CLARK COUNTY

NEEDS ASSESSMENT PRIORITY REPORT

APRIL 2005

Partnerships for Success
1 Introduction

1 Partnerships for Success

2 Clark County Partnerships for Success

2 The Partners

3 The Planning Process

6 Clark County Profile

15 Youth and Families

29 Early Childhood Education

37 Public Health

45 Housing and Neighborhoods

53 Vulnerable Adults and Families

55 Economic Development

57 Appendix

58 Workgroup Members

59 Workgroup Data

143 List of Sources
In 1998, Ohio was one of five states chosen to participate in the Office of Juvenile Justice and Delinquency Prevention’s (OJJDP) Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders Initiative. The early successes of the Ohio Comprehensive Strategy counties led state leaders to invest in the development of a new generation model, Partnerships for Success (PfS). PfS is sponsored by the Ohio Family and Children First (OFCF) Council.

Partnerships for Success is a holistic and strategic approach to building capacity within counties to prevent and respond effectively to child and adolescent problem behaviors while promoting positive youth development. This initiative helps participating counties mobilize around issues related to families and children, use data strategically in order to develop evidence-based action plans to improve the community’s overall well-being, and implement these plans with a commitment to evaluating their impact and sustaining their presence.

The Partnerships for Success Academy is a project of the Center for Learning Excellence, an initiative of the John Glenn Institute for Public Service and Public Policy at The Ohio State University. The faculty and staff members associated with the PfS Academy have developed a comprehensive planning and implementation model based on a set of guiding principles that have been articulated in the literature on the effective prevention and reduction of youth problem behaviors and the promotion of positive youth development. These guiding principles are as follows:

Involving and Engaging the Entire Community: This guiding principle requires that all elements of the community be involved in planning, implementing, and evaluating the PfS Model. Actively engaging individuals from all fields that affect young people is likely to lead to a comprehensive community investment in sustainable solutions to significant community problems involving youth.

Balancing a Holistic Continuum of Approaches: This guiding principle requires that a broad array of services and approaches be available to meet the needs of children and youth in the community. A continuum of services includes primary prevention programs, early intervention programs, and systems of care. These services and approaches should also include programs focused on reducing risks associated with problem behaviors and those focused on building community-wide assets that prepare children and youth to be fully engaged in their communities.

Making Data-Informed Decisions: This guiding principle requires that communities continually review data in order to define priorities and make decisions related to program implementation. Four levels of data-informed decisions are involved in PfS. First, data are used to determine the magnitude of problem behaviors in a community and prioritize efforts to respond to them. Second, data are used to identify levels of risk, protection, and assets that exist within the community to help target potentially effective strategies. Third, data are used to determine best practices related to implementation decisions for new programs. Programs with highly
feasible approaches based on sound scientific evaluations are preferred. Finally, data are used to continually evaluate the progress of the PfS Initiative within the community.

Partnerships for Success was developed based on a thorough review of community planning processes. Although the PfS Model is followed in a linear and chronological order, in reality the model revolves around a constant commitment to making data-informed decisions such as the following:

1. Identifying targeted impacts
2. Selecting risk and protective factors or assets
3. Determining evidence-based and feasible practices to address the targeted impacts
4. Evaluating the progress of PfS in the community

[Source: PfS Community Tool Box, http://www.pfsacademy.org/communitytoolbox/communitytoolbox.htm]

In 2004 Clark County was one of five counties selected to receive the Partnerships for Success grant. The grant is to be used to produce a 5-year strategic plan for Clark County by June 2005. Over the course of a year, the community is to undertake a planning process that conforms to the requirements of the PfS grant. This includes selecting assessment areas and targeted impacts related to each area; undertaking needs assessments, resource assessments, and gaps analyses; and preparing a strategic plan based on evidence-based practices. The planning process involves significant community participation by leadership, stakeholder organizations, and citizens.

The Partners

The Clark County Partnerships for Success incorporates and builds upon planning for the area of Youth and Families. This project is funded by the PfS grant from the Ohio Family and Children First Council and the Clark County Funders’ Forum. Clark County Funders’ Forum is a group of public and private funders working toward collaborative and strategic funding opportunities. Due to the extensive scope of this project, the Funders’ Forum engaged Community Research Partners to provide assistance in the areas of technical assistance and capacity building, data collection and analysis, and report writing.

PfS Assessment Funding Partners
Alcohol Drug Mental Health Board
Center City Association
City of Springfield
Clark County Combined Health District
Clark County Commission
Clark County Department of Job and Family Services
Clark County Family and Children First Council
Della Selsor Trust
Nehemiah Foundation
Springfield Clark County Chamber of Commerce
Springfield Foundation
Turner Foundation
United Way of Clark and Champaign Counties
The Planning Process

The PfS Planning Process is comprised of three basic activities:

Phase 1: Needs Assessment—The goal of the needs assessment is to define both broad targets for change in the community (targeted impacts), and factors (risk, protection, and assets) that are most closely associated with the selected targeted impacts.

Phase 2: Resource Assessment—The goal of the resource assessment is to create a realistic profile of current programs, services, and activities in the community related to the targeted impacts identified in the needs assessment. Assessing current resources supports an analysis of the gaps that exist in the community’s programs and services.

Phase 3: Identification of Strategic Actions—The goal is a 5-year strategic plan that indicates how to address the community’s high-priority needs. This plan includes the baseline indicators that will be useful as the plan is implemented and evaluated.

Phase 1: Needs Assessment

The needs assessment provided the PfS Community Planning Team with the knowledge and tools needed to create a data-informed profile to use as a baseline for the 5-year strategic plan. The following is a summary of the activities that occurred during the needs assessment phase of the PfS Process.

Step 1: Community Mobilization. During July, August, and September 2004, several key PfS personnel, including the Family and Children First Council Director, the PfS Coordinator, and leading funders worked to introduce PfS to the community. Meetings were held with a variety of stakeholders, including government officials, business leaders, school superintendents, and agency directors and staff. Several public and service club presentations were made, and local newspaper coverage was helpful. These activities mobilized the community and made it possible to adequately staff the workgroups and the Community Planning Team.

Step 2: Training and Workgroup Formation. The Clark County PfS hosted a 2-day training for prospective workgroup and planning team members in October 2004. More than 100 people attended the sessions. An overview of the PfS process was provided and the participants joined the workgroups or the Community Planning Team (CPT). (Members who were active during the Needs Assessment are listed in the Appendix.) The Community Planning Team was formed to provide oversight to the workgroups; each workgroup had a CPT liaison. The workgroup and the Community Planning Team developed charters that defined their roles and responsibilities.
Clark County’s Funders’ Forum and Family and Children First Council held a series of forums to select the assessment areas in which targeted impacts would be chosen. Based on these forums, the following workgroups were established:

- Youth and Families
- Early Childhood Education
- Public Health
- Housing and Neighborhoods
- Vulnerable Adults and Families
- Economic Development

**Step 3: Prioritization of Targeted Impacts.** Targeted impacts are urgent issues that seriously affect a community’s families and institutions. Thus, identification of targeted impacts is a critical step for a community because the targeted impact becomes the “big prize” that propels the PfS Initiative. The following tasks were completed by each workgroup over a period of 3 months:

1. Review targeted impacts
2. Identify sources of data on all targeted impacts
3. Collect national, state, and local data
4. Collect archived reports
5. Analyze collected data and rank targeted impacts
6. Connect data with community values

**Step 4: Selection of Top Priorities.** The workgroups selected and justified their top priorities. The needs assessment report of each workgroup documents results of initial data collection efforts, selected targeted impacts, and their justification, and it identifies opportunities, barriers, and technical assistance required.

**Step 5: Selection of Risk Factors, Protective Factors, and/or Assets (RPAs).** After the workgroup reached consensus on the high-priority targeted impacts, they used RPA materials provided by PfS Academy to select appropriate RPAs. That is, what are the most influential factors that are related to each targeted impact? The following tasks were completed in order to select RPAs:

1. Rank RPAs for each targeted impact
2. Link data with community values

**Step 6: Presentation of Targeted Impacts.** The rankings were based on the analysis of data that are included in the Appendix. The workgroups presented the following top priorities to the Community Planning Team on February 15, 2005:

**Youth and Families**

1. School Success
2. Violence

**Early Childhood Education**

1. Birth to 3 Services
2. Preschool Programs

*A risk factor is a condition that contributes to the problem; a protective factor is a condition that helps prevent the problem. Assets are positive experiences and personal qualities that influence choices young people make and help them become caring, responsible adults. Originally in the PfS model for youth and families, this concept has been extended to the other assessment areas.*
Public Health

1. Health Risk Behaviors
2. Immunizations and Preventive Screenings

Housing and Neighborhoods

1. Foreclosures (Fair Housing/Predatory Lending)
2. Affordable Quality Housing Stock

Economic Development

1. Human Capital
2. Physical and Built Environment

Vulnerable Adults and Families

1. Sufficient capacity/availability of high-quality, culturally appropriate services to meet the needs of vulnerable adults
2. Timely access to high-quality community-based services

The CPT considered these presentations and met on February 18 to discuss and further prioritize the set of 12 top Targeted Impacts. This prioritization was presented to the Family and Children First Council and Funders’ Forum on February 25, 2005. These groups supported moving the highest-priority Targeted Impacts into the Resource Assessment phase. The 12 top TIs were ranked by the CPT as follows:

<table>
<thead>
<tr>
<th>Targeted Impact</th>
<th>Workgroup</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Success</td>
<td>Youth and Families</td>
</tr>
<tr>
<td>Health Risk Behaviors</td>
<td>Public Health</td>
</tr>
<tr>
<td>Human Capital</td>
<td>Economic Development</td>
</tr>
<tr>
<td>Birth to Three Services</td>
<td>Early Childhood Education</td>
</tr>
<tr>
<td>Preschool Programs</td>
<td>Early Childhood Education</td>
</tr>
<tr>
<td>Violence</td>
<td>Youth and Families</td>
</tr>
<tr>
<td>Foreclosures</td>
<td>Housing &amp; Neighborhoods</td>
</tr>
<tr>
<td>Immunizations &amp; Preventative Screenings</td>
<td>Public Health</td>
</tr>
<tr>
<td>Quality Affordable Housing</td>
<td>Housing and Neighborhoods</td>
</tr>
<tr>
<td>Timely Access to Services</td>
<td>Vulnerable Adults &amp; Families</td>
</tr>
<tr>
<td>Sufficient Capacity/Availability of Services</td>
<td>Vulnerable Adults &amp; Families</td>
</tr>
<tr>
<td>Physical and Built Environment</td>
<td>Economic Development</td>
</tr>
</tbody>
</table>
The 412 square mile area that became Clark County was mapped out of parts of Champaign, Greene, and Madison Counties in 1817. The 1820 census showed a total population of 9,535, which has grown to 144,742 by 2000. Springfield, the governmental seat of Clark County, is located in the southwest corner of Ohio between Dayton and Columbus along Interstate 70. Agribusiness is the county's largest source of business revenue.
This overview of the Clark County population provides a context for the data in the other sections of the Needs Assessment report.

According to Census 2000, there are 144,742 people living in Clark County, a decrease of 1.9 percent since 1990. The city of Springfield has a population of 65,358, a decrease of 7.3 percent since 1990.

### Table P-1
Clark County and Springfield Population, 1990-2000

<table>
<thead>
<tr>
<th></th>
<th>1990 Population</th>
<th>2000 Population</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clark County</td>
<td>147,548</td>
<td>144,742</td>
<td>-1.9</td>
</tr>
<tr>
<td>Springfield</td>
<td>70,487</td>
<td>65,358</td>
<td>-7.2</td>
</tr>
</tbody>
</table>

Sources: Census 1990, Summary Tape File 1; Census 2000, Summary File 1

### Population Projections

The population of Clark County is projected to decrease to 141,660 by 2020. From there on, it is projected to increase at a rate of 1.6 percent to 143,960 by 2030.

Source: Ohio Department of Development, Office of Strategic Research, July 2003
As is the case with the nation as a whole, Clark County is becoming a diverse community. Between 1990 and 2000, the percentage of the population that is white dropped from 90.3 percent to 88.1 percent. Asians, American Indians and Alaskan Natives and persons of Hispanic origin are the fastest-growing groups in Clark County (Table P-2 and Figure P-2).

### Table P-2
Racial and Ethnic Population Composition
Clark County, 1990-2000

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>133,242</td>
<td>127,541</td>
<td>-4.3%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>13,031</td>
<td>12,954</td>
<td>-0.6%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>294</td>
<td>402</td>
<td>36.7%</td>
</tr>
<tr>
<td>Asian, Native Hawaiian/Pacific Islander</td>
<td>653</td>
<td>792</td>
<td>21.3%</td>
</tr>
<tr>
<td>Some other races</td>
<td>328</td>
<td>767</td>
<td>133.8%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>NA</td>
<td>2,286</td>
<td>NA</td>
</tr>
<tr>
<td>Total Clark County</td>
<td>147,548</td>
<td>144,742</td>
<td>-1.9%</td>
</tr>
<tr>
<td>Hispanic or Latino (of any race)</td>
<td>970</td>
<td>1,699</td>
<td>75.2%</td>
</tr>
</tbody>
</table>

Sources: Census 1990, Summary Tape File 1; Census 2000, Summary File 1

### Figure P-2
Racial Profile, Clark County, 1990 and 2000

Sources: Census 1990, Summary Tape File 1; Census 2000, Summary File 1
The population in Clark County is aging, a trend that mirrors Ohio and the nation. The median age increased to 37.6 years in 2000, compared to 34.0 years in 1990. Clark County has 21,262 residents (14.7 percent) age 65 and over and 36,353 persons (25.1 percent) under age 18. There are more females (51.9 percent) than males in the Clark County population (Table P-3).

### Table P-3

**Population by Age and Gender, Clark County, 2000**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>144,742</td>
<td>100</td>
</tr>
<tr>
<td>Under 6 years</td>
<td>11,434</td>
<td>7.9</td>
</tr>
<tr>
<td>6 to 17 years</td>
<td>24,919</td>
<td>17.2</td>
</tr>
<tr>
<td>18 to 44 years</td>
<td>51,940</td>
<td>35.9</td>
</tr>
<tr>
<td>45 to 64 years</td>
<td>35,187</td>
<td>24.3</td>
</tr>
<tr>
<td>65 years and over</td>
<td>21,262</td>
<td>14.7</td>
</tr>
<tr>
<td><strong>Median Age</strong></td>
<td>37.6</td>
<td></td>
</tr>
<tr>
<td><strong>Male</strong></td>
<td>69,569</td>
<td>48.1</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td>75,173</td>
<td>51.9</td>
</tr>
</tbody>
</table>

*Source: Census 2000, Summary File 1*

**Age Trends and Projections**

Projections by the Ohio Department of Development Office of Strategic Research indicate that the age profile of the Clark County population will shift over the next 20 years (Figure P-3). In 2000, there was a population bulge in the 30-50 year-old cohorts. By 2020, the profile is much flatter, as the 50-75 year-old groups increase with the aging of the Baby Boomers.

### More households, but smaller households

There were 56,648 households in Clark County in 2000, an increase of 2.6 percent since 1990. Because the number of persons per household continues to decrease, household formation is occurring at a faster rate than population growth. In 2000 the average number of persons per household in Clark County was 2.49, compared to 2.60 in 1990.

### Fewer married couples with children; more households with persons living alone

The number of married couple households with children decreased between 1990 and 2000, constituting only 21.2 percent of all Clark County households in 2000. Married couple households with children were 22.4 percent of Ohio households in 2000. Households with persons living alone increased by 14.4 percent from 1990 and 2000 in Clark County. This household type now makes up 25.9 percent of all Clark County households. The figure for Ohio is 27.3 percent.
Slower rate of increase of female-headed households with children

In Clark County, the number of female-headed households with children increased at a rate of 2.3 percent from 1990 to 2000. The number for Ohio increased by 3.5 percent between 1990 and 2000. In 2000, female-headed households with children were 7.9 percent of all households in Clark County.

Grandparents as caregivers

For the first time, the 2000 Census included data on grandparents who are caregivers for grandchildren. In 2000 there were 2,662 Clark County households in which a grandparent lived with one or more grandchildren under the age of 18. Of this total, 1,397 grandparents were responsible for the care of a grandchild.
Education

- **Educational attainment lower than the state**

In 2000, 81.2 percent of Clark County residents age 25 and over had a high school diploma or greater, compared to 73.4 percent in 1990. The percent with a bachelor’s degree or greater increased from 12.2 percent to 14.9 percent. However, these numbers are below the educational attainment levels in the state (Figure P-4). (Source: Census 2000)

![Figure P-4](image)

Source: Census 2000, Summary File 3

Employment

- **Low labor force participation rate**

In 2000 there were 71,629 persons in the Clark County labor force, representing a 63.7 percent labor force participation rate. This is lower than the Ohio rate of 64.8 percent and the U.S. rate of 63.9 percent. (Source: Census 2000)
Most women with young children are in the labor force

In 2000, 69.8 percent of Clark County women with children under age 6 were in the labor force. The 2000 Clark County figure is higher than those for Ohio (65.3 percent) and the United States (61.9 percent). (Source: Census 2000)

More older adults in the labor force

In 2000, 12.2 percent of Clark County residents age 65 and older were in the labor force (2,606), compared with 10.4 percent in 1990. However, the 2000 Clark County figure is lower than those for Ohio (12.6 percent) and the United States (13.3 percent). (Source: Census 2000)

Median income lower than the state and nation

The Clark County median household income was $40,340 in 1999, lower than the Ohio figure of $40,956 and the U.S. median income of $41,994. Clark County median income is highest for married couple family households ($54,574) and lowest for female-headed family households ($24,802). (Source: Census 2000)

Employment by occupation and industry

A higher proportion of employed persons in Clark (22.8 percent) work in production, transportation, and material moving occupations compared to Ohio (19.0 percent). Additionally, a lower proportion of employed persons in Clark (27.0 percent) work in management, professional, and related occupations compared to Ohio (31.0 percent). The distribution of employment across industries in Clark is similar to that of the state. (Source: Census 2000)

![Figure P-5 Employment by Occupation, 2000](chart)

Source: Census 2000, Summary File 3
The Clark County poverty rate declined from 13.4 percent in 1990 to 10.7 percent in 2000 (Figure P-6). The number of persons in poverty in 2000 (15,054) has decreased compared to 1990 (19,192). The 2000 rate is higher than Ohio’s (10.6 percent), but lower than the U.S. rate (12.4 percent). (Source: Census 2000)
Youth and Families

The Youth and Families workgroup selected and prioritized six Targeted Impacts. The complete list by priority ranking is as follows:

1. **School Success**

2. **Violence**

3. Juvenile Delinquency

4. Substance Abuse

5. (tie) Mental Health Behaviors

6. (tie) Teen Sexual Behavior

The rankings were based on the analysis of data that are included in the Appendix. This prioritization was presented to the Family Council and Funders’ Forum on February 25, 2005. These groups supported moving both high-priority targeted impacts (shown in bold) into the Resource Assessment phase.
The Youth and Families workgroup selected School Success as the highest-priority Targeted Impact. School Success indicators include graduation rates, attendance rates, and proficiency test scores for all public schools in the city and county.

Graduation rates in several county school districts and the city school district fall short of state standards. Overall, graduation rates have increased slightly in recent years. However, these improvements are threatened by state and local funding issues. Existing programs and supports, including mediation and truancy officers, are at great risk of being scaled back or eliminated. Such cutbacks will likely have a negative effect on school success indicators.

Proficiency test scores vary from district to district in the county as a whole, from building to building within districts, and from grade level to grade level within school buildings, suggesting the need for targeted strategies.

The group selected the following risk factors, protective factors, and assets as starting points for the development of specific success measures:

- Lack of supervision of students by parents and other caregivers
- Value placed on education by family members
- Significant attachment to a prosocial adult (positive role model)
- Parent involvement in schooling
- Supportive communication between parents and students
- Specialized instruction for at-risk students
- Student and family attachment to neighborhood

Workgroup members brought a wealth of experience to the process, which was apparent in the discussions and in worksheets completed. Similar discussions in the Community Planning Team were also captured. The following comments are indicative of the discussion of community values:

“All six Targeted Impacts are interrelated. Success in school definitely is a major factor in healthy children; if a child is successful, then many of the Targeted Impacts are addressed. In other words, the other impacts are seen as products of a lack of school success.”

“Given the failure of a number of school levies, there is concern about how much our community values education. Our community needs to value education as the number one priority. Our children determine the future of Springfield’s success.”

“The community’s attitude appears to be supportive but resentful—school issues pit people on fixed incomes against something they might really value.”

“We see school success as the school’s problem rather than a community problem. We need to value and respect all parents and create an environment that encourages parents to interact with their kids and demonstrate that commitment to school success outside of the school itself.”
The overall graduation rate for the county was below the state standard in 2001-2002 and 2002-2003.

All seven school districts showed an increase in the overall graduation rate between 2001-2002 and 2002-2003.

Four school districts (Clark-Shawnee, Northeastern, Northwestern, and Southeastern) met the state standard for graduation in 2002-2003. These four districts account for 37 percent of total student enrollment in the county.

Springfield city schools have the lowest graduation rate (74.3 percent) among the seven Clark County school districts. The district accounts for 40 percent of total student enrollment in the county.

Overall, the county did not meet the state standard for fourth-grade proficiency test performance in reading and mathematics in the past 3 years.

Proficiency test results improved in most school districts between 2001-2002 and 2003-2004. However, only 3 of 7 school districts and 8 of 27 school buildings met the state standard for reading in 2003-2004. (See Figure FY-4.)

Proficiency test results improved in most school districts between 2001-2002 and 2003-2004. However, only 3 of 7 school districts and 8 of 27 school buildings met the state standard for fourth-grade mathematics in 2003-2004 school year. (See Figure FY-4.)

**Definitions**

Graduation rate: The Ohio Department of Education defines the graduation rate as the percentage of students who entered high school who received a regular diploma or honors diploma during the reporting year, including students who graduated the summer after the 12th grade and students who completed the course work and came back to finish the proficiency test and passed.

To meet the federal AYP (Adequate Yearly Progress) requirements, all student groups (all races, all income levels, and students with disabilities) must be at or above the annual goals or make improvement over last year. Graduation and attendance goals must be met for the “all students” group.
SCHOOL SUCCESS

Proficiency Test Performance

Grade 6

- Overall, the county did not meet the state standard for sixth-grade proficiency test performance in reading and mathematics in the past 3 years.

- Most of the school districts showed improvements in proficiency test scores between 2001-2002 and 2003-2004. However, only 1 of the 7 school districts and 3 of the 16 school buildings met the state standard for sixth-grade reading in 2003-2004 school year.

- Only 1 of the 7 school districts and only 3 of the 16 school buildings met the state standard for sixth-grade proficiency test performance in mathematics in 2003-2004 school year.

Grade 10

- The county met the state standard for 10th-grade proficiency test performance in all five parts of the test (reading, mathematics, writing, science, and citizenship) in 2003-2004.

- The county also showed improvements for all five parts of the 10th-grade proficiency test between 2001-2002 and 2003-2004.

Source: Ohio Department of Education, Interactive Local Report Card

Table YF-1
District and Building Performance on Proficiency Tests, 2001-2004

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Reading Grade 4</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Districts meeting state standard (of 7)</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Buildings meeting state standard (of 27)</td>
<td>5</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td><strong>Mathematics Grade 4</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Districts meeting state standard (of 7)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Buildings meeting state standard (of 27)</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Reading Grade 6</strong></td>
<td></td>
<td></td>
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<tr>
<td>Districts meeting state standard (of 7)</td>
<td>0</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Buildings meeting state standard (of 16)</td>
<td>0</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td><strong>Mathematics Grade 4</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Districts meeting state standard (of 7)</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Buildings meeting state standard (of 16)</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>

Source: Ohio Department of Education, Interactive Local Report Card
The Youth and Families workgroup selected Violence as its second highest-priority Targeted Impact. Violence indicators include the incidence of violent acts committed by juveniles as well as the incidence of youth exposure to violence.

The data collected for Violence are alarming. Although state figures seem to indicate a decline in reports of abuse and neglect, locally collected data show sharp increases. Exposure to abuse and neglect often leads to problems of delinquency, mental illness, substance abuse, and teen sexual behavior. In-school fighting and violent behavior occur at a higher rate in middle schools than in elementary and high schools in the Springfield school district and three other county school districts.

The group selected the following risk factors, protective factors, and assets as starting points for the development of specific success measures:

- Community norms against violence
- Consistent age-appropriate discipline at home
- Lack of adult monitoring of youth
- Alienation of children and youth from the mainstream
- Family history of violence

Discussion with Community Planning Team members provided the following comments, indicative of community values:

“Community awareness is lacking. Violence, whether perceived or actual, is a very real part of the community. It seems to be a hidden topic.”

“People want to be safe. They want to be protected from violence. People want enforcement but not effort to get at causes.”
Incidences of Violence

- The overall rate for incidences of fighting/violence in Clark County schools has been below the state rate in the past 3 school years.

- Springfield city schools had the highest rate of incidences at all three levels; this district accounts for 40 percent of the total county enrollment. Tecumseh had a rate above the county average only in middle schools.

- Five of the seven districts had rates below the county average at most levels.

- The number of juvenile adjudications for violent offenses has fluctuated between 2000 and 2003. The 2003 total is 7 percent higher than the number in 2000.

Domestic Violence

- In 2003, the city rate for domestic violence crimes per 1,000 population (109.8) was more than 10 times the average for the rest of the county (10.4).

- Of 11 townships/towns in Clark County, 4 (Bethel, Mad River, New Carlisle, Springfield township) had rates of domestic violence higher than the county average.

- Within the city of Springfield, the Southeast quadrant had the highest rate (152.7 per 1,000) of domestic violence crimes.
The number of indicated/substantiated reports of abuse or neglect in Clark County increased from 190 in 2000 to 462 in 2003 (143 percent increase). The state of Ohio overall showed a decline between 2002 and 2003.

Of the total reports of abuse or neglect in 2003, 26.2 percent were related to physical abuse, 23.6 percent were related to sexual abuse, and 50.2 percent were related to neglect.

The number of neglect reports showed a four-fold increase between 2000 and 2003.

The number of physical and sexual abuse reports nearly doubled between 2000 and 2003.

**Definitions**

Child abuse/neglect can include (1) physical abuse—a child with bruises, marks, or injuries inflicted by other than accidental means; (2) sexual abuse—any sexual activity between a child and adult; (3) emotional abuse—a child who is belittled, ignored, or subject to mental or psychological maltreatment; (4) neglect—a parent or caregiver fails to act on behalf of a child to provide adequate food, shelter, clothing, medical care, supervision, or education; or (5) dependent child—a child who is homeless, destitute, or without adequate parental care and support through no fault of the parent or caregiver, or a child who lives in a home in which another child is abused, neglected, or dependent.

Substantiated report of child abuse/neglect: Report finds an admission of child abuse or neglect by the person responsible, an adjudication of child abuse or neglect, other forms of confirmation deemed valid by the Public Children Services Agency, or professional judgment that the child has been abused or neglected.

Indicated report of child abuse/neglect: Report finds that there are circumstantial, medical, or other isolated indicators of child abuse or neglect, but confirmation is lacking.
Juvenile Delinquency

- Between 2000 and 2003, the number of unruly youth cases in Clark County has increased by 40.7 percent. In comparison, the overall numbers for Ohio declined by 16.9 percent during this period.

- Between 2000 and 2003, the number of delinquent youth cases in Clark County has increased by 30 percent. In comparison, the overall numbers for Ohio increased by 7.8 percent during this period.

- Between 2000 and 2003, the number of chronic truancies in Clark County decreased by 21.4 percent.

Juvenile Detention

- Total admissions to the Juvenile Detention Center decreased by 7.4 percent from 1,562 in 2000 to 1,446 in 2003.

- Between 2000 and 2003, the admissions for misdemeanors decreased by 16.4 percent. However, the admissions for more serious felony crimes increased by 8.3 percent during the same period.

- The number of Clark County youth bound over to adult court increased from 13 in 2000 to 30 in 2003. The overall numbers for Ohio declined during this period.

Source: Clark County Juvenile Court
The number of Clark County youth assessed by local treatment providers for substance abuse increased from 108 in 2000 to 286 in 2003.

In Clark County schools, the number of student incidents involving use, possession, or sale of alcohol, tobacco, or other drugs decreased from 337 in the 2000-2001 school year to 204 in 2003-2004 school year. The state numbers showed a similar trend during this period.

In the 2003-2004 school year, Northeastern Local had the highest rate per 100 students for incidents involving use/possession of tobacco and alcohol among the Clark County school districts. Southeastern Local had the highest rate per 100 students for incidents involving use/possession of other drugs.

Source: Ohio Department of Education, Interactive Local Report Card
Mental Health Behaviors

- In Clark County schools, the number of student incidents involving behavioral problems has decreased from 4,156 in the 2000-2001 school year to 2,756 in 2003-2004 school year. The state numbers have increased during this time period.

- The Clark County rate per 100 students for incidents involving behavioral problems has remained substantially below the state rate in the past 4 school years.

- In the 2003-2004 school year, the rate per 100 students for incidents involving behavioral problems was highest for middle schools (25.1) followed by high schools (17.1).

- In 2003-2004 school year, Springfield city middle schools had the highest rate per 100 students for incidents involving behavioral problems among the county middle schools. Tecumseh Local high schools had the highest rate per 100 students for incidents involving behavioral problems among the county high schools.

Sources: Ohio Department of Education, Interactive Local Report Card (county); Ohio Department of Education, Office of Data Services (state)
Between 2000 and 2002, the rate (per 1,000 women in the age group) of births to teens declined slightly in Clark County both in the under 15 and 15-17 age groups. The overall rates for Ohio showed a more noticeable decline during this period.

However, Clark continues to be among Ohio counties with a high rate of births to teens. In the past 3 years, the Clark rate is among the seven highest in the state for births to 15-17 year olds.

### Table YF-2
**Births to Teens, 2000-2002**

<table>
<thead>
<tr>
<th></th>
<th>Clark</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2000</td>
<td>2001</td>
</tr>
<tr>
<td>Number of births, age &lt; 15</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Rate per 1,000 women in the age group</td>
<td>1.2</td>
<td>1.2</td>
</tr>
<tr>
<td>Number of births, age 15-17</td>
<td>99</td>
<td>99</td>
</tr>
<tr>
<td>Rate per 1,000 women in the age group</td>
<td>32.1</td>
<td>32.4</td>
</tr>
</tbody>
</table>

Source: Ohio Department of Health, Information Warehouse
In Clark County, 10-19 year olds had the highest rate of incidence for chlamydia and gonorrhea over the past 4 years among all age groups. These rates have shown substantial increases in the past 4 years.

The rate of incidence for chlamydia in Clark County has increased from 134.6 per 100,000 in 2000 to 231.3 per 100,000 in 2003 among 10-14 year olds. The state rates show a similar but less drastic increase.

The rate of incidence for chlamydia among 15-19 year olds in Clark County has increased substantially from 1,271.1 per 100,000 in 2000 to 1,803.9 per 100,000 in 2003. The state rates show a much less drastic increase.

The rate of incidence for gonorrhea among 10-14 year olds in Clark County has increased from 48.1 per 100,000 in 2000 to 57.8 per 100,000 in 2003. The state rates show a similar trend.

The rate of incidence for gonorrhea among 15-19 year olds in Clark County has increased substantially from 570.1 per 100,000 in 2000 to 892.3 per 100,000 in 2003. The state rates show a much less drastic increase.

Source: Ohio Department of Health, Information Warehouse
School Success

- Early intervention is critical. Families need to be identified and worked with intensively at their children’s earliest age.
- Cultural differences, for example, in terms of parental involvement, should be considered in developing success measures.

As this Targeted Impact is revisited, additional data that would be helpful include—

- A survey of youth to have a better view
- Actual measures of the stated risk and protective factors and assets
- Education level of all age groups of the population
- Funding for students by district and compared to state and regional average

Violence

- Violence has a negative impact on the development of healthy children and families.
- Violence manifests itself in numerous ways: parent to child, adult to child, child to child. Information, training, and early intervention for parents and children are critical.

As this Targeted Impact is revisited, additional data that would be helpful include—

- Age-specific data to establish a priority of need
- Data across or between cultures
The Early Childhood Education workgroup selected and prioritized six Targeted Impacts. The complete list by priority ranking is as follows:

1. **Birth to 3 Services**
2. **Preschool Programs**
3. Family and Environmental Risk Factors
4. Childcare Settings
5. Programs for Children in Grades K-3
6. Before- and After-school Programs, Including Year-Round Programming

The rankings were based on the analysis of data that are included in the Appendix. This prioritization was presented to the Family Council and Funders’ Forum on February 25, 2005. These groups supported moving both high-priority targeted impacts (shown in bold) into the Resource Assessment phase.
Addressing physical needs of children from birth to age 3 can improve children’s lives and opportunities to learn and grow appropriately. Research on human growth and development reveals windows of opportunity for brain development in young children. Once children grow beyond those windows, opportunities may be lost forever. Research indicates the need for language stimulation; physical exercise; warm, loving relationships; and proper nutrition.

This targeted impact was ranked first because serving the needs of young children provides opportunities to make a difference in children’s lives as well as in the future life of the community. The Early Childhood Education workgroup examined data related to the efficacy of prenatal care: number and percent of preterm births, number and rate of births to mothers with medical risk factors by age of mother, percent of births by the educational level of the mother, number and percent of children living in poverty, immunization rates for children under age 3, and number of children served through the current Help Me Grow program. In addition, the workgroup reviewed data sorted by race/ethnicity for preterm births, births with medical risk factors, and children living in poverty. This analysis indicated the following:

- Local data regarding births to mothers with medical risk factors compare unfavorably with state data.
- Local data regarding children living in poverty—especially for very young children—compare unfavorably with state data.
- Data indicate racial/ethnic disparities across the population in Springfield/Clark County.

The group selected the following risk factors, protective factors, and assets as starting points for the development of specific success measures:

- Efficacy of prenatal care
- Reduction in rate of births to mothers with maternal risk factors
- Reduction in racial/ethnic disparity

Discussion with Community Planning Team members elicited the following comments, indicative of community values:

“I think a lot of parents do not know how to parent or have support to parent when they have a child. Also, if children do not have the support or direction they need early on, it is going to affect the other five workgroup issues.”

“Many parents are just not able to do what is needed.”

“It is easy in our community to maintain an ‘out of sight, out of mind’ attitude, although all would certainly say they value high-quality care for all children.”

“This is the foundation block for future success.”
In 2002, the Clark County rate for births to mothers with medical risk factors \(^1\) (49.4 per 100 births) was more than 10 percentage points higher compared to the state rate (38.7 per 100 births). The rate for Clark has increased by more than 6 percentage points since 2000.

Of the total births in Clark County in 2002, 13.7 percent were preterm (< 37 weeks). The rate for black mothers was 4.5 percentage points higher than the rate for white mothers. The proportion of preterm births in the county has been 1 to 2 percentage points higher than the proportion in the state for the past 3 years.

In 2002, mothers in the 15-19 age group had the highest rate for births with medical risk factors in Clark County. Among races, black mothers had the highest rate (62.1 per 100 births).

In 2002, the rate of births to teens (15-17 years) in Clark County (31.1 per 1,000) was substantially higher than the state rate (19.9 per 1,000).

Compared to the state, a higher percentage of births in Clark County in the past 3 years have been to mothers with an education level of high school or lower.

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**Table ECE-1**

<table>
<thead>
<tr>
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<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grades 1-8</td>
<td>1.6%</td>
<td>1.8%</td>
<td>2.5%</td>
<td>2.9%</td>
<td>3.0%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Grades 9-11</td>
<td>21.8%</td>
<td>21.5%</td>
<td>21.5%</td>
<td>14.6%</td>
<td>14.1%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Grade 12</td>
<td>40.1%</td>
<td>40.4%</td>
<td>37.4%</td>
<td>34.5%</td>
<td>34.5%</td>
<td>33.4%</td>
</tr>
<tr>
<td>College 1-3 years</td>
<td>21.6%</td>
<td>22.4%</td>
<td>24.6%</td>
<td>22.2%</td>
<td>22.1%</td>
<td>22.4%</td>
</tr>
<tr>
<td>College 4 or more</td>
<td>14.6%</td>
<td>14.0%</td>
<td>14.1%</td>
<td>24.9%</td>
<td>25.5%</td>
<td>26.4%</td>
</tr>
<tr>
<td>Unknown</td>
<td>0.3%</td>
<td>0.0%</td>
<td>0.1%</td>
<td>0.9%</td>
<td>0.9%</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

Definition

\(^1\) Medical risk factors include anemia, pregnancy-associated hypertension, and diabetes.

Source, Figures ECE-1, ECE 2, and ECE-3: Ohio Department of Health, Information Warehouse
Children Living in Poverty

- In 2000, there were 5,531 children in Clark County living in poverty. Of these, 1,785 were less than 5 years of age. The poverty rate\(^1\) for children in Clark County was slightly higher compared to the rate for the state.

- Black and Hispanic children in Clark County were more than twice as likely to be poor compared to white or Asian children.

Immunizations\(^2\)

- The percentage of 19-35 month olds who received their scheduled immunizations in Clark County has increased from 50 percent to 70 percent between 2000 and 2003 but is still below the state rate of 82.3 percent and the state target of 90 percent.


Definitions

1Poverty rate: The Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is poor. Poverty rate is the percent of all persons/families for whom poverty status is determined with incomes less than the poverty thresholds. Poverty status is not determined for select population groups, such as those in group quarters.

2Immunization refers to 4:3:1:3:3 series combination = 4 doses DTP or DTaP, 3 doses Polio, 1 dose MMR, 3 doses Hib, and 3 doses Hepatitis B vaccine.

3Help Me Grow is a program that provides prenatal services and newborn home visits along with information about child development. The program provides service coordination and ongoing specialized services to eligible families with young children. Help Me Grow also provides services to children with disabilities from birth through age 3. This part of the program ensures that children with developmental delays and disabilities have access to and receive needed intervention services.\(^4\) (Ohio Department of Health, Help Me Grow website; www.ohiohelpmegrow.org)
The workgroup examined data related to the following indicators as measures of the availability and effectiveness of preschool programs: number and percent of 3-4 year olds enrolled in special education preschool, number and percent of children enrolled in preschool Head Start, performance of children on kindergarten readiness assessments, and number and percent of children living in poverty. The analysis indicated the following:

- Local data regarding children living in poverty—especially for very young children—compare unfavorably with state data.
- Preschool programs are available; however, eligibility requirements change frequently, sometimes disallowing the participation of some children in preschool programs.
- Readiness assessments can predict a child’s readiness to participate in kindergarten learning experiences. Although all districts administer such assessments, data were not easily retrievable and may not be comparable across districts.

The group selected the following risk factors, protective factors, and assets as starting points for the development of specific success measures:

- Improvement of kindergarten students’ performance on readiness assessments
- Access to prenatal care
- Access to birth to 3 services
- Generational poverty
- Cultural barriers
- Teen pregnancy
- Illiteracy
- Availability of housing
- Access to pediatric care
- Family issues
- Access to high-quality preschool programs for all children
- Access to comprehensive literacy programs for all parents and children
- Illiteracy levels of parents
- Access to formal parenting/mentoring programs
- Lack of services and supports for 3-6 year olds
- Limited funding for programs
- Family poverty

Discussion with Community Planning Team members provided the following comments, indicative of community values:

“Although the community values high-quality child care and families, it is also easy to keep this ‘out of sight, out of mind.’ I suspect most community members are not aware of the current status of preschool programs.”

“The community does not perceive the value of early childhood education…look at the success of Head Start.”

“We have not done much.”
Special Education

- During the December reporting period for school year 2004-2005, 300 children (3-5 year olds) with disabilities were enrolled in Clark County preschool special education programs.

Head Start Enrollment

- Between the 2001-2002 and 2003-2004 school years, state Head Start enrollment decreased by 64.8 percent. These trends are similar to the trends for the state totals.
- Of all the eligible children (below 185 percent of poverty) in Clark County, only 37.5 percent were funded through state or federal Head Start funds in 2001-2002 compared to 49.7 percent of all eligible children funded in the state. As in the state overall, not all eligible children are enrolled in Head Start due to lack of funding.

Kindergarten Readiness

- The composite score for the city of Springfield increased between 2003 and 2004, but is lower than in 2002.
- Motor scores are declining.
- There is a need to focus on language—preparing children for school.

### Table ECE-2
Head Start Enrollment, 2001-2004

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Enrollment</strong></td>
<td>676</td>
<td>59,599</td>
<td>676</td>
<td>54,218</td>
<td>732</td>
<td>47,774</td>
</tr>
<tr>
<td><strong>Federal Head Start</strong></td>
<td>477</td>
<td>36,521</td>
<td>477</td>
<td>36,041</td>
<td>549</td>
<td>36,102</td>
</tr>
<tr>
<td><strong>State Head Start</strong></td>
<td>199</td>
<td>23,078</td>
<td>199</td>
<td>18,177</td>
<td>183</td>
<td>11,672</td>
</tr>
</tbody>
</table>

Source: Ohio Department of Education, Office of Early Learning and School Readiness

### Table ECE-3
Kindergarten Readiness Scores, Springfield City Schools

<table>
<thead>
<tr>
<th></th>
<th>Combined Scores 2002</th>
<th>Combined Scores 2003</th>
<th>August 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor</td>
<td>63</td>
<td>61</td>
<td>60</td>
</tr>
<tr>
<td>Concepts</td>
<td>50</td>
<td>46</td>
<td>53</td>
</tr>
<tr>
<td>Language</td>
<td>49</td>
<td>42</td>
<td>45</td>
</tr>
<tr>
<td>Composite</td>
<td>54</td>
<td>48</td>
<td>52</td>
</tr>
</tbody>
</table>

Source: Springfield City School District Developmental Indicators for the Assessment of Learning (DIAL-3) data
Birth to 3 Services
- The community must do a better job of working with expectant mothers regarding health education about risk factors.
- Keeping teens in school through graduation is crucial.
- Improved services for prenatal care could have a significant impact.
- The community needs to remain diligent to help families with the healthy development of their children.

Preschool Programs
- Children are not coming to school prepared.
- More work needs to be done with young children in language development.
- A composite tracking system of screening data is lacking. Screening scores are placed into individual student files and given to teachers.
- Difficulty in retrieving data regarding kindergarten readiness assessments from respective school districts indicates the need for some standardization in implementing assessments as well as for maintaining data across years.
The Public Health workgroup selected and prioritized six Targeted Impacts. The complete list by priority ranking is as follows:

1. Health Risk Behaviors
2. Immunizations and Preventive Screenings
3. Oral Health Care
4. Access to Health Care Services
5. Leading Causes of Death
6. Health-Related Environmental Issues

The rankings were based on the analysis of data that are included in the Appendix. This prioritization was presented to the Family Council and Funders’ Forum on February 25, 2005. These groups supported moving the highest-priority targeted impact, Health Risk Behaviors, immediately into the Resource Assessment phase.
The workgroup chose to assign the highest priority to Health Risk Behaviors (HRB) not only on the weight of the behavioral data, but more compellingly because everything done to improve risk behaviors drives further positive outcomes in other public health areas: leading causes of death (chronic lung disease on the rise in the county and the state related to smoking behavior), preventive screenings (for weight management, diabetes, hypertension, colon and breast cancer related to overweight), and oral health (related to smoking, alcohol, and drug effects on teeth). Targeting risk behaviors can thus have comprehensive effects.

The group discussed each area of concern in detail. Group members had a wealth of anecdotal experience, but were at times frustrated by the lack of concrete evidence with which to measure and compare the subjects. The data on health risk behaviors revealed some of the most worrisome trends:

- Although Clark County has a lower percentage of adult smokers than the state, the percentage of pregnant women who smoke is significantly higher than the state, and this category is trending upward while the state is trending downward.

- The number of overweight and obese adults in the county is also significantly higher than in the state, and both the state and county numbers are trending upward.

- The most dramatic changes are noted in the increasing incidence of sexually transmitted diseases (STD), specifically chlamydia and gonorrhea, and to a lesser extent, HIV. Although we did not ask for data on human papilloma virus (genital warts) and genital herpes (it is almost impossible to collect), national research indicates that these two incurable viral diseases are by implication tied to the increases noted in chlamydia and gonorrhea.

- Both the county and the state show substantial increases in alcohol and substance abuse treatment; the county increase is double the state increase. This information was a bit problematic in that better identification of alcohol and substance abuse and more use of treatment services could account for the increase. However, the workgroup felt that alcohol use, even if not increasing, still represents a major hurdle in public health. National data indicate that alcohol use is relatively stable, except in teenagers and young adults, where there has been a decrease in the age at which alcohol use is initiated and an increase in the incidence of “binge” drinking among young users.

These trends are, in and of themselves, serious public health issues, but it was the way in which risk behaviors manifest themselves in multiple public health spheres that caused the group to conclude unanimously that this should be the highest priority.
The group selected as a preliminary success measure reduction of 10 percent over 5 years in the targeted health risk behaviors. This may include any or all of the following areas as the community completes the resource assessment and strategic initiative phases of this process:

- Percentage of births to women who smoke
- Percentage of overweight or obese persons
- Chlamydia, gonorrhea, and HIV rates
- Alcohol-related incidents

Discussion with Community Planning Team members provided the following comments, indicative of community values:

“The community is supportive overall; at the individual level, a tough sell.”

“In general, I believe that the community would agree that a reduction in HRBs would be positive; in practice, I believe it will be a challenge to get people to change behaviors. However, a challenge worth taking on.”

“I believe that this community has a high prevalence of alcohol use and smoking. Most activities in this city that are ‘fundraisers’ seem to revolve around alcohol. I do not know with everything else going on in this community that anyone has considered this Targeted Impact.”

“This will have a high resonance; however, obesity and teen sexuality still meet with cynicism and defensiveness among many.”

“The community doesn’t seem too concerned about it in general, but programs are in place.”

“We like to eat and many like to smoke. Change will be difficult.”

“These problems are higher in Clark County due to the lower education level.”

“I believe we value good health and personal responsibility. Education gives individuals more choices.”
Smoking

- Clark County has a lower percentage of adult smokers (23.1 percent) compared to the state (27.2 percent).
- In 2002, the percentage of pregnant women who smoked was substantially higher in Clark County (26.7 percent) compared to the state (17.9 percent). Between 2000 and 2002, the Clark County rate increased slightly whereas the state rate declined.

Alcohol and Substance Abuse

- In 2003, 1,391 adults in Clark County received treatment for alcohol or substance abuse. Of these, 12.7 percent were 18-21, 75.9 percent were 22-45, 11.2 percent were 46-64, and 0.2 percent were 65 or older.
- Between 2000 and 2003, the number of persons receiving treatment for alcohol or substance abuse in Clark County increased by 28.1 percent. The state numbers increased by 16.3 percent during the same period.

Sources—Figure PH-1: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; Ohio Department of Health, Vital Statistics
Source—Figures PH-2 and PH-3: Ohio Department of Health, MACSIS Datamart
The percentage of overweight and obese adults in Clark County is substantially higher compared to the state.

In 2004, 18.0 percent of all children treated at the Rocking Horse Center in Clark County were overweight. An additional 19.0 percent were at risk of becoming overweight. Comparative data for the state were not available.

The prevalence of STD in Clark County has increased over the past 4 years. The state data show similar trends.

The rate of incidence for chlamydia in Clark County has increased from 199.8 per 100,000 in 2000 to 355.1 per 100,000 in 2003. Blacks and Hispanics are more than six times as likely to have chlamydia compared to whites.

The rate of incidence for gonorrhea in Clark County has increased from 137.6 per 100,000 in 2000 to 221.1 per 100,000 in 2003. Blacks are more than 20 times as likely to have gonorrhea compared to whites.

In Clark County, 10-19 year olds had the highest rate of incidence for chlamydia and gonorrhea among all age groups from 2000-2003.

In 2003, there were 109 persons living with HIV/AIDS in Clark County.

In 2001, the rate per 100,000 for black persons living with HIV/AIDS (171.0) was three times the rate for whites (56.8) in Clark County.
Clark County is doing an outstanding job with programs already in place to improve childhood immunizations, increasing the vaccination rate from 50 percent to 70 percent over the last 3 years. Nevertheless we are still short of the state target of 90 percent of children to have immunizations completed by age 2. The committee felt this provided an excellent opportunity to use a system that is clearly effective to broaden the impact to reach or exceed the 90 percent goal.

Likewise, our Pap smear and breast cancer screening rates are at about 75 percent (there is no recognized “target”). Colon cancer screening is a more recent addition to public awareness, and the 34 percent screening rate for sigmoidoscopy reflects this. The state data for 2000 indicates 96.2 percent of adults have had their blood pressure checked in the past 2 years. This is a very important finding because it is indicative of two equally important forces at work: (1) adults have been educated that hypertension must be actively looked for and (2) blood pressure screening is cheap and easy to access. The consensus was that the community values screening and preventive measures and that if cost and access were not issues, the population would continue to benefit from programs that educate them regarding a variety of preventive and maintenance issues and the availability of services to meet these ends.

The group selected the following preliminary success measures:

- Childhood immunization rates would improve to at least 90 percent by age 2, within 5 years.
- Targeted prevention and screening measures for adults would improve compliance/participation by at least 10 percent within 5 years.

Discussion with Community Planning Team members provided the following comments, indicative of community values:

“I think parents value this for their children and older adults value screenings for their long term health. It is the adults 18 to 45 years old that I am not sure take advantage of the information and screenings available for themselves.”

“Based on the percentages, I believe our community would be very supportive of this.”

“We have many opportunities available at this time. Education is a need... teach the importance of vaccines.”

“Our community values good health as long as screening is easily available and cheap.”

“This is easily implemented and highly measurable. In particular, childhood immunizations can affect a person’s health over their lifetime.”
The percentage of 19-35 month olds who received their scheduled immunizations in Clark County has increased from 50.0 percent to 70.0 percent between 2000 and 2003 but is still below the state rate of 82.3 percent and the state target of 90 percent.

Cancer Screenings

Overall, the rate of cancer screenings in Clark County is lower than the state rates.

The percentage of women 18 years and older in Clark County who had a timely Pap smear between 1999 and 2001 (77.4 percent) was eight points below the state average (85.4 percent).

The percentage of women 40 years and older in Clark County who had a timely mammogram between 1999 and 2001 (75.5 percent) was 1.5 points below the state average (77.0 percent).

The percentage of adults 50 years and older in Clark County who had a timely sigmoidoscopy between 1999 and 2001 (33.7 percent) was 1.5 points below the state average (35.2 percent).

Prevalence of Key Diseases

In 2003, the prevalence rates for diabetes, asthma, hypertension, and coronary heart disease were higher in Clark County compared to the state rates.
Health Risk Behaviors

Caveats and Comments on the Data

- Data may not be representative of minority populations or extremely poor people.
- The increase in overall STD prevalence over time could be related to better screening and reporting by laboratories and physicians.
- Alcohol and substance abuse data are most likely not representative of Clark County, but representative of those in treatment facilities.

Additional data needs identified by the workgroup:

- Data on the effects of second-hand smoke and updated data on tobacco use in general
- Data on the number of teen pregnancies
- Additional data regarding substance abuse without the component of alcohol
- Research-validated effective interventions
- Survey of the community’s middle school and high school children

Conclusions and Recommendations

- There is a need to educate the community on the given risk behaviors
- The issues of alcohol and substance abuse have a correlating effect on the numbers of STDs and the number of persons who engage in high-risk behaviors
- Smoking by pregnant women is among risk behaviors that need to change (because of the risk of cancer, low birth rates, and oral health complications).
- Action steps that focus on education and risk awareness can have an impact on all of these factors as well as increasing access to education and counseling services.
- In order to address HRBs, the community needs to ensure that people have access to services, which may include addressing cost, location, and transportation.

Immunizations and Preventive Screenings

Caveats and Comments on the Data

Additional data needs identified by the workgroup:

- An actual survey to collect current data related to this target impact
- Details on screenings in general and in relation to race

Oral Health Care

Oral health is a substantial component of childhood and adult preventive care and maintenance. There are some efforts underway to improve delivery of dental care in Clark County. The workgroup reserves the option of revisiting this need, which was ranked third, if other avenues already addressing this issue fall through.
Housing and Neighborhoods

The Housing and Neighborhoods workgroup selected and prioritized six Targeted Impacts. The complete list by priority ranking is as follows:

1. Foreclosures (Fair Housing/Predatory Lending)
2. Affordable Quality Housing Stock
3. Homeownership Diversity
4. Civic Engagement/Neighborhood Vitality
5. Homelessness
6. Special Needs

The rankings were based on the analysis of data that are included in the Appendix. This prioritization was presented to the Family Council and Funders’ Forum on February 25, 2005. These groups supported moving both of the highest-priority targeted impacts (indicated in bold) into the Resource Assessment phase.
The issue ranked first by the workgroup was the dramatic increase in the number of houses in foreclosure in Clark County. Data on new foreclosures show a steady increase from 556 in 2000 to 942 in 2003. Sheriff sales have also increased during this time. State data show similar trends.

Several members of the group have studied the foreclosure issue for a number of years in their professional capacity, and their experience provided insightful analysis of the data. The group looked in detail at a subset of recent foreclosures and the lending and appraisal history on each property. Based on information collected, the group could not conclude that the issue was either a fair housing or a predatory lending problem, but rather agreed that the escalating foreclosure rate was the base problem, no matter what the cause.

The group selected the following as indicators of success for this Targeted Impact:

- Consumers use community programs that offer early intervention in delinquent loans.
- Community partners have reduced fraudulent lending practices and lenders.
- Community partners have included subprime lenders in partnership to intervene and offer assistance to consumers in danger of foreclosure.

Discussion with Community Planning Team members provided the following comments, indicative of community values:

“"It seems that we in Springfield have developed a tolerance for this or an unawareness of this problem. We may need to provide some community education."

“"It will take some selling to be considered a critical need but the data needed to make a case appear to be available."

“"There is a lack of knowledge that the problem exists."

“"In large part, community is indifferent and ignorant in regard to the issue."

“"It is hard to get a handle on prevention."

“"I think the community would agree this is a very real problem possibly tied into the mobility within our schools, i.e., leading to attendance and proficiency problems. Most people are probably not getting enough education on these types of situations prior to purchasing or renting a home."
Foreclosures

- Like the state, Clark is experiencing more foreclosure filings. Between 2000 and 2003, the number of foreclosures in Clark County increased by 69.4 percent compared to a 61.3 percent increase for the state.
- In 2003, 1 of every 60 households experienced foreclosure. Clark has the fourth-highest foreclosure filing rate in Ohio.
- Between 2000 and 2003, the number of sheriff sales in Clark County increased by 45.6 percent. Clark has the 14th-highest rate of sheriff sales in the state.

### Table HN-1
**Foreclosure Rates, 2000-2003**

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<td>Filing rate rank among Ohio Counties</td>
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<td>Sheriff sale rate(^2)</td>
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<td>Sales rate rank</td>
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Source: Policy Matters Ohio, Home Insecurity Foreclosure Growth in Ohio—2002, 2004

### Definitions

- Filing rate is the number of households divided by the number of new foreclosures. In Clark County in 2003, one of every 60 households.
- Sheriff sale rate is the number of households divided by the number of sheriff sales.
Home Mortgage Disclosure Act (HMDA) Data

- Between 2000 and 2002, origination rates\(^1\) for home purchase loans (conventional and government), home improvement loans, and refinance loans have seen a gradual increase in Clark County.

- Between 2000 and 2002, denial rates\(^2\) for government home purchase loans and refinance loans in Clark County have declined. However, the denial rates for home improvement loans have increased substantially during the same period.

- In 2002, the origination rates for home purchase, improvement, and refinance loans were 2 to 25 percentage points higher in Clark County than in the state. The denial rates for these loans were 1 to 15 percentage points lower in Clark County compared to the overall rate for the state.

- Loans are relatively easier to obtain in Clark County than in the state. This could be a symptom of subprime lending, when easy credit is extended to borrowers; relaxing loan requirements tends to lead to high-risk (and often high-priced) loans that may be more likely to end in foreclosure.

- The classification system does not permit a clear breakdown of prime vs. subprime. The mortgage companies are generally subprime, but banks include both prime and subprime. Therefore, the findings in this area were inconclusive.

Sources: City of Springfield Fair Housing, Peertrax: Home Mortgage Disclosure Act Data from Centrax (Dallas, Texas)

Note on HMDA data

The Federal Home Mortgage Disclosure Act requires lending institutions to report data on home loans. Reporting institutions are classified as Banks, Mortgage Companies, Thrifts, and Credit Unions. The lenders must report data for loans originated and denied in four loan types: home purchase (conventional and government loans), home improvement loans, and refinance loans. Generally, denial rates are examined for issues of discrimination and lending to various income groups. The Community Reinvestment Act requires that banks provide lending to low income segments of the community. The Fair Housing Act prohibits discrimination on the basis of race, gender, and other protected classes.

Definitions:

\(^1\)Origination rate: Percentage of loan applications that result in loan originations.

\(^2\)Denial rate: Percentage of loan applications denied by financial institutions. Originations + denials do not total 100% since some applications are approved but not accepted; others are withdrawn or are incomplete.
The workgroup reviewed data on the percentage of people who are paying more than 30 percent of their income for housing (owner occupied and renter occupied). The group agreed that, in light of the information given, Clark County housing is affordable compared to the state. However, the group recognized that much of the financially “affordable” housing is of substandard quality. The group focused on strategies to affect the quality of the community’s housing. Many members of the group are directly involved in the local housing industry, including real estate and nonprofit or governmental organizations. Others are indirectly involved through advocacy groups. These members brought tremendous expertise to the group deliberations.

The group selected the following success measures:

- Economic development provides the wages needed in Clark County to support good quality housing.
- School funding issues are resolved and Springfield is a place that attracts families who are able to support good quality housing.
- Programs that support targeted areas of rehabilitation, development, and redevelopment are successful and are making an impact on the quality of housing in Springfield.

Discussion with Community Planning Team members elicited the following comments, indicative of community values:

- “Awareness is rising.”
- “This issue will receive more support on economic, aesthetic, and moral grounds.”
- “We have a real divide between old timers and new and young people.”
- “I think if you asked 20 people of different backgrounds what quality housing is you would get 20 different answers.”
- “We need more concrete success measures.”
Housing Cost Burden\(^1\)

- In 2000, 17.3 percent (6,142 households) of all owner households in Clark County experienced housing cost burden compared to 18.6 percent of all owner households in Ohio.
- In 2000, 5.5 percent of all owner households in Clark County experienced severe housing cost burden.
- In 2000, 33.6 percent (5,318 households) of all renter households in Clark County experienced housing cost burden compared to 34.3 percent of all renter households in Ohio.
- In 2000, 16.2 percent of all renter households in Clark County experienced severe housing cost burden.
- A higher percentage of households in Springfield city (18.1 percent of all owner households; 37.5 percent of all renter households) are cost burdened compared to the overall rate for the county.

Definitions

\(^1\)Housing cost burden is housing costs that are more than 30 percent of household income.

Severe housing cost burden is housing costs that are more than 50 percent of household income.

For renters, housing costs include rent paid by the tenant plus utilities. For owners, housing costs include mortgage payment, taxes, insurance, and utilities.
Age of Housing Stock

- Of the total housing units in Clark County, 69.2 percent were built before 1970. Springfield city has an even higher proportion (80.6 percent) of housing units built before 1970.

- Most of the older housing stock in Clark County is concentrated in Springfield, which also has lower median household incomes compared to areas that have more housing units built after 1970.

C.E. Code Violations

- In 2003, the southeast and southwest quadrants of Springfield accounted for 77 percent of all structures boarded and secured by the city and 68 percent of all structures demolished by the city.

Foreclosures (Fair Housing/Predatory Lending)

The group recognized the alarming increase in Clark County foreclosures as an outcome of other factors affecting the community. Although there are many causes of foreclosures, the group believes that there are intervention strategies that can reduce this secondary outcome of unemployment, medical crisis, or lending practices.

The group concluded that it is a very serious problem in the community that is getting worse and needs to be addressed.

Affordable Quality Housing Stock

The data show aging housing stock and higher cost burden in the city of Springfield. The group realized that part of the problem with Springfield’s housing stock is that so many people lack an income that is sufficient to sustain good quality housing stock. Economic development and improving school funding were success measures ranked first and second respectively by four of the five workgroup members present, as these are seen as having the highest impact on improving income levels.

This impact is related to economic development and school success but should not get lost or seen as a byproduct. Having good quality and affordable housing will help relieve stress on the families so they can focus on raising healthy, educated children.

As this Targeted Impact is revisited, additional data that would be helpful include the following:

▶ More actual measurements of the amount of substandard housing in the community’s inventory are needed.
▶ A values survey needs to be added as this Targeted Impact progresses. Some cultures or families may not understand or agree with what good quality housing is.
▶ How do we compare with other cities?
▶ What are the trends over time?
▶ What economic issues are involved?
The Vulnerable Adults workgroup consists of members representing the Mental Retardation and Developmental Disabilities system, Job and Family Services, Elderly United, Project Woman, Catholic Social Services, United Way, Del Pueblo, Community Mercy Health Partners, interested community individuals, and the Mental Health and Recovery Board. The members brought a wealth of personal, professional, and cultural experience to the process, and the group had the opportunity to review both hard and experiential data, providing a rich and varied overview.

Over the past 4 years the demand for services such as mental health, alcohol and drug treatment, and food assistance has increased. During the same period, waiting periods for many services including assessments, psychiatric appointments, and residential services have increased. The Clark County data closely mirror state trends.

Collecting data that were comparable across different populations of vulnerable adults proved difficult in the time allotted for this Needs Assessment. The original Targeted Impacts were to be: Criminal Justice Involvement; Safe, Affordable Housing; Mental Health Behaviors/Access to Services; Substance Abuse/Access to Services; Employment; and Emergency Food, Clothing, and Shelter.

Many systems, such as Mental Health and Recovery and Mental Retardation and Developmental Disabilities, collect data on many of these aspects in their clients, but data collection is not standardized between systems. Thus, the group sought to identify and rank shared priorities.

The workgroup selected two priorities:

1. Sufficient capacity/availability of high-quality, culturally appropriate services to meet the needs of vulnerable adults. Studies show that high-quality community-based services, when available at sufficient levels, are more cost effective, have better clinical outcomes, and are more acceptable to those receiving the service than institutionally based care.

   Success Measure: Adequate levels of services will be available to allow vulnerable adults to continue to live in the community as independently as possible for as long as possible.

2. Timely access to high-quality community-based services. When people are able to access services quickly and efficiently, their needs can be assessed, short-term interventions applied, and longer-term strategies developed before situations reach a crisis level, which requires more intensive, invasive, and expensive responses. It is more humane and cost effective to address needs before they reach critical levels.
Success Measure: Waiting times for services will be reduced to appropriate levels based on appropriate clinical judgment, accreditation recommendations, or regulatory standards.

The workgroup also gathered data on six other issues or populations related to Vulnerable Adults:

1. Substance Abuse
2. Mental Health Behaviors
3. Mental Retardation/Developmental Disabilities
4. Elderly Individuals
5. Domestic Violence
6. Emergency Food, Clothing, and Shelter

The data collected and reviewed are included in the Appendix.
Funders’ Forum members convened in June 2004 to select the six assessment areas to be addressed in the Clark County PfS Community Needs Assessment. Four of 10 members identified Economic Development or one of its associated Targeted Impacts as a priority of their organization or unit of government. Each submitted a rationale defending this as a critical community need. As a result, Economic Development received the votes required to be included in the study.

The Economic Development workgroup was chartered to assess and prioritize the following Targeted Impacts:

- Jobs and Occupations
- Workforce Development and Postsecondary Education
- Issues Related to Access to Employment (Transportation and Childcare)
- Targeted Development Areas
- Arts, Tourism, and Recreation (Visitor Attractions and Quality of Life)

Despite a strong effort among all workgroup participants to adhere to the PfS Needs Assessment Process, data collection efforts were hindered by challenges in recruiting workgroup members with expertise in economic development, substantial member turnover, and challenges in adapting or translating the PfS model. Based on ongoing discussions within the workgroup and in light of the limited data collected during the PfS Needs Assessment timeframe, two new Targeted Impacts were put forth as general priorities for further review:

1. Human Capital
2. Physical and Built Environment

The workgroup felt that grouping the specific Targeted Impacts into broad categories would be helpful in focusing future data collection, needs assessment, and planning.

There was agreement that success is measured, in economic development terms, by the ability and willingness of its populace to participate in the community’s employment base. The people who do the work, and their ability to do that work based on their skills, education, and experience, form the community’s Human Capital.

The Physical and Built Environment is Clark County’s other key asset. The phrase “Physical and Built Environment” can include discussions about transportation opportunities, development programs involving utility companies and where people decide those utilities should go, development of enterprise zones and downtown revitalization efforts, examination of resources like the local Air Force Base and understanding geographic positioning in the big picture. And it can be as broad as the application of regional economic models to assess the economic impacts of programs, policies, and investment projects.
When new companies considering Clark County as a potential home assess Clark County’s value, they will certainly look at schools, quality of life issues, and health care systems. But first they will conduct an economic assessment of the community that will include a review of the workforce, human capital, and the physical and built environment.

Two new Targeted Impacts were presented to the Community Planning Team on February 15, 2005. The CPT recognized the specific challenges experienced by the Economic Development Workgroup. The CPT also confirmed the significance of Economic Development to the overall health of the entire community. In fact, Human Capital emerged as the third highest ranked Targeted Impact, in spite of the lack of supporting data. As a result, the CPT offered to extend the needs assessment timeframe for this workgroup.

The recommendation to prioritize Human Capital and Physical and Built Environment was made to the Funders’ Forum and the Family and Children First Council on February 25, 2005. Several funders involved in economic development offered to facilitate better coordination with the newly reorganized and restaffed Community Improvement Corporation (CIC). The CIC is charged with being the community’s leading economic development organization, working with the economic development departments of the City and the County to meet the needs of businesses investing in the community.

The PfS Core Team met with the head of the CIC in March to discuss the CIC’s mission and how the PfS participants might be of service. The Core Team offered to assist with strategic planning and to share the data collected thus far. The Core Team also agreed to meet informally with the CIC as it continues to restaff and build its own capacity for planning.

Pending this capacity at the CIC, and the involvement of other key players in the economic development of Clark County, the activities of the PfS Economic Development workgroup are on hold. The workgroup’s future structure is unknown at this time. It is likely that a hybrid group led by the CIC will emerge to lead Economic Development efforts within Clark County.
Success Measure: Waiting times for services will be reduced to appropriate levels based on appropriate clinical judgment, accreditation recommendations, or regulatory standards.

The workgroup also gathered data on six other issues or populations related to Vulnerable Adults:

1. Substance Abuse
2. Mental Health Behaviors
3. Mental Retardation/Developmental Disabilities
4. Elderly Individuals
5. Domestic Violence
6. Emergency Food, Clothing, and Shelter

The data collected and reviewed are included in the Appendix.
Success Measure: Waiting times for services will be reduced to appropriate levels based on appropriate clinical judgment, accreditation recommendations, or regulatory standards.

The workgroup also gathered data on six other issues or populations related to Vulnerable Adults:

1. Substance Abuse
2. Mental Health Behaviors
3. Mental Retardation/Developmental Disabilities
4. Elderly Individuals
5. Domestic Violence
6. Emergency Food, Clothing, and Shelter

The data collected and reviewed are included in the Appendix.
APPENDIX

58  Workgroup Members
59  Workgroup Data
143 List of Sources
Community Planning Team

Ed Baker
Rob Baker
Jeff Brookings
Vince Chase
Ann Chitkara
Warren Copeland
Woody Cornette
Marilyn Demma
Lisa Dunn
Katherine Eckstrand
Kathy Estep
Kim Fish
Curt Gillespie
Ron Green
Jean Harper
Gene Kelly
Jeff Kreidenweis
Doug Lineberger
Joe Monnin
Rose Martin Morand
Julie Nedelman
Charlie Patterson
Robin Atwood Pfeil
RoseAnn Pratt
Don Reed
Selena Singletary
Bob Suver

Youth and Families

Jane Skogstrom, Chair
Kathy Estep and Woody Cornette, CPT Liaisons

Julia Black
Beth Dixon
Sue Fralick
Nuggie Liebcap
Bill Lilley
Pam Meermans
Winkie Mitchell
Larry Parks
Amy Reigel
Jennifer Rohrer
Don Warner
Susan Weaver
Barb Wise
Jane Macfarlane

Early Childhood Education

Jeannine L. Fox, Chair
Woody Cornette, CPT Liaison
Beverly Dixon
Diane Eichelberger
Janice Garfunckel
Vicky Kauffman
Deb Kimble
Susan Lohnes
Sherrie Lookner
Marilyn Martin
Denise Sharp
Diane VanAuker
Penny Zimmerman

Public Health

Shelia Hiddleson, Chair
Rob Baker, CPT Liaison
Judy Andrews
Mary Jo Groves
Paul Hagelberg
Tamara Hansen
Suzanne Hess
Amanda Hough
Judy Hoy
Mike Kessler
Eric Ottoson

Housing and Neighborhoods

Barbara Stewart, Chair
Mark Elliott, CPT Liaison
Roger Baker
Nancy Flinchbaugh
Mike Halpin
Tony Hannon
Sue Hebner
Anne Kaup-Fett
Tina Koumoutsos
Anna Krauss
Mark Luttrel
Jane MacFarlane
Mary Mann
Wayne Roberts
Thea Walsh

Vulnerable Adults

Kent Youngman, Chair
Jef Kriedenweis, CPT Liaison
Michelle Adkins
Ann Adrian
Dan Barksdale
Julia Black
Vince Chase
Jennifer Coey
Toni Dosik
Donna Frederick
Mike Halpin
Marianne Kaiser
Priscilla Marshall
Maria Messer
Terry Perkins
Ted Rademacher
Bea Smith
Kevin Taylor

Economic Development

Sarah Wildman and Mike Calabrese, Chairs
Karen Rafinski, Katherine Eckstrand, CPT Liaisons

Linda Butler
Faye Flack
Tom Franzen
Maria Goeser
Horton Hobbs
Krista Magaw
Chris Moore
Sam Moore
J.C. Wallace
Thea Walsh
Monte Zinn
Youth and Families Data
# GRADUATION AND ATTENDANCE RATES

## YOUTH AND FAMILIES

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### Sources

i. Ohio Department of Education, Interactive Local Report Card
ii. State source: Ohio Department of Education, GED office; local source: Bill Lilley, Springfield City Schools

### Definitions & Caveats

NA—Not Available  
NC—Not Calculated  

a. Graduation rate: The Ohio Department of Education defines the graduation rate as the percent of students who entered high school who received a regular diploma or honors diploma during the reporting year, including students who graduated the summer after the 12th grade, and students who completed the course work and came back to finish the proficiency test and passed.  

a. A student who takes more than 4 years to graduate does not have a negative impact on a district’s graduation rate, because that student would be counted with the next class. The graduation rate is affected when a student either graduates or drops out. A student is counted as a graduate in the year that he or she achieves a high school diploma.

a. The GED (General Educational Development) Test provides many Ohioans who did not finish high school an opportunity to earn an Ohio High School Equivalence Diploma. Like a regular high school diploma, the GED diploma enables the diploma holder the opportunity to obtain employment, to apply for career advancement, to pursue higher education goals, or to reach a personal goal.

a. To meet the federal AYP (Adequate Yearly Progress) requirements, all student groups (all races, low income, students with disabilities) must be at or above the annual goals or make improvement over last year. Graduation and attendance goals must be met for the “all students” group.

a. In order to take the Ohio GED, an applicant must be at least 19 years of age, unless the applicant is between the age of 16-18 and qualifies for one of the age exceptions listed in the Ohio Administrative Code (OAC) §3301-41-01.

a. Attendance Rate: The ratio of the number of enrolled students actually in attendance during the course of a school year to the number of enrolled students that school year. This number is expressed as a percentage.

a. Proficiency test results-Percentage of students who scored proficient or better by test grade and subject, based on the rules currently in effect.

a. Grade 10 proficiency results are for 10th-grade students who took the test as 8th, 9th, and 10th graders in the 2003-2004 school year. For other years, results for 10th-grade students who took the test as 9th and 10th graders.
## APPENDIX

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<tr>
<td>c Domestic Violence&lt;sup&gt;a&lt;/sup&gt;</td>
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<td>Number of domestic violence incidents in which the victim is a parent, having a child in common with the offender</td>
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<td>Victim with Injury</td>
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<td>Number of domestic violence incidents in which the victim is a child</td>
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<td>d Number of children who are victims of child abuse/neglect&lt;sup&gt;b&lt;/sup&gt;</td>
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<td>Total number of new reports of</td>
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## APPENDIX

### VIOLENCE

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<td>190</td>
<td>242</td>
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<td>Physical abuse—total</td>
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<td>66</td>
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<td>Percent of total physical abuse reports that were substantiated/indicated</td>
<td>37.7%</td>
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<td>Percent of total sexual abuse reports that were substantiated/indicated</td>
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<td>47.4%</td>
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<td>Neglect—total</td>
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<td>94</td>
<td>238</td>
<td>232</td>
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<tr>
<td>Number indicated</td>
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<td>NA</td>
<td>25</td>
<td>55</td>
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<tr>
<td>Number substantiated</td>
<td>69</td>
<td>183</td>
<td>157</td>
<td></td>
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<tr>
<td>Percent of total neglect reports that were substantiated/indicated</td>
<td>78.3%</td>
<td>NA</td>
<td>98.7%</td>
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<td>Child abuse/neglect data sorted by school districts</td>
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<td>122</td>
<td>130</td>
<td>112</td>
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**Sources**

i. Jane Skogstrom, Clark County Juvenile Court  
ii. Ohio Department of Education, Interactive Local Report Card  
iii. Pam Meermans, Child Advocacy Center  
iv. Federal Bureau of Investigation, Uniform Crime Reports  
v. Springfield Police Department, Clark County Sheriff’s Office, compiled by Sue Hebner  
vi. Public Children Services Association of Ohio, Fact Book  
vii. Clark County Children Services  
viii. Mary Manning, Clark County Department of Job and Family Services

**Definitions & Caveats**

NA—Not Available

a. Offenses of violence defined in R.C. 2901.01


c. Discipline data for Springfield do not include Elmwood Center

d. Rate per 100 students: The number of disciplinary actions divided by enrollment, multiplied by 100.

e. Offenses against the family and children: Unlawful nonviolent acts by a family member (or legal guardian) that threaten the physical, mental, or economic well-being or morals of another family member and that are not classifiable as other offenses, such as Assault or Sex Offenses. Attempts are included.

f. Child abuse/neglect can include (1) physical abuse—a child with bruises, marks or injuries inflicted by other than accidental means; (2) sexual abuse—any sexual activity between a child and adult; (3) emotional abuse—a child who is belittled, ignored or subject to mental or psychological maltreatment; (4) neglect—a parent or caregiver fails to act on behalf of a child to provide adequate food, shelter, clothing, medical care, supervision or education; or (5) dependent child—a child who is homeless, destitute or without adequate parental care and support through no fault of the parent or caregiver, or a child who lives in a home in which another child is abused, neglected or dependent.

f. Substantiated report of child abuse/neglect: Report finds an admission of child abuse or neglect by the person responsible, an adjudication of child abuse or neglect, other forms of confirmation deemed valid by the Public Children Services Agency, or professional judgment that the child has been abused or neglected.

g. Indicated report of child abuse/neglect: Report finds that there are circumstantial, medical, or other isolated indicators of child abuse or neglect, but confirmation is lacking.
### YOUTH AND FAMILIES

<table>
<thead>
<tr>
<th>3 Juvenile Delinquency</th>
<th>Clark</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Total juvenile adjudication or unruly, by category or offense</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of unruly youth cases</td>
<td>189</td>
<td>179</td>
</tr>
<tr>
<td>Number of delinquent youth cases</td>
<td>1,507</td>
<td>1,957</td>
</tr>
<tr>
<td>Number of chronic truancy</td>
<td>98</td>
<td>110</td>
</tr>
<tr>
<td>b Total detention of children by offense type</td>
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<td></td>
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<tr>
<td>Misdemeanor</td>
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<td>1,102</td>
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<tr>
<td>Felony</td>
<td>568</td>
<td>469</td>
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<tr>
<td>c Number of children bound to adult court</td>
<td>13</td>
<td>24</td>
</tr>
</tbody>
</table>

Sources

i. County data: Clark County Juvenile Court; state data: Supreme Court of Ohio

ii. County data: Clark County Juvenile Court; state data: Supreme Court of Ohio

iii. County data: Clark County Juvenile Court; state data: Supreme Court of Ohio

---

**Definitions & Caveats**

NA—Not Available

a. Chronic truancy enacted 2000, R.C.2152.02(F)(5), Ohio Revised Code

a. Adjudication: A decision by the judge or magistrate that a child has committed a delinquency act(s). A finding of guilt.

a. The Ohio Revised Code defines a “delinquent child” as any child who (1) violates any law that would be a crime if committed by an adult, except if the child is a juvenile traffic offender, (2) violates any lawful order of a court, (3) purchases or attempts to purchase a firearm illegally, (4) illegally obtains or attempts to obtain a tattooing service, body piercing service, or ear piercing service under certain prohibited conditions, or (5) is an “habitual truant” and who previously has been adjudicated an unruly child for being an habitual truant, and any child who is a “chronic truant.”

a. The Ohio Revised Code defines an “unruly child” as any child who (1) does not subject the child’s self to the reasonable control of the child’s parents, teachers, guardian, or custodian, by reason of being wayward or habitually disobedient; (2) is persistently truant from home or school; (3) so departs the child’s self as to injure or endanger the child’s own health or morals or the health or morals of others; (4) attempts to enter the marriage relation without legal authority; (5) is found in a disreputable place, visits or patronizes a place prohibited by law, or associates with vagrant, vicious, criminal, notorious, or immoral persons; (6) engages in an occupation prohibited by law or is in a situation dangerous to life or limb or injurious to the child’s own health or morals or to the health or morals of others; (7) violates a law, other than the law against the purchase or attempt to purchase a firearm that is applicable only to a child; or (8) is an “habitual truant” from school and who previously has not been adjudicated an unruly child for being an habitual truant.
### Youth and Families

#### Substance Abuse

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<th>Clark</th>
<th>Ohio</th>
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<tbody>
<tr>
<td>a Number of youth assessed by local treatment providers</td>
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<td>205</td>
</tr>
<tr>
<td>Total number of incidents—County</td>
<td>Use/possession of tobacco</td>
<td>205</td>
</tr>
<tr>
<td>Sale/distribution of alcohol</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Sale/distribution of other drugs</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rate per 100 students—County</td>
<td>Use/possession of tobacco</td>
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</tr>
<tr>
<td>Sale/distribution of alcohol</td>
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<td>0.02</td>
</tr>
<tr>
<td>Sale/distribution of other drugs</td>
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<td>0.00</td>
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<tr>
<td>Rate per 100 students by District</td>
<td>Clark-Shawnee Local</td>
<td>Use/possession of tobacco</td>
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<tr>
<td>Use/possession of alcohol</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Use/possession of other drugs</td>
<td>0.04</td>
<td>0.13</td>
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<tr>
<td>Greenon Local</td>
<td>Use/possession of tobacco</td>
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<td>Use/possession of alcohol</td>
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<tr>
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<td>0.20</td>
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<td>Northeastern</td>
<td>Use/possession of tobacco</td>
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<td>Sale/distribution of alcohol</td>
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<td>Northwestern</td>
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<td>2003</td>
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### Definitions & Caveats

- **Current users of tobacco**: Includes all students who used at least one cigarette in the past 30 days.
- **Current users of alcohol**: Includes all students who drank any alcohol in the past 30 days.
- **Current users of other drugs**: Includes all students who used any drug (excluding tobacco and alcohol) in the past 30 days.
- **Sale/distribution of alcohol**: Includes all students who sold or gave away alcohol in the past 12 months.
- **Use/possession of tobacco**: Includes all students who used tobacco at any time.
- **Use/possession of alcohol**: Includes all students who used alcohol at any time.
- **Use/possession of other drugs**: Includes all students who used drugs other than tobacco and alcohol at any time.

### Sources

2. Ohio Department of Education, Interactive Local Report Card
3. Clark County Juvenile Court, Clark County Family and Children First Council, Services Division: Clark County Family and Children First Council
4. Youth Risk Behavior Survey (YRBS) conducted by Centers for Disease Control and Prevention

### Notes

- **NA**: Not Available
- **b. Data do not include youth placed at Clark County Children’s Home. Total youth in treatment for drug/alcohol dependency is not trackable**
- **c. Self-reported drug and alcohol use**: Includes all students who used a particular substance one or more times during the past 30 days.
- **d. Percent who had their first drink other than a few sips before age 13**: Includes all students who had their first drink other than a few sips before age 13.
- **e. Percent of students who had episodic heavy drinking in the past month**: Includes all students who had episodic heavy drinking in the past month.
- **f. Number of youth who were placed for inpatient/residential treatment due to drug/alcohol dependency**: Includes all students who were placed for inpatient/residential treatment due to drug/alcohol dependency.
### YOUTH AND FAMILIES

#### Mental Health Behaviors

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<td><strong>a</strong> Number of youth who access counseling in a school setting</td>
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<tr>
<td><strong>b</strong> Number of youth who access counseling out of a school setting, by level of care¹</td>
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<td>Total Outpatient</td>
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<td>227</td>
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<td>Other providers, ages 12-21</td>
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<td>Total Partial hospital</td>
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<td>142</td>
</tr>
<tr>
<td>Ages 3-11</td>
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<td>78</td>
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<tr>
<td>Ages 12-21</td>
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<td>64</td>
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<tr>
<td>Total In-patient</td>
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<td>2</td>
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<tr>
<td>Ages 3-11</td>
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<td>147</td>
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<tr>
<td>Ages 12-21</td>
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<tr>
<td>Total Residential</td>
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<td>Ages 3-11</td>
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<td>Ages 12-21</td>
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#### Discipline incidences involving behavioral problems²

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<td>Rate per 100 students—County Total</td>
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<td><strong>Clark-Shawnee</strong></td>
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<td>4.93</td>
<td>5.61</td>
<td>10.03</td>
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<td></td>
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<td>0.93</td>
<td>12.17</td>
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<td></td>
<td>Middle school</td>
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<td>0.00</td>
<td>17.19</td>
<td>13.22</td>
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<td></td>
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<td>20.43</td>
<td>19.51</td>
<td>21.48</td>
<td>20.97</td>
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<td>6.87</td>
<td>1.96</td>
<td>2.62</td>
<td>0.43</td>
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<td></td>
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<td></td>
<td>High school</td>
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<td>4.59</td>
<td>6.48</td>
<td>2.59</td>
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<td><strong>Northwestern</strong></td>
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<td>0.99</td>
<td>1.81</td>
<td>0.59</td>
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<td>21.19</td>
<td>18.27</td>
<td>18.69</td>
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<td><strong>Southeastern</strong></td>
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<td>9.88</td>
<td>22.54</td>
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<td>12.69</td>
<td>8.02</td>
<td>1.53</td>
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<td>2.04</td>
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<tr>
<td></td>
<td>Middle school</td>
<td>21.87</td>
<td>9.63</td>
<td>8.69</td>
<td>34.53</td>
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<td>High school</td>
<td>35.90</td>
<td>15.66</td>
<td>14.90</td>
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<td><strong>Tecumseh</strong></td>
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<td>0.43</td>
<td>0.00</td>
<td>2.19</td>
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<td></td>
<td>Middle school</td>
<td>33.53</td>
<td>31.06</td>
<td>29.45</td>
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<td></td>
<td>High school</td>
<td>59.83</td>
<td>58.34</td>
<td>52.95</td>
<td>54.33</td>
<td></td>
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</tr>
</tbody>
</table>

**Sources**

i. Sue Fralick and Don Warner
ii. State discipline data—Ohio Department of Education, Office of Data Services

**Definitions & Caveats**

NA—Not Available

c. Rate per 100 students: The number of disciplinary actions divided by enrollment, multiplied by 100.

c. Behavioral problems data refers to occurrences that were coded #2 as per EMIS documentation 2001, 2002, 2003, 2004. EMIS codes for 2004-2005 has become #18-Disobedient/Disruptive Behaviors and code #2 was dropped.

c. Discipline data for Springfield do not include Elmwood Center.
<table>
<thead>
<tr>
<th>YOUTH AND FAMILIES</th>
<th>Clark</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a</strong> Births to Teens¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of births—age less than 15</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Rate per 1,000 women in the age group</td>
<td>1.2</td>
<td>1.2</td>
</tr>
<tr>
<td>Rank among Ohio Counties</td>
<td>79</td>
<td>81</td>
</tr>
<tr>
<td>Number of births—age 15-17</td>
<td>99</td>
<td>99</td>
</tr>
<tr>
<td>Rate per 1,000 women in the age group</td>
<td>32.1</td>
<td>32.4</td>
</tr>
<tr>
<td>Rank among Ohio Counties</td>
<td>82</td>
<td>86</td>
</tr>
<tr>
<td>Number of resident induced abortions reported—ages 17 and under²</td>
<td>NA</td>
<td>33</td>
</tr>
<tr>
<td>Abortion rate 17 and under</td>
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<td></td>
</tr>
<tr>
<td><strong>b</strong> Prevalence of STD by age³</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 to 14 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td>14</td>
<td>9</td>
</tr>
<tr>
<td>Rate per 100,000</td>
<td>134.6</td>
<td>87.1</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Rate per 100,000</td>
<td>48.1</td>
<td>29</td>
</tr>
<tr>
<td>Syphilis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rate per 100,000</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>15 to 19 years</td>
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</tr>
<tr>
<td>Chlamydia</td>
<td></td>
<td></td>
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<tr>
<td>Number</td>
<td>136</td>
<td>142</td>
</tr>
<tr>
<td>Rate per 100,000</td>
<td>1,271.1</td>
<td>1,345.8</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td>61</td>
<td>80</td>
</tr>
<tr>
<td>Rate per 100,000</td>
<td>570.1</td>
<td>758.2</td>
</tr>
<tr>
<td>Syphilis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Rate per 100,000</td>
<td>9.3</td>
<td>0.0</td>
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### TEEN SEXUAL BEHAVIOR

<table>
<thead>
<tr>
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<th>Ohio</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>1993</td>
<td>1997</td>
</tr>
<tr>
<td>Percent of students who ever had sexual intercourse&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>55.2%</td>
<td>48.7%</td>
</tr>
<tr>
<td>Percent of students who are currently sexually active&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
<td>39.2%</td>
<td>34.2%</td>
</tr>
<tr>
<td>Percent of students (currently sexually active) who used a condom during the last intercourse&lt;sup&gt;a&lt;/sup&gt;</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>54.1%</td>
<td>57.5%</td>
</tr>
<tr>
<td>Percent of students (currently sexually active) who used a birth control pill before the last intercourse&lt;sup&gt;a&lt;/sup&gt;</td>
<td>NA</td>
<td>NA</td>
<td>18.6%</td>
</tr>
</tbody>
</table>

### Sources

i. Ohio Department of Health, Information Warehouse

ii. Ohio Department of Health, Vital Statistics

iii. Youth Risk Behavior Survey (YRBS) conducted by Centers for Disease Control and Prevention

### Definitions & Caveats

NA—Not Available

b. The syphilis data refer to primary and secondary syphilis, often referred to collectively as infectious syphilis. These two stages represent the period when the disease can be transmitted from infected individuals to their sex or needle-sharing partners.

c. The Youth Risk Behavior Surveillance System (YRBS) was developed in 1990 to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. The YRBS includes national, state, and local school-based surveys of representative samples of 9th-through 12th-grade students.

c. “Currently sexually active” refers to those students who had sexual intercourse with one or more people in the past 3 months.
Early Childhood Education Data
<table>
<thead>
<tr>
<th>EARLY CHILDHOOD EDUCATION</th>
<th>Clark</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 Birth to Three Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>a Efficacy of prenatal care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of preterm births (&lt;37 weeks)</td>
<td>261</td>
<td>226</td>
</tr>
<tr>
<td>Percent of total births</td>
<td>13.5%</td>
<td>12.0%</td>
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<tr>
<td>Number of births to mothers with medical risk factors (includes anemia, pregnancy-associated hypertension, diabetes)</td>
<td>830</td>
<td>842</td>
</tr>
<tr>
<td><strong>Rate per 100 births</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All mothers</td>
<td>43.1</td>
<td>45.0</td>
</tr>
<tr>
<td>under 15</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>15-17</td>
<td>50.5</td>
<td>41.4</td>
</tr>
<tr>
<td>18-19</td>
<td>48.2</td>
<td>56.6</td>
</tr>
<tr>
<td>20-24</td>
<td>42.8</td>
<td>45.3</td>
</tr>
<tr>
<td>25-29</td>
<td>39.3</td>
<td>41.2</td>
</tr>
<tr>
<td>30-34</td>
<td>39.0</td>
<td>44.1</td>
</tr>
<tr>
<td>35-39</td>
<td>52.5</td>
<td>41.5</td>
</tr>
<tr>
<td>40-44</td>
<td>NA</td>
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</tr>
<tr>
<td>45+</td>
<td>NA</td>
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<tr>
<td>Percent of births by education level of the mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grades 1-8</td>
<td>1.6%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Grades 9-11</td>
<td>21.8%</td>
<td>21.5%</td>
</tr>
<tr>
<td>Grade 12</td>
<td>40.1%</td>
<td>40.4%</td>
</tr>
<tr>
<td>College 1-3 years</td>
<td>21.6%</td>
<td>22.4%</td>
</tr>
<tr>
<td>College 4 or more years</td>
<td>14.6%</td>
<td>14.0%</td>
</tr>
<tr>
<td>Unknown</td>
<td>0.3%</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>b Children living in poverty, by age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Also see maps by census tract for ECE-1b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number in poverty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All children under 18</td>
<td>5,531</td>
<td>NA</td>
</tr>
<tr>
<td>Less than 5 years</td>
<td>1,785</td>
<td>NA</td>
</tr>
<tr>
<td>5-11 years</td>
<td>2,197</td>
<td>NA</td>
</tr>
<tr>
<td>12-17 years</td>
<td>1,549</td>
<td>NA</td>
</tr>
<tr>
<td>Percent in poverty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All children under 18</td>
<td>15.5%</td>
<td>NA</td>
</tr>
<tr>
<td>Less than 5 years</td>
<td>18.8%</td>
<td>NA</td>
</tr>
<tr>
<td>5-11 years</td>
<td>16.2%</td>
<td>NA</td>
</tr>
<tr>
<td>12-17 years</td>
<td>12.4%</td>
<td>NA</td>
</tr>
<tr>
<td><strong>c Immunization rates ages 19-35 (proxy for tendency to provide preventative care)</strong></td>
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<td></td>
</tr>
<tr>
<td>19-35 months</td>
<td>50.0%</td>
<td>51.0%</td>
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<tr>
<td><strong>d Number served by Help Me Grow</strong></td>
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</tr>
<tr>
<td>NA</td>
<td>536</td>
<td>640</td>
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### Birth to Three Services by Race/Ethnicity

<table>
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<th>Birth to Three Services by Race/Ethnicity</th>
<th>Asian</th>
<th>Black</th>
<th>Hispanic</th>
<th>White</th>
<th>Asian</th>
<th>Black</th>
<th>Hispanic</th>
<th>White</th>
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<tbody>
<tr>
<td><strong>a Efficacy of prenatal care</strong>&lt;sup&gt;i&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of preterm births (&lt; 37 weeks)—[2002]</td>
<td>3</td>
<td>37</td>
<td>9</td>
<td>207</td>
<td>298</td>
<td>3,765</td>
<td>595</td>
<td>13,396</td>
</tr>
<tr>
<td>Percent of total births</td>
<td>15.8%</td>
<td>17.5%</td>
<td>20.0%</td>
<td>13.0%</td>
<td>9.8%</td>
<td>16.7%</td>
<td>12.4%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Number of births to mothers with medical risk factors (includes anemia, pregnancy—associated hypertension, diabetes)[2002]</td>
<td>9</td>
<td>131</td>
<td>17</td>
<td>759</td>
<td>974</td>
<td>9,840</td>
<td>1,801</td>
<td>46,303</td>
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<tr>
<td>Rate per 100 births</td>
<td>47.4%</td>
<td>62.1%</td>
<td>37.8</td>
<td>47.8%</td>
<td>32.0</td>
<td>43.7%</td>
<td>37.6%</td>
<td>38.0%</td>
</tr>
<tr>
<td><strong>b Children living in poverty, by age—[2000]</strong>&lt;sup&gt;ii&lt;/sup&gt;</td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Number in poverty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All children under 18</td>
<td>24</td>
<td>1,102</td>
<td>157</td>
<td>3,914</td>
<td>3,400</td>
<td>146,909</td>
<td>18,666</td>
<td>228,720</td>
</tr>
<tr>
<td>Less than 5 years</td>
<td>0</td>
<td>346</td>
<td>74</td>
<td>1,234</td>
<td>967</td>
<td>45,774</td>
<td>6,821</td>
<td>69,802</td>
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<tr>
<td>5-11 years</td>
<td>17</td>
<td>420</td>
<td>68</td>
<td>1,555</td>
<td>1,311</td>
<td>63,796</td>
<td>7,199</td>
<td>92,636</td>
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<tr>
<td>12-17 years</td>
<td>7</td>
<td>336</td>
<td>15</td>
<td>1,125</td>
<td>1,122</td>
<td>37,339</td>
<td>4,646</td>
<td>66,482</td>
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<tr>
<td>Percent in poverty</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>All children under 18</td>
<td>12.8%</td>
<td>29.6%</td>
<td>28.7%</td>
<td>13.0%</td>
<td>11.1%</td>
<td>36.7%</td>
<td>24.4%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Less than 5 years</td>
<td>NA</td>
<td>33.4%</td>
<td>29.8%</td>
<td>15.7%</td>
<td>10.1%</td>
<td>44.0%</td>
<td>28.3%</td>
<td>11.9%</td>
</tr>
<tr>
<td>5-11 years</td>
<td>19.8%</td>
<td>30.1%</td>
<td>33.8%</td>
<td>13.6%</td>
<td>11.5%</td>
<td>37.6%</td>
<td>24.0%</td>
<td>10.2%</td>
</tr>
<tr>
<td>12-17 years</td>
<td>26.9%</td>
<td>26.1%</td>
<td>15.3%</td>
<td>10.4%</td>
<td>11.6%</td>
<td>29.4%</td>
<td>20.7%</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

**Sources**

i. Ohio Department of Health, Information Warehouse  
ii. Ohio Department of Health, Vital Statistics  
iii. Census 2000, Summary File 3  
iv. Clark County Combined Health District, CASA report

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**Definitions & Caveats**

**b. Poverty rate:** The Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is poor. Poverty rate is the percent of all persons/families for whom poverty status is determined with incomes less than the poverty thresholds. Poverty status is not determined for select population groups, such as those in group quarters.

**c. Immunization** refers to 4:3:1:3:3 series combination = 4 doses DTP or DTaP, 3 doses Polio, 1 dose MMR, 3 doses Hib, and 3 doses Hepatitis B vaccine.

**d. Help Me Grow** is a program that provides prenatal services and newborn home visits along with information about child development. The program provides service coordination and ongoing specialized services to eligible families with small children. Help Me Grow also provides services to children with disabilities from birth through age 3. This part of the program ensures that children with developmental delays and disabilities have access to and receive needed intervention services. (Ohio Department of Health, Help Me Grow website, www.ohiohelpmegrow.org)
ECE-1b
Percent Children Living in Poverty: All Children
(By Tract level, Census 2000)

Percent Children Living in Poverty (All Children)

- Less than or equal to 10%
- 10.1% - 25%
- 25.1% - 40%
- 40% and over

Clark County: 15.5%
ECE-1b
Percent Children Living in Poverty: Under Age 5
(By Tract level, Census 2000)

Percent Children Living in Poverty: Under Age 5

Clark County: 18.8%
ECE-1b
Percent Children Living in Poverty: Age 5-11
(By Tract level, Census 2000)

Percent Children Living in Poverty: Age 5-11
Less than or equal to 10%
10.1% - 25%
25.1% - 40%
40% and over

Clark County: 16.2%
ECE-1b
Percent Children Living in Poverty: Age 12-17
(By Tract level, Census 2000)

Clark County: 16.2%

Percent Children Living in Poverty: Age 12-17

Less than or equal to 10%
10.1% - 25%
25.1% - 40%
40% and over

Clark County: 16.2%
### EARLY CHILDHOOD EDUCATION

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**Sources**

i. Ohio Department of Education, Office of Early Learning and School Readiness

ii. Ohio Department of Education, Office of Early Learning and School Readiness

**Definitions & Caveats**

- **NA**—Not Available
- a. Number as reported during the December reporting period
- b. All available slots are filled.
- c. Eligible refers to all children below 185% of poverty.
### EARLY CHILDHOOD EDUCATION

#### Family and Environmental Risk Factors

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<th>Clark</th>
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<td>a</td>
<td>Teen births and family/parenting programs for high school students</td>
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<td>Births to Teens(^1)</td>
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<td>Percent of teens enrolled in parenting classes as a part of high school curriculum(^3)</td>
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<td>Number of children who are victims of child abuse/ neglect(^4)</td>
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<td>Number indicated/substantiated (physical abuse, sexual abuse, neglect)(^5)</td>
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### Family and Environmental Risk Factors

#### Domestic Violence

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Sources
i. Ohio Department of Health, Information Warehouse
ii. Ohio Department of Health, Vital Statistics
iii. Data provided by Education Management Information System (EMIS) contacts at each school district within Clark County, compiled by Denise Sharp
iv. Public Children Services Association of Ohio, Fact Book
v. Clark County Children Services
vi. Pam Meermans, Child Advocacy Center
vii. Federal Bureau of Investigation, Uniform Crime Reports
viii. Springfield Police Department, Clark County Sheriff's Office

NA—Not Available

b. Child abuse/neglect can include (1) physical abuse—a child with bruises, marks or injuries inflicted by other than accidental means; (2) sexual abuse—any sexual activity between a child and adult; (3) emotional abuse—a child who is belittled, ignored, or subject to mental or psychological maltreatment; (4) neglect—a parent or caregiver fails to act on behalf of a child to provide adequate food, shelter, clothing, medical care, supervision, or education; or 5) dependent child—a child who is homeless, destitute, or without adequate parental care and support through no fault of the parent or caregiver, or a child who lives in a home in which another child is abused, neglected, or dependent.

b. Substantiated report of child abuse/neglect: Report finds an admission of child abuse or neglect by the person responsible, an adjudication of child abuse or neglect, other forms of confirmation deemed valid by the Public Children Services Agency, or professional judgment that the child has been abused or neglected.

b. Indicated report of child abuse/neglect: Report finds that there are circumstantial, medical or other isolated indicators of child abuse or neglect, but confirmation is lacking.

c. Offenses against the family and children: Unlawful nonviolent acts by a family member (or legal guardian) that threaten the physical, mental, or economic well-being or morals of another family member and that are not classifiable as other offenses, such as Assault or Sex Offenses. Attempts are included.

d. The number of children screened and determined to have elevated blood lead levels
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<td></td>
<td>Children under age 6 with all parents in the labor force</td>
<td>7,350</td>
<td>7,350</td>
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<td>Child care centers—full day capacity</td>
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<td>1,826</td>
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<td>Total capacity, formal full-time programs</td>
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<tr>
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<td>Difference in demand and supply</td>
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<td>4,678</td>
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</table>
b. National Association for the Education of Young Children (NAEYC) has a voluntary accreditation program for child care centers that wish to meet quality standards that go above and beyond basic licensing requirements. Ohio has 182 accredited child care centers.

b. Formal care refers to licensed, certified or registered programs. Ohio does not require licensing or registration of small family child care homes.

b. Children under 6 data from Census 2000, child care capacity from Child Care & Elder Resource and Referral database.

b. Centers—seven or more children of any age. Centers must be licensed. The Ohio Department of Job and Family Services licenses over 3,500 child care centers, which care for over 215,000 children each day.

b. Type A Homes—7-12 children (or 4-12 children if 4 children are under 2 years of age) cared for in the provider’s personal residence. The provider’s own children under 6 years of age must be included in the total count. Type A homes must be licensed. Sixty type A family day care homes are licensed by the Department of Job and Family Services.

b. Type B Homes—one to six children cared for in the provider’s personal residence. No more than three children may be under 2 years of age. The provider’s own children under 6 years of age must be included in the total count. Anyone can operate a Type B Home without a license. However, care for more than six children requires a license. Type B homes must be certified by the county department of Job and Family Services if the child care is paid for with public funds. Approximately 7,000 type B homes are certified by local departments of Job and Family Services.

b. Schoolage centers—seven or more children aged kindergarten and above. Schoolage centers must be licensed; 435 schoolage centers are licensed by the Department of Job and Family Services.

c. The state data on subsidized child care are for the month of January of a particular year; The county data on subsidized child care are a snapshot as of 1/10/2005.

d. All available slots are filled.

d. Eligible refers to all children below 185% of poverty.

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<tr>
<td>Number of providers of subsidized childcare*</td>
<td>95</td>
<td></td>
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<td>41 (2005)</td>
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<tr>
<td>Number of subsidized slots*</td>
<td>NA</td>
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<td>Preschoolers</td>
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<td>90</td>
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<td>Head Start slots**</td>
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<tr>
<td>Total enrollment</td>
<td>676</td>
<td>676</td>
<td>764</td>
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<td>Federal Head Start</td>
<td>477</td>
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<td>State Head Start</td>
<td>199</td>
<td>199</td>
<td>183</td>
<td>70</td>
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<tr>
<td>% eligible children funded through state/federal funds</td>
<td>NA</td>
<td>37.5%</td>
<td>NA</td>
<td>49.7%</td>
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</table>

Sources
i. Ohio Department of Job and Family Services ChildCare Center Directory 9/30/04; YMCA Center Director for the new Town and Country site
ii. Ohio Department of Job and Family Services, Bureau of Child Care
iii. Ohio Department of Job and Family Services, Bureau of Child Care
iv. Ohio Child Care Resources and Referral Association, Annual Supply and Demand Report
v. Ohio Department of Job and Family Services, Bureau of Child Care
vi. State data—Public Children Services Association of Ohio (PCSASO) Fact Book; County data—Random sampling of 30 in-home childcare providers certified by the Clark County Department of Job and Family Services Child Care Unit; Clark County Department of Job and Family Services Day Care Master Vendor List 1/10/2005
### EARLY CHILDHOOD EDUCATION

#### Programs for Children in Grades K-3

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<tr>
<td><strong>a</strong> Student mobility</td>
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<td>Percent students in building for less than half year by School Building</td>
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<td><strong>Clark-Shawnee</strong></td>
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<tr>
<td>Clark-Shawnee Kindergarten Village Elementary School</td>
<td>7.4%</td>
<td>8.5%</td>
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<tr>
<td>Possum Elementary School</td>
<td>5.8%</td>
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<tr>
<td>Reid Elementary School</td>
<td>6.8%</td>
<td>3.6%</td>
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<tr>
<td>Rockway Elementary School</td>
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<tr>
<td><strong>Greenon Local</strong></td>
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<tr>
<td>Hustead Elementary School</td>
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<tr>
<td><strong>Northeastern</strong></td>
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<tr>
<td>Northridge Elementary School</td>
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<tr>
<td><strong>Northwestern</strong></td>
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<tr>
<td>Northwestern Elementary School</td>
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<tr>
<td>Warder Park-Wayne Elementary School</td>
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### Programs for Children in Grades K-3

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## Programs for Children in Grades K-3

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Source
i. Ohio Department of Education, Interactive Local Report Card
### EARLY CHILDHOOD EDUCATION

#### Before and After School Programs including year-round programming

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</table>

Source: i. Ohio Department of Education, Interactive Local Report Card

### Definitions & Caveats

a. Proficiency test results: Percentage of students who scored proficient or better by test grade and subject, based on the rules currently in effect.
Public Health Data
## Health Risk Behaviors

### Smokers

<table>
<thead>
<tr>
<th>Year</th>
<th>Smokers</th>
<th>Percent Adults who are current smokers</th>
<th>Percent of births to mothers who smoked</th>
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</thead>
<tbody>
<tr>
<td>2000</td>
<td>23.1%</td>
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<td>18.9%</td>
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<td>2001</td>
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<tr>
<td>2002</td>
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### Second-hand smoke

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<tr>
<th>Year</th>
<th>Percent of adults</th>
<th>Percent of pregnant women</th>
<th>Percent of children</th>
</tr>
</thead>
<tbody>
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<td>NA</td>
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<td>2001</td>
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<td>2002</td>
<td>22.0%</td>
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### Percent of individuals broken down by age groups who engage in alcohol and substance use/abuse

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<th>Number</th>
<th>Percent</th>
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<td>18-21</td>
<td>158</td>
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</tr>
<tr>
<td>22-45</td>
<td>1056</td>
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</tr>
<tr>
<td>46-54</td>
<td>137</td>
<td>9.1%</td>
</tr>
<tr>
<td>55-64</td>
<td>19</td>
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<td>65+</td>
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### Obesity/overweight

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<th>Percent Children in 95th Percentile</th>
<th>Percent Children in 85th Percentile</th>
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<td>18% (2004)</td>
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<td>35.8%</td>
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<td>Percent children</td>
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<td>37% (2004)</td>
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### Clark

<table>
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<tr>
<th>Year</th>
<th>Smokers</th>
<th>Percent of births to mothers who smoked</th>
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<tr>
<td>2001</td>
<td>26.2%</td>
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### Ohio

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### Children 0-17

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<td>6-12</td>
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### Adults

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<tr>
<td>6-12</td>
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### Prevalence of STDs by Age

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<td>Clark</td>
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<td></td>
<td></td>
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<td>Persons living with HIV/AIDS&lt;sup&gt;a&lt;/sup&gt;</td>
<td>95</td>
<td>109</td>
<td>11,383</td>
<td>14,410.0</td>
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<tr>
<td>Rate per 100,000 population</td>
<td>65.6</td>
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<td>Percent with HIV</td>
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<td>55.3%</td>
<td>NA</td>
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<td>Percent with AIDS</td>
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<td>HIV/ AIDS deaths</td>
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<td>Prevalence of HPV/HSO</td>
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**By Race/Ethnicity**

<table>
<thead>
<tr>
<th></th>
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<th>Asian</th>
<th>Black</th>
<th>Hispanic</th>
<th>White</th>
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<td>0.0</td>
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<td>1.1</td>
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<tr>
<td>Persons living with HIV/AIDS [2001]&lt;sup&gt;b&lt;/sup&gt;</td>
<td>0</td>
<td>22</td>
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<td>72</td>
<td>38</td>
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<td>0</td>
<td>7</td>
<td>7</td>
<td>779</td>
<td>61</td>
<td>748</td>
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<td>4</td>
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<td>11</td>
<td>8</td>
<td>732</td>
<td>71</td>
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<tr>
<td>Prevalence of HPV/HSO</td>
<td>NA</td>
<td>NA</td>
<td></td>
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<td></td>
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<td></td>
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</tbody>
</table>

**Sources**

i. Behavioral Risk Factor Surveillance System (BRFSS), Center for Disease Control and Prevention
ii. Ohio Department of Health, Vital Statistics
iii. Youth Risk Behavior Survey (YRBS) conducted by Centers for Disease Control and Prevention
iv. County AOD data collected from MACSIS or BH sources (Kevin Taylor, MHBR, contact person); State data—MACSIS Datamart.
v. Behavioral Risk Factor Surveillance System (BRFSS), Ohio Department of Health and Clark County Combined Health District
vi. Rocking Horse Center, Springfield
vii. Ohio Department of Health, Information Warehouse
viii. Ohio Department of Health, HIV/AIDS Surveillance

**Definitions & Caveats**

NA—Not Available

a. "Current smokers" refers to those who had ever smoked 100 cigarettes in their lifetime and reported smoking every day or some days.
b. Clark County estimates are based on a regional estimate for Southwest Ohio.
c. The YRBSS was developed in 1990 to monitor high-priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. The YRBSS includes national, state, and local school-based surveys of representative samples of 9th- through 12th-grade students.
d. Total HIV diagnoses reflect all cases of HIV infection diagnosed for the first time including cases that are diagnosed with HIV and progressed to AIDS in the same year and cases concurrently diagnosed with HIV and AIDS.
e. Obesity in children is defined as excess body fat in relation to lean body mass and is best measured by a term called body mass index (BMI). BMI is calculated by using a person’s weight and height and gives an estimate of the amount of body fat. Since total body fat normally changes with a child’s age, BMI is then compared with age- and sex-specific percentile standards based on large national surveys of children as old as age 20. Based on the current recommendations of experts, children with BMI values greater than the 85th percentile are considered at risk of becoming overweight; those children at or above the 95th percentile of the sex-specific BMI growth charts are considered overweight.
f. HIV/AIDS data is based on county of residence at the time of diagnosis.
g. Living with HIV/AIDS rate is the number of persons living with HIV/AIDS per 100,000 population calculated using Census 2000 data.
## Immunizations and Preventive Screenings

<table>
<thead>
<tr>
<th>2 Immunizations and Preventive Screenings</th>
<th>Clark</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a</strong> Percent of 19-35 month old who received scheduled immunizations (NIS data)</td>
<td>NA</td>
<td>68.9% 71.2% 75.0% 82.3%</td>
</tr>
<tr>
<td>Percent of 19-35 month olds who received scheduled immunizations using CCCHD and RHC surveys and Medicaid Audit information</td>
<td>50.0% 51.0% 63.0% 70.0%</td>
<td>68.9% 71.2% 75.0% 82.3%</td>
</tr>
<tr>
<td><strong>b</strong> Percent of adults (ages 18 and above) getting timely cancer screenings*</td>
<td>1999-2001</td>
<td>1999-2001</td>
</tr>
<tr>
<td>Percent of women 18+ who had a Pap smear within past 3 years</td>
<td>77.4%</td>
<td>NA</td>
</tr>
<tr>
<td>Percent of women 40+ who had a mammogram within past 2 years</td>
<td>75.5%</td>
<td>77.0%</td>
</tr>
<tr>
<td>Percent of adults 50+ who had a sigmoidscopy within past 5 years</td>
<td>33.7%</td>
<td>35.2%</td>
</tr>
<tr>
<td>Percent of adults 50+ who had a PSA screening within past year</td>
<td></td>
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</tr>
<tr>
<td><strong>c</strong> Percent of adults (ages 18 and above) getting timely preventive screening†</td>
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<td></td>
</tr>
<tr>
<td>Percent of adults who had their cholesterol checked in the past 5 years</td>
<td>NA</td>
<td>64.9% 71.9% 69.9%</td>
</tr>
<tr>
<td>Percent of adults who had their blood pressure checked in the past 2 years</td>
<td>96.2%</td>
<td>NA</td>
</tr>
</tbody>
</table>

### Prevalence of Key Diseases that Contribute to Increased Mortality**

| Percentage of adults told by doctor that they have hypertension | NA | 27.3% | NA | 26.3% |
| Percentage of adults told by doctor that they have diabetes | | 10.8% | | 8.9% |
| Percentage of adults told by doctor that they have asthma | | 12.8% | | 10.8% |
| Percentage of adults who currently have asthma | | 9.3% | | 7.1% |
| Percentage of adults told by doctor that they have coronary heart disease | | 5.3% | | 5.3% |

### By Race/Ethnicity

<table>
<thead>
<tr>
<th>Asian</th>
<th>Black</th>
<th>Hispanic</th>
<th>White</th>
<th>Asian</th>
<th>Black</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a</strong> Percent of 19-35 month old who received scheduled immunizations (NIS data)</td>
<td>NA</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>b</strong> Percent of adults (ages 18 and above) getting timely cancer screenings*</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Percent of women 18+ who had a Pap smear within past 3 yrs</td>
<td>NA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of women 40+ who had a mammogram within past 2 yrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of adults 50+ who had a sigmoidscopy within past 5 yrs</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Percent of men 50+ who had a PSA screening within past year</td>
<td></td>
<td></td>
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</table>
### IMMUNIZATIONS AND PREVENTIVE SCREENINGS

#### APPENDIX

<table>
<thead>
<tr>
<th>c</th>
<th>Percent of adults (ages 18 and above) getting timely preventive screening(^\text{1})</th>
<th>Clark</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of adults who had their cholesterol checked in the past 5 years [2003]</td>
<td>NA</td>
<td>75.0%</td>
<td>68.5%</td>
</tr>
<tr>
<td>Percent of adults who had their blood pressure checked in the past 2 years [1999]</td>
<td></td>
<td>99.6%</td>
<td>100.0%</td>
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<tr>
<td>Prevalence of key diseases that contribute to increased mortality(^\text{4})</td>
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<td></td>
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</tr>
<tr>
<td>Percentage of adults told by doctor that they have hypertension</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of adults told by doctor that they have diabetes</td>
<td></td>
<td>8.7%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Percentage of adults told by doctor that they have asthma</td>
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<td></td>
</tr>
<tr>
<td>Percentage of adults who currently have asthma</td>
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<td></td>
</tr>
<tr>
<td>Percentage of adults told by doctor that they have coronary heart disease</td>
<td></td>
<td></td>
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</tbody>
</table>

#### Sources

i. Centers for Disease Control and Prevention National Immunization Survey; Clark County Combined Health District  
ii. Ohio Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)  
iii. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS)  
iv. Ohio Department of Health Behavioral Risk Factors Survey, Chronic Disease and Behavioral Epidemiology  

#### Definitions & Caveats

NA—Not Available  

b. Clark County estimates are based on a regional estimate for Southwest Ohio.  
c. 100% of respondents 18 and older who report that they did not have a cholesterol check within 5 years  
c. 100% of respondents 18 and older who report that they have not had their blood pressure checked within 2 years  
c. All respondents 18 and older who report that they have been diagnosed with diabetes  
c. Denominator includes all survey respondents except those with missing, don’t know, and refused answers.
## PUBLIC HEALTH

<table>
<thead>
<tr>
<th></th>
<th>Clark</th>
<th>Ohio</th>
</tr>
</thead>
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<tr>
<td>3 Oral Health Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Medicaid claims for all individuals broken down by ages</td>
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<td></td>
</tr>
<tr>
<td>Percent of Medicaid eligibles with a dental claim</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-2</td>
<td>2.0%</td>
<td>NA</td>
</tr>
<tr>
<td>3-18</td>
<td>23.2%</td>
<td>35.3%</td>
</tr>
<tr>
<td>19-64</td>
<td>16.5%</td>
<td>27.0%</td>
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<tr>
<td>65+</td>
<td>11.3%</td>
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</tr>
<tr>
<td>Total</td>
<td>16.9%</td>
<td>NA</td>
</tr>
<tr>
<td>b Percent of children showing obvious need for dental care</td>
<td></td>
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<tr>
<td>6-8 year olds</td>
<td>34.0%</td>
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<tr>
<td>Third graders</td>
<td>27.8%</td>
<td>25.1%</td>
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<td>c Number of individuals using the ER for oral health problems—using “D” codes</td>
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<td>1,669</td>
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<tr>
<td>Number of licensed dentists</td>
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<td>58</td>
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<tr>
<td>Primary care</td>
<td>50</td>
<td>5,197</td>
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<tr>
<td>Specialists</td>
<td>8</td>
<td>977</td>
</tr>
</tbody>
</table>

Southwest Springfield is designated as a low-income Dental Health Professional Shortage Area

### Sources
i. Ohio Department of Health, Bureau of Oral Health Services
ii. Ohio Department of Health, Bureau of Oral Health Services
iii. Mercy Medical Center and Community Hospital, Community and Mercy Urgent Care
iv. Ohio State Dental Board

### Definitions & Caveats

- **NA**—Not Available
  a. 2000 dental claims data based on “Make Your Smile Count” survey that employed cluster sampling. The precision of estimates based on small sample size cannot be reliably assessed.
  c. Medical Records sorted by “D” codes, emergency room visits for dental services
  c. Urgent care visits for 2004 at both urgent care facilities
  d. List of dentists by address as part of Dental HPSA application
## PUBLIC HEALTH

<table>
<thead>
<tr>
<th>Access to Health Care Services</th>
<th>Clark</th>
<th>Ohio</th>
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</thead>
<tbody>
<tr>
<td>a Local transport providers—public and private</td>
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</tr>
<tr>
<td>b HPSA—dentists and doctors shortage by tract</td>
<td>see PH-4b</td>
<td>NA</td>
</tr>
<tr>
<td>c Cultural barriers</td>
<td>see map PH-4c</td>
<td></td>
</tr>
<tr>
<td>d Financial barriers—health insurance, poverty (part of county overview)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent with health insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults</td>
<td>89.8% 88.9% 88.6%</td>
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</tr>
<tr>
<td>Children under 18</td>
<td></td>
<td>92.0%</td>
</tr>
<tr>
<td>e Percent of households who do not own a vehicle (Also see map PH-4e)</td>
<td>7.8%</td>
<td>8.6%</td>
</tr>
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</table>

### By Race/Ethnicity

<table>
<thead>
<tr>
<th>Asian</th>
<th>Black</th>
<th>Hispanic</th>
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<th>Asian</th>
<th>Black</th>
<th>Hispanic</th>
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<tbody>
<tr>
<td>c Cultural barriers</td>
<td>see map PH-4c</td>
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</tr>
<tr>
<td>d Financial barriers—health insurance, poverty (part of county overview)</td>
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<td></td>
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</tr>
<tr>
<td>Percent with health insurance</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Adults</td>
<td>NA</td>
<td>81.4% 85.1% 89.5%</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Children under 18</td>
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<td>NA</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Percent of households who do not own a vehicle (2000)</td>
<td>3.3% 18.0% 13.0% 6.6%</td>
<td>8.6% 22.6% 13.8% 6.6%</td>
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### Definitions

- a. NA—Not Available

### Sources

i. Census 2000, Summary File 3

ii. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS); Ohio Department of Health

iii. Census 2000, Summary File 3
### PH-4b
**Healthcare Professional Shortage Areas in Clark County, 2002**

<table>
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<td>Hall, Anthony P.</td>
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<td><strong>Total</strong></td>
<td><strong>16 primary care dentists and one safety net clinic</strong></td>
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Source: Ohio State Dental Board  
*Retired
PH-4c
Percent of population that speaks English "not well" or "not at all" (By tract level, Census 2000)

Percent of population that speaks English "not well" or "not at all"

Less than or equal to 0.5%
0.6% - 1.0%
1.1% - 1.5%
1.6% and over

US: 4.19%
OH: 0.89%
Clark County: 0.48%
Springfield City: 0.55%
Percent of households without vehicle
(By tract level, Census 2000)

- US: 10.3%
- OH: 8.6%
- Clark County: 7.7%
- Springfield City: 12.7%
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### APPENDIX

#### LEADING CAUSES OF DEATH

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### Diabetes

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<td>0.1</td>
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<td>0.1</td>
<td>0.0</td>
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### Death rates due to injuries—Age-adjusted rate per 100,000 population

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<th>Ohio 1997-1999</th>
<th>Ohio 2000-2002</th>
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<td>Motor vehicle accidents</td>
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<td>Falls</td>
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<td>Accidental discharge of firearms</td>
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<td>Accidental drowning and submersion</td>
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<td>1.1</td>
<td>1.2</td>
</tr>
<tr>
<td>Accidental exposure to smoke, fire, and flames</td>
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<td>2.0</td>
<td>1.4</td>
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<td>Accidental poisoning</td>
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<td>7.1</td>
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<tr>
<td>Other and unspecified nontransport accidents</td>
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<td>Suicide</td>
<td>12.3</td>
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**Notes:**
- Death rates due to injuries—Age-adjusted rate per 100,000 population
- Unintentional injuries
  - Motor vehicle accidents
  - Falls
  - Accidental discharge of firearms
  - Accidental drowning and submersion
  - Accidental exposure to smoke, fire, and flames
  - Accidental poisoning
  - Other and unspecified nontransport accidents
- Intentional injuries
  - Homicide
  - Suicide
### LEADING CAUSES OF DEATH

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<td><strong>Infant mortality by mother’s age</strong></td>
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<td><strong>By Race/ Ethnicity</strong></td>
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<td>Asian 131.5 Black 327.3 Hispanic 178.2</td>
<td>Asian 0.0 Black 205.7 Hispanic 80.5</td>
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<td>135.9</td>
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**Source**

i. Ohio Department of Health, Information Warehouse

**Definitions & Caveats**

NA—Not Available

a. Age-adjusted death rate: A weighted average of age-specific death rates per 100,000 population. They are the average annual rates calculated over a 3-year period. The weight for each age category is the proportion of people in the age category in a standard population based on Census 2000.

a. Chronic Lower Respiratory Disease was called Chronic Obstructive Pulmonary Disease or COPD prior to 1999.
**HEALTH-RELATED ENVIRONMENTAL ISSUES**

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<td>Number of children with elevated blood lead levels</td>
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<td></td>
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<td></td>
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<td>197</td>
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<td>b</td>
<td>Issues surrounding the quality of water in regards to wells, water treatment, and the landfill</td>
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<td>c</td>
<td>Issues surrounding air quality</td>
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**Source**
i. Ohio Department of Health; Clark County Combined Health District

**Definitions & Caveats**

NA—Not Available

a. The number of children screened and determined to have elevated blood lead levels.
Housing and Neighborhoods Data
# HOUSING AND NEIGHBORHOODS

## Foreclosures (Fair Housing/Predatory Lending)

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<td>2003</td>
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### a Foreclosure rates in Clark County

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### b HMDA data on prime vs subprime rates

#### Home Purchase (Conventional Loans)

<table>
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<tr>
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<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
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<tr>
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#### Home Purchase (Government)

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#### Home Improvement

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#### Refinance

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<th>2003</th>
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### c Comparison of mortgage amount vs tax appraisal value vs sale price for selected properties

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<th>2001</th>
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<td>Average tax appraisal value</td>
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<td>Average sale price</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
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</tbody>
</table>

**Sources**

i. Policy Matters Ohio, Home Insecurity Foreclosure Growth in Ohio, 2002, 2004

ii. City of Springfield Fair Housing, Peertrax: Home Mortgage Disclosure Act Data from Centrax (Dallas, TX)
## Foreclosures (Fair Housing/Predatory Lending)

### Table: Home Purchase (Conventional Loans)*

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td></td>
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<td>Thrifts</td>
<td>Credit Unions</td>
<td>Total</td>
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<td>Thrifts</td>
<td>Credit Unions</td>
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<tr>
<td>Number of loan applications</td>
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<td>546</td>
<td>745</td>
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<td>503</td>
<td>564</td>
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<td>74.8</td>
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### Table: Home Purchase (Government)*

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<td>Thrifts</td>
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<td>547</td>
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### Table: Home Improvement*

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<td>127</td>
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<td>1171</td>
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<td>67</td>
<td>1616</td>
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### Table: Refinance*

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<td>Credit Unions</td>
<td>Total</td>
<td>Banks</td>
<td>Mortgage Companies</td>
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<td>Total</td>
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<td>Mortgage Companies</td>
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<td>Number of loan applications</td>
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<td>5566</td>
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<td>2088</td>
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<td>5399</td>
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</table>

### Source
City of Springfield Fair Housing, Peertrax: Home Mortgage Disclosure Act Data from Centrax

### Definitions & Caveats
- **NA**—Not Available
- a. Filing rate is the number of households divided by the number of new foreclosures. In Clark County in 2003, one of every 60 households had the home foreclosed.
- a. Sheriff sale rate is the number of households divided by the number of sheriff sales. In Clark County in 2003, one of every 95 households lost the home to the sheriff sale.

*These data are somewhat inconclusive because they do not separate prime and subprime loans in reporting. But in looking at the mortgage companies, which are mostly subprime, it can be seen that they are taking a large and growing percentage of loans in the refinance area 30% in 2000 up to 36% in 2002. The refinance area is the area where predatory lending is most likely.
### AFFORDABLE QUALITY HOUSING STOCK

#### HOUSING AND NEIGHBORHOODS

<table>
<thead>
<tr>
<th>2</th>
<th>Affordable Quality Housing Stock</th>
<th>Clark</th>
<th>Ohio</th>
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<tr>
<td>a</td>
<td>Housing cost burden (Owner-occupied housing units)³</td>
<td>See also maps for HN-2a and 2b</td>
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<tr>
<td></td>
<td>Percent of households paying more than 50% of their income for housing</td>
<td>5.5%</td>
<td>NA</td>
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<td></td>
<td>Percent of households paying between 30-49% of their income for housing</td>
<td>11.8%</td>
<td></td>
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<tr>
<td>b</td>
<td>Housing cost burden (Renter-occupied housing units)³</td>
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<td>Percent of households paying more than 50% of their income for housing</td>
<td>16.2%</td>
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<td>Percent of households paying between 30-49% of their income for housing</td>
<td>17.4%</td>
<td></td>
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<tr>
<td>c</td>
<td>Housing units older than 30 years by income group²</td>
<td>See map for HN-2c</td>
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<tr>
<td>d</td>
<td>Number of C.E. Code violations by quadrant and as collectible in other municipalities⁴</td>
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<table>
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<td>8</td>
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<tr>
<td></td>
<td>Tenant-based Complaints</td>
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<td>12</td>
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<td>NE Quadrant</td>
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<td>Boarding &amp; Securing of Vacant Structures</td>
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<td>33</td>
<td>20</td>
<td>28</td>
</tr>
</tbody>
</table>

**Sources**

i. Census 2000, Summary File 3  
ii. City of Springfield Department of Engineering & Planning, Code Enforcement Division

NA—Not available

**Definitions & Caveats**

a. Owner-occupied units include units with mortgage and those without mortgage.

a,b. For renters, housing costs include rent paid by the tenant plus utilities. For owners, housing costs include mortgage payment, taxes, insurance, and utilities.
HN-2a
Percent of Households Paying 30~49% of Household Income as Owner Costs In 1999 (By Tract level, Census 2000)

Percent of Households Paying 30~49% of Household Income as Owner Costs In 1999
(By Tract level, Census 2000)

CHAMPAIGN County
GREENE County
MADISON County
MIAMI County

Percent of Households Paying 30~49%

- Less than or equal to 10.0%
- 10.1% - 20%
- 20.1% - 30%
- 30% and over

US: 14.2%
OH: 12.5%
Clark County: 11.8%
Springfield City: 11.5%
HN-2b
Percent of Households Paying 30-49% of Household Income as Gross Rent in 1999 (By Tract level, Census 2000)

Gross Rent as 30-49% of Household Income
- Less than or equal to 10.0%
- 10.1% - 20%
- 20.1% - 30%
- 30% and over

US: 19.2%
OH: 17.8%
Clark County: 17.4%
Springfield City: 18.6%
HN-2b
Percent of Households Paying 50% or More of Household Income as Gross Rent in 1999 (By Tract level, Census 2000)

Gross Rent as 50% or More of Household Income

- Less than or equal to 10.0%
- 10.1% - 20%
- 20.1% - 30%
- 30% and over

US: 17.6%
OH: 16.5%
Clark County: 16.2%
Springfield City: 18.9%
HN-2C
Percentage of Total Housing Units Built Before 1970 and Median Household Income in 1999 (By Tract level, Census 2000)

<table>
<thead>
<tr>
<th>Structure Built Before 1970</th>
<th>Median Household Income in 1999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 40%</td>
<td>Less than $20,000</td>
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<tr>
<td>41% - 60%</td>
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<tr>
<td>61% - 80%</td>
<td>$40,001 - $60,000</td>
</tr>
<tr>
<td>Over 80%</td>
<td>Over $60,000</td>
</tr>
</tbody>
</table>

US: 48.7%
OH: 61.4%
Clark County: 69.2%
Springfield City: 80.6%

US: $41,994
OH: $40,956
Clark County: $40,340
Springfield City: $32,193
## Homeownership Diversity

### Clark

<table>
<thead>
<tr>
<th>Year</th>
<th>Homeownership Rate</th>
<th>Homeownership Rate by Income</th>
<th>Homeownership Rate by Household Type</th>
<th>Homeownership Rate by Age</th>
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<td>Marital status</td>
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<td></td>
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<td></td>
<td>Married-couple household</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>with children under 18</td>
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<td>Female headed household</td>
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<td>Male headed household</td>
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<td></td>
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<td></td>
<td>Householder living alone</td>
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### Ohio

<table>
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<tr>
<th>Year</th>
<th>Homeownership Rate</th>
<th>Homeownership Rate by Income</th>
<th>Homeownership Rate by Household Type</th>
<th>Homeownership Rate by Age</th>
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<td></td>
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<td>Marital status</td>
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<td>Married-couple household</td>
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<td>with children under 18</td>
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<td></td>
<td>Householder living alone</td>
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### Homeownership Diversity by Race/Ethnicity

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<th>Race/Ethnicity</th>
<th>Homeownership Rate [2000]</th>
<th>Asian</th>
<th>Black</th>
<th>Hispanic</th>
<th>White</th>
<th>Asian</th>
<th>Black</th>
<th>Hispanic</th>
<th>White</th>
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### Sources

i. Census 2000, Summary File 3


**Definitions & Caveats**

- **NA**—Not Available
  
- **b. MFI = HUD Area Median Family Income.** The MFI income limits are calculated annually. Income limits are calculated for metropolitan areas and nonmetropolitan counties in the United States and its territories using the Fair Market Rent (FMR) area definitions used in the Section 8 program. They are based on HUD estimates of median family income, with adjustments for family size. Adjustments are also made for areas that have unusually high or low income-to-housing cost relationships.

- **b. HUD Area Median Family Income for 1999: Clark—$52,400, Ohio—$49,200** (Homeownership by income data are based on these figures.)

- **c. Homeownership rate by household type, by age, and by race is the percentage of households in the group that live in an owner-occupied unit.**
 Hun-3a
Homeownership Rate
(By Tract level, Census 2000)

Homeownership Rate

Less than or equal to 25%
25.1% - 50%
50.1% - 75%
Over 75%

CHAMPAIGN County
GREENE County
MADISON County
MIAMI County

US: 66.2%
OH: 69.1%
Clark County: 71.5%
Springfield City: 56.9%
HN-3a
Homeownership Rate: Black Householder
(By Tract level, Census 2000)

Homeownership Rate: Black Householder

- Less than or equal to 25.0%
- 25.1% - 50%
- 50.1% - 75%
- Over 75%

US: 46.3%
OH: 42.7%
Clark County: 50.0%
Springfield City: 47.1%
HN-3a
Homeownership Rate: Hispanic Householder
(By Tract level, Census 2000)

Homeownership Rate: Hispanic Householder

<table>
<thead>
<tr>
<th>Less than or equal to 25.0%</th>
<th>25.1% - 50%</th>
<th>50.1% - 75%</th>
<th>Over 75%</th>
</tr>
</thead>
</table>

US: 45.7%
OH: 47.2%
Clark County: 40.6%
Springfield City: 27.0%
HN-3a
Homeownership Rate: White Householder
(By Tract level, Census 2000)

Homeownership Rate: White Householder

- Less than or equal to 25.0%
- 25.1% - 50%
- 50.1% - 75%
- Over 75%

US: 71.3%
OH: 73.2%
Clark County: 74.1%
Springfield City: 59.7%
# APPENDIX

## CIVIC ENGAGEMENT/NEIGHBORHOOD VITALITY

### HOUSING AND NEIGHBORHOODS

<table>
<thead>
<tr>
<th>Source Details</th>
<th>Clark</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. City of Springfield, Department of Human Relations, Housing, and Neighborhood Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii. Federal Bureau of Investigation, Uniform Crime Reports</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii. City of Springfield Department of Engineering &amp; Planning, Code Enforcement Division</td>
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</table>

#### Civic Engagement & Neighborhood Vitality

<table>
<thead>
<tr>
<th>Year</th>
<th>Total number of grassroots groups in Springfield</th>
<th>Number of active grassroots groups in Springfield</th>
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<tr>
<td>2000</td>
<td>NA</td>
<td>27</td>
</tr>
<tr>
<td>2001</td>
<td>NA</td>
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</tr>
<tr>
<td>2002</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td></td>
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</table>

#### Crime rates by neighborhood

- **Number of violent crimes**
  - Rate per 100,000 inhabitants: 351.9, 351.3, 333.2

- **Number of property crimes**
  - Rate per 100,000 inhabitants: 435.1, 428.9, 416.3

- **Drug abuse violations**
  - Rate per 100,000 inhabitants: 20.4, 20.1, 22.9

#### Ratio of homeowners:renters by Census tract

- See Homeownership rate maps (HN-3a)

#### Number of junk, trash and weed violations (Orders)

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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<tr>
<td>NW Quadrant</td>
<td>324</td>
<td>355</td>
<td>437</td>
<td>447</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>NE Quadrant</td>
<td>711</td>
<td>719</td>
<td>933</td>
<td>982</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>SW Quadrant</td>
<td>1,340</td>
<td>1,704</td>
<td>1,767</td>
<td>1,911</td>
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<td>SE Quadrant</td>
<td>1,295</td>
<td>1,614</td>
<td>1,693</td>
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### Definitions & Caveats

- **NA—Not Available**
  - b. Not all jurisdictions report to the FBI. The numbers are based on all data received from reporting agencies and estimates for unreported areas.
  - b. Violent crimes are offenses of murder, forcible rape, robbery, and aggravated assault.
  - b. Property crimes are offenses of burglary, larceny-theft, and motor vehicle theft.
  - b. Drug abuse violations—The violation of laws prohibiting the production, distribution, and/or use of certain controlled substances and the equipment or devices used in their preparation and/or use.
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<th>Number of Crimes Committed per 1,000 Population, 2003</th>
<th>Assault</th>
<th>B&amp;E=Ciy: Burglary</th>
<th>Domestic Violence</th>
<th>Missing</th>
<th>Neighbor Dispute</th>
<th>Shooting</th>
<th>Theft/Stolen Vehicle/Farm Equip/Robbery</th>
<th>Trespass</th>
<th>Vandalism</th>
<th>Suicide</th>
<th>POPULATION</th>
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<td>Bethel</td>
<td>8.2</td>
<td>9.5</td>
<td>21.9</td>
<td>2.2</td>
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<td>0.1</td>
<td>27.3</td>
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<td>14.9</td>
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<td>0</td>
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<td>15.2</td>
<td>0.6</td>
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<td>5.2</td>
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<td>0.3</td>
<td>0</td>
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<td>0.4</td>
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<td>New Carlisle</td>
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<td>20.1</td>
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<td>0.1</td>
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<td>0</td>
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<td>18</td>
<td>27.5</td>
<td>76</td>
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<td>40.8</td>
<td>152.7</td>
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<td>20.1</td>
<td>15.6</td>
<td>167.3</td>
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<td>11.5</td>
<td>6.2</td>
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<td>23.2</td>
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<td>140,169</td>
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<td>CITY (PER 1,000)</td>
<td>29.3</td>
<td>34</td>
<td>109.8</td>
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<td>COUNTY (PER 1,000)</td>
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<td>0.7</td>
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Sources
Springfield Police Department; Clark County Sheriff's Office, compiled by Sue Hebner
## APPENDIX

### HOUSING AND NEIGHBORHOODS

<table>
<thead>
<tr>
<th>5 Homelessness</th>
<th>Clark</th>
<th>Ohio</th>
</tr>
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<tbody>
<tr>
<td>a Data from Springfield/Clark County Collaborative Study by group, in order to identify gaps in services</td>
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</tr>
<tr>
<td>b Number of individuals who moved from homeless to SMHA homeless</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>c Point-in-time homeless population</td>
<td>Number of homeless</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>Percent unsheltered</td>
<td>31.5%</td>
</tr>
<tr>
<td></td>
<td>Homeless population as a percent of total population</td>
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<table>
<thead>
<tr>
<th>5 Homelessness by Race/Ethnicity</th>
<th>Asian</th>
<th>Black</th>
<th>Hispanic</th>
<th>White</th>
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<td></td>
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<tr>
<td>b Number of individuals who moved from homeless to SMHA homeless</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>c Point-in-time homeless survey</td>
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Sources
i. Springfield/Clark County Housing Collaborative
ii. Springfield Metropolitan Housing Authority
iii. County data—Springfield/Clark County Housing Collaborative (Continuum of Care) point-in-time survey (3/10/2003); State data—Coalition on Homelessness and Housing in Ohio estimate

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**Definitions**

NA—Not Available
## Special Needs

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<th>Housing and Neighborhoods</th>
<th>Clark</th>
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<td>6</td>
<td>Special Needs</td>
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<tr>
<td>a</td>
<td>Special needs data from census'</td>
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<tr>
<td></td>
<td>5 to 15 years:</td>
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<tr>
<td></td>
<td>Percent of total 5 to 15 year olds with a disability</td>
<td>7.0%</td>
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<tr>
<td></td>
<td>With one type of disability:</td>
<td>1,305</td>
<td>91,581</td>
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<tr>
<td></td>
<td>Sensory disability</td>
<td>85</td>
<td>9,023</td>
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<td></td>
<td>Physical disability</td>
<td>74</td>
<td>5,867</td>
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<td></td>
<td>Mental disability</td>
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<td>Self-care disability</td>
<td>8</td>
<td>1,732</td>
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<td>With two or more types of disability:</td>
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<td>21,793</td>
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<td></td>
<td>Includes self-care disability</td>
<td>85</td>
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<td></td>
<td>Does not include self-care disability</td>
<td>192</td>
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<td>No disability</td>
<td>20,863</td>
<td>1,695,825</td>
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<td>16 to 64 years:</td>
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<tr>
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<td>Percent of total 16 to 64 year olds with a disability</td>
<td>20.0%</td>
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<tr>
<td></td>
<td>Percent of total 16 to 64 year olds with employment disability</td>
<td>12.5%</td>
<td>10.3%</td>
</tr>
<tr>
<td></td>
<td>With one type of disability:</td>
<td>9,343</td>
<td>654,726</td>
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<td></td>
<td>Sensory disability</td>
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<td>76,734</td>
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<td>Physical disability</td>
<td>1,900</td>
<td>144,670</td>
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<td>Mental disability</td>
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<td>Self-care disability</td>
<td>46</td>
<td>2,502</td>
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<td>Go-outside-home disability</td>
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<td>45,646</td>
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<td>Employment disability</td>
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<td>With two or more types of disability:</td>
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<td>Go-outside home and employment only</td>
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<td>Other combination</td>
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<tr>
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<td>65 years and over:</td>
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<td>Percent of total 65 year and over with a disability</td>
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<td>With one type of disability:</td>
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<td>Self-care disability</td>
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<td>Go-outside-home disability</td>
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<td>With two or more types of disability:</td>
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<td>Does not include self-care disability:</td>
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<td>839,037</td>
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### Data on the special needs & types of programs offered for persons/families with HIV/AIDS; mental illness; MRDD; disabilities; substance abuse problems; ex-offenders

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<tr>
<td>Number of persons served by MH boards</td>
<td>2,230</td>
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<td>Number of Adults who receive substance abuse treatment</td>
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<td>Children 6-21</td>
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<tr>
<td>Adult</td>
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### Homeownership rate by disability

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<td></td>
<td>11,427</td>
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<td>Homeownership rate (%)</td>
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<tr>
<td>Number of extra elderly households with mobility and self care limitation</td>
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<td>Homeownership rate (%)</td>
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<td>Homeownership rate (%)</td>
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### Elderly housing needs

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<tbody>
<tr>
<td>Elderly: one- or two-member households, either person 62 to 74 years</td>
<td>549</td>
<td>568</td>
<td>604</td>
<td>623</td>
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<td>Elderly: one- or two-member households, either person 75 years or older</td>
<td>32,165</td>
<td>33,037</td>
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</tbody>
</table>

### Sources

i. Census 2000, Summary File 3  
ii. Clark County Board of Mental Retardation and Developmental Disabilities, MACSIS and BH sources  
iii. Clark County Board of Mental Retardation and Developmental Disabilities  
iv. Ohio Department of Mental Retardation and Developmental Disabilities, Annual Reports  

### Definitions & Caveats

**NA**—Not Available

- **a.** Sensory disabilities refer to blindness, deafness, or a severe vision or hearing impairment.
- **a.** Physical disabilities refer to limitations in ability to walk, climb stairs, reach, lift, or carry.
- **a.** Mental disabilities refer to limitations in ability to learn, remember, or concentrate
- **b.** MH—Mental Health
- **b.** State number represents persons served by ODADAS (Ohio Department of Alcohol and Drug Addiction Services).
- **b.** Average Daily Membership is from the October County Board reporting of Individual Information Form (IIF) data and includes “Service Coordination Only” and “Family Resources Only” service categories.
- **c.** Extra Elderly: one- or two-member households, either person 75 years or older
- **c.** Elderly: one- or two-member households, either person 62 to 74 years
- **c.** Mobility or Self-Care Limitations: This includes all households where one or more persons has (1) a long-lasting condition that substantially limits one or more basic physical activity, such as walking, climbing stairs, reaching, lifting, or carrying and/or (2) a physical, mental, or emotional condition lasting more than 6 months that creates difficulty with dressing, bathing, or getting around inside the home.
Vulnerable Adults and Families Data
## VULNERABLE ADULTS AND FAMILIES

### Substance Abuse

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#### a Number of adults who receive substance abuse treatment

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<tbody>
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<td>Female</td>
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<td>396</td>
<td>410</td>
<td>435</td>
<td>398</td>
<td>22,756</td>
<td>24,281</td>
<td>26,058</td>
<td>25,267</td>
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<td>29.6%</td>
<td>31.4%</td>
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<tr>
<td>Male</td>
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#### b Race

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#### c Living Arrangements

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### Income Source

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### Age Categories

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### Sources

i. All MH/AOD data is collected from MACSIS or BH sources (Kevin Taylor, MHBR, contact person); State data from MACSIS Datamart

Definitions & Caveats

NA—Not Available

b. Detailed racial breakouts are not readily available at the state level.
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Sources
i. All MH/AOD data is collected from MACSIS or BH sources (Kevin Taylor, MHBR, contact person); State data from MACSIS Datamart

Definitions & Caveats
NA—Not Available
b. Detailed racial breakouts are not readily available at the state level.
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<td>%</td>
<td></td>
<td>11.7%</td>
</tr>
<tr>
<td>65+</td>
<td></td>
<td>58</td>
</tr>
<tr>
<td>%</td>
<td></td>
<td>5.6%</td>
</tr>
<tr>
<td></td>
<td>Clark</td>
<td>Clark</td>
</tr>
<tr>
<td>----------------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>g Ambulation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walks Independently</td>
<td>1.027</td>
<td>1,115</td>
</tr>
<tr>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walks with device or with assistance</td>
<td>52</td>
<td>57</td>
</tr>
<tr>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses wheelchair</td>
<td>125</td>
<td>153</td>
</tr>
<tr>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No data</td>
<td>68</td>
<td>79</td>
</tr>
<tr>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Chronic Medical Condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No significant condition requiring ongoing management</td>
<td>1,027</td>
<td>1,115</td>
</tr>
<tr>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes—managed by Individual or my family</td>
<td>122</td>
<td>167</td>
</tr>
<tr>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes—managed by County Board or residential provider</td>
<td>43</td>
<td>78</td>
</tr>
<tr>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No data</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources
i. Mike Halpin, Clark County Board of Mental Retardation and Developmental Disabilities, mhalpin@clarkmrdd.org; Ohio Department of Mental Retardation and Developmental Disabilities, Annual Reports

Definitions & Caveats
NA—Not Available
a,f. State data refer to average daily membership.
a,f. Average Daily Membership is from the October County Board reporting of Individual Information Form (IIF) data and includes “Service Coordination Only” and “Family Resources Only” service categories.
a,f. State data: all adults (21+) have been combined into one group. Further breakdowns are not readily available.
## Vulnerable Adults and Families

### Population 65 years and over (civilian noninstitutionalized)

<table>
<thead>
<tr>
<th>Description</th>
<th>Clark</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of total 65 year and over with a disability</td>
<td>42.0%</td>
<td>NA</td>
</tr>
<tr>
<td>With one type of disability:</td>
<td>4,167</td>
<td>287,797</td>
</tr>
<tr>
<td>Sensory disability</td>
<td>934</td>
<td>56,952</td>
</tr>
<tr>
<td>Physical disability</td>
<td>1,875</td>
<td>140,305</td>
</tr>
<tr>
<td>Mental disability</td>
<td>225</td>
<td>13,934</td>
</tr>
<tr>
<td>Self-care disability</td>
<td>17</td>
<td>1,994</td>
</tr>
<tr>
<td>Go-outside-home disability</td>
<td>1,116</td>
<td>74,612</td>
</tr>
<tr>
<td>With two or more types of disability:</td>
<td>4,177</td>
<td>295,237</td>
</tr>
<tr>
<td>Includes self-care disability</td>
<td>1,713</td>
<td>126,481</td>
</tr>
<tr>
<td>Does not include self-care disability</td>
<td>2,464</td>
<td>168,756</td>
</tr>
<tr>
<td>No disability</td>
<td>11,544</td>
<td>839,037</td>
</tr>
</tbody>
</table>

**Sources**

i. Census 2000, Summary File 3; Ann Lite, Elderly United, contact person (EUCARE50@aol.com)

**Definitions & Caveats**

- **NA**—Not Available
- ADL = activities of daily living
- a. Sensory disabilities refers to blindness, deafness, or a severe vision or hearing impairment.
- a. Physical disabilities refer to limitations in ability to walk, climb stairs, reach, lift, or carry.
- a. Mental disabilities refers to limitations in ability to learn, remember, or concentrate.
### VULNERABLE ADULTS AND FAMILIES

#### Domestic Violence

<table>
<thead>
<tr>
<th></th>
<th>Clark</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>488</td>
<td>NA</td>
</tr>
<tr>
<td>2001</td>
<td>476</td>
<td>NA</td>
</tr>
<tr>
<td>2002</td>
<td>89</td>
<td>120</td>
</tr>
<tr>
<td>2003</td>
<td>14.9%</td>
<td>20.1%</td>
</tr>
<tr>
<td>2004</td>
<td>1.3%</td>
<td>0.5%</td>
</tr>
<tr>
<td>2000</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>2001</td>
<td>0.3%</td>
<td>0.7%</td>
</tr>
<tr>
<td>2002</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>2003</td>
<td>0.2%</td>
<td>1.0%</td>
</tr>
<tr>
<td>2004</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>2005</td>
<td>1.5%</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

#### Age

<table>
<thead>
<tr>
<th></th>
<th>18-19</th>
<th>20-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-64</th>
<th>65+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>0</td>
<td>204</td>
<td>205</td>
<td>131</td>
<td>45</td>
<td>5</td>
<td>590</td>
</tr>
<tr>
<td>2001</td>
<td>32</td>
<td>160</td>
<td>204</td>
<td>150</td>
<td>65</td>
<td>4</td>
<td>615</td>
</tr>
<tr>
<td>2002</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Income

<table>
<thead>
<tr>
<th></th>
<th>less than $5,000</th>
<th>$5,000-9,999</th>
<th>$10,000-14,999</th>
<th>$15,000-24,999</th>
<th>$25,000-24999</th>
<th>$25,000+</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>0</td>
<td>412</td>
<td>87</td>
<td>0</td>
<td>0</td>
<td>98</td>
</tr>
<tr>
<td>2001</td>
<td>292</td>
<td>124</td>
<td>92</td>
<td>48</td>
<td>30</td>
<td>10</td>
</tr>
<tr>
<td>2002</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Definitions & Caveats

NA—Not Available

<table>
<thead>
<tr>
<th></th>
<th>Clark</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>d Serious Mental Illness</td>
<td>NA</td>
<td>40</td>
</tr>
<tr>
<td>e Substance Abuse</td>
<td></td>
<td>58</td>
</tr>
<tr>
<td>f MRDD</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>g Abused as a Child</td>
<td></td>
<td>92</td>
</tr>
<tr>
<td>h Have Children</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source
Toni Dosik, Project Woman, Springfield (tdosik@projectwomanohio.org), contact person
## VULNERABLE ADULTS AND FAMILIES

<table>
<thead>
<tr>
<th></th>
<th>Clark</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6 Emergency Food, Clothing, and Shelter</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>a Number of persons served by emergency shelters “point-in-time” data</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shelters</td>
<td>NA</td>
<td>66</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>80</td>
<td>135</td>
</tr>
<tr>
<td>Homeless but unsheltered</td>
<td>85</td>
<td>60</td>
</tr>
<tr>
<td><strong>b Number of persons receiving emergency assistance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Pantries</td>
<td>53,621</td>
<td>72,461</td>
</tr>
<tr>
<td>Soup Kitchens</td>
<td>34,379</td>
<td>44,718</td>
</tr>
<tr>
<td>Shelter meals</td>
<td>9,525</td>
<td>14,739</td>
</tr>
<tr>
<td>Nonemergency feeder meals</td>
<td>885,686</td>
<td>1,080,849</td>
</tr>
<tr>
<td><strong>c Number of persons cleared through the I&amp;R clearinghouse including food, clothing, financial assistance</strong></td>
<td>NA</td>
<td>12,559</td>
</tr>
</tbody>
</table>

**Sources**
United Way of Clark and Champaign Counties, Doug Lineberger, contact person (dlineberger@uwccc.org)
i. Census 2000, U.S. Census Bureau

---

### Definitions & Caveats

NA—Not available

a. Census data for the state refer to population in emergency and transitional shelters
Census 1990, Summary Tape File 1
Census 2000, Summary File 1
Census 2000, Summary File 3
Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS)
Centers for Disease Control and Prevention National Immunization Survey
Centers for Disease Control and Prevention, Youth Risk Behavior Survey (YRBS)
Child Advocacy Center, Pam Meermans, contact
City of Springfield Department of Engineering & Planning, Code Enforcement Division
City of Springfield Fair Housing, Peertrax: Home Mortgage Disclosure Act Data from Centrax (Dallas, TX)
City of Springfield, Department of Human Relations, Housing, and Neighborhood Service
Clark County Board of Mental Retardation and Developmental Disabilities
Clark County Children Services
Clark County Combined Health District
Clark County Combined Health District, CASA report
Clark County Combined Health District, National Immunization Survey
Clark County Department of Job and Family Services Child Care Unit
Clark County Department of Job and Family Services Day Care Master Vendor List 1/10/2005
Clark County Department of Job and Family Services, Family and Children’s Services Division
Clark County Family and Children First Council
Clark County Juvenile Court
Clark County Sheriff’s Office
Coalition on Homelessness and Housing in Ohio
Federal Bureau of Investigation, Uniform Crime Reports
Lighthouse, Springfield (2003)
Mercy Medical Center and Community Hospital, Community and Mercy Urgent Care
Mike Halpin, Clark County Board of Mental Retardation and Developmental Disabilities, mhalpin@clarkmrrdd.org
Ohio Behavioral Risk Factors Survey, Chronic Disease and Behavioral Epidemiology
Ohio Child Care Resources and Referral Association, Annual Supply and Demand Report
Ohio Department of Development, Office of Strategic Research
Ohio Department of Education, Education Management Information System
Ohio Department of Education, GED office
Ohio Department of Education, Interactive Local Report Card
Ohio Department of Education, Office of Data Services
Ohio Department of Education, Office of Early Learning and School Readiness
Ohio Department of Health, Behavioral Risk Factor Surveillance System (BRFSS)
Ohio Department of Health, Bureau of Chronic Diseases
Ohio Department of Health, Bureau of Oral Health Services
Ohio Department of Health, HIV/AIDS Surveillance
Ohio Department of Health, Information Warehouse
Ohio Department of Health, MACSIS Datamart
Ohio Department of Health, Vital Statistics
Ohio Department of Job and Family Services, Bureau of Child Care
Ohio Department of Job and Family Services ChildCare Center Directory 9/30/04
Ohio Department of Mental Retardation and Developmental Disabilities, Annual Reports
Ohio State Dental Board
Policy Matters Ohio, Home Insecurity Foreclosure Growth in Ohio-2002, 2004
Public Children Services Association of Ohio, Fact Book
Rocking Horse Center, Springfield
Springfield City Schools, Bill Lilley, contact
Springfield City School District Developmental Indicators for the Assessment of Learning (DIAL-3) data
Springfield/Clark County Housing Collaborative (Continuum of Care) point-in-time survey (3/10/2003)
Springfield Metropolitan Housing Authority
Springfield Police Department
Supreme Court of Ohio
Toni Dosik, Project Woman, Springfield (tdosik@projectwomanohio.org)
United Way of Clark and Champaign Counties, contact person dlineberger@uwccc.org
YMCA Center Director for the new Town and Country site