

STARK COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

2026–2028

**Stark County
Community Health Needs Assessment
Advisory Committee**



Public Health[®]
Prevent. Promote. Protect.

Finalized: 2026

ACKNOWLEDGEMENTS

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Stark County Community Health Needs Assessment (CHNA) Advisory Committee

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Canton Regional Area Health Education Center

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CommQuest Services, Inc.

ConnectWell CIE of East Central Ohio

Domestic Violence Project Inc.

Jackson Township Fire Department

LifeCare Family Health & Dental Center

Margaret B. Shipley Child Health Clinic

Massillon City Health Department

My Community Health Center

North Canton Medical Foundation

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Stark Community Foundation

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Stark County Mental Health & Addiction Recovery

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DEFINITIONS AND ACRONYMS

Definitions

Health Disparities - Differences in health status among distinct segments of the population, including differences that occur by gender, race, ethnicity, education, income, disability or living in various geographic localities.

Health Equity - Attainment of the highest level of health for all people. Achieving health equity required valuing everyone equally with focused and ongoing societal efforts to address avoidable inequities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

Health Inequalities - Systematic, avoidable and unfair differences in health outcomes that can be observed between populations, between social groups within the same population or as a gradient across a population ranked by social position.

Social Determinants of Health - Nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life. Social determinants of health are also referred to as community conditions or environmental factors.

Acronyms

Local health department (LHD) assessments and plans

CHA - Community Health Assessment

CHIP - Community Health Improvement Plan

LETTER TO THE COMMUNITY

Dear Community,

Health is shaped by more than healthcare. It is influenced by the conditions in which we live, work, learn, and connect - including access to housing, food, transportation, services, and supportive relationships.

The 2026–2028 Stark County Community Health Improvement Plan (CHIP) reflects the voices and experiences of residents and community partners gathered through the 2025 Community Health Assessment, surveys, focus groups, community conversations, planning sessions, and Health Improvement Summits.

From this work, two priorities emerged:

- Mental Health
- Community Conditions

These priorities are closely connected. Factors such as housing instability, food insecurity, transportation barriers, social isolation, substance use, and access to services can directly affect mental and physical well-being. Addressing these challenges requires collaboration across sectors and a shared commitment to action.

That spirit of collaboration is at the heart of this CHIP. The four local health departments serving Stark County, along with healthcare, behavioral health, social services, education, nonprofit organizations, community leaders, and residents, are committed to working together to advance the goals of this plan. Over the next three years, we will implement strategies, measure progress, address inequities, and adapt our efforts based on what we learn. No single organization can do this work alone.

We are grateful to everyone who contributed their time, expertise, and voice to this process. Together, we can build a healthier, more connected, and more resilient Stark County.

With appreciation,

Randall C. Ruszkowski
Health Commissioner
Alliance City Health Department

Amanda L. Archer
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Canton City Public Health

Terri D. Argent
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EXECUTIVE SUMMARY

The **2026-2028 Community Health Improvement Plan (CHIP)** serves as a strategic framework for public health, healthcare, behavioral health, education, government, and social service organizations throughout Stark County. The CHIP aligns resources, establishes shared priorities, and coordinates efforts to improve population health and quality of life for Stark County residents.

The CHIP is informed by findings from the 2025 Community Health Assessment (CHA), which analyzed community surveys, health indicators, demographic data, and other local datasets to identify the county's most pressing health concerns. More than 150 community stakeholders, residents, and partner organizations participated in the 2025 Health Improvement Summit to prioritize these needs, resulting in Mental Health and Community Conditions being selected as the focus areas for the 2026-2028 planning cycle.

Community workgroups met in early 2026 to develop evidence-based goals, objectives, and action plans for each priority area.

Mental Health Goals

- Goal 1: Reduce Substance Use in Stark County.
- Goal 2: Strengthen Suicide Prevention and Reduce Barriers to Seeking Services.
- Goal 3: Promote Mental Well-Being and Social Connection Across the Lifespan, with a special focus on priority and underserved populations.

Community Conditions Goals

- Goal 1: Strengthen Stark County's Care Coordination Network by Reducing Barriers to Access.
- Goal 2: Advance Coordinated, Equitable Community Conditions That Support Health, Stability, and Social Connectedness Across the County.

Workgroups continue to bring together community partners to monitor progress, share resources, address barriers, and evaluate strategies that advance health equity and improve outcomes.

The 2026-2028 CHIP reflects Stark County's commitment to collective action, continuous improvement, and equitable opportunities for health. Through collaboration across organizations and communities, partners aim to improve mental health outcomes and strengthen the community conditions that support health, well-being, and quality of life for all residents.

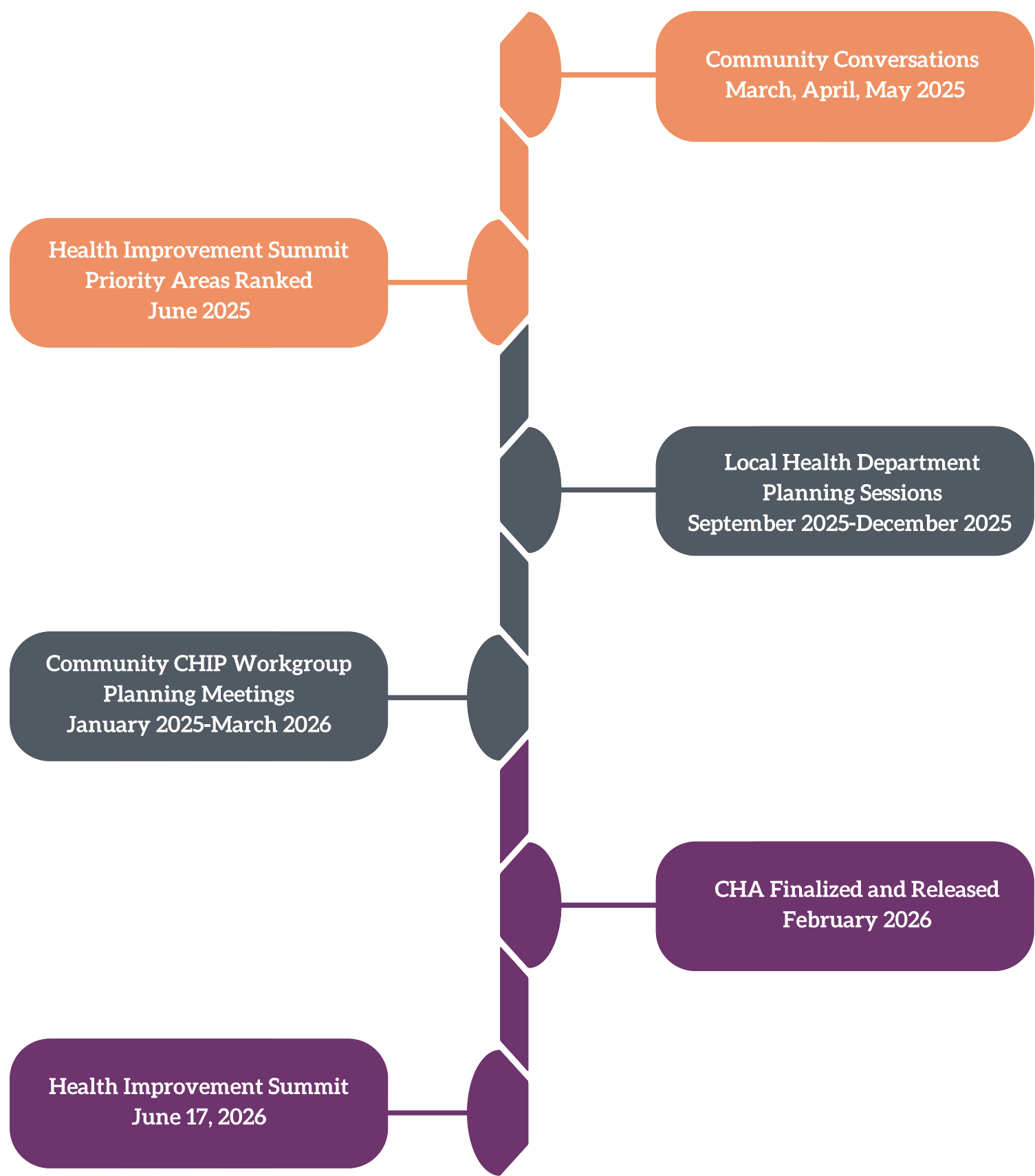
COMMUNITY HEALTH ASSESSMENT FRAMEWORK



In 2018, the Community Health Needs Assessment (CHNA) Advisory Committee adopted the Mobilizing for Action through Planning and Partnerships (MAPP) Framework, developed by the National Association of County and City Health Officials (NACCHO). MAPP is a community-driven strategic planning process that helps communities assess public health needs and resources, prioritize health issues, develop effective strategies, and mobilize partnerships to improve health outcomes, empower communities and create equitable solutions.

MAPP 2.0 emphasizes the importance of community engagement, data-driven assessments, and focuses on health equity. The CHNA Advisory Committee used this framework to assess local health needs, identify priority areas, implement action plans, evaluate strategies to improve health outcomes and tell the community's story

COMMUNITY HEALTH IMPROVEMENT TIMELINE



STARK COUNTY POPULATION STATISTICS



Population: 374,853

Stark County is the 11th largest county in Ohio by total area

Median age: **41.7** years old

21.4% of Stark County residents are age 65 or older

- 9% is ages 75 or older
- 30% of adults age 65+ report a disability



21.3% of Stark County residents are under the age of 18



- 5.2% are under 5 years of age
- 12% is ages 5-14 years
- 4.1% is ages 15-17 years

12.5% of Stark County is living below the poverty level

- 19.3% are under the age of 18
- 20.6% are under the age of 5
- 33.6% are Black or African American
- 13.6% are Female
- 7.9% are Veterans



STARK COUNTY POPULATION STATISTICS

7.7% Households in Stark County are single parent*



- 2.2% Male householder
- 5.4% Female householder
- 4.1% are under 18 years

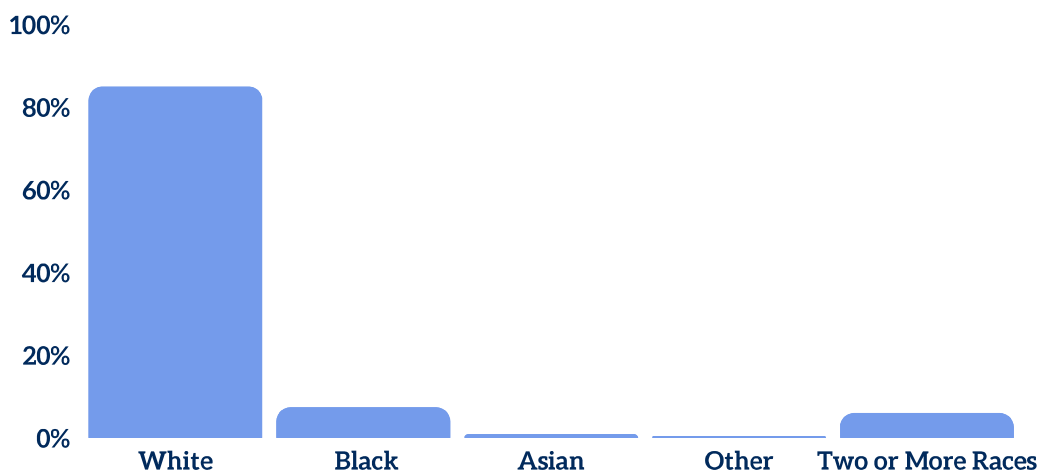
5.4% in Stark County are
without Health Care Coverage



Speak a Language Other Than English

- 1.2% Spanish
- 1.5% Other Indo-European languages
- 0.8% Asian and Pacific Island languages

Stark County Ethnic Groups



SOCIAL DETERMINANTS OF HEALTH

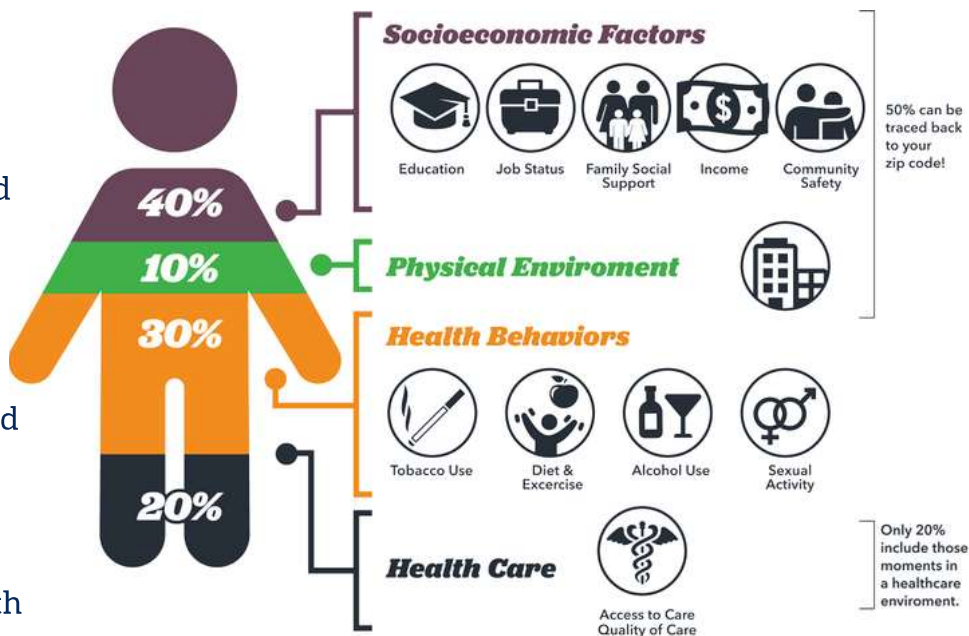
Social determinants of health (SDOH) are conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health and quality of life outcomes and risks.

SDOH have been proven to have a greater influence on health than genetic factors or access to healthcare services. It is said that 80% of what makes up someone's health is determined by what happens outside of the hospital and health clinic.

Social determinants of health are the driving force behind health disparities and have been addressed within the priority areas, allowing us to develop the most equitable community health improvement plan positively impacting the health of Stark County.

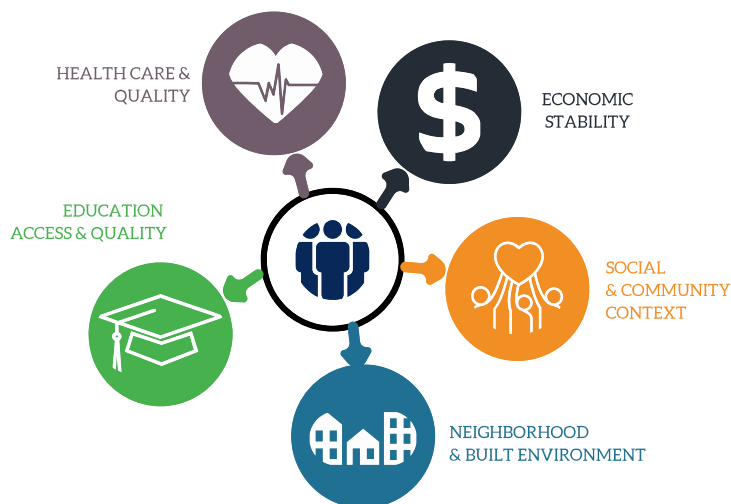
What Goes Into Your Health

The graphic shows the breakdown of different factors that go into a person's health



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Social Determinants of Health



Examples of SDOH include:

- Access to nutritious foods and physical activity opportunities
- Education, job opportunities and income
- Language and literacy skills
- Polluted air and water
- Racism, discrimination and violence
- Safe housing, transportation and neighborhoods

EQUALITY VS. EQUITY

Understanding the differences between equality and equity is essential in the efforts to reduce health disparities among the vulnerable populations in Stark County. Separating equality and equity is vital when discussing community health.

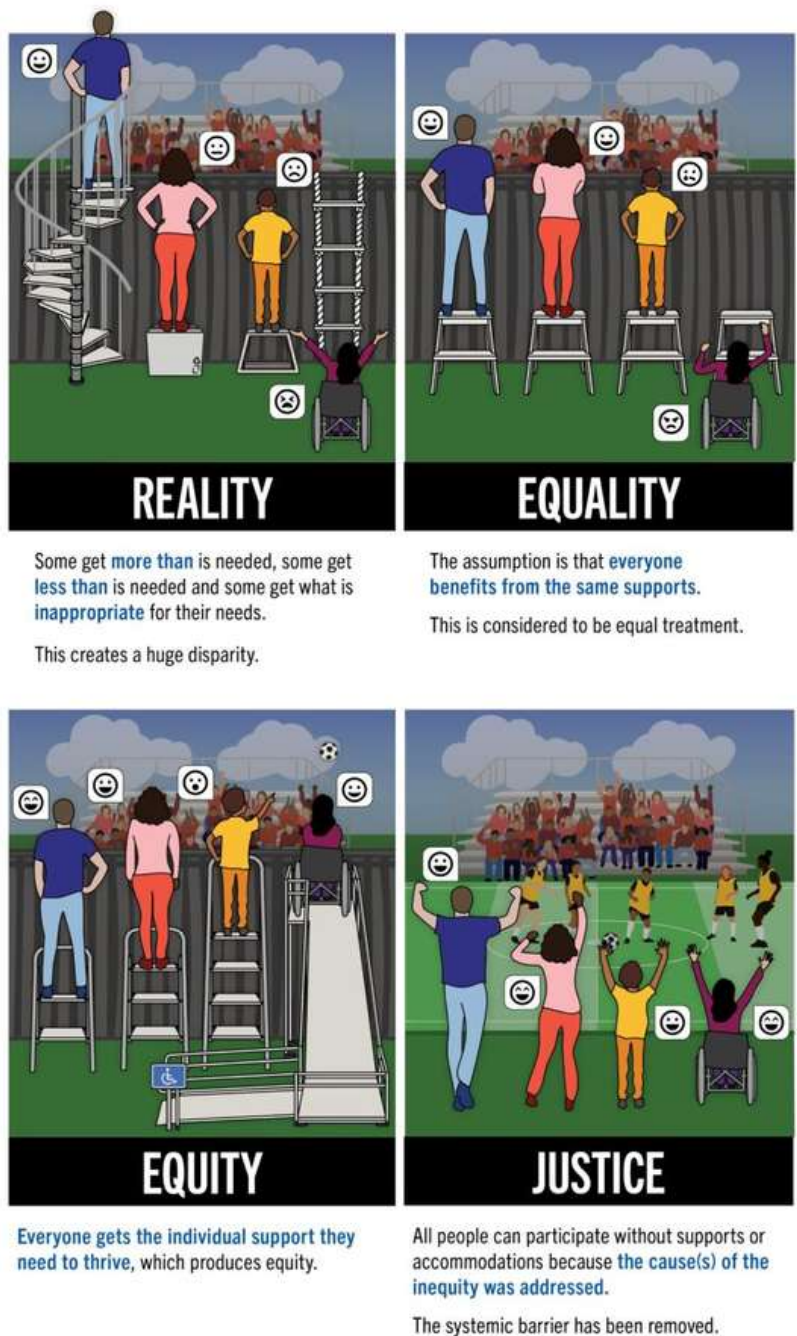
Equality provides everyone the same opportunities to achieve an outcome. However, considering everyone has unique needs, these opportunities rarely lead to equal outcomes.

Equity acknowledges that every person faces different circumstances, conditions, and needs; therefore, each person needs specific resources and opportunities to thrive.

Justice goes a step further. It addresses the root cause of the problem(s) and removes the barriers so special supports are no longer needed. Justice creates a level environment for everyone to participate.

"The route to achieving equity will not be accomplished through treating everyone equally. It will be achieved by treating everyone justly according to their circumstances."

Paula Dressel, Race Matters Institute



ELIMINATING HEALTH INEQUITIES

When trying to effectively eliminate health inequities, it's important to know, acknowledge, and understand its root causes. Health inequities are in large a result of historic and ongoing structural racism, discrimination, and poverty. Historical events such as redlining have contributed to the unequal distribution of power and resources, leading to differences in health outcomes. Redlining, refers to systematically denying various services (e.g., credit access) to residents of specific neighborhoods, often based on race/ethnicity and primarily within urban communities. Grassroots movements work to eliminate health inequities at the local level by using collective action from community members and volunteers to implement change. Stark County is fortunate to have many community-led social justice movements making changes around various issues related to mental health and community conditions. Below are some of the grassroots movements that directly align with the 2026-2028 CHIP strategies:

Access Health Stark County - provides access to a coordinated system of health care and community resources for those that are underserved and impacted by community conditions.

Beacon Charitable Pharmacy - provides medication, vaccines, education, and support to uninsured and underinsured residents with low to moderate incomes. Beacon coordinates prescription assistance, maximizes resources, and advocates for vulnerable populations.

Canal Creative - connects people and ideas through shared stories, hands-on art, and real connection to combat loneliness and create community.

Community Health Workers & Peer Supporters/Navigators - are frontline agents of change, working in urban and rural environments to help reduce health disparities in underserved communities by connecting residents to the care and resources they need.

Immigrant Worker Project - supports human dignity and justice for immigrants while building communities that embrace cultural diversity.

MentorStark - helps adolescents develop pathways to success by promoting connections between young people and trusted adults, opening up opportunities to access resources, build trust and provide a foundation for innovative solutions to social issues.

Strengthening Stark - brings local residents, business owners, and non-profits together to foster local talent, nurture grassroots business growth, and improve regional quality of life.

PRIORITY AREAS

Primary data from stakeholders and residents were collected through community surveys and focus groups. Secondary data, specific to Stark County, was reviewed and assessed from a variety of sources. All of the data was compiled, analyzed and ranked, identifying **Mental Health** and **Community Conditions** as the most important priority areas to be addressed within Stark County.

Why improving mental health in our community is so important?

- 86% of residents — the second highest of all 14 issues — rate mental health as a serious problem. 82% of partners say we don't have enough mental health services.
- 35% of adults felt hopeless for 2+ weeks in the past year. That number jumps to 44% for Canton residents and 42% for Black residents.
- 32% of adolescent OHYES! respondents met criteria for anxiety; 24% for depression; 13% seriously considered suicide in the past year.

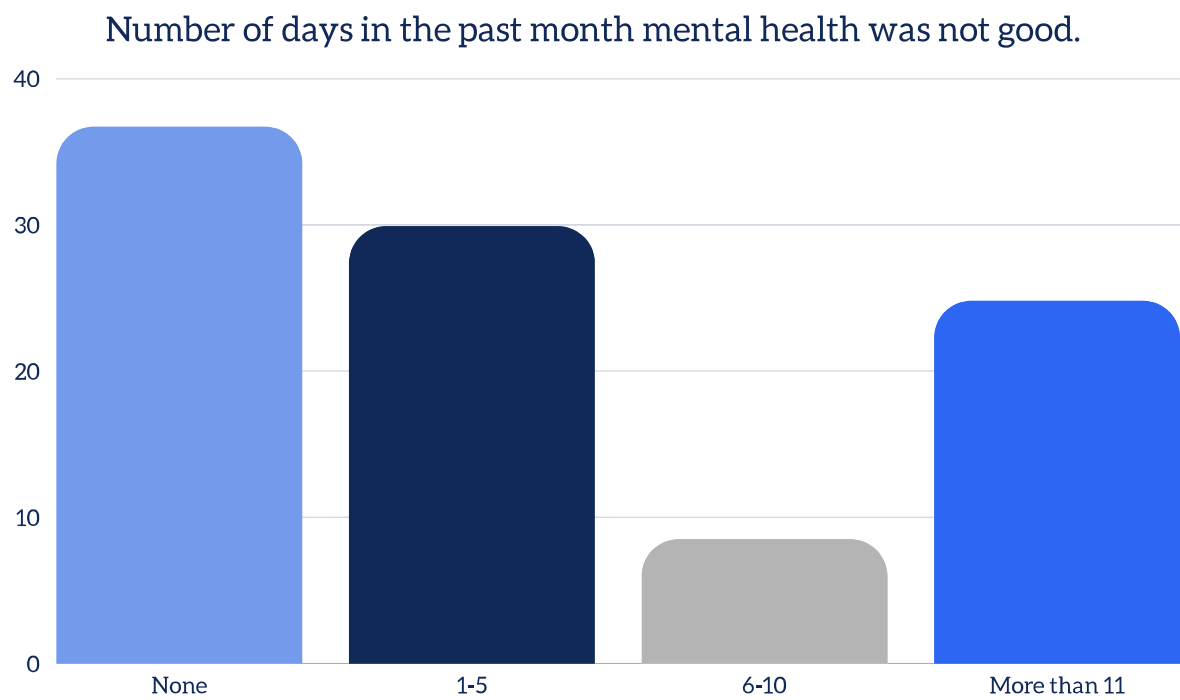
Why improving community conditions in our community is so important?

- 62% of partners named transportation as the single biggest barrier - higher than cost, insurance, or workforce. For rural residents and Black residents, it's even more acute: 20% of Canton residents and 21% of Black residents lack reliable transportation.
- 45% of Social Barrier Survey respondents ran out of food before their next paycheck. 30% said it was too hard to get to the grocery store. Food insecurity in Stark County is 15% — higher than the state average of 14% — and 31% for Black residents.
- 90% of community partners say there aren't enough affordable housing services. 20.7% of renters spend more than half their income on housing.

MENTAL HEALTH

Mental health in Stark County is significantly impacted by high prevalence rates of depression (40%), anxiety disorders (39%), and ADD/ADHD (22%). These top three diagnoses often overlap in high-risk groups. The consistent reporting of these conditions among non-straight residents and households with disabilities shows a critical link between mental health and social determinants, suggesting that financial and systemic barriers are major drivers of Stark County’s mental health burden.

Stark County residents were asked how many days in the last month their mental health was not good. While the county-wide average was 7.16 days, significant disparities emerge when the data is broken down by geography and race. Residents in Canton (9.43 days) and Alliance (8.27 days) reported higher levels of distress than the county average. Furthermore, Black residents reported an average of 8.39 days, highlighting a critical area for targeted health equity interventions.



Data Source [2025 Stark County Community Health Assessment](#)

MENTAL HEALTH

Goal #1

Reduce Substance Use in Stark County

Objectives

- Reduce drug overdose deaths by 20%, with focused implementation in census tracts and populations experiencing overdose rates above the county average.
- Decrease percent of people who report using tobacco products from 36.5% to 31.5% in the City of Canton.
- Provide MAT training and technical assistance to primary care providers located in or serving high-overdose-rate and medically underserved communities.
- Increase percent of individuals who stayed engaged in treatment or recovery services post jail via their jail liaison from 29% to 58%.

Goal #2

Strengthen Suicide Prevention & Reduce Barriers for Seeking Services

Objectives

- Decrease the suicide rate in Stark County from a crude rate of 14.97 to 13.97.
- Partner with OSPF to expand access to safe storage.

Goal #3

Promote Mental Well-Being & Social Connection Across the Lifespan; Special Populations Focus

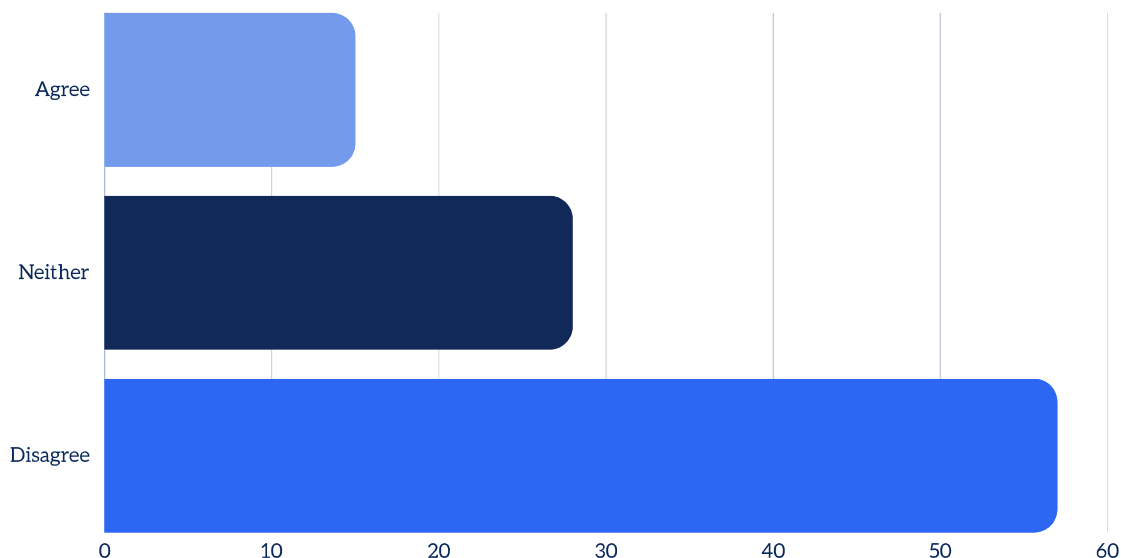
Objectives

- Increase trauma-informed care presentations for parents and educators of children 0-8 years of age by 20%.
- Increase percent of parents/guardians who “often” or “sometimes” set device limits from 71% to 80%.
- Create opportunities for adolescents to lead peer-to-peer efforts to improve digital wellness and mental wellbeing.
- Expand integrated healthcare for adolescents (physical/behavioral health services).
- Increase number of trauma informed adults working with adolescents from 300 to 400.
- Improve immigrant/immigrant family’s mental health and well-being.
- Increase percent of older adult community connection by 20% through program engagement.

COMMUNITY CONDITIONS

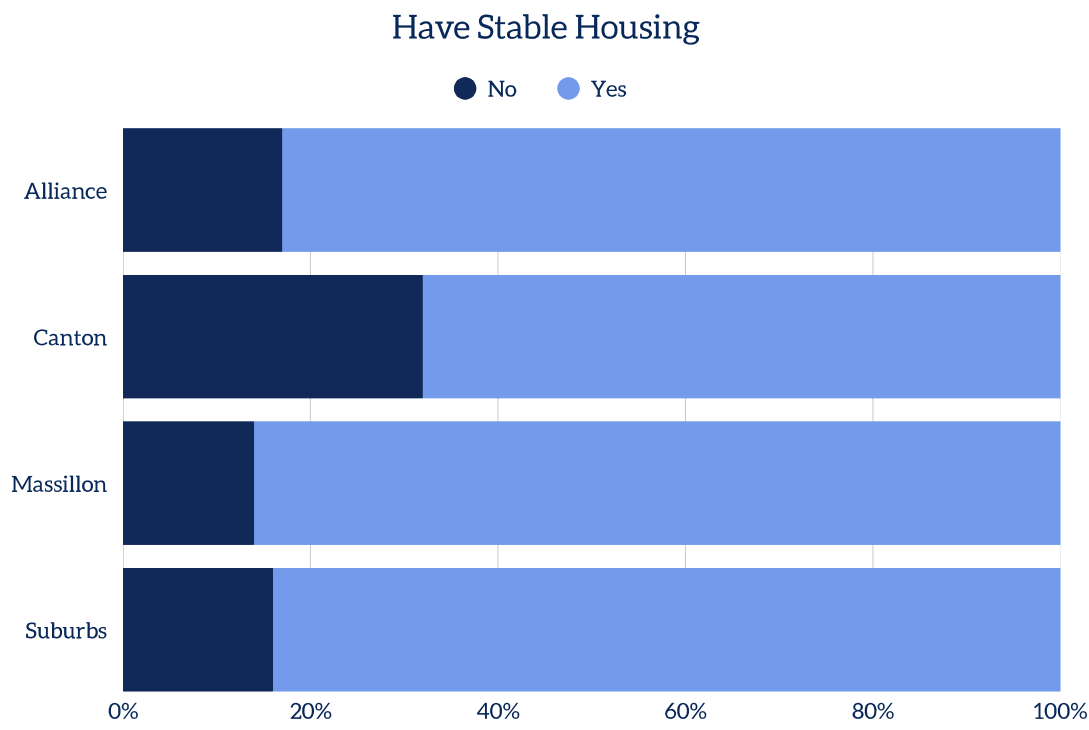
Transportation, food insecurity, and housing barriers were the main community conditions identified as issues to be addressed within the 2026-2028 Community Health Improvement Plan. A survey question from the 2025 Community Health Assessment (CHA) asked residents which problems, barriers, or gaps prevent them from receiving health-related care and services they need; 61.8% of respondents stated transportation. Furthermore, residents were asked to provide their level of agreement for the following statement: “Transportation for medical appointments is available for residents when needed.” The results are shown below.

Transportation for medical appointments is available for residents when needed.



Food insecurity continues to affect Stark County residents. According to Feeding America, in 2022, the overall food insecurity rate in Stark County was 15%. These disparities are more pronounced among specific populations, including children and black residents. The 2025 CHA identified Stark County residents' top barriers to health as running out of food before their next paycheck, having trouble getting enough food, and not being able to afford to eat healthy meals.

COMMUNITY CONDITIONS



According to the 2025 CHA, 21% of Stark County residents reported housing instability; 32% in Canton, 17% in Alliance, 16% in the suburbs, and 14% in Massillon. Beyond the cost of rent or mortgages, a housing barrier survey was conducted to measure the specific utility challenges households face. Residents’ top responses included skipping bill payments, foregoing medical or dental care to cover housing costs, and using unsafe methods - such as a kitchen stove or oven- to provide heat for their homes.



COMMUNITY CONDITIONS

Goal #1

Strengthen Stark County's Care Coordination Network by Reducing Barriers to Access

Objectives

- Increase number of secured partner agencies utilizing ConnectWell CIE by 75.
- Increase number of partner agencies sending and/or accepting referrals consistently by 50.
- Increase the percent of resolved referral (closed loop) cases by 14%.

Goal #2

Advance Coordinated Community Conditions That Support Health, Stability & Social Connectedness Across the County

Objectives

- Increase number of agencies utilizing universal records.
- Increase awareness and utilization of available community health and social service resources and training.
- Increase number of community agencies with AI practice policies.
- Maintain an average, cumulative turn over rate or 33% or less of StarkMHAR funded treatment providers.
- Strengthen and sustain access to maternal health services across Stark County by supporting collaboration, workforce retention, and community awareness of existing maternal health resources.
- Host 3 community conversations on transportation, housing instability, and food insecurity to share resources, identify gaps, and establish community-based strategies or activities to address the community condition.
- Identify at least two community access hub sites in high-need areas to provide centralized, in-person navigation and service connection.
- Increase number of community health workers and navigators located in high-need areas by 20%.
- Research, secure funding and implement mobile Kiosk pilot project.

NEXT STEPS

CHIP Implementation

Workgroups developed and identified goals, objectives, action steps, baseline data and indicators for each of the priority area strategies addressed within the 2026-2028 CHIP.

CHIP Evaluation

Workgroups, in conjunction with the CHNA Advisory Committee will conduct an annual evaluation of the 2026-2028 CHIP progress. Goals, objectives, and action steps will be revised based on the outcome of evaluation reports. Evaluation measures will be tracked within the Clear Impact Performance Management Software System

Next CHA Cycle

A community health assessment cycle is an ongoing process to identify priority areas, develop and implement strategies, and establish accountability for measurable health outcomes. The CHNA Advisory Committee will initiate the next community health assessment in 2028.

STATE & NATIONAL PRIORITY AREA ALIGNMENT

The Ohio Department of Health(ODH) developed the State Health Improvement Plan (SHIP) as a roadmap to address the challenges and opportunities identified in the State Health Assessment. ODH and other agencies throughout Ohio, utilize the SHIP to mobilize agencies and guide policy, programming, and funding efforts to improve the health of Ohioans.

Healthy People 2030 is a national roadmap for improving health and well-being through a 10-year framework of science-based objectives. The framework provides measurable benchmarks and high-priority indicators that allow communities to align local health priorities with a unified national vision for health equity.

State Health Improvement Plan	Stark County Community Health Improvement Plan	Healthy People 2030
• Depression • Suicide • Youth Drug Use • Drug Overdose Deaths	Mental Health	• Mental Health/Disorders • Drug & Alcohol Use • Injury & Violence Prevention
• Health Insurance Coverage • Healthcare Provider Access • Unmet Mental Health Care Needs	Community Conditions	• Healthcare Access & Quality • Social Determinants of Health

APPENDIX A: PARTICIPANTS

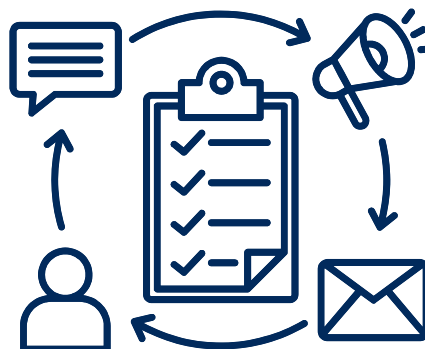
Community Health Improvement Workgroups

Mental Health Workgroup

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Amanda Nelson, Alliance Family Health Center
Amelia Kocher, Alliance Family Health Center
Ashley Tucker, Alliance Family Health Center
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APPENDIX A: PARTICIPANTS

Health Improvement Summit

*Denotes attendee at 2025 and 2026 Health Summit

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Allie Lawrence, Stark County Health Department (SCHD)*	Christine Frank, Stark County ESC/Help Me Grow
Allison Esber, Unite Us*	Christine Smith, Canton City Council
Allyson Nichols, Stark County Hunger Task Force	Christopher Smer, SARTA
Allyson Rey, StarkMHAR	Chuck Hoover
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Amanda Barna, Center for Marketing and Opinion Research	Cleo Lucas, CCPH
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Amy Rohling McGee, Health Policy Institute of Ohio	Danelle Lightner, Stark County Jobs & Family Services
Amy Weisbrod, Margaret B Shipley Child Health Clinic	Daniel Palanceanu, AHEC
Andrea Hanson, Cleveland Clinic Mercy Hospital	Danielle Grimm, CCPH
Andrew Katusin, Trailhead Health Foundation	Danielle Massey, The OSU Extension*
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Angela Cooper, Faith in Action	Dave Day, Kent State University
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Carson Long, AHEC	Emily Krizner, University of Mount Union
Catherine Wilhelm, The Ohio State University (OSU) Extension	Emily Wentz, AHEC
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Cathy Rich, CliniSync*	Emmaley Peters, AHEC

APPENDIX A: PARTICIPANTS

Health Improvement Summit

*Denotes attendee at 2025 and 2026 Health Summit

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Ivery Patterson, UnitedHealthcare
Jada McElroy, Canton for All People
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Jaime Myher-Palma, Phoenix Rising Behavioral Healthcare and Recovery Inc.*
Jamar Williams, Cleveland Clinic Mercy Hospital
James Fye, AVO Behavioral Health
Jan Trieff, Lifecare Family Health and Dental Center
Jasmine Wagster, Labor in Love Midwifery
Jeanette Nelson, Gossamer Marketing Group
Jeannine Fogle, AHSC.
Jenn Warner, The Legacy Project of Stark*
Jenna Allison, My Community Health Center (MCHC)
Jennie George, Margaret B Shipley Child Health Clinic
Jennie Msangi, CLW
Jennifer Brindle, Stark County Family Council*
Jennifer Kanney-Beebe, Meals on Wheels of Northeast Ohio
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APPENDIX A: PARTICIPANTS

Health Improvement Summit

*Denotes attendee at 2025 and 2026 Health Summit

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