a paid caregiver	2.9%	0.0%	2.2%
How abused <i>(of those who have been abused in past)</i>	Verbally	74.3%	74.6%	71.7%
	Emotionally	74.3%	74.6%	71.7%
	Physically	62.9%	53.5%	43.5%
	Sexually	37.1%	50.7%	43.5%
	Financially	20.0%	36.6%	30.4%
Firearms kept in or around home*		38.5%	60.1%	61.0%
Firearms locked and loaded <i>(those with firearms)</i>	Firearms locked	68.0%	71.7%	80.9%
	Firearms loaded	28.0%	26.5%	16.9%



Appendix: Survey Results by Age

Summary: Community Needs				
		18-44	45-64	65+
Seriousness of Problems in Carroll County (% rating it as very or moderately serious)	Obesity and healthy choices	80.0%	83.3%	81.6%
	Heroin or other illegal drug use	73.5%	81.8%	80.0%
	Youth vaping	79.4%	76.9%	78.6%
	Availability of affordable housing*	74.1%	73.6%	71.7%
	Mental health	77.2%	70.8%	68.0%
	Underage drinking	64.7%	61.3%	74.0%
	Unemployment	64.7%	63.0%	63.0%
	Access to health care	58.8%	63.8%	57.0%
	Transportation	64.0%	56.4%	55.6%
	Resources/Services for Seniors	58.1%	58.4%	56.6%
	Resources and services for ages 19-64	59.6%	56.4%	50.5%
	Access to dental care	56.3%	54.9%	42.4%
	Homelessness*	24.4%	28.1%	25.3%
	Sought assistance in past year for . . .	Food*	27.2%	9.8%
Healthcare*		15.4%	8.0%	5.0%
Medicare or other health insurance		11.0%	9.2%	5.0%
Utilities*		12.5%	8.6%	1.0%
Mental health issues*		14.7%	4.3%	1.0%
Dental care*		11.0%	4.3%	4.0%
Prescription assistance		7.4%	4.9%	5.9%
Clothing*		11.0%	4.3%	1.0%
Home repair		2.9%	5.5%	8.9%
Employment*		8.1%	2.5%	3.0%
Rent/mortgage assistance*		8.1%	3.7%	1.0%
Transportation		6.6%	3.1%	2.0%
Legal aid services		3.7%	2.5%	3.0%
Shelter		2.2%	3.1%	1.0%
Childcare*		11.0%	4.3%	1.0%
Addition services		1.5%	0.0%	1.0%
Unsafe structural issues with housing		0.7%	0.6%	1.0%
Unplanned pregnancy		0.0%	0.0%	1.0%
None of the above	55.9%	75.5%	80.2%	
Summary: Caregiving and Senior Needs				
Responsible for Providing Regular Care or Assistance	Elderly parent or loved one*	8.1%	16.6%	8.9%
	Someone with physical/mental health problem	9.6%	4.9%	8.9%
	An adult child	2.2%	5.5%	2.0%
	Grandchildren*	0.0%	9.2%	8.9%
	Someone with special needs	5.1%	6.1%	2.0%
	Children with severe behavioral issues*	7.4%	2.5%	1.0%
	A foster child	0.7%	0.0%	1.0%
	<i>Not responsible for caregiving*</i>	78.7%	66.9%	77.2%
Someone provides assistance to them	19.1%	12.3%	15.8%	
Enough support in county for seniors*	56.6%	38.0%	57.0%	



Summary: Personal Health Status				
		18-44	45-64	65+
Personal description of health	Excellent/Good	61.0%	69.9%	73.3%
	Fair	34.6%	24.5%	22.8%
	Poor/Very Poor	4.4%	5.5%	4.0%
Average number of days physical health not well		5.39	6.83	5.88
Average number of days mental health not well*		8.57	5.56	1.68
Average number of days poor physical/mental health kept from activities*		5.65	4.46	1.75
Summary: Insurance Coverage				
Currently has health insurance		91.2%	95.1%	98.0%
Type of Insurance coverage* <i>(of those with insurance)</i>	Private insurance- employer paid	47.6%	59.4%	4.0%
	Private insurance- self paid	10.5%	12.3%	6.1%
	Medicare	6.5%	12.3%	78.8%
	Medicaid	27.4%	8.4%	0.0%
	Medicaid HMO	3.2%	1.9%	2.0%
	Medical Cost Sharing Plan	0.0%	1.3%	1.0%
	VA Coverage or Military Coverage	3.2%	2.6%	1.0%
	Other	1.6%	1.9%	7.1%
Services covered by insurance <i>(of those with insurance)</i>	Preventative care*	84.7%	95.5%	97.0%
	Emergency room care	79.8%	88.4%	88.9%
	Hospitalization*	76.6%	86.5%	90.9%
	Prescription assistance*	75.0%	86.5%	83.8%
	Dental services*	79.0%	69.7%	59.6%
	Vision services*	75.8%	69.7%	60.6%
	Mental health	62.1%	57.4%	53.5%
	Prenatal/maternity*	59.7%	48.4%	21.2%
	Alcohol and drug treatment	39.5%	38.1%	39.4%
	Family planning (birth control)*	60.5%	37.4%	14.1%
	Long term care	35.5%	32.3%	27.3%
	Home Care*	22.6%	22.6%	47.5%
Hospice	28.2%	24.5%	35.4%	
Summary: Access to Health Care				
Have primary care provider*		78.7%	90.8%	96.0%
Length of time since last routine check-up*	Within past year	64.7%	84.0%	90.1%
	Within past 2 years	11.8%	3.7%	4.0%
	Within past 5 years	12.5%	5.5%	3.0%
	5 or more years ago	9.6%	6.7%	1.0%
	Never	1.5%	0.0%	2.0%
Where receive health care most often	Primary care or family doctor	50.7%	76.1%	88.1%
	The emergency room	6.6%	1.8%	1.0%
	Stat Care	30.1%	17.8%	5.9%
	Health department clinic	2.2%	0.0%	0.0%
	VA Hospital	1.5%	1.2%	1.0%
	Community health center	1.5%	1.2%	0.0%
	Something else not mentioned	1.5%	1.2%	2.0%
Telemedicine	2.2%	0.0%	88.1%	
Needed to go outside of county for healthcare*		50.0%	65.6%	78.2%
Unable to get healthcare services in the last two years		23.5%	19.6%	16.8%





Likelihood of using telehealth or telemedicine*	Very likely	44.1%	36.2%	20.8%
	Somewhat likely	37.5%	39.9%	40.6%
	Not at all likely	18.4%	23.9%	38.6%
Summary: Mental Health				
		18-44	45-64	65+
During past 12 months...	Felt sad or hopeless 2+ weeks*	41.2%	21.5%	8.9%
	Ever seriously consider suicide*	14.0%	6.1%	1.0%
Resident Diagnosed by Medical Professional	Anxiety disorder such as OCD or panic disorder*	36.8%	28.2%	9.9%
	Depression*	30.1%	28.2%	13.9%
	Posttraumatic stress disorder	12.5%	10.4%	6.9%
	ADD/ADHD*	15.4%	4.3%	1.0%
	Postpartum depression*	11.0%	1.8%	1.0%
	Bipolar*	8.1%	2.5%	2.0%
	Seasonal affective disorder	3.7%	3.1%	5.9%
	Alcohol/Substance Abuse/Dependence*	2.2%	3.1%	4.0%
	Other mental health disorder*	5.1%	2.5%	0.0%
	Eating disorder	0.0%	1.8%	2.0%
	Schizophrenia	1.5%	0.6%	1.0%
	Developmental disability	0.7%	0.6%	1.0%
	Problem gambling	0.7%	0.0%	1.0%
Do you know someone who...	Has died by suicide	40.4%	52.8%	45.5%
	Has talked about thoughts of suicide*	50.7%	30.1%	19.8%
	Has attempted suicide, but did not die	32.4%	22.1%	21.8%
Stress level on typical day	Low	19.1%	29.4%	71.3%
	Moderate	47.8%	53.4%	23.8%
	High	33.1%	17.2%	5.0%
Seen a counselor or psychiatrist in the last year*		34.6%	22.1%	20.8%
How often do you see people feel close to	Less than once a week	25.0%	24.5%	18.8%
	1 or 2 times a week	26.5%	25.2%	26.7%
	3 to 5 times a week	21.3%	25.2%	18.8%
	5 or more times a week	27.2%	25.2%	35.6%
How connected to the community	Very connected	15.4%	13.5%	21.8%
	Somewhat connected	50.0%	55.2%	53.5%
	Not at all connected	34.6%	31.3%	24.8%
Agreement with statements (% agree)	Stigma is a barrier to treatment	64.0%	64.8%	58.6%
	I would view someone with MH disorder differently	15.4%	11.0%	17.8%
	In my family, we talk about problems	56.6%	65.4%	71.0%
Summary: Dental Care				
Length of time since last visited the dentist	Within past year	55.1%	60.1%	69.3%
	Within past 2 years	14.0%	13.5%	7.9%
	Within past 5 years	16.9%	10.4%	8.9%
	5 or more years ago	11.0%	15.3%	12.9%
	Never	2.9%	0.6%	1.0%
Currently have dental issues that need addressed*		41.2%	34.4%	19.8% [^]



Summary: Smoking and Tobacco Use				
		18-44	45-64	65+
Tobacco usage*	Everyday	32.4%	25.2%	4.0%
	Some days	12.5%	6.1%	2.0%
	Not at all	55.1%	68.7%	94.1%
Electronic Cigarette/Vape Usage*	Everyday	19.1%	8.6%	2.0%
	Some days	13.2%	3.1%	0.0%
	Not at all	67.6%	88.3%	98.0%
Trying to quit or willing to quit smoking (of smokers)		57.4%	56.9%	33.3%
Have resources to quit smoking (of smokers)		60.0%	62.1%	100.0%
Summary: Alcohol Use				
Alcohol consumption*	Never	40.4%	37.4%	58.4%
	1-2 days	35.3%	28.2%	15.8%
	3-5 days	11.8%	14.1%	6.9%
	6-10 days	4.4%	7.4%	5.0%
	10 days or more	8.1%	12.9%	13.9%
# of days had 5+ drinks past month (men)	None	59.3%	52.6%	61.1%
	1	22.2%	26.3%	11.1%
	2 or more	18.5%	21.1%	27.8%
# of days had 4+ drinks past month (women)*	None	41.5%	69.2%	73.9%
	1	32.1%	13.8%	13.0%
	2 or more	26.4%	16.9%	13.0%
Driven after drinking alcohol in past month		9.9%	6.9%	26.2%
Feel it is okay to drink alcohol under the age of 21 if not driving		35.3%	29.4%	26.7%
Difficulty buying alcohol under 21 in Carroll County*	Very difficult	30.9%	20.2%	8.9%
	Somewhat difficult	45.6%	57.7%	46.5%
	Not at all difficult	23.5%	22.1%	44.6%
Seeking help for alcohol addiction		3.7%	1.2%	1.0%
Summary: Substance Use				
During the last 6 month, have you used. . .	Marijuana*	19.1%	15.3%	6.9%
	Amphetamines, methamphetamines, or speed	0.7%	0.0%	1.0%
	Cocaine or crack	0.0%	0.0%	1.0%
	Heroin	0.0%	0.0%	1.0%
	LSD or another hallucinogen	1.5%	0.6%	1.0%
	Inhalants such as glue, gasoline, or paint	0.0%	0.0%	1.0%
	Ecstasy or GHB	0.0%	0.0%	1.0%
	Fentanyl	0.7%	0.0%	1.0%
	Adderall that was not prescribed to you	0.0%	0.0%	1.0%
	Performance enhancing drugs such as steroids	0.0%	0.0%	1.0%
	Something not mentioned	1.5%	3.7%	2.0%
	None of the above*	79.4%	84.0%	92.1%
How typically get rid of left over or unused prescription medication*	Flush them down the toilet	19.1%	23.3%	15.8%
	Throw them in the trash	22.8%	17.2%	10.9%
	Take Back Center or Event	22.8%	25.8%	38.6%
	Give them to someone else who needs them	1.5%	0.0%	0.0%
	Keep them in case I need them in the future	29.4%	23.3%	24.8%
	Something I didn't mention	4.4%	10.4%	9.9%
You or someone taken prescription medication to get high		12.5%	11.0%	10.9%



Know someone who has overdosed from drugs		40.4%	34.4%	38.6%
Any drugs a problem in Carroll County		45.6%	52.8%	54.5%
You, family member or friend needed drug or alcohol treatment in past year		13.2%	10.4%	9.0%
Summary: Pregnancy Health				
		18-44	45-64	65+
Been pregnant in the last five years*		25.3%	0.9%	0.0%
During last pregnancy	Received prenatal care within the first 3 months*	87.5%	33.3%	0.0%
	Received a dental exam during pregnancy	0.0%	0.0%	0.0%
	Received WIC services	45.8%	0.0%	0.0%
	Took a prenatal, multi-vitamin with folic acid*	87.5%	0.0%	0.0%
	Lived with a smoker	0.0%	0.0%	0.0%
	Smoked cigarettes or vaped tobacco products	8.3%	0.0%	0.0%
	Used electronic cigarettes/vapor products	0.0%	0.0%	0.0%
	Consumed alcoholic beverages	0.0%	0.0%	0.0%
	Used marijuana	4.2%	0.0%	0.0%
	Used opiates or prescription painkillers	0.0%	0.0%	0.0%
	Used any drugs not prescribed	0.0%	0.0%	0.0%
	Experienced depression	45.8%	0.0%	0.0%
Experienced domestic violence	8.3%	0.0%	0.0%	
Had child born prematurely		11.8%	17.2%	13.9%
Summary: Child Health				
Children in home under 18*		59.6%	18.4%	3.0%
Children get annual well checkups		96.3%	90.0%	66.7%
Did not have health insurance in past year*		2.5%	13.3%	66.7%
Have children received a lead screening		69.1%	50.0%	33.3%
Up to date on vaccines* (not including the flu vaccine)		97.5%	96.7%	66.7%
Summary: Healthy Living- Weight, Exercise, and Sleep				
		18-44	45-64	65+
Exercise in past month		78.7%	81.6%	73.3%
How often exercised in an average week* (of those who exercise)	None	2.8%	11.3%	5.4%
	1-2 times	51.4%	36.8%	33.8%
	3-4 times	29.9%	36.8%	35.1%
	5-7 times	15.9%	15.0%	25.7%
Self-described weight	Overweight	57.4%	67.5%	77.2%
	About right	34.6%	29.4%	18.8%
	Underweight	8.1%	3.1%	4.0%
Thought about or tried to lost weight		64.0%	68.5%	71.3%
Have resources needed to lose weight		48.3%	63.1%	62.5%
Average number of hours per day on activities	Watch TV	2.32	3.28	4.62
	Play Video Games	1.34	0.93	1.56
	Use Computer outside of work/school	1.01	1.06	2.03
	Use cellphone	3.72	2.81	2.99
	Use social media	4.42	2.65	2.12
	Sleep per 24-hour period	6.67	6.54	7.05





Summary: Healthy Living- Food and nutrition				
		18-44	45-64	65+
What makes it difficult to get food needed	Cost of food*	61.8%	50.3%	37.6%
	Quality of food*	39.7%	28.8%	23.8%
	Time for shopping*	16.2%	11.0%	4.0%
	Distance from the store*	29.4%	19.0%	17.8%
	Safety*	2.9%	0.0%	0.0%
	Season/weather	16.9%	18.4%	11.9%
How difficult to get fresh fruits & vegetables*	Very difficult	12.5%	6.7%	3.0%
	Somewhat difficult	44.1%	30.7%	26.7%
	Not too/not at all difficult	43.4%	62.6%	70.3%
How often eat fresh fruits and vegetables	0-1 times/week	21.3%	15.3%	9.9%
	2-4 times/week	41.2%	39.3%	33.7%
	Once a day	22.8%	26.4%	30.7%
	2-4 times a day	8.8%	16.0%	21.8%
	5 or more times a day	5.9%	3.1%	4.0%
# of restaurant or takeout meals a week	None	21.3%	28.2%	24.8%
	1-2 meals	58.1%	54.6%	55.4%
	3-4 meals	14.0%	14.7%	15.8%
	5 or more meals	6.6%	2.5%	4.0%
# times drink pop or other unhealthy drinks	0	8.1%	20.9%	26.7%
	1-3 times per week	36.0%	39.9%	35.6%
	4-6 times per week	17.6%	11.7%	6.9%
	1 time per day	13.2%	6.1%	7.9%
	2-3 times per day	10.3%	11.7%	12.9%
	4 or more times per day	3.7%	4.9%	4.0%
Summary: Prevention, Testing and Screening				
How long since: had blood cholesterol checked*	Within the past year	51.5%	77.9%	88.1%
	Within the past 2 years	15.4%	9.2%	7.9%
	Within the past 5 years	4.4%	3.7%	1.0%
	5 or more years ago	4.4%	6.1%	1.0%
	Never	24.3%	3.1%	2.0%
How long since: had blood pressure checked*	Within the past year	76.5%	92.0%	95.0%
	Within the past 2 years	12.5%	3.1%	3.0%
	Within the past 5 years	2.9%	2.5%	1.0%
	5 or more years ago	2.9%	0.0%	0.0%
	Never	5.1%	92.0%	1.0%
Have ever: A mammogram*		73.1%	92.1%	100.0%
Have ever: had a colonoscopy*		79.3%	70.9%	91.1%
Have ever: had a skin cancer exam*		21.3%	42.3%	53.5%
How long since: Last Pap Smear* (Asked only of females)	Within the past year	56.1%	35.5%	22.8%
	Within the past 2 years	15.9%	21.8%	12.3%
	Within the past 5 years	19.5%	18.2%	15.8%
	5 or more years ago	8.5%	24.5%	49.1%
Perform breast self-exams* (asked only of females)	No	36.8%	23.7%	13.8%
	Yes, every month, always	20.0%	29.8%	34.5%
	Yes, every so often	43.2%	46.5%	51.7%



		18-44	45-64	65+
Have ever: test for prostate cancer* (Asked only of males)		10.0%	53.1%	78.6%
How long since: PSA test (Asked only of males)	Within the past year	75.0%	73.1%	87.9%
	Within the past 2 years	25.0%	19.2%	9.1%
	Within the past 5 years	0.0%	7.7%	3.0%
Perform breast self-testicular exams (asked only of males)	No	67.5%	53.1%	73.8%
	Yes, every month, always	17.5%	20.4%	7.1%
	Yes, every month, but skip sometimes	0.0%	4.1%	0.0%
	Yes, every so often	15.0%	22.4%	19.0%
How often do you use sunscreen when outside	Always	7.4%	9.2%	4.0%
	Very often	14.7%	19.6%	18.8%
	Sometimes	39.0%	28.2%	25.7%
	Rarely	17.6%	23.9%	18.8%
	Never	21.3%	19.0%	32.7%
Vaccinations received	COVID-19*	40.4%	59.5%	86.1%
	Measles vaccine in lifetime	52.2%	57.1%	43.6%
	Annual flu*	39.7%	44.8%	79.2%
	Tetanus Booster	45.6%	49.1%	48.5%
	Chicken pox vaccine in lifetime	37.5%	38.7%	40.6%
	Pneumonia vaccine in lifetime*	22.1%	25.8%	74.3%
	Hepatitis B vaccine in lifetime*	47.1%	33.1%	22.8%
	Shingles vaccine in lifetime*	6.6%	24.5%	50.5%
	Hepatitis A vaccine in lifetime*	42.6%	22.1%	10.9%
	HPV vaccine in lifetime*	19.1%	3.7%	19.1%
	None of the above*	19.9%	6.7%	5.0%
Ever been tested for an STD		11.8%	4.9%	5.9%
Summary: Transportation and Safe Driving				
Have access to transportation when needed*		89.7%	93.9%	98.0%
How you regularly get where need to go MOST often	Walk	7.4%	1.2%	0.0%
	Bike	2.9%	0.0%	0.0%
	Carroll County Transit	2.2%	0.6%	
	Drive own car	74.3%	91.4%	92.1%
	Borrow car	2.9%	1.2%	0.0%
	Family member/friend	10.3%	4.9%	6.9%
	Something else	0.0%	0.6%	1.0%
Ever send or received texts/emails while driving		30.6%	22.8%	20.7%
How often do you use a seatbelt when driving*	Always	75.0%	87.7%	93.1%
	Very often	12.5%	3.7%	4.0%
	Sometimes	7.4%	3.7%	0.0%
	Rarely	3.7%	3.1%	1.0%
	Never	1.5%	1.8%	2.0%
How often use car seats and booster seats (children under 8)	Never	9.3%	16.7%	50.0%
	Almost always	1.9%	0.0%	0.0%
	Always	88.9%	83.3%	50.0%



Summary: Housing				
		18-44	45-64	65+
Housing situation today*	Do not have housing (hotel, shelter, friends, streets)	4.4%	0.6%	1.0%
	Have temporary housing (tent, camper)	2.2%	0.0%	0.0%
	Have housing, worried about losing it	17.6%	6.7%	2.0%
	Have housing	75.7%	92.6%	97.0%
Have problems in place live in with...	Outdoor bugs	0.0%	0.0%	0.0%
	Mold*	16.9%	7.4%	5.0%
	Rodents such as mice or rats	8.1%	6.1%	5.0%
	Water leaks	13.2%	5.5%	2.0%
	Smoke detector issues	5.1%	4.9%	2.0%
	Inadequate heat	0.0%	0.0%	0.0%
	Unsafe water supply	3.7%	0.6%	2.0%
	Bug infestation	6.6%	2.5%	4.0%
	Oven or stove not working	0.0%	0.0%	0.0%
	Other	5.1%	5.5%	2.0%
	Lead paint or pipes	1.5%	1.8%	1.0%
	Asbestos	0.0%	0.0%	0.0%
	No running water	0.0%	0.0%	0.0%
	No Housing problems	86.1%	77.3%	63.2%
Summary: Safety and Violence				
Ever been abused*		41.1%	41.7%	27.7%
Been abused by <i>(of those who have been abused in past)</i>	By a spouse	64.3%	57.4%	39.3%
	By another person outside of home	46.4%	36.8%	39.3%
	By a parent	37.5%	33.8%	39.3%
	By a child	7.1%	7.4%	10.7%
	By a paid caregiver	1.8%	0.0%	3.6%
How abused <i>(of those who have been abused in past)</i>	Verbally	78.6%	73.5%	64.3%
	Emotionally*	87.5%	80.9%	64.3%
	Physically	53.6%	54.4%	46.4%
	Sexually*	57.1%	33.8%	50.0%
	Financially	30.4%	35.3%	21.4%
Firearms kept in or around home		51.5%	60.1%	58.4%
Firearms locked and loaded	Firearms locked*	5.7%	34.7%	32.2%
	Firearms loaded	24.3%	25.5%	16.9%





Appendix: Research Methodology

The Center for Marketing and Opinion Research (CMOR) conducted the 2024 Carroll County Community Health Assessment on behalf of the Carroll County General Health District.

This report includes indicators in the following focus areas:

- Community Needs
- Social Determinants
- Personal Health Status
- Access to Health Care
- Mental Health
- Oral Health
- Smoking/Tobacco Use
- Alcohol and Substance Abuse
- Maternal, Infant, and Child Health
- Healthy Living
- Communicable Diseases, Vaccinations, and Prevention Services
- Chronic Disease Management
- Transportation
- Housing
- Environmental Quality
- Safety, Injury and Violence
- Reproductive and Sexual Health
- Social media

**Throughout the report, statistically significant findings and statistical significance between groupings (i.e., between age groups or between races) are indicated by an asterisk (*).*

COMMUNITY SURVEY

The first phase of the project consisted of the collection of primary data utilizing a random sample survey of Carroll County households that included a representative sample of Carroll County residents. A combination of telephone and web interviews were utilized to ensure the representation of the population. This method also ensured that the correct number of interviews would be completed to meet the targeted sampling error.

The final sample of the survey consisted of a total of 400 residents. The general population statistics derived from the sample size provide a precision level of plus or minus 4.9% within a 95% confidence interval. Data collection began on August 4 and ended on October 2, 2023. Most calls took place between the evening hours of 5:15 pm and 9:15 pm. Some interviews were conducted during the day and on some weekends to accommodate resident schedules. The interviews took an average of 25 minutes.

YOUTH SURVEY

A total of 427 online surveys were completed with middle school (223) and high school students (204) from Carrollton and Conotton Valley School Districts. The survey covered the following topics: safety, violence-related behaviors, bullying, sad feelings and attempted suicide, cigarette smoking, electronic vapor products, other tobacco products, drinking alcohol, prescription pain medicine, marijuana and other drug use, sexual behavior, body weight, food and





beverages, physical activity, and concussions. The surveys were administered on January 20 and February 5, 2024.

QUALITATIVE - COMMUNITY PARTNER SURVEY

In addition to the data mentioned above, additional data was gathered to provide some contextual information to the primary and secondary data. The data included a community partners survey which consisted of an online survey completed by 24 community leaders who were knowledgeable about the health needs of the community. These surveys were completed between February 6 and February 28, 2024.

QUALITATIVE – STUDENTS FOCUS GROUP

A second source of additional qualitative data was a focus group of 28 area students ages 17-18, both male and female. The focus group was conducted in July 2023 and took place at the FFA Camp Muskingum. The focus group was moderated by Kristen Long, an intern of the Health District. The questions developed were a deep dive into substance use and the perception of the youth's knowledge of how harmful these substances are to their health.

SECONDARY DATA ANALYSIS

Another phase of the project consisted of reviewing and analyzing secondary data sources to identify priority areas of concern when analyzed alongside survey data. CMOR, along with Carroll County General Health District, gathered and compiled health and demographic data from various sources (outlined below). After gathering the data, CMOR compiled the information, by category. In addition to the report narrative, data was visually displayed with charts and tables. When available, data was compared to previous five year's information as well as other geographic areas such as Ohio. Analysis included survey data in conjunction with health and demographic data.

Sources of Data:

- ✓ 2020 Ohio Drug Overdose Data: General Findings
- ✓ 2023 ALICE REPORT Ohio, Carroll County
- ✓ County Health Rankings
- ✓ Feeding America
- ✓ Kids Count Data Center
- ✓ CDC, Behavioral Risk Factor Surveillance System
- ✓ Ohio Department of Development (ODSA)
- ✓ Ohio Development Services Agency, Ohio County Profiles
- ✓ Ohio Department of Education
- ✓ Ohio Department of Health Data Warehouse
- ✓ Ohio Department of Health, STD Surveillance
- ✓ Ohio Department of Job and Family Services, Office of Workforce Development
- ✓ Ohio Department of Public Safety, State Highway Patrol Division, AODD Dashboard
- ✓ Ohio Mental Health and Addiction Services, Multi Agency Community Information System
- ✓ Ohio Southeast Economic Development, Carroll County Overview
- ✓ Public Children Services Association of Ohio (PCSAO)
- ✓ U.S. Census Bureau - American Fact Finder, American Community Survey
- ✓ U.S. Bureau of Labor Statistics

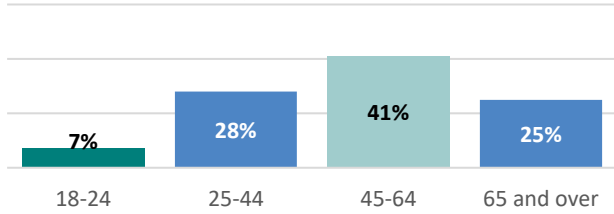




Appendix: Participants Characteristics

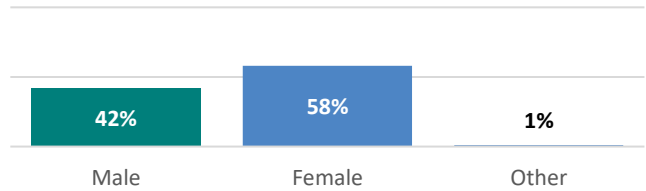
COMMUNITY SURVEY

Respondent Age



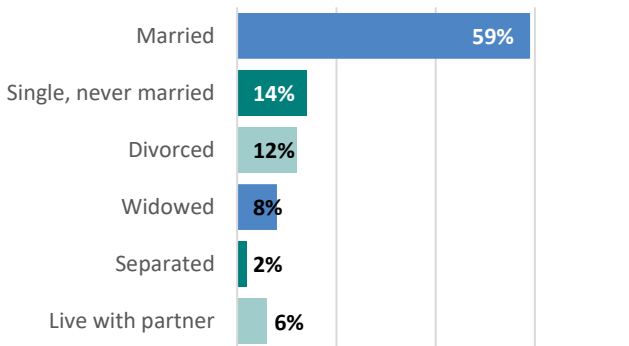
Age	N	%
18-24	26	6.5%
25-44	110	27.5%
45-64	163	40.8%
65 and over	101	25.3%
Total	400	100.0%

Respondent Gender



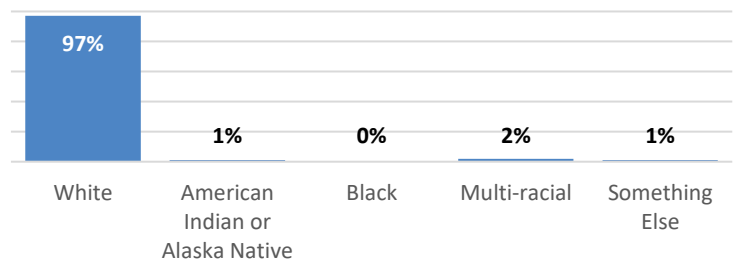
Gender	N	%
Male	167	41.8%
Female	231	57.8%
Other	2	0.5%
Total	400	100.0%

Marital Status



Marital Status	N	%
Married	234	58.5%
Single, never married	54	13.5%
Divorced	49	12.3%
Widowed	31	7.8%
Separated	8	2.0%
Live with partner, not married	24	6.0%
Total	400	100.0%

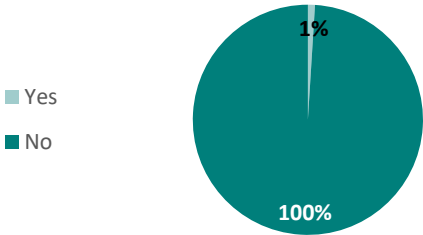
Race



Race	N	%
White	386	96.5%
American Indian/Alaska Native	2	0.5%
Black	1	0.3%
Multi-racial	6	1.5%
Something else	5	1.3%
Total	400	100%

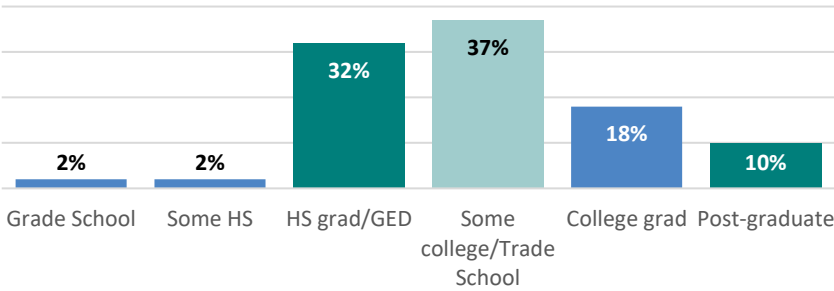


Hispanic or Latino Origin



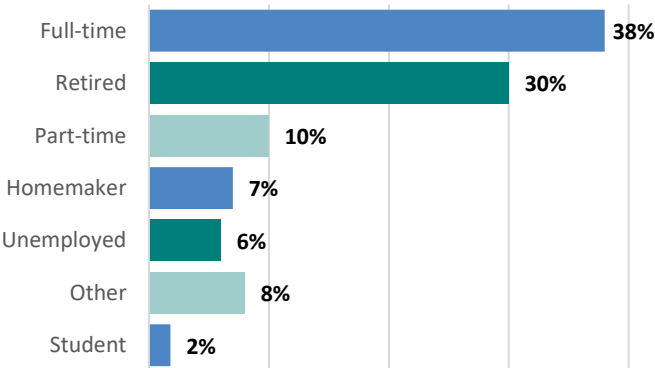
Hispanic or Latino Origin	N	%
Yes	2	0.5%
No	398	99.5%
Total	400	100.0%

Education Attainment



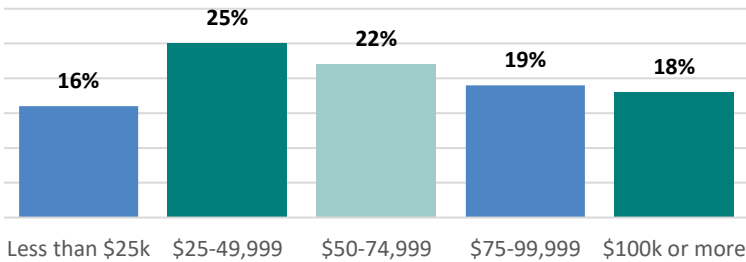
Education	N	%
Grade school	6	1.5%
Some High School	9	2.3%
HS grad/GED	127	31.8%
Some college/Trade School	148	37.0%
College grad	70	17.5%
Post-graduate	40	10.0%
Total	400	100%

Employment Status



Employment Status	N	%
Full-time	153	38.3%
Retired	121	30.3%
Part-time	38	9.5%
Homemaker	28	7.0%
Unemployed	23	5.8%
Other	31	7.8%
Student	6	1.5%
Total	400	100.0%

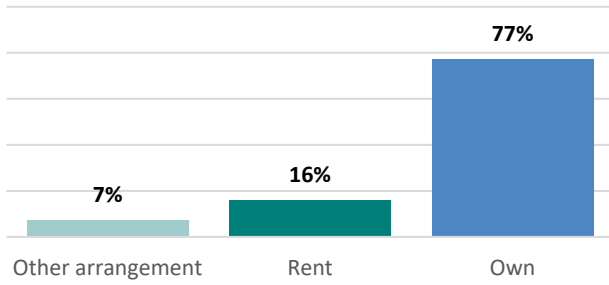
Household Income



Income	N	%
Less than \$25k	65	16.3%
\$25-49,999	99	24.8%
\$50-74,999	89	22.3%
\$75-99,999	74	18.5%
\$100k or more	72	18.0%
Total	399	100.0%



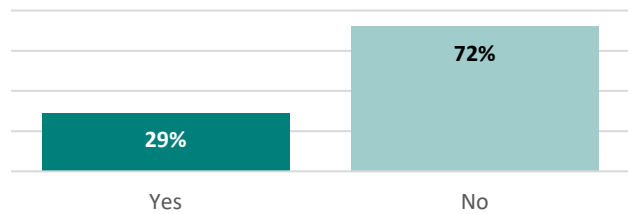
Own or Rent



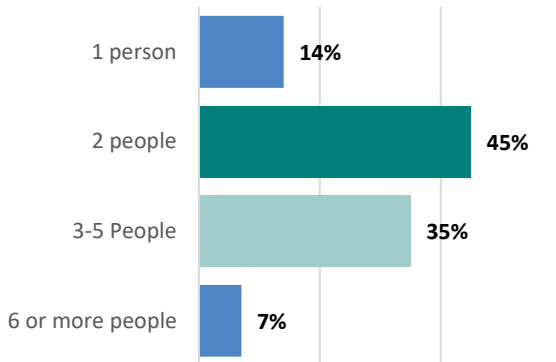
Own or Rent	N	%
Own	307	76.8%
Rent	64	16.0%
Other arrangement	29	7.3%
Total	400	100.0%

Children in Household

Have Children	N	%
Yes	114	28.5%
No	286	71.5%
Total	400	100.0%



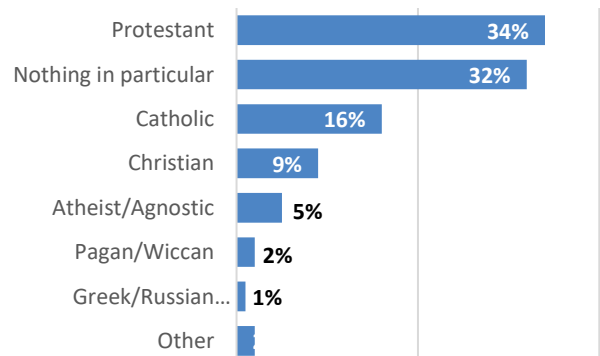
Number of People in Household



Number of People in Household	N	%
1 person	55	13.9%
2 people	178	44.8%
3-5 people	137	34.5%
6 or more people	27	6.8%
Total	397	100.0%

Present Religion	N	%
Protestant	134	33.5%
Nothing in particular	127	31.8%
Catholic	63	15.8%
Christian/non-denominational	36	9.0%
Atheist/Agnostic	18	4.5%
Pagan/Wiccan	6	1.5%
Greek/Russian Orthodox	4	1.0%
Other	9	2.3%
Total	400	100.0%

Religion





City	N	%
Carrollton	173	43.9%
Malvern	77	19.5%
Minerva	46	11.7%
Dellroy	29	7.4%
Sherrodsville	25	6.3%
Amsterdam	10	2.5%
Mechanicstown	7	1.8%
Magnolia	7	1.8%
Kensington	4	1.0%
Bowerston	4	1.0%
Scio	3	0.8%
Waynesburg	2	0.5%
East Canton	2	0.5%
Salineville	1	0.3%
Mineral City	1	0.3%
Leesville	1	0.3%
Dennison	1	0.3%
Augusta	1	0.3%
Total	394	100.0%

Zip Code	N	%
44615	173	43.4%
44644	83	20.8%
44657	43	10.8%
44620	29	7.3%
44675	25	6.3%
43903	10	2.5%
44651	7	1.8%
44643	6	1.5%
44695	5	1.3%
44427	4	1.0%
43988	3	0.8%
43945	2	0.5%
44607	2	0.5%
44656	2	0.5%
44688	2	0.5%
44621	1	0.3%
44625	1	0.3%
44639	1	0.3%
Total	399	100.0%

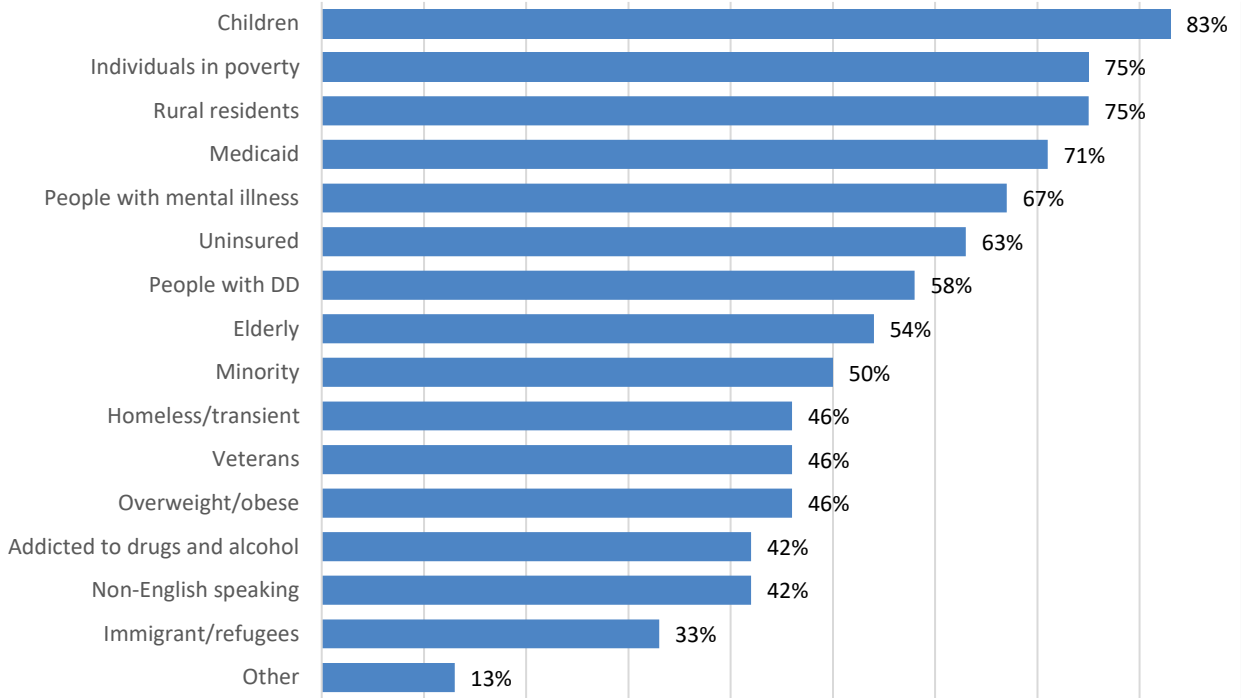
Township	N	%
Brown	98	26.1%
Center	44	11.7%
Harrison	42	11.2%
Carroll	40	10.6%
Monroe	23	6.1%
Rose	22	5.9%
Washington	16	4.3%
Carrollton	15	4.0%
Fox	12	3.2%
Union	11	2.9%
Orange	11	2.9%
Loudon	7	1.9%
Lee	7	1.9%
Perry	6	1.6%
Augusta	6	1.6%
East	5	1.3%
Malvern	3	0.8%
Paris	2	0.5%
Minerva	2	0.5%
Dellroy	2	0.5%
Sherrodsville	1	0.3%
Total	376	100.0%





COMMUNITY PARTNER SURVEY

Populations Served by Organization



Sectors Org. Associates With	N	%
Government	12	50.0%
Nonprofit	7	29.2%
Education	5	20.8%
Health care	4	16.7%
Business/private sector	1	4.2%
Religious	1	4.2%
Other	1	4.2%
Total	24	100.0%

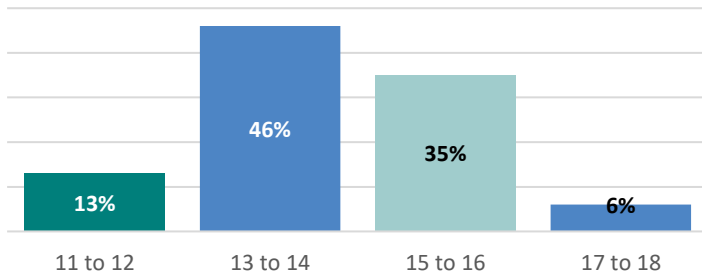
Primary Service Area	N	%
Carroll County	18	78.3%
Multi-County	4	17.4%
Specific City/Township	1	4.3%
Total	23	100.0%





YOUTH SURVEY

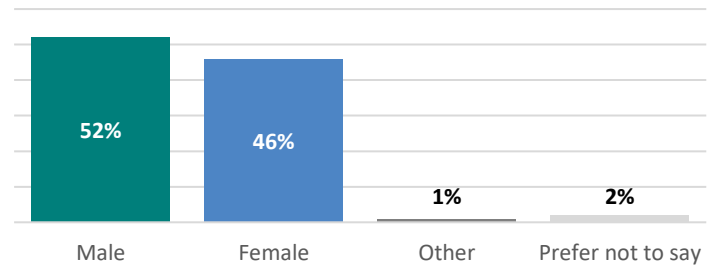
Respondent Age



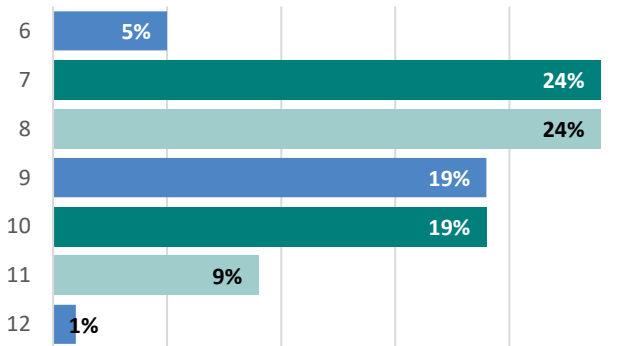
Age	N	%
11-12	54	12.7%
13-14	194	45.7%
15-16	150	35.4%
17-18	26	6.1%
Total	424	100.0%

Respondent Gender

Gender	N	%
Male	221	51.8%
Female	195	45.7%
Other	4	0.9%
Prefer not to say	7	1.6%
Total	427	100.0%



Grade



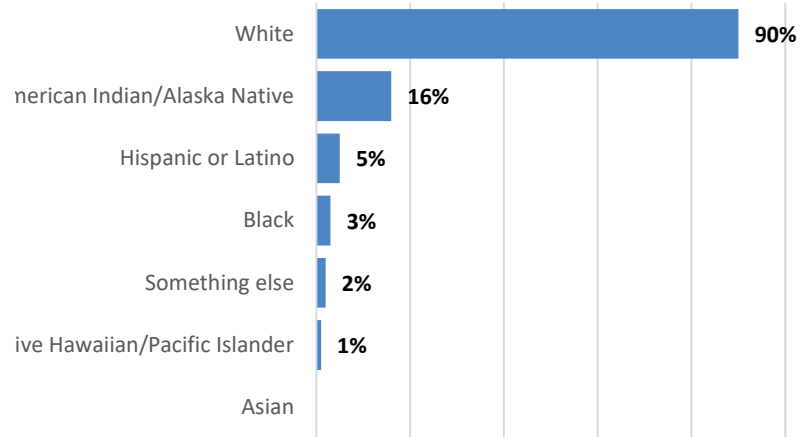
Grade	N	%
6	23	5.4%
7	100	23.5%
8	100	23.5%
9	80	18.8%
10	82	19.2%
11	36	8.5%
12	5	1.2%
Total	426	100.0%



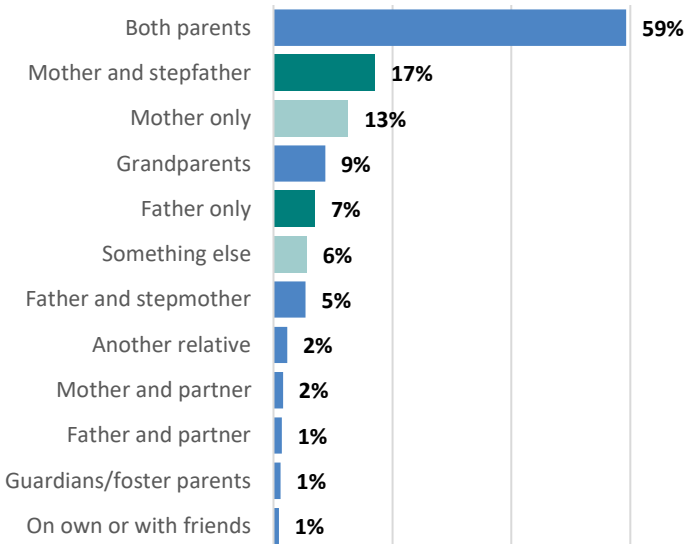


Race

Race	N	%
White	382	89.5%
American Indian/Alaska Native	66	15.5%
Hispanic or Latino	23	5.4%
Black	13	3.0%
Native Hawaiian/Pacific Islander	3	0.7%
Asian	1	0.2%
Something else	10	2.3%
Total	427	100%



Who Live With

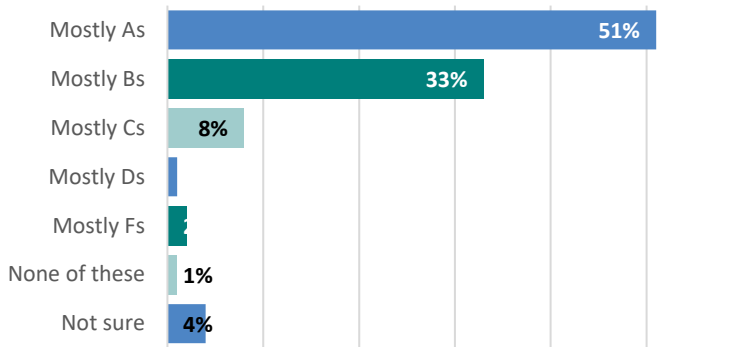


Who live with	N	%
Both parents	253	59.3%
Mother and stepfather	73	17.1%
Mother only	54	12.6%
Grandparents	37	8.7%
Father only	30	7.0%
Father and stepmother	23	5.4%
Another relative	10	2.3%
Mother and partner	7	1.6%
Father and partner	6	1.4%
Guardians/foster parents	5	1.2%
On own or with friends	4	0.9%
Something else	24	5.6%
Total	427	100.0%





Grades in School Last Year



Grade	N	%
Mostly As	212	50.7%
Mostly Bs	139	33.3%
Mostly Cs	35	8.4%
Mostly Ds	6	1.4%
Mostly Fs	7	1.7%
None of these	2	0.5%
Not sure	4	4.1%
Total	418	100.0%

Zip Code	N	%
44615	180	49.2%
44695	40	10.9%
44675	34	9.3%
44620	20	5.5%
43988	15	4.1%
44683	15	4.1%
44651	11	3.0%
44621	9	2.5%
43903	6	1.6%
43945	6	1.6%
44427	6	1.6%
44657	6	1.6%
44639	4	1.1%
44663	4	1.1%
44625	3	0.8%
44644	3	0.8%
43952	2	0.5%
44643	2	0.5%
Total	366	100.0%

