

2001 Austin-Bailey Health and Wellness Needs Assessment

Completed by
The Office of Corporate and Community Services
at

KENT STATE
UNIVERSITY
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**2001 Austin Bailey Health and Wellness Needs Assessment
Executive Summary**

Completed by
The Office of Corporate and Community Services at
Kent State University Stark Campus

Background and Overview.

The Office of Corporate and Community Services at Kent State University Stark Campus has completed this 2001 Health and Wellness Needs Assessment to assist the Austin-Bailey Health and Wellness Foundation in developing a strategy and creating priorities for providing grants in the future. This report includes a revision and update to the health and wellness needs assessment completed in August 1997.

Professionals of Kent State Stark's Office of Corporate and Community Services completed the 1997 needs assessment with an incremental approach to the research, where knowledge gained at each phase was incorporated into the next phase and into the final report and recommendations. The initial phase was an "environmental scan," encompassing a study of the national, regional and local trends in the fields of health and wellness. In phase two of the 1997 needs assessment Kent State Stark conducted six focus groups with experts who work in the fields associated with health and wellness. Phase three of the assessment included two mail surveys – one to human resource directors and one to social service agency representatives. The final phase of the 1997 needs assessment was a telephone survey to the general population to investigate the unmet needs, personal experiences and challenges of the general population in obtaining health and wellness services.

The objectives of this 2001 Health and Wellness Needs Assessment are to:

- revise demographic data included in the 1997 needs assessment with Census 2000 data, when available,
- update the health and medical data included in the 1997 needs assessment to the most recently available information, where appropriate,
- collect available regional insurance coverage, mental health, dental care and vision care data,
- explore questions of access to health and wellness services,
- gain insight into the trends, unmet needs and current service usage by particular population groups,
- explore the challenges and obstacles facing particular users and providers of health and wellness services and
- assess concerns and receive recommendations from those in the field.

The 2001 Health and Wellness Needs Assessment project work consists of three phases. Phase One is an "environmental scan" and provides:

- an update of the data included in the 1997 needs assessment environmental scan, where appropriate,
- the compilation of new relevant statistics, particularly in the areas of insurance coverage, mental health, dental care and vision and hearing,

- updates to the demographic information, if available, with Census 2000 data and
- a review of primary research studies completed in the four counties of interest by local organizations over the years 1998 to 2000.

Phase Two of the 2001 Needs Assessment is a telephone survey of the general population, using the same script with only minor changes and additions to that used in the 1997 needs assessment, for comparison purposes.

Phase Three is a mail survey of social service representatives, utilizing the same survey instrument and conducted in a manner that is consistent with the 1997 needs assessment.

By utilizing this phased approach to the research, common themes and key issues are identified. The approach provides a comprehensive overview of the issues that are facing this region regarding health and wellness services. In addition, a related project completed in March 2001 by The Office of Corporate and Community Services at Kent State Stark, *Review of Current Funding*, offers further insight. Recommendations were developed based on the themes and issues that were identified as critical factors by some or all of the phases of the study and the related research project, *Review of Current Funding*.

The findings and recommendations related to each of the phases of the study are summarized in the following paragraphs. The overall recommendations are also listed. Caution must be used in reading these summaries, as each is significantly condensed. For complete information, please see the full report available from the Austin-Bailey Health and Wellness Foundation.

A Demographic Profile of the Region.

In the four-county region of interest the population was 619,519 in 2000, an increase from 606,562 in 1995 and from 585,985 in 1990. The highest percentage increase in the population from 1990 to 2000 occurred in Holmes County with an 18.6 percent increase. The percentage increase in population in Stark County between 1990 and 2000 was 2.9 percent, in Tuscarawas County, 8.1 percent, and in Wayne County, 10 percent.

In 2000 the median age in Holmes County is the youngest at 28.0 years of age. The median ages of the other counties of interest range from 35.4 to 38.2 years of age. The percentage of persons 65 years of age and over living in Ohio is 13.3 percent. This percentage varies in the counties of interest from 10.5 percent in Holmes County to 15.1 percent in Stark County.

The 2000 Census data is not yet available regarding educational levels of the population of the counties of interest. However, in 1990 as a state and region, the educational levels were not as high as the nation's educational levels in 1990. In Stark, Tuscarawas and Wayne Counties between 24 percent and 28 percent of the population over the age of 25 years were lacking a high school diploma or equivalent in 1990. This number was as high as 53 percent for Holmes County.

The unemployment rates for the counties of interest for December of 2000 ranged from 2.2 percent in Holmes County to 4.1 percent for Tuscarawas County. The 1995 median household

income for the four counties ranged from \$30,564 in Tuscarawas County to \$35,938 in Wayne County. This compares to the state's median household income in 1995 of \$33,958.

The 1997 model-based U.S. Census Bureau estimate of poverty indicates that 13.3 percent of the nation's and 11.0 percent of the state's populations live below the poverty level. In the counties of interest, from 8.8 percent of the population (in Wayne County) to 10.5 percent (in Stark County) live below the poverty level.

Family Planning in the Region, State and Nation.

The publication *Contraception Counts: Ohio Information* states, "The United States has among the highest rates of unintended pregnancy and teenage pregnancy found in Western nations, and its legal abortion rate is similar to that of many countries in Latin America, where abortion is illegal and contraceptives are not always widely available." The Alan Guttmacher Institute estimates that, in Ohio, half of all pregnancies are unintended. The Institute also estimates that in Ohio only 31 percent of all women and 34 percent of teenagers who need contraceptive services and supplies are provided the service through publicly funded clinics.

Funding for family planning services in the four counties of interest is provided almost entirely by the federal government through Title V and Title X. The goal of both title programs is to advance the health and safety of the nation's mothers, infants, children, adolescents and children with special health care needs. Stark, Tuscarawas and Wayne counties' family planning services are funded through Title X. Holmes County's family planning services are funded through Title V.

The majority of family planning clients served in the four counties of interest are between the ages of 19 and 44 years old, are female, are white and are not students. Oral contraception is the most frequently used contraception method in all four counties of interest.

According to estimates provided by the Alan Guttmacher Institute, in the four counties of interest, Wayne County has the highest percentage of women in need of family planning services. Stark and Wayne Counties both have a higher percentage of women in need of family planning services, who are served than does Ohio. However, only Wayne County's percentage of women in need who are served is higher than the percentage of women in need in the United States who are served.

Maternity and Children in the Region, State and Nation.

In 1998, infant birth rates were highest in Holmes County at 26.5 births per 1,000 population and lowest in Stark County at 13.0 births per 1,000 population. The infant birth rates in Holmes, Tuscarawas and Wayne counties in 1998 were higher than the infant birth rates in Ohio. Stark County's infant birth rates were lower than Ohio's infant birth rates in 1998.

The infant mortality rates in all of the counties except Holmes County were above Ohio's rate of 6.9 deaths per 1,000 live births in 1997.

Of the four counties of interest, Holmes County had the lowest percentage of low-birthweight babies in 1997 and 1998 and the lowest percentage of very low-birthweight babies in 1997. Tuscarawas County had the lowest percentage of very low-birthweight babies in 1998.

The percentage of mothers beginning prenatal care in the first trimester increased above the 1993 rate in Ohio and Holmes, Stark and Tuscarawas Counties. Wayne County's percentage of mothers beginning prenatal care in the first trimester decreased between the years 1993 and 1998.

The rates of babies born with malformation and anomalies decreased in Ohio from 1993 to 1998. However, the 1998 rates of births with malformations or anomalies increased in both Tuscarawas County and Wayne County above the rates reported in 1993.

According to the Children's Defense Fund-Ohio the percentage of babies born in Ohio to unmarried parents increased between the years 1990 and 1998. The percentage of births to unwed mothers in the counties of interest is lower than in Ohio. In all of the counties of interest the percentages of births to unwed mothers reported for 1997 and 1998 were higher than those reported in 1993.

In 1997, the teen birth rates were lower in the counties of interest than in Ohio. The teen birth rates reported in 1993 and in 1998 showed an increase in Holmes and Stark Counties. Wayne County's teen birth rate remained the same between 1993 and 1998 and Tuscarawas County's teen birth rate decreased between 1993 and 1998.

Mortality in the Nation, State and Region.

In 1998, in the nation, the top fifteen leading causes of death remained the same except that HIV infection dropped from among the 15 leading causes for the first time since 1987.

Since 1993, in Ohio, there were some changes in the order and composition of the top ten leading causes of death. The top four leading causes of death continued to be heart disease, cancer, cerebrovascular/stroke and chronic obstructive pulmonary diseases. The fifth, sixth and seventh leading causes of death in various order were influenza/pneumonia, diabetes and unintentional injury. Nephritis and nephrosis and suicide were the eighth and ninth leading causes of death in each year. Septicemia, which was the tenth leading cause of death in 1993, was replaced by liver disease and cirrhosis in 1997 and 1998.

Death rates vary by age. Deaths caused by unintentional injuries are the leading cause of death for citizens aged 15 to 24 years in all four counties of interest. Deaths caused by unintentional injuries increased between 1993 and 1998 in all of the counties of interest except Stark County. The leading causes of death for age groups 45 years and older are the chronic diseases of cancer and heart disease. Death rates also vary by gender and ethnicity.

The Community Health Status Report compiled by the Health Resources and Services Administration of the United States Department of Health and Human Services provides comparisons of the death rates of the leading causes of death in the counties with the death rates

in comparable counties. The report suggests that Holmes County may need to reduce the rate of death from breast cancer in females. In Stark County, the report suggests a possible need for a reduction in the rates of death caused by breast cancer, colon cancer, coronary heart disease, lung cancer and stroke. The report suggests that in Tuscarawas County there may be a need to attempt to reduce the rates of death caused by breast cancer, colon cancer, coronary heart disease, motor vehicle injuries and unintentional injury. In Wayne County, the death rates of concern are breast cancer, colon cancer, coronary heart disease, motor vehicle injuries and stroke.

Infectious Diseases in the Region, State and Nation.

Infectious diseases incidence rates per 100,000 population are lower for Ohio than for the nation. For most infectious diseases, the rates in the four counties are lower than the state's rates, although there are exceptions. Overall, there has been little change in infectious disease incidence since the rates reported in the 1997 Austin-Bailey Needs Assessment.

In 1998 in Holmes County, camplobacteriosis was the only infectious disease with more than one case reported and had a higher rate of incidence than the Ohio rate of incidence. Camplobacteriosis and giardiasis were the only diseases in Holmes County which had higher rates of infection in 1998 than the rates of infection in 1995.

Stark County's overall incidence of infectious diseases is lower than the state's incidence of infectious diseases, but is the highest of any of the four counties. In 1998, ten diseases with more than one case reported, camplobacteriosis, giardiasis, salmonellosis, shigellosis, mumps, gonorrhea, other viral encephalitis, aseptic meningitis, other bacterial meningitis and meningococcal disease had higher rates of incidence than the rates of incidence in Ohio. The rates of incidence for diseases with more than one case reported - E. Coli O157:H7, giardiasis, salmonellosis, mumps, amebiasis, cryptosporidiosis, listeriosis, aseptic meningitis and meningococcal diseases were higher in 1998 than in 1995 in Stark County.

The overall incidence of infectious diseases in Tuscarawas County is the second highest incidence of the four counties of interest. In 1998, in Tuscarawas County, there were six infectious diseases with more than one case reported - camplobacteriosis, giardiasis, salmonellosis, meningococcal disease, streptococcal toxic shock syndrome and tuberculosis. The occurrence of these diseases in the county was higher than the incidence in Ohio.

In 1998, in Wayne County, there were four infectious diseases with more than one case reported - mumps, pertussis, cryptosporidiosis and food borne outbreaks. These rates of incidence were higher than the rates of incidence in Ohio.

The rates of immunizations in Ohio between the years 1996 and 1998 have remained consistent except for the Hepatitis B vaccine. The percentages of children immunized with the Hepatitis B vaccine increased from 28.6 percent in 1996 for children who received the vaccine by their second birthday to 72.3 percent in 1997 and then to 87.5 percent in 1999. The same trend was true in 1996 for children who received the vaccine by their third birthday.

Incidences of disease preventable by immunization were reported in Stark and Wayne counties. In 1998, Stark County reported two cases of mumps and two cases of pertussis. Wayne County reported three cases of mumps and five cases of pertussis.

The incidence rates of sexually transmitted diseases are relatively low in all of the counties of interest. However, the rate of incidence of gonorrhea in Stark County is higher than the rate of incidence in Ohio.

Oral Health in the Region, State and Nation.

In 1999, in Stark County, there were more dentists per capita than the other three counties of interest. Additionally, Holmes County, which along with Wayne County has the lowest per capita rate of dentists, has no programs to serve low-income residents.

Although Medicaid provides dental insurance for low-income persons, the majority of dentists in the four counties of interest do not accept Medicaid patients.

Other than residents of Stark County, few residents of the counties of interest have access to fluoridated water.

The Ohio Department of Health conducted a screening of third graders to determine their level and frequency of dental care. The survey reports that Wayne County and Stark County had a lower percentage of third graders with an “obvious need for care” than Ohio. Holmes County had the highest percentage of screened third graders with an “obvious need for care.”

Vision and Hearing in the Region, State and Nation.

According to *Vital and Health Statistics* between the years 1990 and 1992, the top ten listings of chronic conditions with the highest prevalence include deafness and other hearing impairments. Blindness and other visual impairments are in the top ten listings only for males and for persons 75 years and over. Higher rates of blindness and other visual impairments and of deafness and other hearing impairments occur in the Midwest than in any of the other regions of the country.

The leading causes of visual impairment are diabetic retinopathy, cataract, glaucoma and age-related macular degeneration. More than two-thirds of visually impaired adults are over the age of 65 years.

Deafness or hearing impairment may be caused by genetic factors, noise or trauma, sensitivity to certain drugs or medications and viral or bacterial infections. Data indicate that people are losing hearing earlier in life and that men are more frequently affected in the age group from 35 to 60 years of age.

Early identification and treatment of both blindness and visual impairments and deafness and hearing impairments is a critical factor to modify the effects of the impairments.

The numbers of students who have been diagnosed with visual or hearing impairments and who are receiving federally funded services through the public schools seem to be small. In Ohio and in the counties of interest, the percentages are all less than one percent of the average daily membership of the counties' public school districts. In Ohio and in each county except Wayne County more students are diagnosed with hearing impairments than are diagnosed with visual impairments.

The Disabled in the Region, State and Nation.

Data on disabilities is readily available at the national and state level, but the data available at the local level is limited. The data that is available at the local level is based either upon estimates derived by applying a multivariate-modeled prevalence to the current local total or sub-population or from social security administration reports of the total number of beneficiaries of social security benefits.

In 1997, the United States Department of Health and Human Services estimated that one in every five Americans had a functional disability. The number of disabled workers in the United States receiving Old-Age, Survivors and Disabilities Insurance (OASDI) benefits has increased by slightly more than 39 percent since 1980. Nationally, the leading causes of disability for disabled workers in 1999 were mental disorders and musculoskeletal conditions.

In December 1999, the majority of the recipients of Supplemental Security Income (SSI), a federal cash assistance program that provides monthly payments to low-income aged, blind and disabled persons, in Ohio and in each of the four counties of interest were blind and disabled and were between the ages of 18 and 64 years.

The Old Age, Survivors and Disability Insurance (OASDI) program provides monthly benefits to workers and their families when earnings stop or are reduced because the worker retires, dies or becomes disabled. In December 1999 in Holmes County, 305 disabled workers received Old Age, Survivors and Disability Insurance (OASDI) benefits. In December 1999 in Stark County, 5,900 disabled workers received OASDI benefits; in Tuscarawas County, 1,340 disabled workers received OASDI benefits; and in Wayne County 1,540 disabled workers received OASDI benefits.

The exact number of developmentally disabled persons in each county is not attainable. The number of persons served by each county's Board of Mental Retardation and Developmental Disabilities (MR/DD) is known, however. In 2000 in Holmes County, 236 developmentally disabled persons were served by the county's board; in Stark County, 1,989 developmentally disabled persons were served; in Tuscarawas County, 462 developmentally disabled persons were served; and in Wayne County, 493 developmentally disabled persons were served.

The Board of Mental Retardation and Developmental Disabilities in Holmes County was the only one in the counties of interest that served fewer people in 2000 than they had served in 1997. The total number of developmentally disabled persons served in the four counties of

interest in 2000 was 3,180. In 1997, the MR/DD Boards in the four counties served 2,769 developmentally disabled persons.

In the four counties of interest, in both 1997 and 2000, the majority of persons served were more than 21 years of age. In the same two years, only the Stark County MR/DD Board reported a majority of its clients having a chronic medical condition in addition to their mental retardation.

Federally-funded services for students with a variety of disabilities are provided by the public school systems in each of the four counties of interest.

The United States Department of Health and Human Services reports that nearly half of the American population 65 years of age and older suffer from at least one disability. The Scripps Gerontology Center of Miami University suggests that the likelihood of suffering from some level of disability increases with age. In addition, they project that the “aged” population will be older, and a higher proportion will be women, who are more economically vulnerable, more likely to live alone, and more likely to be disabled, and therefore more likely to need long-term care services.

Mental Health in the Region, State and Nation.

In the nation, major depression is the leading cause of disability and is the cause of more than two-thirds of suicides each year. Although treatments are now available for depression and other mental disorders, the United States Surgeon General estimates that nearly half of all people with a severe mental illness do not receive treatment.

During the 1990’s mental health care, as a result of changed policy and treatment advances, was transferred from hospital settings to community-based programs. A survey conducted by the Ohio Council of Behavioral Healthcare Providers reported that waiting lists were growing, access to care was getting worse and increasing caseload sizes were stretching staff capabilities and affecting quality of care.

Mental health boards coordinate mental health care in the counties. No data was available from the Tuscarawas Alcohol and Drug Addiction and Mental Health Services Board (ADAMHS). The Stark County Mental Health Board reported that adjustment disorders, mood disorders, behavior disorders, schizophrenia/other psychotic disorders, anxiety disorders and personality disorders accounted for more than 90 percent of the Board’s clients and claims in the year 2000. The Wayne/Holmes ADAMHS Board reported that mood disorders, adjustment disorders, attention-deficit/disruptive behavior disorders, V codes, schizophrenia/other psychotic disorders and anxiety disorders accounted for 63 percent of the Board’s clients and 73 percent of the Board’s claims.

Suicide rates in the four counties are all at or below the rate in Ohio. Holmes and Wayne Counties had the lowest average age-adjusted suicide rate of the four counties of interest for the years 1992 to 1996.

Substance Abuse in the Region, State and Nation.

Healthy People 2010: Understanding and Improving Health states, "Alcohol and illicit drug use are associated with many of this country's most serious problems, including violence, injury and HIV infection." In the four counties of interest as in the nation and the state, alcohol is the most frequently abused substance. Marijuana is the second most commonly abused drug in the four counties of interest, followed by crack and cocaine.

During fiscal year 1999, alcohol and marijuana are the substances most frequently abused by adolescents in the four counties of interest. The Stark County Alcohol and Drug Addiction Services Board was the only alcohol and drug addiction board that reported more than half of its clients being treated for marijuana use. The Tuscarawas/Carroll ADAMHS Board treated nearly 42 percent of its clients for alcohol abuse compared to 17.9 percent of its clients treated for marijuana abuse. The Wayne Holmes ADAMHS Board treated 26.5 percent of its clients for alcohol abuse compared with 8.8 percent of its clients for marijuana abuse.

In 2000, the percentages of adolescent clients treated for the abuse of other substances in the four counties of interest were low.

Violent and Abusive Behavior in the Nation, State and Region.

Violent and property crime rates have been decreasing in the nation and the state during the past decade. All of the counties of interest had lower total crime rates than did Ohio in 1997. In that year, all of the counties except Stark County had lower violent crime rates and lower property crime rates than did Ohio.

The rate of crime committed by juveniles, just as crime in general, has been decreasing. However, in the nation in 1997, juvenile arrests for all serious crimes accounted for nearly one-third of all arrests for serious crimes. Juvenile arrests accounted for more than half of all the arrests for arson in 1997.

In Ohio between the years 1990 and 1998, commitments to the Department of Youth Services (DYS) decreased. The majority of youth committed to DYS facilities in 1998 for felonies, in Ohio and in the four counties of interest was between the ages of 16 and 17 years.

In Holmes County in 1998, only one commitment was made to a Department of Youth Services facility and that commitment was for aggravated murder or murder. The majority of commitments in the other three counties of interest were for auto theft and breaking and entering.

In 2000, the population in Tuscarawas County is less than one-fourth the size of Stark County's population, but more dispute calls were reported in Tuscarawas County than in Stark County. Only slightly fewer arrests for domestic violence were made in Tuscarawas County than in Stark County. The victim of domestic violence in Holmes, Tuscarawas and Wayne County was more likely to suffer injury as a result of the domestic violence event than a Stark County domestic violence victim, according to a report of the Ohio Domestic Violence Network of Violence

complaints made to county law-enforcement agencies. Children were injured in the domestic violence episode in nearly one-fifth of the calls made in each of the four counties of interest.

The number of children in custody in each of the counties during 1999 is fewer than the number of children in custody in 1991. This is not true for the state. The state has shown a steady increase in the number of children in custody since 1991.

In 1999 in the nation, in Ohio and in all of the counties of interest except Holmes County, neglect was the most frequently reported child maltreatment. In Holmes County, physical abuse was the most frequently reported form of maltreatment. All of the counties reported a higher percentage of sexual abuse than the percentage in Ohio and the United States.

Wellness in the Region, State and Nation.

While local data indicating lifestyle choices is not available, two surveys conducted by the state health department, the *Ohio Youth Risk Behavior Survey* and the *Ohio Behavioral Risk Factor Surveillance System* provide a picture of the habits of Ohioans. The percentage of adults who are physically inactive in Ohio increased from 29 percent in 1986 to 43 percent in 1996. Only 6 percent report regular and vigorous physical activity. The proportion of adult Ohioans who are obese increased from 19.4 percent in 1984 to 31.2 percent in 1996. Ten percent of youth surveyed are overweight and 14 percent are at risk for becoming overweight.

Access to Health and Wellness in the Region, State and Nation.

The ability to access health and wellness services continues to be challenging for many residents of the counties of interest due to the increasing costs of health care, the limitations in the numbers of physicians and hospitals and the limitations of health insurance. It is estimated that between 9.1 percent (in Holmes County) and 11.5 percent (in Wayne County) of the population in the counties of interest are uninsured.

Review of Recent Studies.

As part of the 2001 Health and Wellness Needs Assessment professionals in The Office of Corporate and Community Services at Kent State Stark compiled and reviewed local primary research that was completed in the years 1998 through 2000. The reports that were reviewed and summarized include:

- Community Health Status Report July 2000
- Alzheimer Community Needs Assessment Survey Sept. 1998
- Analysis of Risk Assessment Survey Oct. 2000
- Child Safety Seat Observational Surveys/1998 Survey of Law Enforcement Agencies in Stark Co. regarding Child Safety Seat Enforcement 1998
- Community Assessment for Cancer Control, Part III Sept. 2000
- Community Leaders Survey May 2000
- MetNet Consumer Satisfaction Survey Stark Co. Results Sept. 2000
- Physician Survey Response Data March 1998

- Stark County 2000 Health Assessment April 2000
- A Key Informant Needs Assessment for The Tuscarawas County Family & Children First Council Nov. 1998
- Tuscarawas County Collaborative Assessment 1998 Rev Jan. 1999

Social Service Agency Survey.

The social service agency representatives responding to this survey rated a broad range of issues related to health care needs in the four-county area. There are some health care issues that appear to be more critical than others based on these findings. Several issues received means in the findings that indicate a concern. For those that are indicated as a concern in more than one section, a discussion is provided below.

Oral health care and dental services are raised as issues of concern in all the sections of this survey. Dental services received a mean level of agreement that residents are aware of this service of only 2.69 on a rating scale of one to five. Affordability also seems to be an issue related to dental services. Fifty-five percent of respondents indicated that more than a moderate amount of additional resources are needed to address the affordability of dental services. Dental services received 19.6 percent of the number one rankings as a most pressing affordability issue. Also, respondents indicated that there is not enough availability of dental services, with 36 percent indicating more than a moderate amount of additional resources are needed to address the availability of dental services.

Respondents also indicated transportation as an area of concern. Sixty-nine percent of respondents indicated that more than a moderate amount of additional resources are needed regarding awareness of transportation services. Also, respondents indicated that there is an issue with the availability of transportation services; this issue received an agreement mean of only 2.40 on a scale of one to five that the service is available.

Home health care services surfaced as an issue in several parts of the survey findings. Fifty-one percent of respondents indicated that more than a moderate amount of additional resources are needed to address the affordability of home health care. The mean level of agreement on a scale of one to five that home health care services are available is only 2.91.

Respondents indicated that the awareness and affordability of geriatric and gerontological services are of concern. Fifty percent of respondents indicated that more than a moderate amount of additional resources are needed to address the awareness of these services. Also, this issue received a mean level of 3.75 on a scale of one to five that additional resources are needed to address the affordability of these services. Additionally, respondents indicated that older adults are one of the special groups that may need additional health and wellness services.

Respondents' ratings indicated a concern related to mental illness and mental health and counseling services. The findings indicate that there is a relatively low level of agreement that residents are aware of mental health and counseling services. The survey findings also indicate that respondents feel there is a need for additional resources to serve the mentally ill and that mental illness is a prevalent condition for which more resources are needed.

The availability of and awareness about wellness services surfaced as an issue of concern. Fifty percent of respondents indicated that more than a moderate amount of additional resources are needed to raise the residents' awareness about wellness services. Based on the mean level of agreement, respondents also indicated that wellness services are not readily available.

The findings indicate that the affordability of primary health care services and the availability of primary care physicians is an issue. Fifty-one percent of respondents indicated that more than a moderate amount of additional resources are needed to address the affordability of primary care physicians. Of the responses ranking the availability of the service as the number one most pressing issue, 22 percent ranked primary care services as the number one most pressing issue.

Respondents indicated that the uninsured and underinsured population and the low-income population are those that need the most additional resources to address their health and wellness needs. Also mentioned frequently were older adults, the mentally ill and adolescents.

The health care conditions that received the highest mean level of agreement that the conditions are prevalent are related to behaviors. These include inadequate physical fitness, violence, substance abuse, child abuse and neglect and inadequate prevention/personal health practices. Other conditions indicated as prevalent include cancer, mental illness, teen pregnancy, diabetes, cardiovascular disease, inadequate nutrition, sexually transmitted diseases and oral health, with mental illness ranked as the most pressing health care condition.

Respondents also indicated that prescription coverage is an issue. Sixty-two percent of respondents disagreed that there is adequate prescription coverage for residents. Many respondents listed prescriptions/medications as unaffordable when asked if there were other health care services that are not affordable.

Telephone Survey.

Respondents cited the affordability of health care as an issue to questions throughout the telephone survey. Respondents to the 2001 telephone survey indicated that the cost of health care, requirements of health insurance, the cost of prescriptions and the cost of dental care were issues facing their family and their county. When asked to identify groups that had a need for additional services, the respondents most often selected the uninsured and the underinsured and individuals with low incomes.

Many respondents to the telephone survey also stated that there was a need for additional services for the elderly. Respondents mentioned the need for information on where to locate geriatric and gerontological services and the need for assistance with the cost of nursing homes and long-term care as needs specific to the elderly.

Many respondents stated a belief that the mentally ill as a group had a great need for additional services.

Overall, many respondents stated that they believed there was a need for additional effort with heart and lung diseases, cancer, diabetes and high blood pressure. They also stated that there needed to be greater emphasis on promoting diet and good exercise habits.

With only a few exceptions, the findings of the 2001 telephone survey are similar to the findings of the 1997 survey. The respondents to the 1997 survey more often stated that the affordability of hospital and emergency care was an issue. Fewer respondent in 1997 than in 2001 said they had experienced any problems obtaining health and wellness services. Like the respondents to the 1997 or 2001 survey, those that did state that they had a problem, the area of concern was most frequently a need for some specialized care. More respondents in 2001 than in 1997 stated a lack of awareness of where to obtain wellness services, 21 percent and 7 percent respectively; substance abuse counseling, 34 percent and 6 percent respectively; and mental health and counseling services, 25 percent and 1 percent respectively.

Recommendations and Potential Concerns.

The professionals of The Office of Corporate and Community Services at Kent State Stark completed the 2001 Austin-Bailey Health and Wellness Needs Assessment using a phased approach, so the knowledge gained in each phase was considered when making these final recommendations. The basis for making the following recommendations are outlined in the full report, and are only listed here. Most of the recommendations are made because they were issues that were evident in the environmental scan and were indicated in the mail and telephone surveys results, as well as in the related study completed by professionals at The Office of Corporate and Community Services at Kent State Stark in March 2001, *Review of Recent Studies*. These recommendations are listed in no particular order of importance.

Recommendations to the Austin-Bailey Health and Wellness Foundation:

- Focus funding on affordability issues for uninsured, underinsured and low-income individuals
- Focus funding on oral health care
- Focus funding on mental health services
- Focus funding on services for older adults and the elderly
- Focus funding on wellness services
- Focus funding on family planning services
- Focus funding on particular leading causes of death
- Explore the option of focusing funding on home health care
- Explore the option of focusing funding on transportation to health and wellness services

**2001 Austin Bailey Health and Wellness Needs Assessment
Recommendations**

Completed by
The Office of Corporate and Community Services at
Kent State University Stark Campus

The professionals at Kent State Stark completed this 2001 Austin-Bailey Health and Wellness Needs Assessment utilizing a multi-dimensional approach to the research. The findings of each phase of the research - the telephone survey of the general population, the mail survey of social service agency representatives, the review of recent studies and the environmental scan - provide insight about the health and wellness needs of the population in Holmes, Stark, Tuscarawas and Wayne counties. In addition, a related project completed in March 2001, *Review of Current Funding*, offers further insight. The findings of all phases and this related project, *Review of Current Funding*, analyzed together provide an even greater basis for making particular recommendations. Most of the following recommendations are made because the issue was evident in more than one of the phases of the research. Each recommendation is made based solely on the research reported in this document and in the related project, *Review of Current Funding*. Each recommendation should be given close scrutiny with consideration given to the mission and strategy of the Foundation and the target populations it serves. The following recommendations are in no particular order.

Recommendation: Focus funding on affordability issues for uninsured, underinsured and low-income individuals.

Similar to the findings of the 1997 Needs Assessment, respondents to the surveys completed as part of this project repeatedly raised the issue of affordability of health care. In the telephone survey of the general population, the respondents frequently mentioned that the most pressing issue facing them was the high cost of care, the insurance coverage expenses and the price of prescriptions. When asked about the most pressing issues facing their county, respondents frequently mentioned the same issues. When asked, "Are there any particular health or wellness services that are not affordable?", 26 percent of the telephone survey respondents answered "yes." These respondents mentioned most frequently "all or almost all services", dental care, cost of medication/prescriptions, nursing homes/long-term care and mental health and counseling as the services that are unaffordable.

Similarly, the respondents to the social service agency representative mail survey rated all but two of the health and wellness services listed on the mail survey as unaffordable. The six services perceived to be least affordable, according to the responses to the survey, are health services, dental services, primary care physicians, home health care services and hospital services. In addition, several survey respondents also mentioned medications/prescriptions as unaffordable.

The groups that respondents rated as having additional needs for resources are the uninsured, underinsured and low income. Between 8.8 percent (in Wayne County) to 10.5 percent (in Stark County) of the population are living below the poverty range. Between 9.1 percent (in Holmes

County) and 11.5 percent (in Wayne County) of the population of the counties of interest are without health insurance. These percentages increase significantly with a decrease in the income level of the family.

According to the consensus of those interviewed in the research completed by The Office of Corporate and Community Services at Kent State Stark in March 2001, *Review of Current Funding*, professionals at the local funding organizations have noted increased requests for funding in primary health care access. The concern is for groups who are not covered by the Healthy Start medical card, or adults who are considered the “working poor” with no medical insurance. When asked what advice they would like to give to the Foundation, the individuals interviewed for this project suggested that the Foundation may want to consider providing assistance paying for health care services to uninsured working adults with income levels between 100 and 200 percent of poverty, unemployed single individuals and uninsured, underserved individuals in particular groups who do not qualify for other programs. Those interviewed frequently suggested that the Foundation support free or community clinics, assist eligible individuals to obtain and pay for dental care and assist in paying for prescription drugs.

The costs of health care have been steadily increasing. Since 1990, it is estimated that Ohio has experienced a 60 percent increase in nominal health care costs. This compares to a national increase of 48 percent over the same period. As the health care costs continue to increase, more clients are moved off of welfare through Ohio Works First and insurance coverage is less affordable for employers and employees alike, the affordability of health care continues to be an issue for the citizens of the counties of interest.

Recommendation: Focus funding on oral health care.

Respondents to the surveys frequently cited dental care and oral health as services that were unaffordable and unavailable. Respondents to the telephone survey frequently listed oral health care as one of the three most pressing issues facing themselves and their families. These respondents also mentioned dental care as a particular health or wellness service that in their experience was not affordable (dental care was mentioned the most, other than the “all or almost all services” response).

Respondents to the social service agency representative survey frequently disagreed that residents are aware of dental services and dental services received 14 percent of the ranking of “one” that the awareness of dental services is the most pressing issue. As mentioned previously, the respondents to the social service agency representative survey also ranked dental services as one of the least affordable services for the counties of interest. Dental services also received one of the greatest mean levels of rankings as a service that has a need for additional resources. When looking at availability in the community, the respondents also ranked the availability of dental services as an issue. Thirty-six percent of the respondents believed that more than a moderate level of additional resources was needed to address the availability of dental care services.

According to those interviewed in the research completed by The Office of Corporate and Community Services at Kent State Stark in March 2001, *Review of Current Funding*,

professionals at the local funding organizations frequently mentioned dental care as an area requiring additional funding. Professionals from both the Stark County Health Department and the Tuscarawas County Health Department reported that although they have provided additional dental services, they continue to have long waiting lists. As mentioned above, those interviewed reported that few dentists in any of the four counties of interest accept a medical card as payment for dental services. In addition, dental insurance coverage seems very limited. This group of interviewees also frequently ranked dental care as one of the top five health and wellness issues facing the counties of interest.

The ratio of primary care dentists in the counties of interest ranges from one per 3,441 in Wayne County to one per 2,182 in Stark County. Stark County is designated by the United States Department of Health and Human Services as a “Dental Health Professional Shortage Area” (DHPSA), because it is considered an area where there is not a sufficient number of dentists or oral health resources. Fifty percent or fewer of the licensed dentists in the counties of interest are Medicaid providers. A smaller percentage of the licensed dentists are OPTIONS providers and offer Safety Net Programs, programs that refer low-income patients to dentists and provide dental services for reduced or no fees. The percentage of individuals within the counties who are Medicaid enrollees and who have a Medicaid claim for dental services is less than 36 percent for all of the counties of interest for all age groups. Further, the percentage of third graders screened by an Ohio Department of Health and Ohio Dental Association Survey in 1998 found that from 18.3 percent (in Wayne County) to 42.1 percent (in Holmes County) of third graders had an obvious need for care.

Recommendation: Focus funding on mental health services.

Telephone survey respondents mentioned mental health/counseling as a service that was unaffordable. In addition, twenty-six percent of these respondents reported that they were unaware of where to obtain mental health and counseling services. Further, 59 percent of the respondents to the telephone survey perceived that the mentally ill have either a moderate or great need for additional health and wellness services.

The respondents to the social service agency representative survey also frequently mentioned a concern for the awareness of mental health services, and rated the awareness of mental health and counseling services as one of the most pressing issues. The respondents to this survey also identified the mentally ill as a special group with need for additional health and wellness service needs. Thirty-nine percent of respondents believed that more than a moderate amount of additional resources were necessary to address the health and wellness needs of the special population of the mentally ill. Mental illness was ranked most frequently by the respondents to the social service agency representative survey as a top three most pressing issue and 50 percent of respondents indicated more than a moderate amount of additional resources are needed for addressing mental illness in the counties of interest.

According to the research completed by The Office of Corporate and Community Services at Kent State Stark in March 2001, *Review of Current Funding*, professionals at the local funding organizations frequently advised the Foundation, through the interviews, to focus on the need for educated counselors and the need for specialized programs for emotionally disturbed children

and children with behavioral issues. These interviewees suggested that there is a trend in a need for funding to deal with the increasingly complex issues related to children's mental health.

Comprehensive, accurate and consistent data on the state of mental health care is difficult to obtain in the counties of interest, and even at the state level. The complexity of the mental health care system and the prevalence of private mental health care services contribute to the difficulty in obtaining this information. Generally, however, the public funding levels available to address the needs of the mentally ill has increased at a rate less than inflation, while the need for services changes and increases. A survey conducted by the Ohio Council of Behavioral Healthcare Providers reported that waiting lists for mental health care are growing and the average waiting periods for psychotherapeutic and psychiatric evaluation are rising to 28 and 60 days respectively. In addition, a survey of the membership by the Mental Health Corporations of America reported that the average mental health center psychiatrist nationally manages a caseload of 375 adults, while in Ohio this number is 811.

Mental disorders accounted for 27 percent of the leading causes of disability for disabled workers in 1999, according to the *Annual Statistical Supplement* of the *Social Security Bulletin*. The Health Resources and Services Administration estimates the number of persons suffering from major depressions in the counties of interest as 1,660 in Holmes County, 18,860 in Stark County, 4,470 in Tuscarawas County and 5,350 in Wayne County.

Suicide was the ninth leading cause of death among all Ohioans in both 1997 and 1998. For Ohio males, in those two years, suicide was the eighth leading cause of death. Stark County and Tuscarawas County both had a death rate due to suicide higher than did the state in 1998.

Recommendation: Focus funding on services for older adults and the elderly.

When asked to identify the most pressing unmet health and/or wellness issues facing the county, the respondents to the telephone survey frequently mentioned elderly care. These respondents also listed nursing homes/long-term care as a particular health service that in their experience was not affordable. Twenty-five percent of the respondents indicated that they are unaware of where to obtain geriatric and gerontological services. Sixty-seven percent of the respondents indicated that senior citizens had either a moderate or great need for additional health and wellness services.

In the social service agency representative survey, the awareness of geriatric and gerontological services was frequently ranked as a most pressing issue. Fifty percent of the respondents indicated that more than a moderate amount of additional resources were needed for these services. Respondents also expressed a concern about the affordability of geriatric and gerontological services. Fifty percent indicated that there is more than a moderate amount of additional resources needed to address the affordability of these services. Fifty percent of the respondents also indicated that more than a moderate amount of additional resources are needed to address the needs of the older adult population.

According to those interviewed in the research completed by The Office of Corporate and Community Services at Kent State Stark in March 2001, *Review of Current Funding*, there are

increased numbers of requests to fund services for the elderly. Those needs include mental health care and assistance paying for prescription drugs and related issues of medical coverage.

The percentage of persons 65 years of age and older living in Ohio is 13.3 percent. In the counties of interest, the percentage of the population over 65 years of age ranges from 10.5 percent in Holmes County to 15.1 percent in Stark County. Ten percent of households in Ohio are made up of a person 65 years of age and older living alone. In Holmes County this percentage is only 6.9 percent, while in Stark, Tuscarawas and Wayne Counties it ranges from 8.7 percent to 11.5 percent.

A Profile of Older Americans: 2000 reports the most frequently occurring conditions among the elderly (1996 data). These conditions are arthritis (49 percent per 100 elderly), hypertension (36 percent per 100 elderly), hearing impairments (30 percent per 100 elderly), heart disease (27 percent per 100 elderly), cataracts (17 percent per 100 elderly) and orthopedic impairments (18 percent per 100 elderly). The report also projects that the aging population will be getting older and that the percentage of the aging population consisting of vulnerable women living alone will increase.

Recommendation: Focus funding on wellness services.

The area of wellness is a broad area to consider and may include diet, exercise and weight control, as well as prevention behaviors including screenings, immunizations and the avoidance of smoking. Respondents to the telephone survey of the general population frequently mentioned diet and exercise as one of the most pressing unmet health and/or wellness issues facing their county.

The respondents to the social service agency representative survey indicated that the awareness of wellness services was an issue. Fifty percent of the respondents indicated that more than a moderate amount of additional resources is needed to address the awareness of wellness services. These respondents also indicated that the availability of wellness services was an issue. Thirty-one percent indicated that more than a moderate amount of additional services are needed to address the availability of wellness services. "Inadequate physical fitness" was listed as the health care condition that is most prevalent in the counties of interest (a mean of 3.97 on a scale of one to five). Sixty-three percent of the respondents indicated that more than a moderate amount of additional resources are needed to address the health care condition of inadequate physical fitness. Another wellness health condition, "inadequate prevention/personal health practices," also received a high mean level of agreement that the condition is prevalent (3.82 on a scale of one to five.) Fifty-six percent of respondents indicated that more than a moderate amount of additional resources is needed to address this condition.

According to the U.S. National Center for Chronic Disease Prevention and Health Promotion, 29.5 percent of the population participates in no physical activity. According to the *Ohio Behavioral Risk Factor Surveillance System, Chronic and Environmental Disease Surveillance*, the percentage of adults who are physically inactive in Ohio increased from 29 percent in 1985 to 43 percent in 1996. This project also reports that the proportion of adult Ohioans who are obese increased from 19.4 percent in 1984 to 31.2 percent in 1996. Further, there is a direct link

between good nutrition, preventative health behaviors and adequate exercise and the prevention of many of the leading causes of death.

Recommendation: Focus funding on family planning services.

The information revealed in the environmental scan points to a need for enhanced services to address family planning. The Alan Guttmacher Institute estimates that half of all pregnancies are unintended. Twenty-three percent in the nation and 19 percent in Ohio of all live births to women who are between 15 and 44 years old result in abortions. That percentage of pregnancies resulting in abortions increases to 31 percent in the nation and 23 percent in Ohio of all live births to women who are between 15 and 19 years old. Thirty-two percent of all births in the nation and 33 percent of all births in Ohio are to unmarried women.

The Guttmacher Institute estimates that in Ohio only 31 percent of all women and 34 percent of teenagers who need contraceptive services and supplies are provided the service through publicly-funded clinics.

According to the Children's Defense Fund-Ohio in their report *Ohio Birth Statistics: A Comparison of 1998 With 1990*, the percentage of babies born in Ohio to unmarried parents in 1990 was 28.9 percent. That percentage increased to 34.0 percent of live births in 1998, an increase from 1990 to 1998 of 17.6 percent.

Comparing the teen birth rates reported in 1993 to the rates reported in 1998 shows an increase for Holmes County from 13.5 teen births per 1,000 births to 14.2 per 1,000 births and in Stark County, 24.8 teen births per 1,000 births to 26.0 per 1,000 births. Wayne County's rate of 18.6 teen births per 1,000 births in 1993 was the same in 1998. Tuscarawas was the only county to show a decrease in teen birth rates from 1993 to 1998, 26.7 teen births per 1,000 births to 25.1 per 1,000 births.

The Children's Defense Fund-Ohio in their report *Ohio Birth Statistics: A Comparison of 1998 with 1990*, states that almost one of eight of the births (13.0 percent) in Ohio were to teenage mothers in 1998. In addition, Children's Defense Fund-Ohio reports that 29 states had lower teen birth rates than did Ohio in 1998.

According to the *Community Health Status Reports*, it is suggested that the infant mortality rate is in the unfavorable range in Stark, Tuscarawas and Wayne Counties. The report suggests that a closer look and perhaps reduction of the percent or rate may be needed in these counties' indicators in the areas related to infant mortality.

Respondents to the social service agency representative survey were asked to rate the prevalence of various health conditions in their community. Teen pregnancy received a mean score of 3.71 on a scale of one to five that the condition is prevalent and a mean score of 3.83 on a scale of one to five that additional resources are needed to address the condition. In addition, 54 percent of the respondents indicated that more than a moderate amount of additional resources were needed to address the condition of teen pregnancy.

Further, in the *Key Informant Needs Assessment* for the Tuscarawas County Family and Children First Council and *The Stark County 2000 Health Assessment*, the issue of teen pregnancy arose as one of the top three unmet needs, concerns or issues.

According to the research completed by The Office of Corporate and Community Services at Kent State Stark in March 2001, *Review of Current Funding*, professionals at the local funding organizations also mentioned births to single mothers and family planning and parenting skills education as health and wellness issues needing addresses. Many of the interviewees, when asked what advice they would give to the Foundation, suggested that the Foundation focus funding on teen pregnancy, sex education, prenatal care and nutrition information for single mothers.

Recommendation: Focus funding on particular leading causes of death.

Respondents to the social service agency representative survey indicated a prevalence of cancer, diabetes and cardiovascular disease in the counties of interest. The respondents to the telephone survey, when listing the most pressing unmet issues facing their families and communities, frequently listed cancer, heart and lung disease, diabetes and high blood pressure.

In each of the four counties of interest, heart disease and cancer are the two leading causes of death, as they are in Ohio.

There was a decline in the rate of death due to heart disease in Ohio and in each of the four counties of interest between 1993 and 1998. However, the *Community Health Status Report* still recommends that Stark, Tuscarawas and Wayne Counties consider taking a closer look at the rate of death due to coronary heart disease because these counties' rates are high relative to comparable counties.

Because the rates are high relative to comparable counties, the *Community Health Status Report* also recommends a closer look at and suggests attempts to reduce the following rates of cancer in the counties of interest:

- Breast cancer (female) in Holmes, Stark, Tuscarawas and Wayne Counties,
- Colon cancer in Stark, Tuscarawas and Wayne Counties and
- Lung cancer in Stark County.

Death rates due to diabetes increased between 1993 and 1998 in Ohio for Tuscarawas and Wayne Counties. Stark County saw a slight decrease and the rate remained the same in Holmes County. In 1998, Tuscarawas County and Wayne County both had death rates due to diabetes higher than Ohio's rate.

Recommendation: Explore the option of focusing funding on home health care.

Although home health care did not arise as a most pressing issue facing the respondents and their families or the counties, twenty-five percent of respondents to the telephone survey of the general population did indicate that they are not aware of where to go to obtain home health care services.

The respondents to the social service agency representative survey also indicated that the lack of awareness of home health care services is an issue. The affordability of home health care services was also rated as an issue. Fifty-one percent of respondents indicated that more than a moderate amount of additional resources are needed to address the affordability of home health care services. Twenty-nine percent of respondents indicated that more than a moderate amount of additional resources are needed to address the availability of home health care services. The mean level of agreement on a scale of one to five that home health care services are available is only 2.91.

Recommendation: Explore the option of focusing funding on the need for transportation to health and wellness services.

The respondents to the social service agency representative survey indicated that additional resources are needed to address the awareness of transportation to health and wellness services. Sixty-nine percent of the respondents indicated that more than a moderate amount of additional resources are needed to address the awareness of transportation to health and wellness services. Respondents also indicated that the availability of transportation was a concern. Fifty percent of the respondents indicated that more than a moderate amount of additional resources are needed to address the availability of transportation to health and wellness services. Respondents most frequently ranked the availability of transportation as one of the three most pressing issues.

Information about the availability of transportation services is very difficult to obtain and therefore cannot be analyzed for the counties of interest. Further investigation of this concern should be completed.