

Issues Impacting Self-Sufficiency of Women in Clark County

Women's Partnership Funds



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June 11, 2020

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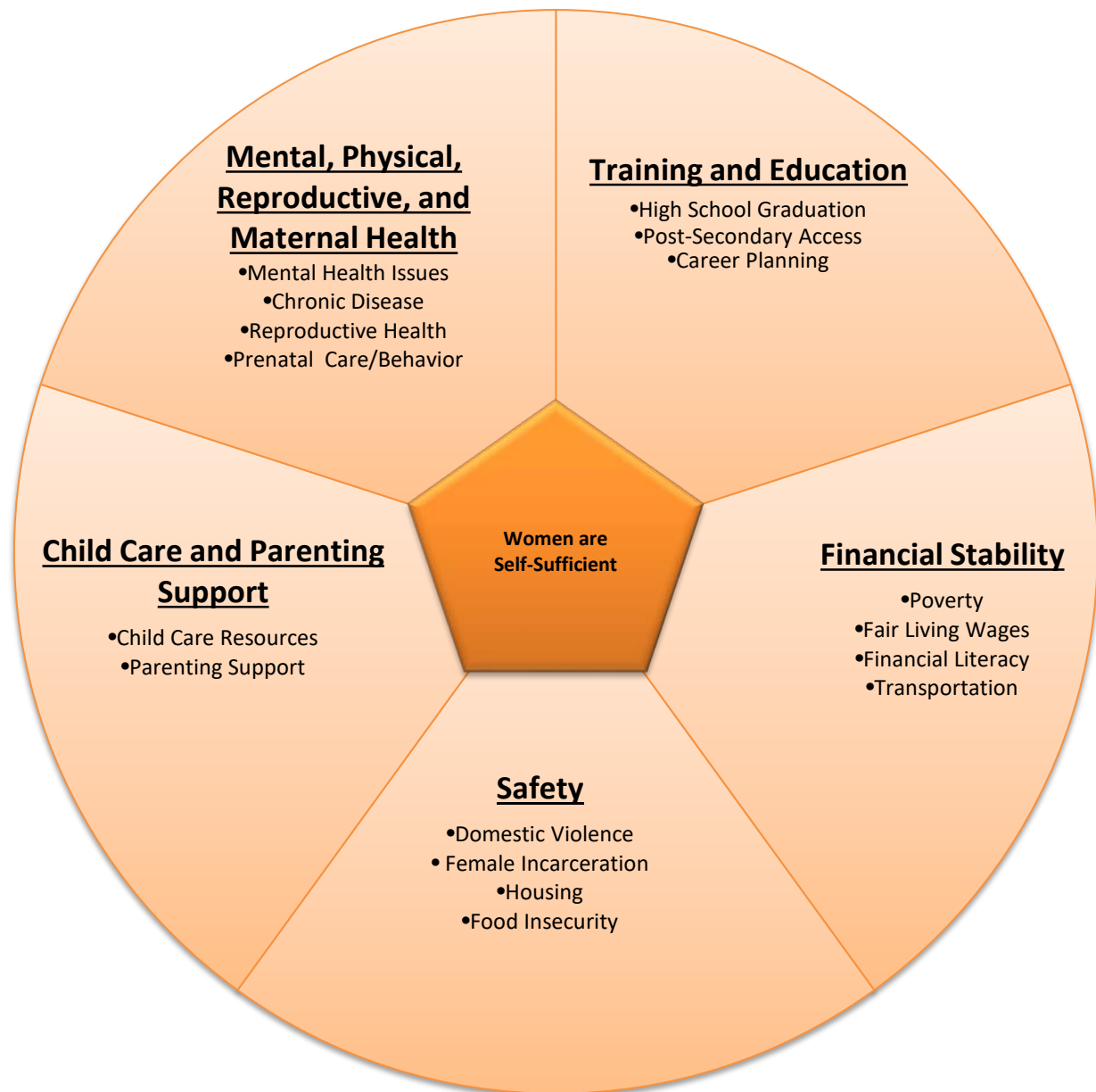
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Introduction

The *Women's Partnership Funds* (WPF) sought assistance in identifying key drivers that are impacting Clark County women/girls and preventing them from reaching self-sufficiency and/or experiencing general good health and well-being. It is the hope of the WPF that this list of barriers can be used to facilitate a conversation among community stake-holders and agencies and build consensus around one or more barriers that can be addressed to improve the lives of women/girls in Clark County. To that end, this report identifies 17 of the most pressing issues that Clark County women face based on existing data from county, state, and national sources.

This report utilized existing data that were gathered from Clark County residents as well as comprehensive reports that can be found under the Research tab on the *Engage Springfield* website (<https://engagespringfield.org>). In 2019 *Think Tank* conducted a focus group study consisting of 30 women from Clark County and 11 non-profit agencies. In this study, focus group conversations centered on personal assets, needs and barriers, and covered a wide-range of dimensions of well-being. Qualitative data gathered in these focus groups were also, in part, used to identify the 17 barriers in this report.

Factors Impacting Self-Sufficiency



Mental, Physical, Reproductive, and Maternal Health

1. Mental Health Issues

- a. Depressive Thoughts/Suicidal Ideation/Suicide Rates
- b. Low Access to Mental Health Support

2. Chronic Disease

- a. Mortality rates
- b. Poor Self-Care
 - i. Lack of Exercise
 - ii. Nutrition/Diet

3. Reproductive Health

- a. Sexually Transmitted Infections
- b. Teen Pregnancy

4. Prenatal Care/Behavior

- a. Poor Prenatal Care
 - i. Preterm Births
 - ii. Low Birthweight Rates
- b. Teratogenic Use During Pregnancy
 - i. Nicotine Exposure
 - ii. Opioid Exposure - Neonatal Abstinence Syndrome

Mental, Physical, Reproductive, and Maternal Health

1. Mental Health Issues: Clark County Combined Health District (CCCHD) identified mental health issues with an emphasis on mental trauma as a top five priority in the last three *Community Health Assessments* (CHA).¹

Two areas of concern where incidence rates in the county are higher than the state and nation are:

- a. Depressive Thoughts/Suicidal Ideation/Suicide Rates** - In 2015, 40.3% of Clark County adults indicated they had at least 1 day in the past month where their mental health was not good, of those 48.9% thought about death/suicide, and 16.7% attempted suicide. It was also found that 16.5% of Clark County households contained a member who was depressed or mentally ill, or had a household member attempt suicide.² In 2017, although the percent of adults who experienced depression was 16.4 (slightly lower than the state at 18.5%), the Clark County suicide rate (per 100,000) of 18.4, was higher than the state (14.8) and the nation (14.0).³ These rates were not broken down by gender but clinical research would suggest that women are more likely to experience depression and suicidal ideation and men are more likely to complete suicide acts.⁴ Relevant data that reveal significant gender differences regarding mental health issues come from the 2019 *Youth Risk Behavior Survey*⁵ of over 5,000 area high school students and may shed some light on the mental health challenges faced by girls and subsequently women in Clark County:

<u>Question</u>	<u>Overall Rate</u>	<u>Females</u>	<u>Males</u>
Seriously considered attempting suicide in the past 12 months	22.0% (18.2-25.7%)	56.7%	43.3%
Made a plan to attempt suicide in the past 12 months	18.6% (15.1-22.1%)	59.6%	40.4%
Attempted suicide at least once in the past 12 months	8.0% (5.6-10.4%)	65.8%	34.2%
Had to be treated after a suicide attempt in the past 12 months	2.5% (1.1-3.9%)	58.3%	41.7%
Felt sad or hopeless for two weeks or more in a row in the past 12 months	38.3% (33.9-42.6%)	62.3%	37.7%
Rarely or never got the help needed when feeling sad, empty, hopeless, angry or anxious	39.7% (35.3-44.1%)	53.7%	46.3%

Hurt themselves without wanting to kill themselves at least once in the past 12 months	22.2% (18.5-25.9%)	66.0%	34.0%
At least 3 days in the past 30 days, their mental health was not good	52.5% (48.0-57.0%)	61.2%	38.8%

- b. **Low Access to Mental Health Support** – In 2018, the ratio of Clark County residents to mental health providers was 710:1, compared to 470:1 for Ohio.⁶ This ratio suggests that our residents may have limited access to a mental health professional if in need and this may be related to the finding that 39.7% of area high school students reported that they rarely or never got the help needed when feeling sad, empty, hopeless, angry or anxious (53.7% were female).⁷

2. Chronic Disease –

- a. The *Status of Women in Clark County* shows that the age-adjusted chronic disease **mortality rate** for women in the county (490 per 100,000) is higher than for women across the state (416 per 100,000). This mortality rate includes cancers, stroke, diabetes, kidney disease, lower respiratory disease and heart disease.⁸
- b. **Poor Self-Care** - In a 2019 report by Think Tank Inc.⁹ using focus groups of low-income mothers from Clark County:
 - i. 85% of mothers reported **exercising** less than once per week and shared concern about their children lacking exercise as well. The 2019 *Youth Risk Behavior Survey*¹⁰ showed that over half of respondents (53.4%) reported being active 60 minutes a day in <5 of the last 7 days (57.1% females) and 21.6% reported watching 3 hours or more of TV (56.3% females) and 46.6% reported playing video or computer games at least 3 hours on a school day (54.1% females). The *County Health Rankings* in 2018 showed that 28% of Clark County residents were physically inactive (25% in Ohio) and 36% of adults self-reported obesity (32% in Ohio).¹¹
 - ii. 49% of mothers in the focus groups reported **eating healthy** meals half of the time or less, they also expressed concern about their children’s poor eating habits and weight.¹² According to responses of area high school students¹³, 28.9% reported that they did not drink a glass of milk in the past 7 days (69.5% were female) and 73% did not eat breakfast on at least one day in the past 7 (56% were female). In addition, 33.1% described themselves as slightly or very overweight (63.7% of these respondents were female) but measured BMI’s showed that 41.1% of high-school students in Clark County are overweight or obese.

3. Reproductive Health –

- a. **Sexually Transmitted Infections** - The rates (per 100,000) of a number of sexually transmitted infections within Clark County surpass that of the state and nation: chlamydia, (619.1; Ohio 543.4; US 539.9), gonorrhea (270.5; Ohio 216.3; US 179.1), syphilis (26.8; Ohio 16.4; US 10.8). In these data, 73% of the recorded cases of chlamydia were women, 58% of the cases of gonorrhea were women and 47% of the reported cases of syphilis were women.¹⁴ Living with a sexually transmitted disease affects the woman’s health and may affect the health of her newborn baby.
- b. **Teen pregnancy** – While Clark County’s teen birth rate (per 1,000 births for age 15-17) has decreased from 2012 to 2018, it remains more than twice as high as the rate in the state of Ohio (county 26.9; Ohio 12.3).¹⁵ Of area high school students, 44.5% reported having never been taught in school where to find sexual health services, birth control, or STD testing (55.4% were female).¹⁶

4. Poor Prenatal Care/Behavior –

- a. The percent of live births in Clark County that received prenatal care during the first trimester, 57.2% is lower than that of Ohio (67.9%).¹⁷ There is significant racial disparity in prenatal care received both in the county and at the state level: in 2018, 47.8% of black women and 59.1% of white women received prenatal care in Clark County, 59.5% of black women and 70.3% of white women received prenatal care in Ohio.¹⁸ Poor prenatal care may be associated with:
 - i. **Preterm Births** – There is racial disparity in the percent of preterm live births for 2018: Clark County black 18.23%, white 10.61%, compared to Ohio black 13.83%, white 9.48%.¹⁹
 - ii. **Low Birthweight Rates** – In 2018, the percent of live births born at a low birth weight (< 5 pounds 8 ounces) in Clark County is higher than in the state, and racial disparities exist: Clark County black 17.24%, white 7.89%, compared to the State of Ohio black 13.70% and white 7.24%.²⁰

Preterm infants may experience more learning disabilities, attention span, and visual and hearing problems. Giving birth to a preterm infant contributes to low birthweight and is a risk factor for neonatal death.²¹ In addition, care for preterm and low birthweight infants adds financial stress to the mother/family, health-care system and challenges the emotional resources of the mother and her parenting capabilities.²²

b. Teratogenic Use during Pregnancy –

- i. **Nicotine Exposure** - Although the percent of mothers who smoked at any time during pregnancy has decreased over the last 7 years, the percent of mothers in Clark County who smoked during their pregnancy is greater than that of Ohio’s (county 19.4%; Ohio 13.2%).²³ Research shows that women who smoke are more likely to give birth to low birth-weight babies.²⁴

ii. Opioid Exposure - Neonatal Abstinence Syndrome (NAS) – This syndrome is defined as a group of problems that occur in a newborn who was exposed to addictive drugs such as opiates while in the mother's womb. Symptoms in the neonate include trembling, irritability (excessive crying), sleep problems, high-pitched crying, tight muscle tone, seizures, hyperactive reflexes.²⁵ The rate of babies (per 1000 live births) with NAS in Clark County is 10.46 which is below that of Ohio's rate of 14.18, however, the number of babies referred to Developmental Disabilities of Clark County for drug exposure has increased from 44 (in 2014) to 207 (in 2018), an increase of 370%.²⁶

Child Care and Parenting Support

1. Child Care Resources

- a. Availability
- b. Affordability

2. Parenting Support

- a. Cross-generational Parenting Mentors
- b. Kinship Care
 - i. Unique Challenges
 - ii. Barriers to Receiving Benefit Support
- c. Children with Disabilities
 - i. Cognitive Disabilities
 - ii. Parenting Challenges

Child Care and Parenting Support

1. Child Care Resources –

- a. **Availability** – According to a recent study on child care supply and demand in the United States, finding licensed child care for infants and toddlers is extremely challenging.²⁷ In the State of Ohio, in 2018, the infant population (defined as < 30 months of age) was 338,719, the number of available infant-toddler child care slots in a licensed facility was 81,872, making the ratio of the average number of infants and toddlers per slot, 4:1. In other words, there is only enough licensed capacity for 1 in every 4 children. As a result, many working families instead opt for unlicensed programs or family, friend, or neighbor care.
 - b. **Affordability** - In addition to availability, cost and flexibility may influence child care use. A typical family in Ohio with an infant *and* a preschooler would pay on average \$20,000 per year for center-based child care, which is 30% of the median income for families with children in Ohio.²⁸ This is higher than the 7% of total household income benchmark that the U.S. Department of Health and Human Services deems to be affordable child care.²⁹ In Springfield, in 2016, a family would spend 40% of their median weekly family income on center-based childcare for one infant and one preschooler.³⁰ In a focus study conducted with low-income mothers from Clark County as well as 11 nonprofit agencies, it was reported that the lack of affordable and flexible childcare impacted the physical and financial dimensions of these women’s lives and was a barrier to self-sufficiency.³¹
2. **Parenting Support** - In 2018, 43% of children in Clark County were living in a single-parent household compared to 36% in the state and 35% nationwide.³² Thirty-two percent of households in Clark County were female headed with related children compared to 27% in the state and 23.7% nationally.³³
- a. **Cross-generational Parenting Support** – In the focus groups, 56.7% of the mothers were single parents. When asked about access to role models, 64% reported having access less than half the time with 30% answering “rarely” and 44% of the women reported not having a consistent family member or close friend they could turn to for help when something was troubling them. At several points during the interview, the focus groups began to function as a support group demonstrating the need and desired outcome for such interactions. Participants reported interest in having opportunities to connect with experienced mothers cross-generationally. The nonprofit agencies who participated in the focus group mentioned the need for childcare and transportation support to facilitate in-person support groups.³⁴

- b. **Kinship Care** - When a child must be removed from his or her home, caseworkers first try to place the child with a family member or close family friend; this is known as kinship care. According to the US census, one in eight children in Clark County is being raised by someone that is not their biological parent.³⁵ This rate of 12.5% is higher than the state average of 9%.³⁶
 - i. **Unique Challenges** - In the focus group study, 27% of the participants identified as kinship providers and indicated that they experienced strain with their existing family members because of the demands of caring for these other children. They also felt an added burden to go “above and beyond,” to care for these children because of the trauma these children may have already experienced.³⁷
 - ii. **Barriers to Benefit Support** - There is financial assistance available to eligible kinship providers.³⁸ However, as was mentioned in the focus group, some of the eligibility criteria may be barriers and this benefit is not perceived as comparable to foster care support.
- c. **Children with Disabilities** –
 - i. **Cognitive Disabilities** – For those under the age of 18, the prevalence of children in Clark County with a cognitive disability is 6.7%, which is higher than the state of Ohio, 5.2%, and the US, 4.1%.³⁹
 - ii. **Parenting Challenges** – Research shows that families caring for children with disabilities experience higher levels of family stress, limited employment opportunities and diminished rates of well-being.⁴⁰ Thirty-seven percent of the mothers in the focus group were parenting children with physical or cognitive disabilities. Some of these women expressed intense fatigue, stigma, and isolation due to the behavioral or physical limitations of the children they cared for that prevented them from receiving the social support they needed. They expressed a need for emotional support, especially those who were not receiving support from family or their faith community.⁴¹

Safety

- 1. Domestic Violence**
- 2. Female Incarceration Rates**
- 3. Housing**
 - a. Blood Lead Levels
 - b. Homelessness
- 4. Food Insecurity**

Safety

1. **Domestic Violence** – The total number of domestic violence reports in Clark County has increased since 2014. In 2018 the number of domestic violence incidents with injury was 600 and with no injury 1100.⁴² Women are more likely to be victims of domestic violence in all categories. In the 2018 annual report of the *Ohio Attorney General Domestic Violence Reports*, violence against wives accounted for 13.23% of the reported incidences and in Clark County violence against wives accounted for 26.4% of the cases. At the state level domestic violence against a non-spouse with a child involved accounted for 16.48% of the cases and in Clark County it accounted for 40.41% of reported cases, and at the state level domestic violence against a live-in partner accounted for 20.60% of the cases and in Clark County this accounted for 34.46% of the cases.⁴³

2. **Female Incarceration Rates** – Between 1980 and 2017, the number of incarcerated women in the United States increased by more than 750%.⁴⁴ Sixty percent of these incarcerated women have at least one child under the age of 18. In January of 2020, the prison population in the State of Ohio was 36.38% female. Clark County intake profiles between 2015 and 2019 indicate that on average, women account for 25.88% of the total prison inmate population.⁴⁵ During that same time period, Clark County Sheriff's Office reports an 26.5% increase in incarceration due to felonies committed by women.⁴⁶ The incarceration of females may impact family dynamics, childcare and future earning capacity.

3. **Housing** – The percent of households that spend 50% or more of their household income on housing in Clark County is 20%, slightly less than in the state of Ohio (21%).⁴⁷ The percent of households that experience at least one housing problem (e.g., overcrowding, lack of kitchen facilities, lack of plumbing facilities) in Clark County is 12% compared to the state at 13%. The majority of residents in the *Choice Neighborhood* report were renting their homes (83%) compared to 34.4% of those who rented in Clark County. The largest barriers to homeownership in this population were credit issues (45%) safety or upkeep concerns (39%) and fixed income (31%). Additional issues were lack of affordable housing, lack of good paying jobs and a lack of a down payment.⁴⁸
 - a. **Blood Lead Levels** – In 2018, the confirmed elevated blood lead levels in Clark County children ages 0-5 years is 59.7 (per 100,000 persons) which is higher than the incidence rate in the state of Ohio 22.9.⁴⁹

Related to this issue may be the finding that in 2005, 69.2 % of the total housing units in Clark County were built before 1970. Springfield has an even higher proportion (80.6 %) of housing units built before 1970. Most of the older housing stock in Clark County is concentrated in Springfield.⁵⁰ According to the Environmental Protection Agency, homes built before 1978 were more likely to be painted with lead-based paint and lead paint, including lead-contaminated dust, is one of the most common causes of lead poisoning.⁵¹

4. **Food Insecurity** – The percent of the population with limited access to healthy foods in Clark County is 11% compared to 7% in the state of Ohio.⁵² Due to the recent closings of several grocery stores in the city of Springfield, the percent of Clark County residents with limited access to healthy foods will be likely reported as higher in the future. In 2019, the CCCHD conducted a survey to assess food insecurity and to identify food deserts in Clark County. Results showed that full-service grocery stores were located in neighborhoods with a higher median income and the south side of Springfield had the fewest stores with fresh produce, processed produce, food assistance, and that were wheelchair and pedestrian accessible.⁵³

Financial Stability

- 1. Poverty**
- 2. Fair Living Wages**
- 3. Financial Literacy**
 - a. Credit Issues
 - b. Debt
- 4. Transportation**

Financial Stability

- 1. Poverty** – Eighteen percent of women living in Clark County live in poverty compared to 16.2% of women in the state. In addition, 8.6% live in deep poverty compared to 7.4% of women in the state. Female-headed households with children are more than twice as likely as all Ohio households to live in poverty.⁵⁴ Research shows that living in poverty is related to poorer physical and mental health as well as educational outcomes for all family members, but most specifically, children.⁵⁵

In the focus groups, 100% of the women were making less than \$30,000 a year. The federal poverty level for a single mother with three children is \$26,200.⁵⁶ The women articulated the challenge of what is known as the “*cliff effect*,” and that is the loss of benefits if an income increase results in a “net loss” financially. Losing much needed benefits becomes a disincentive for women to improve their financial outcome if the increase in salary or income does not compensate for the benefit loss.

- 2. Fair Living Wages** - In Clark County, women between the ages of 25-44 are employed at 79% compared to 88% of men in the same age group. The median earned income for women is \$34,849 which is lower than the state at \$36,000. On average, women earn \$0.76 of every dollar that men earn in Clark County, and half of working women earn even less.⁵⁷
- 3. Financial Literacy** –
 - a. Credit Issues** – Obtaining and maintaining good credit impacts women’s ability to secure safe housing, transportation, loans, and financial aid for future educational endeavors. Obtaining credit was mentioned in the focus groups in regards to gaining financial stability⁵⁸ as well as in the local study on home ownership.⁵⁹
 - b. Debt** – In the focus group, student loan debt was reported by the largest number of participants (56%) followed by medical debt (48%) and then auto loans (44%).⁶⁰
- 4. Transportation** – In the city of Springfield in 2018, 14.3% of families did not own a vehicle compared to Clark County, 8.2%, state of Ohio, 8.2%, and nation 8.7%. Forty percent owned one vehicle (Clark county 32%, state and nation 33%).⁶¹ Having reliable transportation impacts women’s ability to access educational opportunities, work, childcare, and health and social well-being for themselves and family members. In the focus group data, the non-profit agencies identified lack of transportation as a barrier to

physical, mental, educational, and financial well-being.⁶² In the five community meetings held by the Clark County Combined Health District, and as reported in the 2019 *Community Health Needs Assessment*,⁶³ access to transportation was identified as the number one priority to address physical and mental health by Clark County community members.

Training and Education

- 1. High School Graduation**
- 2. Post-Secondary Access**
- 3. Career Planning**

Training and Education

- 1. High School Graduation** – According to the dashboard *Engage Springfield*, in 2017, 36.8% of women earned a high school diploma, 23.5% reported having “some” college, 8.5% earned an associate’s degree, 8.5% a bachelor’s degree (29.5% at the state level), and 6% a graduate degree.⁶⁴ Higher educational attainment among women is associated with higher wages, lower rates of domestic abuse and healthier families.⁶⁵
- 2. Post-Secondary Access** – In the focus groups, 63% had received training beyond high school however, only 27% had *completed* college or technical training. These mothers reported putting educational goals on hold or finding it difficult to find the financial or social support or the time to complete a program. Those who were currently enrolled were accessing online education. Many have lost financial aid due to poor academic performance or using the aid for non-educational living expenses.⁶⁶

In a recent (2018) labor market analysis conducted in Clark County, 47% of the total number of job postings in 2017 required a high school diploma, 28% of the postings required an associate’s degree, while 24% required a bachelor’s degree.⁶⁷

Approximately one in four Clark County STEM jobs, in science, technology, engineering, or math, are held by women.⁶⁸ This compares to 28.6% in Ohio and 28.8% nationwide.⁶⁹ At the state level 27.7% of businesses are owned by women and 38.4% hold managerial or professional occupations.⁷⁰

- 3. Career Planning** – In the focus group, 37% of the women expressed the desire to learn new skills and get a better job, although 59% reported having no defined career goals or plans. In addition, less than 30% of the women in the focus group reported setting goals and mapping out a specific plan for themselves.⁷¹

Additional Potential Barriers

The following list of variables have been identified as public health or safety issues in previous city-and county-wide reports but were not included in the barrier wheel in this report either because they were more indirectly related to the self-sufficiency of women or the data showed a downward trend over time, or, the numbers were below those of the state and national rates. However, these issues remain potential barriers to women’s health and well-being.

1. **Infant Mortality Rate** – Between the years 2013-2017, the average mortality rate (per 1000 live births) in Clark County was 7.5 and slightly higher than that of Ohio at 7.2. There is however, racial disparity in infant mortality rates: Clark County, black infant mortality rate 16.7 (Ohio 15.2), white, 6.1 (Ohio 5.6). The leading cause of infant death in Clark County is external injuries followed by prematurity, in the State of Ohio, the leading cause of infant death is prematurity followed by congenital anomalies.⁷²
2. **Sexual Assault** – According to data published by the State of Ohio by county, since 2014, Clark County’s sexual assault numbers have declined by 12.5%.⁷³ The incidence rates of sexual assault however are often underreported and sexual assault remains a barrier to women’s self-sufficiency in that sexual assault may be linked to other barriers such as mental health issues or substance abuse and/or substance overdose deaths.⁷⁴
3. **Substance Abuse** - In 2018, 48.4% of individuals who died of an overdose in Clark County were male and 51.6% were female. This was the first year females overrepresented males in drug-related deaths in the county.⁷⁵ Of those individuals who died of an overdose, 44% reported a traumatic experience in their lives, 29.69% reported physical abuse, 17.19% reported sexual abuse, and 17.19% reported domestic abuse. In 2018, 48.44% of individuals who died of an overdose had previous known mental health treatment.⁷⁶

In 2018, illicit fentanyl was involved in 71.88% of drug-related deaths in Clark County, and for those deaths that involved fentanyl *only*, 52% were women. This is an increase from 2015 when 30% of deaths from fentanyl *only* were women. Of those deaths involving heroin, 50% were women and of deaths involving cocaine, 50% were women. For drug-related deaths that involved the prescription opioids: oxycodone, hydrocodone, morphine, methadone, and codeine, 78% were women.⁷⁷

4. **Homelessness/Unstable Housing** – As of January 2019, the State of Ohio had an estimated 10,345 individuals experiencing homelessness on any given day, this is a

decline of almost 18% since 2010.⁷⁸ Data shared by Interfaith Hospitality Network, one of several sites in Clark County that provides housing to women and families, reported a similar downward trend in that it housed 200 women in 2017 and 144 unduplicated women in 2019.⁷⁹ It is difficult to measure homelessness as it can be chronic and long-term or situational and short-term. However, *any* time spent without safe housing is stressful and disruptive to women and families. A recent study that includes over 200 Springfield City youth showed that 63% had slept *only* in a house or apartment during the school year. In fact, 46% reported staying in two or more places other than a house or apartment. And, almost 50% of these youth reported that they have not always felt safe and stably housed.⁸⁰

References

1. Clark County Community Health Assessment. (2019). http://www.ccchd.com/documents/contentdocuments/doc_23_5_859.pdf
2. Clark County Community Health Assessment and Improvement Plan. (2016-2019). http://www.ccchd.com/ccchd/n_he/comhealthas.html
3. Centers for Disease Control and Prevention (CDC) Wonder. (2019). Multiple Cause of Death, 1999-2017. <https://wonder.dcd.gov/mcd.html>
4. Bjerkeset, O., Romundstad, P., & Gunnell, D. (2008). Gender differences in the association of mixed anxiety and depression with suicide. *British Journal of Psychiatry*, 192(6), 474-475. doi:10.1192/bjp.bp.107.045203
5. Youth Risk Behavior Survey. (2019). <http://www.ccchd.com/ccchd/get-smart/YRBS.html>
6. Clark County Community Health Assessment. (2019). http://www.ccchd.com/documents/contentdocuments/doc_23_5_859.pdf
7. Youth Risk Behavior Survey. (2019). <http://www.ccchd.com/ccchd/get-smart/YRBS.html>
8. Status of Women in Clark County. (2010). <https://engagespringfield.org/2019/06/20/status-of-women-2010/>
9. Women's Partnership Funds Focus Group Report. (2019, Think Tank).
10. Youth Risk Behavior Survey. (2019). <http://www.ccchd.com/ccchd/get-smart/YRBS.html>
11. County Health Rankings and Roadmap.(2018).<https://www.countyhealthrankings.org/reports>
12. Women's Partnership Funds Focus Group Report. (2019, Think Tank).
13. Youth Risk Behavior Survey. (2019). <http://www.ccchd.com/ccchd/get-smart/YRBS.html>
14. Clark County Community Health Assessment. (2019). http://www.ccchd.com/documents/contentdocuments/doc_23_5_859.pdf
15. Clark County Community Health Assessment. (2019). http://www.ccchd.com/documents/contentdocuments/doc_23_5_859.pdf
16. Youth Risk Behavior Survey. (2019). <http://www.ccchd.com/ccchd/get-smart/YRBS.html>

17. Clark County Community Health Assessment. (2019).
http://www.ccchd.com/documents/contentdocuments/doc_23_5_859.pdf
18. Clark County Community Health Assessment. (2019).
http://www.ccchd.com/documents/contentdocuments/doc_23_5_859.pdf
19. Clark County Community Health Assessment. (2019).
http://www.ccchd.com/documents/contentdocuments/doc_23_5_859.pdf
20. Clark County Community Health Assessment. (2019).
http://www.ccchd.com/documents/contentdocuments/doc_23_5_859.pdf
21. World Health Organization. (2019). Care of the preterm and low-birth-weight newborn.
https://www.who.int/maternal_child_adolescent/newborns/prematurity/en/
22. Bry, A., Wigert, H. (2019). Psychosocial support for parents of extremely preterm infants in neonatal intensive care: a qualitative interview study. *BMC Psychol* **7**, 76.
<https://doi.org/10.1186/s40359-019-0354-4>
23. Clark County Community Health Assessment. (2019).
http://www.ccchd.com/documents/contentdocuments/doc_23_5_859.pdf
24. Bernstein, I. (2005). Maternal smoking and its association with birth weight. *Obstetrics and Gynecology*, Nov:106(5): p. 986-991. doi: 10.1097/01.AOG.0000182580.78402.d2
25. Kocherlakota P. (2014). Neonatal abstinence syndrome. *Pediatrics*. 134(2):e547-e561. doi:10.1542/peds.2013-3524
26. Clark County Community Health Assessment. (2019).
http://www.ccchd.com/documents/contentdocuments/doc_23_5_859.pdf
27. Child Care Aware of America. (2019). Current child care supply in Ohio.
<https://cocoa.maps.arcgis.com/apps/webappviewer/index.html?id=a34f60d2f53b4e259ec4bbef488dce42>
28. Child Care Aware of America. (2019). The U.S. and the high cost of child care.
https://info.childcareaware.org/hubfs/2019%20Price%20of%20Care%20State%20Sheets/Ohio.pdf?utm_campaign=2019%20Cost%20of%20Care&utm_source=2019%20COC%20-%20OH
29. U.S. Department of Health and Human Services. (2016). Child care and development fund (CCDF) program. *Federal Register*, 81 (190) (2): 67438–67595.
<https://www.gpo.gov/fdsys/pkg/FR-2016-09-30/pdf/2016-22986.pdf>.
30. Engage Springfield Community Dashboard (2019). <https://engagespringfield.org/>
31. Women’s Partnership Funds Focus Group Report. (2019, Think Tank).

32. Clark County Community Health Assessment. (2019).
http://www.ccchd.com/documents/contentdocuments/doc_23_5_859.pdf
33. Engage Springfield Community Dashboard (2019). <https://engagespringfield.org/>
34. Women's Partnership Funds Focus Group Report. (2019, Think Tank).
35. U.S. Census Bureau. (2017). 2013-2017 American Community Survey 5-Year Estimates.
<https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
36. Engage Springfield Community Dashboard (2019). <https://engagespringfield.org/>
37. Women's Partnership Funds Focus Group Report. (2019, Think Tank).
38. Ohio Department of Job and Family Services. (2020). Kinship care.
https://jfs.ohio.gov/ocf/kinship_care.stm
39. Clark County Community Health Assessment. (2019).
http://www.ccchd.com/documents/contentdocuments/doc_23_5_859.pdf
40. Goudie, A, Havercamp, S. Ranbom, L. and Jamieson, B. (2010). Caring for children with disabilities in Ohio: The impact on families. <http://grc.osu.edu/sites/default/files/inline-files/Caring%20for%20Children%20with%20Disabilities%20in%20Ohio%20The%20Impact%20on%20Families%20report.pdf>
41. Women's Partnership Funds Focus Group Report. (2019, Think Tank).
42. Clark County Community Health Assessment. (2019).
http://www.ccchd.com/documents/contentdocuments/doc_23_5_859.pdf
43. Ohio Attorney General Domestic Violence Report. (2018).
<https://www.ohioattorneygeneral.gov/Files/Reports/Domestic-Violence-Reports/Domestic-Violence-Reports-2018>
44. Kaistura, A. (2019). Women's mass incarceration: The whole pie 2019.
<https://www.prisonpolicy.org/reports/pie2019women.html>
45. Clark County Sheriff's Office. (2020). 2015-2019 Inmate intake profiles.
46. Clark County Sheriff's Office. (2020). 2015-2019 Inmate intake profiles.
47. Engage Springfield Community Dashboard (2019). <https://engagespringfield.org/>
48. Clark County Community Health Assessment. (2019).
http://www.ccchd.com/documents/contentdocuments/doc_23_5_859.pdf

49. Clark County Community Health Assessment. (2019).
http://www.ccchd.com/documents/contentdocuments/doc_23_5_859.pdf
50. Clark County Needs Assessment. (2005). Report posted at: <https://engagespringfield.org/>
51. U.S. Environmental Protection Agency. (2020). Protect your family from exposure to lead.
<https://www.epa.gov/lead/protect-your-family-exposures-lead>
52. Clark County Community Health Assessment. (2019).
http://www.ccchd.com/documents/contentdocuments/doc_23_5_859.pdf
53. Clark County Community Health Assessment. (2019).
http://www.ccchd.com/documents/contentdocuments/doc_23_5_859.pdf
54. Ohio Development Services Agency. (2019). The Ohio Poverty Report.
<https://development.ohio.gov/files/research/P7005.pdf>
55. American Psychological Association's Office of Socioeconomic Status. (2020).
<https://www.apa.org/about/governance/president/deep-poverty-initiative>
56. Health and Human Services Poverty Guidelines/Federal Poverty Levels. (2020).
<https://www.payingforseniorcare.com/federal-poverty-level#2020-Poverty-Guidelines---Annual>
57. The Status of Women: Clark County (2019). Report posted at: <https://engagespringfield.org/>
58. Women's Partnership Funds Focus Group Report. (2019, Think Tank).
59. Clark County Community Health Assessment. (2019).
http://www.ccchd.com/documents/contentdocuments/doc_23_5_859.pdf
60. Women's Partnership Funds Focus Group Report. (2019, Think Tank).
61. Engage Springfield Community Dashboard (2019). <https://engagespringfield.org/>
62. Women's Partnership Funds Focus Group Report. (2019, Think Tank).
63. Clark County Community Health Assessment and Improvement Plan. (2016-2019).
http://www.ccchd.com/ccchd/n_he/comhealthas.html
64. Engage Springfield Community Dashboard (2019). <https://engagespringfield.org/>
65. The Status of Women: Clark County (2019). Report posted at: <https://engagespringfield.org/>
66. Women's Partnership Funds Focus Group Report. (2019, Think Tank).
67. University of Cincinnati Economics Center: Research and Consulting. (2020). Clark County labor market analysis.

68. The Status of Women: Clark County (2019). Report posted at: <https://engagespringfield.org/>
69. U. S. Census Bureau. (2019). American Community Survey (ACS) 5-year estimates on Employment Status. <https://data.census.gov/cedsci/>
70. The Center for Community Solutions. (2020). <https://www.communitysolutions.com/>
71. Women’s Partnership Funds Focus Group Report. (2019, Think Tank).
72. Clark County Community Health Assessment. (2019).
http://www.ccchd.com/documents/contentdocuments/doc_23_5_859.pdf
73. Ohio Department of Public Safety, Office of Criminal Justice Services (2017).
https://www.ocjs.ohio.gov/crime_stats_reports.stm#gsc.tab=0
74. Clark County Combined Health District (2018). Drug Death Report for Clark County.
http://www.ccchd.com/documents/contentdocuments/doc_23_5_1432.pdf
75. Clark County Community Health Assessment. (2019).
http://www.ccchd.com/documents/contentdocuments/doc_23_5_859.pdf
76. Clark County Combined Health District (2018). Drug Death Report for Clark County.
http://www.ccchd.com/documents/contentdocuments/doc_23_5_1432.pdf
77. Clark County Combined Health District (2018). Data from the Drug Death Report for Clark County.
78. U.S. Department of Housing and Urban Development (HUD). (2019). Continuums of Care.
<https://www.usich.gov/homelessness-statistics/oh>
79. Interfaith Hospitality Network. (2019). Personal communication.
80. Hagen Center for Civic and Urban Engagement and Springfield City Schools. (2020). Springfield Youth Survey.

Appendix A

The following reports can be found at <https://engagespringfield.org> with identified areas of overlap with the contents of this report.

1. Afterschool Survey Report (2010)

- Incarceration rates
- Transportation issues

2. Building on Springfield's Assets: Leveraging a Better Future (2013)

- Workforce development
- Employment opportunities
- Future job growth

3. Clark County Needs Assessment (2005)

- Development of labor force
- Mental health support
- Teen pregnancy
- Poverty
- Health risk behaviors
- Sexually transmitted infections
- Housing stock
- Domestic violence

4. Closing the Opportunity Gap (2016)

- Early parenting support
- Poverty
- Unplanned pregnancies
- Affordable housing
- Post-high school advancement/opportunity

5. Connect Clark County (2018)

- Obesity in youth
- Financial literacy programs
- Access to healthy food
- Public transportation

6. Partnerships for Success (2005)

- Parenting support
- Obesity
- Financial literacy

7. Status of Women Report (2010)

- Poverty
- Health issues
- Unplanned pregnancies
- Domestic violence
- Incarceration rates

8. Status of Youth (2011)

- Weight/obesity issues
- Risky sexual behavior
- Suicidal ideation