VOICES OF STARK COUNTY

Talking About the Social Determinants of Health

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The information presented in this report should be used in conjunction with other recently released county reports and various data sources which provide context to support the "Voices of Stark County"

https://www.uwstark.org/stark-county-community-assessment/#

https://www.unitedforalice.org/

https://starkhealth.org/government/offices/public_health/community_health_assessment.php

https://www.strengtheningstark.com/wba/content/publications/reports/

https://www.starkcf.org/files/publications/protectingstarksfuture.pdf?1606767461

https://www.cmoresearch.com/cpr.php

https://data.census.gov/cedsci/

https://cms7files1.revize.com/starkcountyoh/Document_center/Offices/Public%20health/Nursing%20Services/Stark%20County_2021.pdf

Dear Stark County,

Thank you for taking the time to read this report!

Mental Health Access has been identified as a priority health need in Stark County since the 2012 Community Health Assessment. No other time in history has this health need been greater. Three entities, representing the systems of behavioral health *(Stark Mental Health and Addiction Recovery)*, physical health *(Aultman Health Foundation)*, and education *(Stark County Educational Service Center)*, are addressing this issue towards increasing community capacity for *Mental Health Access* by supporting a position, the "Chief Integration Officer" (CIO). The CIO leads the Behavioral Health Access and Integration Collaborative, a coordinated county-wide initiative that aims to address socioeconomic barriers to *Access* **and** create and implement targeted interventions to increase *Access* entry points throughout the community. Before the Collaborative can begin to address barriers to *Access*, it needs to determine these barriers. What better way to gather this information than from the people of Stark County!

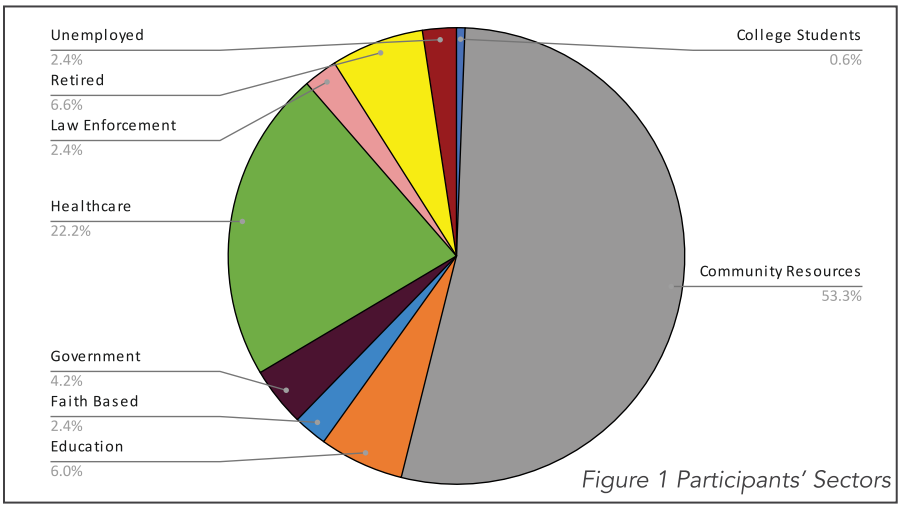


Figure 1 Participants' Sectors

From September 2021 through April 2022, the Chief Integration Officer conducted six community meetings and fifteen small Focus Groups that were divided by the 17 Stark County school districts to ensure information gathering by locality. Stark County residents were invited to participate through a variety of ways including emailed invites, word of mouth, and social media outlets. Because of the COVID19 pandemic, most meetings were held virtually. A total of 167 individuals (140 women, 27 men) participated from various sectors of the community *(Figure 1)*.

Facilitators guided group discussion using two structured questions and recorded the participant responses.

1. *What do you see as the challenges and/or barriers in your community tied to each of the five social determinants of health that prevent people from accessing behavioral health services?*
2. *If money were no option, what ideas do you have to address the challenges and/or barriers brought up during our conversation?*

Many county initiatives are addressing socioeconomic issues including homelessness, food insecurity, and economic development. However, as this report shows, we may need to do more and adjust our tactics to address the economic fragility, widespread hardship, and growing disparities resulting from the COVID-19 pandemic. We hope the "Voices of Stark County" will give pause and help our stakeholders identify new initiatives and direct resources to attain the goal as stated by many Focus Group participants, *"Let's build a community where we ALL can live healthy and thrive!"*

Sincerely,

The Behavioral Health Access and Integration Collaborative

Stark County educational service center

STARK COUNTY Mental Health & Addiction Recovery StarkMHAR.org

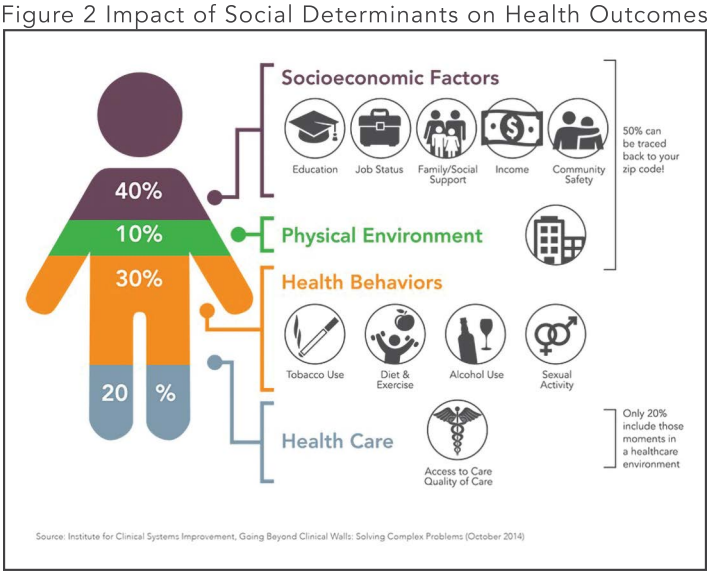
AULTMAN

BACKGROUND

"Realize that everything connects to everything else," -Leonardo da Vinci

Health is "a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity" *(World Health Organization, 2022)*. Good health is central to human happiness and well-being that contributes significantly to prosperity, wealth, and even economic progress, as healthy populations are more productive, save more, and live longer.

Figure 2 Impact of Social Determinants on Health Outcomes

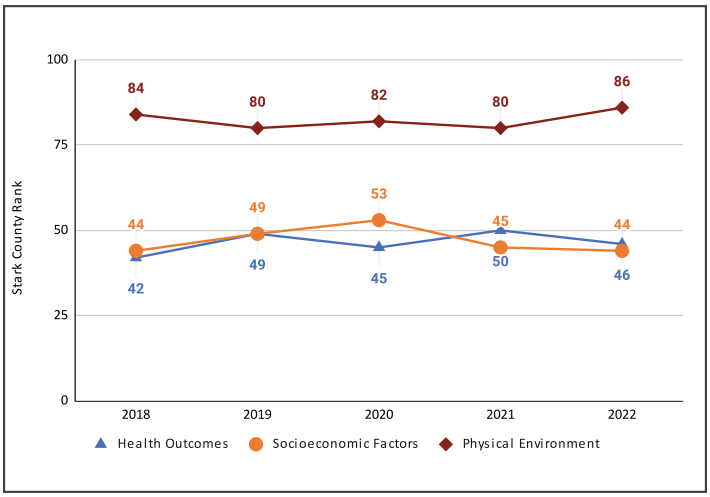


While we have made significant improvements in healthcare, only 20% of health outcomes are linked to access and quality of medical care. Our choices of health behaviors contribute to 30% of health outcomes. The remaining 50% stem from socioeconomic and environmental factors, collectively referred to as **Social Determinants of Health (SDOH)** *(Figure 2)*. Health disparities and inequities are attributable to SDOH.

Healthy People 2030 uses a place-based framework that outlines five key domains of SDOH, *Economic Stability, Access & Quality of Education, Access & Quality of Healthcare, Neighborhood & Built Environment*, and *Social & Community Context*, that connects each domain to an individual's health and wellbeing.

Stark County is known throughout the state of Ohio for its collaborative efforts. Over the years, various systems, foundations, and community organizations, through public-private partnerships, have been working diligently to address SDOH. Despite these efforts, Stark County's rankings for health outcomes and socioeconomic factors remain relatively unchanged over time, and our physical environment ranking is one of the worst in the state of Ohio. *(Figure 3)*. Source: countyhealthrankings.org

Figure 3 Stark County Rank in Health Outcomes, Socioeconomic Factors, & Physical Enviornment



In the wake of the COVID-19 pandemic that escalated behavioral health challenges, battered our education, public health, and healthcare systems, debilitated our economy, and underscored long-standing disparities and inequities, Stark County is now faced with a choice. *Do we remain status quo or do we redefine our role in protecting and improving the health of our residents?* As you read this report, the answer becomes quite clear.

REPORT HIGHLIGHTS

Common themes of the identified "Challenges" associated with each domain emerged from all conversations (Table 1). In addition, participants shared suggestions for a multitude of "Strategies" with the most common themes being access to healthcare through mobile teams and having physical health and behavioral health services located in one place; more community navigators and mentors to assist with addressing individual needs/crisis situations and bringing services to communities; and improving the quality of our built environment such as safe affordable housing, transportation, access to healthy foods, and healthy workplaces. Supporting details and examples are provided in the APPENDIX section of this report.

TABLE 1: THEMES OF IDENTIFIED CHALLENGES ASSOCIATED WITH THE SOCIAL DETERMINANTS OF HEALTH DOMAINS

DOMAIN	THEMES OF IDENTIFIED CHALLENGES
Economic Stability *Key issues: poverty, employment, food security, & housing stability*	1. Poverty and lack of economic stability are the root causes of inequities 2. More people are experiencing the "benefit cliff", contributing to workforce shortage 3. Food insecurity due to lack of accessible and affordable food sources 4. Inflation and rising costs of basic needs 5. Employment, transportation, and childcare are all tied together 6. High administrative burden and low ceiling of eligibility for governmental programs 7. Minimum wage vs. living wage discrepancy
Access & Quality of Education *Key issues: high school graduation, enrollment in higher education, educational attainment in general, language & literacy, and early childhood education and development*	1. Expectations of schools and teachers exceed primary role of educating youth 2. Lack of workforce to deal with students struggles both academically and emotionally 3. Lack of affordable, accessible, and high-quality childcare and preschools 4. Resource allocations to the neediest of students; what are supports for others? 5. Do people understand the value of an education and how it ties into their well-being? 6. Difficult to obtain adult education in terms of locality and costs

DOMAIN	THEMES OF IDENTIFIED CHALLENGES
Access & Quality of Healthcare *Key issues: access to healthcare, access to primary care, health insurance coverage, and health literacy*	1. Difficult to access providers (workforce, insurance, availability, proximity, and costs) 2. Extremely difficult system to navigate 3. Lack of awareness about options in own community 4. Cultural bias and stigma 5. Insurance complexities and disparity of reimbursement (services, locations, etc.) 6. Lack of understanding in the importance of prevention and overall health literacy
Neighborhood & Built Environment *Key issues: quality of housing, access to transportation, access to healthy foods, air & water quality, and neighborhood crime & violence*	1. Lack of or difficulty with Broadband Internet Connectivity 2. Lack of affordable, accessible, and flexible public transportation and ride share services 3. Lack of safe and reliable housing 4. Lack of safe green spaces with sidewalks to encourage healthy living 5. Lack of resources in own communities 6. Increasing crime and violence 7. Lack of access to healthy foods
Social & Community Context *Key issues: cohesion of a community, civic participation, discrimination, workplace conditions, and incarceration*	1. Lack of collective collaboration and allocation of equitable resources 2. Lack of community centers/local programming which contributes to lack of cohesion 3. Political polarization contributes to discrimination of marginalized populations 4. Pandemic has prompted continued self-imposed isolation and loss of community cohesiveness

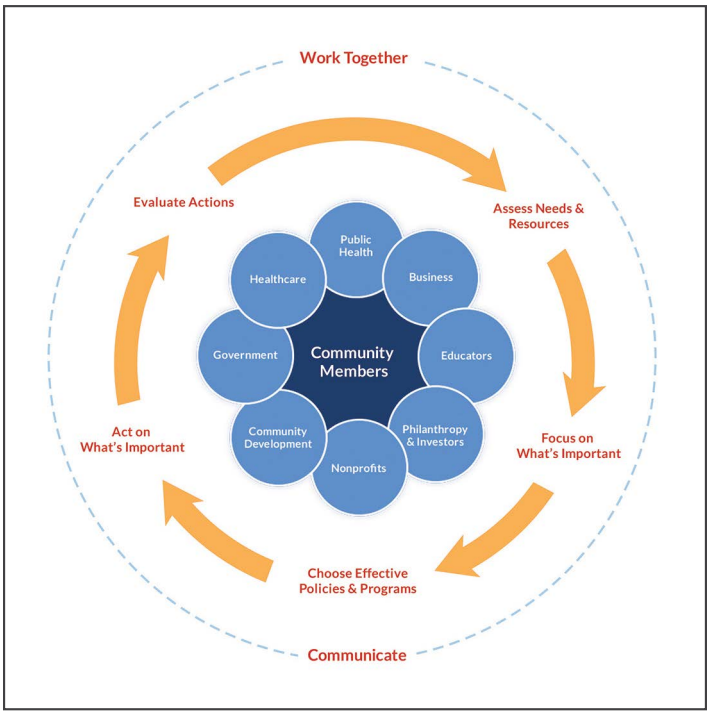
CONCLUSION

Social problems arise from the interactions of governmental and commercial activities. As a result, these complex issues can only be addressed through multiple ongoing strategies and cross sector partnerships and collaboration.

Strategies can be categorized as downstream, midstream, or upstream. *Downstream* efforts seek to create individual-level impact by provision of clinical care and medical intervention. *Midstream* efforts seek to create individual-level impact by meeting individuals' social needs through screenings, referrals, and other individual-focused processes or protocols. *Upstream* efforts seek to create community-level impact and improve community conditions by targeting the "root causes" by addressing the SDOH through policy, laws, and regulations, and these efforts have the greatest impact on society. Community efforts to address SDOH must include interventions in all "streams" concurrently.

(Source: Infographic created by the de Beaumont Foundation and Trust for America's Health, 2019)

Figure 4 Take Action Cycle



Looking at the *Take Action Cycle* (countyhealthrankings.org) in Figure 4, we can see the key to a community's success is when community members and all sectors work together towards a shared vision and commitment to improve its community's health. Stark County's successful initiatives to address both the disparate infant mortality rate and the youth suicide contagion (2017-2018 school year) are two of the many examples that showcase the strength of collaborative partnerships in addressing issues affecting our community's health.

The COVID19 pandemic has created a surge in behavioral health issues. As the "Voices of Stark County" have shared, there are significant socioeconomic and physical barriers for people to access care. The Behavioral Health Access & Integration Collaborative will be working with stakeholders in individual communities on identified initiatives, as determined by each community, to address and improve the root causes of these barriers.

Stakeholders and Community Members of Stark County…we hope the information in this report assists with current initiatives, provides new ideas, and empowers you to join the Behavioral Health Access & Integration Collaborative as it *Takes Action* to make Stark County a community where we all can live healthy and thrive.

APPENDIX

The remainder of this report shares the participant responses from community stakeholder and service provider meetings (see Tables 2 – 4) and focus groups divided by Stark County school districts (see Tables 5 – 12), with details of identified challenges and strategies to mitigate the challenges associated with each domain of the Social Determinants of Health. Data as documented for the county and local school districts was gathered from results of the 2020 American Community Survey 5 year estimates (data.census.gov/) and the 2022 County Health Rankings Report (countyhealthrankings.org).

TABLE 2: STARK COUNTY STAKEHOLDERS

DOMAIN

Economic Stability

Population	374,853
Median income	$55,045
% Below Poverty	13.3
Unemployment Rate	5.1
% Renters	31.9
% Renters with Unaffordable Housing Burden	40.4
% of population who experiences food insecurity	13

CHALLENGES

1. Living in poverty & ALICE families
   - ** Living wage vs. Minimum Wage discrepancy ($34/hr or $70,720 annual household income needed to meet basic household survival budget for family of four)*
   - **Meet basic needs is priority*
2. Employment
   - ** Lack of opportunities to learn various employable skills*
   - ** With hourly employment, succumb to benefits cliff with any incremental pay raise*
   - ** Lack of flexible, affordable, accessible quality childcare*
3. Food insecurity
   - ** Lack of grocery store options in neighborhoods within walking distance*
   - ** Food pantries were plenty; how to access them easily without reliable transportation?*
4. Housing instability
   - ** Lack of affordable and attainable housing in safe areas*

STRATEGIES

1. Bring adult education to various communities instead of expecting people to travel (challenges with transportation)
2. Wrap Around services for anyone receiving governmental assistance & ALICE individuals
3. Mobile workers (travel to various communities) to mentor, provide assistance with signing up for governmental programs/services, provide resources/knowledge on basic life necessities, "hand hold" in crisis, etc.
4. Employers receive subsidies in order to support employees needs of childcare and when need to take time off to address personal issues/crises
5. Bring services to communities (could be through remote access)

> *"All domains are intertwined, but Economic Stability is the root problem."*

DOMAIN

Access & Quality of Education

% Population 25 yrs and older with Bachelor's degree	*23.5*

CHALLENGES

1. Lack of social support
2. Students are struggling
   - **Difficult to meet the needs of all students with current staff in terms of workforce and burnout*
   - **Behaviors are so extreme; haven't seen like this before*
3. School based Mental Health services
   - **Need is greater than capacity*
4. Lack of early education for students and adults focusing on resilience and prevention efforts
5. Lack of affordable preschool programs
6. Safety at school
   - **The "streets" have come to the hallways*

STRATEGIES

1. More family services to help educate the family as a whole (wraparound services)
   - **Services co-located at schools*
2. Resume Life Skills classes
3. Peer to peer awareness and education of staff and students
4. Workforce retention initiatives
5. Dedicated Mental Health Teams at districts or buildings to offload work from those who aren't trained in those areas
6. Increased presence of behavioral health education in curriculum
7. Educate to each student's capabilities
   - **Teach career tech skill sets in all high schools that do not require a further degree*
   - **Begin career counseling for freshman and continue until graduate*

DOMAIN

Access & Quality of Healthcare

% of Uninsured	*5.6*

CHALLENGES

1. Cultural challenges
   - **Bias of providers*
   - **Own barriers to see Mental Health as an illness (own stigma)*
   - **Professionals don't look like patients*
2. Provider issues
   - **Lack of providers in many communities, difficult to access, & appointment times inconvenient for those employed*
   - **Limited number accept Medicaid*
   - **Lack of trust*
3. Lack of health literacy
   - **Trying to meet basic needs and addressing daily crises; do not value nor understand importance of prevention on one's own health*
4. Lack of insurance coverage and/or complexity of fee structure

STRATEGIES

1. Bring services to the low income communities
2. Urgent cares for mental health illnesses
3. Low cost and ease of access Transportation service programs
4. Sliding fee scales in all organizations and this info is known upfront
5. BH counselor in primary care setting
   - **Embed in primary care and normalize the idea of an annual mental health check-up*
6. Peer support
7. More Telehealth access (technology and cost)

DOMAIN

Access & Quality of Healthcare (Continued)

CHALLENGES

5. Other challenges
   - **Difficult to navigate and understand the complexities so not willing to seek help*
   - **Childcare not easily attainable*
   - **Lack of knowledge of resources in own community*
   - **Lack of integrated care options to provide one stop shop*

STRATEGIES

8. Having someone in place (doctor office, hospitals) to help people navigate (like a healthcare concierge)

DOMAIN

Neighborhood & Built Environment

% Homes w/o vehicle:	7
% Homes w/o Broadband Internet Connection:	16.3
% Population who has limited access to healthy foods:	9

CHALLENGES

1. No access to healthy recreation
2. High crime/violence
3. Low income housing in unsafe neighborhoods
4. Many communities are "deserts"
   - **Food access*
   - **Transportation*
   - **Healthcare providers*
   - **Employment opportunities*
   - **Housing*
   - **Broadband connectivity*

STRATEGIES

1. Safe, attractive housing
   - **Hold landlords accountable*
2. Policing and safety officers
   - **All need to be trained to de-escalate/non-escalate*
   - **Police officers who look like their community*
3. Improve public transportation access

DOMAIN

Social & Community Context

CHALLENGES

1. Nonprofits compete for funding and pull from same resource pool
2. Social isolation and fear with the current pandemic
3. Formal vs Informal (grass roots) organizations and public vs. private organizations: both have lack of collaboration
4. Many people don't feel like they have a voice in the community

STRATEGIES

1. Collaborative funneling approach of resources within the community instead of fragmented access
2. MH community training
   - **Churches and their congregations*
   - **All school staff*
   - **All employers and employees*
   - **Connect high-profile people with own MH challenges to community programs to increase conversations and decrease stigma*
3. Provide opportunities of networking for connecting community based organizations that can help each other in the process of servicing the communities

TABLE 3: COMMUNITY HEALTH WORKERS, FAMILY SUPPORT SPECIALISTS, & HOME VISITORS

DETERMINANTS OF HEALTH

DOMAIN

Economic Stability

> *We can't build a castle without a foundation*

CHALLENGES

1. Lack of paternal support & involvement in female head of households living in poverty
2. Employment
   - **Lack of training/education for jobs that are not fast food or retail*
   - **Catch 22 for childcare and employment: need job to qualify for childcare and need childcare to have job; lack of quality and affordable childcare, especially if you make more than a certain hourly wage which kicks you off immediately from subsidized rent/utilities/food stamps/childcare*
   - **More costly to work than be unemployed if make more than a certain hourly wage as cut off from governmental benefits and individual's portion towards basic needs like rent/utilities increases*
   - **Household income includes all earners, including minors (affects benefits and daily living expenses)*
   - **If kids "get in trouble" of moms who work, stigma and judgment by own community*
   - **Lack of drivers ed in schools and too costly to privately pay; inhibits utilizing a car for getting to work*

STRATEGIES

1. Affordable and accessible drivers ed training, especially for "older adolescents, young adults"
2. Infrastructure rehaul of governmental system of assistance (instead of being cut off from assistance, need buffer as improve employment and financial independence, incremental decrease of benefits)
   - **Current strategy of immediate cut-off from benefits doesn't foster hope for individual to change/improve their life*
3. Employers offer incentives or tokens of appreciation for those who consistently are "good" employees
4. Housing
   - **Rent to own homes (sense of pride if homeowner)*
   - **Subsidized housing; rent incrementally increases as person becomes more financially secure*
   - **Education on how to obtain and keep a home (similar to Habitat for Humanity)*

DOMAIN	CHALLENGES	STRATEGIES
Economic Stability (Continued)	3. Housing instability **High rents; lack of affordability in "nice, safe areas"* **If evicted, difficult to find other housing as need background checks; if able to obtain in different locale, need assistance finding supports/services again (start over from square one)* 4. Lack of trust in the governmental system **The systems that are designed to provide resources are "broken" and difficult to navigate (e.g. lack of follow-up; "call back tomorrow"; no response when message left; lack of available services; high fees; multiple steps to secure services;constant request to reapply)* **Fear of kids being taken away if ask for services, especially for those with criminal past/Hispanic*	5. Navigator/mentor for those in cyclical poverty to provide assistance for governmental programs (bureaucracy) and resource connections, and all around social network support ("someone in their corner") **Increased funding for programs utilizing CHWs, FSSs, and HVs*
Access & Quality of Education	1. Lack of necessary supplies to obtain/complete education 2. Students concerns/societal concerns of social status 3. Extreme focus on state testing and teaching for this instead of prepare for real life 4. Lack of financial guidance to assist in pursuit of higher education 5. Excessive peer influence 6. Schools have had to take on multiple roles (parenting, disciplinarian, social worker, address mental health, etc.) which takes away from the purpose of educating 7. Too much focus on technology without placing safety parameters	1. Resume Life Skills classes **Money management, home ec, communication skills, how to pursue employment, health, etc.* 2. Engage parents **Share responsibility of discipline with parents; put some ownership back to parents with assistance from schools* **Teach parents how to be successful* **Teach parents how to appropriately discipline (punishment fits the crime) and this discipline is the same for both schools and home* **Provide education for parents on core subjects so can assist students at home (eg. Math)* **Help parents deal with their own generational issues as it relates to things that their kids needs but don't receive (eg. MH)*

DOMAIN	CHALLENGES	STRATEGIES
Access & Quality of Education (Continued)	8. Bullying and gun violence 9. Lack of standardized and free early childhood education **Even if secure a spot in a program, lack of transportation (busing)* 10. Primary education not valued as important **Many teen parents drop out to seek employment; may not obtain their GED so their poverty cycle continues* **Teen parents miss school when they have no childcare* 11. Lack of respect, pay, and professionalism for the Early Childhood workforce 12. Transition Youth (17/18 yr old) **No guidance/support for life skills; decreases their motivation to pursue next steps once graduate HS* 13. Truancy **Parental/student apathy & feelings of indifference*	3. Resume teaching cursive writing (teach how to write a signature) 4. Mentoring programs **Professionals/volunteers to provide trusted adult conversations, socialization opportunities, motivation for students, and academic support for struggling students* **Since we have "trusting adult" programs for kids, why not have "trusting mentor/navigator" for adults to help them understand importance of education, how they can be partner with schools, and parenting skills* 5. Some career tech classes in each high school that may not require a further degree **RG Drage offers classes but for limited school districts* 6. Incremental programming in schools tied to how kids learn best (in classroom and/or virtual) and what other supports need to ensure success **Meet students where they are*
Access & Quality of Healthcare	1. Lack of workforce and consistent providers **Increasing wait times or inconvenient appointment times cause people to not seek care* **Cumbersome to retell my story and lack of follow through on my care when see new provider for each visit* **Need "good providers" who accept Medicaid* **With constant change of providers and lack of follow up, difficult to maintain relationship so lose trust*	1. Educate providers on impact of socio-economic challenges and prioritization of meeting basic needs first **Providers should assess patients for life struggles and connect to/assist with resources* **Bridges Out of Poverty and Trauma Focus trainings* 2. Provide variety of appointments to include voice only/telehealth and variety of times, including nontraditional business hours

DOMAIN

Access & Quality of Healthcare (Continued)

CHALLENGES

2. Payers panel of providers not up to date with information; frustrating for people to navigate especially if on Medicaid (stigma)
3. Lack of knowledge of various resources (lack of right information in the hands of the right people)
   - **Lack of health literacy*
   - **Do not understand their health insurance nor realize if they are on a plan/who their provider is*
4. Difficult to communicate with providers
   - **Lack of broadband for telehealth*
   - **Limited minutes on phones*
   - **Lack of responsiveness from providers when people call/leave messages*
   - **Lack of own privacy to complete telehealth appointments*
   - **Lack of sensitivity of providers/in a rush/not value patient*
5. Disparity in reimbursement for BH services
6. Lack of reliable transportation, even with using Payer approved services
   - **Driver services may cancel picking up patient so now can't get to appointment; many doctors offices "discharge" a patient from care if frequent no shows*
   - **If secure a ride with Payer approved services, it may take up the whole day just to get to one appointment (early pickup, wait at provider's office for appointment, delayed pickup from appointment, etc.); what do clients do if they have other children to take care*

STRATEGIES

3. One stop shop when clients seek MH services
   - **While adult completing their appointment, provide their children with play therapy (dual purpose: childcare, determine if children struggling as well with their guardians challenges potentially limiting the parent-child relationship)*
4. Healthcare navigators

DOMAIN	CHALLENGES	STRATEGIES
Access & Quality of Healthcare (Continued)	7. Consequence of pandemic: Case Managers themselves are struggling and are not helpful to their clients to provide care coordination and "putting out life's fires" 8. Imbalance of treatment measures: overmedicating and less talk therapy (social connectedness may be all someone needs) 9. Underinsured families **Employment kicks off Medicaid so now have no coverage; won't seek care unless emergency* **Excess cost when have to choose to pay for basic needs first*	
DOMAIN	**CHALLENGES**	**STRATEGIES**
Neighborhood & Built Environment	1. Gun violence and gangs 2. Quality and location of housing has deteriorated; slumlords; no accountability of owners to provide safe and clean housing for renters 3. Transportation challenges **Lack of safe access and lack of comprehension of multitude of routes make it difficult to access basic needs with ease or engage in employment opportunities* **Difficult to apply for services at Goodwill Campus (Canton) or DJFS (Canton); no branches locally* 4. Access to healthy foods **Cost prohibitive* **Lack of education on nutrition/ how to make balanced meals for family* **Difficult to grocery shop for the week as limited by how get groceries home (transportation issue)*	1. SARTA should have multi language signs (eg. Spanish) 2. Food banks **Choices should be healthy* **Provide all supplies to make meals* **Supplies should have multi meal capacity* 3. Healthy food choices education as part of mandatory "live" health class in high school 4. Up to date resource on food and shelter services (easy access and in real time)

DOMAIN

Social & Community Context

CHALLENGES

1. Post incarceration, challenges with obtaining housing and employment (basic needs)
2. Societal discrimination even within own communities
3. Extreme social isolation in the pandemic without ease of access to social network or community programs
4. Lack of coordination between multiple community programs serving same individuals
5. LGBQT+ Individuals

   **Significant discrimination in schools and community*

   **Feel unsafe and unwelcome*

   **Lack of support resources/services*

> ***Most people are not looking for handouts, but instead, someone to extend a hand out and walk side by side***

STRATEGIES

1. Get faith based communities involved to assist with childcare in their community (It takes a village…)
2. Resurrect neighbors being neighbors so look out for each other; sense of community

   **Neighborhood watch and meetings*

   ** Youth help the elderly with daily services*
3. Neighborhood stores with healthy options; place to safely socialize
4. Establish relationship with CHW/ FSS/HV for upcoming parolees and their Parole Officers prior to release; assist with "life" once released
5. Increase use of virtual Parent Cafes to create a sense of social network and provide education
6. Have a strong databank/hub of resource information in real time that can be accessed by the community, navigators, & mentors that would also allow referrals and connections directly to the resources
7. Support for LGBQT+

   **Education about tolerance and acceptance*

   **Diversity groups in schools for honest conversations without judgment*

   **Is there a resource list for supports and services for this population group*

**Note: This category of individuals have personal relationships and work directly with people and families throughout Stark County to address inequities and health disparities by providing education, guidance, and connections to resources and services that address all 5 social determinants of health domains. Some of these individuals may have lived experiences of the challenges brought on by Social Determinants of Health.*

TABLE 4: HEALTHCARE PROFESSIONALS

DOMAIN

Economic Stability

CHALLENGES

1. Poverty is the key to instability
   - **Choice between paying for basic necessities vs. seeking BH care*
   - **Costs for basic needs increasing at a greater rate than "income" in households*
   - **Rising rent/home costs are forcing people to "double up", become transient, or homeless*
   - **Catch 22: childcare too expensive and limited access; but need childcare to secure employment which may eliminate governmental support thereby making it cost prohibitive*
2. We can't forget about the elderly as a struggling population as they are on a fixed income and likely have health issues

STRATEGIES

1. For those on any government assistance
   - **Slow incremental increase/decrease of governmental aid*
   - **Financial/budget training*
   - **Provide vocational training to attain skills for various employment opportunities (build upon current skill set and what motivates individual)*
2. More employers either provide childcare or help subsidize costs
   - **Will help people become self reliant*

DOMAIN

Access & Quality of Education

CHALLENGES

1. Traumatic experiences and untreated MH challenges have led to people struggling or not completing their primary education
2. Pandemic has caused loss of learning for students
   - **Parents expected to help "teach" their students without skills to do so*
   - **Isolation has caused increased MH challenges in youth*
   - **School staff are expected to become parents, teachers, & disciplinarians for students*

STRATEGIES

1. More schools trained in trauma focused relationship building
2. For those with MH challenges, create models for learning tied to student learning styles (individualized education)
3. Screen all students periodically for MH challenges and refer appropriately to identify and treat early

DOMAIN

Access & Quality of Healthcare

CHALLENGES

1. Extremely complex system to navigate
   - **More challenging for those who already struggling*
2. Lack of health literacy
   - **Inappropriate use of Emergency Department*
   - **Lack of understanding of continuum of care service lines*
3. People struggle to meet basic needs; many do not have resources or knowledge on how to meet these needs
   - **Healthcare needs to screen for social needs; yet it is not reimbursed by insurance*
   - **Lack of a single community organization to help patients with these needs for offices to refer as they do not have manpower or knowledge to connect patients to various resources*
   - **Struggling patients do not have capacity to self navigate through resources' attainment*
4. Provider issues
   - **Because providers are experiencing burnout, patients may not receive quality care or their issues may be easily dismissed by providers*
   - **Lack of workforce and availability of appointments*

STRATEGIES

1. Every individual should have an advocate/case manager to help navigate.
   - **Utilization will ebb and flow depending on life circumstances*
2. Increase community education to understand tiers of care and navigation of healthcare intricacies
3. More offices participating in integrative medicine embedding mental health services in the primary care offices (allows for patient to be treated as a whole instead of through fragmented providers)
4. Increase number of accessible rideshare programs reimbursable by insurance payers even for emergency appointments
5. Support providers to ensure their well being
   - **Flexible work schedules*
   - **Increase opportunities to take a break during day/take own mental health day*
   - **Decrease administrative burdens of indirect work activities*

> ***"It is about survival right now as people deal with constant stressors and sudden life changes at any given time."***

DOMAIN	CHALLENGES	STRATEGIES
Neighborhood & Built Environment	1. With limited resources both monetary and ease of access, difficult to purchase healthy food choices 2. Limited access and schedules of public transportation 3. With increasing crime/violence, fear to leave home and have apathetic feelings or acceptance of "this is the norm" **Constant fight/flight situation* 4. No accountability for landlords in maintaining quality and cost of rental homes	1. Community programs on healthy eating and food choices, and how they affect health 2. Supportive housing allotments for most vulnerable individuals with each unit having an assigned Case Manager who functions to: **Assist with grocery shopping and education on healthy foods* **Connects to resources and governmental programs* **Connects to vocational training/ education attainment* **Provides hand-holding in times of crisis and mentoring at all other times* **Once individuals "stable", relocate to different housing that is tiered "down" with level of assistance* 3. Year round traveling fresh food markets to vulnerable communities with more frequency 4. Restaurants/grocery stores donate their excess fresh foods to churches/community centers to distribute to residents (would decrease the transportation issue and increase ease of access)
DOMAIN	**CHALLENGES**	**STRATEGIES**
Social & Community Context	1. Pandemic has prompted increased social isolation and disconnection from community, which increases mental illness and substance use 2. History of incarceration affects access to governmental aid programs, employment, and access of basic resources	1. Community groups, churches, and neighbors go to homes of those who have isolated themselves and extend their "hands" out to increase the human connection 2. More support for individuals returning to community from incarceration in form of mentoring and case management, from a positive viewpoint and not punitive viewpoint

TABLE 5: ALLIANCE CITY, LOUISVILLE CITY, & MARLINGTON LOCAL

DOMAIN

Economic Stability

Alliance

Population:	21,024
Median income:	$39,761
% Below Poverty:	23.5
Unemployment Rate:	7
% Renters:	50.3
% Renters with Unaffordable Housing Burden:	46.3

Louisville

Population:	18,809
Median income:	$67,620
% Below Poverty:	8
Unemployment Rate:	4.2
% Renters:	23.9
% Renters with Unaffordable Housing Burden:	43.5

Marlington

Population:	14,891
Median income:	$59,961
% Below Poverty:	11.5
Unemployment Rate:	6
% Renters:	27.2
% Renters with Unaffordable Housing Burden:	45.8

CHALLENGES

1. Food Desert
   - **Lack of access depending where you live (distance and convenience)*
   - **Transportation challenge (both to go to store and how haul groceries home)*
   - **Costly groceries*
2. School Care Teams can't meet basic needs of many families
   - **Despite overwhelming support from community with food bags to distribute, still scarcity*
3. Housing Instability
   - **Rent and utilities costs have increased greatly*
   - **Families cohabiting in crowded homes/apartments or couch surfing (not being counted as homeless and not qualify for assistance)*
4. Higher poverty & ALICE families
   - **For those already in poverty, situation continues to worsen with increased limitations and lack of resources*
5. Employment
   - **Difficult to get if can't pursue adult education in own community*
   - **Lack of interest in securing/ maintaining employment (wage vs. governmental benefits discrepancy, childcare issues, MH challenges, etc.)*

STRATEGIES

1. More resources & easy accessibility for rent and utilities assistance
2. Grocery stores with fresh and nutritious foods
   - **Increased number of stores in various parts of town for ease of accessibility*
   - **More affordable*
   - **Access to nutrition specialists in stores to teach how to shop for healthy foods*
3. Improved and increased childcare options, both from educational and cost standpoints
   - **Need centers to be open non-traditional hours (working parents with various shift work)*
4. Community resource to secure adult employment
   - **OH Means Jobs center is in Canton; transportation is a barrier to get there*
5. Access to quality training programs regarding financial literacy and budgeting for a household
6. Increased funding for Cultural Allies program to provide outreach and education to communities who need assistance but otherwise are not engaged

DOMAIN

Access & Quality of Education

% Population 25 yrs and older with Bachelor's degree:	
Alliance	19.7
Louisville	24.9
Marlington	17.7

CHALLENGES

1. Lack of programs and services to provide the social and emotional support for students
   - **Federal funding was used to supplant monies for existing programs instead of increasing programs*
   - **Perfect storm: pandemic, family discord secondary to socioeconomic challenges, trauma for children, MH needs and behaviors compounded*
   - **MH needs at all time high*
   - **MH workforce at all time low*
2. Lower university enrollment secondary to high costs
   - **Tuition jump*
   - **Cost prohibitive for students to have mandate to live on campus beyond the initial 2 years*
3. Limited adult education opportunities
   - **Many have to travel to Canton*
4. Truancy & chronic absenteeism
   - **Many kids "off the grid"; can't find them and determine if they are receiving an education*
   - **Routines changed with pandemic; stress and anxiety; parents not pushing kids to go to school*
5. Need more affordable, accessible, and quality daycares and preschools
6. Pandemic effects
   - **Anticipate lower graduation rate over the next few years, causing increased struggles in later life*
   - **Lack of socialization for the early childhood ages, therefore struggling with social norms and profound behavior issues in classroom*
   - **Workforce issue despite have funds to support new hires*

STRATEGIES

1. Need access to more school based MH professionals and teacher aides
   - **Student behavior plans are unable to be carried out to fidelity with the staffing shortages (how can we change behaviors without the necessary tools)*
   - **Adults also need support in way of education and own resilience plan*
   - **Add school psychologists to help*
   - **Tiered system of referrals and providing school based MH services*
2. Subsidized higher education tuition
3. Modernized school buildings
4. Maintain use of "restorative justice" philosophy to approach truancy and potential expulsion issues (increase supports while decreasing punitive responses)
5. Licensed Social Workers in schools to work on family issues, increased value of education, truancy (internal wrap around service for any student/family)
6. Create opportunities for small group tutoring to assist with academic shortcomings from the pandemic (problem is workforce)
7. University hire at least one sports psychologist (1/2 to 2/3 of student body are athletes)

DOMAIN

Access & Quality of Education (Continued)

CHALLENGES

7. Ohio Dept. of Education changed policies regarding requirements for graduation, state testing, and no longer supporting supplemental or provisional licenses for school staff
   - **Has not provided supports or resources for schools to make the mandated modifications*
8. Lack of engagement of families who need multiple services
9. Complexity of billing for school based MH services

STRATEGIES

DOMAIN

Access & Quality of Healthcare

% Uninsured:	
Alliance	8.1
Louisville	4.1
Marlington	5.2

CHALLENGES

1. Lack of access to prescriptions
   - **Beacon Pharmacy has a limited schedule in Alliance. If miss that day, can't get meds unless go to Canton*
2. University issues
   - **Students unaware of resources*
   - **No crisis line*
   - **If we had a MH crisis, we wouldn't know what to do*
   - **Difficult to receive care at University Health Center (schedule)*
   - **Many out of state students insurance not accepted at local hospital or providers*
3. Lack of choice of providers
   - **Limited supply and availability*
   - **Long waitlists and inconvenient hours for those who are employed*
   - **Not much cultural diversity of providers*

STRATEGIES

1. More options, ease, and reimbursement for non-emergency medical transport
2. Increase frequency for Beacon Pharmacy in Alliance
3. More providers offer telehealth for those with transportation challenges
4. Mobile Medical teams
   - **Meet people where they are*
   - **Opportunity to build relationships and address basic challenges*
5. Reopen maternity and psychiatric wards at Alliance Aultman to foster family support and ease of access for residents
6. More providers participating in the "Reach Out and Read" programs which bridges education and healthcare partnerships

DOMAIN

Access & Quality of Healthcare (Continued)

CHALLENGES

4. Parents challenged to find own resources after they take their children to Emergency Department for MH issues

   **Lack of care coordination*

5. Lack of transportation options prohibit people seeking care
6. Poor health literacy for youth and adults

   **Affects acquisition of education and productivity*

STRATEGIES

7. Navigator for all to have understanding of insurance plans, provisions, health questions, treatment plans and instructions, etc.

   **Even the educated person struggles with this; how can we expect those constantly living in crisis to understand*

DOMAIN

Neighborhood & Built Environment

Alliance	
% Homes w/o vehicle:	13.3
% Homes w/o Broadband Internet Connection:	19.8
Louisville	
% Homes w/o vehicle:	5.1
% Homes w/o Broadband Internet Connection:	14.2
Marlington	
% Homes w/o vehicle:	9.7
% Homes w/o Broadband Internet Connection:	19

CHALLENGES

1. Transportation

   **Lack of flexible, reliable, accessible, and affordable*

   **Mostly on main streets without much movement on other streets*

2. Deplorable conditions of housing areas, including government housing
3. Fear of safety in university students
4. Lack of quality healthy food choices both in food pantries and convenience stores which most people use as grocery stores on main route
5. Lack of broadband internet to access telehealth and education services

STRATEGIES

1. Not for profit drive share program
2. Increased home and neighborhood inspections
3. More walking neighborhoods (side walks; more green space)
4. Community centers to foster social connections for all residents
5. Improve public transportation accessibility and availability

DOMAIN

Social & Community Context

CHALLENGES

1. Despite communities bringing back social activities, people not participating as they continue their isolation
2. Workplace conditions are deteriorating in their philosophy of "expect more from less"

   **This is exhausting for workers and see effects not only in the workplace, but transfers to home life*
3. Extreme polarization of issues (political divide) has caused separation of societal cohesion and is affecting not only behaviors of adults, but also their children
4. Profound gap in civic participation from those in lower socioeconomic status

   **Prompts continuation of inequities, lack of representation, and increased escalation of issues*

STRATEGIES

1. Enhance community collaborations between its community based organizations, schools, higher education, YWCA, YMCA, library, and foundations
2. Provide training for those with "lived experiences" to build relationships with those struggling (create a social support network of these "peers")

> ***"People can't think even linearly for 'how do I get out of my situation' as they do not have the bandwidth to deal with anything outside of the 'moment' crisis"***

TABLE 6: CANTON CITY

DOMAIN

Economic Stability

Population:	60,596
Median income:	$32,199
% Below Poverty:	31.5
Unemployment Rate:	10.2
% Renters:	52.6
% Renters with Unaffordable Housing Burden:	49.5

CHALLENGES

1. Many resources available
   - **Difficulty is getting people who need those resources involved and participating in programs to receive the resources*
2. Pandemic provided excess governmental monies and support
   - **Philosophy: why should I graduate/work; it's cheaper for me to be on assistance*
   - **Even a minimal income increase leads to higher out of pocket costs for basic necessities (benefit cliff)*
3. High poverty challenges: food desert, poor housing quality and affordability, neighborhood gangs and violence, lack of reliable transportation
   - **Governmental programs to address these are difficult to navigate (significant administrative burden; excess of "single service" agencies distributed across the area; run around for access to programs)*
   - **Frequent "life happens" situations; but for social services access, have to go back to the starting point instead of systems resume where person was at last use*
   - **Oversaturation of needs in Canton*
   - **Many rental properties with "slum landlords": lack of maintenance*
   - **Food access challenges (no grocery store with easy access and difficult to get to food pantries)*

STRATEGIES

1. Train employers on poverty cycle and challenges encountered
2. More joint ventures between higher ed institutions to allow full transfer of credits from one university to other
3. Governmental programs assist individuals with a career track path to help get out of poverty and become employed
4. One stop shop for all governmental programs with navigator for each individual needing assistance to maneuver the administrative burden
   - **Have sites across various neighborhoods so easy access for those who most need these programs instead of one large site ("branches" like a bank)*
5. Modify ceiling level requirement of household income of governmental services to eliminate sudden increases of out of pocket costs if someone gets even a small raise from their employer
6. Employers incrementally pay for education/skills achieved that improve an employee's productivity
7. Frequent and various means of communicating what and where to access resources including basic needs in real time (word of mouth is best way to circulate info)
8. Incentivize and make it easy for people to access programs and services
   - **Provide childcare, a meal, etc.*

DOMAIN

Economic Stability (Continued)

CHALLENGES

4. Resignation Nation
   - **Jobs exist but people either don't want those or there isn't enough training for them*
   - **Disconnect between wages paid, educational attainment, and employers*
5. Many single mom led households with multiple children
   - **Difficult for employment: inconsistent hourly job; lack of affordable/flexible/quality childcare: can't get to employment because of lack of easy/flexible transportation*
   - **Poverty/ALICE households: can't afford food/diapers/basic needs*

STRATEGIES

9. Safe and supportive "human connection" to engage people and provide guidance, especially from those in each community who have utilized resources

DOMAIN

Access & Quality of Education

% Population 25 yrs and older with Bachelor's degree: 12.2

CHALLENGES

1. Lacking the predictability in schedules and lacking outlets for socialization
2. Oversaturation of student needs
   - **Only students with the most extreme needs receive services (resources allocation?) in CCSD vs. other districts*
   - **So focused on those who are struggling, less recognition for the gifted or those with any successes*
3. Is education valued in the community?
4. Low pay for education field
   - **Low quality staff and lack of professionalism*
5. Education system "broken" because expect teachers and students to foster relationships yet lack of consistency in school staff from year to year

STRATEGIES

1. Waldorf method of education
2. More emphasis and expansion of SPARK program
3. Success coaches for each middle and high school student
   - **Focus on attainable individualized career paths instead of standard of strong focus on 4-year degree*
   - **Mentoring from "successful" community members starting in 3rd grade*
4. Change ways to address negative behaviors
   - **Shift away from removal of students and allow "inclusion" of students*
   - **Focus on root cause of behaviors instead of just the behaviors themselves*
5. Warm handoffs between teachers as students move up in grades
   - **Strengths based instead of problem based*
6. More funding for all home visiting programs to solidify early learning, parent/child relationship, and value of education

DOMAIN

Access & Quality of Healthcare

% Uninsured:	9.8

CHALLENGES

1. Stigma and cultural bias in the Black community regarding BH issues and seeking services
   - **Use alternative modes of support, such as faith based who may not be able to recognize the criticalness of issue nor provide referrals to correct providers/ resources*
2. Major insurance disparity
   - **Private insurance reimburse less for BH services than Medicaid but is reversed for physical health*
   - **Limited providers for both physical health and BH for Medicaid patients/clients*
   - **Payer determines level of care (inequity)*
   - **Providers prefer balance billing instead of accepting cash as payment method*
3. Medical desert in certain Canton City zip codes and lack of reliable transportation to seek services
   - **Very difficult for households with young children, those with disabilities/MH challenges, and elderly*
   - **If have ability to utilize Sarta Proline, this booked out 15-30 days; may be too costly*
4. Governmental medical plans and commercial plans make it difficult for families who fit the ALICE criteria (family has to choose pay for services or pay for basic necessities)

STRATEGIES

1. Provide physical health and BH services as a continuum of service lines
   - **Allow staff to work to highest level of licensure and provide level of service according to patient need*
2. How do we address the insurance disparity between physical and behavioral health?
3. Limit administrative burdens on public funded healthcare agencies
4. Provide healthcare system navigators within each system for ease of seeking care
5. For school based MH, triage students to correct level of provider as need for therapist from the onset may be overkill
6. Community liaisons who are able to provide information on healthcare resources, how to access, and even help coordinate appointments/transportation
7. Improve communication between law enforcement and BH providers for better collaboration of care
8. Full service Diversionary Center for those in a BH crisis or struggling with BH issues
   - **Open 365 days & 24 hours/day: able to take people for medical clearance, evaluation & treatment, and Pink Slip hold if needed*

DOMAIN	CHALLENGES	STRATEGIES
Access & Quality of Healthcare (Continued)	5. Publicly funded health care providers have excessive reporting requirements (excess administrative burden with less pay) vs. private **Workforce leaving these agencies and difficult to recruit new workforce* **Workforce shortage causing overburdened staff and increase wait times* 6. How is money allocated and spent towards BH at the state and federal level? 7. Medicaid pays for transportation to appointments but gives an allocation per year **For someone who needs intensive and frequent outpatient services to avoid inpatient admission, allocation is not enough and patients miss appointments.* 8. Lack of health literacy and knowledge of resources in own and surrounding communities 9. Hospital Emergency Departments do not have the capacity to accurately assess and treat those who present for mental health evaluations 10. What do we do with a person who refuses treatment for their BH challenges? 11. Group homes and independent living are where those with severe mental health diagnosis are living **No MH services within these living arrangements* 12. Lack of availability of outpatient services during evening and weekend hours	

DOMAIN

Neighborhood & Built Environment

% Homes w/o vehicle:	16.8
*% Homes w/o Broadband Internet Connection:	24.8

CHALLENGES

1. Schools participate in passing out food bags as all students in CCSD are under "free and reduced lunch" program
   **Lack of knowledge for healthy eating from family so are "throwing out" food bags*
2. High poverty challenges: food desert (no grocery store in Canton proper), housing quality and affordability lacking (lack of accountability for landlords), neighborhood gangs and violence, lack of reliable transportation

STRATEGIES

1. Training for families on healthy eating choices and patterns
2. Safe greenspaces to allow families to play together without fear of safety

DOMAIN

Social & Community Context

CHALLENGES

1. Higher incarceration rate for Black males; racial discrimination, profiling?
2. Political party division influences community decisions (what is in the best interest of the community may not play into the decisions)
3. Schools choose to be siloed
   **Limited partnerships with community organizations and experts*
   **Try to do everything themselves without having expertise*
4. Our churches are our social community; difficult to bring people back together after being apart for so long with pandemic

STRATEGIES

1. Provide incentives to increase civic participation in matters relating to Canton City
2. Lots of collaboration between social agencies and foundations
   **Using resources as best as can*
3. Bring programming and services to local churches
   **Sense of community*
   **Trusted site*
   **Allows for volunteering to give back to own community*

TABLE 7: CANTON LOCAL, MINERVA LOCAL, OSNABURG LOCAL, & SANDY VALLEY LOCAL

DOMAIN

Economic Stability

Canton Local

Population:	12,345
Median income:	$53,569
% Below Poverty:	11.3
Unemployment Rate:	4.9
% Renters:	13.9
% Renters with Unaffordable Housing Burden:	45.6

Minerva

Population:	11,782
Median income:	$61,601
% Below Poverty:	11.1
Unemployment Rate:	7.6
% Renters:	27.5
% Renters with Unaffordable Housing Burden:	27.8

Osnaburg

Population:	5,222
Median income:	$58,105
% Below Poverty:	5
Unemployment Rate:	2.2
% Renters:	20.6
% Renters with Unaffordable Housing Burden:	48.5

Sandy Valley

Population:	8,003
Median income:	$58,545
% Below Poverty:	11.7
Unemployment Rate:	4.1
% Renters:	19.4
% Renters with Unaffordable Housing Burden:	43.2

CHALLENGES

1. Significant elderly population
2. Rural communities
   - **Low employment opportunities*
   - **High farming*
   - **Insular; distrusting of "outsiders"*
   - **Rarely leave own towns to seek services/resources*
   - **Lack of childcare centers; how can we bring in younger residents if not have this*
3. Less homes to buy with increasing rentals
4. Low digital literacy
   - **Libraries are being asked by residents to be "info hub" especially for governmental agencies/programs without staff having knowledge on how to assist patrons in accessing and "moving through" administrative screens of websites*
   - **World is now automated; people frustrated with runaround ("go here, go there"; many forms; staff lack of knowledge) and lack of resources/knowledge to provide assistance*
5. Food insecurity
   - **None or minimal number of full size grocery stores*

STRATEGIES

1. Small town feel allows churches and community agencies to help those in need
   - **Provide pastors/churches with knowledge base of resources to circulate to congregations*
2. Roads expansion will increase development and employment
3. Local resources availability besides libraries and ease of access to these resources
4. Educate governmental agencies on the challenges many people have regarding the administrative burden to secure resources; why so challenging?

DOMAIN

Access & Quality of Education

% Population 25 yrs and older with Bachelor's degree:	
Canton Local	11.8
Minerva	11.4
Osnaburg	20.2
Sandy Valley	11.7

CHALLENGES

1. Small class size
   - **Increased pressure to "succeed" by others definition, especially for sports*
   - **Lack of privacy & people talk*
   - **Increased stigma*
   - **Are schools really preparing students to succeed in higher ed or are they "passing them on" for the benefits of sports*
   - **Students not pursuing higher ed; rural farming community mentality*
2. Virtual education difficult with lack of broadband and lack of digital literacy
3. High truancy since onset of pandemic

STRATEGIES

1. Increase education of MH/SUD and resources in health classes
2. Mandatory Adult and Youth Mental Health First Aid trainings for all school staff
3. Provide parental training on the importance of their children securing a good education and reading literacy through a partnership with the schools instead of philosophy "school will take care of it"

DOMAIN

Access & Quality of Healthcare

% Uninsured:	
Canton Local	6
Minerva	6
Osnaburg	4.8
Sandy Valley	5

CHALLENGES

1. Lack of knowledge of resources for BH
   - **Can't navigate the system*
2. Lack of health literacy
   - **Lower socioeconomic status with lower educational attainment leads to lack of health literacy*
   - **Difficult to access health resources and their medical records through the EHRs without digital literacy and accessibility*
3. Lack of providers
   - **One office has 3 PCP in nearby town: no privacy, lack of appointments scheduled (first come, first serve)*

STRATEGIES

1. Community trainings in the community center
   - **Mental Health First Aid*
   - **Health literacy and prevention education for general population*
2. Utilize social media (community facebook pages) to share information and resources
   - **Circulate information on resources where people are/go*
3. How can we bring providers into the area?

DOMAIN

Access & Quality of Healthcare (Continued)

CHALLENGES

4. Governmental insurance programs
   - **Antiquated application/follow up with many forms, faxing ("lines always busy"), jumping through too many hoops, and lack of understanding of requirements*
   - **High administrative burden (frustrating)*

STRATEGIES

DOMAIN

Neighborhood & Built Environment

Canton Local
- % Homes w/o vehicle: 4.5
- % Homes w/o Broadband Internet Connection: 18

Minerva
- % Homes w/o vehicle: 2.4
- % Homes w/o Broadband Internet Connection: 19

Osnaburg
- % Homes w/o vehicle: 1.3
- % Homes w/o Broadband Internet Connection: 22.7

Sandy Valley
- % Homes w/o vehicle: 3.9
- % Homes w/o Broadband Internet Connection: 23.4

CHALLENGES

1. Existing homes are old with minimal updating; some deplorable
2. Governmental food card (limited monthly allocation)
   - **Healthy food costly; buy poor quality food; increasing obesity*
3. Is there an environmental issue because of lots of farms and oil wells
4. Not everyone have reliable transportation and public transportation has limited or no service
5. Mostly rural back roads except one or two main streets
   - **If construction, difficult to get to locations because of long detours*
6. Minimal neighborhoods as houses far apart on rural roads
7. Canton Local: "Community Desert"
   - **Food desert*
   - **Transportation desert (no buses)*
   - **Housing desert (decreased quality and quantity of housing)*
8. New construction is mostly rentals

STRATEGIES

1. Access to fresh and healthy foods through placing grocery stores in these rural communities
2. Economical local rideshare program with ease of scheduling bidirectionally to access resources/services as people have to travel out of locality for these

DOMAIN

Social & Community Context

CHALLENGES

1. Increased transient people
   - **Loss of sense of small town community (used to take care of each other)*
2. Discrimination increasing as rentals occupied by more non-Whites
3. Demographics: mostly White, conservatives, blue collar work (mentality)
   - **Not much conversation on race and acceptance*
   - **Generational citizens*

STRATEGIES

1. Utilize community center and community parks for more social gatherings
   - **Education*
   - **Social activities to promote connectedness and cohesion*
2. Capitalize on the civic pride of each community and its value of the school district (esp. sports) to bring cohesion of community
3. Create central meeting places with easy access for community programs

> *"There are layers of issues stacked and intertwined. As Maslow's Hierarchy of Needs shows, people have to meet their basic needs first before they can think about anything else."*

TABLE 8: FAIRLESS LOCAL, NORTHWEST LOCAL, & TUSLAW LOCAL

DOMAIN

Economic Stability

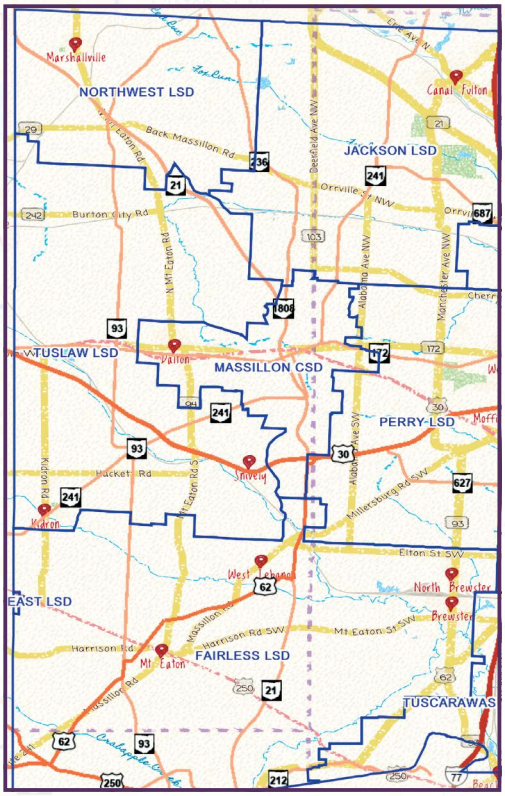
Fairless	
Population:	12,167
Median income:	$58,433
% Below Poverty:	10.5
Unemployment Rate:	3.1
% Renters:	21.8
% Renters with Unaffordable Housing Burden:	36.7
Northwest	
Population:	13,146
Median income:	$70,224
% Below Poverty:	7.3
Unemployment Rate:	3.8
% Renters:	23.6
% Renters with Unaffordable Housing Burden:	38.1
Tuslaw	
Population:	9,235
Median income:	$62,588
% Below Poverty:	6.2
Unemployment Rate:	3.4
% Renters:	15.6
% Renters with Unaffordable Housing Burden:	17.2

CHALLENGES

1. Food Insecurity
   - **No or minimal number of grocery stores, and only on main road(s)*
2. People trying to meet basic needs
3. Multiple hourly wage employment opportunities, but workforce shortage
   - **Lose benefits after certain household income threshold*

STRATEGIES

1. One database of resources availability (in real time) for CHWs, FSS, and HVs to access and refer families



DOMAIN

Access & Quality of Education

% Population 25 yrs and older with Bachelor's degree:	
Fairless	11.3
Northwest	25.1
Tuslaw	17.6

CHALLENGES

1. School based MH services
   - **Administrative process to get connected is difficult*
   - **Not all students can access (more need than availability)*
   - **Commercial payers do not recognize schools as a location to receive services*

STRATEGIES

1. Increase student involvement in SPARK, College Credit +, Career Tech
2. Targeted MH resources for students (not one size fits all)

DOMAIN

Access & Quality of Healthcare

% Uninsured:	
Fairless	11.8
Northwest	3.4
Tuslaw	4

CHALLENGES

1. BH and PH providers
   - **Lack of providers in our community*
   - **People have to travel out of area*
   - **Hours not conducive for working parents*
2. Lack of community resources knowledge and no real messaging of which/where resources exist
3. No local crisis center

STRATEGIES

1. Opportunity for free or low cost BH services as insurance (if have) is challenging to navigate in terms of finding paneled providers and payment structure
2. Bring healthcare services to community, even if mobile
3. Comprehensive health center in our community (one stop shop)

DOMAIN

Neighborhood & Built Environment

<u>Fairless</u>	
% Homes w/o vehicle:	5.9
% Homes w/o Broadband Internet Connection:	18.7
<u>Northwest</u>	
% Homes w/o vehicle:	2.1
% Homes w/o Broadband Internet Connection:	6.1
<u>Tuslaw</u>	
% Homes w/o vehicle:	1.6
% Homes w/o Broadband Internet Connection:	16.3

CHALLENGES

1. Lack of healthy food
   - **Difficult to access as may have long travel time to grocery store especially if have to go to neighboring town*
   - **None/minimal healthy options distributed from food pantries*
2. Unless have vehicle, difficult to access services/basic needs as public transportation (if available) schedule and stops are infrequent

STRATEGIES

DOMAIN

Social & Community Context

CHALLENGES

1. Pandemic has decreased community cohesion
2. In rural areas too spread out so neighbors find it difficult to be "neighborly"

STRATEGIES

1. Provide resource information to churches/local organizations as they can circulate and bring people together

TABLE 9: JACKSON LOCAL

DOMAIN

Economic Stability

Population:	40,535
Median income:	$85,545
% Below Poverty:	5.1
Unemployment Rate:	3.7
% Renters:	26
% Renters with Unaffordable Housing Burden:	41.8

CHALLENGES

1. Old Jackson vs. New Jackson
   - **Middle/lower middle class in Old Jackson*
   - **Lots of economic development in New Jackson but can't easily access to obtain employment*
   - **Small pockets of poverty, but very large disparity of the haves and have nots*
2. What is "normalized for Jackson"?
   - **Stigma tied to insecurity of basic needs which leads to families and students encountering stress/ embarrassment and not seek assistance*
3. Frequent housing turnover more so in Old Jackson and rural areas of Jackson
   - **Lack of sense of community and difficult to grasp our neighbors needs*

STRATEGIES

1. Easier access to public transportation
   - **More stops both on major and side streets*

> *"Encourage us to keep doing what we are doing. Hopefully out of these conversations, some great changes will happen. Keep the conversations going to spread the word. The solutions are there; we just have to find them"*

DOMAIN

Access & Quality of Education

% Population 25 yrs and older with Bachelor's degree:	43.8

CHALLENGES

1. Great school system but all students can't access other enrichment activities
   - **No easy mode of public transportation for students either before or after school*
   - **Inequity*
2. Academic achievement gap for those encountering insecurity of basic needs
   - **Educators may not understand or be aware of stresses/needs; potential root cause especially if they do not ask "why the achievement gap?"*
3. Lack of "inclusivity" in curriculum
   - **If people don't see themselves in the curriculum, can cause isolation/BH issues*

STRATEGIES

1. Uniform of sort for all students to eliminate social inequity
2. More front line staff such as school counselors who may have insight on struggling students to have frequent touch points with these students
3. Continue partnership with BH providers and increase workforce for school based services
4. Keep classroom sizes smaller and more intimate for lower student to teacher ratio
   - **Means more attention to students (could be a prevention strategy)*
5. Invest in educators and other school staff
   - **Take care of their MH by providing opportunities of support*
   - **Increase salaries and pay for their value and all of the expectations now put on them*
6. Invest more in Birth to 3 programming for all regardless of socioeconomic status
   - **Provide education for students (health classes) and all parents on brain health, language acquisition, and family dynamic bonding*

DOMAIN

Access & Quality of Healthcare

% Uninsured:	3.1

CHALLENGES

1. Lots of options, but difficult to access for those without vehicles and the elderly
2. Challenges for those on Medicaid or uninsured or with a low income job
   - **Less opportunity for these individuals to access care (lack of job flexibility; low number of providers)*
3. Lack of awareness of what is available, where to access it, and why is it important

STRATEGIES

1. Common language for health literacy and health systems access
   - **Decreases stigma*
2. Constant awareness by increase conversation frequency to keep at forefront
   - **Normalize importance of healthcare*
3. Ensure all pregnant moms and young families have a medical home
4. Provide services through equity lens

DOMAIN

Access & Quality of Healthcare (Continued)

CHALLENGES

4. Complicated system
   - **Difficult to navigate*
   - **If barriers encountered, people stop seeking services*
5. Stigma and shame for middle class/affluent regarding MH issues/services
   - **Hidden in plain sight*

STRATEGIES

5. Better community education on how to navigate the healthcare system (literacy, access, medical records, types of physicians, workforce, etc.)

DOMAIN

Neighborhood & Built Environment

% Homes w/o vehicle:	1.6
% Homes w/o Broadband Internet Connection:	8.5

CHALLENGES

1. Lack of easy transportation
   - **Minimal stops where needed most*
   - **Day and evening hours need expanding*
2. Community Farmers Market in "center" of New Jackson, as are grocery stores
3. Losing green space to development and difficult to easily access what there is without a car or public transportation
   - **Decreasing ability for long term healthy living (eg. walk for exercise)*

STRATEGIES

1. Think more broad for strategies as an entire community and not just separate neighborhood revitalization
2. Bring basic needs to key neighborhoods through a mobile system (instead of expecting people to come to "center); this becomes part of the culture of each neighborhood
3. Planning and development of sidewalks as connectors to public transportation
   - **Keeps safety of individuals*
   - **Addresses all 5 domains as a strategy*

DOMAIN

Social & Community Context

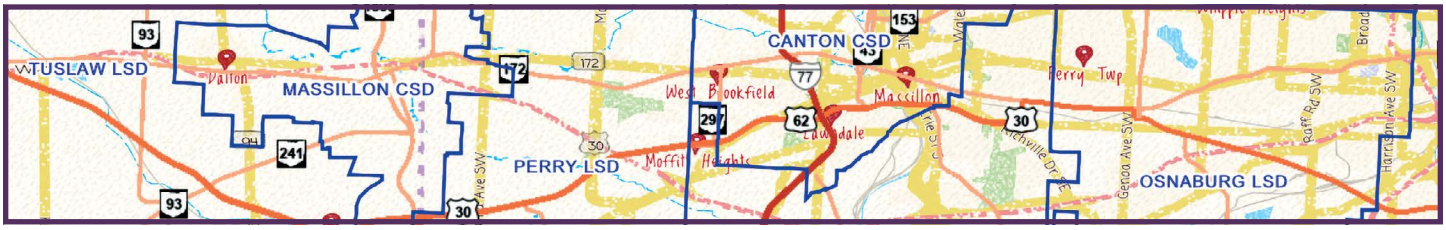
CHALLENGES

1. Despite improved efforts to build a community (Farmers Market, Amphitheater, Library, events, etc.), these are all located at the "center" of New Jackson
   **Not enjoyed by all due to transportation challenges*
2. Isolation has been normalized secondary to pandemic
   **How do you balance people's need for community connectedness to ensure well being through this new norm?*
3. Lack of diversity and inclusivity "displayed" in the community
   **Print media doesn't display diversity*
   **Children not exposed*
   **Community events not reflective*
4. Those with lower socioeconomic status predominantly work in Jackson; higher SES work out of township
   **Look at workplace conditions and ask "who is working here"*
5. Hidden struggles: community doesn't "talk" about it's losses nor does it get involved

STRATEGIES

1. "Access to all"
   **Decrease invisibility of need*
   **Equal playing field*
2. Diverse representation on planning committees and township leadership
   **Gives a "voice in"*
3. Hire a marketing firm to focus on inclusion
4. Opportunities for multicultural events
5. Create a culture of acceptance for community members so others are comfortable to discuss and offer support
   **Removes shame, guilt, and stigma*

TABLE 10: MASSILLON CITY & PERRY LOCAL



DOMAIN

Economic Stability

Massillon	
Population:	28,598
Median income:	$45,923
% Below Poverty:	16.4
Unemployment Rate:	4.9
% Renters:	38.5
% Renters with Unaffordable Housing Burden:	40.8
Perry	
Population:	30,454
Median income:	$58,703
% below Poverty:	8.4
Unemployment Rate:	3.3
% Renters:	21.6
% Renters with Unaffordable Housing Burden:	37.9

CHALLENGES

1. Pockets of neighborhoods with severe poverty and lack of resources in those areas
   - **Most resources centralized in Canton*
   - **Transportation challenges (routes are long, bus passes, buses travel on main roads)*
2. Resources if in Massillon/Perry are spread out (distance) and when occur randomly, there isn't enough circulated promotion and or information (lack of communication)

STRATEGIES

1. Figure out local neighborhood wide resources in own communities instead of only addressing "bus routes" to get someone to Canton
   - **Identify who and where the needs are and take services to them*
   - **Create neighborhood hubs, the "go to" for each which are stable and sustainable*
2. Don't recreate programs and services; bring them to various locations to increase reach

DOMAIN

Access to Quality Education

% Population 25 yrs and older with Bachelor's degree:	
Massillon	15.6
Perry	18.1

CHALLENGES

1. High proportion of 16-24 yo who don't attend school and/or work
   - **No local hubs for work study opportunities either while or after complete Career Tech programs*
2. Very low KG readiness; have to play catchup for lack of skills that may have learned in preschools
3. Current school year is the "worst year for MH issues" and absenteeism
   - **Significant learning loss, even more than initial COVID shutdown*
   - **How can we educate when there are so many struggles*

STRATEGIES

1. Continue to provide mandatory Trauma Informed Social Emotional learning in a unified county wide approach
2. Reinforce teaching from schools to community and businesses (carry over using same language)
3. Replicate "Massillon Neighborhood Huddle" (connection between students and businesses to teach 40 developmental assets) in other communities

DOMAIN

Access & Quality of Healthcare

% Uninsured:	
Massillon	4.9
Perry	3.8

CHALLENGES

1. Most do not have a primary care provider so this also limits MH access
   - **Fight to provide basic needs so can't focus on health*
2. Large Guatemalan population with various dialects; communication barriers
3. Many free services gone from area; available in Canton but difficult to get there
4. The community culture is behind in health literacy; don't understand the importance of prevention
5. High proportion on governmental insurance & uninsured
   - **Lack of providers who accept*
   - **Limited availability and accessibility*

STRATEGIES

1. Circulate community information regarding various non-healthcare resources provided by the healthcare system
2. More mobile services (take to communities)
3. Need to spread education on importance of prevention and how health balance affects daily life instead of constantly living in crisis mode
   - **What are most effective methods of communication to reach the most people*

DOMAIN

Neighborhood & Built Environment

Massillon	
% Homes w/o vehicle:	8.9
% Homes w/o Broadband Internet Connection:	15.1
Perry	
% Homes w/o vehicle:	2.8
% Homes w/o Broadband Internet Connection:	13.2

CHALLENGES

1. Lack of access to healthy foods
   - **Large grocery stores far away from masses and costly*
   - **Stark Fresh: lack of promotion of locations and times of access*
2. Loss of ability to purchase bus passes at local terminal
3. Deterioration of neighborhoods and increase rentals
   - **Lack of accountability for landlords*
   - **Increasing CBD and vaping stores*
4. Crime is increasing
5. Not much opportunity for career growth so decreasing population (more relocators and lack of move ins)

STRATEGIES

1. Year round availability of fresh food at reasonable cost (farmers market, Stark Fresh)
2. Walkable neighborhood sites to provide education, services, sense of community and pride in their neighborhood
3. Champion in each neighborhood
4. Complete "Community Readiness Assessments"
   - **Is the community even aware of what it needs*
   - **What does the community want to improve life for its residents*

DOMAIN

Social & Community Context

CHALLENGES

1. Lack of sense of community and neighborly vibes
2. Large community organizations don't collaborate with each other; work in own siloes

   **Wasteful of resources with duplication of services/programs*
3. Less Foundation monies in these communities vs. Canton City proper creates barriers for nonprofits to provide services

STRATEGIES

1. Foundations funding proportionately distributed to all low income areas of Stark

> *"Let's build a community where ALL can live healthy and thrive!"*

TABLE 11: LAKE LOCAL & NORTH CANTON CITY

DOMAIN

Economic Stability

Lake	
Population:	20,251
Median income:	$74,243
% Below Poverty:	3.7
Unemployment Rate:	2.7
% Renters:	15.7
% Renters with Unaffordable Housing Burden:	35.8

North Canton	
Population:	30,106
Median income:	$67,630
% Below Poverty:	6.7
Unemployment Rate:	3.6
% Renters:	28.8
% Renters with Unaffordable Housing Burden:	35.2

CHALLENGES

1. North Canton community
   - **Perception: we don't have poverty or drug use and Canton is creeping into NC*
   - **Not as acceptable to seek resources (stigma)*
   - **Families not aware of where to access resources*
2. Pandemic has caused
   - **More food insecurity*
   - **Growing disconnect between those with lack of education and increasing costs for basic needs*
3. Marginalized population *Pockets of poverty (some hidden)
   - **Lots of "middle of road" families (not at poverty line nor high pay jobs) that don't qualify for governmental benefits*
4. How do the private healthcare providers know of the resources in the community to connect patients to?
5. Lack of "attainable housing"
   - **Difficult with administrative burden of governmental assistance programs*
   - **Not "affordable housing", as that is in the eye of the beholder*
   - **Couch surfers don't qualify for homeless resources*

STRATEGIES

1. Economic development stimulates employment and revenue for community and schools
2. Normalize the stigma
   - **Constant communication by various means regarding resources and accessibility*
   - **Educate youth through the social-emotional curriculum*
3. Welcome Basket for all new residents to include info:
   - **Resources in community*
   - **Coupons to businesses*
   - **Healthcare providers*
4. More partnerships and information sharing with libraries (resource location)
5. More rent to own housing
   - **Increase programs to assist people in becoming homeowners*
6. Multipurpose buildings
   - **Housing on above floors and marketplace/resources on ground floor*
   - **Obstacle: residents of both Lake and NC will not support this idea because fear of "those people coming into community"*

DOMAIN

Economic Stability
(Continued)

CHALLENGES

6. Lack of emergency services/ unknown resources

   **Should a crisis arise & have to leave home suddenly, where go and how navigate next steps*

7. Lake Local community

   **Significant disparity: Second highest median income in county but have high homelessness per capita*

   **Unhealthy perception with greater focus on "appearances matter" without regard to the reality of who we are"*

   **Doesn't acknowledge issues exist nor create resources to assist*

STRATEGIES

DOMAIN

Access to Quality Education

% Population 25 yrs and older with Bachelor's degree:	
Lake	32
North Canton	37.8

CHALLENGES

1. Do we have affordable and accessible childcare and preschools?

   **With lack of availability, families choosing to not work (affects family income and workforce)*

   **Limited hours (need before and after school care)*

   **How get to childcare from school*

   **High cost (large portion of household income allocated)*

   **When schools closed, most families can't afford the daily rate and have to make difficult choices (not go to work; leave kids alone; how pay)*

2. School systems struggle to provide supports for students who are the "in between" kids who are not gifted nor on an Individualized Education Plan

3. Lack of diversity

   **Students of color encounter discrimination without accountability of the perpetrators*

STRATEGIES

1. Have staff work to their highest level of skill set and employ other staff to resume some responsibilities that are currently placed on school counselors

   **This will allow more guidance provided for transitions, career planning, college admissions, coursework planning*

2. Could libraries be the resource to help with the transitional times and to help engage parents in this process

   **Meet in the middle schools and high schools, offering multiple opportunities for parents and students to participate in the sessions*

DOMAIN

Access to Quality Education

(Continued)

CHALLENGES

4. Lack of tutoring supports for those students whose parents unavailable to assist in education attainment secondary to their employment schedule
5. Lack of transitional guidance for students

**8th grade to 9th grade: catalog of courses given and families need to navigate course choice (may not have time, knowledge, planning skills to plot out a 4 yr plan, etc.)*

**High school to graduation/college prep: school counselors do not have time to meet with students in formal career planning/college choices/financial aid process*

STRATEGIES

DOMAIN

Access & Quality of Healthcare

% Uninsured:	
Lake	3
North Canton	4.1

CHALLENGES

1. Lack of Network/Paneled providers

**Insurance carriers "close out" panels and limit number of providers in certain areas*

2. School as a site for access to MH services

**Private payers not reimburse*

**For some students, this location may be only easily accessible site to receive services*

3. Parity issues

**Private payers do not reimburse for holistic evidence based treatment modalities which may prevent increasing intensity of mental illness, thereby decreasing high cost service utilization*

4. High cost in general; choose between paying co-pays vs. basic needs

STRATEGIES

1. Can we determine what exactly is each provider's capacity to accept new patients and show this data to insurance carriers in hopes of expanding network providers
2. Community guide with information on various resources and healthcare providers

**Specialty services provided*

**Which insurances accept*

**Telehealth utilization*

**Which diverse populations they serve*

3. Access to straightforward healthcare

**No surprise billing*

**Known upfront costs so consumer can make informed choices*

4. Community education on importance of preventative care

DOMAIN

Access & Quality of Healthcare
(Continued)

CHALLENGES

5. Lack of health literacy overall regardless of socioeconomic status
   - **Uninformed consumer*
   - **System is very complex*
   - **Difficult to navigate when to use various levels of service care*
   - **Variances in costs of health services*

STRATEGIES

DOMAIN

Neighborhood & Built Environment

CHALLENGES

1. Both communities have limited access and availability to all forms of public transportation (buses and ride share)
2. Both communities are "landlocked"; where do you add additional housing?

STRATEGIES

1. Continue Farmers Market year round
2. Need more affordable housing to create a "neighborhood" feel
3. Healthy food choices at all Food Pantries

DOMAIN

Social & Community Context

Lake	
% Homes w/o vehicle:	1
% Homes w/o Broadband Internet Connection:	12
North Canton	
% Homes w/o vehicle:	3.2
% Homes w/o Broadband Internet Connection:	11.8

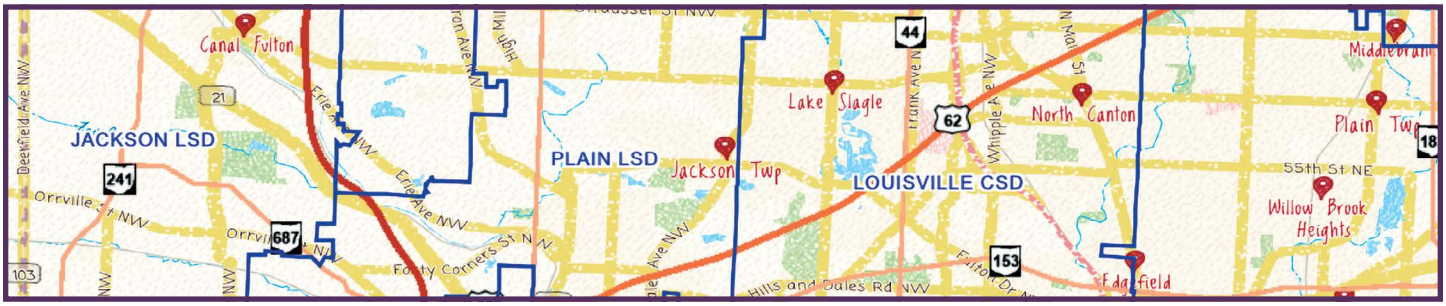
CHALLENGES

1. Loss of social connection through pandemic
2. With lack of diversity, difficult for those who relocate
   - **Lack of acceptance of differences*
   - **Lack of feeling like they belong*

STRATEGIES

1. Partner with Walsh Univ and/or Civic Center to host events
2. Increase activities in outdoor venues and parks
3. Increased community service mandates for school age youth
4. Create a culture of serving by creating opportunities in the community for all to help each other regardless of own situation
   - **Builds relationships and sense of community; allows people to acknowledge it is ok to not be ok*

TABLE 12: PLAIN LOCAL



DOMAIN

Economic Stability

Population:	48,655
Median income:	$57,337
% Below Poverty:	10.4
Unemployment Rate:	4.1
% Renters:	31.3
% Renters with Unaffordable Housing Burden:	42.1

CHALLENGES

1. Lack of quality and affordable childcare
   - **Parents can't secure employment*
   - **Child being discharged from childcare for behavioral issues*
   - **Childcare does not keep children who are ill*
   - **Workforce shortage has prompted decreased hours or closing of centers*
2. Township is geographically spread out with extremes of socio-economic gradients

STRATEGIES

1. Foundational grants to other parts of Stark County with poverty besides Canton City to address resources scarcity
2. Colocated resources as a one stop shop
   - **Collaboration between providers to ensure all needs met and avoid duplication of resources allocation*
3. External funding for schools to support "Help Centers"

DOMAIN

Access to Quality Education

% Population 25 yrs and older with Bachelor's degree:	28.1

CHALLENGES

1. Preschools
   - **Lack of public and/or affordable*
   - **Lack of all day hours*
2. Staffing
   - **Excess workload for school counselors (can't do what trained to do)*
   - **Lack of school counselors*
   - **Lack of school based MH professionals*

STRATEGIES

1. Keep kids in school
   - **Continuous funding for CARE Teams to address basic needs*
   - **Expand opportunities for more students to receive MH services in school buildings*
   - **Have other trained staff complete some of the non-school counselor duties to allow the counselors to function as an extension of MH professional (would allow for a tiered approach to MH referrals)*
2. Ideal staffing goal
   - **Double MH workforce and triple school counselor workforce*

DOMAIN

Access & Quality of Healthcare

% Uninsured:	4.9

CHALLENGES

1. Insurance coverage
   - **People not know they may be eligible for Medicaid even though work*
   - **Employer plans costly and not comprehensive for BH services*
2. Insurance issues
   - **Medicaid vs. commercial insurance pay differently for treatment modalities*
   - **Copays/out of pocket costs excessive for individuals*
   - **BH providers have to seek different sources of revenue streams to provide variety of treatment services with equity*

STRATEGIES

1. Group negotiating power with commercial payers
   - **BH providers need to ban together to negotiate contracted rates for services*
2. Increase communication with grassroots organizations and community based organizations when encounter need for reimbursements to provide BH services

DOMAIN

Neighborhood & Built Environment

% Homes w/o vehicle:	6.2
% Homes w/o Broadband Internet Connection:	15.7

CHALLENGES

1. Increasing crime & violence
2. Public transportation
   - **Low # of routes and stops*
   - **UBER is too costly for most*
   - **High need to access any services and resources within the community's large geography*

STRATEGIES

DOMAIN

Social & Community Context

CHALLENGES

1. Lack of community cohesiveness
   - **Geographic spread*
   - **Struggle for families to cross "sections" through township (distance and events not scheduled for central areas)*
2. No community centers
   - **Schools function as centers of community*

STRATEGIES

1. Use school buildings to provide resource services
2. Connect grassroots organizations with clinical services as they are the gateway of the community
3. Create community hubs in the poverty stricken areas (meet people where they are)
4. Modernize various areas to bring community together
5. Create township centers tied to the various parks across the township

GLOSSARY

ALICE: acronym for Asset Limited, Income Constrained, Employed

Behavioral Health (BH): umbrella term that includes mental health and substance use conditions, life stressors and crises, stress-related physical symptoms, and health behaviors

- **Mental Health (MH):** a person's condition with regard to their psychological and emotional well-being
- **Substance Use:** use of illicit or illegal substances and the misuse of legal substances like alcohol, nicotine, or prescription drugs.

Benefit Cliff: when a small pay raise means the loss of public benefits that significantly increases a family's monthly expenses, families make the choice to remain at a lower income (contributing factor to current workforce shortage)

CARE Team: school based holistic, county-wide system of care that is represented by members from various systems to develop strategies and align resources to promote physical, social, emotional, and intellectual supports for every student to be successful

Community Health Assessment: critical tool to understand the health status of a population that presents information and analysis on health indicators and identifies areas of concern

Cultural Ally: person who shares diversity-supporting values and actions with others

Health Disparity: systemic difference in physical and/or behavioral health outcomes between populations that are attributable to social, political, economic, and environmental factors

Health Inequities: differences in physical and/or behavioral health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age

Health Literacy: the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions

Health Outcomes: the symptoms, functional levels, and conditions that affect a person's quantity or quality of life and are measured by assessments of physical or psychological well-being

Median Income: the amount which divides the income distribution into two equal groups, half having income above that amount, and half having income below that amount (exact middle income)

Physical Environment: conditions where individuals live, learn, work, and play; include air & water quality, housing, and transportation

PINK slip: document utilized to obtain emergency hospitalization for an individual who is 1) mentally ill subject to hospitalization by court order, and 2) represents a substantial risk of physical harm to him/herself or others if allowed to remain at liberty pending examination

Social Determinants of Health: conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes; made up of 5 domains: economic stability, education, health care, neighborhood and built environment, and social and community context

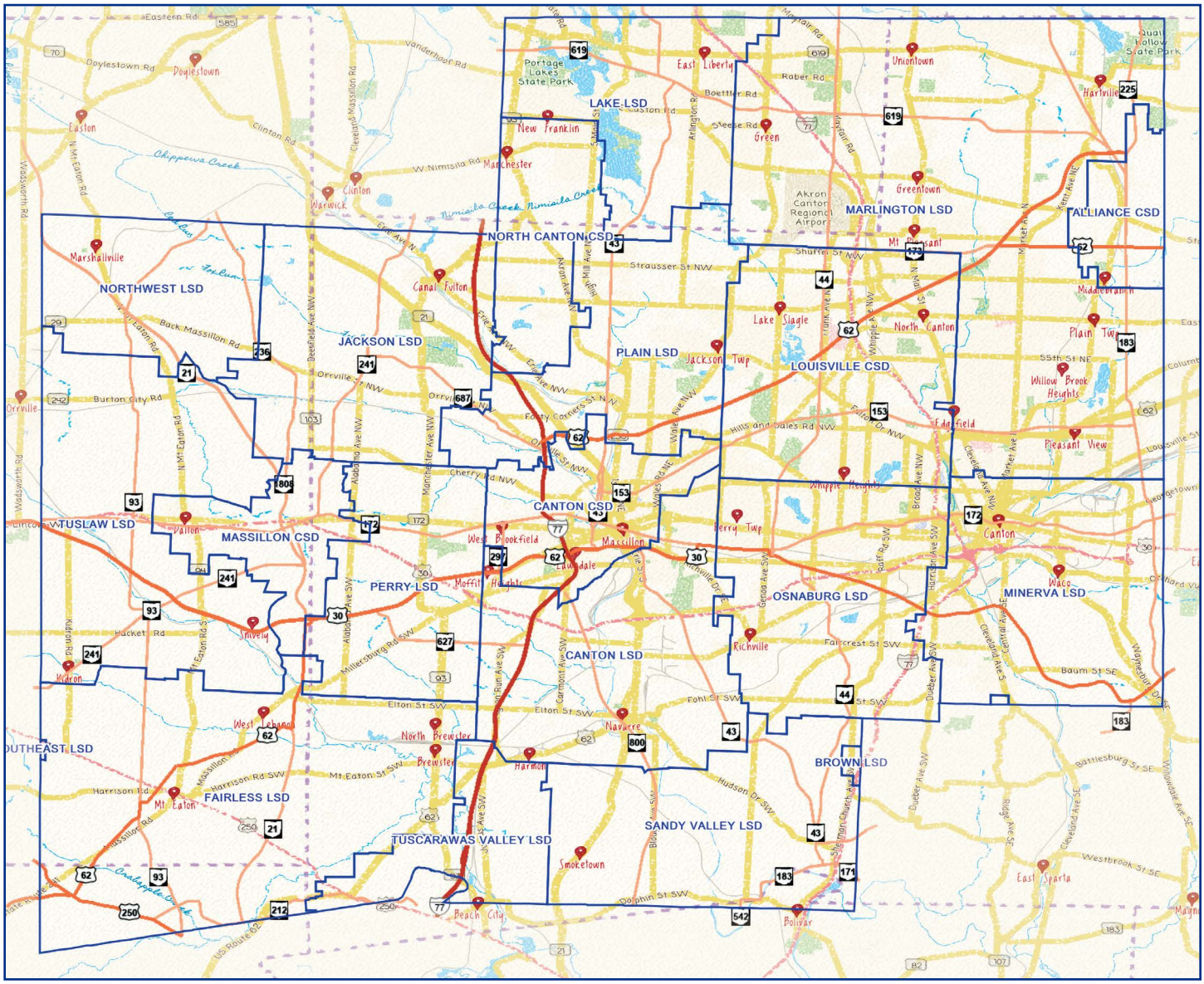
SPARK: Supporting Partnerships to Assure Ready Kids is a family focused effective kindergarten-readiness program

Unaffordable housing burden: housing cost >30% of household income

Waldorf Education: educational philosophy that centers around the ideology that a child must be educated in mind, body, and soul

ACKNOWLEDGEMENT

A big heartfelt thank you to the Stark County community stakeholders and residents who shared their voices, concerns, and ideas with the Behavioral Health Access and Integration Collaborative to discuss how the socioeconomic and environmental conditions of where someone lives can affect their health and ability to access Behavioral Health treatment and services!



"Encourage us to keep doing what we are doing. Hopefully out of these conversations, some great changes will happen. Keep the conversations going to spread the word. The solutions are there; we just have to find them."

Stark County educational service center

STARK COUNTY Mental Health & Addiction Recovery
StarkMHAR.org

AULTMAN