



**Portage County
Community
Health Needs
Assessment**

March 16, 2015

**By:
The Portage County
Community Health
Assessment
Partnership**

**With assistance from
Center for Public Policy and Health
College of Public Health
Kent State University**

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-City of Kent (Kent, Ohio)



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- Aurora Farms Premium Outlets (Aurora, Ohio)



Source: AP

-Portage County Randolph Fair (Randolph, Ohio)



EXECUTIVE SUMMARY

This report presents the results of Portage County’s collaborative community health assessment (CHA). Its purposes are to: (1) help create a shared understanding of health needs in Portage County and the local public health system’s future information collection needs and (2) create a foundation for future public health improvements by informing a Community Health Improvement Planning (CHIP) process and enabling a continuing quality improvement process for the local public health system.

The public health stakeholders participating in the Partnership came from the private, non-profit, and public sectors. They included representatives of the three local health departments in Portage County – the Portage County Health Department (PCHD), the Kent Health Department (KHD), and the Ravenna Health Department (RHD), as well as multiple private and non-profit sector organizations (See Acknowledgements).

The CHA process benefited from three previously completed countywide community health needs assessments (CHNAs). While the unifying purpose of these assessments was ultimately to identify health needs of the residents of Portage County, each CHNA represented a unique effort. The previously conducted assessments were:

- (1) Hospital System Collaborative Community Health Needs Assessment (2013);
- (2) Child and Family Health Services Maternal and Child Health Assessment (2013), and;
- (3) Local Health Departments Community Health Needs Assessment (2014)

Sources of data and information used in these three assessments included the University of Wisconsin’s County Health Rankings, Community Health Status Indicators, Healthy People 2020, Maternal and Child Health data sources, Census data, and focus groups and phone interviews with community leaders and health stakeholders.

The Partnership developed a process for assessing and analyzing information from these sources to arrive at a list of accepted health needs to help guide future public health improvement efforts. The process: (1) addressed data quality issues; (2) combined similar specific health needs into broader health need statements to enable more effective communication and management, and; (3) included substantiation



processes that were based on both “good” data and health needs “perceived” by expert Partnership members.

The report identifies 46 individual health needs based on the previously conducted health assessments and input from the Partnership. Some needs are supported by “good” data, while others are substantiated by the perceptions of the Partnership’s members and supplementary information. To aid in communication and management, these 46 substantiated needs were grouped into the 9 following “Areas of Health Need”:

1. Mental Health and Addiction – suicide; tobacco use; child abuse & neglect; drug use; drug overdoses; mental health & drug court specialty dockets; trauma focused mental health treatment; housing for persons with mental health issues; depression; adult mental health; alcohol use; child mental health; coordination among mental health & clinical providers.
2. Access to Care - access to prenatal care; access to health insurance; lack of sources of primary care; lack of prescription insurance; lack of dental insurance; lack of sources of dental care; access to dental care for Medicaid clients; cost of care.
3. Chronic Disease - prevention of stroke; prevention of heart disease; prevention of complications with childhood asthma; prevention of diabetes (type II); prevention of high blood pressure; prevention of complication for treatable chronic conditions; prevention of complications with childhood diabetes.
4. Prevention and Wellness - physical inactivity in children & adults; poor nutrition; unhealthy weight (children & adults).
5. Maternal and Child Health - pre-term births; maternal smoking; breastfeeding rates; infant mortality.
6. Communicable Diseases - prevention of hepatitis and immunizations.
7. Oral Health - oral health for adults and children.
8. Senior Health
9. Cancer- early diagnosis and treatment of cancer.



The report also includes demographic information to support analyses of social determinants of health, evidence summaries for the identified health needs, and identification of public health capacities in Portage County that can be used to address the health needs that are identified.

Following public review and finalization of this assessment, both the local health departments and the Partnership envision development of a Community Health Improvement Plan (CHIP) to develop strategies for addressing priority health needs in Portage County. It is envisioned that a group of stakeholders will be brought together to carry out the CHIP. The CHA Partnership also wanted to provide additional input to the CHIP process, and made the following recommendation in this regard:

The Portage County Community Health Assessment Partnership encourages the CHIP Partnership to incorporate data collection, management, and utilization strategies into the Portage County Community Health Improvement Plan.

In summary, stakeholders from a variety of sectors and health specialties coordinated together to participate in this comprehensive CHA for Portage County. The CHA Partnership was able to benefit from the work done in targeted health assessment efforts completed in the county over the past year or two. The Partnership developed a process of incorporating and assessing data from three previously completed community health assessments. The result is a final list of 46 substantiated health needs in 9 broad areas within Portage County, and an identification of potential strategies for improving data collection to inform future health assessment rounds. This information is designed to inform the CHIP process, which is likely to involve community stakeholders working to identify priority health needs, targets for intervention, and mechanisms for evaluating progress.

The work underlying the report was supported by the Robert Wood Johnson Foundation and the State of Ohio's Local Government Innovation Fund (LGIF), as well as the organizations involved.



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INTRODUCTION

A Community Health Assessment (CHA) “is a process that uses quantitative and qualitative methods to systematically collect and analyze data to understand health within a specific community” (NACCHO, 2014). It serves as a foundation for efforts to understand, promote, and improve the health of residents in a local community. This CHA report seeks to provide this kind of foundation for public health improvement in Portage County, Ohio.

The CHA process results presented in this report are the culmination of efforts by community stakeholders throughout Portage County. These stakeholders have come from the private, non-profit, and public sectors. They include representatives of the three local health departments that have provided services in Portage County for a number of years – the Portage County Health Department (PCHD), the Kent Health Department (KHD), and the Ravenna Health Department (RHD), as well as a number of other important health-related organizations in Portage County. In 2011, a group of these stakeholders came together to form a Task Force for Improving Public Health in Portage County, and the work of this Task Force has enabled multiple efforts to better understand and improve public health in Portage County.

One result of these stakeholders’ efforts was a successful grant application to the Center for Sharing Public Health Services and the Robert Wood Johnson Foundation (RWJF), and the receipt of this grant enabled the establishment of several workgroups to facilitate collaborative progress toward public health improvement in Portage County.¹ One important recommendation emanating from one of these RWJF workgroups was that the health departments in Portage County should work together with their partnering agencies on a collaborative CHA. That recommendation was subsequently adopted by the PCHD, the KHD, and the RHD, and the Health Commissioners from these health districts played central roles in establishing and contributing to the work of a CHA Partnership comprised of multiple health-related stakeholders in Portage County.

Much like the broader RWJF partnership, a key objective of the CHA Partnership has been to establish continuing processes of collaboration across health organizations in Portage County. Another key objective has been to guide a process to assess relevant health and data collection needs to support future public health planning processes

¹These three RWJF Workgroups are: 1) the Strategy and Action Plan Workgroup; 2) the Evaluation Workgroup, and; 3) the Education Workgroup.



and interventions within the community. Thus, the CHA Partnership's role has been to:

- Help guide the compilation of data to substantiate health needs;
- Provide expert input on health needs in Portage County, and;
- Provide input on the CHA report, and appropriate follow up efforts relating to it.

A number of important health-related stakeholders in Portage County have joined in the CHA effort, and they have enabled successful efforts on the part of the CHA Partnership in carrying out these roles. These organizations include:

- Robinson Memorial Hospital;
- Portage County Mental Health and Recovery Board;
- United Way of Portage County;
- Children's Advantage;
- The Consortium of Eastern Ohio Master of Public Health, Northeast Ohio Medical University;
- Townhall II;
- Planned Parenthood of Greater Ohio;
- Hiram College;
- Kent State University's Health Services;
- Portage County Transportation Authority;
- Coleman Professional Services;
- Portage County Sheriff's Department;
- Family and Community Services;
- AxessPointe Medical Center, and;
- Windham Renaissance Family Center.

The work of these CHA Partnership members in fulfilling their roles has enabled the compilation of this report. The purposes of the report are to: 1) help create a shared understanding of health needs in Portage County and the local public health system's future information collection needs, and; 2) create a foundation for future public health improvements by informing a Community Health Improvement Planning (CHIP) process and enabling a continuing quality improvement process for the local public health system.

It is worth noting that in the summer of 2014, as the CHA process was unfolding, the City of Ravenna (preceded by authorizing action from the Portage County Health District Advisory Council) adopted legislation to formally merge its health district with the Portage County Health District. While future public health endeavors regarding the RHD are likely to eventually fall under the auspices of the Portage



County Health District, it is important to recognize the role that the Ravenna Health District – along with the Portage County and Kent Health Departments – has played in the development and completion of this CHA. In recognition of this active engagement across all three health districts, the results presented in this report reflect an effort to understand the distinct characteristics of all three of these Portage County health districts. Similarly, detailed information on key characteristics of other jurisdictions within Portage County can be found in the Appendices.



Source: Google

-Portage County Health Department (Ravenna, Ohio)



Source: Google

-Kent Health Department (Kent, Ohio)



Source: Google

-Ravenna Health Department (Ravenna, Ohio)



BACKGROUND: RECENT HEALTH AND CAPACITY ASSESSMENT WORK IN PORTAGE COUNTY

The CHA process has benefited from previously completed health assessment work conducted in Portage County. Indeed, the CHA processes documented in this report have been developed and managed in part to integrate data and data collection activities undertaken through three recently completed assessments in order to build a widely shared understanding of community health needs in Portage County. This section briefly describes these three previously completed health assessments, and provides a brief summary of recent work done to assess public health system capacities in Portage County (this brief summary of recent public health system capacity work is supplemented by additional information in the Appendices). The section is followed by a discussion of the processes, methods, and data used to compile the demographic information and areas of community health need that are highlighted in the Findings section of this report.

Health Needs Assessments

Over the past year or two, three countywide community health needs assessments (CHNAs) have been conducted and presented to the Portage County community. While the unifying purpose of these assessments was ultimately to identify health needs of the residents of Portage County, each CHNA represented a unique effort. The three health assessments are described briefly below.

Hospital System Collaborative Community Health Needs Assessment

The enactment of the *Affordable Care Act (ACA)* in 2010 produced new requirements that charitable hospitals must satisfy to remain non-profit 501(c)(3) organizations. Enforced by Internal Revenue Service (IRS) regulations, the ACA requires each charitable hospital to “conduct a community health needs assessment (CHNA) and adopt an implementation strategy at least once every three years,” effective for tax years beginning after March 23, 2012.

In follow up to these requirements, the three major local non-profit hospital systems in Summit County, Ohio (Akron Children’s Hospital, Summa Health System, and Akron General Medical Center) began a collaborative effort to conduct a CHNA in 2012 for the purposes of meeting the newly established IRS regulations for the upcoming tax year and assisting in community efforts intended to improve public



health locally. As a group, these hospitals contracted with the College of Public Health at Kent State University (KSU-CPH) to facilitate the process. A modified version of the Mobilizing for Action through Planning and Partnerships (MAPP) model framework developed by the National Association of County and City Health Officials (NACCHO) was selected to provide conceptual guidance for the effort.²

Both quantitative and qualitative data were collected and analyzed by KSU-CPH to inform the CHNA process. The quantitative data primarily consisted of existing county-level estimates provided by the County Health Ranking and Roadmaps program, the Community Health Status Indicators project, and the Community Health Needs Assessment Toolkit. In addition, quantitative data indicators were supplemented by county or regional-level estimates obtained from the Ohio Medicaid Assessment Survey, the Ohio Hospital Association, and various reports on state and local programming. Qualitative data were collected from interviews with community leaders from 12 community organizations and community resident focus groups consisting of 60 individuals.

Using a two-step approach, the hospital system CHNA collaborative identified county-level priority health needs from the vast amount of data collected. First, county-level estimates of quantitative data were compared to estimates from up to five benchmarks, including the nation, the state, two demographically similar peer counties, and the Healthy People 2020 target (if one existed). The data indicators were stratified by health needs pertaining to adults or children and were organized into matrices that categorized indicators based on whether they were higher or lower than two, three, or four of the benchmarks. The CHNA Steering Committee used the matrices to identify priority health needs, which were subsequently supplemented with additional health needs that consistently emerged from a content analysis of the qualitative data.

While the methods for the collaborative CHNA process were uniformly established and implemented, the service areas identified by each hospital system were different and thus, the data indicators were analyzed and prioritized separately by each organization based on the county composition of their individual service areas. Specifically, the CHNA for Akron Children's Hospital included data for five counties (Medina, Summit, Portage, Wayne, and Stark), while Summa Health System's included data for three counties (Medina, Summit, and Portage) and Akron General Medical Center's included data for one county (Summit). Each hospital system produced and disseminated their own CHNA report (2013) and has since adopted their own implementation strategies based on the results, as required by IRS regulations.

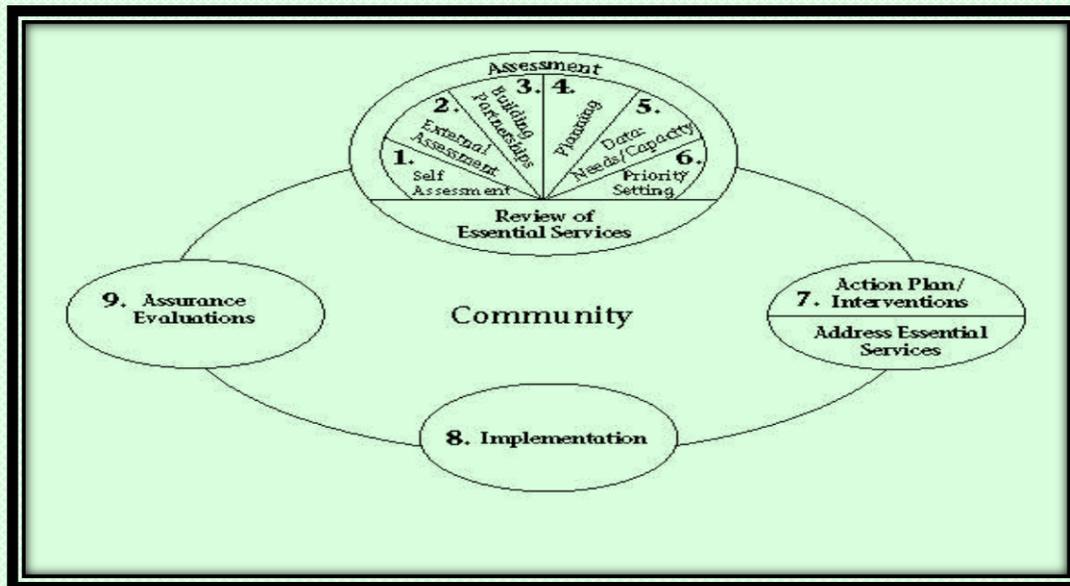
² A brief description of the MAPP process is provided in Appendix I.



Child and Family Health Services Maternal and Child Health Assessment

In July of 2011, the Child and Family Health Services (CFHS) Program at the Ohio Department of Health (ODH) awarded the PCHD a five-year grant to enhance public health services for maternal and child health (MCH) across the entire county, including the cities of Kent and Ravenna. The ODH grant requires all recipients of CFHS funds to conduct and document activities for community health assessment and program planning using the Community Health Improvement Cycle (CHIC) model framework that was developed by ODH. Figure 1 below provides a schematic overview of the CHIC Cycle.

Figure 1: Community Health Improvement Cycle



First year CFHS grant activities (CHIC steps 1-4) culminated in the formation of the Portage County Maternal and Child Health Consortium, a group of key stakeholders from 35 Portage County organizations. The Consortium members were presented with the results of the local health departments' self-assessments of organizational capacity and readiness and an external assessment of Portage County commitments and resources, which guided them in an exercise for outlining generalized health need topic areas to be further evaluated. In addition, a basic plan for the analysis and



presentation of MCH data indicators was approved and a Data Workgroup was established to provide oversight and make key decisions.

The second year of the grant included activities (CHIC step 5) led by the Data Workgroup that resulted in a detailed report titled "Portage County Maternal and Child Health Indicators: A Report to the Portage County Maternal and Child Health Consortium for Issue Prioritization" (2013). The process for the inclusion of data indicators began with a list of measurements that were "required" or "recommended" by the ODH CFHS Program. The Data Workgroup amended that list as they considered the importance of the "recommended" indicators to the Portage County community and made decisions for additional measurements to be included.

The Data underlying the final list of 50 data indicators chosen by the Data Workgroup were provided by existing county-level data reports or by the analysis of secondary data sources performed by Summit County Public Health via an inter-departmental contract for epidemiological services. Data sources mainly consisted of Ohio birth and death certificate data, cancer registry data from the Ohio Cancer Incidence Surveillance System, communicable disease data from the Ohio Disease Reporting System, and survey data from the 2008 Ohio Family Health Survey. Where possible, the Data Workgroup decided it was important to report results at the sub-county level and developed 12 clusters of Portage County political subdivisions for geographic stratification.

Year two of the CHFS grant concluded with activities (CHIC step 6) for the prioritization of health needs. An independent consultant from Common Good Consulting was hired and developed a two-step prioritization process involving the Data Workgroup and the entire Portage County MCH Consortium. The data indicators were ranked based on points assigned from each of the following criteria:

1. Whether or not the data indicator was consistent with the previously identified health needs of physical activity, healthy diet, and/or affordable health insurance;
2. Whether or not the data indicator was required for measurement by the ODH CFHS Program;
3. How the overall Portage County results for the data indicator compared to the results for the state of Ohio and the Healthy People 2020 target (if one existed);
4. How the results of the data indicator for individual geographic clusters compared to the results for the state of Ohio;



5. Assessment of the county's capacity to initiate or expand an intervention that would change the results of the data indicator;
6. Assessment of other factors that could influence an intervention that would change the results of the data indicator.

The Data Workgroup in the first step of the prioritization process assessed criteria 1-4, while the entire Portage County MCH Consortium assessed criteria 5-6 in the second step. A list of 20 ranked priority data indicators resulted from the process and is currently being used to inform a community-wide interventions plan that will be implemented and evaluated over the remainder of the five-year CFHS grant cycle (CHIC steps 7-9). The CHFS assessment process is now being rolled into the comprehensive CHA and CHIP processes underway in the county.

Local Health Departments Community Health Needs Assessment

In February of 2012, the Task Force to Improve Public Health in Portage County recommended that the three local health departments pursue accreditation through the Public Health Accreditation Board (PHAB) to be completed within the following five years. Given that an application for PHAB accreditation requires the completion of a comprehensive CHNA, the Portage County, Kent City, and Ravenna City Health Departments began a collaborative effort to produce an assessment that would not only move them toward meeting PHAB criteria, but also support local decision-making and improve public health across the county. To this end, the three health departments collectively contracted with the Center for Public Policy and Health (CPPH) in the College of Public Health at Kent State University to assist them in preparing a broad county-wide health assessment (James, et al., 2014) to help facilitate this process.

The methods implemented in this process involved the collection of both quantitative and qualitative information to identify a comprehensive set of health needs in Portage County, which included community perceived needs that were not measurable by data indicators. On a quantitative level, the data included county-level estimates of 80 data indicators provided by the County Health Ranking and Roadmaps program and the Community Health Status Indicators project. Qualitative data were collected from key informant interviews of board of health members, city council members, and township trustees.

An initial set of Portage County priority health needs were identified from among the 80 quantitative measures by implementing a ranking system that categorized the data indicators as first tier, second tier, or third tier based on their comparisons with

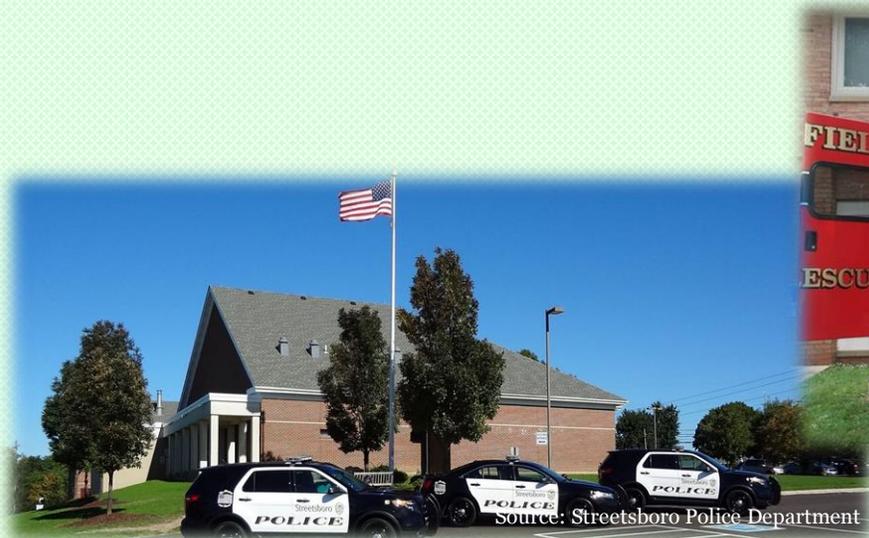


four benchmarks, including the nation, the state, and two peer counties (Greene and Wood). First tier data indicators were identified as those where Portage County estimates compared unfavorably to all four of the benchmarks. Similarly, second and third tier data indicators were those where Portage County estimates were unfavorable compared to three or two of the benchmarks, respectively. In addition, the process was supplemented by the identification of perceived health needs obtained from the key informant interviews, some of which were newly identified, while others were consistent with the quantitative data analysis.

Ultimately, the collaborative needs assessment effort of the three local health departments in Portage County resulted in a report titled “Portage County Community Health Needs Assessment” (James et al., 2014). The process identified eight first tier data indicators, six second tier data indicators, and 18 third tier data indicators that highlight the health needs of residents in Portage County. In addition, the process identified multiple perceived health needs that were not measurable or measured to inform subsequent discussions.

Assessing and Mapping Public Health System Capacities in Portage County

Over the past several years, efforts have also been made to assess public health system performance and capacities in Portage County and “map” current services. These efforts included a Local Public Health System Performance Assessment, an inventory of Portage County public health-related service providers, and a description of public health services provided individually and collaboratively by local health departments in Portage County. We describe these efforts and the information flowing from them in Appendices II, III, and IV, respectively.



Source: AP

-Brimfield Fire Department (Brimfield, Ohio)

-Streetsboro Police Department. (Streetsboro, Ohio)



PREPARING THE COMMUNITY HEALTH ASSESSMENT: PROCESSES, METHODS, AND DATA

To arrive at the findings specified in this report, the CHA Partnership's work proceeded in five major steps. These major steps are as follows:

- 1) Establish the CHA Partnership and define the health assessment process;
- 2) Compile data and information to support the assessment;
- 3) Assess and analyze data and information;
- 4) Establish findings and write report;
- 5) Collect public input on the CHA and finalize the report.

In the subsections that follow, we briefly discuss the CHA Partnership's work in each of these areas.

Establishing the CHA Partnership and Defining the Health Assessment Process

To begin the CHA process, representatives of the three health districts asked the RWJF Education Workgroup to compile a list of health stakeholders in Portage County. From a list of 74 stakeholders generated by the RWJF Education Workgroup, the representatives selected 21 individuals from organizations that they believed were particularly knowledgeable and aware of health needs in Portage County. In early June 2014, letters from the three health commissioners were sent to 21 key stakeholders across Portage County inviting them to participate in the CHA process. The Stakeholders who participated in the process are listed in the Acknowledgements above. The stakeholders invited came from a variety of sectors, including but not limited to:

- Local Government
- Public Transportation
- Local Hospitals
- Emergency Services
- Mental Health agencies

In addition, the Health Commissioners also kept information on the other individuals and organizations identified by the RWJF Workgroup, so they could be engaged in the CHA and CHIP efforts at subsequent stages of the process.

At the initial meeting, the partnership agreed that its specific role was to:



- Help guide the compilation of existing data to substantiate health needs;
- Provide expert input on health needs in Portage County, and;
- Provide input on the CHA assessment report and appropriate follow up efforts relating to it.

The CHA Partnership also formally adopted the Community Health Improvement Cycle (CHIC) as the planning model going forward (see figure 1 above). This is the same planning model used by the Maternal and Child Health Assessment process in Portage County. It was determined that because health officials in the county were familiar with the process, and that it is a product of the Ohio Health Department (ODH), it would serve the county well in this situation. In addition, previously undertaken processes relating to the first four stages of the CHIC process were described, and the group agreed to participate in continuation of those assessment, partnership, and planning efforts through the comprehensive CHA Partnership effort.

The CHA Partnership held 5 full Partnership meetings in 2014, and engaged in a number of other sub-committee meetings and other activities. Whenever possible, full Partnership meetings were video-taped so those unable to attend could catch up on the activities that they had missed.

Compiling Data and Information to Support the Assessment

The CHA Partnership and the KSU-CPPH staff and affiliated personnel identified data from a range of sources to support the assessments. The data collected and analyzed in the previously mentioned assessments (Hospital System Collaborative, CFHS Maternal and Child Health, Local Health Department CHNA) provided a foundation of data and information, and these data were supplemented by information from other sources. These other sources included the Census and American Community Survey, which provides baseline demographic information on Portage County and its jurisdictions. In addition, individual CHA partners also brought data, information, and multiple insights to the full Partnership's discussions.

While the assessment process relied on data from multiple sources, information was collected from Partnership Members in the form of internal surveys of their expert perceptions on the health needs affecting the county, as well as primary data provided by their agencies. Major sources of primary and secondary data compiled and considered include:



Primary Data Sources:

Key Informant Interviews

We conducted key informant interviews to gather information and perceptions regarding health needs in Portage County, Ravenna and Kent. These key informant interviews are documented in the Local Health Departments (2014) health assessment referenced above.

Focus Groups

The Hospital System CHNA used focus groups to collect primary perceptual data related to health needs in the community from key stakeholders. This information was used to supplement data and information collected from secondary sources.

Agency Data

Another form of primary data used in this assessment is data collected by community health agencies that were provided by Partnership Members during the CHA Process. Data from behavioral health and clinical health agencies in the county have been used to supplement other data sources used in this assessment.

Contributions of CHA Partnership Members

The CHA Partnership included 21 individuals with substantial expertise on health needs and issues in Portage County. These individuals provided information throughout the CHA process that contributed to the findings presented. At the beginning of the process, in early summer of 2014, they contributed a list of health needs that they perceived to exist in Portage County, and these needs were included in an initial list of needs that was compiled for analysis and consideration by the Partnership as a whole. They also contributed expertise, primary agency data (as noted above), additional secondary data, and insights at subsequent stages of the assessment process, including a survey of Partnership Members on their feelings toward the list of health needs being evaluated (See Appendix VII for information on this survey).



Secondary Data Sources:

Maternal Child and Health Data Sources

Data indicators were obtained through American Community Survey Data, Guttmacher Institute, Health Resources and Service Administration, Office of Policy, Research and Strategic Planning, Ohio Birth Certificate Data and Ohio Cancer Incidence Surveillance System.

County Health Rankings

According to their website, the County Health Rankings report ranks the health of nearly every county in the nation and includes indicators that measure many of the factors that impact health status in the community. The Rankings also confirm the critical role that factors such as education, jobs, income, and environment play in influencing the health of populations.

Community Health Status Indicators

According to the Community Health Status Indicators (CHSI) website, the goal of this dataset is to provide an overview of key health indicators for local communities and to encourage dialogue about actions that can be taken to improve a community's health. The CHSI report was designed not only for public health professionals but also for members of the community who are interested in the health of their community.

The CHSI report provides a tool for community advocates to see, react, and act to create a healthier community. The report can serve as a starting point for community assessment of needs, quantification of vulnerable populations, and measurement of preventable diseases, disabilities, and deaths.

Healthy People 2020

Healthy People 2020 provide science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to: encourage collaborations across communities and sectors, empower individuals toward making informed health decisions and measure the impact of prevention activities



Census and American Community Survey

Demographic data were collected for Portage County and its political subdivisions using US Census and American Community Survey data via the American Fact Finder database. The county's subdivisions were grouped into geographic clusters using the same methodology used in the Portage County Maternal and Child Health assessment (See Appendix V).

Assessing and Analyzing Data and Information

The process of assessing and analyzing information began with the compilation of health needs identified by both the three previously conducted health needs assessments (see Background Section above) and the CHA Partnership members. Combined, these sources of identified health need produced an initial list of 155 identified health needs.

However, with a broad range of data and information available to it, the CHA Partnership faced challenges in assessing and analyzing this existing information to arrive at a list of accepted health needs to help guide future public health improvement efforts. At least three specific challenges presented themselves:

1. The data quality challenge: Information and data from the sources described above were assessed and considered, and this resulted in the compilation of multiple health needs indicators (138) from all three previously conducted Portage County needs assessments. However, the CHA Partnership found that data from differing sources underlying these assessments varied along multiple dimensions that might affect its quality. As a result, the CHA Partnership determined that it needed to evaluate the data upon which the health need statements were based to determine whether it was of a quality that could be relied on – in and of itself – to substantiate a health need in Portage County.
2. Substantiating legitimate health needs that are not supported by “good” data: Some health needs were well-documented by strong existing data, but the group was concerned that there were multiple important health needs that were not particularly well-documented by existing data and information sources. This raised questions about how to substantiate important health needs that needed to be addressed, but were backed by weaker data than the Partnership was comfortable with and/or only by the experiences of the expert members of the group.



3. Enabling effective communication and management of multiple specific health needs: The pure volume of *specific* health needs identified in the previous assessments and by Partnership members made analysis and prioritization of needs difficult. For this reason, the Partnership suggested that there would be value in grouping specific needs in ways that enhanced comprehension and communication, while also making subsequent intervention efforts more feasible.

The following subsections address how the Partnership chose to address these challenges.

Assessing Data Quality

The CHA Partnership's initial list of 138 identified health needs came from a number of different sources, and some of them were well established sources of community health information. However, the Partnership found that data from these differing sources varied in ways that might affect its quality. Even data reported for Portage County from well-known and widely used sources such as the County Health Rankings could be some years old or dependent on information gleaned from outside Portage County. As a result, the Partnership chose to build a data quality assessment effort explicitly into its health assessment process.

At the Partnership's second meeting, it established a Data Quality Workgroup, supported by Dr. Heather Beard, an Epidemiologist serving Summit and Portage Counties, as well as KSU's College of Public Health. The group consisted of 6 workgroup members, and it met several times to establish data quality criteria and to evaluate the health need indicators according to those criteria.

The group reviewed identified "data driven" health indicators from the three Portage County Health Needs Assessments described above. Multiple perceived health needs were also provided by stakeholders participating in the partnership, but they were not included in the data quality assessment. After the "data driven" health indicators were condensed into one list, the result was an initial list of data-driven health indicators for evaluation.³

After this initial list was compiled, the data quality subcommittee developed a means for determining which indicators were backed by "good" quality data and which were

⁴ The indicators that were not "data-driven" included perceived needs offered by CHA Partnership members and needs growing from the previous health assessments that surfaced through means other than identified data (interviews, focus groups, etc.).



not. The subcommittee then reviewed the needs based on a scoring system and algorithm developed specifically for this assessment. Each data driven health need indicator was assessed for five data quality criteria shown in Figure 3. These criteria are: timeliness; representativeness and generalizability; validity; statistical confidence, and; consistency.

Figure 2: Partnership Approved Criteria for Data Quality

1. **Timeliness** – This criterion will consider not only how old the data is, but also, how quickly the results of the indicator are expected to change. It will take into account whether or not there are known external factors that make us believe that the results would be different now than when the measurement was made.
2. **Representativeness & Generalizability** – This criterion considers how well the indicator measures the actual health need it is intended to represent and also, how generalizable the results on the specific population investigated are to the entire target population of Portage County.
3. **Validity** – This criterion considers the results of the indicator with respect to known measurement error associated with the collection, management, and/or analysis of the data. For instance, due to reporting bias, data on weight that is self-reported is not as valid as data on weight that is observed directly from a scale.
4. **Statistical confidence** – This criterion considers the sample size, margin of error, and confidence intervals inherent in results that are obtained from data that are collected from a sample (a percentage of the population), as opposed to results that are obtained from data that are collected from the entire population (100% of the population).
5. **Consistency** – This criterion considers how widely accepted the utilization of the data source and indicator are in informing public health practice. It will take into account whether or not the data source and indicator are consistent with those used in establishing national, state, or local objectives. For instance, Healthy People 2020 objectives may be the gold standard, while those specific indicators used in the calculation of the county health rankings score may carry a little less weight. The rationale is that such data sources and indicators have been the topic of rigorous discussion with regard to their usefulness in informing public health practice.

Source:

The criteria and definitions provided in this table were developed in draft form by Dr. Heather Beard, reviewed and approved for use in final form by the full CHA Partnership, and relied upon by the CHA Partnership's Data Quality Workgroup to evaluate data sources that underlie the health needs addressed in this report. The data quality rating procedures used by the CHA Partnership are described in Appendix VI.



Substantiating Health Needs

As is noted above, the CHA Partnership benefited from the documentation of health needs that was provided by the previously conducted health needs assessments for Portage County. It also benefited from insights on perceived needs provided by Partnership members at the outset of the process. The overall process used to substantiate needs from these sources is summarized in Figure 3 below.

These two sources of identified health needs resulted in a preliminary list of 155 potential health needs/indicators. Of these needs/indicators, 138 were identified through the three previous health needs assessments described above and 17 unique needs were identified by members of the Partnership in late June of 2014. These numbers are summarized in Box A of Figure 3.

To deal with this long list of identified health need indicators, the Partnership determined that a process for substantiating health needs based on data quality criteria, the expertise of the Partnership as it relates to perceived needs, and supplemental data and information was needed. As a result, at its second and third meetings, CHA Partnership members – with the assistance of KSU-CPPH staff and affiliates -- developed a process for substantiating health needs identified through the previous needs assessments and the perceived health needs identified by the CHA Partnership’s members, and through other sources.



Source: AP

-Kent State University Library (Kent, Ohio)

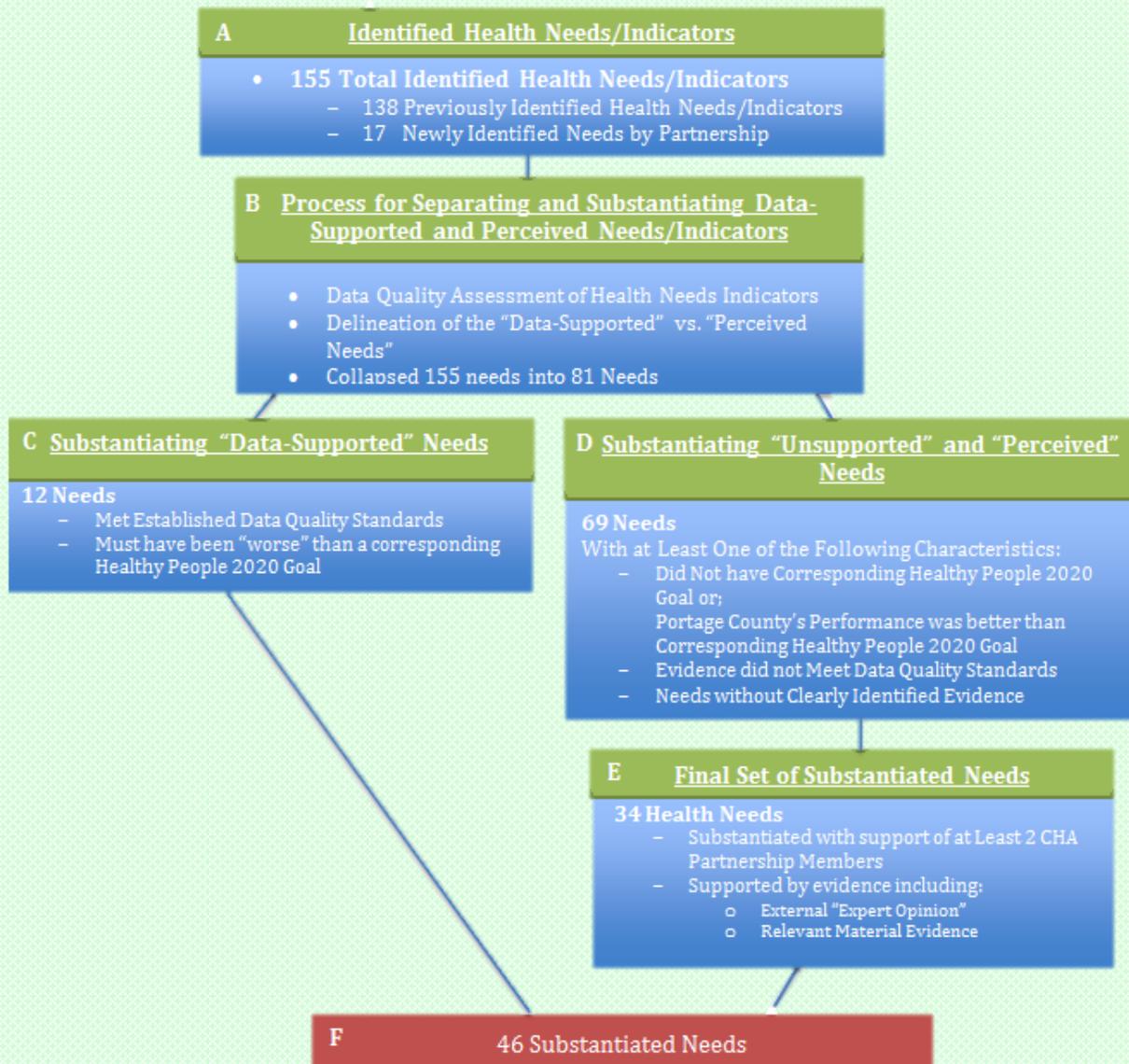


Source: AP

-Kent Free Library (Kent, Ohio)



Figure 3: Health Needs Substantiation Process:



In the second stage of the process (Box B of Figure 3), the Partnership identified a process for separating the data supported and perceived needs, so they could be substantiated appropriately. While it would be ideal if all identified health needs were based on "good" data and could be fully substantiated by the data quality criteria addressed above, discussions among group members made it clear that many important health needs in Portage County could not be substantiated in this manner due to limitations in the availability of "good" data. This meant that separating these two categories of need was a necessary step in the process.



As a result, the health indicators with reference data identified in the previous reports were subjected to the data quality assessment process described in the subsection above, while alternative procedures for substantiating “perceived” and non-data supported needs were also developed.

In addition, in this second stage of the process, the Data Quality Workgroup took the 155 initially identified health needs/indicators through a review process that ultimately condensed the list to 81 unique health need indicators derived from both the previously conducted Portage County needs assessments and the health needs identified by CHA Workgroup members.

These 81 unique health need indicators were then divided into two categories. The first category includes 12 data driven needs that were:

1. Backed by “good” quality data, which met the data quality standards as determined by the CHA Partnership’s Data Quality Workgroup, and;
2. Comparable to a parallel Health People 2020 goal that documents Portage County performance that is “worse” than that national goal.

This element of the Partnership’s work is depicted in Box C of Figure 3.

The second category includes “perceived” health needs that are comprised of all of the remaining identified health need indicators that did not meet the quality data-driven criteria. The process for substantiating these needs is depicted in Box D of Figure 3. The 69 identified health need indicators in this category included:

1. Perceived needs forwarded by CHA Partnership members;
2. Data driven health needs drawn from the three previously conducted Portage County needs assessments that did not have a Healthy People 2020 goal, or for which Portage County’s performance was better than the corresponding goal, and;
3. Data driven health needs that were determined by the CHA Partnership’s Data Quality Subcommittee to be based on data and information that did not meet its thresholds for adequate quality (see Appendix VI for more information).

In the next stage of the process (Box E in Figure 3), the CHA Partnership conducted a process to substantiate these latter 69 health needs identified in Box D. As is noted above, the CHA Partnership believed that many of these needs were important ones that should be recognized in order to enable continuing public health improvements in Portage County. At the same time, however, the Partnership members felt that it



was important to substantiate these health needs in some fashion. To accomplish this purpose, the Partnership established criteria suggesting that these health needs could be substantiated by:

1. Concurrence from at least two CHA Partnership members, *and*;
2. The presentation of some data or evidence substantiating the views of these two Partnership members.

A total of 34 of these perceived health needs were legitimately substantiated in this fashion.⁴

After identifying these health needs, the Partnership also sought to differentiate further among them, based on their experiences as public health professionals in Portage County. They sought to do so by conducting an anonymous survey of CHA Partnership members to rate and rank the importance of these needs in Portage County. Prior to this process, CHA Partnership members were also given an opportunity to offer further evidence of the importance of the perceived health needs in Portage County. Once available evidence was assembled, participants were also given evidence summaries for each of the health needs to reference if necessary while taking the survey.

While the survey was intended to further differentiate the perceived health needs based on the expert opinions of the CHA Partnership members, the results revealed that virtually all of the perceived and unsupported needs in this category were viewed by CHA Partnership members as important to residents of the County. While there was some differentiation among the health need indicators presented, all of them were rated at the midpoint in a seven point Likert survey scale of health need importance or above. During its final meeting, the CHA Partnership agreed that the prioritization survey reinforced the results of the original processes described above and retained all 34 legitimately substantiated needs in the survey. More detailed information on the prioritization survey and its results are provided in the Findings section and in Appendix VII.

In the next stage of the process (Box F in Figure 3), the Partnership combined these two set of substantiated needs (12 "Data-Supported" and 34 "Perceived" needs) into one category, and this led to the identification of 46 substantiated health need indicators in Portage County.

⁴ The initial number of "health needs" established was 40. However, subsequent investigation revealed that some of these forty needs were not legitimately substantiated as "health needs". These "needs" were subsequently combined and/or omitted, and this left 34 substantiated "health needs".



Enabling effective management efforts to address substantiated health needs

While the data quality assessment and substantiation processes identified above were successful in narrowing the number of health need indicators identified for Portage County significantly, 46 health need indicators still seemed like a large number to understand and address by multiple stakeholders. For this reason, at its last meeting, the CHA Partnership chose to condense the 46 specific needs identified into 9 areas of health need that shared common characteristics and/or were likely to be positively impacted by the same or similar intervention strategies. It is these 9 areas of need that are used to organize the discussion of health needs in the Findings section of this report.

While the CHA Partnership believes that its efforts to address significant challenges associated with assessing health needs in Portage County have resulted in the identification of multiple areas of legitimate health need in Portage County, its members also acknowledge that *the processes, methods, and data used in this assessment do have limitations*. These limitations include reliance on secondary data to supplement primary data collected through focus groups, key informant interviews, and agency data. In some cases this secondary data may be older than would be optimal to measure time sensitive issues such as, health insurance coverage and unemployment. Another limitation is the geographic scope of the secondary data. While the secondary data sources used in this assessment are routinely used by health departments and researchers to do assessment work and other research activities, collecting additional primary data specific to Portage County and its subdivisions may be helpful in future health assessment activities. As noted above, a goal of the assessment process is to identify data collection needs for future CHA processes, and the Partnership believes that efforts to further substantiate and measure progress in addressing the health needs identified in this assessment are appropriate.

Establishing Findings and Writing the Report

At its last meeting in October 2014, the CHA Partnership defined the areas of health need that had grown out of its work, discussed additional recommendations that it would like to make, and authorized the staff of the Center for Public Policy and Health at KSU to draft the report for its review prior to the public input process. In the Findings section, the report summarizes the areas of health need that the CHA Partnership has identified, and discusses demographic characteristics of Portage County and their implications for specific sub-populations in the county. It also offers recommendations for consideration by future health leaders in Portage County, and



suggests ideas that might be considered through the CHIP process that is likely to follow. After review by the CHA Partnership and its various members, changes in this report were made as appropriate in response to that review.

Collecting Public Input on the CHA and Finalizing the Report

A key aspect of the CHA process is to share the findings with general citizenry to collect additional input and to facilitate discussion about community health needs. In an effort to ensure the public was aware of the CHA and their opportunity to review and provide feedback, the members of the CHA Partnership conducted a public briefing for the three Boards of Health in the county, community stakeholders, and the public. About 53 individuals attended the briefing. The event took place at the Kent State Hotel and Conference Center on January 8th, 2015 at 5pm. Members of the Partnership presented a description of the assessment process, the results and findings of the process, and future endeavors within the county to promote public health. Members also participated in a public Questions and Answers session at the briefing. The local newspaper, The Record Courier, covered the release of the health assessment results, and provided notification to the public of the January 8th briefing.

The January 8th briefing marked the beginning of the report's public comment period, which extended through January 23rd. The report was posted on each health department's website and the KSU-CPPH website along with a comment form. Comment forms were submitted by commenters to KSU-CPPH and the comments received are summarized in Appendix X.



Source: Kent State University School of Music

-Kent Marching Band (Kent, Ohio)



Source: Sunbeau Valley Farm

-Ravenna Balloon A-Fair (Ravenna, Ohio)



FINDINGS

The findings presented in this section address demographic information, health needs substantiated through the CHA processes described above, and social determinants of health in Portage County and the health disparities associated with them. After presenting findings in these areas, we also offer ideas growing from the CHA Partnership's work about future data collection efforts, as well as input that the CHA Partnership would like to provide for consideration through the CHIP process.

These findings and ideas for further consideration seek to enable those working to foster population health in Portage County to build common understandings that will help them coordinate and focus their work to the benefit of the county's citizens. They also provide a useful starting point for a Community Health Improvement Planning (CHIP) process that holds the potential to enable coordinated management and intervention strategies to address health needs over time.

Demographic Information on Portage County

The demographic data and information presented below come from two main sources: the 2010 Census and the 2008-2012 American Community Survey. For more detailed information on the particular source for data presented below please see Appendix V.

Portage County is comprised of multiple communities and jurisdictions. The county as a whole has a population of 161,419 people as of 2010. Below we provide an overview of key data that characterize Portage County's population as a whole, as well as the populations of the City of Kent and the City of Ravenna. A more complete summary of demographic information for other geographic areas throughout Portage County, organized by community/geographic cluster, is presented in Appendix V.

The City of Kent has a population of 28,904, as of 2010, and over 27, 500 graduate and undergraduate students attend school at the Kent State University campus (Kent State, 2014). The City of Ravenna is the county seat of Portage County, and it has a population of 11,724, as of 2010. Figure 4 below compares the demographic information for Portage County as a whole, the City of Kent, and the City of Ravenna.



Household Characteristics

In Portage County, there are 62,222 households. Almost 17% (10,288) of these households are in the City of Kent, whereas the City of Ravenna has around 8% (5,055) of these households. The County as a whole has 31,165 households with a husband and wife, 2,830 with a male-householder, 6,762 with a female householder, 15,803 nonfamily households with a householder living alone, and 5,662 nonfamily households with a householder not living alone (Census, 2010). Of the City of Kent's 10,288 households, 2,827 are family households with a husband and wife, 392 with a male-householder, and 1,282 with a female householder, and the remaining households are non-family households. Of the City of Ravenna's 5,055 households, 1,858 are family households with a husband and wife, 256 with a male-householder, and 746 with female householder, and the remaining households are non-family households.

Housing Units

The majority of Portage County's housing units are owner occupied, while a smaller percentage is renter occupied, and about 8% of the units are vacant. The City of Kent has a majority of its units serving as renter occupied units. About 8% of the housing units in Kent are vacant. The City of Ravenna has 5,566 housing units that are almost split evening between owner-occupied and renter-occupied units. About 9% of the units are vacant in Ravenna. Kent has more renter occupied units than any other cluster in the county, due in large part to the presence of Kent State University.

Income and Poverty

The median household income of Portage County is \$52,337, while the median income for the City of Kent and City of Ravenna are \$28,623 and \$35,980, respectively. The federal government has established \$11,670 as the current poverty line (for a household of one individual). About 15% of the county's population is living below the poverty line, while 33% of the City of Kent's and 23% of City of Ravenna's population is living in poverty. Portage County has 19% of county residents under the age of 18 living below the poverty line. In the City of Kent, 32% of residents 18 and under are living below the poverty line. And, in the City of Ravenna, 39% of residents 18 and under are living below the poverty line.



Racial and Ethnic Composition

Portage County has the following racial and ethnic breakdown: 92% is White, 4% is Black or African American, 2% is Asian, and 1 % is Hispanic. About 1% of the population identified themselves as "other". Kent's racial composition is: 83% White, 10% Black or African American, 4% Asian, 2% Hispanic and 1% identified with another race. Ravenna's racial composition is: 90% White, 5.6% Black or African American, 0.5% Asian, 1.5% Hispanic and 3% identified with another race.

Age

About 21% of Portage County's population is under the age of 18 and 12.9% of the population is over the age of 65. In Kent, 14% of the population is under the age of 18 and 7% of the population is over the age of 65. In Ravenna, 22.5% of the population is under the age of 18 and 15% of the population is over the age of 65. Portage County has 16% of its population between the ages of 5 and 17 years of age. In Kent, 10% of the population is within the same age group, whereas 16% of Ravenna's population is within this age group. The 18 to 24 years age group makes up 15.6% of the county's population as a whole, and 44% and 9.5% of Kent and Ravenna's populations, respectively. The 25 to 44 years age group makes up 23% of the county's population, 19% of Kent's population, and 26.6% of Ravenna's population. The 45 to 65 age group makes up 27.5% of the county's population, 15.5% of Kent's population, and 26.5% of Ravenna's population. Finally, 13% of the county's population is over 65, while 8% of Kent's population is above 65 years old. In Ravenna, 15% of the population is in this older age group.

Employment

Information on employment and unemployment, as well as unemployment rates, for Portage County, the City of Kent, and City of Ravenna are available for 2012 from the American Community Survey. There were 79,975 members of the Portage County population who were employed and there were 9,624 members of the Portage County population who were unemployed at that time. There were 14,910 members of the City of Kent's population, age 16 and older, who were employed and 2,265 members of the City of Kent's population, age 16 and older, who were unemployed. There were 5,286 members of the City of Ravenna's population, age 16 and older, who were employed and 999 members of the City of Ravenna's population age 16 and older, were unemployed. Overall, Portage County had an unemployment rate of



11%, while the unemployment rate in the City of Kent and City of Ravenna were 13% and 16% respectively.

Education

In Portage County, 9.65% of the population (above the age of 25) is without a High School Diploma, 38.39% have completed High School only, and 15.7% possess a Bachelor's Degree. Almost 9% of the county's population has completed a professional or graduate degree. In Kent, 9% of the population (above the age of 25) is without a High School Diploma, 23% have completed High School only, and 46% possess an Associate's degree or higher. In Kent, 91% of persons completed high school or higher and 40% completed a bachelor's or higher. In Ravenna, 17.6% of the population (above the age of 25) is without a High School Diploma, 42% have completed High School only, and around 7% possess an Associate's degree. In Ravenna, 82% of persons have completed High School or higher and around 13% have completed a bachelor's or higher.

Healthcare Access

In Portage County, according to 2012 figures, about 11% of the population did not have health insurance coverage. By contrast, 75% had Private Health Insurance Coverage and 26% had Public Health Insurance Coverage (Medicare, Medicaid, and Veterans Affairs Coverage).⁵ In Kent, 74.5% of had Private Health Insurance Coverage and 22% had Public Health Insurance Coverage. Roughly 12% had no Health Insurance Coverage. In Ravenna, according to these 2012 figures, 58% had Private Health Insurance Coverage and around 40% had Public Health Insurance Coverage. Roughly 13% had no Health Insurance Coverage.

It is likely that the recent efforts to implement the Affordable Care Act are now affecting these figures as the data resulting in the figures above were collected from 2008-2012. Future health assessment rounds may be able to better understand how the new law affects insurance coverage in the Portage County.

⁵Public and Private health insurance coverage are not mutually exclusive. People can have more than one type of coverage at the same time (ACS, 2012). The result is the percent of people covered under private and public insurance, and the percent of uninsured residents adds to more than 100% for not only Portage County, but the cities of Kent and Ravenna as well.



Immigration

Immigrants make up 2.8% of the total Portage County population. They represent more than 5% of the City of Kent's population and only 1.2% of City of Ravenna's population.

Population with Disabilities

In Portage County, about 12% of residents (Civilian Non-Institutionalized Population (CNP)) have a disability. For those over 65 in Portage County, about 34% have a disability. In the City of Kent, 9.2% of the population (CNP) has a disability, and about 38% of Kent residents over the age of 65 have a disability. In the City of Ravenna, 20.7% of the population (CNP) has a disability and about 44% of Ravenna's residents over the age of 65 have a disability.

Commute to Work

On average, Portage County residents spend 25.1 minutes traveling to work (ACS, 2013). For Kent and Ravenna residents, the average travel times to work are 21.1 and 22.8 minutes, respectively (ACS, 2012).

Source: Robinson Memorial Hospital



-Robinson Memorial Hospital (Ravenna, Ohio)



Source: NEOMed

-NeoMed University (Rootstown, Ohio)



Figure 4: Overview of Demographic Data

Demographics ¹			
	Portage County	City of Kent	City of Ravenna
General and Economic			
*Population	161,419	28,904	11,724
**Median household income	\$52,337	\$28,623	\$35,980
**Population below the Poverty Line	15%	34%	23%
**Population under 18 below the Poverty Line	19%	32%	39%
**Unemployment ²	11%	13%	16%
Commute to work (minutes)	25.1 minutes *	21.1 minutes	22.8 minutes
**Health Insurance			
No Insurance	11%	12%	13%
Private Insurance	75%	75%	58%
Public Insurance	26%	25%	40%
**Education			
% without HS Diploma	10%	9%	18%
% with HS or higher	90%	91%	82%
% with Bachelors Degree or higher	25%	40%	14%
*Gender			
Male	49%	46%	48%
Female	51%	54%	52%
*Culture/Ethnicity			
White	92%	83%	90%
Black/African American	4%	10%	6%
Asian	2%	4%	1%
Hispanic	1%	2%	1%
Other	1%	1%	3%
**% Immigrants	3%	5%	1%
*Age Distribution			
<5	5%	4%	7%
5-17	16%	10%	16%
18-24	16%	44%	10%
25-44	23%	19%	27%
45-64	27%	15%	27%
65+	13%	8%	15%
**Disabilities			
% of Population Living with Disabilities	12%	9%	21%
% over 65 living with disabilities	34%	38%	44%
Sources: *2010 Census; **American Community Survey (ACS) 5 Year Estimates ('08-'12); ***ACS 2013			
¹ Due to Rounding, Demographic totals may add up to more than 100%			
² Unemployment defined by the formula: " Unemployed from the Civilian Labor Force" / (" Population 16yrs. and older" – "Population not in Labor Force")			



Areas of Public Health Need

The CHA Partnership substantiated 46 specific health needs during the course of its work in the latter half of 2014. It also found that indicators of these health needs – when combined – contribute to needs in 9 broad areas of public health. In this section, we review our findings in these 9 areas of public health need, and the 46 specific health need indicators that comprise them. The broad areas of health need identified are: 1) Mental Health and Addiction; 2) Access to Care; 3) Chronic Disease; 4) Prevention and Wellness; 5) Maternal and Child Health; 6) Communicable Disease; 7) Oral Health; 8) Senior Health, and; 9) Cancer.

For each of these areas of need, we provide a description of its scope, a list of the substantiated health needs/indicators comprising it, and a brief summary of evidence supporting those needs. Furthermore, to provide a sense of the level of confidence that readers may have in the individual health needs indicators presented, we delineate the needs within each *area* that are “data-supported” based on the criteria developed by the CHA Partnership’s Data Quality Subcommittee and adopted by the CHA Partnership. This allows readers to determine if the health needs indicator was substantiated primarily by evaluated data or through expertise of CHA Partnership members with supplementary evidence. And finally, potential community assets in Portage County that are available to help address each Area of Need are also provided.

The areas of need have been arranged so that the areas that have the highest number of substantiated health needs indicators within them are listed first and the Areas of Need with fewer health needs are listed later. This does not necessarily reflect the importance of the need; rather, it reflects the extent to which past needs assessments and CHA Partnership members have identified differing points of concern that enable them to substantiate needs in these broad areas.

Mental Health and Addiction

Mental Health refers to the successful performance of mental and cognitive function. This can include biological performance function as well as other productive functions like forming positive relationships, the ability to adapt and cope, and other essential social functions. Addiction is associated with the abuse of substances that alter the mind and/or body. Such substances can lead to, or exponentially increase, mental health issues among those directly using or present with those addicted.



The specific health needs indicators substantiated in this Area of Health Need include:

Data-Supported Health Needs

- **Suicide**
 - Suicide was identified by Portage County's Rate of Suicide Mortality, which was 10.7 persons per 100,000 (Summa, 2013). Evidence was also provided MHRB's assessment, Townhall II, the National Vital Statistics System and by Coleman Professional Services. Data met quality standards and is considered high confidence.

- **Tobacco Use**
 - The Percent of People Smoking Cigarettes in Portage County is 28%. Evidence provided by the BRFSS (James et al, 2014).
 - AxessPointe Medical Center data shows 1920 tobacco related cases from January 2013 through May 2014.

Perceived Health Needs

- **Child Abuse and Neglect**
 - Within Portage County, Child Abuse and Neglect was identified by the rate of children placed in foster care by a public agency (582 per 100,000) and rate of substantiated reports of child abuse and neglect (1,155 per 100,000). Data were provided by the Children's Defense Fund. (Summa, 2013)

- **Drug Use**
 - Evidence was provided by AxessPointe Health Center, where data show 155 Alcohol and Drug related cases from January 2013 to May 2014. In addition, the Portage County Mental Health and Recovery Board Assessment, the annual report from the Ohio Substance Abuse Monitoring Network Family, Community Services Program Managers and Directors, and Townhall II also concurred that drug use is an area of health need in Portage County.

- **Mental Health and Drug Court Specialty Dockets**
 - There is a need to process mental health and drug related cases outside of the criminal justice system (PCMHRB, 2013)



- Trauma (Physiological) Focused Mental Health Treatment
 - Corroboration of this health need was provided by the MHRB assessment, Coleman Professional Services, and the National study on Adverse Childhood Experiences. Local Department of Job and Family Services (DJFS) correspondence documents that 90 out of 184 open cases of children being removed from their current living arrangements were due to parental addictions. (PCMHRB, 2013)

- Housing for People with Mental Health Issues

- The need for housing for people with mental health issues was identified by the MHRB assessment. (PCMHRB, 2013). In addition, Coleman Professionals has a list of 35 persons with mental illness who are homeless or precariously housed, and therefore are in need of housing.

Did You Know? Mental Health and Addiction in Portage County	
In Portage County, nearly 60 percent of children may encounter some kind of extended emotional, developmental, or behavioral problem that will last at least a year.	
In Portage County 28 percent of the Population smokes, 8% higher than the National Average (20%)	
Over 5% of motor Vehicle accidents are attributed to alcohol in Potage County	
Portage County's Rate of Suicide Mortality is 10.7 persons per 100,000	

- Untreated Mental Health Issues

- Evidence that mental health issues are going untreated was provided by Coleman Professional Services (Myers, 2013) and Townhall II, both of which document in excess of 10 suicides per year between 2005 and 2013. The Partnership believes that untreated mental health issues contribute to suicidal behaviors.

- Depression

- Evidence was provided by AxessPointe Medical Center showing 1,374 cases of depression treated from January 2013 to May 2014.

- Adult Mental Health

- According to the Behavioral Risk Factor Surveillance System (BRFSS), the average number of mentally unhealthy days in the past 30 days among adults in Portage County was 3 days. (James et al., 2014)
- AxessPointe Medical Center notes 23 cases of psychosis, 1374 cases of depression, and 31 cases of schizophrenia treated at its facilities from January 2013 to May 2014.



- **Alcohol Use**
 - Within Portage County, alcohol use issues are evidenced by: 1) percent of adults who are binge or heavy drinkers (14%); 2) percent of motor vehicle accidents due to alcohol (5.2%), and; 3) a prevalence of beer, wine, and liquor stores (7.4 per 100,000 persons). These data were provided by the Ohio Department of Public Safety and the U.S. Census. (Summa, 2013)

- **Child Mental Health**
 - Within Portage County, Child Mental Health needs were identified by: 1) percent of children with any kind of emotional, developmental, or behavioral problem for which they needed treatment or counseling (11%); 2) percent of children with any kind of emotional, developmental, or behavioral problem that lasted or is expected to last 12 months or longer (59%) and; 3) rate of hospital discharge for child mental health issues (253.58 per 100,000 children). Support provided by the Ohio Medicaid Assessment Survey (OMAS). (Summa, 2013)

- **Coordination among Mental Health/Clinical Providers and Referral to other Specialized Services**
 - This need was corroborated by the MHRB Assessment (PCMHRB, 2013) and was ranked highly among CHA Partnership members in their informal survey (see Appendix VII).

- **Drug Overdoses**
 - This health need was corroborated by multiple sources, including Townhall II and the Portage County Mental Health Recovery Board (MHRB). According to MHRB and Townhall II, the Portage County Coroner reported 22 cases of fatal overdose in 2013.

Assets for Mental Health and Addiction in Portage County

Mental Health and Addiction :

- Coleman Professional Services
- Mental Health and Recovery Board of Portage County (funding and planning)
- Town hall II
- Children's Advantage
- Family and Community Services
- Robinson Memorial Hospital
- AccessPointe Community Health Center
- PCHD/KCHD
- Kent State University Health Services



Access to Care

Access to Care is a broad term used to describe the availability, acceptability, affordability, and accessibility of health care systems and providers. Among both adults and children, access to care includes the availability of immunizations, as well as screenings and clinician visits necessary to reduce the risk for disease and to promote the good health among the population.

The specific health needs indicators substantiated in this Area of Health Need include:

Data-Supported Health Needs

- **Access to Prenatal Care**
 - Within Portage County, 31.52% of births are paid for by Medicaid. Also, 22.25% of pregnant women are not receiving 1st trimester care. Such indicators help to identify prenatal care as a need. Evidence is based on birth certificate data. (Maternal and Child Health Consortium, 2013)

- **Access to Health Insurance (Adults)⁶**

Within Portage County, 13% of adults 18-64 years of age are without health insurance (Summa, 2013), and 12.31% of adults 18 years of age and older are without health insurance within Portage County (Maternal and Child Health Consortium, 2013). These data were provided by the U.S. Census. (Maternal and Child Health Consortium, 2013)

- **Access to Health Insurance (Children)⁷**

Within Portage County, 4.4% of children 17 years of age and younger are without health insurance. Another assessment indicates 5.1% of Children 1-17 years of age are without health insurance. This evidence is provided by birth certificate and Portage county WIC data. (Summa, 2013)

⁶During the data-review process, Partnership Members expressed concern that the results for this indicator did not account for currently expanding coverage due to Affordable Care Act (ACA) implementation (via Medicaid, etc.), as this may change this situation in significant ways. Additional information on this Area of Need may need to be collected before major actions to address it are developed.

⁷ The concerns noted in the footnote above relating to insurance coverage for adults also apply to children.



Perceived Health Needs

- Lack of Sources of Primary Care (access to basic health care)
 - According to Health Research and Services Administration data, there are 41 physicians per 100,000 peoples in Portage County (James et al, 2014).
 - The United Way’s 211 line also reported requests regarding a need for sources of health care.
- Access to Prescription Medication
 - A Partnership member cited data from the Familywise Discount Program (Duchon, 2013) showing 3,794 claims submitted to this discount drug program by Portage County residents.

Assets for Access to Care in Portage County

General Care:

- Robinson Memorial
- Portage County and Kent Health Departments’ Nursing Services
- AxessPointe Community Health Center

Dental/ Oral Care:

- Portage Dental Center, Ravenna,
- Portage County Community Health Center Dental Clinic, Kent
- Private Dental Practices
- Akron Children’s Hospital Haslinger Family Pediatric Palliative Care Center

Prenatal Care:

- Robinson Memorial Hospital
- AxessPointe Community Health Center
- Planned Parenthood

Access to Health Insurance/Services:

- Catholic Charities
- Salvation Army
- PC Department of Job and Family Services
- Family and Community Services Inc. Housing and Emergency support

- Lack of Prescription Insurance
 - Within Portage County, 5.2% of children ages 1-17 are without prescription drug insurance. Evidence is provided by the Employee Benefit Research Institute and the Children's Defense Fund. (Summa, 2013)



- **Lack of Dental Insurance**
 - According to the Ohio Oral Health Surveillance System, within Portage County, 16.3% percent of children 17 years or younger are without dental insurance. Evidence also included data from the Employee Benefit Research Institute. (Summa, 2013)
- **Lack of Sources of Dental Care**

According to the Area Health Resource File, within Portage County, there are an average of 30 (29.5) available dentists per 100,000 peoples.(James et al, 2014) This figure is lower than both the state and national average:

 - Ohio = 53 dentists per 100,000
 - National = 60 dentists per 100,000
- **Access to Dental Care for Medicaid Clients**
 - Within Portage County, a lack of sources available for dental care was identified (See above)
 - Also, in 2007 the Ohio Department of Job and Family Services (ODJFS) reported that 11,868 children 19 years of age and younger living in Portage County were enrolled in the Ohio Medicaid Healthy Start Program -- dental is included in the program (Maternal and Child Health Consortium, 2013) Relatively low rates of dental service availability affect not only the Medicaid population, but also others in the county.

Cost of Care:

- According to the BRFSS, 13% of adults in Portage County attribute not being able to see a doctor due to cost. (James, et al 2014)

Did You Know? – Access to Care in Portage County

There are about 41 Physicians per 100,000 people in Portage County. That's nearly 2500 patients per physician!

In Portage County, 13% of adults 18-64 years of age are without health insurance

Data indicates 22.25% of pregnant women are not receiving 1st trimester care.

In Portage County 13% of Adults attribute not being able to see a doctor due to cost. That is 13000 people within every 100,000 persons who potentially will not receive basic medical and preventative care!



Chronic Disease

Chronic Disease pertains to any disease that affects a person for extended periods of time. Such diseases are often manageable with consistent provider visits for monitoring and treatment. The health needs in this area include the prevention of specific chronic diseases and the reduction of chronic disease risk.

The specific health needs indicators substantiated in this Area of Need include:

Data-Supported Health Needs

- **Prevention of Stroke**
 - Portage County’s overall Stroke Mortality Rate indicates 34.8 deaths per 100,000 people according to the National Vital Statistics System (NVSS). (James et al, 2014)

- **Prevention of Heart Disease**

Portage County’s overall Coronary Heart Disease Mortality Rate indicates 166.1 deaths per 100,000 people, almost 30 deaths per 100,000 higher than the national average. Evidence provided by National Vital Statistics System (NVSS). (Summa, 2013)

- **Prevention of Complications with Childhood Asthma**
 - Portage County’s overall rate of emergency department visits for childhood asthma was 1005.1, visits per 100,000 children. Its rate of hospital discharge for child asthma was 100.82 per 100,000 children. The Ohio Hospital Association provided evidence for both indicators. (Summa, 2013)

Perceived Health Needs

- **Prevention of Adult Diabetes**
 - Within Portage County 4.6% of adults have diabetes according to BRFSS data. (Summa, 2013)
 - AxessPointe Medical Center reports 517 cases of diabetes between January 2013 and May 2014.
- **Prevention of High Blood Pressure**



- Within Portage County, 21.1% of adults have high blood pressure according to BRFSS data. (Summa, 2013)
- AxessPointe Medical Center reports 1,610 cases of high blood pressure between January 2013 and May of 2014.

- Prevention of Complications for Treatable Chronic Conditions
 - According to the Center for Medicare and Medicaid Service's (CMS) Hospital Compare Summary, within Portage County, the rate of hospital discharge for ambulatory care-sensitive conditions is 84 discharges per 1,000 Medicaid enrollees. (James et al, 2014)

- Prevention of Complications with Childhood Diabetes
 - Within Portage County, the rate of hospital discharge for child diabetes is 30.5 discharges per 100,000 children. (Summa, 2013)

Did You Know? – Chronic Disease in Portage County

Portage County's overall Stroke Mortality Rate is 34.8 deaths per 100,000 people

Portage County's overall Coronary Heart Disease Mortality Rate is 166.1 deaths per 100,000 peoples -- nearly 37 deaths higher than the national average (129.2)!

1 out of every 5 persons in Portage County has high blood pressure

Assets for Chronic Disease in Portage County

Prevention and Maintenance:

- Robinson Memorial Hospital
- AxessPointe Community Health Center
- PCHD/KCHD
- Kent State University Health Services
- YMCA Kent Social Services



Prevention and Wellness

Prevention and wellness can be described as anything that is done to prevent the loss of health while maintaining a high standard of living. Such activities include being active, regular exercise, and getting the proper nutrition in one's diet. Prevention and wellness needs are crucial for obtaining a healthy lifestyle and can lead to health benefits for those with chronic diseases, as well as enhanced quality of life.

The specific health needs indicators substantiated in this Area of Health Need include:

Perceived Health Needs

- **Physical Inactivity in Children**
 - In Portage County, 24% percent of children exercised, played a sport, or participated in physical activity every day of the past week for at least 20 minutes and 58% of children had 2 hours or less of screen time on an average weekday, according to the Ohio Medicaid Assessment Survey (OMAS). (Summa, 2013)

- **Physical Inactivity in Adults**
 - Within Portage County, 29% of the adult population (>18) are considered physically inactive according to BRFSS survey data. (James et al, 2014)

Did You Know? – Prevention and Wellness in Portage County

Data suggests that nearly 75 percent of children in Portage County did not participate in physical activity for at least 20 minutes a day in the past week.

In Portage County, nearly 39 percent of adults are considered overweight, and almost 22% are considered obese. That's over half the Population with a BMI of 25 or greater!

8.6 percent of people in Portage Country live in a food Desert; the CDC states a food desert as "Areas that lack access to affordable fruits, vegetables, whole grains, and other foods that make up the full range of a healthy diet."



- **Poor Nutrition**
 - According to the County Health Rankings, 14% of low income households do not live within one mile of a grocery store (James et al, 2014). In addition, 8.6% percent of residents live in census tracts designated as a food desert, and the prevalence of food stores and other retail establishments authorized to accept WIC and carry designated WIC foods was 13.6 establishments per 100,000 pop. (Summa, 2013)

- **Unhealthy Weight Children**
 - This need was supported by the following indicators:
 - 12.6% of active WIC clients 24-59 months of age are high-weight-for-height and are considered obese (Summa, 2013); and,
 - 18.5% the percent of children 2-5 years of age have a weight that is in the 85th-94th percentile and are considered overweight (Summa, 2013)
 - 10.4% of children are in the 95th percentile or higher in terms of weight. (Summa, 2013)
 - The above evidence was provided for the Summa 2013 assessment by the Pediatric Nutrition Surveillance System and the Ohio Family Health Survey.

- **Unhealthy Weight Adults**
 - Within Portage County, 38.7% percent of adults have a reported BMI between 25-30 and 21.7% of adults have a reported BMI greater than 30, according to the BRFSS. (Summa, 2013)



Source: AP

-Lake Pippen and Towner's Woods (Franklin Township, Ohio)



Assets for Prevention/Wellness in Portage County

Unhealthy Weight:

- Robinson Memorial Hospital
- AxessPointe Community Health Center
- Portage County Obesity Prevention Plan Implementation
- PCHD/KCHD
- Kent State University Academic Researches

Physical Inactivity:

- YMCA
- Kent State University's Recreation Center
- Kent department of Parks and Recreation
- Portage Parks District
- Ravenna Athletic Center

Poor Nutrition:

- Kent Social Services
- Health Departments
- Family and Community Services Inc. (Christian Cupboard)
- Salvation Army
- Community Action Council

Maternal and Child Health

Maternal and child health describes a broad category of factors that affect pregnancy, childbirth, and child health. Health needs can also include post-natal factors, and even early motherhood and childhood factors.

The specific health needs indicators substantiated in this Area of Health Need include:

Data-Supported Health Needs

- **Preterm Births**
 - Portage County's rate of births that are preterm, with less than 37 weeks gestation, was 11.84%. Also the rate of births that are considered very preterm, less than 32 weeks gestation, was 1.8%. This evidence was drawn from birth certificate data. (Maternal and Child Health Consortium, 2013)



- **Maternal Smoking**
 - The maternal smoking rate was 21.83%, a figure that is based on birth certificate data. (Maternal and Child Health Consortium, 2013)
- **Breastfeeding Rates**
 - Portage County’s percent of infants who were not breastfeeding at hospital discharge was 27.63%.
 - The percentage of active WIC clients, 12-59 months of age, who were never breastfed was 47.92%.
 - The percentage of active WIC clients, 12-59 months of age, who were not breastfeeding at 24 weeks of age was 87.58%.
 - The evidence above was based on birth certificate and WIC data. (Maternal and Child Health Consortium, 2013)

Perceived Health Needs

- **Infant Mortality**
 - Within Portage County, the rate of: 1) infant mortality in the first 12 months of life per 1,000 live births is 4.5; neonatal mortality in the first 28 days of life per 1,000 live births is 3, and; 3) post-neonatal mortality between 29 days and the first year of life per 1,000 live births is 1.4 (Summa, 2013). The National Vital Statistics System (NVSS) provided data for these indicators.

Assets for Maternal and Child Health in Portage County

Maternal and Child Health :

- Robinson Memorial Hospital
- AxessPointe Community Health Center
- Health Departments
- Kent State University Health Services
- Planned Parenthood
- Kent Social Services
- Portage County Job and Family Services
- Akron Children’s Hospital Haslinger Family Pediatric Palliative



Communicable Diseases

The term communicable disease refers to any disease capable of spreading via person to person or animal to person contact. Such disease can be transferred in numerous ways including by air, water, or bodily fluids. It is important to not only identify the communicable diseases affecting the public, but to understand the means to prevent them. In many cases, needs pertaining to communicable diseases like the flu, or hepatitis relate to proper monitoring, awareness, and immunizations.

The specific health needs indicators substantiated in this Area of Health Need include:

Perceived Health Needs

- **Prevention of Hepatitis B**
 - CDC data , specifically from the National Notifiable Diseases Surveillance System and the Ohio Department of Health indicates there were 7 identified cases of Hepatitis B in Portage County in 2007 (James et al, 2014).

- **Immunization**
 - Portage County Health Department has been assessing immunization rates (coverage levels) since 2000. In 2000, the rate was 65% of children in Portage County between 19-35 months of age meeting the recommended coverage levels. In 2005, the rate increased to 67% of children in the county 19-35 months met the coverage levels. In 2010, the rate increased to 70% of children up to 24 months old. (Portage County Health Department, 2014) The CDC target immunization rate is 90% for children 35 months of age. The Maternal and Child Health Assessment (2013) shows that Portage County's rates are favorable in comparison to Ohio, but it still appears as though they are likely to be lower than the CDC target.

Assets for Communicable Disease in Portage County

Prevention and immunizations:

- Robinson Memorial Hospital
- AccessPointe Community Health Center
- Health Departments
- Kent State University Health Services
- Free Medical Clinic of Greater Cleveland
- Department of Veteran Affairs



Oral Health

Oral health includes the general oral health of both adult and child populations. Factors present can include oral health education, prevention, and access to oral health providers.

The specific health needs indicators substantiated in this Area of Health Need include:

Perceived Health Needs

- **Adult Oral Health**
 - According to the BRFSS, within Portage County, 17.2% percent of adults report having 6 or more teeth removed due to tooth decay, gum disease, or infection. (Summa, 2013).

- **Childhood Oral Health**
 - 22.7% of 3rd grade students with untreated dental decay. This data was drawn from the Ohio Oral Health Surveillance System data. (Summa, 2013).

Assets for Oral Health in Portage County

Oral Health

- Portage County Community Health Center Dental Clinic, Kent
- AxessPointe Community Health Center
- Private Dental Practices
- Akron Children’s Hospital Haslinger Family Pediatric Palliative Care Center
- Free Medical Clinic of Greater Cleveland

Senior Health

Senior health relates to wellness and a high quality of living for senior citizens within the community. This relates to factors that include access to care, wellness education, health maintenance and other items that support and enhance senior health within the community.

Assets for Senior Health in Portage County

Senior Health

- Robinson Memorial Hospital
- Coleman Professional
- United Way
- Network of Care for Portage County
- Family and Community Services
- Portage County Senior Services Center



The specific health needs indicators substantiated in this Area of Health Need include:

Perceived Health Needs

Senior Health/ Elder Care Support

- More than one-third of citizens in Portage County live with some form of disability (ACS, 2012), and this suggests a need for support services to assist older persons maintain health and wellness in order to avoid disability.
- Received Partnership support



Source Valor Home

-White House (Ravenna, Ohio)



Cancer

This category encompasses needs that relate to any type of cancer. While there are numerous types of cancer, the needs identified include general prevention, early diagnosis and treatment of cancer overall and specifically Breast, Lung, and Colon cancers.

The specific health needs indicator substantiated in in this Area of Health Need include:

Data-Supported Health Need

- Early Diagnosis and Treatment of Cancer
 - Portage County's overall Cancer Mortality Rate is 161.4 deaths per 100,000 people. Breast Cancer mortality was listed at 104.7 deaths per 100,000 women. Lung Cancer Mortality was identified to be 53.7 per 100,000 peoples and Colon Cancer mortality rates were 21.1 deaths per 100,000 peoples. Evidence was provided by the National Vital Statistics System (NVSS), the Ohio Cancer Incidence Surveillance System (OCISS), and the State Cancer Profiles. (Summa, 2013).

Assets for Cancer in Portage County

Prevention and immunizations:

- Robinson Memorial Hospital
- AxessPointe Community Health Center
- Health Departments
- Kent State University Health Services
- Family and Community Services Inc.
- Planned Parenthood



SOCIAL DETERMINANTS OF HEALTH AND CHALLENGES FOR SPECIFIC POPULATIONS IN PORTAGE COUNTY

The demographic findings presented above enable public health officials to understand the populations in the county that are affected by various “social determinants of health”. The Centers for Disease Control and Prevention (CDC) defines social determinants of health as a set of factors that affect a person’s current state of health (CDC, 2013). These factors are biological, social, physical, and individualistic in nature. Biological factors include one’s age and sex. Social factors include discrimination and relative income. Physical factors include where a person lives and the environment surrounding them. Lastly, individualist factors may relate to drug use, tobacco use, and excessive drinking (CDC, 2013).

The CDC states that these social determinants of health are shaped by factors such as power, wealth and achievement, all of which are derived from one’s educational attainment. Education is linked to a higher life expectancy and an overall healthier life-style with health promoting behavior (CDC, 2013). Another factor, socioeconomic status, entails economic, social, and work statuses. Economic status is measured by income, social status is measured by education, and work status is measured by occupation level. Each status is considered an indicator of, and a factor that influences, health. Below, a number of population groups are identified based on the demographic information discussed above. A brief discussion of the health risks associated with each group is included.

Poverty

The CDC indicates that poverty means a lack of essential needs, and families that make below a certain income threshold are deemed as being impoverished (CDC, 2013). According to the County Health Rankings (CHR) project (University of Wisconsin Population Health Institute; Robert Wood Johnson Foundation), “Poverty can result in an increased risk of mortality, prevalence of medical conditions and disease incidence, depression, intimate partner violence, and poor health behaviors” (CHR, 2014). The Health Rankings also note that children living in poverty experience greater morbidity and mortality than adults due to risks associated with accidental injuries and lack of health care access (CHR, 2014). According to Healthy People 2020, low socioeconomic status is associated with a higher risk for diseases such as cardiovascular disease, arthritis, diabetes, chronic respiratory diseases, cervical cancer, and mental health issues (Healthy People, 2014).



The Portage County demographic data presented in the Demographics table above suggests that 15% of the county's population lives in poverty, and there are some specific geographic areas where the reported poverty rates are notably higher – including the City of Kent (34%) and the City of Ravenna (23%) (ACS, 2012).

Racial and Ethnic Composition

The CDC states that burden of disease is disproportionately placed on minorities compared to non-minorities, thus leading to lower life-expectancy rates and higher rates of infant mortality. In particular, African Americans are at higher risk for preventable diseases, death and disability (CDC, 2013). African-Americans and Hispanics are also more likely to be unemployed compared to their white and Asian or Pacific Islander counterparts (Healthy People, 2014). Low-income minorities spend more time traveling to work and other activities than low-income whites because they have fewer private vehicles and use public transit and car pools more frequently (Healthy People, 2014).

While racial and ethnic minorities are reported in the Demographics Table above to comprise only 8% of Portage County's population, they appear to represent a higher proportion of the population in some areas of the county – including the City of Kent (17%) (Census, 2010). In the City of Ravenna, 10% of the population is reported to be made up of racial and ethnic minorities (Census, 2010).

Age

Age is another determinant of health (Healthy People, 2014). A person's childhood provides the physical, cognitive, and social-emotional foundation for their life (Healthy People, 2014). Exposure to negative experiences in childhood, such as violence and maltreatment is associated with high-risk behaviors and health problems such as obesity, diabetes, heart disease, sexually transmitted diseases, and suicides (Healthy People, 2014). The built environment also impacts the health of children. For example, exposure to lead-based paint hazards and pests negatively affect the health and development of children (Healthy People, 2014).

Healthy People 2020 notes that adolescents are sensitive to environmental factors such as family, peer groups, school and neighborhood policies, and societal cues. Adolescents who grow up in areas characterized by poverty are more likely to be victims of violence, engage in high risk behaviors, and experience health challenges (Healthy People, 2014).



As noted by the ACS (2012) data discussed above, older adults (above 65) have a higher percentage of individuals living with a disability than other age groups and therefore may require additional support (ACS, 2012). In addition, "Studies have shown that increased levels of social support for seniors are associated with a lower risk for physical disease, mental illness, and death (Healthy People, 2014)."

Overall, the figures reported for Portage County in the Demographics Table (Figure 4 above) suggest that about 21% of the population is reported to be under age 18 and about 13% of the population is over 65 years of age (Census, 2010). Specific areas of the county have proportions of these populations that vary from these figures. In the City of Kent, for example, 14% of residents are reported to be under 18 and 8% of the population is reported to be over 65 years of age (Census, 2010). In the City of Ravenna, 23% of residents are reported to be under 18, and 15% are reported to be 65 or older (Census, 2010).

Unemployment

The CDC states that determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world. Populations with high unemployment are more likely to have issues with access to care, chronic disease, mental health and addiction, and other areas of need (CDC, 2013). The County Health rankings note, "Unemployed populations experience worse health and higher mortality rates than the employed population (CHR, 2014)." As mentioned previously, "low socioeconomic status" is associated with an increased risk for many diseases and mental health issues (Healthy People, 2014).

The county-wide unemployment rate reported in the Demographics Table above for Portage County as a whole is 11% (ACS, 2012). However, other areas of the county appear to have higher unemployment rates. The City of Kent, for example, is reported to have had an unemployment rate of 13% in 2012, while the City of Ravenna's unemployment rate at that time is reported to be 16% (ACS, 2012).

Education

According to Healthy People 2020, with higher level of education comes higher life expectancy, better health, healthier behaviors, regular physical activity, not smoking, and having regular doctor check-ups (Healthy People, 2014). In addition, a person's educational level has multigenerational implications: "Parents' level of education affects their children's health directly through resources available to the children, and also indirectly through the quality of schools that children attend (CHR, 2014)." A



person's education level also impacts social and psychological factors through an individual's self-perception of his/her sense of personal control and social standing – both of which have been shown to have a positive impact on health status (CHR, 2014).

Overall, according to the information in the Demographic Table above, about 90% of Portage County residents have a high school diploma, and about 25% have a college degree (ACS, 2012). There is some variation in these figures geographically. In the City of Kent, for example, 40% of residents are reported to have a Bachelor's degree or higher and 14% of Ravenna residents are reported to have achieved that level of education (ACS, 2012).

Healthcare Access

Healthcare Access is a key determinant of health status (Healthy People, 2020). Lack of health insurance is a significant barrier to accessing needed health care (CHR, 2014). Access to healthcare leads to an ability to receive crucial clinical and preventive care as well as the utilization of hospital wellness programs. People without health insurance are more likely to go without care because of cost compared to those with private insurance coverage (CHR, 2014).

In Portage County, 11% of residents are reported in the Demographics Table above not to have insurance (ACS, 2012). This figure is similar to the 12% figure reported for the City of Kent and the 13% figure reported for the City of Ravenna (ACS, 2012).

Commute to Work

How much time a person spends driving in a car is influenced by the built environment. For example, it could be assumed that as more residential development in rural areas in the county moves forward, and individuals are still working in the region's urban centers, commute times would increase. An individual's commute can impact their health. People with longer commutes are at risk for higher blood pressure and body mass index (CHR, 2014). According to the County Health Rankings (2014), there is a relationship between the time spent in a car per day and an increase in the likelihood of obesity (CHR, 2014). In Portage County, the typical commute to work is reported to be about 25 minutes (ACS, 2013), while the typical commutes for Kent and Ravenna residents are 21.1 and 22.8 minutes, respectively (ACS, 2012).



FUTURE INFORMATION COLLECTION EFFORTS

While the work of the CHA Partnership has resulted in the collection of a large amount of information to assess health needs in Portage County, it has not yet produced the kind of complete information base that is likely to be needed to minimize public health burdens over the long term. Only a dozen of the health needs evaluated through this effort met the standards established by the CHA Partnership's Data Quality Workgroup. At the same time, the supportive evidence gathered to buttress the case for the perceived health needs identified by the CHA Workgroup's expert members is of variable quality. This evidence is also located in a multitude of different places. This brief section of the report offers some preliminary thoughts for the local health departments, the Community Health Improvement Planning (CHIP) Workgroup, public health stakeholders, and others to consider regarding ways they can improve the information base supporting public health improvement efforts in Portage County.

First, while secondary data are certainly helpful, they are collected and compiled for a range of purposes and may not always be optimal for assessing health needs in Portage County, nor – perhaps – for tracking progress in addressing priority health needs that may be identified by the CHIP process or by the individual organizations that play ongoing roles in improving public health in the county. For these reasons, future efforts to more fully evaluate existing data sources in relation to their usefulness for priority setting and tracking health improvement progress in Portage County seems warranted.

Second, to the extent that existing data sources are not adequate or appropriate for identifying Portage County health needs and/or tracking progress toward health improvement in the county, future efforts to devise more robust efforts to compile and collect secondary and/or primary data within Portage County and its various jurisdictions may be appropriate. Options for future primary data collection efforts could include surveys of local populations to learn more about health status and behavior, citizen awareness of healthy practices and resources, and patterns of health service utilization. Options for secondary information include sources like American Community Survey and Network of Care. While more robust data collection efforts may prove time-consuming and costly, they may also enable establishment of a smarter and more effective public health system in Portage County.

Third, during the course of the CHA Partnership's work, it became apparent that there are multiple agencies and organizations in Portage County that collect health-related



information and data. The findings contained in this report offer a glimpse of some of the kinds of information that are currently being collected and compiled by individual organizations within the county. However, it also seems clear that efforts to compile and disseminate information collected among and across health related organizations in the county are not yet as well developed as they could be. While this report -- and recent efforts to analyze public health system services in Portage County -- begins to address this issue, this is just the beginning of what could be done to enhance understandings of public health needs and improvement efforts in Portage County. Further coordination of Portage County health agency information collection and dissemination efforts should therefore be considered.

Fourth, the CHA Partnership's efforts have made it clear that Portage County faces multiple public health challenges, and information collection activities to support efforts to address them are appropriate. While the challenges are multiple, further information collection efforts to address information needs in several areas appeared as a result of discussions undertaken during the CHA process. One health need identified above relates to access to health insurance for Portage County citizens. While this need appears to be well documented in comparison to many of the other needs identified, the impacts associated with rapid changes occurring as a result of ACA implementation should be assessed and considered in any effort to improve citizen access to health insurance. Another area where additional assessment may be appropriate relates to the impacts of hydraulic fracturing activities in Portage County on health and the environment. CHA Partnership members discussed this area of potential concern, but did not have time to assess or compile evidence regarding specific needs in this area. And finally, the Partnership also discussed geographic variations in health needs and risks, and noted that geographically coded information on health needs and risks is not available in all cases. While the Maternal and Child Health Consortium needs assessment made significant and valuable progress in this area, further efforts to bring geographic resolution to health needs information should be considered. The geographically clustered information in Appendix V represents an initial step toward moving in this direction, but – over time – more efforts in this area are likely to be of assistance in targeting public health interventions toward geographic areas where they would be most helpful.

And finally, it is important for the community to come together on a regular basis to continue the assessment and planning processes undertaken through this CHA effort. It is valuable for community health stakeholders to go through a systematic process of data collection, analysis, and planning to support interventions to address health needs and to identify improvements in data collection efforts among health-related organizations.



As noted above, the health assessment, improvement planning, and evaluation efforts outlined by the CHIC model represent a continuous process that allows stakeholders to improve data and information collection as their efforts progress. Given that this health assessment – along with the three assessments that recently preceded it -- represents one of the early collaborative and comprehensive health assessment efforts undertaken that focuses specifically and uniquely on Portage County, there are limitations associated with the methods and processes that have been used. However, in spite these limitations, the effort has also provided an opportunity to identify ways in which public health stakeholders in Portage County can improve the information base underlying their efforts over time.



Source: Record – Courier

-Summerfest 5k Run & Walk for Cancer (Garrettsville, Ohio)



Source: Main Street Kent

-Adopt- a- Spot Event (Kent, Ohio)



INPUT FOR THE COMMUNITY HEALTH IMPROVEMENT PLANNING (CHIP) PARTNERSHIP

The CHA Partnership recognizes that its work is just the first stage in a longer process of continuous public health improvement for Portage County. The next stage – as mentioned previously – is the CHIP process. While the CHA Partnership recognizes that this group has yet to be identified and that it must make its own judgments regarding how to pursue its work, its members have gained knowledge and information that they would like to share with the CHIP membership.

Future Information and Data Collection

The CHA Partnership makes the following recommendation related to improving data collection efforts in Portage County:

The Portage County Community Health Assessment Partnership encourages the Community Health Improvement Plan Partnership to incorporate data collection, management, and utilization strategies into the Portage County Community Health Improvement Plan.

CHA Partnership Evaluations of Perceived Health Needs in Portage County

As is mentioned above, the CHA Partnership conducted an internal survey to get a better sense of the magnitude of concern among its members regarding perceived needs that had support from individual Partnership members. The internal survey did not address the data-driven needs which met the Data Quality Workgroup's criteria for "good" data. It did, however, seek to gain an overall sense of the CHA Partnership group's views regarding the importance of various perceived health needs in the county, while also seeking to identify specifically the top five needs that the individual CHA Partnership members thought should be given high priority for consideration by the CHIP Partnership after it is established. These two elements of the internal survey relating to perceived needs produced insights that the CHIP Partnership may want to consider as it pursues its work.

One element of the survey presented perceived needs, along with any evidence compiled to support them, and asked CHA Partnership members to rate the importance of the need based on a Likert scale. The results of this internal survey are provided in Appendix VII, and provide a means for assessing the overall "sense of the group" in relation to their perceptions of the importance of the various perceived



needs that were identified. The five most highly ranked perceived needs resulting from this process were:

- Unhealthy weight children
- Untreated mental health issues
- Drug overdoses
- Drug use
- Child abuse and neglect

Another part of the survey asked members to rank what they felt to be the top 5 health needs from among all of the perceived needs identified. The purpose of this exercise was to provide the CHIP Partnership with a sense of what the CHA Partnership felt were the most pressing of the perceived needs identified. The following health needs scored the highest in this exercise:

- Poor nutrition
- Prevention of complications for treatable chronic diseases
- Unhealthy weight among children
- Lack of sources of primary care (access to basic health care)
- Coordination among mental health and clinical providers and referral to other specialized services

While the CHA Partnership members believe that the CHIP Partnership must exercise its own judgment in identifying priority needs and strategies to address them, they offer the results of their internal survey effort to inform the overall CHIP effort.



Source: AP

-Martin Commons, Hiram College (Hiram, Ohio)



CONCLUSION

Stakeholders from a variety of sectors and health specialties coordinated together to participate in this comprehensive CHA for Portage County. The CHA Partnership was able to benefit from the work done in targeted health assessment efforts completed in the county over the past few years that utilized both secondary and primary data sources. The Partnership developed a process for incorporating and assessing data from the three previously completed community health assessments and partnership members to arrive at a final list of substantiated health needs. This information can feed the next step in the Community Health Improvement Cycle, the Community Health Improvement Plan (CHIP).

The Partnership identified 155 identified health indicators and needs from the three assessments and its members. It formed a Data Quality Workgroup to assess the quality of the data underlying the previously identified health indicators and health needs. The workgroup developed criteria for scoring and evaluating the data. In the end, the data had to meet the workgroup's minimum data quality score and have a Healthy People 2020 target that showed Portage County's performance in a particular area to be worse than the national target. Those needs that did not meet these data quality criteria were considered perceived needs. The twelve needs that met the criteria were considered substantiated health needs with data support.

The Partnership went through a process of determining which of the perceived needs had Partnership support, identifying the evidence supporting each health need, and determining the level of priority of each health need. In the end, 34 perceived health needs were identified to have Partnership support, and joined the 12 data-supported health needs to make the list of substantiated health needs for Portage County. The individual health needs were grouped into 9 broad areas of health need.

The result of this process is a final list of 46 substantiated health needs in 9 broad areas within Portage County and an identification of potential strategies for improving data collection to inform future health assessment rounds. This information is designed to inform the CHIP process, which will involve community stakeholders working to identify priority health needs, targets for intervention, and mechanisms for evaluating progress.



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