



MERCER COUNTY, OHIO

401 E. MARKET ST.
CELINA, OHIO 45822
WWW.WOCAP.ORG

COMMUNITY ASSESSMENT DECEMBER 2025



PREPARED BY:
Lima/Allen County
REGIONAL PLANNING
COMMISSION

Data Limitations – Data in this report primarily comes from the 2023 American Community Survey 5-year estimate which is based on sampling over the 2018-2023 period. In smaller communities, like Mercer County, the sample can easily misrepresent actual totals and changes over time. It is the only current data available at this level so it is presented as is but the reader is cautioned as to its accuracy.

Executive Summary

2025 Community Assessment

I'm pleased to share our 2025 Community Assessment, which highlights the needs, strengths, and opportunities within our county. This past year brought its share of challenges, from a prolonged federal shutdown to ongoing budget uncertainty, but thanks to the dedication of our staff and the strong support of our partners, we continued providing essential services to families who rely on us.

A few key themes emerged from this year's assessment:

Housing: Safe, accessible, and affordable housing remains one of our community's most urgent needs. Aging homes, high utility costs, and limited affordable options continue to strain low-income families and older adults.

Child Health & Lead Safety: More families are participating in early childhood lead testing, but continued outreach is needed to ensure all children receive timely screening and intervention.

Access to Services: Several areas of the county, such as Mendon, Montezuma, and Chickasaw, would benefit from expanded services. These will be priority areas for future outreach as resources allow.

Homelessness: Homelessness continues to be underreported, and stronger collaboration with community partners will be essential to identify and support individuals in need.

Workforce Development: Local employers continue to face skill shortages. We remain committed to building strong partnerships that connect residents with training and pathways to stable, high-quality jobs.

Looking Ahead

Despite the difficulties of 2025, our mission never wavered. As we plan for 2026 and beyond, this assessment will guide our decisions and help us strengthen the support we provide to families throughout the county. I am deeply grateful for our team, our partners, and our community, your resilience and collaboration make this work possible.

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1 INTRODUCTION: WOCAP COMMUNITY ASSESSMENT 2025

Federal planning guidelines require community assessments be completed every five years and reviewed annually for needed updates. The Head Start Policy Council and Board of the West Ohio Community Action Partnership (WOCAP) approved this assessment on _____. Pursuant to federal guidance, this Assessment will be used by the Board and staff at WOCAP to research the local needs and plan warranted types of programming and services that will be provided using Community Services Block Grant and Head Start funds. Such funds must be used for programming aligned with the three National Community Action Results Oriented Management Accountability (ROMA) goals that provide guidance for the types of services that help families and individuals thrive.

The 2025 WOCAP Community Assessment has been completely updated to provide expanded information necessary to provide the rationale and justification for the programs and services provided by, and yet to be developed by, WOCAP. The assessment was compiled with the assistance of the Lima Allen County Regional Planning Commission and Mercer County Public Health. WOCAP acknowledges their technical support and extends its sincere appreciation for their hard work and commitment to this process.

1.1 GOALS AND OBJECTIVES

The overall goal of the assessment was to capture the state of well-being of people in our service area, and identify the vulnerable populations within the community, specifically targeting the inclusion of low-income, elderly, young children, expectant women, minority, and disabled residents. Our intention was to identify those available internal and external data sets to develop the most comprehensive overview of the community using our community partners in the planning process. The efforts to compile and analyze the data provided herein will help identify community weaknesses and build upon local strengths and resources to close the gap between the needs of the community and the services that are accessible to everyone.

WOCAP's objective was to meet the regulatory requirements of the U.S. Department of Housing and Urban Development (HUD) and satisfy both Community Services Block Grant and Head Start Program planning requirements, and specifically address CSBGs national ROMA objectives that require: (1) individuals and families with low incomes are stable and achieve economic security; (2) communities where people with low income live are healthy and offer economic opportunity; and (3) people with low incomes are engaged and active in building opportunities in communities.

1.2 WOCAP HISTORY

West Ohio CAP was founded as a non-profit private organization in 1993 to serve our community in meeting the needs of both young and old low-income families in Allen County, Ohio. After nearly three years of effort by the United Way of Greater Lima, the Black Ministerial Alliance, the City of Lima's Mayor, and the Allen County Commissioners, West Ohio CAP was designated on February 1, 1994, as the Community Action Agency for Allen County.

Upon opening, West Ohio CAP operated two emergency assistance programs, the local Federal Emergency Assistance and the Home Energy Assistance Program, with four employees and a budget of \$345,000. On September 12, 1994, a Micro Enterprise Coordinator was hired and the Allen/Lima Enterprise Assistance Program became the first program created by the new Community Action Agency. In 1995, the Federal Head Start program was secured. With the inception of this program, Head Start became the agency's biggest funded program by serving 571 children in Allen County. West Ohio CAP continued to focus on low-income early childhood development by successfully adding 80 children in the Early Head Start Program with child care partners in 2015.

Thirty-two years later, with an operating budget that has grown to \$13 million and a staff of 88 employees, West Ohio CAP now offers fourteen programs in three counties: Allen, Auglaize, and Mercer. West Ohio CAP's programs are continually evolving and changing as part of a continuing effort to meet the ever-growing needs of our community and neighbors. Over the years, West Ohio CAP has realized that as our community and the economic environment in which we live change, our plans, goals, and services must change as well. Therefore, West Ohio CAP is "On the Move." West Ohio CAP facility locations include Celina, Harrod, Lima, and Wapakoneta. The Lima location at 540 Central Avenue is our headquarters, which is centrally located in Lima and is accessible by public transportation or pedestrians.

With pride in service and a commitment to excellence, West Ohio CAP provides opportunities for individuals to reach their full potential by offering stepping stones to success. We open paths to self-sufficiency and empowerment for individuals and families to enhance our community. West Ohio CAP programming has grown to include: Early Head Start, Head Start and Preschool, Kindergarten Kamp, Most Valuable Parents (MVP) Program, Rent Assistance, Fair Housing, Financial Management, Home Repair Program, Lead Safe Home Program, Utility Assistance (HEAP), Rent/Mortgage Assistance, Water Assistance, Emergency Services, and the Start-Up Lab.

West Ohio CAP has been involved with establishing and nurturing many initiatives that have grown to become other successful non-profit programs in the community, such as the federally qualified health clinic, now the Dr. Gene Wright Health Center; family violence prevention, which is now Partnership for Violence Free Families; and the Start-Up Lab for minority small business development.

West Ohio CAP has a proven thirty-two-year track record of ethics in operations and fiscal accountability by continually achieving “clean” audit opinions during our annual agency-wide single audits. In 2014 and 2019, the Chamber of Commerce named West Ohio CAP “Non-Profit Business of the Year”. In 2016, West Ohio CAP was awarded the Exemplary Program award from the John Glenn Institute for our newest program, Steps to Success, a comprehensive self-sufficiency program for low-income adults. We have also been awarded seven Best Practice Awards from The Ohio State University’s John Glenn Institute for Public Policy and Public Service. This award is presented to non-profit agencies for innovative efforts to help low-income people make life-changing differences and lead them on the path to self-sufficiency. In 2019, West Ohio CAP was again chosen as the recipient for the Exemplary Program award for our “No Excuses” program in Allen County as an effort to ensure the safety of the most vulnerable population and create a safer living environment. Our agency also received the Community Impact Award in 2019 from Dominion Energy for our Lead Safe Home Program, and in 2020, the Dominion Community Impact Award for our efforts to reduce homelessness. On July 8, 2022, West Ohio CAP received the Compass Award from Ohio Treasurer Robert Sprague. The Compass Award is presented for demonstrating innovation and excellence in the field of financial literacy. West Ohio CAP was awarded the Community Service Award at Ohio Healthy Homes Network 2024 Annual Conference. We were chosen for this award for our National Lead Poisoning Prevention Week Event held in October 2023. The event highlighted the efforts being made in the community towards lead poisoning prevention and featured statistics, remarks from elected officials and key community agencies and resources, as well as the importance of taking lead prevention measures.

We are known throughout the community as an organization of integrity and a leader in collaboration, partnering, and advocating for low-income families. A hallmark of our organization is our ability to collaborate with a wide variety of community agencies. We have partnerships with more than 100 agencies in our region to meet the goals of helping people reach their full potential.

West Ohio CAP currently serves about 9,300 individuals per year through its many programs and services in three counties. The quality of services is paramount to our continued success.

1.3 WOCAP'S PHILOSOPHY AND GUIDANCE

WOCAP has a long and storied history of success. Much of that success is predicated upon the direction and guidance provided by the Policy Board, our parents, and our staff who have collectively developed specific statements to guide the direction, development, and delivery of services so needed across this community. To meet the needs of those we dedicate our services to, we adopt the following statements:

MISSION STATEMENT

West Ohio Action Partnership is a non-profit, 501(c)(3), Community Action Agency that provides opportunities for people to reach their highest potential by providing stepping stones to success. We shall open paths to self-sufficiency and empowerment for individuals and families to enhance our community.

VALUE STATEMENT

Together, we, the staff, board, and policy council of West Ohio Community Action Partnership, commit to making a difference in our community, through actions and behaviors that demonstrate our dedication to these values:

Welcoming, accepting, and recognizing that each person has unique and diverse qualifications and strengths

Offering services with dignity, kindness, and compassion

Communicating with directness and honesty to find creative solutions

Accomplishing our common goals by providing the tools to build bridges to success

Pioneering the way forward in high standards of education and community achievement

VISION STATEMENT

WOCAP's vision is to continue to provide the tools and services needed to build respected, strong foundations in our community through programs and partnerships.

1.4 WOCAP AND CURRENT COLLABORATION

As an agency, WOCAP has developed its programming and shared its successes with other community stakeholders, and as a result, it now has over 100 partnerships with local community and government organizations. WOCAP understands that to achieve results, it cannot do it alone. A few examples of successful program partners in 2022-2025 include:

- With the United Way of Greater Lima, Family & Children First Council, the Chamber of Commerce, and the Lima City Schools, WOCAP provides a unique five-week transition program (Head Start preschool curriculum into Kindergarten) for at-risk children. The goal of the partnership is to identify children who did not have a preschool experience, to prepare children for kindergarten, to educate teachers about early learning institutions, and to develop relations between Kindergarten Teachers and Head Start Teachers. The program has proven to be a huge success, increasing children's kindergarten testing scores from 14 points to 19 points (the average) and earning WOCAP an award from the John Glenn Institute for Best Practices.
- WOCAP currently works with five childcare centers in Lima to coordinate early childhood services for working parents. We combine resources, space, and funding to ensure high-quality services are available and to increase the childcare's capacity for excellence through curriculum development, staff training, and financial support.
- Coordinating with 15 organizations across three counties, the agency works to deliver homeless prevention services. The Homeless Planning Region 12 develops policy as to how services are provided, monitors the quality of services, and ensures that families are permanently and stably housed. The partnership has resulted in the development of Annual Homeless Counts conducted in both Auglaize and Mercer counties and helped to raise the level of public awareness in those communities regarding the need to provide homeless services. In 2024, WOCAP served 169 households that were identified as homeless, as well as assisting another 103 households with rent and/or mortgage assistance.
- The vision of West Ohio CAP was to design a lead abatement project to focus on both lead abatement and home repair to remove lead hazards and preserve safe and affordable housing. We recognized that to ensure the home was safe for occupancy when completed, other unsafe home repairs needed to be addressed. To reach this goal, West Ohio CAP had to leverage \$1.75 million of private funds with State home repair funds, agency funds, City of Lima funds, and Ohio Department of Health funds. West Ohio CAP abated 32 units in the area, with a priority for homes that have children who have already been poisoned by lead. Ten area contractors and government organizations collaborated with WOCAP to

move this project forward. West Ohio CAP has held classes for 84 participants to become lead-certified contractors since 2022.

1.5 OVERVIEW AND DATA LIMITATIONS

The data collected for this Assessment were assembled from various sources across various periods. Data sets varied by date and period and did not automatically lend themselves to inclusion in this Report. Statistical manipulations using geographic information systems were used to assimilate data across geographies and periods.

The 2023 ACS datasets were used as baseline information across the entire report. Decennial Census information was used as available and where applicable across the County, townships, and cities/villages. Where available, data is presented at the census tract level; defaults fall to county or political subdivision levels. The second section addresses the local population by geography, household structure, age, educational attainment, and income. Poverty and employment conclude the socioeconomic indices. Section 3 reviews housing data made available by the decennial census, the ACS, and data obtained from the Mercer County Auditor. Section 3 provides insights relative to the housing stock by size, tenure, age, perceived value, sales values, residency, vacancy status, and quality. Group quarters, mobile/manufactured homes, and manufactured home parks are also addressed before an analysis of housing rehabilitation, affordability, and homelessness is presented. A review of housing foreclosures, vacancies, and blight is addressed in subsequent sections. Based on the antipoverty programming undertaken by WOCAP, Section 4 examines various metrics of the local school districts and the educational opportunities presented across the community at post-secondary institutions, non-degree-granting primarily post-secondary educational facilities, local school districts, and child care facilities. Most of the data was obtained from the Ohio Department of Education and the New American Federal Education Budget Project. Ancillary data were obtained from school websites and related periodicals. Data herein supports the educational attainment data provided in Section 2 and provides greater insights into the various programs locally available, as well as financial, demographic, and performance data of those public-school districts. Data relative to local school district facilities and KRA are incorporated therein. Data within Section 5 has been supported and or provided by the Ohio Department of Public Safety, the Ohio Department of Commerce, the Mercer County Auditor's Office, Lima-Allen County Regional Planning Commission, Mercer County Public Health, the Mercer County Sheriff's Department, the City of Celina Police Department, and the City of Celina Engineering Department. Section 5 examines the implications of crime, housing, and substance abuse with respect to policy decisions governing land use, housing, resource management, criminal justice services, and health. Before a Summary of Findings and

Recommendations is presented, Section 6 provides an overview of poverty and health disparities, including those associated with the local physical environment. Section 6 concludes with a needs assessment completed by WOCAP's clients and parents and summarizes WOCAP's services, partners, and compliance issues related to the delivery of Head Start and Early Head Start services.

The report readily acknowledges "borrowing" statements and statistical findings from the Centers for Disease Control, the United States Environmental Protection Agency, the Ohio Environmental Protection Agency, the Ohio Department of Health, and the Ohio Policy Institute to address the complicated relationships between the environment and disease as well as to link statistically significant findings obtained at the state/national levels with the local environment and expected health determinants and policy recommendations developed across Sections 5, 6, and 7.

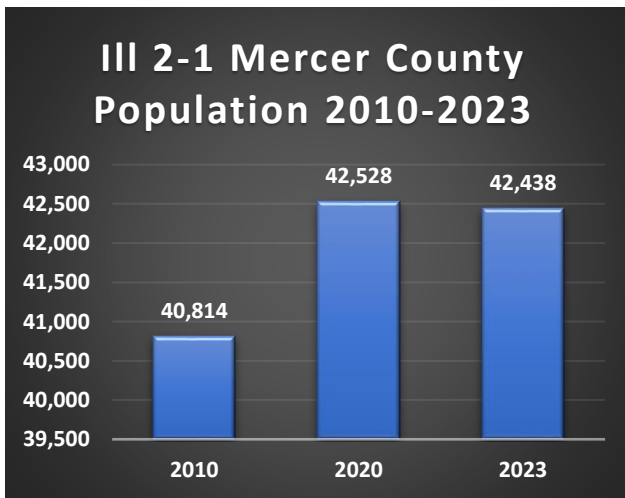
2 POPULATION AND SOCIOECONOMIC DEMOGRAPHICS

To assess the needs of the community and address anti-poverty programming, a better understanding of the local population is warranted. Assessing a community's population and its respective demographic measures, including age, gender, race, educational attainment household structure, and income, is essential to understanding the related demand and consumption of education, employment, health, and housing services provided by local community service providers. Recognizing and understanding how economic factors impact the population furthers the discussion and assessment of existing services and unmet needs as well as affording these local service providers the opportunity to develop sound policies and support the wise expenditure of public funds.

2.1 POPULATION AND AREA

The service area under review in this document spans the entirety of Mercer County, inclusive of its cities and villages. The study area encompasses the City of Celina, the incorporated villages of Chickasaw, Coldwater, Fort Recovery, Mendon, Montezuma, Rockford, St. Henry, and Burkettsville, and all 13 townships including Black Center, Dublin, Franklin, Gibson, Hopewell, Jefferson, Liberty, Recovery, Union, and Washington Creek, Butler, Granville, Marion, (Map 2-1).

Major roads include U.S. Route north and south, and U.S. Route the northern section of the county to southeast. In addition, Mercer to Grand Lake St. Marys, the lake in Ohio. The total study area 462.4 square miles.

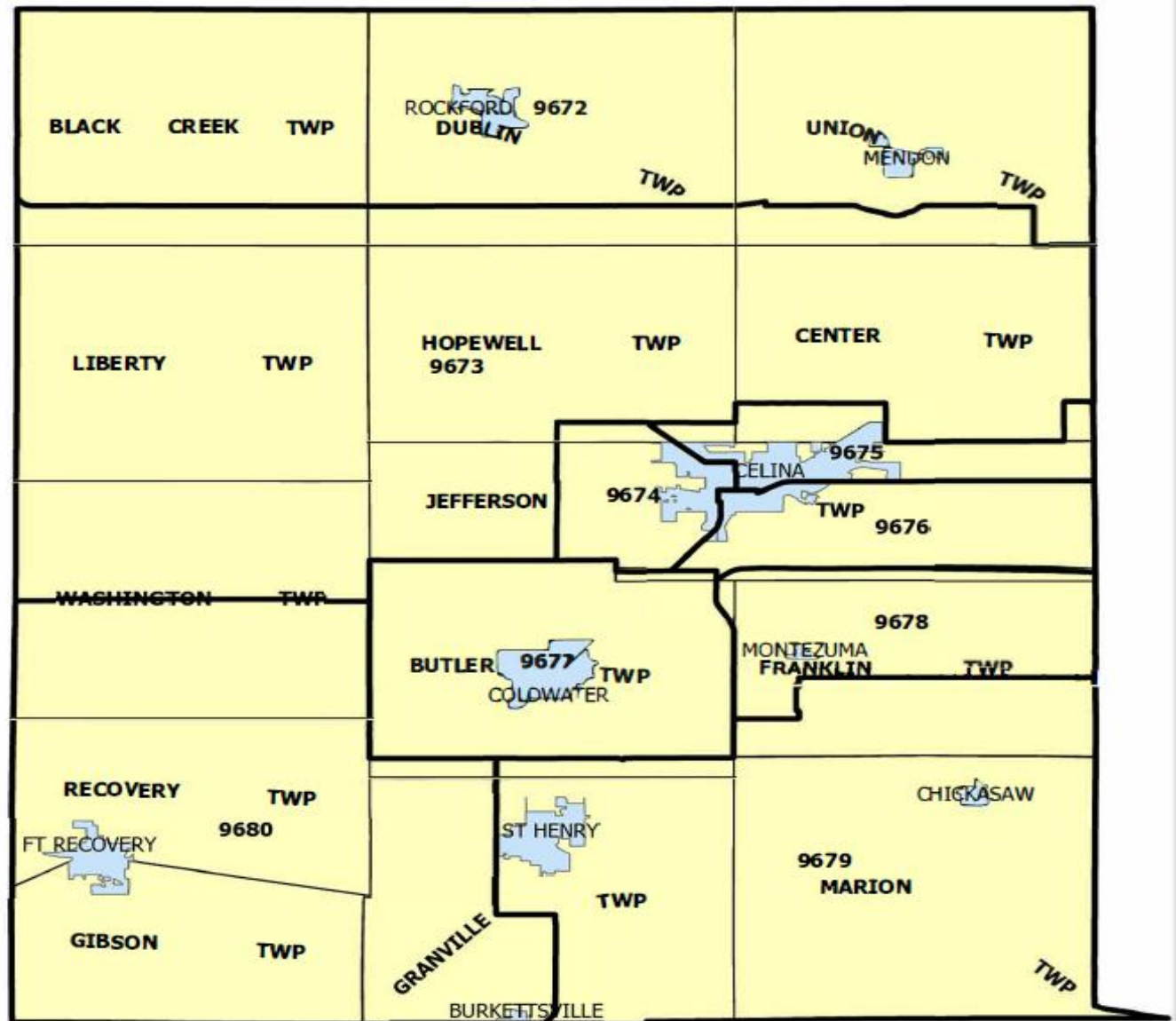


127, which runs 33, which crosses from northwest County is home largest inland reflects some

The population of Mercer County in 2023, according to the 2023 American Community Survey 5-year estimates, was 42,438 people.



Map 2-1 MERCER COUNTY (2023)



0 2.5 5 10 Miles

-  Mercer County Census Tracts
-  Mercer County Municipalities
-  Mercer County Townships



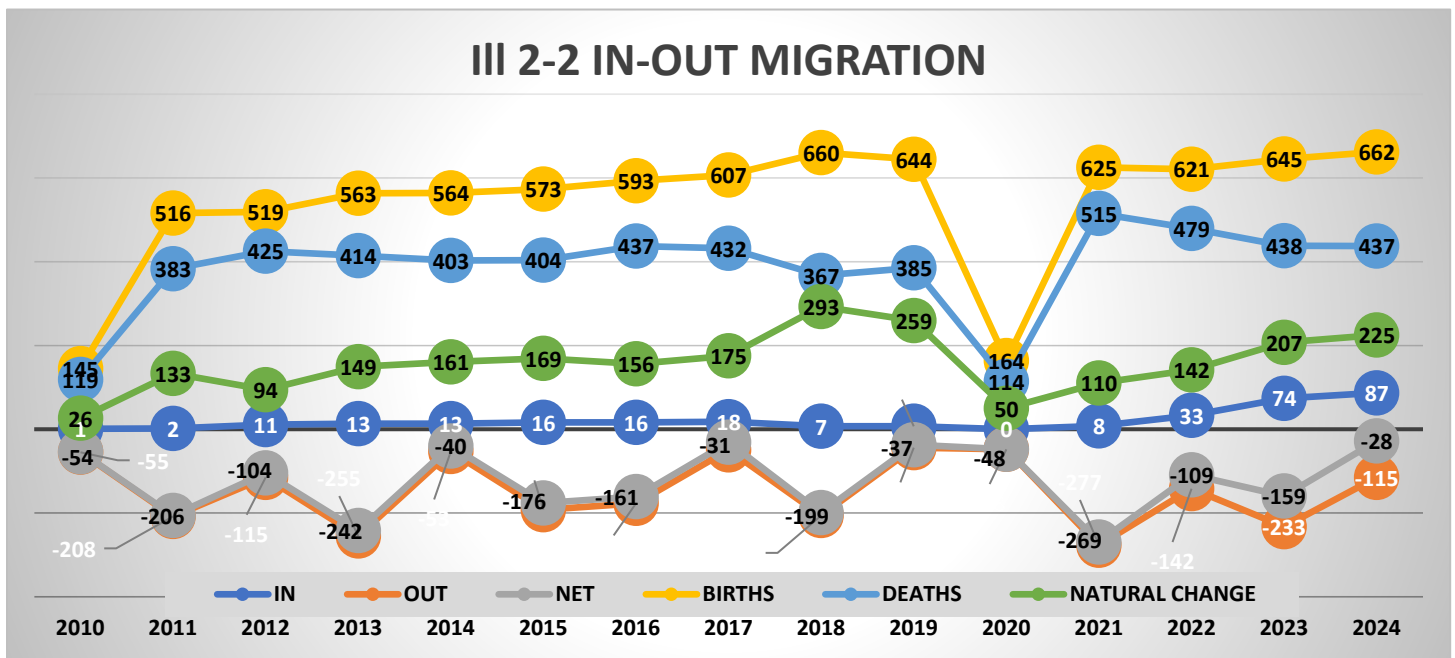
LACRPC SEPTEMBER 2025

2.2 POPULATION AND POPULATION CHANGE

In the context of this report, the term population refers to the number of inhabitants in each place and time. The population, however, is not uniform in its demographics, distribution, or density. Therefore, the remainder of this section attempts to highlight specific characteristics of the community's population and provide broad generalizations that will further the planning process.

The data within this report was gathered from the U.S. Census Bureau for the 2023 5-year American Community Survey estimates and the 2020 Decennial Census Redistricting Data, where applicable.

Table 2-1 provides population data for Mercer County and its political subdivisions by decennial census periods and the most recent ACS estimate. As identified in Illustration 2-1 and Table 2-1 and demonstrated in, the County's population grew by 4 percent, adding 1,624 residents between 2010 and 2023. For comparison purposes, the State of Ohio experienced a population growth of just 2.11% over the same period.



Population change is the net result of the relationship between the number of births and the number of deaths in a population (sometimes referred to as natural change), coupled with the net migration within the community. Whether related to growth or decline, population change is not static nor uniform.

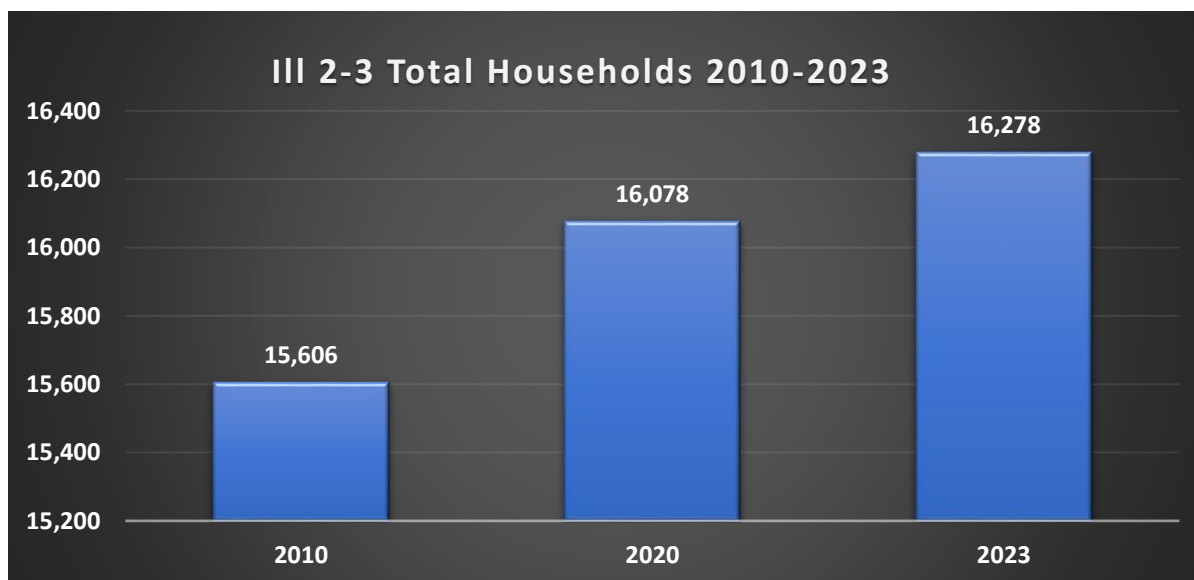
TABLE 2-1					
TOTAL POPULATION BY POLITICAL SUBDIVISION (2020-2023)					
Political Subdivision	2010	2020	2023	2010-2020 PCT Change	2020-2023 PCT Change
Mercer County	40,814	42,528	42,438	4.20%	-0.21
Black Creek	612	611	775	-0.20%	26.84
Butler	1,918	1,879	2,250	-2.00%	19.74
Center	1,086	1,099	969	1.20%	-11.83
Dublin	1,018	1,081	815	6.20%	-24.61
Franklin	2,120	2,359	2,419	11.30%	2.54
Gibson	968	992	979	5.90%	-1.31
Granville	1,433	1,428	1,205	-0.30%	-15.62
Hopewell	1,033	1,024	786	-0.90%	-23.24
Jefferson	2,755	2,930	2,940	3.20%	0.34
Liberty	918	909	1,202	-1.00%	32.23
Marion	2,680	2,964	2,913	10.60%	-1.72
Recovery	1,228	1,151	1,259	-9.00%	9.38
Union	753	702	594	-6.80%	-15.38
Washington	1,190	1,201	1,032	0.90%	-14.07
Burkettsville	170	203	209	19.40%	2.96
Celina	10,411	10,935	11,017	5.90%	0.75
Chickasaw	290	358	419	23.40%	17.04
Coldwater	4,427	4,774	4,387	7.80%	-8.11
Fort Recovery	1,430	1,501	1,863	5.00%	24.12
Mendon	662	628	600	-5.10%	-4.46
Montezuma	165	152	100	-7.90%	-34.21
Rockford	1,120	1,051	893	-6.20%	-15.03
St. Henry	2,427	2,596	2,812	7.00%	8.32
Data Source: B01003 2023 ACS 5-year estimates					

The City of Celina, the county seat, witnessed a 6.1 percent increase between 2010 and 2023. Liberty Township saw an increase of 30.94% in population, while Hopewell Township saw a decrease of 23.91%. The Villages of Chickasaw and Fort Recovery both saw increases in population of about 44.5 percent and 30.28 percent, respectively, within the 13-year period, but the Village of Montezuma had a decrease of 39.4%.

2.3 HOUSEHOLDS AND HOUSEHOLD SIZE

Another population-related factor to recognize is a change in the number and size of local households. This measure is important since each household requires a dwelling unit. In most cases, the household size will determine specific housing components such as the number of bedrooms, bathrooms, square footage, play area, etc. Therefore, housing consumption changes as the number of households changes in number or character. As the characteristics of the household change, new residency patterns are established. From a public policy perspective, it is important to balance the available housing supply with the housing demand, otherwise, voids develop whereby housing remains unoccupied/vacant, and housing needs go unmet.

ACS data reveals the total number of households and the rate of change in total households reported between 2010 and 2023. Illustration 2-3 shows the trend over time in total households in Mercer County. In 2023 there were 16,278 households, an increase of 4.3 percent from the 2010 figure of 15,606 households.



Household size is an interesting factor. Table 2-2 presents information relative to the changing size of households. The average household size in Mercer County has remained steady between 2010 and 2023.

TABLE 2-2

TOTAL HOUSEHOLDS & AVERAGE HOUSEHOLD SIZE BY POLITICAL SUBDIVISION (2010-2023)

Political Subdivision	Total HH 2010	Average HH Size 2010	Total HH 2020	Average HH Size 2020	PCT Change Total HH	PCT Change HH Size	Total HH 2023	Avg. HH Size 2023	PCT Change Total HH 2010-2023
Mercer County	15,606	2.6	16,078	2.5	3.02%	-3.10%	16,278	2.6	4.3
Black Creek	206	1.8	218	2.1	5.83%	14.80%	254	3.1	23.3
Butler	640	2.8	835	2.7	30.47%	-5.70%	837	2.7	30.8
Center	470	2.7	402	2.5	-14.47%	-8.10%	414	2.3	-11.9
Dublin	394	2.7	379	2.3	-3.81%	-12.10%	320	2.3	-18.8
Franklin	988	2.1	996	2.1	0.81%	1.00%	1,212	2.0	22.7
Gibson	336	2.8	272	2.6	-19.05%	-8.10%	285	2.9	-15.2
Granville	356	2.8	400	3.6	12.36%	28.20%	259	3.4	-27.2
Hopewell	381	2.6	320	2.7	-16.01%	3.50%	296	2.7	-22.3
Jefferson	1,116	2.3	1,150	2.3	3.05%	1.30%	1,122	2.4	0.5
Liberty	335	2.7	386	3.1	15.22%	12.40%	385	3.1	14.9
Marion	763	3.4	1,073	2.5	40.63%	-27.00%	1,023	2.8	34.1
Recovery	344	3.3	347	2.9	0.87%	-12.00%	455	2.7	32.3
Union	279	2.6	386	2.2	38.35%	-18.20%	381	2.0	36.6
Washington	427	3.2	391	3.4	-8.43%	3.70%	318	3.3	-25.5
Burkettsville	69	2.4	73	2.4	5.80%	2.10%	78	2.7	13.0
Celina	4,526	2.4	4,416	2.4	-2.43%	0.40%	4,673	2.4	3.2
Chickasaw	111	2.4	142	2.2	27.93%	-7.60%	161	2.6	45.0
Coldwater	1,629	2.5	1,551	2.5	-4.79%	-0.80%	1,559	2.8	-4.3
Fort Recovery	447	2.6	719	2.4	60.85%	-7.80%	700	2.7	56.6
Mendon	222	2.6	256	2.5	15.32%	-3.50%	221	2.7	-0.5
Montezuma	75	2.2	59	1.8	-21.33%	-20.20%	48	2.1	-36.0
Rockford	502	2.4	411	2.0	-18.13%	-15.80%	381	2.2	-24.1
St. Henry	990	2.8	896	3.0	-9.49%	7.90%	896	3.1	-9.5
Data Source: B11001 2023 ACS 5-year estimates									

Table 2-3 examines household composition. In 2023, approximately a third of households (5,737) or 35 percent of all households were identified without children.

TABLE 2-3								
HOUSEHOLDS WITH CHILDREN BY TYPE (2023)								
Political Subdivision	Total w/ Children	PCT of Total HH	Married w/ Children	PCT Married HH	Single Female w/ Children	PCT Female HH	Single Male w/ Children	PCT Male HH
Mercer County	3,992	24.5%	3,450	37.6%	359	10.6%	183	7.0%
Black Creek	47	18.5%	47	23.2%	0	0.0%	0	0.0%
Butler	218	26.0%	197	38.8%	21	23.3%	0	0.0%
Center	64	15.5%	57	24.1%	0	0.0%	7	5.8%
Dublin	50	15.6%	50	24.3%	0	0.0%	0	0.0%
Franklin	170	14.0%	149	24.3%	21	9.3%	0	0.0%
Gibson	127	44.6%	127	59.8%	0	0.0%	0	0.0%
Granville	160	61.8%	147	72.9%	0	0.0%	13	32.0%
Hopewell	78	26.4%	70	35.0%	0	0.0%	8	19.0%
Jefferson	167	14.9%	159	25.8%	8	4.7%	0	0.0%
Liberty	137	35.6%	127	55.9%	0	0.0%	10	13.9%
Marion	283	27.7%	283	38.3%	0	0.0%	0	0.0%
Recovery	65	14.3%	65	17.9%	0	0.0%	0	0.0%
Union	22	5.8%	22	19.3%	0	0.0%	0	0.0%
Washington	101	31.8%	101	38.7%	0	0.0%	0	0.0%
Burkettsville	25	32.1%	25	39.1%	0	0.0%	0	0.0%
Celina	864	18.5%	626	12.5%	183	12.8%	55	9.7%
Chickasaw	66	41.0%	65	60.2%	1	3.7%	0	0.0%
Coldwater	608	39.0%	525	53.0%	83	19.7%	0	0.0%
Fort Recovery	211	30.1%	174	46.3%	19	17.3%	18	9.6%
Mendon	59	26.7%	41	34.7%	15	31.9%	3	6.1%
Montezuma	2	4.2%	2	7.7%	0	0.0%	0	0.0%
Rockford	104	27.3%	51	33.1%	8	7.6%	45	47.9%
St. Henry	364	40.6%	340	52.7%	0	0.0%	24	22.6%
Data Source: B11012 2023 ACS 5 Year estimates								

Large households (6 or more persons) usually have more difficulty finding housing, particularly affordable rental housing, due to a lack of supply. Such households are also at greater risk of experiencing housing discrimination based on familial status.

TABLE 2-4				
FAMILY SIZE BY POLITICAL SUBDIVISION (2023)				
Political Subdivision	Household Size 6	Household Size 7+	Household Size 6 & 7+	PCT HH w/ 6+ Occupants
Mercer County	539	260	799	4.91%
Black Creek	0	0	0	0.00%
Butler	150	2	152	18.16%
Center	0	0	0	0.00%
Dublin	7	0	7	2.19%
Franklin	6	0	6	0.50%
Gibson	8	15	23	8.07%
Granville	30	34	64	24.71%
Hopewell	0	8	8	2.70%
Jefferson	24	0	24	2.14%
Liberty	18	7	25	6.49%
Marion	73	27	100	9.78%
Recovery	65		65	14.29%
Union	0	0	0	0.00%
Washington	27	0	27	8.49%
Burkettsville	0	0	0	0.00%
Celina	34	39	73	1.56%
Chickasaw	4	3	7	4.35%
Coldwater	20	67	87	5.58%
Fort Recovery	11	17	28	4.00%
Mendon	8	5	13	5.88%
Montezuma	0	0	0	0.00%
Rockford	14	0	14	3.67%
St. Henry	40	36	76	8.48%
Data B11016 ACS 5-year estimates				

Single-parent households, especially female heads of households, are also at risk of experiencing fair housing discrimination based on familial status. Table 2-5 reveals the distribution of single female-headed households across the county.

TABLE 2-5 SINGLE FEMALE HEAD OF HOUSEHOLD BY POLITICAL SUBDIVISION (2023)			
Political Subdivision	Total Households	Female Head of Household	PCT Female Head of Household
Mercer County	16,278	3,379	20.76%
Black Creek	254	8	3.15%
Butler	837	90	10.75%
Center	414	40	9.66%
Dublin	320	78	24.38%
Franklin	1,212	226	18.65%
Gibson	285	34	11.93%
Granville	259	17	6.56%
Hopewell	296	17	5.74%
Jefferson	1,122	170	15.15%
Liberty	385	67	17.40%
Marion	1,023	176	17.20%
Recovery	455	33	7.25%
Union	381	160	41.99%
Washington	318	8	2.52%
Burkettsville	78	13	16.67%
Celina	4673	1429	30.58%
Chickasaw	161	27	16.77%
Coldwater	1,559	421	27.00%
Fort Recovery	700	110	15.71%
Mendon	221	47	21.27%
Montezuma	48	5	10.42%
Rockford	381	105	27.56%
St. Henry	896	98	10.94%
Data Source: 2023 ACS B11012			

2.4 AGE AND AGE COHORTS

Age is a critical characteristic of a community's population. It reflects certain attitudes and beliefs, and reflects demands for education, employment, housing, and related services. Age cohorts attempt to identify a specific population within a particular age grouping and are important in identifying specific needs or services that the population segment will require. As sex is a protected class under the Fair Housing Act, this construct provides valuable insights into fertility and morbidity issues, workforce availability, and housing consumption by age and gender. Table 2-6 provides a breakdown of the County's population by age cohorts and gender based on 2023 ACS estimates.

Age data reveals that 7.2 percent of the County's population is less than five years of age (Table 2-6) and nearly a quarter (22.2%) is below the age of 18 (Table 2-7). Data suggests that simply due to the age of the population (under 16 and over 65), over a third of the population (40.7%) is unable to fully contribute to the economic growth and earning power of the community. Data shows that an additional 19.3 percent of the population is categorized in the pre-retirement age group (50-64) and may be readying for retirement. An examination of the community's population reveals an increasing senior population, totaling 18.6 percent of the population, up from 14.8 percent in 2010 and 17.7 percent in 2020. Concerns center on the availability of a younger workforce and the need for appropriate senior housing services and public transportation to accommodate pre-retirement and post-retirement households.

TABLE 2-6						
MERCER COUNTY POPULATION BY AGE COHORT & GENDER (2023)						
Age Cohort	Male	PCT of Male Pop	Female	PCT of Female Pop	Total	PCT of Total Pop
< 5	1,570	7.30%	1,492	7.10%	3,062	7.20%
5 -9 years	1,504	7.00%	1,398	6.70%	2,902	6.80%
10 -14 years	1,794	8.30%	1,592	7.60%	3,386	8.00%
15 -19 years	1,524	7.10%	1,288	6.20%	2,812	6.60%
20 - 24 years	1,183	5.50%	1,137	5.40%	2,320	5.50%
25 - 29 years	1,188	5.50%	1,188	5.70%	2,376	5.60%
30 - 34 years	1,265	5.90%	1,127	5.40%	2,392	5.60%
35 - 39 years	1,169	5.40%	1,104	5.30%	2,273	5.40%
40 - 44 years	1,248	5.80%	1,173	5.60%	2,421	5.70%
45 - 49 years	1,260	5.90%	1,161	5.50%	2,421	5.70%
50 - 54 years	1,203	5.60%	1,191	5.70%	2,394	5.60%
55 - 59 years	1,470	6.80%	1,398	6.70%	2,868	6.80%
60 - 64 years	1,411	6.60%	1,497	7.20%	2,908	6.90%
65 - 69 years	1,349	6.30%	1,269	6.10%	2,618	6.20%
70 - 74 years	992	4.60%	1,066	5.10%	2,058	4.80%
75 - 79 years	599	2.80%	654	3.10%	1,253	3.00%
80 - 84 years	373	1.70%	495	2.40%	868	2.00%
≥ 85	399	1.90%	707	3.40%	1,106	2.60%
Total	21,501	100.00%	20,937	100.00%	42,438	100.00%
Data Source: 2023 ACS S0101						

Consistent with national trends, the County's population is aging. The median age of the County population is 39.1 years. That compares with a median of 39.6 years with the State of Ohio and Table 2-7 indicates the variance in median age between the various political subdivisions.

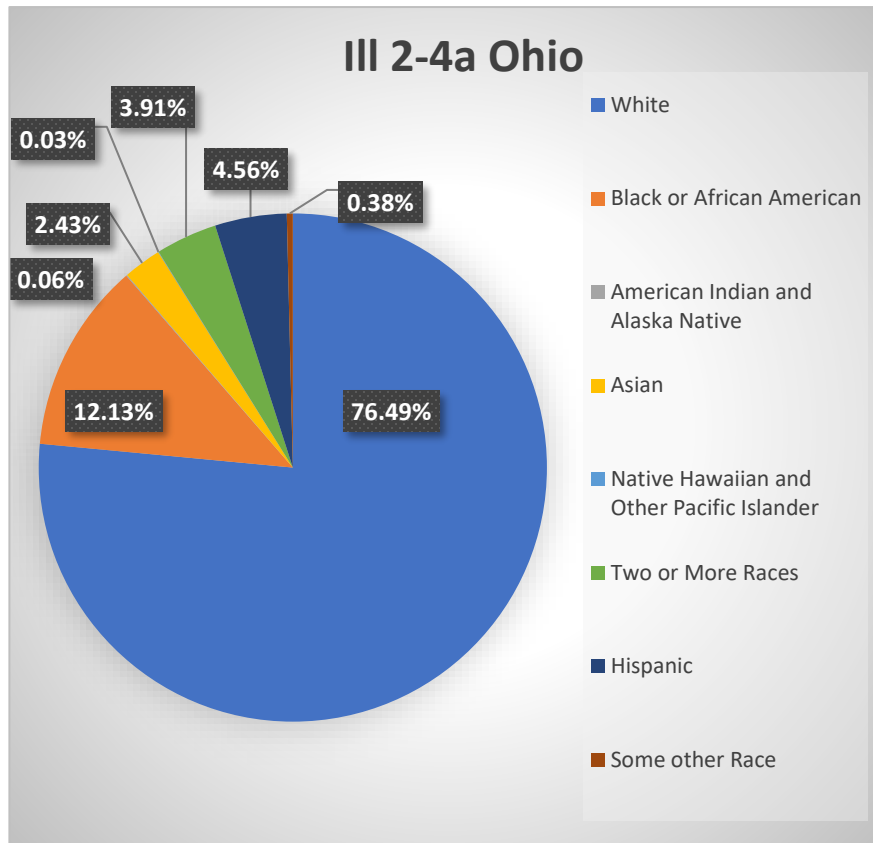
TABLE 2-7			
AGE OF POPULATION BY POLITICAL SUBDIVISION (2023)			
Political Subdivision	Median Age	PCT Under 18	PCT Over 65
Ohio	39.6	22.20%	17.90%
Mercer County	39.1	26.20%	18.60%
Black Creek	32.4	29.30%	12.50%
Butler	34	33.90%	15.70%
Center	43.8	16.70%	15.80%
Dublin	47.4	18.30%	24.10%
Franklin	55.5	15.90%	25.80%
Gibson	31.3	31.10%	13.50%
Granville	30.4	34.50%	10.80%
Hopewell	44.3	27.20%	23.90%
Jefferson	41.7	21.40%	20.90%
Liberty	30.1	39.70%	16.30%
Marion	40.4	25.80%	16.70%
Recovery	47.9	22.80%	26.80%
Union	48.3	17.50%	28.00%
Washington	42.1	35.50%	13.10%
Burkettsville	34.3	30.80%	17.50%
Celina	37.8	24.30%	18.30%
Chickasaw	37.4	31.80%	19.90%
Coldwater	36.2	27.40%	16.50%
Fort Recovery	31.5	31.50%	14.60%
Mendon	35.5	27.90%	16.30%
Montezuma	59.3	3.80%	31.70%
Rockford	44.3	22.50%	25.60%
St. Henry	30.9	34.40%	13.80%
Data Source: 2023 & 2022 ACS S0101			

2.5 RACE AND ETHNIC DIVERSITY

One of the key components of the assessment is an examination of the community's racial and ethnic makeup and its associated concentration. Federal policies have defined minority populations in several ways, including all non-white races, of any race, and multiple races. The identifies seven major racial/ethnic classifications:

Indian and Alaska Black or African-Asian; Native and other Pacific persons of other persons of two or and persons of Latin o origin. 2023 revealed that representatives of all classifications lived Mercer County,

Pacific Islander. Ethnicity is somewhat harder to identify when considering race and/or minority relationships. Illustration(s) 2-4 (a) and(b) reveals the extent to which Mercer County compares to the State of Ohio by a racial breakdown.



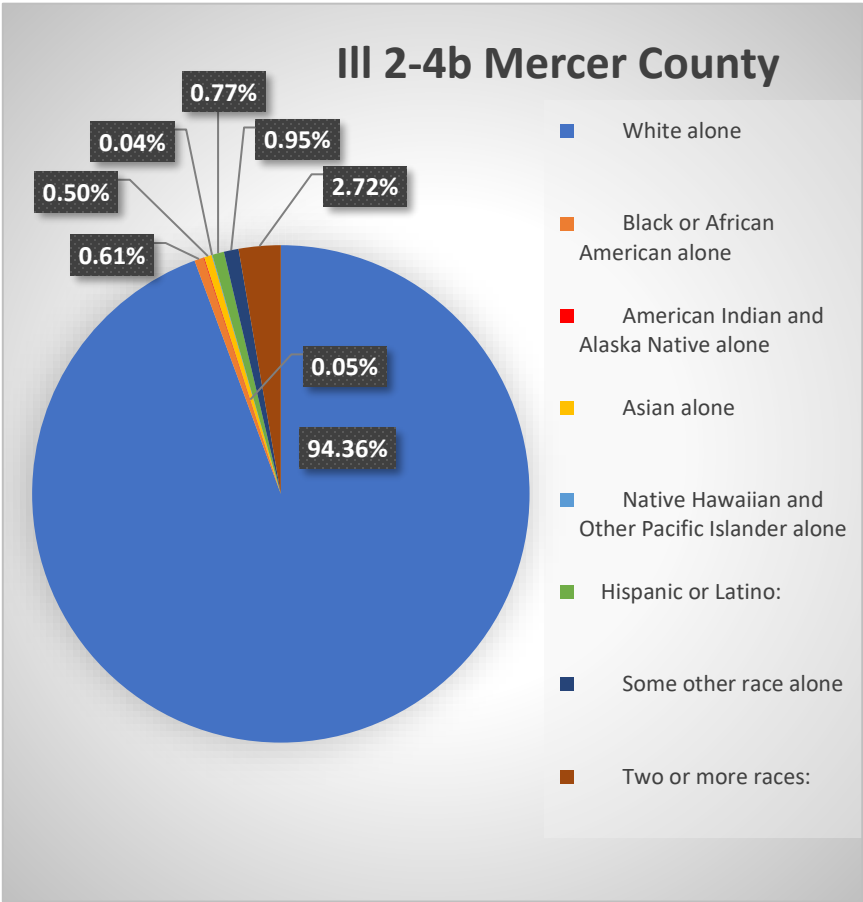
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Following the national trend, Mercer County's population has grown racially and ethnically during the past decade. Whites comprise the percentage of the population at 94.4. The largest minority within Mercer County is or African American population.



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Table 2-8 reveals the extent of racial diversity across the local political subdivisions of Mercer County and the pace of the changing complexion by political subdivision.

Table 2-8 TOTAL MINORITY (RACE) POPULATION BY POLITICAL SUBDIVISION 2023										
Political Subdivision:	Minority Pop. 2010	PCT Minority 2010	Minority Pop. 2020	PCT Minority 2020	Change '10 - '20	PCT Change '10 - '20	Minority Pop. 2023	PCT Minority 2023	Pop. Change 20-23	PCT Change 20-23
Mercer County	1,361	3.33%	2,776	6.53%	1,415	103.97%	2,393	5.6%	-383	-13.8%
Black Creek	11	1.80%	41	6.71%	30	272.73%	9	1.2%	-32	-78.0%
Butler	36	1.88%	46	2.45%	10	27.78%	0	0.0%	-46	-100.0%
Center	32	2.95%	41	3.73%	9	28.13%	12	1.2%	-29	-70.7%
Dublin	12	1.18%	49	4.53%	37	308.33%	32	3.9%	-17	-34.7%
Franklin	40	1.89%	78	3.31%	38	95.00%	108	4.5%	30	38.5%
Gibson	14	1.45%	23	2.32%	9	64.29%	0	0.0%	-23	-100.0%
Granville	42	2.93%	37	2.59%	-5	-11.90%	13	1.1%	-24	-64.9%
Hopewell	32	3.10%	32	3.13%	0	0.00%	0	0.0%	-32	-100.0%
Jefferson	110	3.99%	215	7.34%	105	95.45%	345	11.7%	130	60.5%
Liberty	27	2.94%	20	2.20%	-7	-25.93%	0	0.0%	-20	-100.0%
Marion	21	0.78%	67	2.26%	46	219.05%	36	1.2%	-31	-46.3%
Recovery	20	1.63%	26	2.26%	6	30.00%	0	0.0%	-26	-100.0%
Union	22	2.92%	21	2.99%	-1	-4.55%	11	1.9%	-10	-47.6%
Washington	40	3.36%	63	5.25%	23	57.50%	10	1.0%	-53	-84.1%
Burkettsville	1	0.59%	2	0.99%	1	100.00%	0	0.0%	-2	-100.0%
Celina	666	6.40%	1,359	12.43%	693	104.05%	1,031	9.4%	-328	-24.1%
Chickasaw	1	0.34%	11	3.07%	10	1000.00%	36	8.6%	25	227.3%
Coldwater	67	1.51%	280	5.87%	213	317.91%	409	9.3%	129	46.1%
Fort Recovery	41	2.87%	98	6.53%	57	139.02%	67	3.6%	-31	-31.6%
Mendon	26	3.93%	57	9.08%	31	119.23%	58	9.7%	1	1.8%
Montezuma	3	1.82%	7	4.61%	4	133.33%	0	0.0%	-7	-100.0%
Rockford	56	5.00%	102	9.71%	46	82.14%	122	13.7%	20	19.6%
St. Henry	41	1.69%	101	3.89%	60	146.34%	94	3.3%	-7	-6.9%
Data Source: 2023 ACS B03002										

TABLE 2-9
TOTAL MINORITY (RACE & ETHNICITY) POPULATION BY POLITICAL SUBDIVISION (2023)

Political Subdivision	Black & African American	American Indian/Alaskan Native	Asian	Native Hawaiian and Other Pac Islander	Hispanic or Latino Origin	Some Other Race	Two or More Races	Total	Percent
Mercer County	257	20	213	17	326	404	1156	2,393	5.64%
Black Creek	0	0	0	0	0	0	9	9	1.16%
Butler	0	0	0	0	0	0	0	0	0.00%
Center	0	0	0	0	0	0	12	12	1.24%
Dublin	0	8	10	14	0	0	0	32	3.93%
Franklin	0	0	5	0	41	0	62	108	4.46%
Gibson	0	0	0	0	0	0	0	0	0.00%
Granville	0	0	0	0	13	0	0	13	1.08%
Hopewell	0	0	0	0	0	0	0	0	0.00%
Jefferson	3	0	103	0	40	0	199	345	11.73%
Liberty	0	0	0	0	0	0	0	0	0.00%
Marion	0	0	36	0	0	0	0	36	1.24%
Recovery	0	0	0	0	0	0	0	0	0.00%
Union	0	0	0	0	0	0	11	11	1.85%
Washington	0	10	0	0	0	0	0	10	0.97%
Burkettsville	0	0	0	0	0	0	0	0	0.00%
Celina	215	0	25	1	92	147	551	1,031	9.36%
Chickasaw	0	0	0	0	2	0	34	36	8.59%
Coldwater	18	0	30	2	19	230	110	409	9.32%
Fort Recovery	0	0	0	0	56	5	6	67	3.60%
Mendon	15	2	0	0	17	0	24	58	9.67%
Montezuma	0	0	0	0	0	0	0	0	0.00%
Rockford	6	0	0	0	0	4	112	122	13.66%
St. Henry	0	0	4	0	46	18	26	94	3.34%

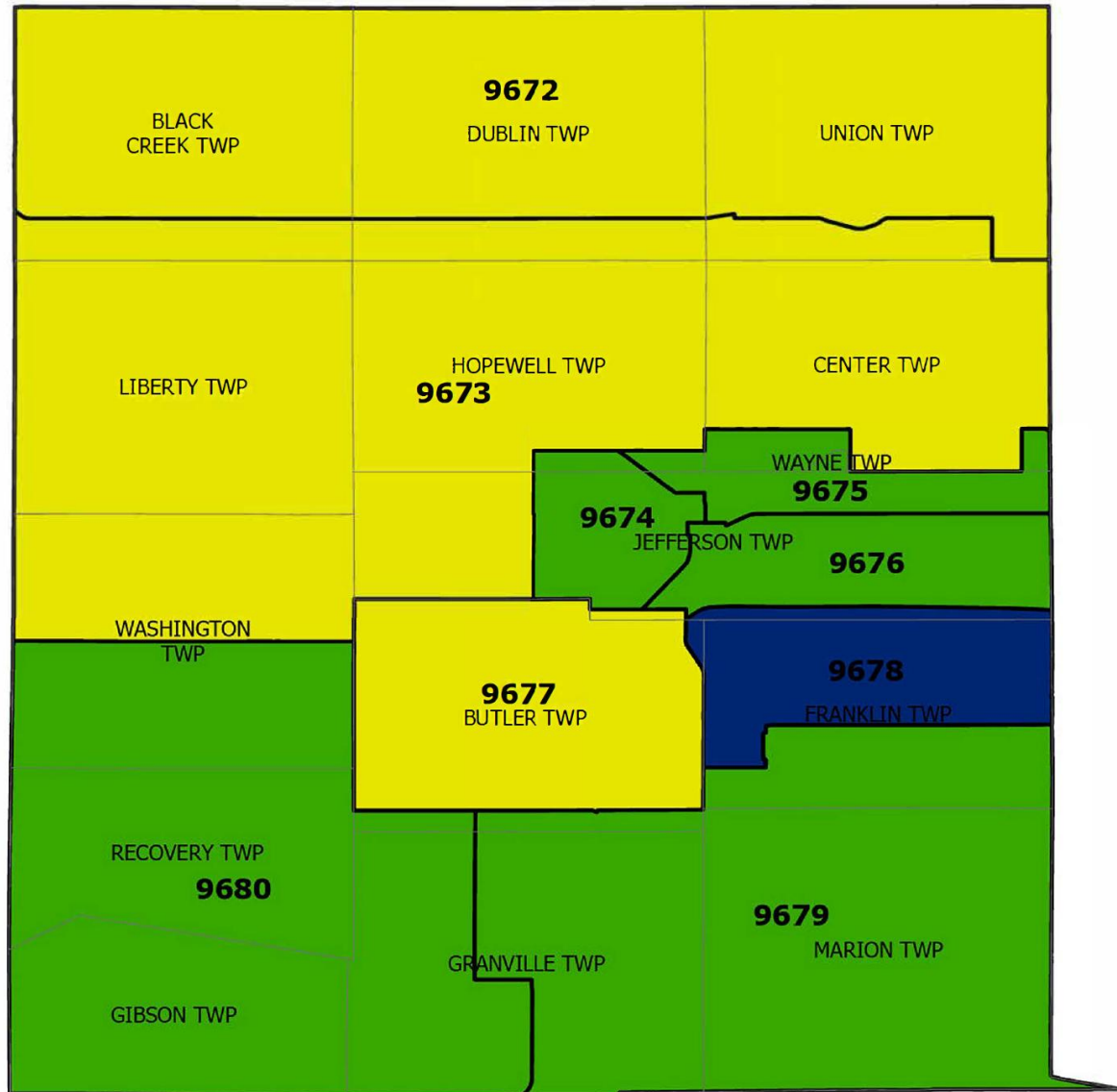
The 2023 Census data suggests that the minority populations in Mercer County have continued to grow. The growth of the minority populations and the movement of people amongst the townships changed the distribution of white and minority populations between 2010 and 2023. Changes in how people identify have grown with the census' addition of categories such as "Some Other Race," and "Two or more Races." With

Table 2-10								
MERCER COUNTY POPULATION CHANGE BY RACE/ETHNICITY								
2010 -2023								
Race	Pop. 2010	PCT 2010	Pop. 2020	PCT 2020	Pop. 2023	PCT 2023	Pop. Change (2020- 2023)	PCT Change (2020- 2023)
White alone	39,453	96.70%	39,752	93.50%	40,045	94.36%	293	0.74%
Black or African American alone	91	0.20%	191	0.40%	257	0.61%	66	34.55%
American Indian and Alaska Native alone	83	0.20%	63	0.10%	20	0.05%	-43	-68.25%
Asian alone	180	0.40%	189	0.40%	213	0.50%	24	12.70%
Native Hawaiian and Other Pacific Islander alone	68	0.20%	564	1.30%	17	0.04%	-547	-96.99%
Hispanic or Latino Origin	614	1.50%	928	2.18%	326	0.77%	-602	-64.87%
Some Other Race alone	18	0.00%	78	0.20%	404	0.95%	326	417.95%
Two or More Races	307	0.80%	763	1.80%	1156	2.72%	393	51.51%
Data Source: 2023 ACS B02001								

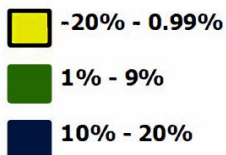
more minorities choosing between these two categories. Maps 2-2 and 2-3 depict the redistribution of white and minority residents between 2010 and 2023 by census tract.

N

Map 2-2 Mercer County Change in White Population 2010-2023



PERCENT CHANGE IN WHITE POPULATION



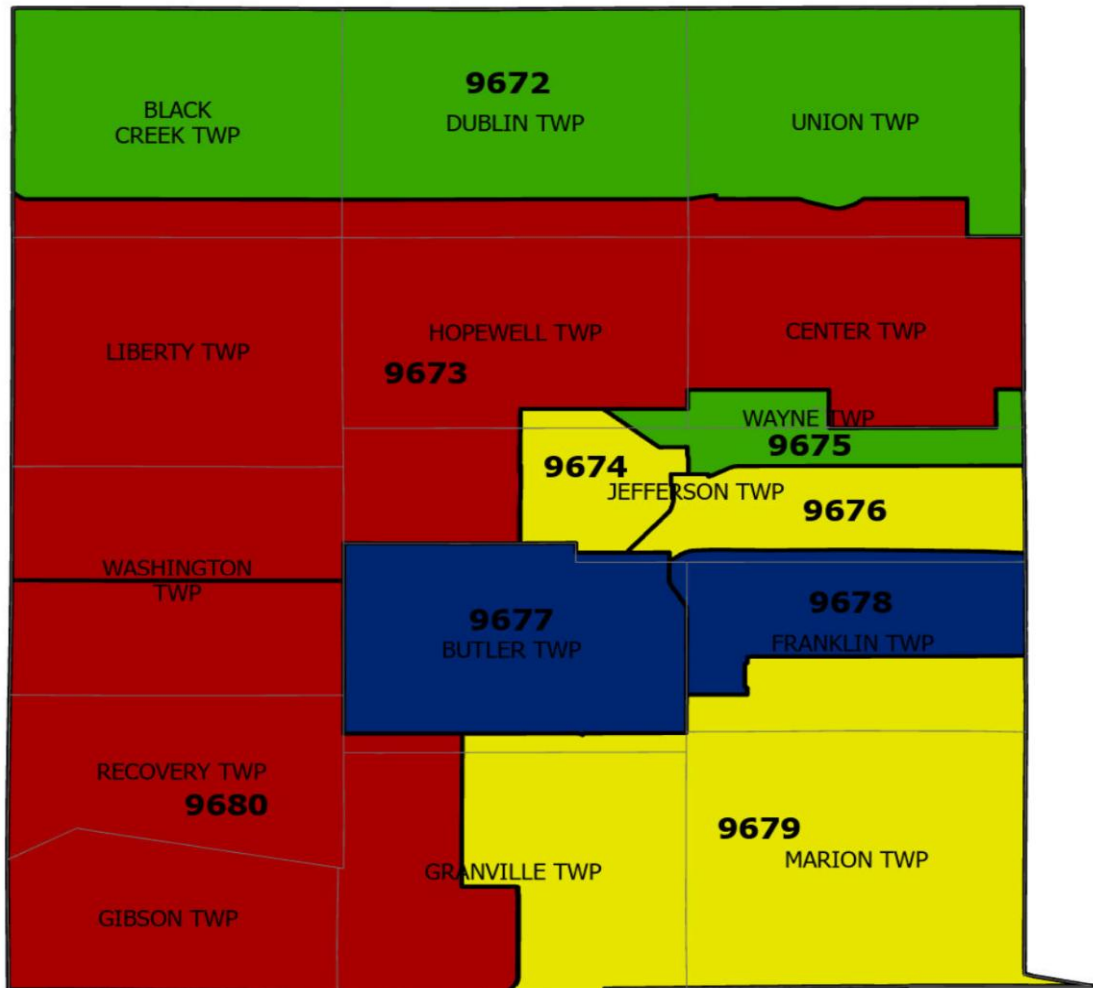
0 3 6 12 Miles



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N

Map 2-3 Mercer County Change in Minority Population 2010-2023



PERCENT CHANGE IN MINORITY POPULATION

- 87% - 0.99%
- 1% - 99%
- 100% - 299%
- 300% - <400%

0 2.5 5 10 Miles



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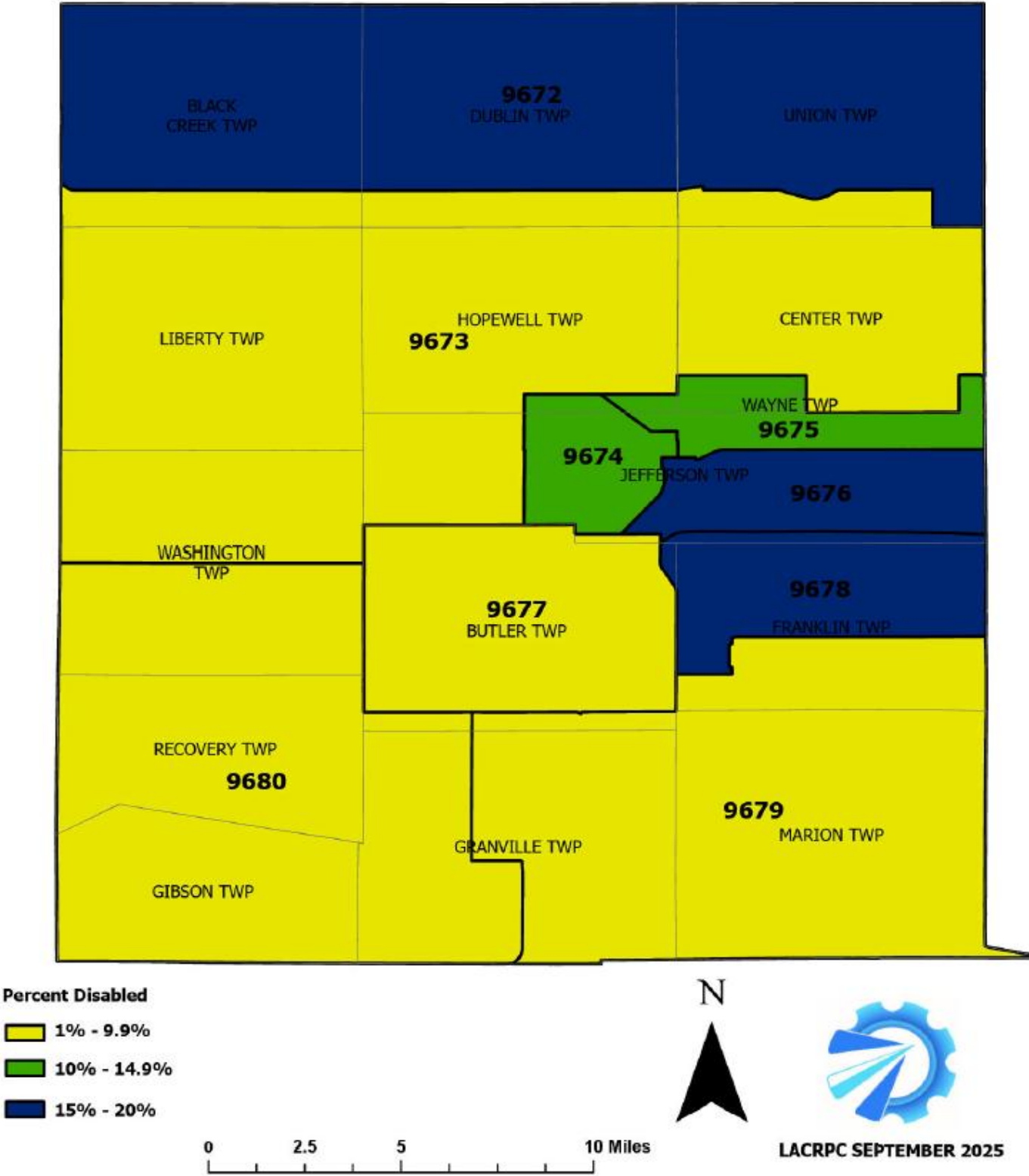
2.6 THE DISABLED POPULATION

Persons with disabilities face some of the greatest barriers to fair housing choice due to needed accessibility features and access to public transit, support services, and/or affordability. Advocacy groups, through various Federal legislative initiatives, have established the civil rights of the disabled, especially regarding housing, employment, education, and transportation. Each of these Acts also utilizes different terms and definitions to address specific eligibility criteria and/or services. 2023 ACS 5-year estimates on the disabled population within Mercer County have reported that 4,241 persons have a disability, representing 10 percent of all non-institutionalized persons. Map 2-4 depicts the disability rate by census tract. For purposes of this report, it is important to mention that of persons under the age of 5 years residing in Mercer County, 3.5 percent, have a disability.

Within the four primary conditions that define the disabled population, the Census further identifies persons whose disability restricted employment and those whose disability affected their ability to “go outside the home” without assistance. The U.S. Census Bureau identifies those with a “go outside the home” disability as “mobility-impaired.” This mobility-impaired component of the larger disabled population is the group most likely to need specialized paratransit consideration, as they would most likely not be able to drive, walk independently, or utilize public fixed-route transportation services. Map 2-6 reveals the proportion of Mercer County’s disabled population by census tract. 2023 ACS tabulations suggested that 2,045 persons were considered ambulatory-impaired, or 4.9 percent of all non-institutionalized individuals. Among those non-institutionalized persons identified as 65 years or older, 19.41 percent were deemed mobility-impaired.

TABLE 2-11									
DISABILITY STATUS RESIDENTS OF MERCER COUNTY 2023									
Political Subdivision	NI POP	# DIS	% DIS	Hearing	Vision	Cognitive	Ambulatory	Self-Care	Ind. Living
Mercer County	41,975	4,241	10.10%	1,478	408	1,198	2,045	492	1,124
Black Creek	775	32	4.10%	5	6	15	12	0	6
Butler	6,547	566	8.60%	224	44	171	234	43	151
Center	969	32	3.30%	19	0	0	8	8	21
Dublin	1,602	256	16.00%	33	41	82	139	9	94
Franklin	2,519	416	16.50%	128	65	72	242	36	99
Gibson	2,480	103	4.20%	50	2	13	48	21	35
Granville	4,184	184	4.40%	125	16	32	40	2	33
Hopewell	786	161	20.50%	88	25	16	92	22	92
Jefferson	13,614	1,836	13.50%	621	176	632	784	245	384
Liberty	1,202	88	7.30%	0	0	9	79	52	52
Marion	3,276	139	4.20%	53	2	40	77	6	53
Recovery	1,621	119	7.30%	33	3	18	89	11	23
Union	1,194	220	18.40%	64	15	78	170	27	81
Washington	1,032	72	7.00%	18	13	20	31	10	0
Burkettsville	255	14	5.50%	8	5	1	0	0	7
Celina	10,900	1,373	12.60%	488	160	486	636	214	270
Chickasaw	419	36	8.60%	16	2	16	11	6	9
Coldwater	4,297	371	8.60%	138	7	146	142	43	85
Fort Recovery	1,863	152	8.20%	56	5	22	97	15	20
Mendon	600	67	11.20%	21	8	27	32	11	16
Montezuma	100	18	18%	10	3	10	12	2	3
Rockford	863	113	13.10%	12	34	40	68	9	51
St. Henry	2,770	162	5.80%	119	14	20	40	2	26
Data Source: 2023 ACS S1810									

Map 2-4 Mercer County Disabled Population



2.7 EDUCATIONAL ATTAINMENT

Many factors affect income and employment rates among adults. None, however, may be as important as educational attainment levels. Higher levels of educational attainment have repeatedly demonstrated higher income earnings regardless of gender. In addition, higher educational attainment positions tend to offer more job satisfaction. Moreover, individuals with lower educational attainment levels, those with no high school diploma or GED, experience higher unemployment rates (nearly 3 times the rate for those who have completed a bachelor's degree) and lower income when employed. (insert cite) Therefore, it is imperative to support local school initiatives, post-secondary advancement, and continuing education programs to strengthen the skill sets of the local population and labor force. Table 2-12 represents data summarizing the educational attainment levels of the Mercer County population aged 25 years or older. This data shows that 1,460 individuals, or 5.39 percent of all individuals 25 years of age or older, have not completed a high school education. This statistic compares favorably against national attainment levels, where 11.5 percent of the population fails to earn high school diplomas. However, given that there are several very respectable post-secondary schools locally accessible, it is somewhat disappointing that only 5,811 adult residents, or 21.43 percent, have completed a 4-year and/or graduate degree program, especially when compared to State (28.9%) and National (32.9%) benchmarks.

Table 2-12						
EDUCATIONAL ATTAINMENT FOR THE POPULATION 25 YEARS & OVER (2023)						
Educational Attainment:	White Population		Black Population		Total Population	
	Number	Percent	Number	Percent	Number	Percent
Less than High School Diploma	1459	5.43%	1	0.43%	1,460	5.39%
High School Graduate or GED	11795	43.89%	107	45.53%	11,902	43.90%
Some College or Associates Degree	7928	29.50%	11	4.68%	7,939	29.28%
Bachelor's Degree or Higher	5695	21.19%	116	49.36%	5,811	21.43%
Data Source: 2023 ACS C15002A & C15002B						

2.8 INCOME: HOUSEHOLD, FAMILY, AND PER CAPITA

Data for the three most widely used indices of personal income, including per capita income, household income, and family income, are displayed in Table 2-13. The data suggests Mercer County's median income is steady with that of Ohio and the US.

TABLE 2-13 COMPARATIVE INCOME MEASURES (2010-2023)					
Income Measure	Mercer County	Ohio	US	Mercer County PCT of OH	Mercer County PCT of US
2020					
Median Household	\$65,566	\$58,116	\$64,994	112.82%	100.88%
Median Family	\$81,506	\$74,391	\$80,069	109.56%	101.79%
Median non-family	\$39,475	\$34,626	\$39,027	114.00%	101.15%
Per Capita	\$30,975	\$32,465	\$35,384	95.41%	87.54%
2010					
Median Household	\$49,719	\$47,358	\$51,914	104.99%	95.77%
Median Family	\$60,215	\$59,680	\$62,982	100.90%	95.61%
Median non-family	\$24,217	\$27,366	\$31,305	88.49%	77.36%
Per Capita	\$22,348	\$25,113	\$27,334	88.99%	81.76%
2023					
Median Household	\$78,036	\$69,680	\$78,538	111.99%	99.36%
Median Family	\$100,194	\$90,288	\$96,922	110.97%	103.38%
Median non-family	\$43,963	\$41,653	\$47,232	105.55%	93.08%
Per Capita in the Past 12 Months	\$35,087	\$39,455	\$43,289	88.93%	81.05%
Data Source: 2023 ACS S1901 & B19301					

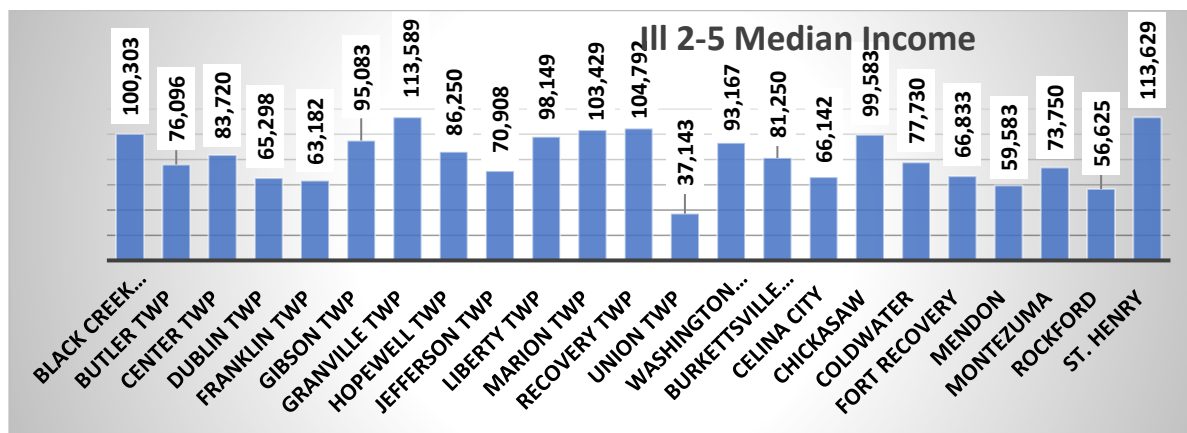
Examining family median income, a similar pattern exists. Median family incomes across the County increased over the last decennial period when comparing them to State and national trend lines. Median family income in Mercer County is 99 percent of the median US family income in 2023; an increase of 4 percent compared to the 2010. When comparing Mercer County's median family income against the State, the data shows Mercer County at 10 percent over the state of Ohio. Per capita income for Mercer County in 2023 was comparable to State and national figures over the same 10-year period.

Table 2-14 provides a detailed breakdown of household income by type and income levels for 2023. Households with incomes less than \$15,000 in 2023 totaled 4.7 percent of all households in Mercer County. An examination of family and non-family households provides greater detail. Data suggests that 2.3 percent of all families and 9.3 percent of all non-family households earned less than \$15,000 in 2023.

Examination of income by household type reveals that the largest concentration of household incomes is in the \$50,000 to \$74,999 income bracket.

TABLE 2-14						
INCOME IN MERCER COUNTY BY HOUSEHOLD TYPE (2023)						
Income Range	Total Households		Family		Non-Family	
	Number	Percent	Number	Percent	Number	Percent
Less than \$10,000	407	2.50%	119	1.10%	286	5.20%
\$10,000 - \$14,999	358	2.20%	129	1.20%	225	4.10%
\$15,000 - \$24,999	1335	8.20%	313	2.90%	1050	19.10%
\$25,000 - \$34,999	1188	7.30%	614	5.70%	643	11.70%
\$35,000 - \$49,999	1823	11.20%	787	7.30%	1056	19.20%
\$50,000 to \$74,999	2653	16.30%	1606	14.90%	1100	20.00%
\$75,000 to \$99,999	2409	14.80%	1811	16.80%	610	11.10%
\$100,000 - \$149,999	3972	24.40%	3439	31.90%	363	6.60%
\$150,000 - \$199,000	1514	9.30%	1444	13.40%	83	1.50%
\$200,000 or more	619	3.80%	517	4.80%	83	1.50%
Total	16,278	100.00%	10,779	100.00%	5,499	100.00%
Data Source: 2023 ACS S1901						

Median household income levels in the political subdivisions ranged from \$37,143 to a little over \$113,000 in 2023. Illustration 2-5 highlights the income disparities across the community.



2.9 POVERTY STATUS: PERSONS AND FAMILIES BELOW POVERTY LEVEL

Another way to examine the income disparity across the county is to identify the distribution of persons with low incomes throughout the County. Table 2-15 depicts those households earning less than \$25,000 annually. Union Township stands out for having the county's largest proportion of low-income residents.

TABLE 2-15						
LOW HOUSEHOLD INCOMES BY POLITICAL SUBDIVISION (2023)						
Political Subdivision	Households	PCT ≤ \$10,000	PCT \$10,000 - \$14,999	PCT \$15,000 - \$24,999	HH ≤ \$25,000	PCT ≤ \$25,000
Mercer County	16,278	2.50%	2.20%	8.20%	2100	12.90%
Black Creek	254	0.00%	0.00%	3.10%	8	3.10%
Butler	837	0.00%	3.30%	10.60%	116	13.90%
Center	414	0.00%	0.00%	0.00%	0	0.00%
Dublin	320	1.60%	4.00%	8.40%	45	14.00%
Franklin	1,212	3.60%	1.80%	7.70%	159	13.10%
Gibson	460	1.10%	1.20%	4.00%	29	6.30%
Granville	268	0.50%	0.30%	4.30%	14	5.10%
Hopewell	296	3.40%	3.00%	3.00%	28	9.40%
Jefferson	1,096	4.20%	2.50%	9.60%	179	16.30%
Liberty	385	2.10%	2.10%	7.00%	43	11.20%
Marion	1,023	0.00%	0.20%	4.60%	49	4.80%
Recovery	280	3.40%	0.50%	8.60%	35	12.50%
Union	381	8.60%	6.10%	23.60%	146	38.30%
Washington	318	0.00%	3.10%	0.00%	10	3.10%
Burkettsville	95	2.10%	0.00%	5.30%	7	7.40%
Celina	4,673	3.60%	2.80%	10.10%	771	16.50%
Chickasaw	161	0.00%	1.20%	3.10%	7	4.30%
Coldwater	1,559	0.10%	0.00%	10.30%	162	10.40%
Fort Recovery	700	0.90%	1.90%	10.40%	92	13.20%
Mendon	221	2.70%	3.60%	7.20%	30	13.50%
Montezuma	48	2.10%	0.00%	4.20%	3	6.30%
Rockford	381	2.90%	5.50%	7.10%	59	15.50%
St. Henry	896	0.40%	0.40%	5.40%	56	6.20%
Data Source: 2023 ACS S1901						

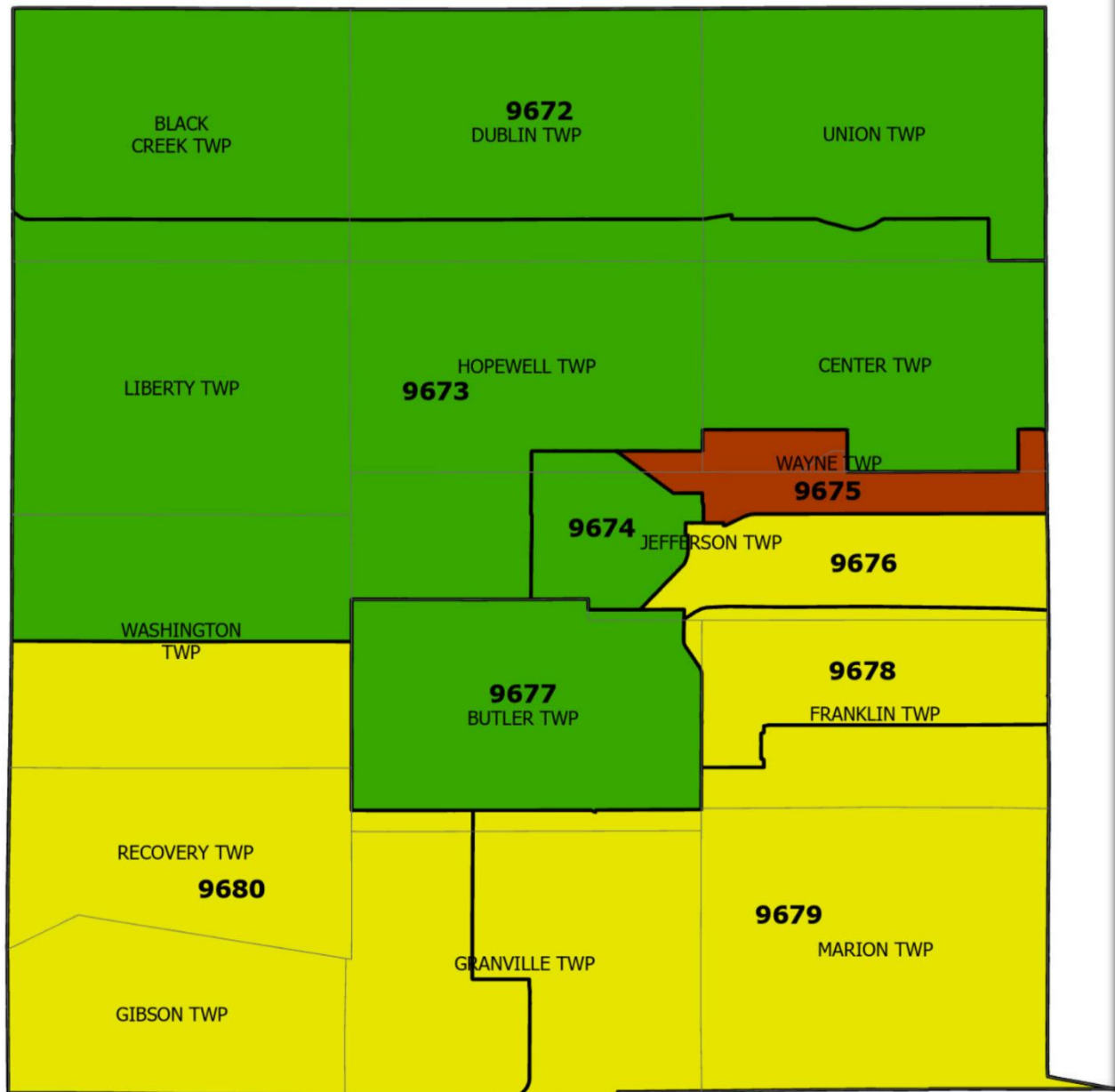
The 2023 ACS provides information on the number of individuals and families within Mercer County whose incomes fall below the established poverty level. ACS 2023 5-year estimates revealed that 2,555 individuals, or 12.9 percent of all individuals, and 460 families or 4.27 percent of all families, were below the established poverty level based on income and household size.

TABLE 2-16		
RATIO OF INCOME TO POVERTY LEVEL AMONG INDIVIDUALS (2023)		
Poverty Level	Number	Percent
Below 50% of Poverty Level	1,224	2.94%
50% to 99% of Poverty Level	1,331	3.20%
100% to 149% of Poverty Level	2,823	6.78%
150% to 199% of Poverty Level	3,009	7.23%
200% of Poverty Level or More	33,247	79.86%
Data Source: 2023 ACS C17002		

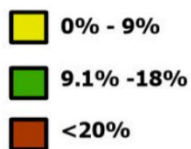
Families with children were more likely to encounter poverty status than those families without children. In fact, of all families suffering from poverty, 35 percent had children, and 24 percent had children under 5 years of age. For comparison purposes, data indicates that 36 percent of all households and 16.1 percent of all families within the State of Ohio were below the established poverty level. Map 2-5 reveals the extent of household poverty by census tract, while Map 2-6 identifies the proportion of elderly existing below the poverty level by census tract.

TABLE 2-17				
POVERTY BY FAMILY STATUS (2023)				
Family Type	Total	Percent of Total	Number in Poverty	PCT Number in Poverty
Married w/ Children	3,611	33.50%	75	2.08%
Male Alone w/ Children	389	3.61%	15	3.86%
Female Alone w/ Children	573	5.32%	169	29.49%
Family - No Children	6,206	57.57%	201	3.24%
Total	10,779	100.00%	460	4.27%
Data Source: 2023 ACS B17010				

Map 2-5 Mercer County Percent Households in Poverty



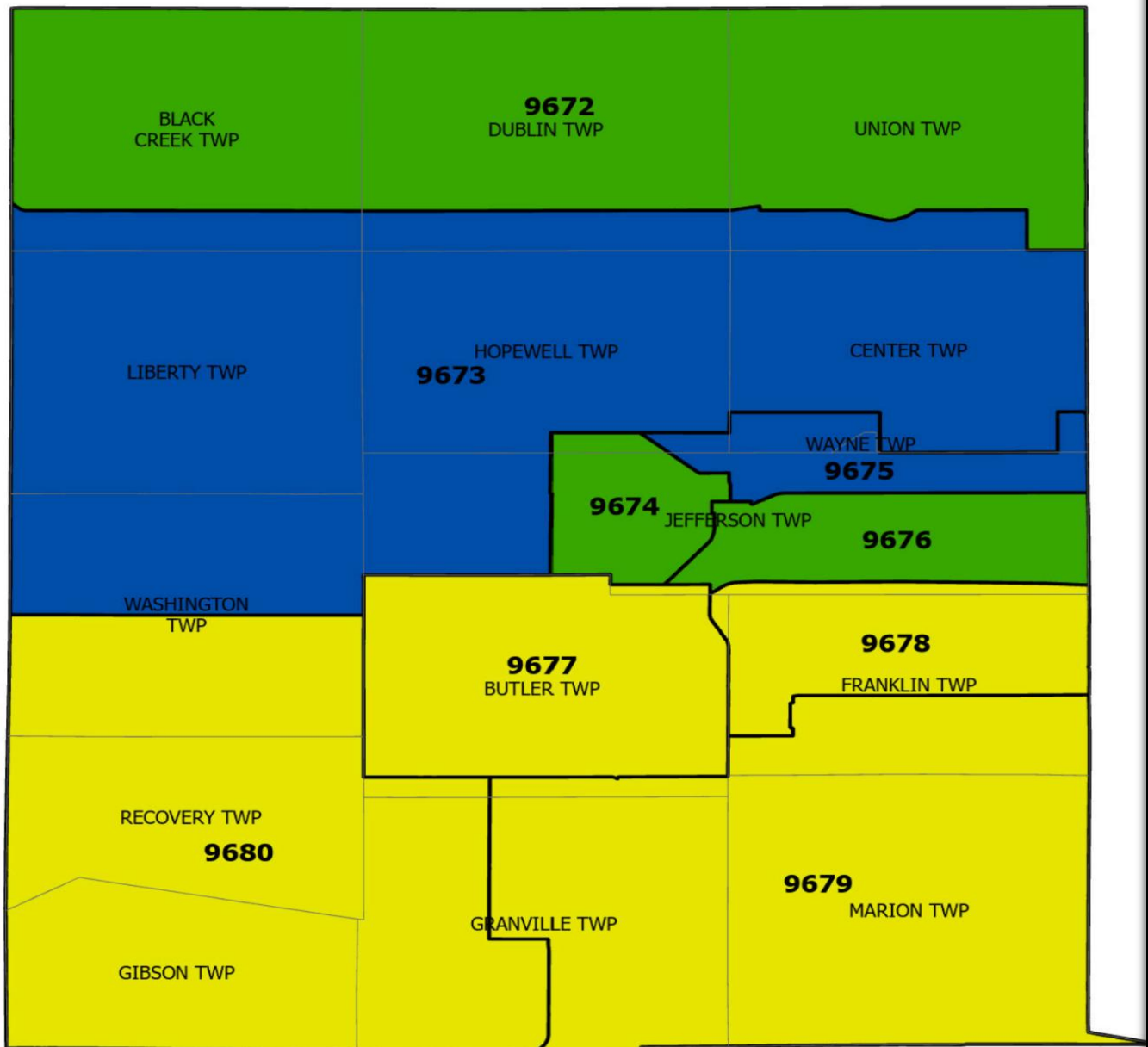
Percent Households in Poverty



0 2.5 5 10 Miles

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Map 2-6 Mercer County Population 65+ in Poverty



Percent 65+ in Poverty



0 2.5 5 10 Miles

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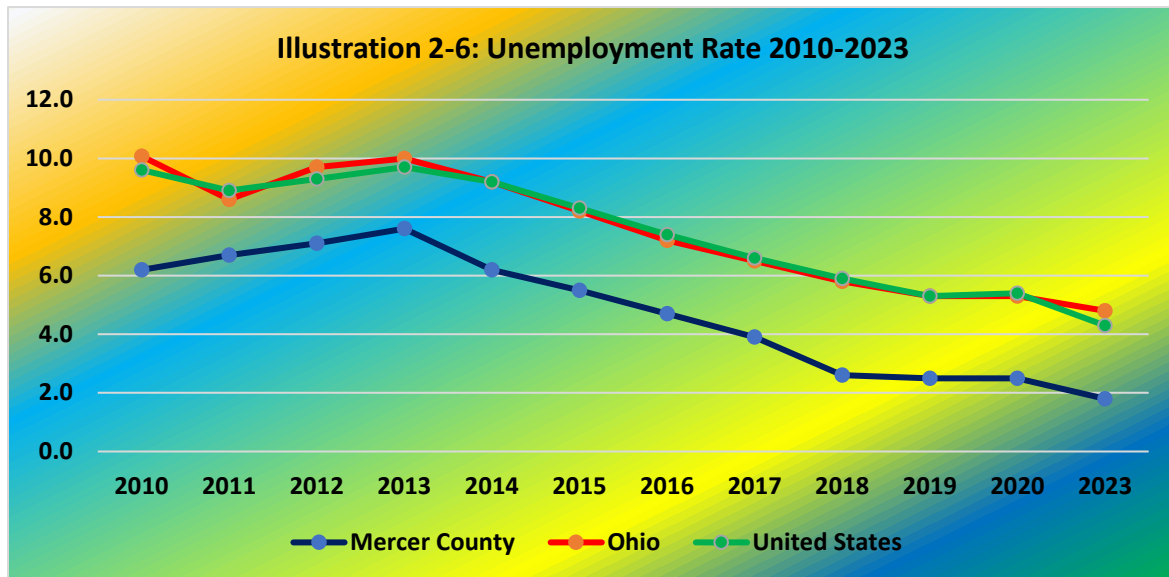
2.10 LABOR FORCE PROFILE

The total labor force in Mercer County, reflecting those 16 years of age and over, numbered 21,631 persons according to the ACS 2023 5-year estimates.

A perspective on the labor force can be gained by examining the number of employed persons by type of occupation. Table 2-18 uses ACS 2023 5-year estimates to identify the dominant occupations in the region: Manufacturing (6,459), followed by educational services, health care, and social assistance (4,251), and Retail Trade (2,330).

TABLE 2-18			
MERCER COUNTY LABOR FORCE BY OCCUPATION (2023)			
Industry	NAICS	Employees	Percent
Agriculture, forestry, fishing and hunting, and mining	11 & 21	997	4.60%
Construction	23	1,381	6.40%
Manufacturing	31-33	6,459	29.90%
Wholesale trade	42	537	2.50%
Retail trade	44-45	2,330	10.80%
Transportation and warehousing, and utilities	22& 48-49	824	3.80%
Information	51	234	1.10%
Finance and insurance Real estate and rental and leasing	52 & 53	716	3.30%
Professional, scientific, and management, and administrative and waste management services	54 - 56	1,054	4.90%
Educational services, and health care and social assistance	61 & 62	4,251	19.70%
Arts, entertainment, and recreation	71 & 72	1,142	5.30%
Other services, except public administration	ICS	1,249	5.80%
Public Administration	92	457	2.10%
Total Labor Force		21,631	100.00%
Data Source: 2023 ACS DP03			

Over the past 10 years, unemployment rates reflect the impact of major employers relocating or instituting major cutbacks in response to market events or economic trends. Illustration 2-6 suggests that Mercer County typically experiences higher unemployment rates than experienced by the State of Ohio or the nation. After a significant and steady rise from 2012 to 2014, the County witnessed some relief. Unemployment in Mercer County dropped below 2010 levels and began to show an equilibrium with those rates of Ohio and the United States through 2019. A significant impact on the unemployment levels came with the shutdown of businesses across the nation in 2020 due to the COVID-19 Pandemic.



Two major barriers to employment for those living in poverty are education and transportation. While lack of education keeps a person from available jobs they do not qualify for, a lack of transportation is a barrier to available potential employment. Currently, more than 40 percent of Mercer County households are limited to one or no vehicles available, making juggling family and work transportation a challenge.

2.11 SUMMARY

The population of Mercer County has remained steady with a less than 5 percent change in population between 2010 and 2020. However, population change is not static, nor is it uniform. Many political subdivisions within Mercer County have experienced an extended period of continued growth, while others have experienced overall growth. Summary Tables 2-1 and 2-2 provide an overview of key demographic groups by census tract and political subdivisions that need to be considered during this assessment.

An important demographic factor to consider is change in local households' total number and size. Census data reveals the composition, size, and number of households is changing. The total number of Mercer County households in 2023 was 16,278, an increase of 4.3 percent from the 2010 figure. Overall, the average household size has remained steady since 2010. However, the implications of smaller households are important and should be monitored by local policy experts and reflected in the local housing policies, building codes, and zoning regulations.

Consistent with national trends, the County's population is aging. The median age of the population is 39.1 years. That compares with a median age of 39.6 and 38.2 years in the State of Ohio and the United States, respectively. By 2023, the elderly population within Mercer County equaled 7,903 persons or approximately 18.6 percent of the population. Data suggests that simply due to the age of the population, approximately 40 percent of the population cannot fully contribute to the economic growth and earning power of the community. The desire of the elderly to age in place, the design, and inclusion of appropriate housing designs, and the need for assisted living arrangements must be reflected in the local fair housing planning efforts.

ACS 2023 5-Year estimates on the disabled within Mercer County have reported that 4,241 persons have a disability, representing 10 percent of all non-institutionalized persons. For persons under the age of 5 years, 3.5 percent, have a disability within the County. Persons with disabilities face some of the greatest barriers to fair housing due to needed accessibility features and access to public transit, support services, and/or affordability. ACS tabulations suggested that 2,045 persons were considered mobility-impaired, or 4.8 percent of all non-institutionalized individuals. Among those non-institutionalized persons identified as 65 or older, 19.41 percent of the total elderly population.

The County's population has grown more racially and ethnically diverse during the past decade. Racially, the white population comprises the most significant percentage of the population at 94.4 percent. The largest minority group within Mercer County is African Americans, 2.7 percent of the total population. All other minority groups comprise approximately 5.6 percent of the entire County population. Although dispersed across the County, African Americans are primarily concentrated in the city of Celina, where they constitute 21 percent of the City's population.

Many factors affect employment rates among adults. None, however, may be as important as educational attainment levels. Data shows that over 1,460 individuals or 5.39 percent of all individuals 25 years of age or older in Mercer County have not completed a high school education. Given that many very reputable

post-secondary schools are readily accessible, it is disappointing that only 21.4% of adult residents have completed a 4-year and/or master's degree program.

Mercer County income has remained steady with that of Ohio and the US overall. In 2023, Mercer County's per capita income was only 88.9 percent of that of the State and 81 percent of the national figure.

ACS 2023 5-year estimates revealed that 2,555 individuals, or 6.3 percent of all individuals. 4.3 percent of all families, were below the established poverty level based on income and household size. Families with children were more likely to encounter poverty status than those families without children. In fact, of all families suffering from poverty, 42 percent had children. For comparison purposes, data indicates that 14.4 percent of all households and 10.8 percent of all families within the state of Ohio were below the established poverty level.

SUMMARY TABLE 2-1																									
POPULATION & SOCIOECONOMIC DEMOGRAPHICS																									
MERCER COUNTY - CENSUS TRACTS 2023																									
Tract	Total Pop 2020	Total Pop 2023	PCT Change 20-23	Total H.H. 2020	Total H.H. 2023	PCT Change 20-23	Avg. H.H. Size 2023	PCT HH 6+ Ind. 2023	PCT Single Female w/ Children 2023	Median Age	PCT U18	PCT O65	PCT Minority 2020	PCT Minority 2023	Minority PCT Change 20-23	PCT Disabled	PCT Mobility Disability	PCT HS Grad (25Y+)	Median H.H Income	PCT HH Inc. < 25,000	PCT Ind U100% POV	PCT HH POV	PCT FAM w/ Kids in POV	PCT O65 in POV	PCT Unemp.
9672	3,662	3,187	-12.97%	1,500	1,366	-8.93%	2.25	2.49%	2.56%	46.6	18.60%	23.50%	3.55%	6.53%	2.98%	15.20%	9.70%	45.30%	\$56,827	23.90%	9.68%	8.60%	7.00%	9.60%	2.40%
9673	4,383	4,143	-5.48%	1,653	1,604	-2.96%	2.58	1.43%	0.62%	40.4	27.50%	19.70%	2.53%	0.77%	-1.76%	9.50%	6.60%	51.00%	\$84,200	8.40%	5.32%	3.91%	4.10%	10.20%	2.50%
9674	4,857	4,919	1.28%	1927	1,911	-0.83%	2.52	1.52%	8.22%	38.2	22.10%	14.50%	4.08%	7.64%	3.56%	13.60%	5.90%	48.10%	\$72,468	13.30%	9.98%	3.69%	8.70%	5.60%	2.10%
9675	5,650	5,784	2.37%	2,308	2,502	8.41%	2.28	1.56%	6.39%	42	21.90%	24.60%	3.19%	9.20%	6.01%	11.90%	4.70%	41.70%	\$66,481	19.10%	11.94%	10.16%	17.90%	11.90%	1.50%
9676	2,929	2,989	2.05%	1,110	1,226	10.45%	2.42	2.37%	0.65%	45.9	21.20%	21.80%	5.12%	11.24%	6.12%	16.60%	9.00%	44.10%	\$72,019	13.10%	7.55%	3.76%	7.00%	7.20%	3.70%
9677	6,453	6,486	0.51%	2,339	2,335	-0.17%	2.74	10.24%	4.45%	35.4	34.00%	15.90%	1.92%	6.31%	4.39%	8.70%	3.90%	44.10%	\$76,025	13.90%	3.60%	3.02%	2.70%	2.80%	1.10%
9678	2,185	2,423	10.89%	941	1,213	28.91%	2.00	0.49%	1.90%	54.4	15.70%	24.60%	2.11%	4.46%	2.35%	16.30%	9.60%	39.40%	\$63,011	11.80%	4.87%	3.23%	3.10%	3.70%	7.30%
9679	7,333	7,411	1.06%	2,505	2,386	-4.75%	3.06	9.81%	0.25%	33	30.90%	13.80%	1.06%	1.59%	0.53%	4.70%	2.20%	38.10%	\$106,786	5.70%	1.83%	1.36%	0.00%	4.40%	0.10%
9680	5,076	5,096	0.39%	1,795	1,735	-3.34%	2.94	8.99%	1.10%	37.3	29.50%	17.70%	1.46%	0.22%	-1.24%	5.00%	3.10%	42.10%	\$99,583	8.10%	3.71%	2.15%	3.60%	2.20%	0.70%
Data Source: 2023 ACS B11016, B17013, C17002, DP05, S1101, S1501, S1701,S1702, S1810, S1901, S2301																									

SECTION 3 COMMUNITY HOUSING STOCK

3 COMMUNITY HOUSING STOCK

Traditionally, housing development has grown outward from village and city centers capitalizing upon easy access to employment opportunities, public utilities, and transportation infrastructure. Since the 1960's however, the automobile and unbridled utility extensions coupled with cheap land, fueled urban sprawl and the resultant white flight and economic segregation currently visible in urban centers around the nation, including Mercer County.

To understand Mercer County's housing issues and address topics ranging from homelessness, dilapidated housing, an aging infrastructure, and suburban competition, local agencies have worked with stakeholders to explore specific issues related to the community housing stock. More specifically, the housing issues facing the low-income, disabled, minority and elderly populations include:

- current housing choices that fail to fully meet the needs of individuals of all ages, incomes, and ability levels;
- adapting housing incentives to changing market conditions;
- homelessness and the associated needs for supportive services;
- excessive numbers of dilapidated and abandoned residential buildings;
- weak private sector market for housing rehabilitation; and,
- obstacles to assembling sites for new large-scale housing developments.

3.1 HISTORICAL OVERVIEW

Mercer County, and more specifically its municipalities, especially the City of Celina, its county seat, are overly represented by older homes, many of which were built before WWII. Building homes near railroad lines and/or factories gave residents access to available jobs. As advancements in transportation grew, the more affluent residents began to move further out, abandoning the housing in the central city neighborhoods for newer, more modern housing in communities with larger lots. As families moved from the older neighborhoods to the outskirts of the communities, the quality and condition of the older housing began to decline, albeit slowly over time and from various influences, including age, weathering, and occupancy status. Many houses were converted to two-family and multi-family homes to accommodate new populations with lower socio-economic status that were migrating to the area.

A pattern of disinvestment in the older housing stock has left a visible scare on the face of neighborhoods in older communities. As a result of migration patterns, the number of homes that were either rented or abandoned in the older municipalities continued unabated until a pattern of disinvestment was readily apparent. Some residents found it difficult to obtain loans from banks for home improvements or for the purchase of a home, either because of the condition of the home, the character of the neighborhood, or their economic/credit status. As a result, the quality and value of housing began to decline, and people moved out of the City of Celina and some of the smaller municipalities at rates that resulted in a glut of older houses on the market, further eroding home values and decreasing the community's tax base and its ability to provide government services at the level of service desired/needed by the remaining residents.

3.2 HOUSING STOCK

An overview of the housing stock is presented using various indices at different levels of geography. Data at the county and political subdivision level is presented with census tract and street address level data introduced when required/available. The heart of the assessment relies on 2023 ACS 5-year estimate data. County Auditor data is offered when available to provide a deeper and more current perspective. A study of the data provides a broad picture of the housing challenges faced by Mercer County and its political subdivisions. Summary Tables 3-1 and 3-2 and Appendix B provide additional insights into the housing stock in terms of historical patterns and distribution of housing stock characteristics, including: tenure, vacancy status, size, age, and valuation.

3.2.1 Housing Units

As depicted in table 3-1, the total number of housing units available in Mercer County remained steady between 2020 and 2023. There was a total of 8 recent residential demolitions in Mercer County. 6 of those were within the city of Celina.

TABLE 3-1 TOTAL HOUSING UNITS BY POLITICAL SUBDIVISION (2010-2023)							
Political Subdivision	Units 2010	Units 2020	Change	PCT Change	Units 2023	Change 2020-2023	PCT Change 2020-2023
Mercer County	17,633	17,888	255	1.45%	18,023	135	0.75%
Black Creek	238	228	-10	-4.20%	254	26	11.40%
Butler	672	695	23	3.42%	853	158	22.73%
Center	434	434	0	0.00%	448	14	3.23%
Dublin	404	405	1	0.25%	377	-28	-6.91%
Franklin	1804	1704	-100	-5.54%	1,964	260	15.26%
Gibson	309	333	24	7.77%	308	-25	-7.51%
Granville	446	465	19	4.26%	274	-191	-41.08%
Hopewell	408	400	-8	-1.96%	306	-94	-23.50%
Jefferson	1292	1316	24	1.86%	1,346	30	2.28%
Liberty	363	364	1	0.28%	455	91	25.00%
Marion	919	966	47	5.11%	1,023	57	5.90%
Recovery	374	381	7	1.87%	460	79	20.73%
Union	326	312	-14	-4.29%	381	69	22.12%
Washington	419	429	10	2.39%	329	-100	-23.31%
Burkettsville	78	78	0	0.00%	79	1	1.28%
Celina	4846	4973	127	2.62%	5,024	51	1.03%
Chickasaw	131	152	21	16.03%	173	21	13.82%
Coldwater	1817	1906	89	4.90%	1,559	-347	-18.21%
Fort Recovery	589	604	15	2.55%	727	123	20.36%
Mendon	288	270	-18	-6.25%	244	-26	-9.63%
Montezuma	89	86	-3	-3.37%	70	-16	-18.60%
Rockford	495	455	-40	-8.08%	425	-30	-6.59%
St. Henry	892	932	40	4.48%	944	12	1.29%
Data Source: 2023 ACS B25002							

3.2.2 Tenure

Tenure varies across the political subdivisions in Mercer County . The percentage of owner-occupied units increased in 10 of the 23 political subdivisions, with the most significant increase in home ownership occurring in Recovery Township. The percentage of renter units increased in approximately half of the 21 political subdivisions within Mercer County. Tables 3-2 and 3-3 provide more detailed information at the political subdivision level.

Table 3-2 OWNER OCCUPIED HOUSING UNITS (2010-2023)										
Political Subdivision	Owner 2010	PCT 2010	Owner 2020	PCT 2020	Change	PCT Change	Owner 2023	PCT 2023	Change	PCT Change
Mercer County	12,679	81.24%	12,747	79.28%	68	0.54%	12,965	71.9%	218	1.7%
Black Creek	206	100.00%	179	82.11%	-27	-13.11%	206	81.1%	27	15.1%
Butler	581	90.78%	719	86.11%	138	23.75%	640	75.0%	-79	-11.0%
Center	444	94.47%	391	97.26%	-53	-11.94%	367	81.9%	-24	-6.1%
Dublin	375	95.18%	321	84.70%	-54	-14.40%	263	69.8%	-58	-18.1%
Franklin	947	95.85%	835	83.84%	-112	-11.83%	1,138	57.9%	303	36.3%
Gibson	410	142.36%	364	184.77%	-46	-11.22%	259	84.1%	-105	-28.8%
Granville	328	77.18%	325	70.65%	-3	-0.91%	274	100.0%	-51	-15.7%
Hopewell	374	98.16%	294	91.88%	-80	-21.39%	277	90.5%	-17	-5.8%
Jefferson	920	82.44%	913	79.39%	-7	-0.76%	983	73.0%	70	7.7%
Liberty	316	94.33%	323	83.68%	7	2.22%	329	72.3%	6	1.9%
Marion	665	87.16%	852	79.40%	187	28.12%	881	86.1%	29	3.4%
Recovery	235	71.00%	233	61.48%	-2	-0.85%	395	85.9%	162	69.5%
Union	258	92.47%	330	85.49%	72	27.91%	299	78.5%	-31	-9.4%
Washington	387	90.63%	353	90.28%	-34	-8.79%	305	92.7%	-48	-13.6%
Burkettsville	75	85.23%	91	92.86%	16	21.33%	79	100.0%	-12	-13.2%
Celina	2972	65.67%	2909	66.51%	-63	-2.12%	2,999	59.7%	90	3.1%
Chickasaw	91	81.98%	110	77.46%	19	20.88%	139	80.3%	29	26.4%
Coldwater	1285	78.88%	1256	80.98%	-29	-2.26%	1,226	78.6%	-30	-2.4%
Fort Recovery	400	89.49%	591	82.20%	191	47.75%	603	82.9%	12	2.0%
Mendon	177	79.73%	209	81.64%	32	18.08%	175	71.7%	-34	-16.3%
Montezuma	73	97.33%	41	69.49%	-32	-43.84%	43	61.4%	2	4.9%
Rockford	360	71.71%	316	76.89%	-44	-12.22%	280	65.9%	-36	-11.4%
St. Henry	800	80.81%	750	83.71%	-50	-6.25%	805	85.3%	55	7.3%
Data Source: 2023 ACS B25003										

TABLE 3-3

RENTER OCCUPIED HOUSING UNITS (2010-2023)

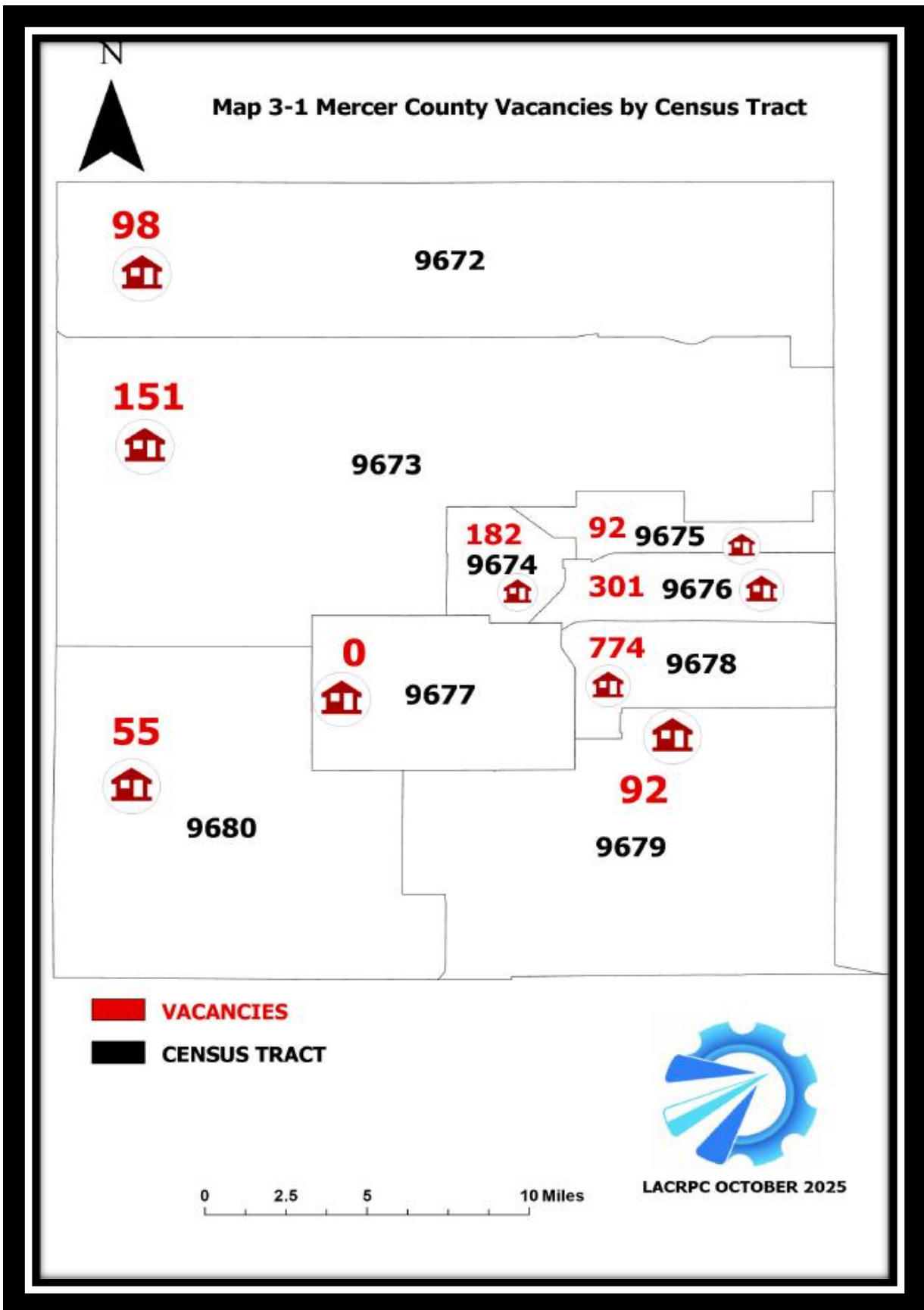
Political Subdivision	Renter 2010	PCT 2010	Renter 2020	PCT 2020	Change	PCT Change	Renter 2023	PCT 2023	Change	PCT Change
Mercer County	2,927	18.76%	3,331	20.72%	404	13.80%	3,313	18%	-18	-1%
Black Creek	0	0.00%	39	17.89%	39	N/A	48	19%	9	23%
Butler	59	9.22%	116	13.89%	57	96.61%	199	23%	83	72%
Center	26	5.53%	11	2.74%	-15	-57.69%	47	10%	36	327%
Dublin	19	4.82%	58	15.30%	39	205.26%	67	18%	9	16%
Franklin	41	4.15%	161	16.16%	120	292.68%	83	4%	-78	-48%
Gibson	21	7.29%	3	1.52%	-18	-85.71%	36	12%	33	1100%
Granville	9	2.12%	50	10.87%	41	455.56%	20	7%	-30	-60%
Hopewell	7	1.84%	26	8.13%	19	271.43%	19	6%	-7	-27%
Jefferson	196	17.56%	195	16.96%	-1	-0.51%	110	8%	-85	-44%
Liberty	19	5.67%	63	16.32%	44	231.58%	56	12%	-7	-11%
Marion	98	12.84%	221	20.60%	123	125.51%	138	13%	-83	-38%
Recovery	14	4.23%	19	5.01%	5	35.71%	39	8%	20	105%
Union	21	7.53%	56	14.51%	35	166.67%	62	16%	6	11%
Washington	40	9.37%	38	9.72%	-2	-5.00%	13	4%	-25	-66%
Burkettsville	13	14.77%	7	7.14%	-6	-46.15%	7	9%	0	0%
Celina	1554	34.33%	1507	34.45%	-47	-3.02%	1,674	33%	167	11%
Chickasaw	20	18.02%	32	22.54%	12	60.00%	22	13%	-10	-31%
Coldwater	344	21.12%	295	19.02%	-49	-14.24%	333	21%	38	13%
Fort Recovery	47	10.51%	128	17.80%	81	172.34%	97	13%	-31	-24%
Mendon	45	20.27%	47	18.36%	2	4.44%	46	19%	-1	-2%
Montezuma	2	2.67%	18	30.51%	16	800.00%	5	7%	-13	-72%
Rockford	142	28.29%	95	23.11%	-47	-33.10%	101	24%	6	6%
St. Henry	190	19.19%	146	16.29%	-44	-23.16%	91	10%	-55	-38%

Data Source: 2023 ACS B25003

3.2.3 Vacancy Rate

The vacancy rate in Mercer County decreased by 15.3 percent between 2020 and 2023. Table 3-4 reveals the extent of change by political subdivision. Map 3-1 depicts the location and density of vacant residential units in Celina at the census tract level identified in the 2023 ACS.

TABLE 3-4 RESIDENTIAL VACANT UNITS BY POLITICAL SUBDIVISION (2010-2023)										
Political Subdivision	Vacant 2010	PCT 2010	Vacant 2020	PCT 2020	Change	PCT Change	Vacant 2023	PCT 2023	Change 2023	PCT Change
Mercer County	1,826	10.50%	2,058	11.30%	232	12.71%	1,745	9.7%	-313	-15.2%
Black Creek	0	0.00%	0	0.00%	0	N/A	0	0.0%	0	N/A
Butler	103	4.30%	14	0.60%	-89	-86.41%	6	0.7%	-8	-57.1%
Center	54	10.30%	30	6.90%	-24	-44.44%	34	7.6%	4	13.3%
Dublin	69	7.20%	90	10.20%	21	30.43%	47	12.5%	-43	-47.8%
Franklin	560	34.50%	697	39.80%	137	24.46%	751	38.2%	54	7.7%
Gibson	124	15.90%	33	4.00%	-91	-73.39%	8	2.6%	-25	-75.8%
Granville	57	3.90%	14	1.00%	-43	-75.44%	14	5.1%	0	0.0%
Hopewell	28	6.80%	37	10.40%	9	32.14%	10	3.3%	-27	-73.0%
Jefferson	764	11.90%	852	13.40%	88	11.52%	165	12.3%	-687	-80.6%
Liberty	9	2.60%	66	14.60%	57	633.33%	70	15.4%	4	6.1%
Marion	11	1.20%	41	3.30%	30	272.73%	10	1.0%	-31	-75.6%
Recovery	13	2.70%	39	6.60%	26	200.00%	23	5.0%	-16	-41.0%
Union	22	4.20%	91	12.40%	69	313.64%	14	3.7%	-77	-84.6%
Washington	12	2.70%	54	12.10%	42	350.00%	11	3.3%	-43	-79.6%
Burkettsville	7	7.40%	6	5.80%	-1	-14.29%	0	0.0%	-6	-100.0%
Celina	515	10.20%	684	13.50%	169	32.82%	406	8.1%	-278	-40.6%
Chickasaw	11	9.00%	9	6.00%	-2	-18.18%	12	6.9%	3	33.3%
Coldwater	74	4.30%	0	0.00%	-74	-100.00%	0	0.0%	0	N/A
Fort Recovery	61	12.00%	43	5.60%	-18	-29.51%	27	3.7%	-16	-37.2%
Mendon	22	9.00%	37	12.60%	15	68.18%	23	9.4%	-14	-37.8%
Montezuma	21	21.90%	27	31.40%	6	28.57%	22	31.4%	-5	-18.5%
Rockford	58	10.40%	56	12.00%	-2	-3.45%	44	10.4%	-12	-21.4%
St. Henry	12	1.20%	8	0.90%	-4	-33.33%	48	5.1%	40	500.0%
Census ACS DP04 2020 & 2010 ACS B25002 2023										



3.2.4 Size of Housing Units

The size of housing units can be evaluated by looking at the number of rooms within a structure. Table 3-5 looks at the median number of rooms in a house in Mercer County (6.2) as well as the number of bedrooms.

TABLE 3-5						
HOUSING UNITS BY MEDIAN NUMBER OF ROOMS AND NUMBER OF BEDROOMS (2023)						
Political Subdivision	Median Rooms	PCT 1 BR	PCT 2 BRs	PCT 3 BRs	PCT 4 BRs	PCT 5+ BRs
Mercer County	6.2	4.73%	19.35%	51.93%	19.12%	4.34%
Black Creek	6.9	0.00%	12.20%	55.51%	32.28%	0.00%
Butler	6.5	3.92%	20.45%	49.04%	22.54%	4.05%
Center	6.6	0.00%	10.63%	58.45%	19.32%	11.59%
Dublin	6.1	9.27%	18.12%	50.07%	17.69%	2.28%
Franklin	5.2	9.37%	28.17%	47.38%	13.97%	1.11%
Gibson	6.2	3.67%	17.75%	58.46%	15.50%	4.62%
Granville	6.5	0.16%	10.46%	61.07%	24.66%	3.65%
Hopewell	7	6.42%	8.45%	40.54%	25.34%	19.26%
Jefferson	6	7.02%	23.94%	49.69%	13.07%	5.10%
Liberty	7	1.82%	10.65%	37.66%	43.64%	6.23%
Marion	6.7	1.18%	10.14%	61.23%	22.38%	5.07%
Recovery	6.6	1.34%	20.17%	50.92%	26.22%	1.34%
Union	6.4	0.00%	20.27%	53.32%	25.42%	1.00%
Washington	7.9	2.83%	6.60%	56.29%	34.28%	0.00%
Burkettsville	6.3	2.11%	10.53%	69.47%	15.79%	2.11%
Celina	5.9	7.93%	25.34%	48.77%	11.74%	4.76%
Chickasaw	6.4	0.00%	15.53%	52.80%	30.43%	1.24%
Coldwater	6.6	6.03%	15.59%	45.73%	26.75%	5.90%
Fort Recovery	6.1	2.14%	27.29%	49.43%	17.00%	4.14%
Mendon	6.6	0.00%	27.15%	43.89%	26.24%	2.71%
Montezuma	5.9	4.17%	20.83%	50.00%	16.67%	8.33%
Rockford	6	8.66%	16.01%	61.94%	9.45%	1.57%
St. Henry	6.3	0.00%	10.16%	62.39%	24.44%	3.01%
Data Source: B25018						

3.2.5 Age of Housing Stock

According to the 2023 ACS, the median year in which residential structures were built in Celina is 1971, compared to the County median of 1974. Table 3-6 identifies the number of housing units and median age by political subdivision.

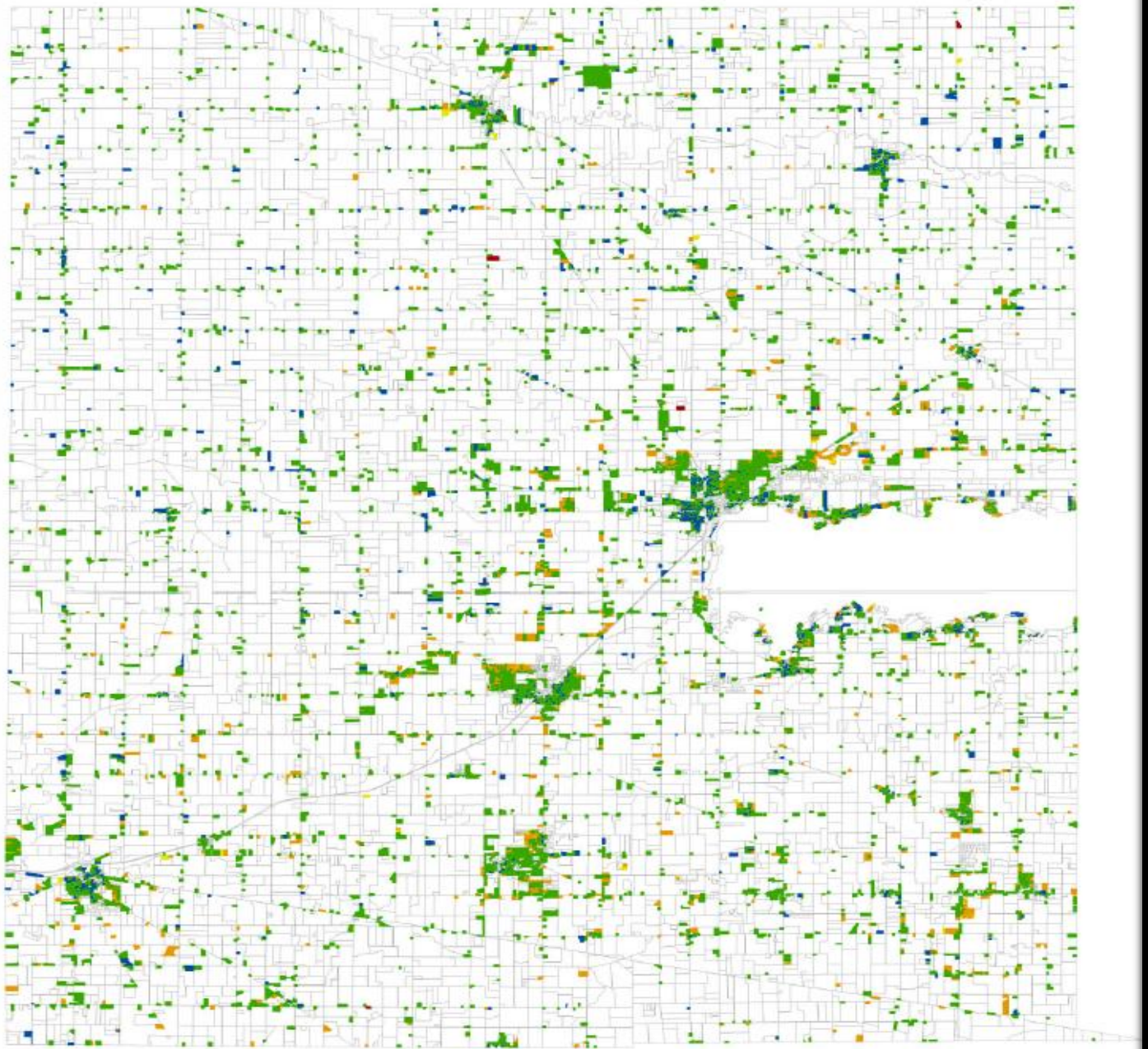
TABLE 3-6										
HOUSING UNITS BY AGE & VALUE POLITICAL SUBDIVISION										
Subdivision	Total Units	Prior to 1940	1940 to 1959	1960 to 1979	1980 to 1989	1990 to 1999	2000 to 2019	After 2020	Median Year Built	Median Value
Mercer County	18,023	16.4%	18.8%	22.0%	10.3%	13.1%	18.1%	1.3%	1974	\$208,600
Black Creek	254	68.5%	7.5%	9.1%	0.0%	13.4%	1.6%	0.0%	1938	\$188,400
Butler	853	9.3%	23.2%	22.0%	5.3%	13.9%	20.4%	6.0%	1978	\$233,700
Center	448	12.7%	29.5%	23.4%	10.5%	16.1%	7.8%	0.0%	1965	\$252,200
Dublin	377	29.3%	14.8%	37.2%	4.9%	8.5%	4.1%	1.2%	1964	\$145,700
Franklin	1,964	6.6%	9.9%	17.4%	13.7%	20.5%	31.2%	0.7%	1991	\$191,100
Gibson	308	23.0%	21.2%	12.9%	6.0%	15.3%	21.6%	0.0%	1971	\$225,500
Granville	274	12.4%	17.7%	21.7%	12.9%	13.6%	21.2%	0.5%	1979	\$274,800
Hopewell	306	29.7%	7.8%	14.1%	8.2%	27.5%	12.7%	0.0%	1976	\$238,400
Jefferson	1,346	13.0%	23.8%	24.5%	11.2%	9.5%	17.1%	0.8%	1972	\$166,900
Liberty	455	35.4%	16.0%	11.6%	4.6%	15.4%	16.9%	0.0%	1958	\$199,400
Marion	1,023	25.1%	6.7%	22.4%	20.3%	12.2%	13.3%	0.0%	1976	\$303,000
Recovery	460	23.0%	12.0%	20.3%	5.3%	26.7%	12.8%	0.0%	1973	\$280,400
Union	381	27.5%	20.2%	27.2%	10.2%	9.4%	5.1%	0.3%	1962	\$112,500
Washington	329	23.7%	19.8%	15.5%	15.2%	2.4%	23.4%	0.0%	1971	\$278,500
Burkettsville	79	27.4%	24.2%	27.4%	3.2%	9.5%	8.4%	0.0%	1959	\$189,300
Celina	5,024	13.3%	25.1%	24.0%	10.8%	7.8%	18.2%	0.8%	1971	\$158,800
Chickasaw	173	13.3%	5.8%	45.1%	13.9%	9.2%	12.7%	0.0%	1974	\$275,000
Coldwater	1,559	10.8%	27.6%	25.4%	4.5%	12.2%	19.5%	0.0%	1974	\$215,700
Fort Recovery	727	23.5%	25.2%	10.7%	7.0%	13.1%	20.5%	0.0%	1964	\$162,000
Mendon	244	36.1%	26.2%	28.3%	2.9%	3.3%	2.5%	0.8%	1954	\$100,400
Montezuma	70	35.7%	48.6%	8.6%	0.0%	5.7%	1.4%	0.0%	1952	\$112,500
Rockford	425	28.0%	17.4%	36.0%	6.4%	6.1%	6.1%	0.0%	1963	\$120,400
St. Henry	944	11.4%	14.7%	23.8%	10.9%	13.2%	25.1%	0.7%	1980	\$273,100
Data Source: 2023 ACS B25037 & B25077										

3.2.6 Residential Housing Quality

The quality of housing varies across the County. The quality of construction largely reflects the architectural detail, the quality of the materials used, and age of the housing stock. Table 3-7 identifies the quality of the housing with a general grading of the single-family residential housing in Mercer County. The grading reflects the extent of architectural detail, quality of materials, and workmanship as reflected in appraisals conducted for the Mercer County Auditor in 2024. The grading scale works from A through E with multiple levels within each letter grade, e.g., AAA to EE. Variations within each letter grade reflect the extent and type of material used on such components as: the exterior roofs (heavy slate, shake/wood shingles, copper flashing, ornamental wood cornices versus asbestos shingles, roll or metal roofing); exterior walls (stucco, brick, stone granite versus aluminum siding, vinyl siding); interior finish (hardwood trim throughout, excellent built-in kitchen China, broom, linen cabinetry; high grade decorating, ornamental woodwork in all major rooms, tiled bathrooms with high quality shower doors and large vanities versus pine/fir doors, plywood or composite cabinetry, drywall/plaster/plywood walls); and flooring (marble, slate, hickory, cherry, oak, versus other hard/soft wood flooring, carpeting, vinyl, asbestos tile flooring). Within the grading system:

- Grade A residences reflect the highest quality materials and workmanship exhibiting unique and elaborate architectural styling and treatments and having all the features typically characteristic of mansion-type homes.
- Grade B units reflect good quality materials and workmanship exhibiting pronounced architectural styling and treatments and having an ample number of built-in features. Custom-built tract homes typically fall into this category.
- Grade C homes are constructed of average quality materials and workmanship, exhibiting moderate architectural styling and treatment and having a minimal number of built-in features. Typical tract-built housing normally falls into this classification.
- Grade D dwellings are constructed of fair quality material and workmanship, generally lacking architectural styling and treatment, and having only a scant number of built-in features. Economy mass-built homes normally fall into this classification.
- Grade E residences are constructed of cheap quality material and poor craftsmanship, void of any architectural treatment and built-in features. Such units are typically self-built with mechanical contractor assistance.

MAP 3-2 MERCER COUNTY HOUSING GRADES



0 3 5 Miles



LACRPC OCTOBER 2025

Map 3-2 illustrates the quality of residential properties. For mapping purposes, all letter grades were collapsed to a simple A through E. 74 percent of graded housing units in Mercer County are graded at a “C”.

TABLE 3-7 ASSESSED QUALITY OF RESIDENTIAL PROPERTIES BY POLITICAL SUBDIVISION (2024)								
Political Subdivision	Total Units	Units Graded	PCT Graded	A	B	C	D	E
Mercer County	18,023	13,796	76.55%	106	2,003	10,220	1,446	21
Black Creek	254	184	72.44%	0	7	154	23	0
Butler	853	545	63.89%	2	102	414	27	0
Center	448	362	80.80%	1	65	253	42	1
Dublin	377	324	85.94%	3	32	239	50	0
Franklin	1,964	1,161	59.11%	17	186	679	271	8
Gibson	308	217	70.45%	0	36	166	15	0
Granville	274	274	100.00%	5	61	198	9	1
Hopewell	306	306	100.00%	0	28	246	30	2
Jefferson	1,346	1,097	81.50%	8	187	764	137	1
Liberty	455	251	55.16%	0	3	191	57	0
Marion	1,023	792	77.42%	13	184	565	30	0
Recovery	460	269	58.48%	4	51	201	13	0
Union	381	227	59.58%	2	9	183	32	1
Washington	329	270	82.07%	0	22	216	32	0
Burkettsville	79	77	97.47%	0	2	71	4	0
Celina	5,024	3,680	73.25%	17	496	2,796	370	1
Chickasaw	173	135	78.03%	0	9	122	4	0
Coldwater	1,559	1,559	100.00%	16	244	1,242	56	1
Fort Recovery	727	505	69.46%	2	59	347	96	1
Mendon	244	242	99.18%	0	3	190	49	0
Montezuma	70	70	100.00%	0	4	36	29	1
Rockford	425	397	93.41%	1	23	315	55	3
St. Henry	944	852	90.25%	15	190	632	15	0
Mercer County Auditor								

3.2.7 Housing Value

As housing quality varies across Mercer County, so does the value of such housing. According to the ACS 2023 5-Year Estimates, the median housing value of owner-occupied units in the City of Celina was \$158,800 as compared to \$208,600 for Mercer County as a whole.

Table 3-8 MEDIAN VALUE OF OWNER-OCCUPIED HOUSING UNITS (2020-2023)						
Political Subdivision	Median Value 2020	Change	PCT Change	Median Value 2023	Change	PCT Change
Mercer County	\$163,800	\$38,200	30.41%	\$208,600	\$44,800	27.35%
Black Creek	\$165,500	\$64,600	64.02%	\$188,400	\$22,900	13.84%
Butler	\$171,900	\$30,000	21.14%	\$233,700	\$61,800	35.95%
Center	\$193,500	\$74,100	62.06%	\$252,200	\$58,700	30.34%
Dublin	\$101,100	(\$3,900)	-3.71%	\$145,700	\$44,600	44.11%
Franklin	\$158,800	\$27,100	20.58%	\$191,100	\$32,300	20.34%
Gibson	\$162,200	\$33,700	26.23%	\$225,500	\$63,300	39.03%
Granville	\$234,400	\$79,600	51.42%	\$274,800	\$40,400	17.24%
Hopewell	\$213,700	\$68,200	46.87%	\$238,400	\$24,700	11.56%
Jefferson	\$136,500	\$25,200	22.64%	\$166,900	\$30,400	22.27%
Liberty	\$174,300	\$61,200	54.11%	\$199,400	\$25,100	14.40%
Marion	\$257,300	\$95,400	58.93%	\$303,000	\$45,700	17.76%
Recovery	\$213,400	\$60,000	39.11%	\$280,400	\$67,000	31.40%
Union	\$93,000	(\$6,900)	-6.91%	\$112,500	\$19,500	20.97%
Washington	\$208,100	\$92,300	79.71%	\$278,500	\$70,400	33.83%
Burkettsville	\$122,800	\$24,700	25.18%	\$189,300	\$66,500	54.15%
Celina	\$123,100	\$27,200	28.36%	\$158,800	\$35,700	29.00%
Chickasaw	\$181,800	\$52,600	40.71%	\$275,000	\$93,200	51.27%
Coldwater	\$157,700	\$28,800	22.34%	\$215,700	\$58,000	36.78%
Fort Recovery	\$128,800	\$32,800	34.17%	\$162,000	\$33,200	25.78%
Mendon	\$80,600	\$6,300	8.48%	\$100,400	\$19,800	24.57%
Montezuma	\$101,800	\$26,400	35.01%	\$112,500	\$10,700	10.51%
Rockford	\$95,100	\$12,000	14.44%	\$120,400	\$25,300	26.60%
St. Henry	231,700	\$77,800	50.55%	\$273,100	\$41,400	17.87%
Census B25077 ACS 2023						

3.2.8 Manufactured/Mobile Homes

The ACS documented 1,430 manufactured/mobile homes within Mercer County in 2023. ACS data suggest that manufactured/mobile homes represented roughly 8 percent of the total housing stock in Mercer County in 2023.

When considering occupancy, 87 percent of all occupied units were owner-occupied and 13 percent were renter-occupied.

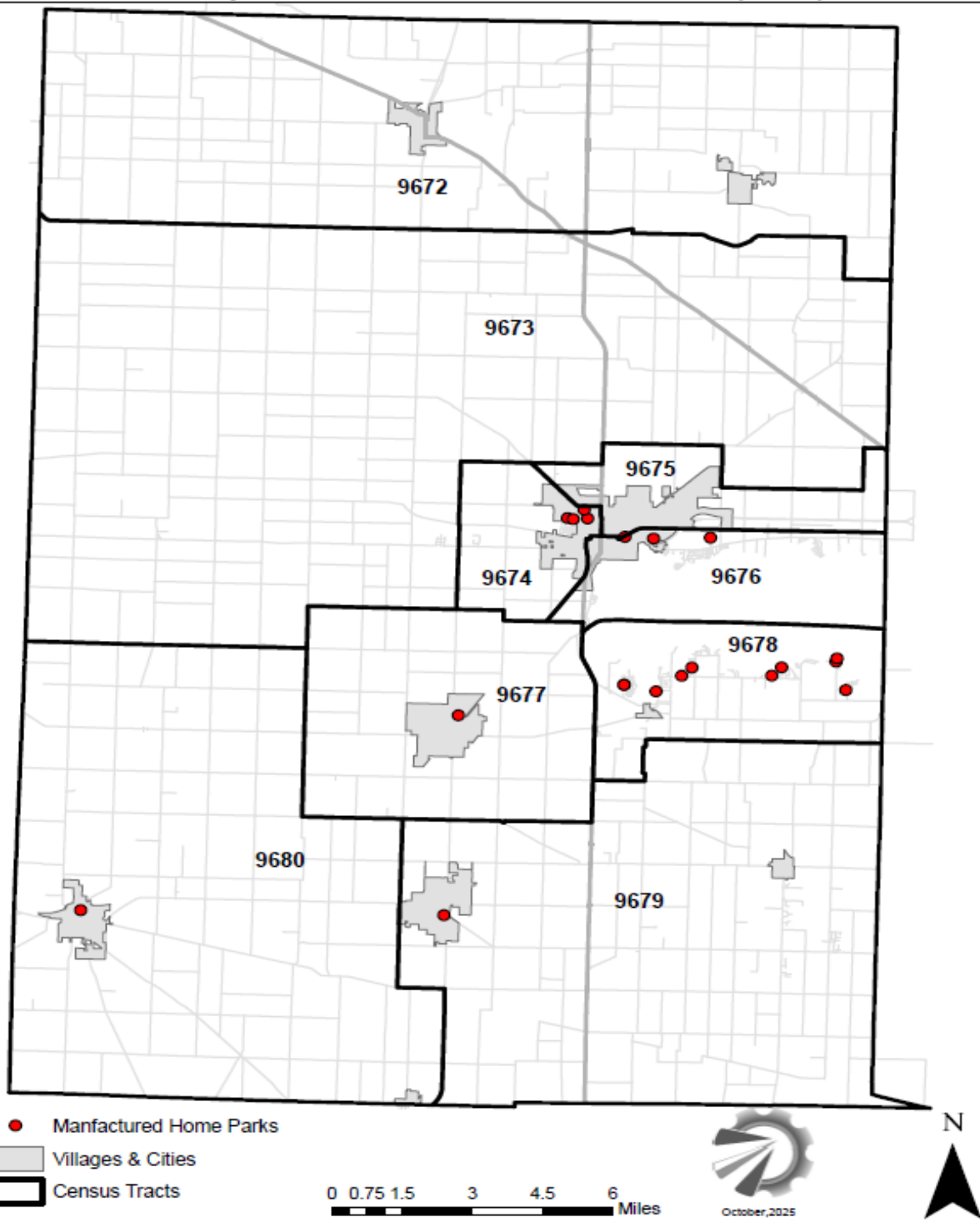
TABLE 3-9					
MOBILE HOME OCCUPANCY (2023)					
Political Subdivision	Mobile Homes	Owner Occ	Owner -Occ./Unit	Renter Occ.	Rent-Occ/Unit
Mercer County	1,430	1,246	87%	184	13%
Black Creek	45	45	100%	0	0%
Butler	97	97	100%	0	0%
Center	17	17	100%	0	0%
Dublin	113	94	83%	19	17%
Franklin	257	249	97%	8	3%
Gibson	36	36	100%	0	0%
Granville	0	0	n/a	0	n/a
Hopewell	0	0	n/a	0	n/a
Jefferson	497	344	69%	153	31%
Liberty	79	79	100%	0	0%
Marion	0	0	n/a	0	n/a
Recovery	102	102	100%	0	0%
Union	139	135	97%	4	3%
Washington	48	48	100%	0	0%
Burkettsville	0	0	n/a	0	n/a
Celina	289	184	64%	105	36%
Chickasaw	0	0	n/a	0	n/a
Coldwater	83	83	100%	0	0%
Fort Recovery	129	129	100%	0	0%
Mendon	8	4	50%	4	50%
Montezuma	0	0	n/a	0	n/a
Rockford	46	27	59%	19	41%
St. Henry	0	0	n/a	0	n/a
ACS 2023 5-year B25033					

3.2.9 Manufactured/Mobile Home Parks

Manufactured/Mobile Home Parks are licensed and controlled by the Ohio Manufactured Home Commission. Such parks are required to be annually inspected and licensed when 3 or more such homes are used for habitation on any tract of land. In 2023 the Mercer County Auditor identified 24 licensed and approved manufactured/mobile home parks. Table 3-10 identifies the mobile parks by political subdivision and number of units.

TABLE 3-10		
MOBILE HOME PARKS IN MERCER COUNTY		
Political Subdivision	Park	Units
Celina	Hecht's Landing MHP	70
	Lakeshore Resort	5
	Abbeywood Estates	38
	Bayview Trailer Park	6
	Grand Manor	90
	Zeb's Landing	38
	Cottonwood Park, Inc.	51
	Grand Lake MHP	98
	Duckfoot Arnold Landing & Sons	8
	Behm's Landing	22
	Helton Lodge	11
	Livingston MHP	8
	Celina MHP	37
	Westside MHC	78
	Park Grand	20
	Woodhaven Park	36
	Arrowhead Estates	84
Coldwater	Northview MHC	87
Fort Recovery	Broadway Mobile Court	50
Saint Henry	Osterholt Mobile Park	6
Mercer County		843

Map 3-3 Manufactured Home Parks (2023)



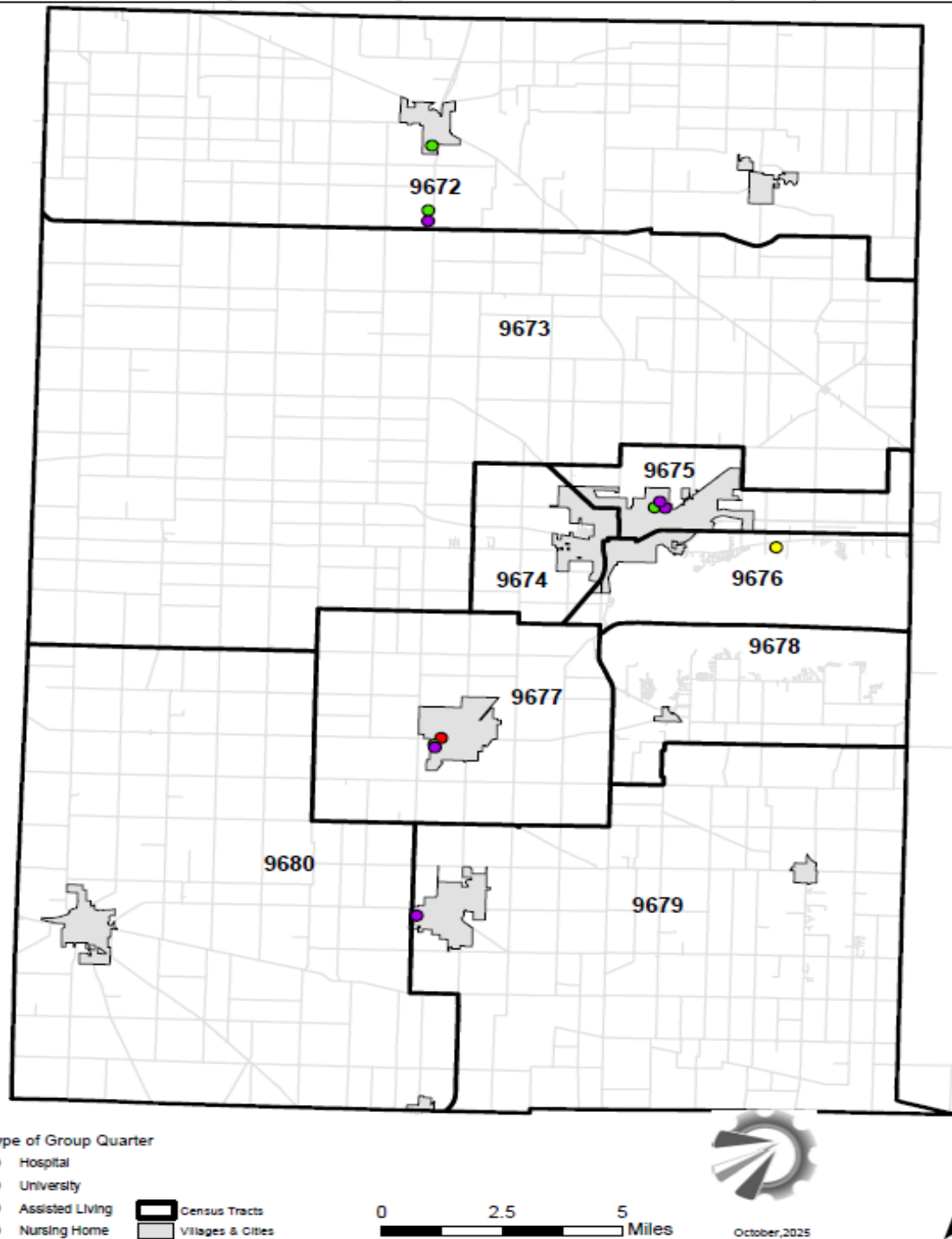
3.3 GROUP QUARTERS

The Census Bureau identifies two general types of group quarters: institutional (e.g., nursing homes, hospital wards, hospices, and prisons) and non-institutional (e.g., college dormitories, military barracks, group homes, shelters, missions, etc.). Many group quarters house persons with disabilities, both physical and cognitive, as well as people with severe mental illnesses. Group quarters should be equally distributed so that persons with disabilities are not segregated into certain areas within the community. However, persons occupying group quarters often require services that are most readily available in an urban/suburban setting. Map 3-4 depicts the distribution of group quarters across the study area. Data reveals a concentration of such group quarters in and immediately adjacent to the City of Celina.

Table 3-11		
GROUP QUARTER POPULATION IN MERCER COUNTY (2020)*		
Type of Group Quarter		Population
Institutionalized	Correctional Facility	37
	Nursing Home	397
	Other Institutions	0
Non-Institutionalized	College Dormitory	74
	Other Non-Institutionalized	27
Mercer County		535
P5 2020 Census		

*The 2023 5-year ACS did not contain data on Group quarters so the 2020 DEC information is presented

Map 3-4 Group Quarter Locations (2023)



3.4 HOUSING REHABILITATION NEEDS

US Census Data identifies the condition of housing or the extent to which housing rehabilitation needs are required. of analysis. The lack of a countywide building code and the absence of any specific conditional assessment in the appraisal and re-appraisal process, short of demolitions, prevent any such systematic assessment. However, for purposes of this report, proxy indicators have been considered in establishing rehabilitation needs of the existing housing stock.

TABLE 3-12				
HOUSING STOCK PRESUMED TO NEED REHABILITATION (2023)				
Political Subdivision	Housing Units Built Pre-1940	Lack of Complete Plumbing Facilities	Lack of Complete Kitchen Facilities	Vacant Units
Mercer County	2,954	396	132	1,745
Black Creek	174	0	0	0
Butler	224	0	0	16
Center	57	34	0	34
Dublin	235	34	51	101
Franklin	135	57	0	774
Gibson	200	0	0	24
Granville	161	0	0	64
Hopewell	91	0	0	10
Jefferson	822	172	11	575
Liberty	161	83	23	70
Marion	300	0	0	12
Recovery	144	0	0	31
Union	172	16	47	23
Washington	78	0	0	11
Burkettsville	26	0	0	0
Celina	670	142	11	406
Chickasaw	23	0	0	12
Coldwater	168	0	0	0
Fort Recovery	171	0	0	27
Mendon	88	8	3	23
Montezuma	25	2	0	22
Rockford	119	3	15	44
St. Henry	108	0	0	48
Data Source: ACS 2023 5-year B25034, B25047, B25025				

3.4.1 Essential Amenities

To provide additional insights into the condition and need for improved housing conditions, the extent of absent housing amenities is presented. Table 3-12 indicates the number of units lacking kitchen and plumbing facilities by political subdivision, coupled with the number of housing units built before 1940 and the number of vacant units, which are presumed to need extensive rehabilitation, to summarize the extent of rehabilitation needs in Mercer County.

Total housing units lacking complete kitchen facilities in 2023 totaled 132 units. The total number of units lacking complete plumbing facilities in 2023 totaled 396 units.

TABLE 3-12				
HOUSING STOCK PRESUMED TO NEED REHABILITATION (2023)				
Political Subdivision	Housing Units Built Pre-1940	Lack of Complete Plumbing Facilities	Lack of Complete Kitchen Facilities	Vacant Units
Mercer County	2,954	396	132	1,745
Black Creek	174	0	0	0
Butler	224	0	0	16
Center	57	34	0	34
Dublin	235	34	51	101
Franklin	135	57	0	774
Gibson	200	0	0	24
Granville	161	0	0	64
Hopewell	91	0	0	10
Jefferson	822	172	11	575
Liberty	161	83	23	70
Marion	300	0	0	12
Recovery	144	0	0	31
Union	172	16	47	23
Washington	78	0	0	11
Burkettsville	26	0	0	0
Celina	670	142	11	406
Chickasaw	23	0	0	12
Coldwater	168	0	0	0
Fort Recovery	171	0	0	27
Mendon	88	8	3	23
Montezuma	25	2	0	22
Rockford	119	3	15	44
St. Henry	108	0	0	48
Data Source: ACS 2023 5-year B25034, B25047, B25025				

3.4.2 Lead-Based Paint

Lead-based paint was used in area housing until 1978. When chips of paint are exposed, they may be ingested or ground into dust, which may also be ingested or inhaled. According to a 2021 survey by HUD (US Dept. of Housing & Urban Development) estimates are that 87 percent of pre-1940 housing units, 69 percent of units built between 1940 and 1959, and 24 percent of housing built from 1960 to 1979 have lead-based paint. Using these percentages and given the age of the housing stock, we can calculate the number of units with lead-based paint within Mercer County.

An estimate of the number of units with lead-based paint in Mercer County is provided by political subdivision in Table 3-13 (6,912 units). Of concern, the potential of lead paint exposure reflects 42 percent of all the housing stock in Mercer County.

To address and minimize the potential negative impact of lead on human health, the Ohio Department of Health (ODH) and the Mercer County Health Department (ACHD) commonly monitor and test school-age children for lead poisoning.

Ohio law requires blood lead testing for all children at age 1 and 2, or up to age 6 if they have not been tested before. This testing is mandated for children who are Medicaid-eligible, live in a high-risk ZIP code, or have other risk factors, such as living in an older home or having a sibling with lead poisoning.¹

According to the Mercer County, Ohio Health district, in 2024 there were no children reported with lead levels 10 µg/dL or above and 9 children with lead levels 3.5 µg/dL to under 10 µg/dL.

ODH lists 45882 and 45894 as high-risk zip codes for lead poisoning.²

¹<https://odh.ohio.gov/know-our-programs/childhood-lead-poisoning/for-healthcare-providers>

²<https://mchdohio.org/wp-content/uploads/2025/03/2024-Annual-Report-updated-after-DAC-meeting.pdf>

TABLE 3-13 PRESENCE OF LEAD BASED PAINT BY YEAR OF HOUSING CONSTRUCTION							
Subdivision	Prior to 1940		1940 to 1959		1960 to 1979		Total Units w/Lead Paint Exposure
	Built	Paint Exposure	Built	Paint Exposure	Built	Paint Exposure	
Mercer County	3,388	2,948	3,388	2,338	6,777	1,626	6,912
Black Creek township	128.27	112	128.27	89	256.54	62	262
Butler township	117.714	102	117.714	81	235.428	57	240
Center township	79.744	69	79.744	55	159.488	38	163
Dublin township	154.57	134	154.57	107	309.14	74	315
Franklin township	196.4	171	196.4	136	392.8	94	401
Gibson township	61.292	53	61.292	42	122.584	29	125
Granville township	41.1	36	41.1	28	82.2	20	84
Hopewell township	58.14	51	58.14	40	116.28	28	119
Jefferson township	215.36	187	215.36	149	430.72	103	439
Liberty township	132.86	116	132.86	92	265.72	64	271
Marion township	196.416	171	196.416	136	392.832	94	401
Recovery township	88.78	77	88.78	61	177.56	43	181
Union township	137.16	119	137.16	95	274.32	66	280
Washington township	105.609	92	105.609	73	211.218	51	215
Burkettsville village	27.334	24	14.457	10	15.247	4	37
Celina city	818.912	712	1441.89	995	1165.57	280	1,987
Chickasaw village	21.798	19	11.591	8	93.939	23	50
Coldwater village	222.937	194	397.545	274	430.284	103	572
Fort Recovery village	147.581	128	187.566	129	48.709	12	270
Mendon village	94.184	82	59.78	41	55.876	13	137
Montezuma village	26.88	23	26.88	19	3.29	1	43
Rockford village	175.525	153	101.15	70	107.525	26	248
St. Henry village	66.08	57	133.104	92	268.096	64	214

Estimates from HUD based on national surveys suggest that 27 percent of these 6,912 units pose a lead hazard and need lead abatement. HUD suggests that of those units built before 1940, 44 percent pose a hazard, with those built between 1940 and 1959 identified at a somewhat lesser rate at 18 percent of units, while the hazard of those built after 1960 through 1979 is established at just 9.5 percent. Table 3-14 identifies the extent of a lead hazard in housing units by political subdivision.

TABLE 3-14								
ESTIMATED EXPOSURE TO LEAD HAZARD IN HOUSING BY YEAR OF CONSTRUCTION								
Subdivision	Prior to 1940		1940 to 1959		1960 to 1979		Total Period Units	
	w/Paint	w/Hazard	w/Paint	w/Hazard	w/Paint	w/Hazard	w/Paint	w/Hazard
Mercer County	2,948	1,297	2,338	421	1,626	155	6,912	1,872
Black Creek township	112	49	89	16	62	6	262	71
Butler township	102	45	81	15	57	5	240	65
Center township	69	31	55	10	38	4	163	44
Dublin township	134	59	107	19	74	7	315	85
Franklin township	171	75	136	24	94	9	401	109
Gibson township	53	23	42	8	29	3	125	34
Granville township	36	16	28	5	20	2	84	23
Hopewell township	51	22	40	7	28	3	119	32
Jefferson township	187	82	149	27	103	10	439	119
Liberty township	116	51	92	17	64	6	271	73
Marion township	171	75	136	24	94	9	401	109
Recovery township	77	34	61	11	43	4	181	49
Union township	119	53	95	17	66	6	280	76
Washington township	92	40	73	13	51	5	215	58
Burkettsville village	24	10	10	2	4	0	37	13
Celina city	712	313	995	179	280	27	1987	519
Chickasaw village	19	8	8	1	23	2	50	12
Coldwater village	194	85	274	49	103	10	572	145
Fort Recovery village	128	56	129	23	12	1	270	81
Mendon village	82	36	41	7	13	1	137	45
Montezuma village	23	10	19	3	1	0	43	14
Rockford village	153	67	70	13	26	2	248	82
St. Henry village	57	25	92	17	64	6	214	48

HUD estimates suggest that low to moderate income (LMI) households occupy 44.5 percent of dwellings with lead hazards. The exposure to the Mercer County population of LMI households reflects some 576 owner-occupied and 153 renter-occupied units. Table 3-15 reveals the lead hazard exposure to the LMI population in occupied housing units.

TABLE 3-15 ESTIMATED LEAD HAZARD AFFECTED HOUSEHOLDS IN MERCER COUNTY BY YEAR OF CONSTRUCTION AND TENURE								
Year Built	Tenure	Total Occupied Units	Percent w/Lead Paint	Number w/Lead Paint	Percent w/Lead Hazard	Number Occupied Units w/Lead Hazard	Percent Units LMI Occupied	LMI Households w/Lead Hazard Exposure
Prior to 1940	Owner	2,437	87.00%	2,121	44.00%	933	44.50%	415
	Renter	623	87.00%	542	44.00%	238	44.50%	106
1940 to 1959	Owner	2,437	69.00%	1682	18.00%	303	44.50%	135
	Renter	623	69.00%	430	18.00%	77	44.50%	34
1960 to 1979	Owner	2,548	24.00%	612	9.50%	58	44.50%	26
	Renter	1246	24.00%	299	9.50%	28	44.50%	13
Owner Occupied		7,423	59.46%	4,414	29.31%	1,294	44.50%	576
Renter Occupied		2,491	51.00%	1,271	27.09%	344	44.50%	153
Total Occupied		9,914	57.34%	5,685	28.82%	1,638	44.50%	729

3.5 AFFORDABLE HOUSING

Data in Section II identified the character and complexity of the local population, examining the community's demographics, including household size, age, income, and disability status to develop the background necessary to understand the community's housing needs. Earlier in this section, data presented established the parameters of the current housing stock in Mercer County. However, the nature and scope of affordable housing remain to be addressed. The remaining subsection focuses on the local demand for safe, appropriate, and affordable housing. The extent to which affordable housing exists in a community can be assessed based on many factors. Census data allows us to examine housing affordability on different measures included within such baseline housing parameters as overcrowding, rental rates, and ownership costs.

3.5.1 Overcrowding

Census data identifying the number of occupants per room is considered another measure of poverty that provides insights into housing affordability, for as the number of occupants rises over the threshold of 1.0 person per room, overcrowding is thought to be experienced. This measure helps identify the relationship between housing costs, unit size, and household size. Table 3-16 identifies the extent of overcrowding by degree and political subdivision for renter-occupied units, while Table 3-17 identifies the degree of overcrowding in owner-occupied units by political subdivision.

Data suggests that in 2023, overcrowding was experienced in 48 rental units in Mercer County, representing 1.4 percent of the 3,313 occupied rental units. Data from the 2023 ACS suggests that owner-occupied units were found to be experiencing less than 1 percent of overcrowding in the County as a whole.

TABLE 3-16 OCCUPANTS PER ROOM IN RENTER OCCUPIED HOUSEHOLDS (2023)								
Political Subdivision	Renter Occupied Units	1.00 or Less	PCT	1.01 to 1.50	PCT	1.51 or More	PCT	Over-crowded Units (>1.00)
Mercer County	3,313	3,265	98.55%	24	0.72%	24	0.72%	1.45%
Black Creek	48	48	100.00%	0	0.00%	0	0.00%	0.00%
Butler	568	568	100.00%	0	0.00%	0	0.00%	0.00%
Center	47	38	80.85%	9	19.15%	0	0.00%	19.15%
Dublin	142	142	100.00%	0	0.00%	0	0.00%	0.00%
Franklin	86	86	100.00%	0	0.00%	0	0.00%	0.00%
Gibson	104	104	100.00%	0	0.00%	0	0.00%	0.00%
Granville	94	94	100.00%	0	0.00%	0	0.00%	0.00%
Hopewell	19	19	100.00%	0	0.00%	0	0.00%	0.00%
Jefferson	1,819	1,780	97.86%	15	0.82%	24	1.32%	2.14%
Liberty	56	56	100.00%	0	0.00%	0	0.00%	0.00%
Marion	160	160	100.00%	0	0.00%	0	0.00%	0.00%
Recovery	54	54	100.00%	0	0.00%	0	0.00%	0.00%
Union	103	103	100.00%	0	0.00%	0	0.00%	0.00%
Washington	13	13	100.00%	0	0.00%	0	0.00%	0.00%
Burkettsville	7	7	100.00%	0	0.00%	0	0.00%	0.00%
Celina	1,674	1,635	97.67%	15	0.90%	24	1.43%	2.33%
Chickasaw	22	22	100.00%	0	0.00%	0	0.00%	0.00%
Coldwater	333	333	100.00%	0	0.00%	0	0.00%	0.00%
Fort Recovery	97	97	100.00%	0	0.00%	0	0.00%	0.00%
Mendon	46	46	100.00%	0	0.00%	0	0.00%	0.00%
Montezuma	5	5	100.00%	0	0.00%	0	0.00%	0.00%
Rockford	101	101	100.00%	0	0.00%	0	0.00%	0.00%
St. Henry	91	91	100.00%	0	0.00%	0	0.00%	0.00%
Census B25014 ACS 2023								

TABLE 3-17 OCCUPANTS PER ROOM IN OWNER OCCUPIED HOUSEHOLDS (2023)								
Political Subdivision	Owner Occupied Units	1.00 or Less	PCT	1.01 to 1.50	PCT	1.51 or More	PCT	Over-crowded Units (> 1.00)
Mercer County	12,965	12,753	98.36%	180	1.39%	32	0.25%	1.64%
Black Creek	206	206	100.00%	0	0.00%	0	0.00%	0.00%
Butler	1828	1780	97.37%	48	2.63%	0	0.00%	2.63%
Center	367	359	97.82%	8	2.18%	0	0.00%	2.18%
Dublin	559	553	98.93%	6	1.07%	0	0.00%	1.07%
Franklin	1174	1174	100.00%	0	0.00%	0	0.00%	0.00%
Gibson	741	726	97.98%	0	0.00%	15	2.02%	2.02%
Granville	1,139	1086	95.35%	38	3.34%	15	1.32%	4.65%
Hopewell	277	277	100.00%	0	0.00%	0	0.00%	0.00%
Jefferson	3,921	3897	99.39%	24	0.61%	0	0.00%	0.61%
Liberty	329	322	97.87%	7	2.13%	0	0.00%	2.13%
Marion	1024	986	96.29%	38	3.71%	0	0.00%	3.71%
Recovery	541	529	97.78%	10	1.85%	2	0.37%	2.22%
Union	499	498	99.80%	1	0.20%	0	0.00%	0.20%
Washington	305	305	100.00%	0	0.00%	0	0.00%	0.00%
Burkettsville	88	84	95.45%	4	4.55%	0	0.00%	4.55%
Celina	2944	2920	99.18%	24	0.82%	0	0.00%	0.82%
Chickasaw	139	137	98.56%	2	1.44%	0	0.00%	1.44%
Coldwater	1,226	1178	96.08%	48	3.92%	0	0.00%	3.92%
Fort Recovery	603	601	99.67%	0	0.00%	2	0.33%	0.33%
Mendon	175	174	99.43%	1	0.57%	0	0.00%	0.57%
Montezuma	43	43	100.00%	0	0.00%	0	0.00%	0.00%
Rockford	280	274	97.86%	6	2.14%	0	0.00%	2.14%
St. Henry	805	769	95.53%	21	2.61%	15	1.86%	4.47%
Census B25014 ACS 2023								

3.5.2 Housing Costs

Housing costs must reflect mortgage payments or rental payments plus related costs, including taxes, insurance, fees, and utilities. Rent tends to reflect the utility value of the unit as it varies by size, character, location, and condition. Table 3-18 reveals median rent by political subdivision and the percent change.

TABLE 3-18 MEDIAN GROSS RENT (2020-2023)						
Political Subdivision	Median Gross Rent 2020	Change	PCT Change	Median Gross Rent 2023	Change	PCT Change
Mercer County	\$676	\$676	11.55%	812	\$136	20.12%
Black Creek	-	N/A	N/A	1068	N/A	N/A
Butler	\$592	(\$7)	-1.17%	824	\$232	39.19%
Center	-	N/A	N/A	N/A	N/A	N/A
Dublin	\$521	(\$92)	-15.01%	819	\$298	57.20%
Franklin	\$806	\$157	24.19%	931	\$125	15.51%
Gibson	\$496	(\$310)	-38.46%	744	\$248	50.00%
Granville	\$660	\$96	17.02%	745	\$85	12.88%
Hopewell	-	N/A	N/A	N/A	N/A	N/A
Jefferson	\$714	\$101	16.48%	812	\$98	13.73%
Liberty	\$852	N/A	N/A	917	\$65	7.63%
Marion	\$666	\$109	19.57%	873	\$207	31.08%
Recovery	\$527	(\$201)	-27.61%	687	\$160	30.36%
Union	\$591	(\$3)	-0.51%	699	\$108	18.27%
Washington	\$519	(\$203)	-28.12%	N/A	N/A	N/A
Burkettsville	-	N/A	N/A	N/A	N/A	N/A
Celina	\$713	\$79	12.46%	814	\$101	14.17%
Chickasaw	\$565	(\$60)	-9.60%	917	\$352	62.30%
Coldwater	\$590	\$15	2.61%	800	\$210	35.59%
Fort Recovery	\$508	(\$261)	-33.94%	767	\$259	50.98%
Mendon	\$730	\$64	9.61%	785	\$55	7.53%
Montezuma	\$763	N/A	N/A	N/A	N/A	N/A
Rockford	\$679	\$115	20.39%	806	\$127	18.70%
St. Henry	\$637	\$69	12.15%	743	\$106	16.64%
Data Source: B25064						

To examine affordability, the Census looks at housing-related costs, including rent/mortgage, utilities, taxes, etc., and defines a housing burden when housing costs are greater than 30 percent of household income. The Census also differentiates such costs based on owner-occupied and renter-occupied.

TABLE 3-19 OWNER/RENTER OCCUPIED HOUSING UNIT COSTS GREATER THAN 30% OF INCOME (2020-2023)								
Political Subdivision	> 30% Owner Occupied Units				> 30% Renter Occupied Units			
	Units 2020	Units 2023	Change	PCT Change	Units 2020	Units 2023	Change	PCT Change
Mercer County	1,798	1460	-338	-18.80%	972	998	26	2.67%
Black Creek	16	17	1	6.25%	6	6	0	0.00%
Butler	327	212	-115	-35.17%	94	143	49	52.13%
Center	98	39	-59	-60.20%	0	0	0	n/a
Dublin	88	56	-32	-36.36%	48	86	38	79.17%
Franklin	127	180	53	41.73%	72	16	-56	-77.78%
Gibson	82	77	-5	-6.10%	26	23	-3	-11.54%
Granville	81	46	-35	-43.21%	28	21	-7	-25.00%
Hopewell	82	65	-17	-20.73%	0	10	10	n/a
Jefferson	660	446	-214	-32.42%	567	614	47	8.29%
Liberty	26	34	8	30.77%	0	0	0	n/a
Marion	69	69	0	0.00%	51	22	-29	-56.86%
Recovery	47	74	27	57.45%	11	3	-8	-72.73%
Union	64	125	61	95.31%	69	54	-15	-21.74%
Washington	31	20	-11	-35.48%	0	0	0	n/a
Burkettsville	2	8	6	300.00%	0	0	0	n/a
Celina	474	313	-161	-33.97%	531	587	56	10.55%
Chickasaw	11	7	-4	-36.36%	10	2	-8	-80.00%
Coldwater	173	70	-103	-59.54%	71	36	-35	-49.30%
Fort Recovery	56	72	16	28.57%	24	14	-10	-41.67%
Mendon	32	34	2	6.25%	22	11	-11	-50.00%
Montezuma	1	6	5	500.00%	9	1	-8	-88.89%
Rockford	38	22	-16	-42.11%	39	59	20	51.28%
St. Henry	48	38	-10	-20.83%	28	21	-7	-25.00%
ACS 5- year estimates B25140								

When reviewing the issue of affordability, however, the obvious question is how much is too much and how much can you afford to pay? HUD and most state housing departments consider annual housing costs to be “affordable” if they do not exceed 30 percent of a family’s annual income, including utility payments. Geographic variations do exist, and where you select to live has implications on housing costs (rent/mortgage) as costs are a product of the area’s economy. In addition to the place (political subdivision, rural/urban), the unit type selected (apartment, house, etc.), the condition, amenities, and proximity to employment can all influence the housing costs for a given property.

Using ACS 2023 5-year estimates, Tables 3-20 and 3-21 identify the available housing stock for low to moderate income households by quantifying the units available at less than 30 percent of the median income by tenure and political subdivision. The National Low Income Housing Coalition (NLIHC) annually releases *“Out of Reach”* to identify across the 50 states the “Housing Wage,” or the wage one must earn to afford a modest rental home by state.³ Its latest report identifies the Fair Market Rent (FMR) for a two-bedroom apartment in Mercer County, Ohio, at \$918. To afford this level of rent and utilities, without paying more than 30% of income on housing, a household must earn \$36,720 annually. Assuming a 40-hour work week, 52 weeks per year, this level of income translates into a “housing wage” of \$17.65 per hour. However, in Ohio, the minimum wage is \$10.70 per hour. To afford the FMR for a two-bedroom apartment, a minimum-wage earner must work 80 hours per week, 52 weeks per year, or a household must include 2 minimum-wage earners working 40 hours per week year-round to make the two-bedroom FMR affordable.

³ (National Low Income Housing Coalition 2024)

TABLE 3-20 AVAILABLE OWNER-OCCUPIED HOUSING STOCK AT ≤ 30% OF MEDIAN HOUSEHOLD INCOME (2023)				
Political Subdivision	Units	30% Median	Unit Costs ≤ 30%	PCT Units Available
Mercer County	12,965	\$23,411	710	5.48%
Black Creek	206	\$30,091	8	3.88%
Butler	640	\$22,829	168	26.25%
Center	367	\$25,116	25	6.81%
Dublin	263	\$19,589	0	0.00%
Franklin	1,138	\$18,955	50	4.39%
Gibson	259	\$28,525	37	14.29%
Granville	274	\$34,077	34	12.41%
Hopewell	277	\$25,875	16	5.78%
Jefferson	983	\$21,272	158	16.07%
Liberty	329	\$29,445	21	6.38%
Marion	881	\$31,029	46	5.22%
Recovery	395	\$31,438	61	15.44%
Union	299	\$11,143	89	29.77%
Washington	305	\$27,950	8	2.62%
Burkettsville	79	\$24,375	6	7.59%
Celina	2,999	\$19,843	25	0.83%
Chickasaw	139	\$29,875	4	2.88%
Coldwater	1,226	\$23,319	79	6.44%
Fort Recovery	603	\$20,050	87	14.43%
Mendon	175	\$17,875	9	5.14%
Montezuma	43	\$22,125	0	0.00%
Rockford	280	\$16,988	0	0.00%
St. Henry	805	\$34,089	28	3.48%
ACS 5 Year estimates B25095				

TABLE 3-21 AVAILABLE RENTAL HOUSING STOCK AT ≤ 30% OF MEDIAN HOUSEHOLD INCOME (2023)				
Political Subdivision	Units	30% Median Monthly	Unit Costs ≤ 30%	PCT Units Available
Mercer County	3,313	\$23,411	710	21.43%
Black Creek	48	\$30,091	8	16.67%
Butler	199	\$22,829	168	84.42%
Center	47	\$25,116	25	53.19%
Dublin	67	\$19,589	0	0.00%
Franklin	83	\$18,955	50	60.24%
Gibson	36	\$28,525	37	102.78%
Granville	20	\$34,077	34	170.00%
Hopewell	19	\$25,875	16	84.21%
Jefferson	110	\$21,272	158	143.64%
Liberty	56	\$29,445	21	37.50%
Marion	138	\$31,029	46	33.33%
Recovery	39	\$31,438	61	156.41%
Union	62	\$11,143	89	143.55%
Washington	13	\$27,950	8	61.54%
Burkettsville	7	\$24,375	6	85.71%
Celina	1,674	\$19,843	25	1.49%
Chickasaw	22	\$29,875	4	18.18%
Coldwater	333	\$23,319	79	23.72%
Fort Recovery	97	\$20,050	87	89.69%
Mendon	46	\$17,875	9	19.57%
Montezuma	5	\$22,125	0	0.00%
Rockford	101	\$16,988	0	0.00%
St. Henry	91	\$34,089	28	30.77%
ACS -year estimates B25095				

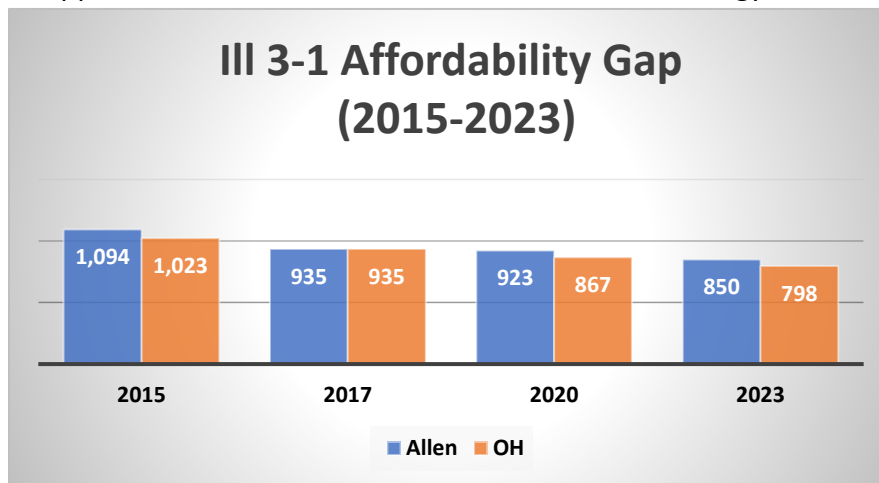
3.5.3 Utility Costs & Affordability

According to the ACEEE (American Council for Energy Efficient Economy) and the Department of Energy, low-income households continue to face disproportionately high energy burdens. One recent analysis found that low-income households spend a median of 8.3% of their income on energy bills, while non-low-income households spend only 2–3%. Low-income households are more likely to live in older, less energy-efficient housing with poor insulation and outdated systems, which drives up utility costs. The “home energy affordability gap” was examined by state and county, estimating residential energy prices and home energy bills predicated upon:

- Energy use intensities (by fuel)
- Tenure of household (by tenure)
- Housing unit size (by tenure)
- Household size (by tenure)
- Heating fuel mix (by tenure)
- Heating degree days and Cooling degree days

Home energy bills reflected all home energy end uses, including heating, cooling, lighting, electric appliances, and hot water. Calculation of home energy bills also reflected mainstream home heating

fuels, including natural gas, electricity, propane (LPG), and fuel oil. It



also detailed the extent to which federal/state energy assistance programs are inadequate and the amount by which low-income energy bills exceeded “affordable” energy bills capped at 6% of gross income.

3.5.4 Homelessness

Mercer County has 3 emergency shelters; one provides services to veterans and their families, and one is designated for victims of domestic violence only, and the third helps provide housing, utility and rent subsidies.

In an ongoing effort to help those who are dealing with homelessness, several outreach programs within Mercer County are available to assist in finding and providing temporary housing and services which help individuals and families to transition into permanent and safe housing.

The Family Crisis Center, located in Celina helps victims of domestic violence and sexual assault. They provide temporary shelter for victims and their children along with ongoing case management and education materials.

In 2020 Lord's abounding Grace Church of Celina paired up with The Mercer County Homeless Coalition to build and provide a transitional refuge for the county's homeless population. The Hand Up Village is located behind the church grounds and through its partnership with the homeless coalition aims to offer long term solutions for the county's homeless issues.

The facilities, or "cabins" , are equipped with bunks, and a microwave. There are shared bathroom and laundry facilities on the grounds as well.

All applicants are screened and must not have any record of violence or sexual crimes. Those who stay in the cabins must save at least 50% of their income to put toward a new place to live. Applicants come from all walks of life, including single mothers with children, the elderly and young men. Some have just been released from jail; others have been evicted or are looking for a way out of domestic abuse.

The Hand Up Village has 11 cabins and since 2015, they have hosted 250 people. Among the service providers are Mercer County Jobs and Family Services, West Ohio Community Action Partnership and Foundations Behavioral Health Services.

**SUMMARY TABLE 3-1
COMMUNITY HOUSING STOCK
MERCER COUNTY - CENSUS TRACTS**

Census Tract	Housing Units	PCT Occupied	PCT Vacant	PCT Mobile Homes	PCT Built Before 1940	Median Value	PCT Fair Quality Housing	Median Rooms	PCT Housing Units w/ Lead Hazard	Owner-Occupied Units - Housing Costs < 30% Inc	Renter-Occupied Units - Housing Costs < 30% Inc
9672	1,464	93.30%	6.70%	6.90%	35.90%	\$126,100	15%	6.4	25%	1,291	118
9673	1,755	91.40%	8.60%	5.80%	22.90%	\$225,100	13%	7	12%	1,557	73
9674	2,093	91.30%	8.70%	5.70%	18.20%	\$124,400	11%	5.9	10%	1,938	326
9675	2,594	96.50%	3.50%	0.00%	4.20%	\$209,800	10%	6	8%	2,359	481
9676	1,527	80.30%	19.70%	7.00%	22.10%	\$159,500	10%	5.8	13%	1,486	267
9677	2,335	100.00%	0.00%	1.50%	9.60%	\$236,000	4%	6.5	9%	2,131	327
9678	1,987	61.00%	39.00%	10.60%	5.70%	\$178,600	25%	5.2	3%	1,829	39
9679	2,478	96.30%	3.70%	0.00%	18.70%	\$292,000	6%	6.6	9%	2,349	151
9680	1,790	96.90%	3.10%	2.70%	22.20%	\$252,600	11%	6.5	12%	1,623	115

ACS 2023 5-year

4 LOCAL EDUCATIONAL OPPORTUNITIES

Early in the election cycle of each presidential nomination since 1976, there have been broad discussions regarding the future of the nation's educational system and educational funding at the national and state levels. Most of the hot policy issues swing back and forth from liberal to conservative views and are recycled by the candidates on a regular basis. Consider President Jimmy Carter's (1977-1981) work to create the Department of Education (1979); or President Ronald Reagan (1981-1989) who tried to abolish the Department of Education and return schools to local and state control; President George H. W. Bush, Sr. (1989-1993) promoted the testing of all students in 4th, 8th, and 12th grades in his State of the Union Address in 1990; President Bill Clinton (1993-2001) campaigned on the adoption of school uniforms and promised to require teacher testing; President George W. Bush (2001-2009) signed the No Child Left behind Act in 2002; and President Barack Obama (2009-2017) who signed the Every Student Succeeds Act (ESSA/2015) also advocated for Universal Pre-K and eliminating tuition at community colleges in his State of the Union Addresses in 2016 and 2015 respectively.

4.1 LOCAL EDUCATION POLICY IMPACT

Federal education policies have direct and indirect impacts at the state and local levels. The loss of federal funding, reimbursement rates, the availability of grants and loans, changes in testing requirements, reporting criteria, or graduation requirements all have implications for the students, families, teachers, and taxpayers. Every day, discussions are taking place at the federal, state, and local levels with more regularity as the cost, controls, and content of our public education system are called into question.

Ohio Governor Mike DeWine has advocated modernizing technology in Ohio schools, reducing required testing and promoting more learning by reducing standardized testing, introducing modern technologies and more funding for vocational career and technical schools, creating public college tuition guarantees for each entering class so students will never pay more than they did their freshman year, developing wrap-around programming for Ohio students, and support an overhaul of the child care system.¹ At issue, however, is whether the Ohio General Assembly can do what Ohio's Supreme Court ordered done two decades ago: reform, not tweak, public school funding.²

¹[https://www.ohioschoolboards.org/sites/default/files/uploads/OEPI%20Overview%20of%20FY22-23%20Senate%20School%20Funding%20Plan%20\(1\).pdf](https://www.ohioschoolboards.org/sites/default/files/uploads/OEPI%20Overview%20of%20FY22-23%20Senate%20School%20Funding%20Plan%20(1).pdf)

²<https://policymattersohio.org/research/the-fair-school-funding-plan-in-ohio/>

4.2 POST-SECONDARY INSTITUTIONAL OPPORTUNITIES

Within Mercer County is Wright State University-Lake Campus. Within about a 1-hour drive time (50-60 miles), are several post-secondary institutions, including Bluffton University, the University of Northwestern Ohio, the Ohio State University, Rhodes State College, and Ohio Northern University. These campuses, coupled with the online degree programs that exist at a plethora of accredited institutions, suggest that proximity to post-secondary education should not be an obstacle to attaining a college degree for Mercer County residents.

However, college affordability remains a crisis in Higher Education. Since 2010, public and private tuition fees have increased by 15 and 13 percent respectively. A report from Sallie Mae revealed that fewer families are saving for college and those that are saving, are saving less. The Sallie Mae report indicated that tax policies developed for families to save for future college expenses largely benefit upper income families. Not only do lower-income families get less help to save, but rules in public benefits programs can penalize families who do. Asset limits restrict the amount of money a household can have and be eligible to participate. The increased costs associated with a college education continue to rise even as a family's ability to pay declines, resulting in a major gap in the traditional forms of financial aid for post-secondary education. Unfortunately, this translates to a perception that college is inaccessible in the minds of parents/students who have the most to gain from that credential.³

Moreover, there are questions of accountability with various researchers suggesting that college graduation rates are unsatisfactory and costs are too high. In a recent study, the U.S. Department of Education noted that only about 60 percent of all students who enroll in a 4-year university will have obtained a bachelor's degree within 6 years. Graduation rates are even lower at 2-year colleges, with just 38 percent of students having obtained a certificate or associate's degree in 3 years.⁴

Data relative to costs, federal financing, demographics, outcomes, and financial aid outcomes are identified from the data source. Information relative to the institution's academic courses is also provided to give some insights into the institution's philosophical leaning and application to future employment.

³https://www.salliemae.com/assets/core/how-America-Saves/HowAmericaSaves_Report2013.pdf

⁴Yearly Progress and Completion

4.2.1 Wright State University-Lake Campus^{5,6}

Wright State University-Lake Campus is an extension of Wright State University. Its inception was brought forth by Ohio Gov. James Rhodes's efforts in the early 1960s, to place public higher education facilities within 30 miles of every Ohioan. In response to a growing desire for residents of the region to have access to higher education, a group of forward-thinking citizens from across Auglaize, Darke, Mercer, and Van Wert Counties organized early in 1962. The organization became officially incorporated as the Western Ohio Educational Foundation (WEOF).



1969 the WEOF board voted for the college to become fully affiliated with Wright State University as its sole branch campus. This led to the acquisition of a 173-acre site for the new campus on the northern shores of Grand Lake St. Marys. The ever-expanding Lake Campus is located on the north shore of Grand Lake St. Marys between Celina and St. Marys, Ohio. It provides a full university experience with a warm, welcoming atmosphere.

Total enrollment for 2023-2024 school year was 1,398 undergraduate students and 63 graduate 670 or 48 percent of the students were full-time students. Examining demographics, 63 percent of students were female, 2 percent were African American, 2 percent were Hispanic, and 1 percent were Asian. Tuition and financial aid reflected total costs with room and board and fees at \$12,039.

The percentage of students receiving federal aid totaled 93 percent of total student enrollment. The average Federal Loan volume received was \$5,295. The percentage of Pell Grant recipients was 32 percent of the student body, with an average award of \$4,103. Probing graduation rates data revealed that 42 percent of students graduate with 95 percent of graduates finding employment within 1 year.

⁵<https://www.niche.com/colleges/wright-state-university-lake-campus/after-college/>

⁶<https://lake.wright.edu/about>

4.2.2 Bluffton University^{7,8}

Bluffton University is a Christian liberal arts college located in Bluffton, Ohio. The campus has ready access to the I-75 corridor and is located approximately 15 miles north of the City of Lima. The university, founded in 1899, is situated on a 234-acre campus and nature preserve. The university provides educational options from more than 86 undergraduate academic programs and 3 graduate programs that are nationally recognized for excellence. In 2025, U.S. News and World Report identified the University as one of America's top-tier Midwest baccalaureate colleges.



Total enrollment at Bluffton University was 602 undergraduate students and 76 graduate students for the 2023-2024 academic year; 584 or 86.1 percent of the students were full-time students. Examining demographics, 42.7 percent of students were female, 19 percent were African American, 4 percent were Hispanic, and 1 percent were Asian. Tuition and financial aid reflected total costs with room and board and fees at \$49,848. The average net price for low-income students was \$23,407.

The percentage of students receiving federal aid totaled 48 percent of total student enrollment. The percentage of students receiving federal loans was 82 percent. The percentage of Pell Grant recipients was 48 percent of the student body, with an average award of \$5,767. Recipients of Federal work-study grants totaled 432, and Supplemental Educational Opportunity Grant Recipients totaled 18. Probing graduation rates data revealed that 51 percent of students graduate, but only 45 percent of students in a 4-year program.

Bluffton University holds a certificate of authorization from the Ohio Board of Regents to confer the degrees of Bachelor of Arts and Bachelor of Science across over 94 academic majors, as well as a Master of Arts and Master of Business Administration degrees. Bluffton University is accredited by the Higher Learning Commission, a member of the North Central Association, and the Council of Christian Colleges and Universities.

⁷ <http://www.bluffton.edu/>

⁸ <https://www.niche.com/colleges/bluffton-university>

4.2.3 The Ohio State University – Lima Campus^{9,10}

The Ohio State University at Lima is one of four regional campuses and the Wooster Agricultural Center serving the main campus of the Ohio State University in Columbus, Ohio. The local campus, founded in 1960, is located on a 160+ acre tract of land just northeast of Lima. The University offers one associate degree and 13 bachelor's degree programs with 2+2 programming, supporting 200-plus majors at the Columbus campus. Total enrollment was 739 undergraduate students and 1 graduate student for the 2023-2024 academic year. Examining demographics, 54 percent of students were female, 5.4 percent were African American, 1.9 percent were Asian, and 4.2 percent were Hispanic. Tuition and financial aid data reflected total tuition and fees costs at \$12,727 (in-state).



The percentage of Pell Grant recipients totaled 36 percent of the student enrollment, with an average award of \$5,744. The percentage of students receiving federal loans totaled 90 percent. Probing graduation rates data revealed that 18 percent of students in a 4-year program graduate from OSU Lima. This reflects the fact that many students transfer to the Columbus campus to finish their degrees. Bachelor's degrees are conferred in 12 subject areas, including Biology, Business Management, Education, Engineering Technology, History, Psychology, Social Work, Theatre, and Zoology.

⁹<http://lima.osu.edu/>

¹⁰<https://www.niche.com/colleges/the-ohio-state-university-lima>

4.2.4 The University of Northwestern Ohio (UNOH)^{11,12}

The University of Northwestern Ohio is a private, not-for-profit University founded in 1920. The campus is located northwest of the City of Lima. Total enrollment in 2023-2024 academic year was 2,890 94.6 percent were full-time students. There are 86 graduate students. Examining demographics, only 17 percent of the students were female, 5 percent were African-American, and 6 percent were Hispanic. Tuition and financial aid data reflected total tuition and costs at \$23,600. The average net price for low-income students was \$14,846.



The percentage of students receiving federal loans totaled 90 percent of the total student enrollment. The percentage of Pell Grant recipients was 36 percent, with an average award of \$5,715. Probing graduation rates data revealed that 54 percent of the students graduate, but only 31 percent of students in a 4-year program.

The University offers Technical Certifications, Associate Degrees, Bachelors, and Masters degrees through five colleges: the College of Business, the College of Applied Technologies, the College of Health Professions, the College of Occupational Professions, and the Graduate College. Online degrees are available for most areas of study.

¹¹<http://www.unoh.edu/>

¹² <https://www.niche.com/colleges/university-of-northwestern-ohio>

4.2.5 Rhodes State College^{13,14}

Rhodes State College is a public, 2-year state-assisted institution of higher learning that is chartered to provide degree-granting career education programs, non-credit workforce development, and consulting for business and industry. The institution shares the grounds and facilities of the Ohio State Lima Campus, located just northeast of the City of Lima. The college prepares students for entry into careers, develops the regional workforce through credit and non-credit occupational training, and offers curricular programs that prepare students for transfer to complete baccalaureate programs at selected colleges and universities.



Data for Rhodes State was limited as it is a 2-year institution. Total enrollment was 3,968 students in 2023-2024 academic period; 615 or 15.4 percent of the students were full-time students. 60 percent of students were female; 4 percent were African American. In-state tuition costs were \$5,045.

The percentage of students receiving federal aid totaled 72 percent of total student enrollment. The percentage of Pell Grant recipients was 42 percent, with an average award of \$4,319. Recipients of federal loans totaled 73 percent of the student body, with an average loan of \$2,695. Graduation rates data revealed that 33 percent of full-time students' graduate.

¹³ <http://www.rhodesstate.edu/>

¹⁴ <https://www.niche.com/colleges/rhodes-state-college>

4.3 NON-DEGREE GRANTING – PRIMARILY POST-SECONDARY INSTITUTIONS

Along with having access to many post-secondary institutions, Mercer County residents have ready access to two non-degree-granting primarily post-secondary institutions within a 1-hour drive. Vocational-oriented, these schools serve specific educational training necessary for state or journeyman licensures/certifications. The Apollo Career Center is multifaceted. The Ohio State Beauty Academy is largely restricted to cosmetology.

4.3.1 Apollo Career Center^{15,16}

The Apollo Career Center is located approximately 3 miles southeast of Lima on a 90+ acre campus off Shawnee Road between Breese and Reed roads in Shawnee Township. The vocational center provides skills training for the Lima area and those employers, residents, and students in a 9-county service area. Apollo provides career development (full-time training programs), career enhancement (part-time classes to upgrade skills), and special interest classes. Apollo typically serves some 4,500 adults annually across 11 full-time programs in Health Care, Manufacturing, Computer Technology, Law Enforcement, Public Safety, Construction, Truck Driving, and Early Childhood Education. Apollo provides career technical training to approximately 450 high school juniors and seniors each from surrounding high schools each year. It also has some 60 part-time training and special interest courses that reflect many different concentrations.



Data for the Apollo Career Center was limited as it is a non-degree-granting institution. Total enrollment was 527 students for the 2023-2024 academic year. 130 or 24.6 percent were full-time students. Examining demographics, 72 percent of the students were female, 25 percent were African-American and 11 percent were Hispanic.

The percentage of students receiving federal aid totaled 58 percent of total student enrollment. 23 percent of students received Pell Grants, with an average award of \$5,201. Recipients of federal loans totaled 81 percent of the student body. Probing graduation rate data revealed that 72 percent of students' graduate.

¹⁵<http://www.apollocareercenter.com/>

¹⁶<https://www.niche.com/colleges/apollo-career-center>

4.3.2 The Ohio State Beauty Academy^{17,18}

The Ohio State Beauty Academy is located just northwest of the City of Lima, adjacent to the University of Northwestern Ohio's campus. The Academy offers specialized training required in the field of cosmetology. The Beauty Academy provides courses in cosmetology, manicurist, and cosmetology and management.

Data for Ohio State Beauty Academy was limited, as it is a non-degree-granting institution. Total enrollment was 96 students for the 2023-2024 academic year. 100 percent of the students were full-time students. Examining demographics, 96



percent of students were female, 7 percent were African-American, and 1 percent were Hispanic. The average net price after factoring in grants and loans was \$8,614.

The percentage of students receiving federal aid totaled 92 percent of total student enrollment, with an average award of \$5,196. Data relative to graduation rates revealed that 60 percent of students' graduate. The Ohio State Beauty Academy is accredited by the National Accrediting Commission of Cosmetology Arts and Sciences (NACCAS) and licensed by the Ohio State Board of Cosmetology.

¹⁷<http://www.ohiostatebeauty.com/about/>

¹⁸<https://www.niche.com/colleges>

4.4 LOCAL K-12 SCHOOL OPPORTUNITIES

Within Mercer County are 57 schools serving grades kindergarten through 12th grade. Of these schools, 41 are public schools and 1 is a private school. While most recognize the status of public schools and private schools, given the changes in education and funding over the last decade, it is not surprising to find hybrid schools in the form of community schools. Community schools are public, non-profit, non-sectarian schools operating independently of any school district, but under a contract with a sponsoring entity whose authority is established in statute or approved by the Ohio Department of Education (ODE). While community schools receive state and federal funds, they are purposefully designed by statute to have greater operational autonomy and provide greater flexibility in programs. Flexibility provides community school administrators and teachers multiple paths to design unique curriculum and instruction models, and autonomy is the key element that allows these schools to operate in a structure and environment that can be more flexible and responsive than that of larger, traditional public-school districts. Of note is that the 13 K-12 private schools are not specifically included in this assessment due to data limitations, and that further attempts to include those schools are warranted. The complete list of schools is found in Appendix C at the back of this Assessment, along with Summary Tables 4-1, 4-2, and 4-3, which provide data on school districts and students by census tracts and political subdivisions.

4.5 LOCAL SCHOOL DISTRICTS

The public schools are served by 6 public school districts, spanning 4 counties. Their respective service areas within Mercer County are mapped to provide geographic relevance to the data compiled for each (Map 4-1).

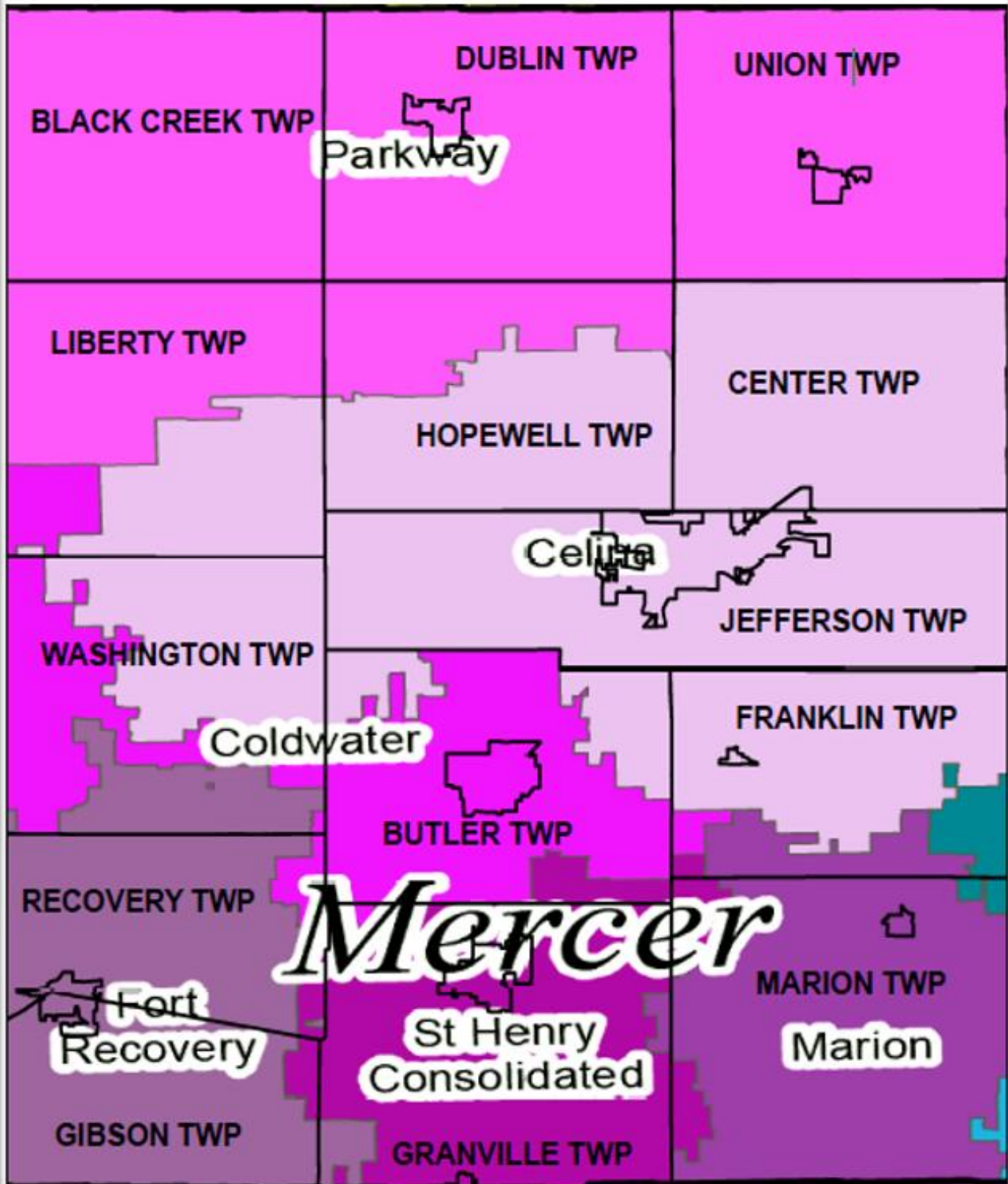
The Ohio Department of Education (ODE) classifies public school districts by typology created in 2013 based on a statistical analysis of shared demographic and geographic characteristics. The revised typology, which remains in effect for the 2023-2024 school year, reflects four major groupings: Rural, Small Town, Suburban, and Urban. Two classifications based on poverty levels and student enrollment provide further differentiation and create a total of 8 typological classifications (Table 4-1)^{18,19}. The new classifications were created to accommodate the outlying towns and county seats that share many characteristics of urban districts despite their rural locations. The statistical method used to create the classifications is like the previous typology versions and is aligned with the “similar districts” used for comparisons on the Local Report Card

presented by ODE

¹⁸<http://education.ohio.gov/Topics/Data/Frequently-Requested-Data/Typology-of-Ohio-School-Districts>

¹⁹http://education.ohio.gov/getattachment/Topics/Data/Frequently-Requested-Data/Data-Gallery/school_district_typology.pdf.asp

Map 4-1 Mercer County School Districts



The typologies of public-school districts serving Mercer County students reflect all 4 major groups. However, student enrollment and poverty indicators precluded the use of certain typologies: (1) Rural – High Student Poverty and Small Student Population; (6) Suburban – Very Low Student Poverty and Large Student Population; and (8) Urban – Very High Student Poverty and Very Large Student Population. Of interest is that student poverty rates varied widely between as well as within the various typologies.

TABLE 4-1 OHIO DEPARTMENT OF EDUCATION - 2013 SCHOOL DISTRICT TYPOLOGIES		
Typology	Major Grouping	Full Descriptor
1	Rural	Rural - High Student Poverty & Small Student Population
2	Rural	Rural - Average Student Poverty & Very Small Student Population
3	Small Town	Small Town - Low Student Poverty & Small Student Population
4	Small Town	Small Town - High Student Poverty & Average Student Population Size
5	Suburban	Suburban - Low Student Poverty & Average Student Population Size
6	Suburban	Suburban - Very Low Student Poverty & Large Student Population
7	Urban	Urban - High Student Poverty & Average Student Population
8	Urban	Urban - Very High Student Poverty & Very Large Student Population

As suggested by the typologies, school districts varied by geographic size and location, performance metrics, and student demographics. Many of the schools in Mercer County fall under Type 2 and have enrollment between 960 and 1,033 students. Celina city schools are the only type 4 with an enrollment of 2,576 students. Table 4-2 reveals each of the public-school districts by current typology, performance metrics, and student demographics.

TABLE 4-2 AUGLAIZE COUNTY'S PUBLIC SCHOOL DISTRICTS PERFORMANCE & DEMOGRAPHICS (2024/2025)											
District Name	2013 Typology	Enrollment	Attendance	Performance Metrics					Demographics		
				Performance Index	Pct HS Algebra I at/above Prof.	Pct HS English II at/above Prof.	5 Year Graduati on Rates (2025 Grad Class)	% Taken ACT	Median Income	% Economically Disadvantage d Students	% Minority
Parkway Local	2	961	94.9%	96.1%	69.1%	83.3%	100%	97.2%	\$61,944	33.1%	6.2%
Fort Recovery Local	2	960	94.4%	94.1%	85.2%	89.1%	97.8%	79.2%	\$97,969	11.3%	2.9%
Marion Local	2	954	>95.0%	101.7%	98.3%	90.4%	100%	92.2%	\$105,077	5.3%	0%
St Henry Consolidated Local	2	1,033	94.7%	98.6%	89.2%	86.8%	98.5%	98.7%	\$109,694	9.1%	2.1%
Coldwater Exempted Village	3	1,437	94.5%	92.2%	87%	74.4%	96.8%	84.3%	\$77,191	19%	2%
Celina City	4	2,576	94.3%	80.8%	66.1%	62.2%	97%	86.3%	\$71,129	48.7%	16.1%

4.6 EDUCATIONAL PERFORMANCE

Based on ever-increasing demands, the State of Ohio developed an accountability system to help evaluate the performance of both school districts and individual schools across the state. Each grade 3rd through 8th conducts achievement tests in both reading and mathematics, with 5th and 8th grades also administering a science test. Both 10th and 11th grades administer the Ohio Graduation Test that covers everything from writing to social studies. These achievement scores demonstrate a student's level of proficiency at one point in time; the progress letter grade reflects how much progress the student body has made since the last year. Graduation rate and attendance are also evaluated to make up as many as 26 separate indicators that schools are graded upon annually.

4.7 FEDERAL FUNDING STREAMS

There is a wide array of local, state, and federal funding dedicated and allocated to local educational agencies (LEAs). Based on the local demographics of interest in this assessment, we provide a summation at the school district level of Title I of the Elementary and Secondary Act, the Individuals with Disabilities Education Act (IDEA), especially part 619B, and the Federal school meals program.

4.7.1 Title I

Title I monies are allocated to those local educational agencies (LEAs) with high numbers or high percentages of children from low-income families to help ensure that all children meet the ever increasingly challenging state academic standards. Title I provides financial grant assistance to LEAs based on the proportion of disadvantaged and minority students under basic, concentrated, and targeted guidelines.²⁰

²⁰<https://ccip.ode.state.oh.us/DocumentLibrary/ViewDocument.aspx?DocumentKey=1067>

4.7.2 Individuals with Disabilities Education Act (IDEA)

IDEA monies flow from the Individuals with Disabilities Education Act (IDEA). These Federal special education funds are distributed through state grant programs and several discretionary grant programs. Part B of the law, the main program, authorizes grants to state and local education agencies to offset part of the costs of the K-12 education needs of children with disabilities; it also authorizes preschool state grants. Part B, Section 619 is targeted specifically at children aged 3 to 5.

This program provides grants to states to make special education and related services available to children with disabilities, ages 3 through 5, and, with a state's discretion, to include 2-year-olds with disabilities who will turn 3 during the school year. At their discretion, states may include preschool-age children who are experiencing developmental delays, as defined by the state and measured by appropriate diagnostic instruments and procedures, who need special education and related services.^{21,22} Table 4-3 outlines the amounts each district received per funding stream.

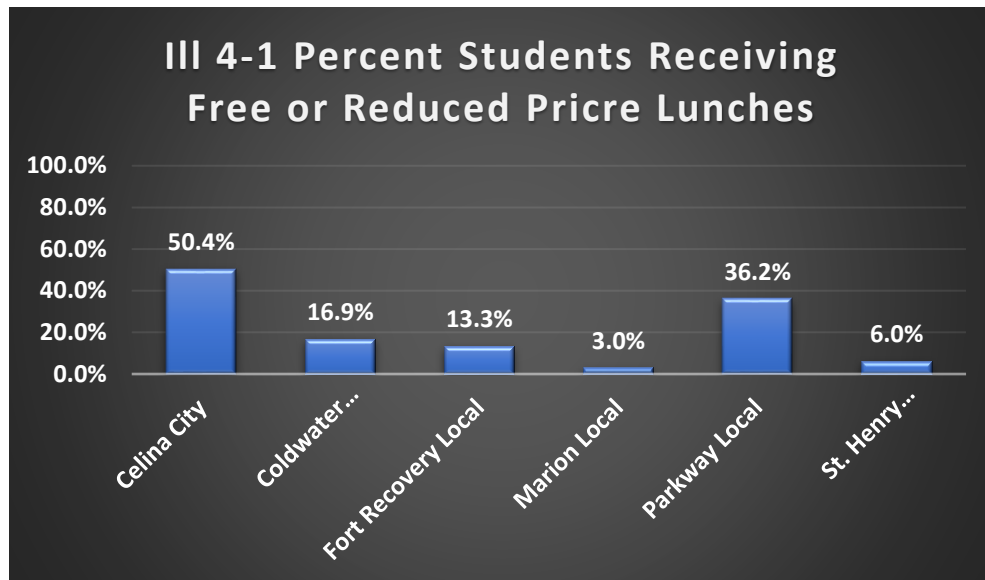
SUMMARY TABLE 4-3 LOCAL EDUCATIONAL OPPORTUNITIES MERCER COUNTY - SCHOOL DISTRICTS						
School District	Typology	Enrollment	Per Pupil	Operating Budget (millions)	Title I	IDEA B
Parkway Local	2	961	\$13,035	\$16.97	\$161,834	\$233,624
Fort Recovery Local	2	960	\$11,952	\$17.28	\$64,250	\$203,546
Marion Local	2	954	\$11,057	\$15.77	\$61,508	\$202,006
St Henry Consolidated Local	2	1,033	\$10,767	\$14.10	\$22,850	\$206,921
Coldwater Exempted Village	3	1,437	\$11,231	\$20.48	\$77,141	\$305,726
Celina City	4	2,576	\$11,571	\$44.41	\$424,170	\$755,402

²¹<http://education.ohio.gov/Topics/Special-Education/Whose-IDEA-Is-This-A-Parent-s-Guide-to-the-Individ>

²²<http://education.ohio.gov/Topics/Special-Education/State-Performance-Plan/State-Advisory-Panel-for-Exceptional-Children>

4.7.3 Federal School Meals Program

The Federal School Meals Program provides student lunches for free or at reduced prices based on household income levels established by the U.S. Department of Housing and Urban Development (HUD). Household incomes below 130 percent of poverty receive free lunches; students with family incomes below 185 percent of poverty are eligible for reduced-price lunches. Schools cannot charge children who receive reduced-price lunches more than 40 cents per meal, but each local public school district sets the exact student contribution.



4.8 EARLY CHILDHOOD EDUCATION

During preschool and kindergarten years, children are developing many of the skills that help them read, write, and speak with others. Most children are born with the potential to learn these skills, but many need instruction and guidance to fully develop the basics of reading to support the foundation for future educational endeavors.

The ODE developed an assessment tool, the Kindergarten Readiness Assessment (KRA), used by teachers to help assess early reading skills, social foundations, mathematics, and motor skills in children entering kindergarten. This assessment is required of all public-school children in Ohio entering kindergarten for the first time. The assessment tests social foundations, mathematics, language and literacy, and motor development. Interpretation of children's responses can provide direction for future educational support needed for children at all levels of learning. Children's scores fall into three main categories: 1) Demonstrated Readiness (270-298) – these children demonstrated foundation skills and behaviors that prepare them for instruction based on Ohio's kindergarten standards; 2) Approaching Readiness (258-269) – these children demonstrated some of the foundational skills and behaviors that prepare them for instruction based on Ohio's kindergarten standards; and 3) Emerging Readiness (202-257) – these children demonstrated minimal skills and behaviors that prepare them for instruction based on Ohio's kindergarten standards. The hope is that more students' scores will designate them as being prepared for kindergarten and the learning that comes with starting school. Tables 4-3 and 4-4 show the results of the KRAs and the performance measures for the 2024-2025 school year.

TABLE 4-4				
KINDERGARTEN READINESS ASSESSMENT (2024/2025)				
District Name	KRA Avg. Score (202-298)	Demonstrating (270-298)	Approaching (258-269)	Emerging (202-257)
Celina City	264.6	32.9%	42.7%	24.4%
Coldwater Exempted Village	268.7	50.3%	33.6%	16.1%
Fort Recovery Local	274.7	67.2%	26.6%	6.3%
Marion Local	274.6	69.7%	28.3%	2%
Parkway Local	262.2	25.8%	40.9%	33.3%
St Henry Consolidated Local	273.9	67.3%	26.5%	6.1%

A separate analysis for this report found an association between the kindergarten assessment and 3rd-grade scores in reading and math on the Ohio Achievement Test (OAT). The analysis showed that school districts with kindergartners who scored higher on the KRA/KRA-L tend to have 3rd-grade students who scored higher on the OAT. Because these results measure scores of different tests taken by separate cohorts of students, they are no evidence of a causal effect; they do, however, provide strong suggestive evidence that higher KRA/KRA-L scores among kindergartners may be carrying over to 3rd-grade test results.

TABLE 4-5 3RD GRADE PERFORMANCE MEASURES - STUDENTS AT OR ABOVE PROFICIENCY (2024/2025)			
District	3 rd Grade Enrollment	PCT Reading	PCT Math
Celina City	173	69.60%	65.50%
Coldwater Exempted Village	142	80.70%	87.90%
Fort Recovery Local	91	73.30%	83.30%
Marion Local	101	89.10%	97.00%
Parkway Local	70	82.90%	85.70%
St Henry Consolidated Local	86	85.90%	97.60%

4.8.1 Opportunities to Learn

As previously stated, due to the COVID-19 pandemic, educators were faced with unique challenges in the way instruction was delivered and presented to students. At the height of the pandemic, fully remote or hybrid options were offered to students. Schools needed to consider each individual student's "opportunity to learn." The phrase "opportunity to learn" refers to a student's ready access to regularly offered educational opportunities. Internet and technology device access, conditions of learning, and attendance and engagement policies, all of which provide important context for understanding student success. In some cases, students' opportunity to learn was hampered in fully remote or hybrid educational delivery models if students lacked access to technology, including hardware, such as computers and smartphones, and high-speed internet.

Table 4-5 provides data by school district that shows those enrolled in school who have access to the necessary tools to engage in fully remote or hybrid education delivery models.

4-6 Age and Enrollment Status by Computer Ownership and Internet Subscription Status							
	Celina City	Coldwater Exempted Village	Fort Recovery Local	Marion Local	Parkway Local	St Henry Consolidated	Mercer County
Population 3 and older	18,229	6,195	4,396	3,757	5,261	4,105	39,981
Enrolled in school:	3,987	2,115	1,325	814	1,169	1,342	10,250
Pre-K to 4th Grade	1,267	957	372	347	339	467	3,514
Has a computer and internet subscription	1,260	957	372	347	313	467	3,495
No subscription or no computer	7	0	0	0	26	0	19
5th to 8th Grade	1,213	734	385	148	331	256	2,958
Has a computer and internet subscription	1,213	734	385	148	317	256	2,944
No subscription or no computer	0	0	0	0	14	0	14
9th to 12th Grade	890	205	395	195	345	450	2,402
Has a computer and internet subscription	890	205	395	195	337	450	2,394
No subscription or no computer	0	0	0	0	8	0	8
Undergraduate or Higher	617	219	173	124	154	169	1,376
Has a computer and internet subscription	617	219	165	124	154	169	1,368
No subscription or no computer	0	0	8	0	0	0	8
Not Enrolled in school:	14,242	4,080	3,071	2,943	4,092	2,763	29,731
Has a computer and internet subscription	13,338	3,761	2,791	2,787	3,558	2,673	27,579
No subscription or no computer	904	319	280	156	534	90	2,152
Population 2 and under:	556	402	160	411	258	322	1,918
Has a computer and internet subscription	556	402	160	408	229	318	1,894
No subscription or no computer	0	0	0	3	29	4	24

Census Table B28012 ACS 5-year estimates

4.9 CHILDCARE AND EDUCATION

Parents must often make a very difficult and important decision about who to place the care of their child while they work or attend school. Childcare is also expensive, with the economics of childcare sometimes working against the best interests of the child. As a result, all too often, childcare is stigmatized under terms such as babysitting and daycare services. Yet childcare is a broad and important topic covering a wide spectrum of types and services from in-home, commercial, and institutional settings, either part-time or full-time, to various levels and intensities of programming, inclusive of age-appropriate physical activities, social interactions, play activities, and educational activities.

Many licensed childcare providers have extensive training in first aid and are CPR certified for both infants and children; certainly, commercial daycares are. In Ohio and Mercer County, criminal background checks and physical examinations are also required for licensure by the state. The Ohio Department of Jobs and Family Services (ODJFS) addresses child care licensures.

Parents may choose from several types of childcare providers, including Commercial and Institutional Child Care Centers, Type A Homes, Type B Homes, and Child Day Camps.

- Commercial or institutional child care centers that serve 7 or more children of any age. Centers must be licensed by the State of Ohio. Commercial child care centers, often referred to as daycares, are open for set hours and provide a standardized and regulated system of care for children.
- Type A Homes are classified as those that serve 7-12 children (or 4 to 12 children if 4 children are under 2 years of age) where care is made available in a provider's residence. Type A family day care homes are licensed by the state.
- Type B Homes are classified as those that serve 1-6 children cared for in the provider's residence when no more than 3 children are under 2 years of age. While anyone can operate a Type B Home without a license, homes must be certified by the county health department or Job and Family Services if child care is paid for with public funds.
- Child Day Camp programming operates for less than 7 hours a day and only during the vacation of the public schools, cares only for school-age children, and is at least 50 percent outdoor-based. Child day camps must register with the state each year. If child care is paid for with public funds, the camp must also meet American Camping Association Accreditation standards or be approved by ODJFS.

The ODJFS website provides information relative to all licensed childcare providers with respect to location, enrollment by capacity/age, accreditation/affiliation, and inspection

records. In Allen County, there are 35 full-time commercial/institutional day care centers (ODJFS-Type 1 Providers) providing child care services, including those provided by Head Start. While most day care centers are in Lima, centers are also present in the Bluffton, Delphos, Elida, Harrod, and Spencerville communities. Type A Homes (ODJFS-Type 4 Providers) are almost exclusively restricted to Lima, with a lone home located in the Village of Spencerville. Type B Homes are more difficult to document because those serving 6 or fewer children and not accepting public funding for delivery of such care are not required to secure licensure. There are, however, 10 certified Type B Homes in Allen County, all located within the City of Lima. Map 4-2 reveals the locations of the daycare providers by type, including Centers, Type A Homes, Type B Homes, and Child Day Camps. Also identified are those centers where Head Start and Early Head Start Services are provided.

Educational programming, social interaction, and staff expertise will vary greatly across childcare providers, and parents are urged to consider the needs of the child when selecting a provider. Active, well-adjusted children will thrive in educational activities supported by a quality childcare provider. Positive outcomes reflect independence, academic achievement, and socialization. Childcare centers that tend primarily to 3- and 4-year-old children are often considered preschools or pre-Kindergarten facilities. Quality educational programming can be based in a center, family child care home, or a public school, based upon the training and skills of the provider.

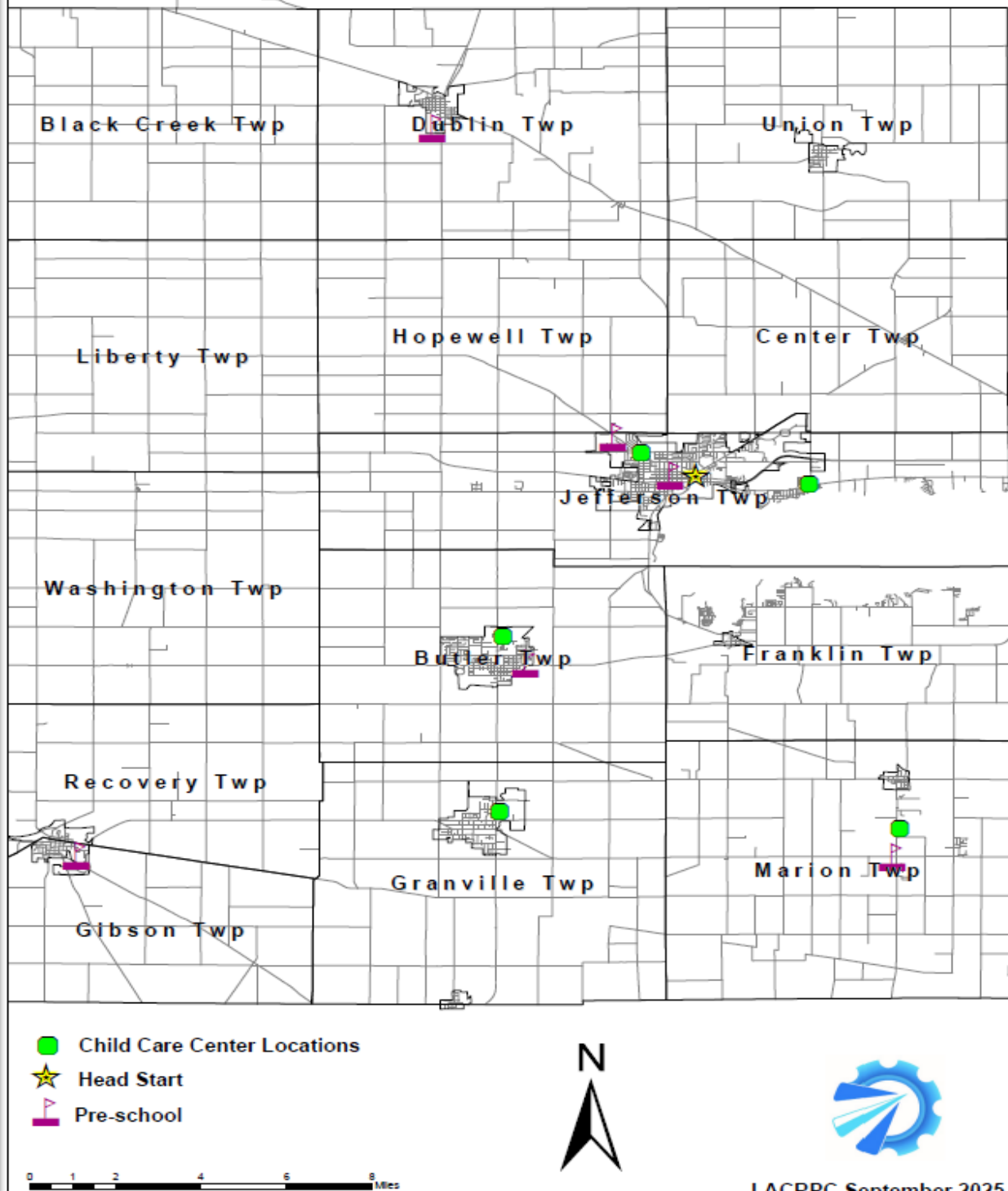
In Allen County, WOCAP provides Head Start as a federally funded program for low-income children ages 3 through 5 and their families. Similarly, Early Head Start serves low-income children from birth to 3 years of age. Head Start programming has been developed and implemented to provide comprehensive child development services for low-income children and families. Such programming aims to advance school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social, and other services to enrolled children and families.

4.10 WOCAP'S HEAD START AND EARLY HEAD START PROGRAMMING

Study after study confirms what every elementary teacher knows: young children who experience secure, stimulating environments with rich learning opportunities from an early age are better prepared to thrive in school. Head Start programming offers the opportunity to support the kind of early learning that prepares them for success in school, and works to alleviate disparities that could challenge them the rest of their lives. WOCAP's Policy Board, Administration, and staff are committed to closing the costly, unfair opportunity gap by delivering high-quality pre-school opportunities for every child placed in our care and working to enhance early learning services for children from birth through age 5 years.

WOCAP contends that it provides a premier quality child development program for income-eligible children from birth until age 5. Our Head Start program provides educational, medical, social service, and parent involvement opportunities for the families served and stresses positive attitudes, which are instrumental in developing individual abilities for those aged 3 to 5 years. Our Early Head Start program is a federally funded community-based program for income-eligible families with infants, toddlers, and pregnant women. We are proud and humbled to serve hundreds of Allen, Auglaize, and Mercer County children and their families every year. The location of WOCAP Head Start and Early Head Start facilities are presented in Map 4-2. Further information relative to Head Start/Early Head Start students and WOCAP's compliance with regulatory planning requirements established by Head Start is provided in Section VI.

Mercer County Childcare Centers



SUMMARY TABLE 4-1
LOCAL EDUCATIONAL OPPORTUNITIES
MERCER COUNTY - CENSUS TRACTS

Census Tract	% 3-4 Enrolled	% 15-17 Enrolled	% Enrolled in Private School	Childcare Centers	CCP/EHS/ HS Sites	Elementary Schools	Middle Schools	High Schools	Post-Secondary
9672	42.9%	100	20.8%	0	1	0	1	1	0
9673	44.6%	100	75.6%	0	0	0	0	0	0
9674	54.4%	100	63.2%	1	1	2	0	0	0
9675	36%	100	74.2%	0	2	1	1	2	0
9676	31%	100	0%	1	0	0	0	0	1
9677	76.9%	100	12%	1	1	1	1	1	0
9678	15.7%	100	0%	0	0	0	0	0	0
9679	47.4%	100	36.2%	2	1	2	1	2	0
9680	9.9%	100	0%	0	1	0	1	1	0

SECTION 5 HOUSING FORECLOSURES, VACANCIES, AND BLIGHT

Local administrators have long been grappling with the quality and condition of the local housing stock and the problems associated with vacant homes. They are still trying to deal with the consequences of the mortgage foreclosure crisis. Government officials are struggling with a loss of property tax income, an erosion of values of homes near vacant and foreclosed structures, resident concerns over possible health and safety risks, and more complexities added to already complicated and challenging neighborhood revitalization efforts.

The deterrence of pollution, substance abuse, blight, crime, and poverty are necessary candidates for policy decisions, infrastructure investments, and public discourse; their collective impacts cannot be understated. This section looks to examine some of the health & safety challenges facing community leaders and local service providers today that include:

- Housing Foreclosures, Vacancies & Blight
- Criminal Activity, Impacts & Reintegration
- Alcohol Permits & Alcohol Consumption
- Food Outlets, Food Deserts & Limited Access to Healthy Foods
- Recreational
- Opportunities & Physical Exercise

5.1 Housing Impacts

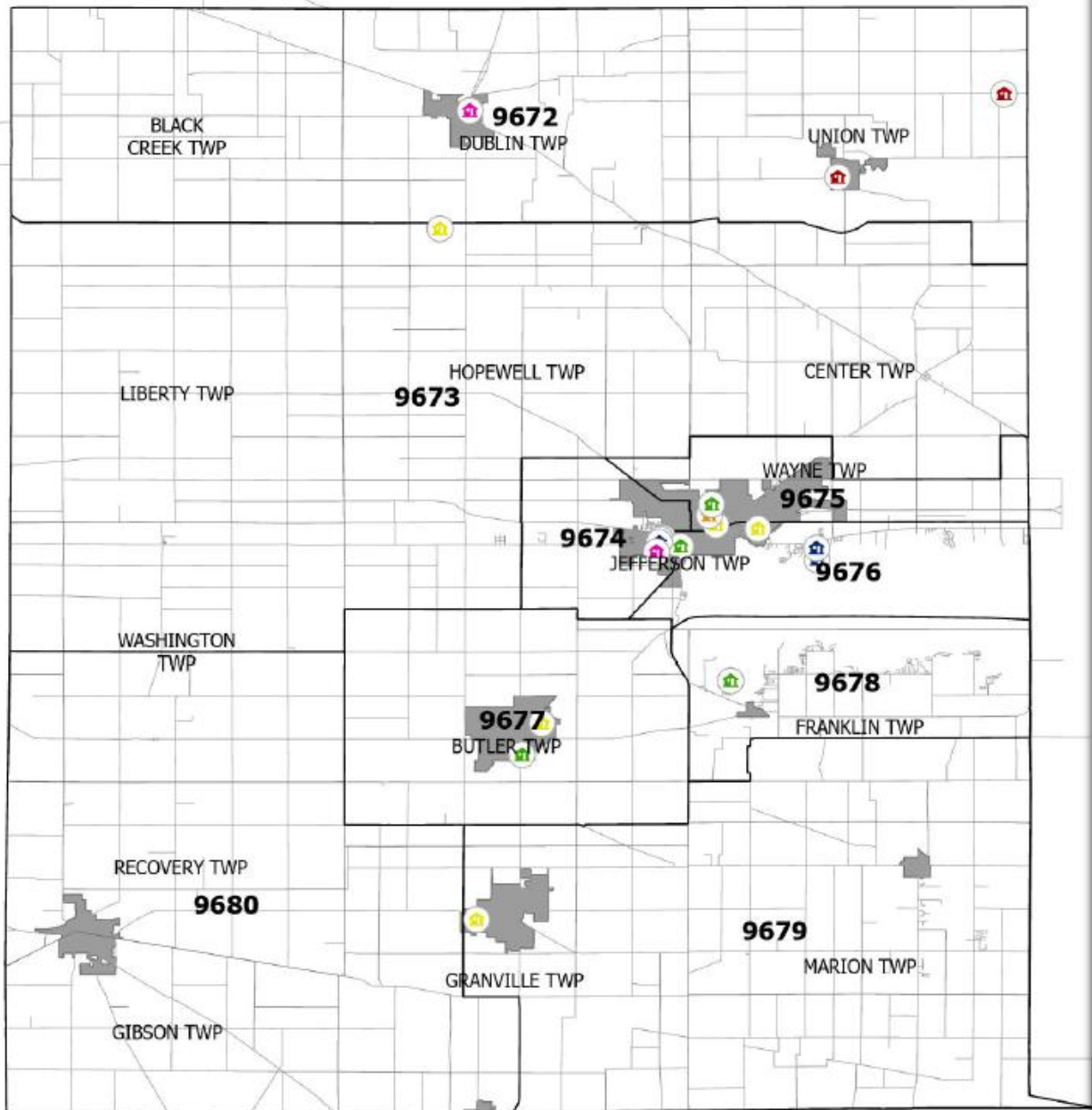
Section III highlighted the community housing stock at various geographies. The total units, age of units, and size of units were all addressed as were tenure, vacancy, quality, and affordability. Section III also worked to establish the number of homes where the presence of lead posed a risk (estimated at 6,912 homes).

Tract	Foreclosures (2020-2025)
Census Tract 9672	3
Census Tract 9673	1
Census Tract 9674	3
Census Tract 9675	3
Census Tract 9676	4
Census Tract 9677	2
Census Tract 9678	1
Census Tract 9679	1
Census Tract 9680	0

What was not addressed was the overall impact of housing on the built environment and its implications for the social cohesiveness, criminality, and other health and safety issues across community.

Examining local data, shows that there were 18 foreclosures in Mercer County in between 2020 and 2025 (Table 5-1). Map 5-1 reflects foreclosure activity across Mercer County for the same period. Data indicates that almost half of the Mercer County Foreclosures (42%) were located within the City of Celina.

Map 5-1 Mercer County Foreclosures 2020-2025



Foreclosures By Year



LACRPC SEPTEMBER 2025

Previous community reports have indicated “Predatory Lending” and the use of adjustable-rate mortgages with lower “teaser” rates, and “Sub-Prime Lending”, also called “B-Paper,” “Near Prime,” or “Second Chance” lending, as contributing to the number of foreclosures

As documented in previous sections of this assessment, the community is witnessing a declining population, a shifting population, an aging population, a deteriorated housing stock, a lagging housing market, and some underperforming schools; all factors that make certain communities less than desirable places to live than others and all factors that contribute to vacancy and blight.

The housing problems are hard to ignore. Data in Table 3-4 indicates that vacancy rates in Mercer County remained steady at approximately 11 percent between 2010 and 2020 and fell just below 10 percent in 2023. The County Auditor data find that 10 percent of graded homes in a deteriorated condition (Table 3-7). Local housing realtors have suggested that abandonment reduced home values between 5.0 percent and as much as 20 percent in neighborhoods with the emptiest lots and structures.

The impact of vacant, abandoned and sometimes boarded up properties extends beyond economic loss. They pose a risk for increased crime, and decreased health and safety. The quality of life in a neighborhood is impacted as neighbor’s hopes and optimism in their life investment dim as the sure signs of neglect and disinvestment appear in terms of empty, overgrown lots and abandoned houses. Not only do the neighborhood residents understand the signs, but so too do those in the larger community. This perhaps is the most damning of all because the restoration of neighborhood pride, civic engagement and attracting new investment opportunities wane and become ever more difficult to identify.¹

Resources need to be concentrated on comprehensive supportive services geared to mending the social fabric and improving the educational outcomes, improving the housing stock, health, and overall well-being of children who live there. Among the first orders of business is to identify safe routes for children – to walk to and from their schools without having to travel mean streets of empty lots and abandoned buildings.³ Some urban planners argue that within all this upheaval lies an opportunity to redesign certain neighborhoods in ways better suited to their declining populations, such as expanding narrow lots to accommodate fewer, but wider and more marketable tracts, and trading abandoned lots and buildings for greenways, community gardens, recreational space and other appealing features that might help stimulate local housing markets.

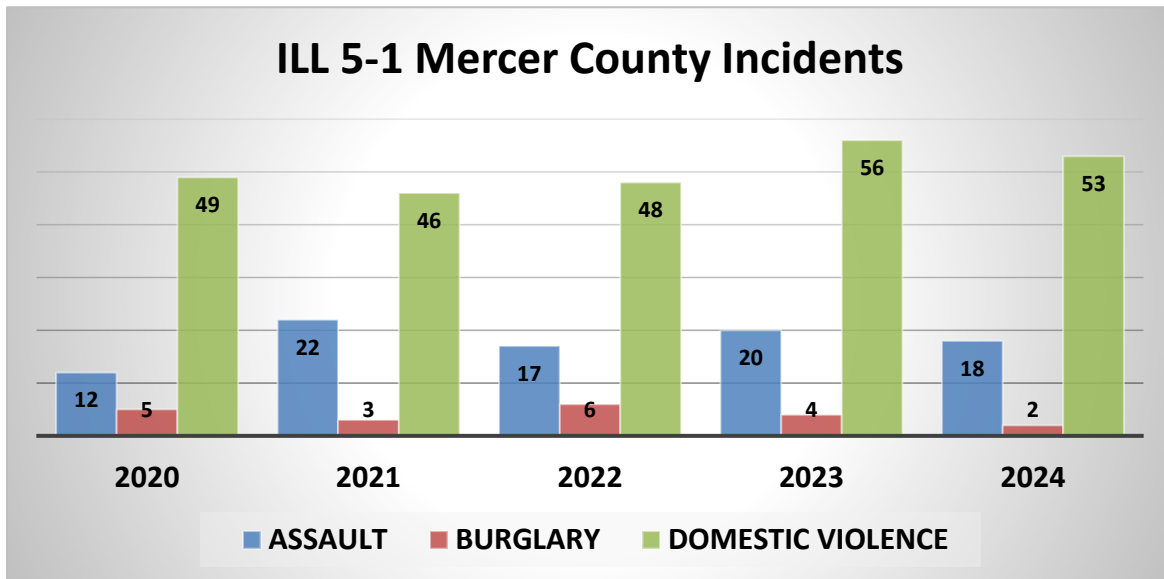
¹http://www.popcenter.org/problems/pdfs/abandoned_buildings_and_lots.pdf

² <http://www.ncpc.org/topics/mortgage-fraud-and-vacant-property-crime>

³ Safe Routes to School, Implementing Safe Routes to School in Low Income Schools and Communities, 2010

5.2 Criminal Activity, Impacts & Reintegration

The root of crime has been tied to everything from lead-based paint, poverty and absentee fathers to limited educational attainment and unemployment rates. And various researchers have held that in many urban centers high crime and violence rates are undermining growth, threatening human welfare, and impeding social development. The national FBI Uniform Crime Report (UCR) released for 2019 suggest violent crime has continued its downward trend across the last 20 years.⁴ There were 409 separate incident calls within Mercer County between 2020 and 2024. Illustration 5-1 shows the most common types of calls.



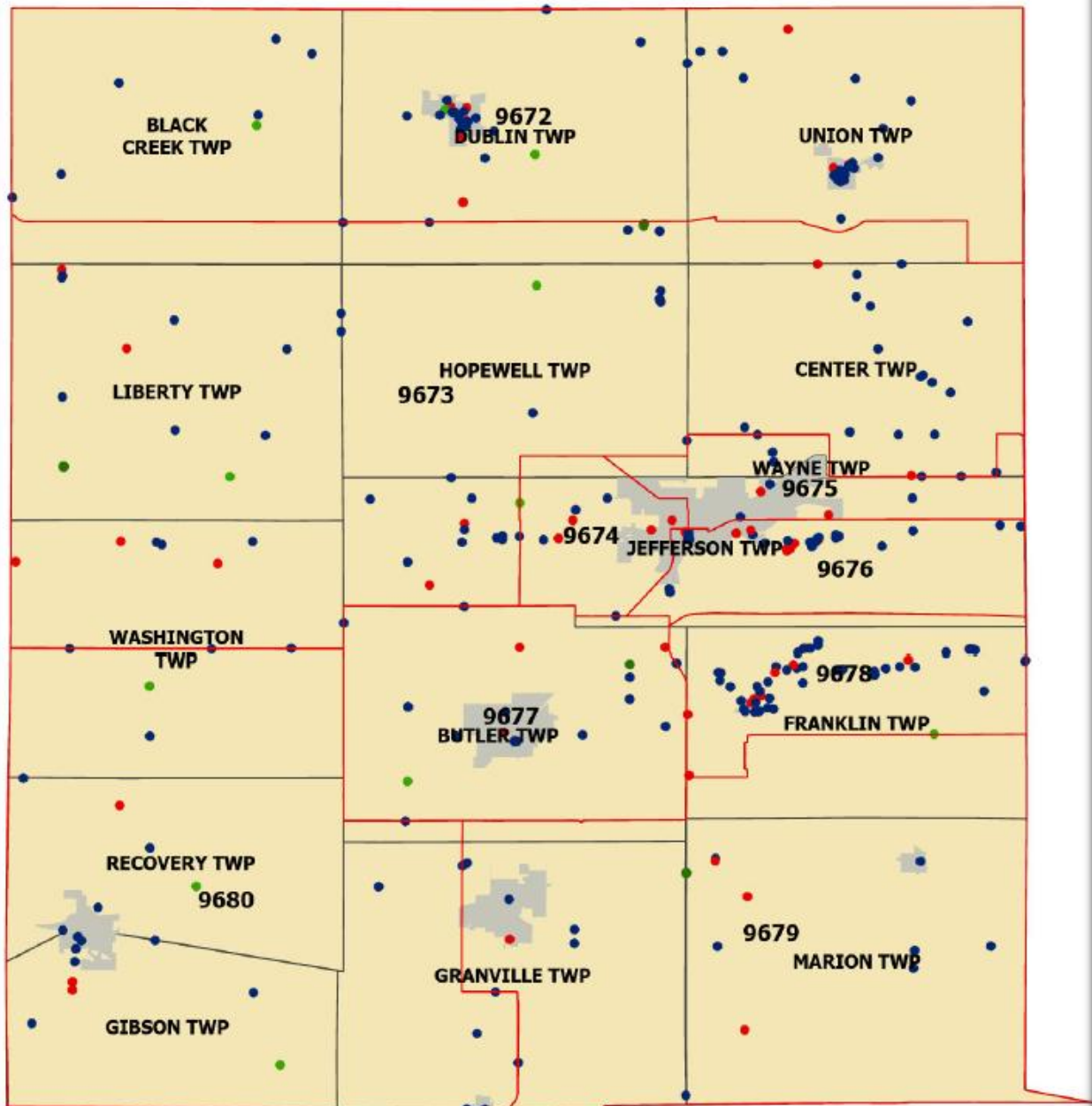
Data made available by the Mercer County Sheriff's Office details the highest police incident call locations as illustrated in Map 5-2. These crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including domestic violence, burglary, and assault. Map 5-3 shows the number of arrests between 2020 and 2024.

Housing and neighborhood activities have advocated for increased surveillance tools, neighborhood watch groups, community-oriented policing and zero tolerance programs;⁵ while social service and mental health professionals, as well as, jurists have argued for drug courts and family treatment outreach and counseling/facilities designed to address the root of most violent crime, drug addiction, and mental health issues.

⁴ <https://ucr.fbi.gov/crime-in-the-u.s/2019/crime-in-the-u.s.-2019>

⁵ Community Oriented Policing and Community-Based Crime Reduction Programs: An Evaluation in New York City; Anthony L Sciarabba. Professional Issues in Criminal Justice (2009) vol. 4(2) pp 27-41.

MAP 5-2 MERCER COUNTY INCIDENTS 2020-2024



INCIDENT TYPE

- Assault
- Burglary
- Domestic

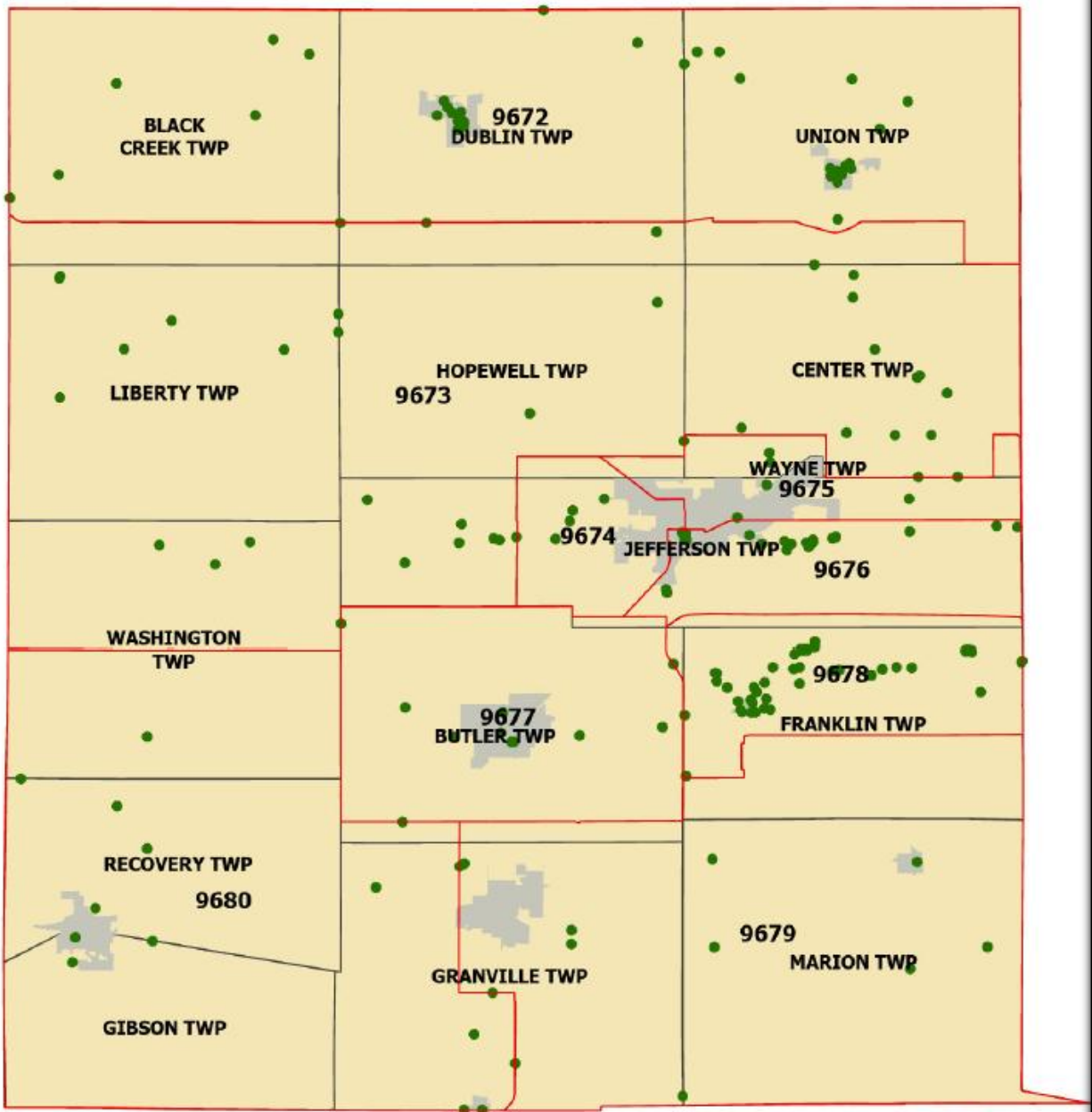
□ MERCER CENSUS TRACTS



LACRPC OCTOBER 2025

0 2 4 8 Miles

MAP 5-3 MERCER COUNTY ARRESTS 2020-2024



-  Arrests
-  MERCER CENSUS TRACTS



0 2 4 8 Miles



LACRPC OCTOBER 2025

5.3 Alcohol Permits & Alcohol Consumption

In many older urban centers one can readily find neighborhood bars/eateries on adjacent corners with a regular following. More recently, adult entertainment districts are the rage in urban centers complete with a wide array of venues touting upscale and/or ethnic cuisines, musical options to taste, and theatre - all served up with alcoholic beverages. But research continues to find that areas with higher alcohol establishment density are more likely to experience higher violent and non-violent crime rates regardless of on-premise establishments (e.g., bars, pubs, clubs, restaurants) or off premises establishments (e.g., liquor and convenience stores). Moreover, some studies have found that increasing the distance of off-premise alcohol outlets to home tends to decrease excessive consumption. The CDC reports there are approximately 88,000 deaths attributable to excessive alcohol use each year in the United States. This makes alcohol use the 3rd leading lifestyle-related cause of death for the nation.⁶

The number of alcohol outlets in Mercer County totaled 122 in 2023, or approximately 3 for every 1,000 residents, or 4 per every 1,000 adults over 21 years of age. Many alcohol outlets are found in Central Business Districts. Map 5-4 reveals alcohol sales permits by site and census tract. Of some interest is the number of calls for police and the number of alcohol permits by census tract. Raw data indicates a correlation between law enforcement activities and alcohol permits in within certain census tracts. Map 5-5 identifies the location of alcohol involved motor vehicle crashes across Mercer County.

In a 2023 health assessment of Mercer County, 22 percent of those residents 18 years of age or older reported engaging in binge drinking or excessive drinking on a regular basis.⁷ The rate has stayed steady since 2012 and is 2 percent lower than the state average (20%). Excessive drinking is a risk factor for several adverse health outcomes such as alcohol poisoning, hypertension, acute myocardial infarction, family problems, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, depression, suicide, inter-personal violence, unemployment, and motor vehicle crashes.⁸

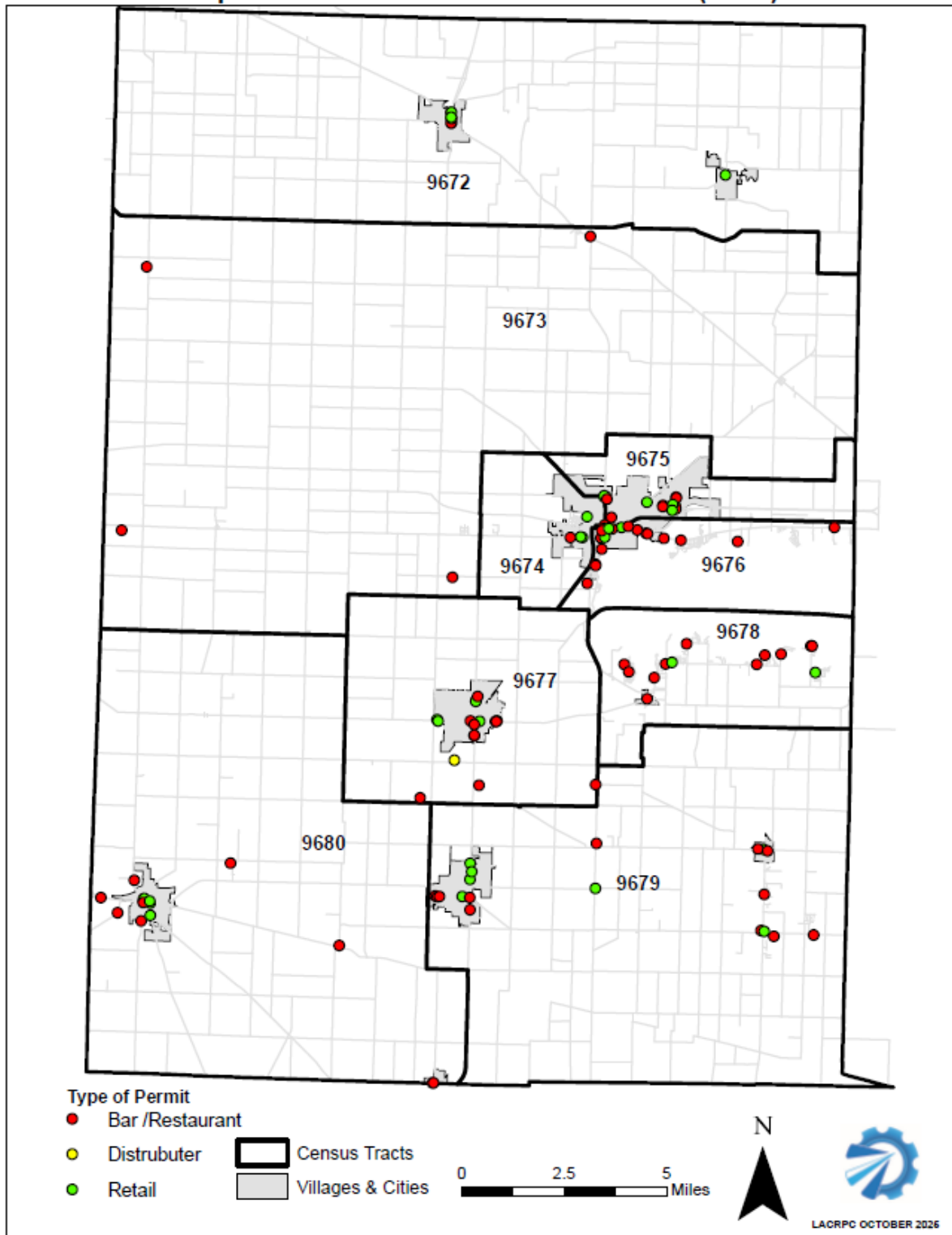
Health and safety advocates, including law enforcement, argue for lowering the blood alcohol concentration (BAC) limits for drivers' as well as multi-component interventions across a broad-based coalition, including such efforts as sobriety checkpoints, training in responsible beverage service, education and mass media public awareness campaigns, as well as, vigorous enforcement of existing underage consumption laws and minimum legal drinking age, inclusive of retailer compliance checks.

⁶ <https://www.ncadd.org/about-addiction/alcohol/facts-about-alcohol>

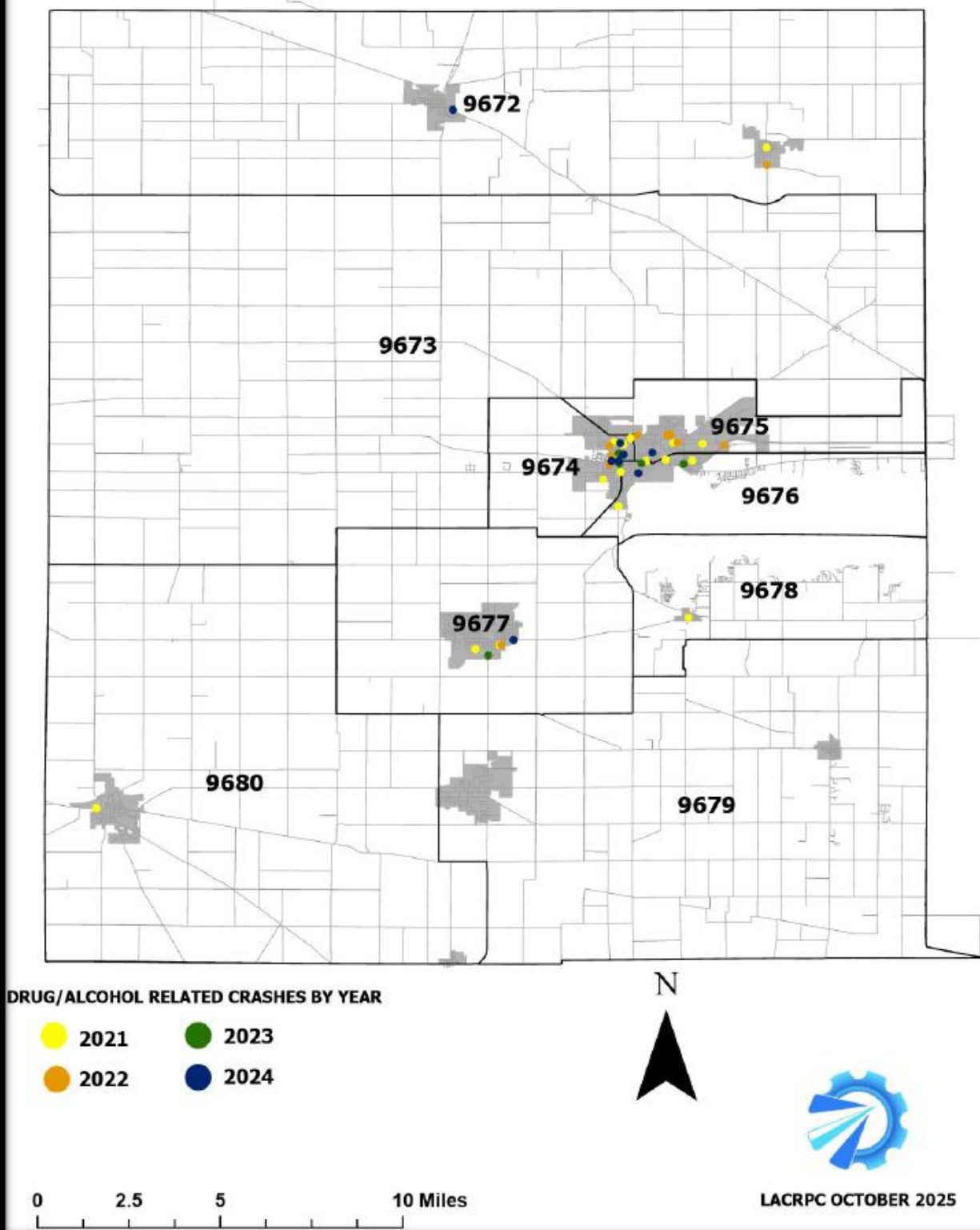
⁷ <http://www.countyhealthrankings.org/app/ohio/2023/rankings/Mercer/county/outcomes/overall/snapshot>

⁸ <http://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm>

Map 5-4: Alcohol Sale Permit Holders (2025)



Map 5-5 Mercer County Drug/Alcohol Related Crashes 2021-2024



5.4 Food Outlets, Food Deserts & Limited Access to Healthy Foods

Research examining the relationship between the density and accessibility of fast food, restaurants and food outlets to health outcomes is in its early stages. However, there is a growing body of evidence that suggests access to fast food outlets and residing in a food desert have positively correlated with a higher prevalence of obesity, diabetes, and premature death. According to the U.S. Department of Agriculture, approximately 23.5 million persons in urban and rural areas of the United States live in "food deserts"⁹ (i.e., low-income areas without access to healthy foods). Literature has repeatedly asserted that the caloric intake of Americans (especially minority and poverty populations) has increased over the past several decades. Studies have also indicated that among children, fast food restaurants are the second highest energy provider, second only to grocery stores. And, while traditional grocery stores provide a wide range of fresh fruits and vegetables, thus healthier options, their locations in Mercer County are somewhat limited; convenience stores fill the void with only a limited supply of products considered to be healthy and nutritious. Limited access to full-service groceries captures a large proportion of low-income urban residents, as well as some rural residents in Mercer County. Approximately 11 percent of all Mercer County residents are food insecure. With 33 percent of those above 185% of poverty excluding them from Nutrition Assistance Programs. Recognizing that proximity to a grocery store is defined differently in rural (10-mile radius) and urban areas (1 mile radius).⁹). Map 5-5 reveals the locations of supermarkets & convenience stores by census tract. Appendix D identifies grocery and convenience stores that participate in the Women, Infants and Children (WIC) program (Appendix D - Map D2) and those that have permits to sell tobacco (Appendix D - Map D1)

In 2023 Mercer County ranked 11th highest of all Ohio counties in the proportion of restaurants in a county that are fast food establishments.¹⁰ In 2023 there were 51 restaurants in Mercer County; 50 percent of those were limited-service fast-food establishments. The national goal established by Healthy People 2020 was set at 25 percent. In addition, convenience stores account for 27% of all food retail locations. Map 5-6 identifies the locations of limited-service eateries & full-service restaurants by census tract.

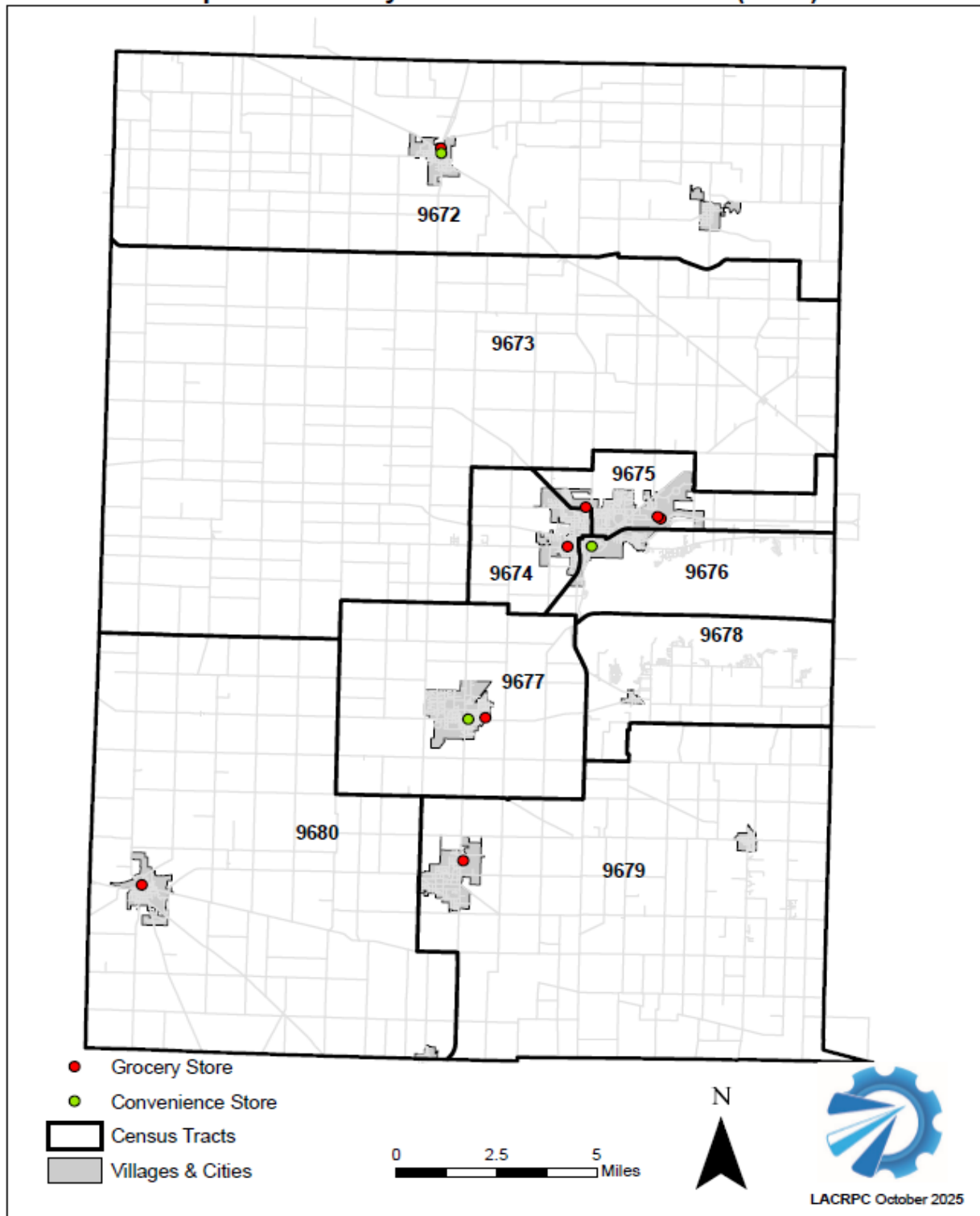
Health advocates and neighborhood activists argue for more localized grocery services providing better access and a wider array of healthy, affordable foods. Some urban planners argue for density limitations posing restrictions on fast food outlets and convenience stores. Policy planners and nutritionists argue for local convenience stores to participate in regulated food and nutrition assistance program; while urban agriculturists argue for increased availability of locally grown foods including farmers markets and neighborhood gardens, to eliminate food insecurities.¹¹

⁹<http://americannutritionassociation.org/newsletter/usda-defines-food-deserts>

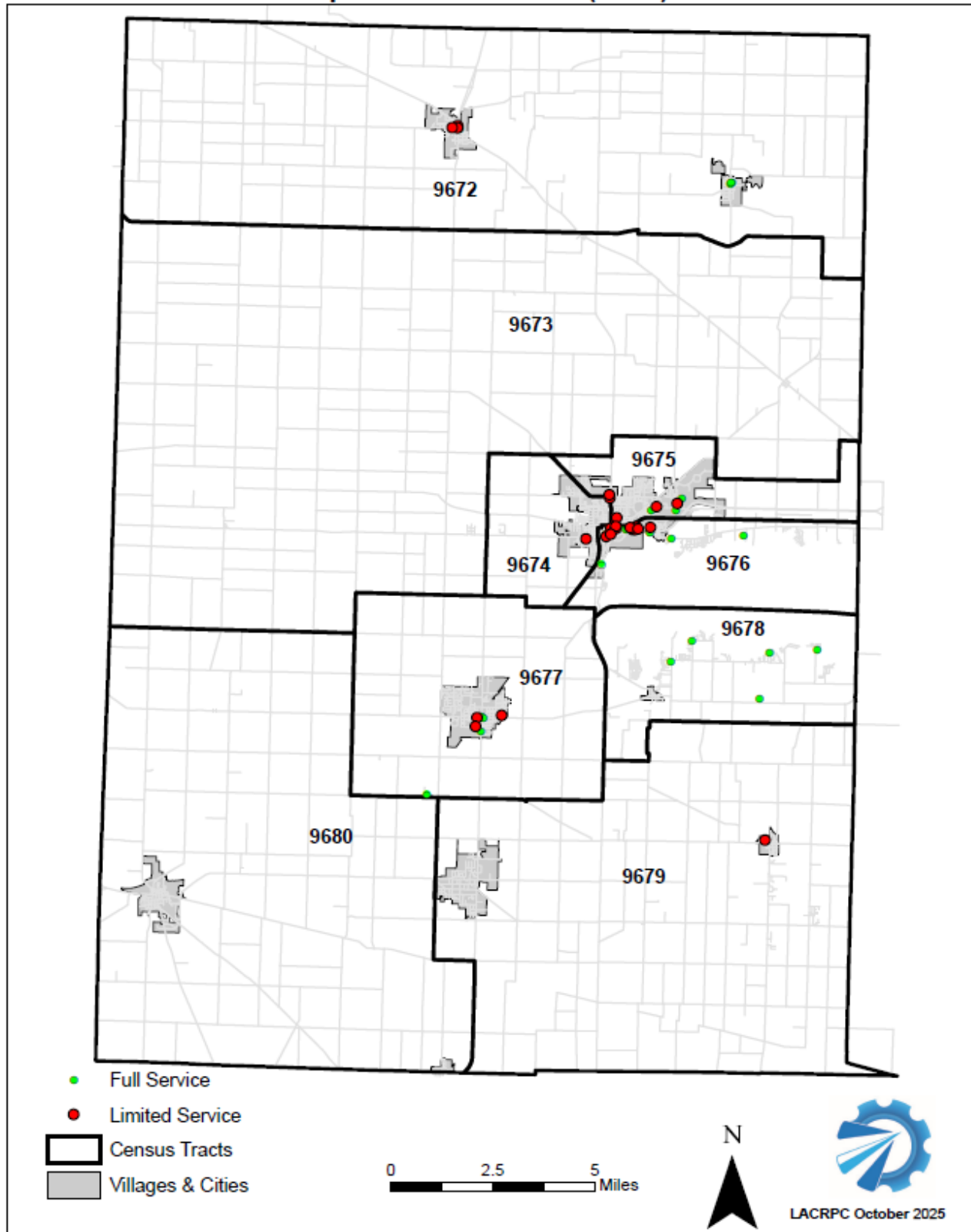
¹⁰<http://www.countyhealthrankings.org/app/ohio/2013/measure/factors/84/map>

¹¹http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm?s_cid=rr5807a1_e

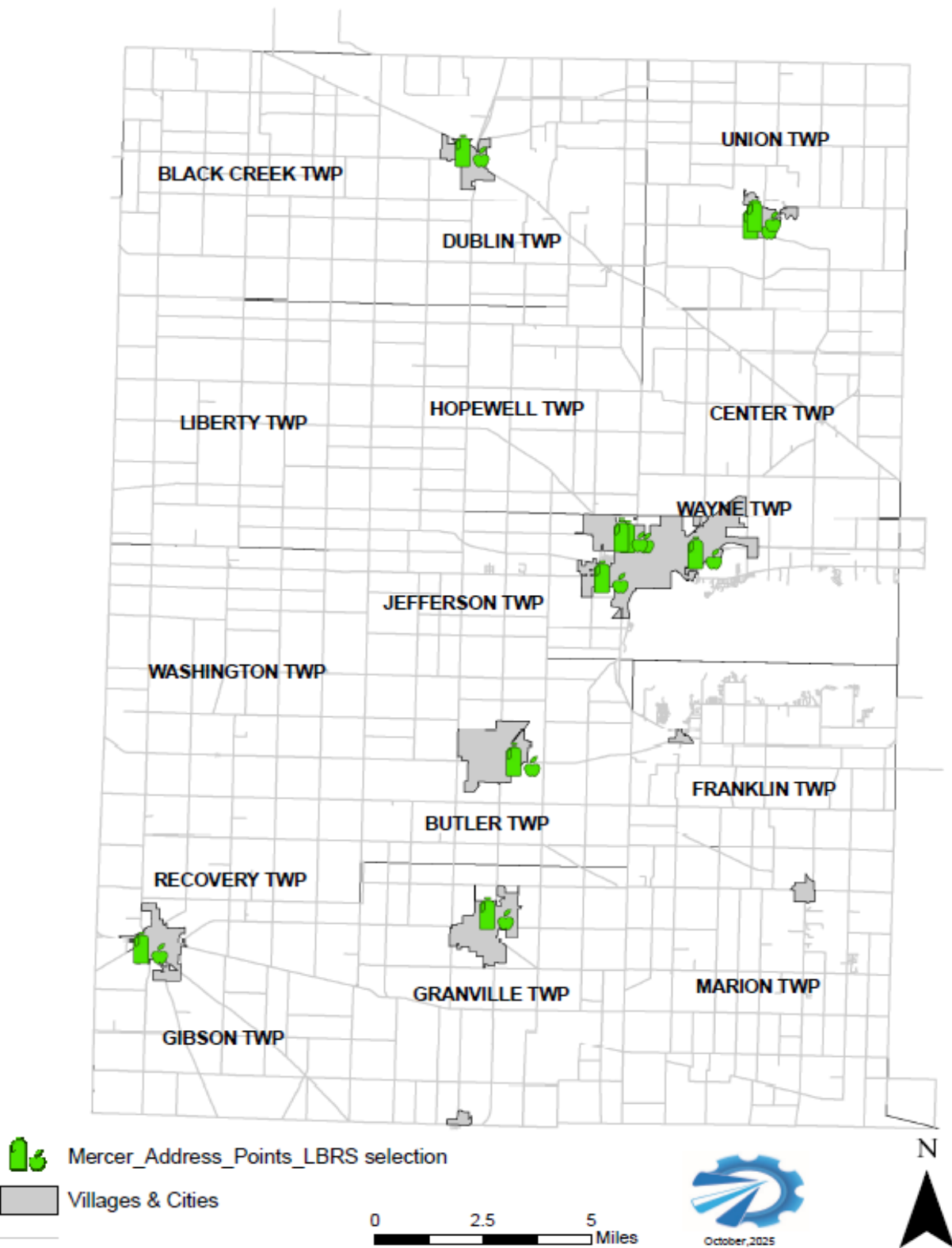
Map 5-6: Grocery & Convenience Stores (2025)



Map 5-7 Restaurants (2025)



Map 5-8 WIC LOCATIONS MERCER COUNTY



HOUSING AND CRIME STATISTICS SUMMARY MERCER COUNTY - CENSUS TRACTS												
Tract	Total Pop.	Total Housing Units	Pct Vacant Housing Units	Total Vacant Housing Units	Foreclosures (2020-2023)	Foreclosure Rate (per 1,000)	UCR Incident Reports (2020-2024)	UCR Arrests (2020-2024)	Alcohol Permits	Restaurants	Convenience Stores	Grocery Stores
9672	3,187	1,464	6.70%	98	3	2	68	44	8	7	1	1
9673	4,143	1,755	8.60%	151	1	0.57	71	39	4	0	0	0
9674	4,919	2,093	8.70%	182	3	1.43	15	6	6	21	1	0
9675	5,784	2,594	3.50%	92	3	1.16	9	5	14	8	0	3
9676	2,989	1,527	19.70%	301	4	2.62	37	26	26	5	1	0
9677	6,486	2,335	0.00%	0	2	0	20	10	17	1	1	1
9678	2,423	1,987	39%	774	1	0.5	68	50	13	0	0	0
9679	7,411	2,478	3.70%	92	1	0.4	19	11	19	7	0	1
9680	5,096	1,790	3.10%	55	0	0	26	14	15	2	0	1

SECTION 6 POVERTY NEEDS AND WOCAP PROGRAMMING

There is no one definition of poverty. The term has been defined many ways by various government and nongovernmental organizations based upon attempts to quantify, qualify and establish specific thresholds. The World Bank defines poverty as “characterized by low incomes and the inability to acquire the basic goods and services necessary for survival with dignity typically reflective of low levels of health and education, poor access to clean, sanitary living conditions, inadequate physical security, lack of voice, and insufficient capacity and opportunity to better one’s life”.¹ The World Bank uses this definition – more qualitative in nature; while the US Census Bureau – chooses another more quantitative approach. The United States Census Bureau defines poverty using a set of monetary income thresholds that “vary by family size to determine who is in poverty”... wherein “if a family's total income is less than the family's size determined poverty threshold, then that family and every individual in it is considered in poverty. The official poverty thresholds do not vary geographically, but they are updated for inflation using the Consumer Price Index (CPI).” It should be noted that the census definition uses money income before taxes and does not include capital gains or noncash benefits (such as public housing, Medicaid, and food stamps)”.²

Section II of this report defined poverty using the quantitative assessment provided by the Census Bureau. But the dimensions of poverty are grey. Webster provides a more concise definition of poverty reporting it as “the state of one who lacks a usual or socially acceptable amount of money or material possessions”.³ The remainder of this section works to identify the nature and scope of poverty in Mercer County and document the needs across the community. Sections 6.1 and 6.2 of this report look at the adequacy of Census defined poverty thresholds with regard to income levels required for self-sufficiency. Section 6.3 examines health disparities often associated with poverty. After a brief discussion of criminality, recidivism and reentry the section concludes by identifying the concerns of WOCAPs clients before a discussion of WOCAPs services.

¹ http://www.niesr.ac.uk/sites/default/files/publications/dp435_0.pdf

² <https://www.census.gov/content/dam/Census/library/publications/2015/demo/p60-252.pdf>

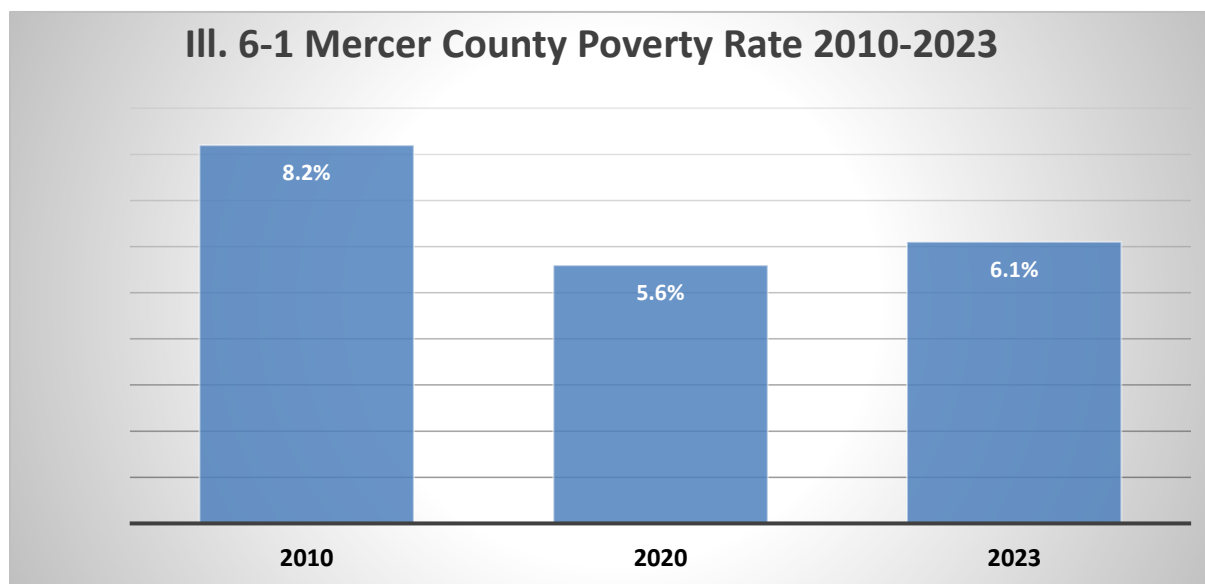
³ Webster’s Ninth New Collegiate Dictionary, Springfield MA, Merriam Webster, 1985.

6.1 Poverty

Poverty is a critical indicator of the well-being of our nation's children. Children who live in poverty, especially young children, are more likely than their peers to have cognitive and behavioral difficulties, to complete fewer years of education, and, as they grow up, to experience more years of unemployment.⁴

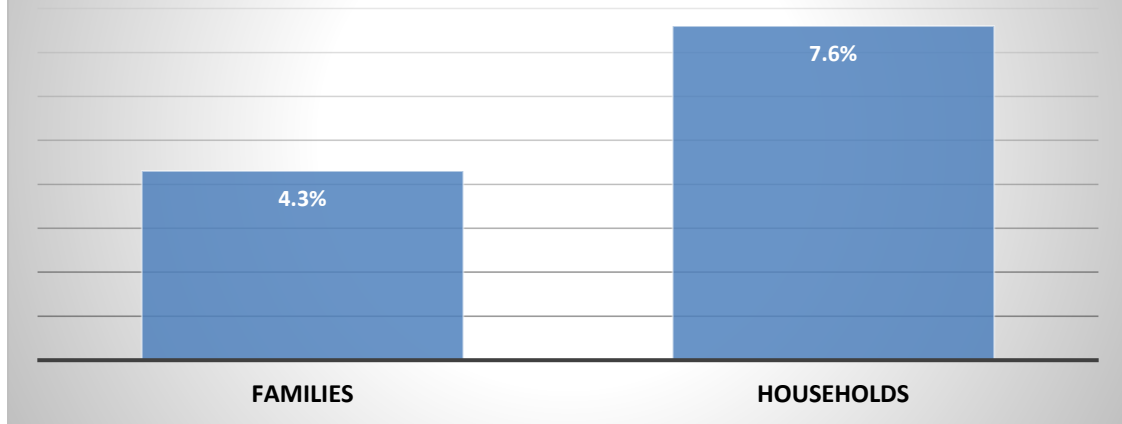
In 2023, the American Community Survey reported that 11.1 percent of Americans are currently residing in poverty –36.8 million people suffer from conditions of poverty. The percent of children in poverty grew to 13.7 percent. Examining poverty by race of those under 18 years of age reflected: 24 percent of African-American children and 22.5 percent of Hispanic children live in poverty. In Ohio, poverty rates for children were slightly higher; 18 percent of children were in poverty in 2023 with 35 percent of Black, and 40 percent of Hispanic children found to be in poverty.

Putting that into a local perspective, the 2023 ACS data for Mercer County revealed that the county poverty rates at 6.1 percent are lower than that of the state. The data indicates nearly 1,222 area households and 691 families existing below the established poverty thresholds based on income and household size.



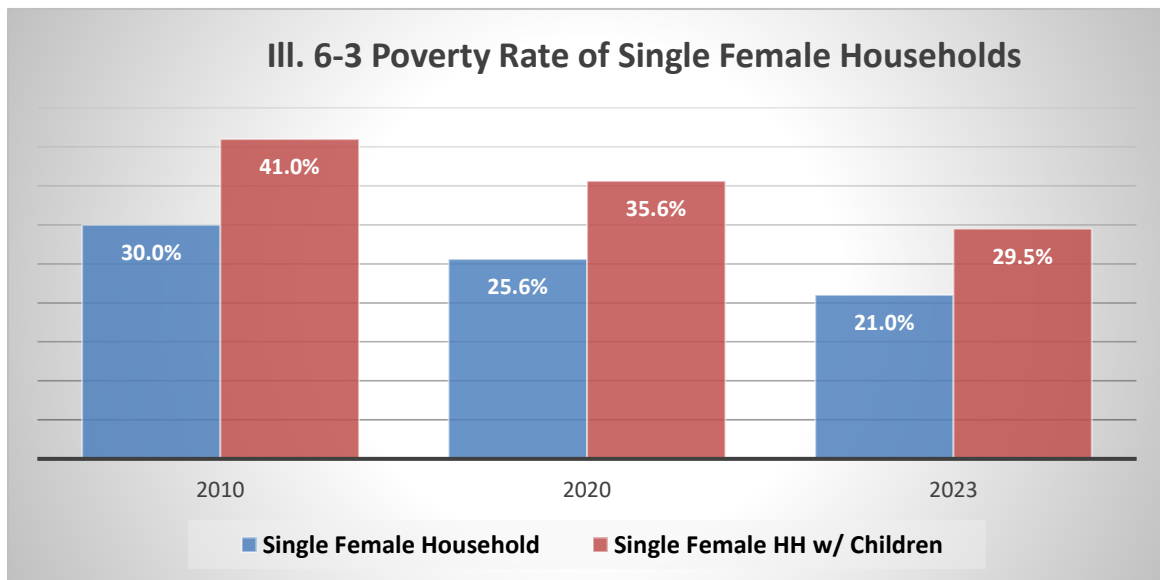
⁴ United States Census Bureau, Child Poverty in the United States 2009 and 2010: Selected Race Groups and Hispanic Origin, 2011.

III. 6-2 Mercer County Family and Household Poverty



Another important measure is the poverty rate for Single-Female Households. 2010 saw Poverty rates among single female housholders with children rise to 41 percent. A decade later in 2020, the rate dropped to 35.6 percent, and by 2023 the rate dropped a bibt further to 29.5 percent.

III. 6-3 Poverty Rate of Single Female Households



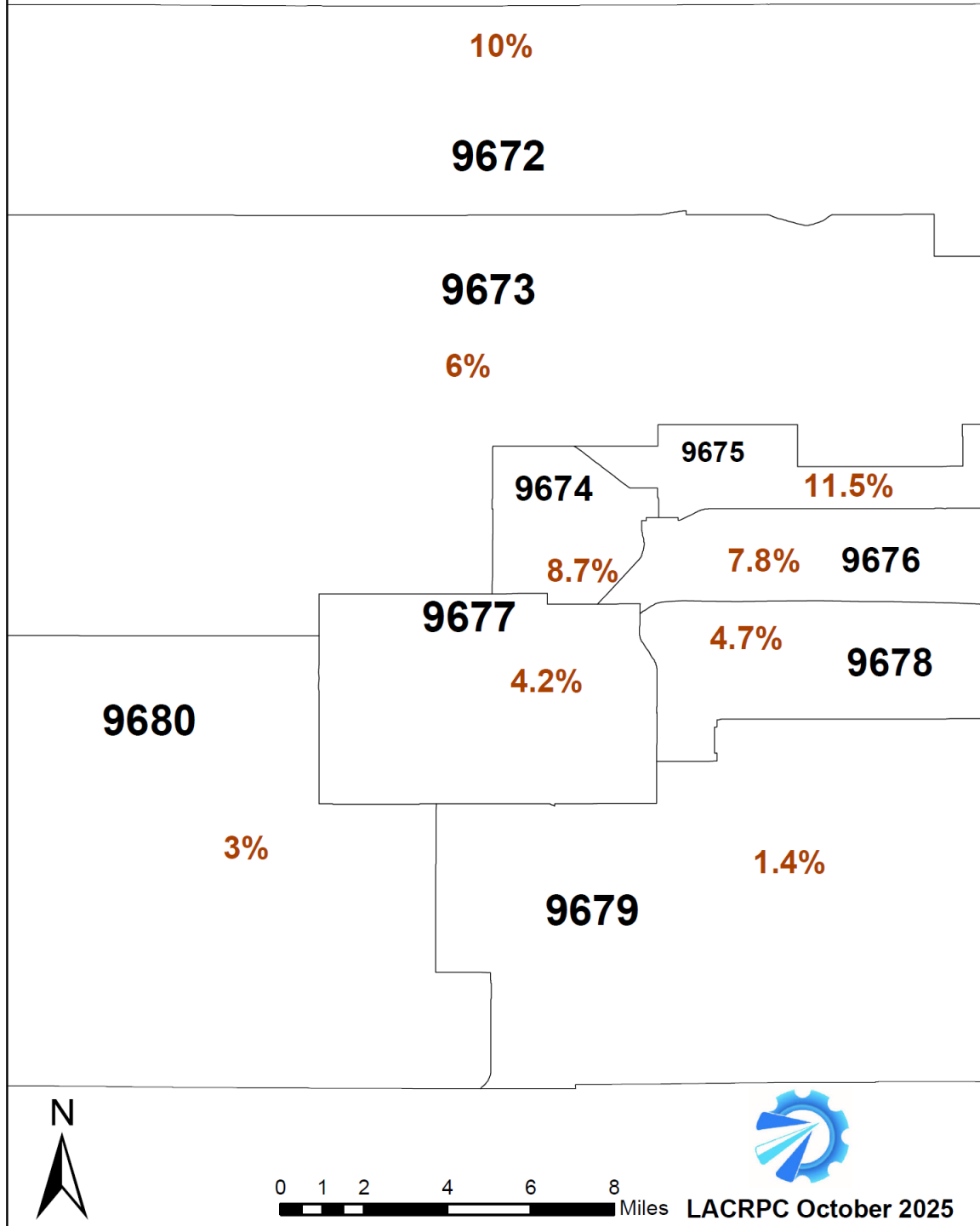
In the United States the Census Bureau establishes the thresholds without any regard for geographical variations in climate, housing costs, food costs, utility costs, transportation costs, food costs or state/local laws governing minimum wage.

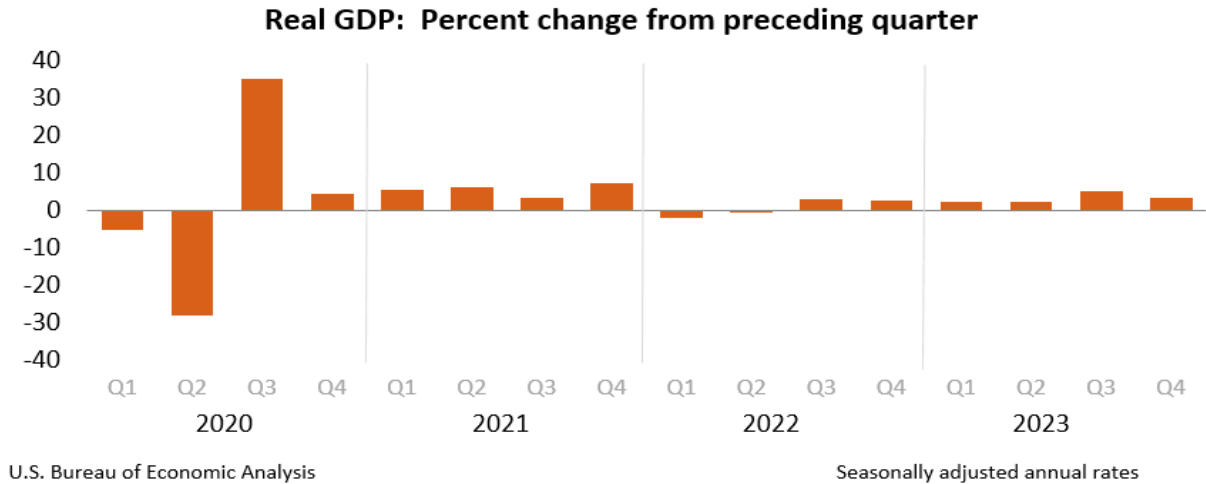
Periods of recession in the early to late 2000's, caught the community unprepared to deal with the dynamics required to assemble all the necessary services such as public transportation options, accessible/appropriate housing, job-loss and employment opportunities, and delivery of health services - due in part to less governmental financial resources and fewer well-financed non-profit service providers. While the U.S. saw an economic upturn of an average of 2.3 percent growth per year between mid-2009 through the end of 2019, the onset of the COVID-19 pandemic and the business shutdowns that followed, up-ended a 10-year period of recovery and the economy saw a decline of 5.1 percent of GDP during the first quarter of 2020. The second quarter of 2020 saw an even sharper decline of 31.2 percent.⁵

Demographic and geographic changes in those suffering from poverty is evident. While the majority of people living in poverty in 2023 remain inside the City of Celina, the census tracts experiencing the largest increases in poverty were located in the urban fringe and rural areas (Map 6-1).

⁵ <https://www.cbpp.org/research/economy/tracking-the-post-great-recession-economy#:~:text=Economic%20Growth%20From%20Mid%2D2009,American%20Recovery%20and%20Reinvestment%20Act.>

Map 6-1 Mercer County Poverty Rate (2023)





Household/ Family Size	50%	75%	100%	125%	130%	133%	135%	138%	150%	175%	180%	185%
1	7,825.00	11,737.50	15,650.00	19,562.50	20,345.00	20,814.50	21,127.50	21,597.00	23,475.00	27,387.50	28,170.00	28,952.50
2	10,575.00	15,862.50	21,150.00	26,437.50	27,495.00	28,129.50	28,552.50	29,187.00	31,725.00	37,012.50	38,070.00	39,127.50
3	13,325.00	19,987.50	26,650.00	33,312.50	34,645.00	35,444.50	35,977.50	36,777.00	39,975.00	46,637.50	47,970.00	49,302.50
4	16,075.00	24,112.50	32,150.00	40,187.50	41,795.00	42,759.50	43,402.50	44,367.00	48,225.00	56,262.50	57,870.00	59,477.50
5	18,825.00	28,237.50	37,650.00	47,062.50	48,945.00	50,074.50	50,827.50	51,957.00	56,475.00	65,887.50	67,770.00	69,652.50
6	21,575.00	32,362.50	43,150.00	53,937.50	56,095.00	57,389.50	58,252.50	59,547.00	64,725.00	75,512.50	77,670.00	79,827.50
7	24,325.00	36,487.50	48,650.00	60,812.50	63,245.00	64,704.50	65,677.50	67,137.00	72,975.00	85,137.50	87,570.00	90,002.50
8	27,075.00	40,612.50	54,150.00	67,687.50	70,395.00	72,019.50	73,102.50	74,727.00	81,225.00	94,762.50	97,470.00	100,177.50
9	29,825.00	44,737.50	59,650.00	74,562.50	77,545.00	79,334.50	80,527.50	82,317.00	89,475.00	104,387.50	107,370.00	110,352.50
10	32,575.00	48,862.50	65,150.00	81,437.50	84,695.00	86,649.50	87,952.50	89,907.00	97,725.00	114,012.50	117,270.00	120,527.50
11	35,325.00	52,987.50	70,650.00	88,312.50	91,845.00	93,964.50	95,377.50	97,497.00	105,975.00	123,637.50	127,170.00	130,702.50
12	38,075.00	57,112.50	76,150.00	95,187.50	98,995.00	101,279.50	102,802.50	105,087.00	114,225.00	133,262.50	137,070.00	140,877.50
13	40,825.00	61,237.50	81,650.00	102,062.50	106,145.00	108,594.50	110,227.50	112,677.00	122,475.00	142,887.50	146,970.00	151,052.50
14	43,575.00	65,362.50	87,150.00	108,937.50	113,295.00	115,909.50	117,652.50	120,267.00	130,725.00	152,512.50	156,870.00	161,227.50

Household/ Family Size	200%	225%	250%	275%	300%	325%	350%	375%	400%	500%	600%	700%
1	31,300.00	35,212.50	39,125.00	43,037.50	46,950.00	50,862.50	54,775.00	58,687.50	62,600.00	78,250.00	93,900.00	109,550.00
2	42,300.00	47,587.50	52,875.00	58,162.50	63,450.00	68,737.50	74,025.00	79,312.50	84,600.00	105,750.00	126,900.00	148,050.00
3	53,300.00	59,962.50	66,625.00	73,287.50	79,950.00	86,612.50	93,275.00	99,937.50	106,600.00	133,250.00	159,900.00	186,550.00
4	64,300.00	72,337.50	80,375.00	88,412.50	96,450.00	104,487.50	112,525.00	120,562.50	128,600.00	160,750.00	192,900.00	225,050.00
5	75,300.00	84,712.50	94,125.00	103,537.50	112,950.00	122,362.50	131,775.00	141,187.50	150,600.00	188,250.00	225,900.00	263,550.00
6	86,300.00	97,087.50	107,875.00	118,662.50	129,450.00	140,237.50	151,025.00	161,812.50	172,600.00	215,750.00	258,900.00	302,050.00
7	97,300.00	109,462.50	121,625.00	133,787.50	145,950.00	158,112.50	170,275.00	182,437.50	194,600.00	243,250.00	291,900.00	340,550.00
8	108,300.00	121,837.50	135,375.00	148,912.50	162,450.00	175,987.50	189,525.00	203,062.50	216,600.00	270,750.00	324,900.00	379,050.00
9	119,300.00	134,212.50	149,125.00	164,037.50	178,950.00	193,862.50	208,775.00	223,687.50	238,600.00	298,250.00	357,900.00	417,550.00
10	130,300.00	146,587.50	162,875.00	179,162.50	195,450.00	211,737.50	228,025.00	244,312.50	260,600.00	325,750.00	390,900.00	456,050.00
11	141,300.00	158,962.50	176,625.00	194,287.50	211,950.00	229,612.50	247,275.00	264,937.50	282,600.00	353,250.00	423,900.00	494,550.00
12	152,300.00	171,337.50	190,375.00	209,412.50	228,450.00	247,487.50	266,525.00	285,562.50	304,600.00	380,750.00	456,900.00	533,050.00
13	163,300.00	183,712.50	204,125.00	224,537.50	244,950.00	265,362.50	285,775.00	306,187.50	326,600.00	408,250.00	489,900.00	571,550.00
14	174,300.00	196,087.50	217,875.00	239,662.50	261,450.00	283,237.50	305,025.00	326,812.50	348,600.00	435,750.00	522,900.00	610,050.00

Note: Each individual program--e.g., SNAP, Medicaid--determines how to round various multiples of the poverty guidelines, what income is to be included, and how the eligibility unit is defined. For more information about the poverty guidelines visit: <http://aspe.hhs.gov/poverty>.

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

6.2 Self-Sufficiency

A report published by the Center for Women's Welfare and the University of Washington established the self-sufficiency standards for Ohio (2015). Therein various measures including housing, child care, food, health care, transportation and miscellaneous items as well as the cost of taxes and the impact of tax credits were used to establish the level of income necessary for households of various compositions to survive without public or private assistance across Ohio counties.⁶

The self-sufficiency standard for Mercer County helps identify the needs of the disadvantaged in terms of transitioning from dependency to self-sufficiency. The standard helps demonstrate the need for child care, health care and educational training/certification. The standard can also be used for counseling and targeted consumption arguing for post-secondary educational opportunities including training for occupations that are non-traditional for women and people of color.

TABLE 6-1 THE SELF-SUFICIENCY STANDARD FOR MERCER COUNTY (2019)					
Monthly Costs	Adult	Adult + Preschooler	Adult + Preschooler + School-age	Adult + Adult + Infant + Preschooler	Adult + Adult + Preschooler + School-age
Housing	\$714	\$884	\$884	\$884	\$884
Child Care	\$0	\$793	\$1,343	\$1,664	\$1,343
Food	\$293	\$430	\$638	\$774	\$852
Transportation	\$367	\$377	\$377	\$718	\$719
Health Care	\$235	\$448	\$631	\$710	\$727
Miscellaneous	\$274	\$406	\$500	\$624	\$601
Taxes	\$316	\$510	\$749	\$935	\$862
Earned Income Tax Credit (-)	\$0	(\$109)	(\$23)	\$0	\$0
Child Care Tax Credit (-)	\$0	(\$53)	(\$100)	(\$100)	(\$100)
Child Tax Credit (-)	\$0	(\$167)	(\$333)	(\$333)	(\$333)
Hourly	\$12.49	\$20.01	\$26.52	\$16.69	\$15.78
Monthly	\$2,199	\$3,521	\$4,667	\$5,876	\$5,554
Annual	\$26,386	\$42,253	\$56,006	\$70,510	\$66,650
Emergency Savings Fund (Monthly Contribution)	\$65	\$338	\$446	\$434	\$414

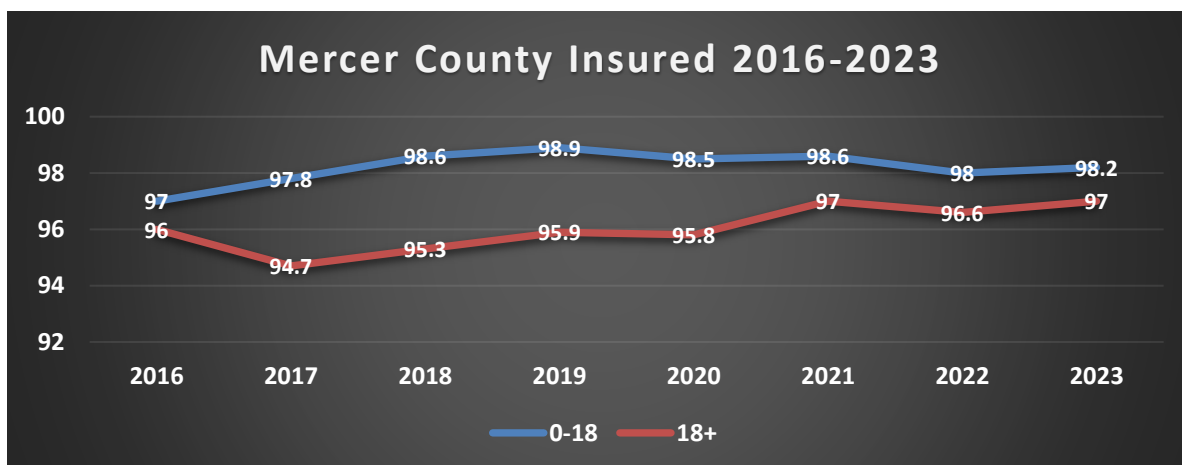
⁶ <http://www.selfsufficiencystandard.org/node/4> p.1.

6.3 Local Health Disparity Issues

In 2023 Mercer County was ranked 7 of 88 counties for positive health factors by the Robert Wood Johnson Foundation and the University of Wisconsin's Population Health Institute.⁷ Problems associated with various health and social behaviors including poor diet and exercise, sexual activity, violent crime and childhood poverty all came in above the Ohio average.

The prevalence of certain specific behaviors or the results of certain behaviors were of alarm and trailing the county benchmark for Ohio including: physical inactivity (Mercer County: 26% vs Ohio: 24%), adult obesity (Mercer County: 34% vs Ohio: 36%), number of sexually transmitted infections per 100,000 (Mercer County: 170 vs Ohio: 509), and number of teen births per 1,000 females (Mercer County: 17 vs Ohio: 21). Corollaries to some are reflective in the following social and economic factors also rated: some college attainment (Mercer County: 68% vs Ohio: 66%), children in single-parent families (Mercer County: 11% vs Ohio: 27%), and number of violent crimes (Mercer County: 83 vs Ohio: 293). The report also identifies deficiencies in terms of the ratio of available primary care physicians to residents (Mercer County: 2,170:1 vs Ohio: 1,290:1) and dentists (Mercer County: 3,020:1 vs Ohio: 1,550:1).⁸

Adding to such insights is information provided by Mercer County Public Health and the Ohio Department of Health (ODH) who work with local hospitals, physicians offices and schools, and regularly conduct surveys to assess community's health. An overall positive in Mercer County residents' health is that both adults and children in Mercer County are covered by some type of health insurance at a rate greater than 90 percent.



⁷ <http://www.countyhealthrankings.org/app/ohio/2023/rankings/outcomes/overall>

⁸ http://www.countyhealthrankings.org/app/ohio/20231/compare/snapshot?counties=39_003

6.3.1 Asthma

In 2023 Asthma affected nearly 25.9 million adults in the United States or approximately 8.7 percent of the entire adult population.⁹ Asthma is a leading chronic illness among children and adolescents. Asthma causes wheezing, breathlessness, chest tightness, and coughing. An asthma attack can happen when afflicted persons are exposed to certain “triggers” such as cigarette smoke, dust mites, outdoor air pollution, cockroach allergen, pets mold, and smoke from burning wood or grass. Physical exercise; some medicines; weather, breathing in cold, dry air; and some foods, food additives, and fragrances can also trigger an asthma attack.¹⁰

Respiratory diseases including disproportionately affect the poor, African Americans and children. Given the extent of cigarette smoking and environmental air quality issues, asthma is local health concern. According to the Mercer County Health Report published in January of 2021, 11.5% of respondents identified asthma as a main health concern.¹¹ 32 percent of households considered low income (\$24K-\$49K) reported asthma as a main health concern.¹² Asthma is also one of the leading causes of school absenteeism. On average, in a classroom of 30 children, about 3 are likely to have asthma. Nearly 1 in 2 children with asthma miss at least 1 day of school each year because of their asthma. Each year asthma causes more than 10 million missed days of school. As a result, the CDC is working with state departments of education and health to institute policies and procedures to implement a national asthma control program in schools nationwide.¹³



⁹ <http://www.cdc.gov/nchs/fastats/asthma.htm>

¹⁰ <http://www.cdc.gov/asthma/faqs.htm>

¹¹ <http://www.asthma.partners.org/NewFiles/BoFChapter15.html>

¹² http://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2017_SHS_Table_C-1.pdf

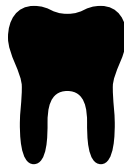
¹³ http://www.cdc.gov/asthma/pdfs/schools_fact_sheet.pdf

6.3.2 Dental Care

According to the CDC, each year, 68 percent of Americans make visits to dentists and in 2018, an estimated \$135 billion was spent on dental services in the United States. Yet, tooth decay affects approximately 1 in 6 of U.S. children aged 6 - 11 years and more than half of those aged 12–19 years. The percentage of children and adolescents aged 5 to 19 years with untreated tooth decay is 3 times as high for those from low-income families compared with children from higher-income households.¹⁴ Also, adults with less than a high school education experience untreated tooth decay nearly three times that of adults with at least some college education.¹⁵

42 percent of U.S. adults have some form of gum disease. Half of the cases of severe gum disease in the United States are the result of cigarette smoking. The prevalence of gum disease is three times higher among smokers than among people who have never smoked. This increases Mercer County's risk as 20 percent of adults and 13 percent of High School students smoke regularly.^{16,17} Data suggests 17 percent of U.S. adults aged 65 or older have lost all of their teeth. Nearly 9,750 people, mostly older Americans, die from oral and pharyngeal cancers each year, with the incident rate in men being twice as high as the rate in the female population.¹⁸ In 2019, The American Cancer Society predicts there will be more than 53,000 new cases of oral cancer diagnosed.^{19,20}

The 2021 Mercer County Health Risk and Community Needs Assessment project determined that 47 percent of Mercer County adults had visited a dentist or dental clinic in the past year. Up from 65 percent in 2012. 75 percent of those aged 65 years and older visited a dentist within the last year.



¹⁴ <http://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html>

¹⁵ https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm

¹⁶ <http://www.countyhealthrankings.org/app/ohio/2020/rankings/Mercer/county/factors/overall/snapshot>

¹⁷ 2018 Mercer County Health Risk and Community Needs Assessment, Mercer County Public Health

¹⁸ <http://oralcancerfoundation.org/facts/>

¹⁹ <http://www.cdc.gov/oralhealth/conditions/index.html>

²⁰ <http://www.cancer.org/cancer/oralcavityandoropharyngealcancer/detailedguide/oral-cavity-and-oropharyngeal-cancer-key-statistics>

6.3.3 Obesity

The CDC supports the findings of recent research published in Journal of the American Medical Association that found that prevalence of obesity among U.S. adults (39.8%) is twice that observed in children (18.5%) and translates into nearly 93.3 million adult men and women. The rate of adults identified as obese continues to rise in Ohio with a current value of 33.8 percent (Illustration 6-5). Mercer County is slightly above the state average with 38 percent of adults having a BMI over 30.²¹

On average, U.S. adults weigh 24 pounds more than they did in 1960, and they are at increased risk for health conditions such as diabetes, cardiovascular disease, hypertension, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis, certain cancers and generally poor health. Although the rate of increase in obesity has slowed somewhat in the past 10 years, the costs associated with obesity have increased substantially during the same period. The estimated annual medical cost of obesity in the U.S. is between 147 to 210 billion dollars and the annual medical costs for people who are obese are on average 42 percent higher than those at a healthy weight.²²

In the United States, childhood obesity affects approximately 13.7 million children and teens or 18.5 percent of that population. Changes in the prevalence of obesity from 1960 baseline data revealed a rapid increase in the US during the 1980s and 1990s, when obesity prevalence among children and teens tripled, from approximately 5 percent to 18 percent of the population. During the past 10 years, the rapid increase in obesity has slowed. However substantial racial/ethnic disparities exist, with Hispanic children (25.8%) and African-American children (22.0%) being disproportionately affected by obesity.^{23, 24} For children ages 2 to 19 household income was a determining factor in rate of obesity, with 18.9 percent of those in households in the lowest income group identified as obese and 19.9 percent identified in households in the middle income group while only 10.9 percent those in the highest income group.²⁵

²¹ <http://www.countyhealthrankings.org/app/ohio/2020/rankings/Mercer/county/factors/2/snapshot>

²² <http://stateofobesity.org/healthcare-costs-obesity/>

²³ <http://www.cdc.gov/obesity/data/childhood.html>

²⁴ <https://www.mercercountypublichealth.org/wp-content/uploads/2018/01/Mercer-County-CHA-8-29-17-FINAL.pdf>

²⁵ <http://www.cdc.gov/obesity/data/childhood.html>

The CDC contends that for maximum impact, the focus should be on strategies that alter the food and physical activity environments in places where people live, learn, work, play, and pray - making it easier to be healthy.²⁶ Health advocates and medical professionals argue that educational settings offer unique opportunities to address obesity. Touted practices to address younger students include: structured recess during the school day involving inclusive and actively supervised games or activities; physically active classrooms that incorporate physical activity breaks, classroom energizers, and moving activities into academic lessons; school-based obesity prevention programs seeking to increase physical activity and improve nutrition before, during, and after school; and, promotion of healthy food options, and family education and involvement. Other school based programs have targeted: enacting regulations and policies for nutrition including changes in the school food supply to meet the Dietary Guidelines for Americans.

Policies to provide safe environments to support physical activity and establish habits regarding the need for regular physical activity that will support such behaviors into and through adulthood are thought essential. Employer based programs to reduce obesity have targeted: reduced energy drink intake including the elimination of high energy-density foods and decreasing consumption of sugar-sweetened beverages while encouraging an increased consumption of fruits and vegetables²⁷; personnel policies that incentivize gym/health club membership, weight loss clinics, and increased transit/bike usage. Moreover, employers are urged to support development of breastfeeding policies and facilities for new mothers as breastfeeding has demonstrated significant health benefits for their young children including reduced risk for childhood obesity.²⁸

²⁶ <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6002a2.htm>

²⁷ <http://www.cdc.gov/obesity/strategies/healthy-food-env.html>

²⁸ <http://www.cdc.gov/breastfeeding/promotion/calltoaction.htm>

6.3.4 Diabetes

Diabetes refers to a group of metabolic diseases in which the person has high blood glucose (blood sugar), due to inadequate insulin production and/or the body's cells do not respond properly to insulin. The most common forms of diabetes include: Type 1 Diabetes where the body does not produce insulin; Type 2 Diabetes where the body does not produce enough insulin for proper function, or the cells in the body are insulin resistant; and, Gestational Diabetes. People usually develop Type 1 diabetes before their 40th year, often in early adulthood or teenage years. Approximately 90 percent of all diabetics worldwide are suffering from Type 2. Overweight and obese people have a much higher risk of developing Type 2 diabetes compared to those with a healthy body weight.

According to the American Diabetes Association (ADA) in 2021 there were 38.4 million Americans suffering from diabetes, 11.6 percent of the US population.²⁹ Another 96 million adults are in a pre-diabetic condition. Diabetes is associated with: high blood pressure, heart disease, stroke, blindness, pregnancy complications, kidney disease, dental disease, neuropathies and non-traumatic amputations. People with pre-diabetes have an increased risk of developing Type 2 diabetes, heart disease, and stroke. Total costs of diagnosed diabetes in the United States in 2020 reflects \$237 billion in direct medical costs and \$90 billion in reduced productivity. And after adjusting for population age and sex differences, the ADA suggests the average medical expenditures among people with diagnosed diabetes were 2.3 times higher than what expenditures would be in the absence of diabetes. Diabetes affects persons disproportionately with the elderly (29.2%), males (12.7%) and certain minority groups over represented. The rates of diagnosed diabetes in adults by race/ethnic background are: 7.4 percent in non-Hispanic white adults, the risk of diagnosed diabetes was 8 percent among Asian Americans, 11.8 percent among Hispanics, and 12.1 percent among non-Hispanic black adults.³⁰ The CDC reports that research suggests that amongst youth aged less than 20 years, there are over 18,000 new cases each year of Type 1 diabetes and over 5,000 for Type 2 diabetes. Gestational diabetes presents an additional concern as women who have had gestational diabetes have up to a 70 percent lifetime chance of developing diabetes.

²⁹ <https://www.cdc.gov/diabetes/data/statistics/statistics-report.html>

³⁰ <http://www.diabetes.org/diabetes-basics/statistics/>

Overall, almost 70,000 Americans each year die as a result of diabetic complications and if current trends hold it is predicted that 1 in 3 American will have diabetes by the year 2050.³¹

Studies in the United States and abroad have found that glucose control, blood pressure, improved control of LDL cholesterol, preventative care practices for eyes, feet and kidneys offer significant benefits to people with either Type 1 or Type 2 diabetes. Most health advocates and medical practitioners report that increased consumption of fresh fruits and vegetables with a sensible weight loss and exercise routine allow some people to control their Type 2 diabetes symptoms.³² Evidence suggests that implementing disease management programs that target multiple components of chronic diseases can improve quality of care. Regular HbA1c screening among diabetic patients is considered the standard of care. It helps assess the management of diabetes over the long term by providing an estimate of how well a patient has managed his or her diabetes over the past two to three months. When hyperglycemia is addressed and controlled, complications from diabetes can be delayed or prevented.³³ The 2025 County health Rankings reported that 11 percent of Mercer County adults had been diagnosed with diabetes. It is most prevalent amongst low-income adults ages 50-59. Mercer County adults diagnosed with diabetes also had one or more of the following characteristics or conditions: 73% had been diagnosed with high blood pressure, 90% were obese or overweight, and 52% had been diagnosed with high blood cholesterol.³⁴

³¹ <https://www.cdc.gov/media/pressrel/2010/r101022.html>

³² Centers for Disease Control and Prevention. *Take Charge of Your Diabetes*. 4th edition. Atlanta: U.S. Department of Health and Human Services, 2007.

³³ http://care.diabetesjournals.org/content/27/suppl_1/s47

³⁴ <https://www.Mercercountypublichealth.org/wp-content/uploads/2018/01/Mercer-County-CHA-8-29-17-FINAL.pdf>

6.3.5 Mental Health

The term mental health is commonly used in reference to mental illness. However, mental health and mental illness, albeit related, represent different psychological states. The CDC defines mental health as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to the community. It is estimated that only about 17 percent of U.S adults are considered to be in a state of optimal mental health. The CDC defines mental illness as “health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.” Depression is the most common type of mental illness, affecting more than 17.9 percent of the U.S. adult population. Evidence has shown that mental disorders, especially depressive disorders, are strongly related to the occurrence of many chronic diseases including diabetes, cancer, cardiovascular disease, asthma, and obesity and many risk behaviors for chronic disease; such as, physical inactivity, smoking, excessive drinking, and insufficient sleep.³⁵

Local data for mental health recipients is very limited. 29 percent of Mercer County adults had used a program or service to help with depression, anxiety, or other emotional problems for themselves or a loved one.

Mental health is known to play a large part in both suicide and attempted suicide rates across the nation. Suicide is a leading cause of death in the United States with 45,979 deaths in 2020. The suicide rate in Mercer County over the 2015-2019 period was 10.5. 34% of all Mercer County suicide deaths occurred among those ages 25 to 34 years old. 2% of Mercer County adults considered attempting suicide.

Cultural sensitivity, particularly as it relates to perceptions of stigma, is paramount for successfully engaging this group in behavioral health treatment; access to mental health treatment could be improved through health homes for adults with chronic physical health conditions that integrate behavioral health services; and, prevention, early intervention and wellness programs are critically necessary to mitigate the impact of costly, chronic physical health conditions. Beginning in 2024, WOCAP partnered with the Mental Health and Recovery Board to provide concrete supports to participants in the Getting Ahead program. The sixteen-session program helps individuals living in situational or generational poverty

³⁵ <http://www.cdc.gov/mentalhealth/learn/index.htm>

build stability and their resources to develop a more prosperous life for themselves and their families. The curriculum investigates and defines what poverty is like and what contributes to poverty within the regional community and in the lives of participants. The program is geared to help alleviate the mental health stressors by understanding the basis of poverty and knowing the support services available in the area. In addition, these two organizations collaborated to identify landlords who would work with at-risk individuals to provide housing, allowing them to reside in a safe environment where they could focus on other needs, such as mental health, employment, and addiction recovery.

6.3.6 Opioid Use

In 2020 the number of opioid deaths continued to grow nationally and locally. In 2020 Ohio saw 4,308 overdose deaths with synthetic opioids being responsible for over 90 percent of those deaths. As recently as 2011 prescription opioids were the main underlying cause of overdose deaths in Ohio (Illustration 6-6). The 4,308 deaths in 2020 correlate to an overdose death rate of 39.2 deaths per 100,000 persons in Ohio. When this rate is compared to the average national rate of 14.6 deaths per 100,000 persons it becomes clear that Ohio is one of a few states facing the most significant impacts of the national opioid crisis.

One of the most troublesome outcomes of the opioid crisis is the impacts these deaths and addictions have on children. First, there has been a dramatic increase in the incidence of NAS/NOWS (Neonatal Abstinence Syndrome/Neonatal opioid Withdrawal Syndrome) in births. In just 10 years between 2004 and 2014 an almost fivefold increase in incidences have been seen across the country. From 1.5 cases per 1,000 births in 2004 to 8.0 cases per 1,000 births in 2014.³⁶ Secondly, the Ohio foster care system has been flooded with children as death and addiction rates rise. An 11 percent increase in number of children in state custody has been seen over the last six years. In 2015 it was found that parental drug use has been identified in 50 percent of all cases where the state assumes custody. Opioid use in parents accounted for 28 percent of all child removals that year.³⁷ In Mercer County, the annual death rate from unintentional drug overdose is 10.5 percent.

³⁶ <https://www.drugabuse.gov/opioid-summaries-by-state/ohio-opioid-summary>

³⁷ <https://www.pcsao.org/programs/opiate-epidemic>

6.3.7 Strokes

Strokes were another health disparity identified by Mercer County Health District personnel as a local health concern. Strokes are the 5th leading cause of death in Ohio and in the United States and are a major cause of disability.³⁸ Strokes cost the United States an estimated \$34 billion each year. On average, one American dies from stroke every 4 minutes. Over 795,000 in the U.S. each year have a stroke; about 610,000 of these are first or new strokes; one in four are recurrent strokes.³⁹ A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts. When this happens, part of the brain can't get the blood and oxygen it needs, so it starts to die. When part of the brain dies from lack of blood flow, the part of the body it controls is affected sometimes resulting in paralysis, difficulties with language and vision, and other problems such as balancing, thinking and memory loss.

Stroke rates vary by age and ethnicity. And, while strokes are more common amongst seniors (66%), anyone can have a stroke. African Americans' risk of having a first stroke is nearly twice that of whites. Hispanic Americans' risk falls between that of whites and African Americans. American Indians/Alaska Natives and African Americans are more likely to have had a stroke than are other racial groups.⁴⁰ However, certain behaviors (e.g., smoking, excessive alcohol use and physical inactivity), and medical conditions (e.g., high blood pressure, high blood cholesterol, heart disease, diabetes, obesity, sickle cell anemia) will increase the likelihood of strokes and factors that can be monitored and controlled with proper diet, exercise and medical assistance.



Stroke is one of the seven leading causes of death in Mercer County. According to the CDC for adults aged 35 and over, there are 77 deaths per 100,000 in Mercer County.

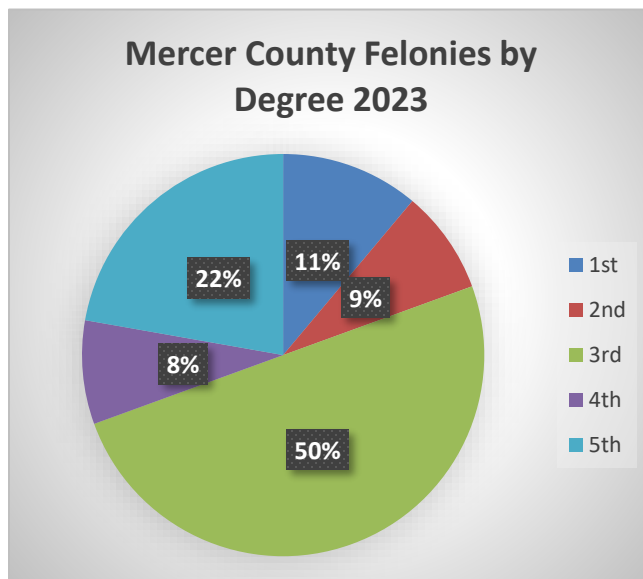
³⁸ <http://www.cdc.gov/Stroke/index.htm>

³⁹ <http://www.cdc.gov/stroke/faqs.htm#8>

⁴⁰ <http://> insurance and cause subsequent growth in the uninsured and public ally insured populations

6.4 Criminality, Recidivism & Re-entry

Data obtained from the Ohio Department of Corrections revealed 36 adult felons were imprisoned in Mercer County in 2023, Illustration 6-7 breaks them down by degree. 27 were male and 9 females.⁴¹ Local data related to incarceration and recidivism rate was obtained from the Ohio Department of Corrections for Mercer County. Data indicated that over a 3-year period 2016– 2019 the recidivism rate in Mercer County was 37.3 percent; 6.8 percent for a technical violation and 30.5 percent for a new crime. As of 2019, roughly 6 in 10 parolees (63%) had not returned to the criminal justice within the three-year period.⁴²



The process of reentry is about assimilating back into society – it's people, community, and systems. Reentry is a transitioning process whereby parolees move from one setting (prison/jail) to another (community) while improving their skill sets and ability to be a productive citizen. Researchers contend that the process of transitioning is weighted in terms of the types of services/treatment, available and needed. And without the appropriate mix of services/treatment (e.g., rehabilitation, mental health, employment, housing, etc.,) the potential exists for recidivism and a recycling through the criminal justice system.⁴³

And while researchers differ over policy and priorities consensus seems to be building that: Residential Treatment (e.g., live-in program with variety of services); Substance Abuse Treatment (e.g., therapeutic communities, behavioral therapies); and, Other Psychosocial Treatments (e. g. Cognitive Behavioral Therapies, Contingency Mgmt.) offer the most effective means to address successful transitioning. However, such interventions and treatments are dependent upon the quality of implementation – where trained, dedicated, and multi-disciplinary staff delivery interventions with defined aims, objectives and outcomes.⁴⁴

⁴¹ <https://drc.ohio.gov/Portals/0/FY2020%20COMMITMENT%20REPORT.pdf>

⁴² <https://drc.ohio.gov/reports/recidivism>

⁴³ <https://www.gmuace.org/newsletters/Advancing%20Practice%20March%202012.pdf>

⁴⁴ <https://www.gmuace.org/newsletters/Advancing%20Practice%20March%202012.pdf>

Mental health issues can complicate the reentry process. The mentally-ill typically have extensive experience with both the criminal justice and mental health systems. People with mental illness tend to have high rates of substance abuse and dependence. So, there needs to be an emphasis on treatment and interventions that address both issues. Mentally ill people need unique treatment and services. Access to treatment services for mental health disorders is critical to reducing psychiatric symptoms. Functional impairments may make it difficult for mentally ill people to comply with standard conditions of release, such as maintaining employment and paying fines. These factors and the person's psychiatric symptoms require addressing if recidivism is to be curbed. Of special concern is assuring that the lack of medical care benefits immediately after incarceration leaves many mentally ill parolees/probationers with little or no access to needed medications.⁴⁵

Why is this data important to WOCAP? Consider the following: nearly 7 percent of children in the United States have had a custodial parent incarcerated at some point during their childhood.⁴⁶ The negative consequences for children with an incarcerated parent can be substantial, including financial instability, changes in family structure, shame, and social stigma.⁴⁷

WOCAPs concern for family is paramount; ensuring housing stability, working to assist the disadvantaged apply for social security/disability benefits to assist with prescription services/interventions necessary to retain employment; and, assessing the community's capacity to successfully assist the reentry of these individuals with current services or those services to be developed are important steps for the criminal justice system and the community to commit to. With so many of our young involved in the criminal justice system it is important for WOCAP to recognize the means and methods to support reentry programs and stabilize families.



⁴⁵ <https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-4>

⁴⁶ <https://www.childtrends.org/wp-content/uploads/2015/10/2015-42ParentsBehindBars.pdf>

⁴⁷ <http://csgjusticecenter.org/wp-content/uploads/2013/06/COIP-Fact-Sheet-2013-06-19.pdf>

6.5 WOCAP Client Needs Assessment

WOCAP's front-line staffers, administrators, parents, and Policy Board are engaged in client needs assessments on a regular, ongoing basis. WOCAP's initial assessment of program eligibility requires a process to identify, articulate, quantify, document, and validate the needs of eligible families. WOCAP attempts to document its clients' concerns and needs and annually conducts surveys to solicit parent input into the needs assessment and service development process.

A survey completed in the summer of 2025 had a total of 56 respondents who indicated that:

- Help paying utility bills was needed by 30 percent of respondents
- Help with Homelessness and Emergency Housing was needed by 9 percent of survey respondents
- Help seeking employment was needed by 80 percent of respondents
- Rent/Mortgage Assistance was needed by 23 percent of survey respondents
- Safe housing was needed by 22.5 percent of respondents
- Childcare/Dependent care Assistance was needed by 33 percent of respondents

Other services identified by the survey results reflected mental health services, and Veterans' services. The surveys were conducted in an uncontrolled environment, and the results should be viewed with care. These results, as well as WOCAP services and other community resources, are evaluated for gaps or redundant efforts.

6.6 WOCAP Services

WOCAP serves as a not-for-profit, community-based, anti-poverty agency charged with meeting the needs of the disadvantaged within Mercer County. WOCAP staffers, area social service providers and health advocates argue that poverty conditions here locally are positively correlated with unmet educational outcomes especially for young children, housing needs, including stretched utility budgets and security concerns, needed employment assistance services, and disparate health consequences. As a result, WOCAP has developed a litany of partnerships with private, for profit, not-for-profit, faith-based, and public agencies to help address the economic, educational, and social disparities across the community. (See Linkages document in appendices)

Based on community input and client surveys, WOCAP currently provides assistance to thousands of residents annually with a diversified set of more than 12 program based services targeting the disadvantaged. Section 6 has been crafted in an attempt to provide

a better understanding of the rationale and justification for current programs based on the needs of the community from the perspective of WOCAP Policy Board members, WOCAP staff and data presented in earlier sections.

WOCAP is cognizant that changing demographics, advances in technology, a globalizing economy and public expectations are demanding WOCAP reconsider how it has been addressing poverty in the community and continue to evolve to meet new challenges.

The most significant changes to WOCAP programming were predicated on both funding opportunities and participation of clients. WOCAP received \$1.75 million in funding to assist homeowners in Mercer, Mercer, Harding, Mercer, Paulding, Putnam Van Wert, and Wood-Counties to remove lead hazards in homes. The Lead Safe Home Program offers assistance to low- and moderate-income families with children under the age of six, or pregnant women, in making their homes lead-safe for children by eliminating lead hazards in the home including replacement of windows and siding. WOCAP also offers emergency home repair in Mercer, Mercer, Mercer, Hancock and Putnam Counties to provide up to \$10,000 in emergency home repair and handicapped accessibility modifications for homeowners below 50% AMI. WOCAP provided 5 emergency home repairs and handicapped accessibility modifications in 2024.

Among helping to keep residents in their homes, WOCAP helps residents purchase a new home. In 2024, there were 21 participants in the Homeownership Program, and WOCAP provided up to \$14,999 towards down payment and/or closing costs for 7 first-time homebuyers within the City of Lima, totaling \$104,993. To help clients remain self-sufficient, WOCAP offers classes that help with credit and budgeting. In 2024, 26 participants benefited from this service.

In partnership with the City of Lima, Allen County Commissioners, Mercer County Commissioners, and Great Lakes Community Action Partnership, WOCAP provides information, referral, and public education for fair housing issues. The program accepts complaints regarding housing discrimination in all of Allen and Mercer Counties, as well as the City of Lima. The complaint is then forwarded to the Ohio Civil Rights Commission if discrimination is evident. The program also offers information on tenant-landlord rights and responsibilities. Those who qualify include anyone who feels they are being treated unfairly due to their protected class, such as race (color), national origin, religion, sex, family status, or handicap/disability qualify for assistance. In 2024, WOCAP received 206 calls about fair housing issues and concerns.

WOCAP's Home Energy Assistance Program includes an energy efficiency initiative designed to help residents lower their utility costs and improve household sustainability. Through this program, trained staff conduct in-home assessments to identify practical, cost-effective strategies to reduce energy use. Following the inspection, each household receives a customized energy efficiency kit, valued up to \$250, containing items the resident can easily install themselves to improve home efficiency. The program serves households at or below 175% of the Federal Poverty Guidelines and reaches individuals already connected to other WOCAP services, including Home Relief, Homelessness Prevention, Head Start, and CSBG Emergency Services. By operating across Allen, Auglaize, and Mercer Counties, this program directly addresses one of the most persistent challenges identified in our community – high utility costs for low-income households. By empowering residents with tools and knowledge to manage energy use, WOCAP helped 77 families reduce monthly expenses, increase comfort and safety in their homes, and move closer to long-term financial stability in 2024.

WOCAP also provides help in the form of transportation services by providing bus passes or taxi fare for those without other resources to get to work, medical appointments, or need a way to get their children to school or other childcare facilities. In the summer of 2025, with the help of an OTP2 grant, the “Baby on Board” program was implemented by the Allen County Regional Transit Authority with technical assistance provided The Lima Allen County Regional Planning Commission. Through a partnership with these agencies, WOCAP can help to provide monthly ACRTA fixed route bus passes to pregnant women or parents who have a child under the age of 2, with some exceptions for families with children up to the age of 5. The program allows two free ACRTA bus passes per household. The program is not income based and clients need not be a resident of Allen County to receive passes.

**TABLE 6-2
WOCAP SERVICES PROVIDED & OUTCOMES IN 2024**

Service Area	Program Name	Description	# Served
Employment	Work Experience	Hands-on experience for local high school and college students	0
Education	Head Start	Comprehensive free program for eligible families serving ages 3-5	208
	Early Head Start	Comprehensive free program for eligible families serving ages 0-3	103
	Child Care Partnerships		79
	Kindergarten Kamp	5-week Summer Program for Allen County children transitioning to kindergarten	67
Health & Social/Behavioral Development	MVP Parenting	Free program available to parents/caregivers of minor children in all 3 counties we serve	167
	Seal Christmas	Provides a holiday for eligible families	166
	USDA Meals (Head Start)	WOCAP serves 2/3 of the daily nutritional needs of our children in the center-based program	47,212
Civic Engagement & Community Involvement	Getting Ahead	Curriculum helps individuals in poverty build their resources for a more prosperous life for themselves and their families	8
	Bridges Out of Poverty	Community support program with a comprehensive approach and concrete tools for the community	0
Income & Asset Building	Start Up Lab	Provides aspiring entrepreneurs with insights, relationships, and tools needed to turn their business ideas into action	32
Housing	Financial Management	Classes to secure economic stability through education about family budgeting, savings, and behaviors that affect financial stability	26
	Homeownership	Provides education and financial assistance towards a down payment of a home with the City of Lima	21
	Fair Housing	Provides information and education on fair housing issues in Allen and Mercer Counties	206
	HEAP	Provides energy assistance to eligibility Allen, Auglaize, and Mercer County residents	4,527
	Summer Crisis Program		874
	Winter Crisis Program		1,324
	PIPP	Participants make utility payments that are based on their income level	3,560
	Lead Abatement	Assists eligible low-to-moderate income homeowners make their homes lead safe	4
	Home Repair	Provides emergency home repair and handicapped accessibility modifications for eligible homeowners	5
	Rent/Mortgage Assistance	Households served with Housing Assistance	103
	Energy Conservation	Assists households in reducing energy consumption and improving efficiency	77
Support Services	Transportation	Bus Passes or taxi for work, childcare, and/or medical	8
	Case Management		77
	Referrals		180
	Birth Certificate		1
	Mediation/Customer Advocacy Interventions		49

6.7 Disability Status & Special Education

The Head Start ACT - Section 640 and the Head Start Performance Standards - Subpart A 1302.14 (b), mandate not less than 10 percent of the total number of children actually enrolled by each Head Start agency and each delegate agency will be children with disabilities who are determine to be eligible for special education and related services (Part B), or early intervention services (Part C), as appropriate as determined under the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.) or by the State or local agency providing services under Section 619 or part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

According to the 2023 ACS 5-year estimate, the total population in Mercer County is 42,438, and 3,062 or 7.2 percent of the population is children under the age of 5 years. Data suggests that as of 2023 1,000 children have been identified by the Local Education Agency (LEA) as having a Part B disability.

6.7.1 Service Delivery

The Celina City Schools, Mercer County Schools and Mercer County Board of Developmental Disabilities complete assessment and evaluation procedures for Head Start and Early Head Start children in Mercer County to determine if additional services are needed which will assist the children with gains in the areas of speech/language, motor, cognitive, adaptive, and social/emotional development. The LEA provided Speech Therapists, Occupational Therapists, Physical Therapists and Itinerant Teachers for Part B children. The therapist and itinerant teachers report weekly to Head Start classrooms and provide Part B direct services one on one or in small groups to children on an Individual Education Program (IEP).

In Mercer County Part C services for children birth to 3 years of age are provided by Mercer County Board of Developmental Disabilities. Mercer County Board of Developmental Disabilities provides service coordination to Early Head Start children meeting Part C eligibility on an Individual Family Service Plan (IFSP). Children receive early intervention services through Mercer County Board of Developmental Disabilities and home-based specialized services. Mercer County Board of Developmental Disabilities provides services to at risk children - Part C and at-risk factors include: first time parents that received WIC and/or Medicaid or first-time pregnant moms that received WIC and/or Medicaid.

6.7.2 WOCAP Response and Services

All children enrolled in the WOCAP Child Development Services receive a developmental screening within the first 45 calendar days of enrollment. The developmental screening provides information in three major developmental areas: visual/motor, language and cognition, and gross motor/body awareness. WOCAP uses the Ages & Stages Questionnaire-3 (developmental), the Ages & Stages Questionnaire-Social/Emotional, and the Early Screening Inventory. These developmental screenings help identify a child's strengths as well as areas where the child may need additional support regarding their development. Child Development staff review all screening results with parents, and if the parent and/or staff have concerns about their child's development, a referral is made to the local Part C agency, Mercer County Board of Developmental Disabilities, or the Part B Local Education Agency (LEA) for a professional assessment. Evaluation and special needs services are provided to children on an Individual Family Service Plan (Part C) or Individual Education Program.

WOCAP Child Development staff are using the Teaching Strategies Gold Assessment scales to document children's progress. TS Gold provides a comprehensive view from birth through kindergarten of each child's growth in ten school readiness domains: Social-Emotional, Physical, Language Cognitive, Literacy, Mathematics, Science and Technology, Social Studies, the Arts, and English Language Acquisition. The TS Gold domains correspond to the domains established and are aligned with the Ohio Early Learning Content Standard, Creative Curriculum, and the Head Start Child Development and Early Learning Framework.

WOCAP's Head Start program provided services in 2024-2025 to 39 Part B children through an interagency agreement/MOU with LEAs (local education agency); 23 children were diagnosed with speech/language impairment, and 16 diagnosed with non-categorical/developmental delays. In comparison, in 2023-2024, WOCAP Head Start served 33 Part B children ages 3-5 through the interagency agreement with the LEAs, 24 children were diagnosed with speech/language impairment and 9 diagnosed with non-categorical/developmental delays.



In the 2024-2025 Early Head Start program, WOCAP provided services to 29 Part C children through an inter-agency agreement with Allen County Board of Developmental Disabilities. Looking back to Early Head Start programming in 2023-2024, WOCAP provided services to 34 Part C children through an inter-agency agreement with Help Me Grow. In the 2024-2025 Early Head Start/Child Care partnership program, WOCAP provided services to 15 Part C children through an inter-agency agreement with Allen County Board of Developmental Disabilities. Early Head Start programming in 2023-2024, WOCAP provided services to 10 Part C children through an inter-agency agreement with Help Me Grow. Mercer County served 49 families through Help Me Grow in 2024.

6.8 WOCAP – Head Start & Early Head Start

Head Start is a premier quality development program for income-eligible children from birth until five years of age. Nationally, over a million children are served by Head Start programs every year. Early Head Start is a federally funded community-based program for income-eligible families with infants, toddlers, and pregnant women. Locally, WOCAP's programming provides educational, medical, social service, and parent involvement opportunities for families served and stresses positive attitudes, which are instrumental in developing individual abilities.

According to the ACS 2023 5-Year estimates, there are a total of 259 children aged 5 years and younger living below the poverty line residing in Mercer County. This accounts for 11.8 percent of the total 5-year and under population in Mercer County. The City of Celina has the highest concentration of young children living in poverty, with 48 percent of those 259 children living within the city limits. When looking at children nursery school/preschool age, an estimated 227 are living below the poverty level, with 126 of those residing in the City of Celina. When looking at Early Head Start and Head Start eligible children 30 percent were identified by parents as minority, with 11.8 percent of those identifying as African-American.

WOCAP has determined the need for services in the specific portions of the County by studying census data of the overall population, as well as birth rates and kindergarten entrance rates. The current locations of Head Start services have been chosen to provide services in the areas that have a significant low-income population of age-eligible children. Due to funding restrictions, a physical location is not present in some locations; however, home-based services are provided countywide. Based on current data, the need for Head Start/Preschool services for the region are being met. Early Head Start programming, on the other hand, has room to grow.

WOCAP has identified all licensed providers of age and income-eligible children in the county. WOCAP has developed partnerships with childcare centers, public preschools, and disability providers to ensure that the needs of children are met in the most appropriate program option, coordinating service delivery where appropriate, and ensuring Head Start is a provider of last resort.

The staff also determines the need for services for all clients annually. WOCAP may not be able to provide for all the needs of clients; therefore, staff have identified areas of concern that will require attention and advocacy in working with community organizations to develop solutions to some of the problems/unmet needs of clients.

WOCAP is currently working collaboratively with local government and community organizations to address transportation, education, and training barriers (both physical and psychological), minority health, and economic development.

WOCAP collects and analyzes family needs assessments for each family participating in the program and compares that data to the community needs assessment to ensure that the most needed services are provided, located, or developed based on stated family needs. WOCAP uses extensive partnerships to coordinate service delivery where appropriate. Where there are gaps in services to meet families' needs, WOCAP has developed programming to close the gap or allocated funds to ensure that families begin to thrive.

WOCAP involves the community in identifying the needs of families countywide through participation in Policy Council activities, community surveys, and staff participation on advisory committees to both communicate the needs of Head Start families and gather input on the needs of young children in the community. WOCAP serves Allen, Auglaize and Mercer Counties as a community action agency with 25 years of service, operating more than 12 programs to provide direct services to the low-income community. The most extensive program provided to the community by WOCAP is the early childhood program: childcare, Early Learning Initiative, Early Head Start, and Head Start services.

WOCAP's experience with the early childhood programs has been extremely successful, maintaining full enrollment, with waiting lists throughout the year. The Agency is regarded as an early childhood provider expert in the community. WOCAP formally partners with the local school districts (LEA), mental health providers, children's protective services, a federally qualified health center, the Mercer County Board of Developmental Disabilities, Mercer County Department of Job & Family Services, to provide needed services to families.

WOCAP's Chief Executive Officer is currently on the steering committee of the Family and Children First Council, which acts as an advisory committee for organizations serving young children in Allen County. WOCAP staff members are active members of the Family and Children First Council subcommittees.

6.9 Collaborations and Resources

WOCAP is currently working collaboratively with local government and community organizations to provide many of the resources needed by Head Start-eligible children and their families. WOCAP, in partnership with LACRPC and the Mercer County County Health Department, has provided a Community Assessment that touches on many issues that face today's Environmental Justice populations. Issues that include health, crime, employment, poverty, affordable housing, air and water quality, and education have been addressed. These issues provide a better understanding of both the community and the Head Start population, providing guidance for future steps aimed at improving the community.

WOCAP has identified data from the 2024 Annual Program Information Report regarding the education, health, nutrition, and social service needs. Data from individual needs assessments, completed by Head Start-eligible families, were also gathered to determine their perceptions of need. In addition, objective measurement using data collected through family service worker case notes, and by way of data entry tracking systems, was reviewed to verify successful service delivery and improvement areas in meeting the needs of Head Start-eligible children and their families. The long- and short-term goals and objectives outlined in the grant application reflect the planned service delivery priorities based on this data.

The needs of Head Start and Early Head Start children are significant upon entry into the program. WOCAP can achieve milestones in meeting children's needs. Many children who are enrolled in health insurance, regardless of type, still enter the program without all the necessary and appropriate health screenings and immunizations. Head Start staff spend a significant amount of time educating parents about the need for these screenings as well as coordinating the actual care received while in the program. WOCAP can meet most of the families' social service, nutrition, and education needs within the Head Start setting. Again, significant deficits exist in the family member's ability to access these services outside of Head Start.

The WOCAP Education Advisory Committee has identified the kindergarten readiness needs of children by defining the skills needed for entering kindergarten. The committee recommended that children, at a minimum, be able to identify colors, shapes, their birthday, address, and phone number.

Children should be able to write their full name, follow directions, and demonstrate listening skills. With the assistance of the Education Advisory Committee, WOCAP has ensured that the curriculum (Creative Curriculum) is aligned with the Head Start Early Learning Outcomes Framework, Ages Birth through Five, The Parent, Family and Community Framework, and the Parents as Teachers Curriculum.

WOCAP has determined that several program options are needed in the service area that include home-based, childcare partnerships, and center-based for both Head Start and Early Head Start families. In addition, support services and parent education in the areas of healthcare, social service supports, such as housing assistance and emergency services, parenting skills development, and employment skills training were identified.

WOCAP's priority for enrollment includes, but is not limited to, the age of the child (four-year-olds receive priority), children in foster care or experiencing homelessness, the family composition (single parent, grandparents raising grandchildren, teen parents), and needs of the family (families in crisis, having chronic health conditions, inadequate income, or housing, etc.). Children who have parents deployed in the military or have open child protective services cases are also prioritized for enrollment. Community partners refer families to us regularly who need these services.⁴⁸ The agency conducts a review of the needs assessment and completes an updated summary of changes that is approved by both the Policy Council and the board before the results are included in planning services.

Enrollment criteria have been prepared to assist in determining a child's eligibility for the Head Start/Early Head Start program. Those children assigned the highest priority are identified as children with the greatest needs. A list of contributing factors is also provided so that special circumstances are considered. The enrollment criteria are approved annually by the Board and Policy Council to guarantee that the greatest needs of local families are addressed. Children whose family incomes are above the poverty guidelines will be considered if they have a documented disability, or are within 130 percent of income levels. However, in the last couple of years, because of the COVID-19 Pandemic, low enrollment and lack of staff have forced some classrooms to stay closed, in turn, affecting the number of children who are able to benefit from Head Start services.

WOCAP owns and operates a facility located within the City of Lima. Most of the programming and office space is housed at this location. However, Head Start/Early Head Start/EHS Child Care Partnership services are delivered throughout Allen, Auglaize, and Mercer Counties. at multiple site locations. In 2022, operations began at a brand-new facility located at 1825 Reese Avenue, which allows WOCAP to serve the entire family in one location with Head Start, Early Head Start, and Child Care.

⁴⁸ The information collection requirements are approved by the Office of Management and Budget (OMB) under OMB Control Number 0970-0124 for paragraphs (b) and (d).

Within Mercer County, Head Start/Early Head Start/EHS Childcare Partnership operates 1 location at 585 East Livingston St, in the City of Celina. The City of Lima is the densest Head Start Service area in Allen County.

The Central Head Start facility is located at 540 S. Central Avenue in the center of Lima. There are 3 program options offered at the Central Avenue Facility:

- Three infant/toddler classrooms serving Early Head Start children 6 hours per day, 5 days per week, year-round.
- Eight Home-Based Visitors, each serving 10-12 families. Each family receives one home visit per week, plus bi-monthly family day activities.
- Four federally-funded Head Start classrooms that serve 6 hours per day, 4 days per week, part-year.

Head Start and Early Head Start at the Central Avenue location provide services for 80 preschoolers and 24 infants and toddlers. Limited transportation is offered to children and families at this location based on availability, location, and need. The Head Start management team, clerical, support, and transportation staff operate from offices at the Central facility. The Head Start program pays for facility space and use based upon cost allocation for utilities, maintenance, and occupied space. The facility is in the Kibby Corners neighborhood, a low-income, multi-racial neighborhood. Community Development Block Grants target the area. The WOCAP facility meets all Americans with Disabilities Act requirements.

Lima Senior High School Early Head Start is located at 1 Spartan Way. The Early Head Start program serves 16 children through two full-day, full-year infant and toddler classrooms that have been in operation since 2004. The site functions for 7 hours per day, 5 days per week, year-round according to the Lima Senior High School calendar. The site serves as an early education laboratory for high school students enrolled in the ECE program. The staff who operate the classrooms are employed by WOCAP. There is a priority placement for students who are teen mothers attending the high school.

Unity Early Head Start is located at 925 E. 3rd Street in the Unity Elementary School building. The Early Head Start programming serves 8 children, with full-day, full-year infant and toddler classrooms. The classroom operates 7 hours per day, 5 days per week.

Howard and O'Neal Centers program-owned modular units are located on the same plot of land at 411 E. 8th Street in Lima. Howard serves 40 preschool children, and O'Neal serves 40 preschool children. The preschool center-based model operates single-session classes in each unit, five days per week, with 6-hour sessions. Arrival and departure are combinations of Head Start transportation and parent transport.

Philippian Head Start facility is located at 190 E. 8th Street in Lima, serving 30 children and families in a full-day center-based session, functioning five days per week for 6 hours each. The parents provide the transportation to this site.

The Market St. Head Start facility serves most of the eligible children in this area. The 1100 W. Market Street Head Start has 2 double-session center-based classrooms, functioning four days per week for 3.5 hours each, serving 68 children. This site has served the program on an in-kind basis for 34 consecutive years. Some transportation services are provided for children and families attending Market St. Head Start. This area is also serving a significant number of Early Head Start home-based families.

Serving Shawnee, Spencerville, and Cridersville is the St. Matthew Head Start center, serving 18 rural WOCAP Head Start children and families in a full-day center-based session, 5 days per week for 6 hours a day. Enrollment is recruited from the three rural communities. Space at St. Matthew is donated. Head Start pays a small stipend for maintenance and upkeep of a portion of the premises used by Head Start.

Allen East Head Start serves 40 children and families from the villages of Harrod and Lafayette in a full-day, center-based session, functioning five days per week for six hours each day. The Center is located within the new Allen East Community Center. Parents provide the transportation to this site. The population of Harrod has the highest concentration of poverty outside the City of Lima in the county. Lafayette is a neighboring village.

Our Early Head Start/Childcare Partnership sites serve 72 children and families with the following options, five days per week for 48 weeks, 240 days per year, up to 10 hours per day, in ODJFS licensed Childcare Centers or Certified Family Childcare Homes:

- Little Rascals Child Development Center – serving 24 infants and/or toddlers, birth to 3 years
- Kingdom Daycare – serving 8 infants and/or toddlers, birth to 3 years
- Trinity UMC Center for Creative Childcare – serving 8 toddlers, 18 months to 3 years
- The Children’s Place Daycare – serving 10 infants and/or toddlers, birth to 3 years
- Shawnee Weekday Early Learning Center – serving 24 infants and/or toddlers, 6 weeks to 3 years

West Ohio CAP Enrollment Data, Head Start & Early Head Start, PY 23/24

	Funded Enrollment	Cumulative Children Enrolled	Avg. Daily Attendance (% of funded)	Total Families Served	Income Eligibility	Public Assistance	Homeless	Foster Care
Early Head Start - 05HP000309-200	72	122	78.88%	109	24%	61%	2%	4%
Early Head Start - 05CH011258-200	118	124	74.14%	107	31%	68%	2%	7%
Head Start - 05CH011258-000	253	240	78.73%	213	14%	71%	2%	7%

2023 - 2024 Comparative 3-4 Years

Widely Held Expectations Spring

WOCAP	Bottom	Top	# Children	Average	# Below	% Below	# Meeting	% Meeting	# Exceed	% Exceed
S. E.	376	463	142	445	4	2.8	88	62	50	35.2
Physical	482	593	141	575	3	2.1	91	64.5	47	33.3
Language	410	524	143	483	11	7.7	108	75.5	24	16.8
Cognitive	381	481	141	452	13	9.2	95	67.4	33	23.4
Literacy	446	509	139	487	21	15.1	79	56.8	39	28.1
Math	298	376	139	355	15	10.8	71	51.1	53	38.1

2023 - 2024 Comparative 4-5 Years

Widely Held Expectations Spring

WOCAP	Bottom	Top	# Children	Average	# Below	% Below	# Meeting	% Meeting	# Exceed	% Exceed
S. E.	442	522	58	473	10	17.2	48	82.8		
Physical	556	668	58	617	2	3.5	53	91.4	3	5.2
Language	473	602	58	521	8	13.8	50	86.2		
Cognitive	448	563	58	498	5	8.6	53	91.4		
Literacy	487	560	58	514	7	12.1	50	86.2	1	1.7
Math	371	446	58	395	13	22.4	43	74.1	2	3.5

7 SUMMATION AND RECOMMENDATIONS

Since 1965 Head Start programming has promoted a comprehensive early care and education program to promote and support optimal physical health, emotional and social development, cognitive development, and a sense of responsibility, dignity, and self-worth for each child and family. This report and its recommendations document and support the foundation and national standards for Head Start's comprehensive health care approach and its focus on preventative health care and parental involvement.

Acknowledging this child and family-based focus, WOCAP has integrated Head Start Program Performance Standards targeting health and developmental services, health and safety, and nutrition. WOCAP is carefully and actively working to address and incorporate physical activity and physical health into every child's development process; engaging parents, coordinating community support, and ensuring systems-level planning. WOCAP's Head Start and Early Head Start programming are working with parents and local stakeholders to promote a culture of healthy lifestyles in every classroom and in every home so that young children will embrace lifelong healthy development.

WOCAP contends that it provides excellent early childhood educational opportunities and has developed an excellent rapport with local educational service providers and health educators. Working with its established partners and locally committed government agencies, WOCAP is looking to expand on the roles that it has already assumed and to undertake new responsibilities by attempting to fill those gaps in services identified in this Community Assessment as ever so important.

7.1 Summation of WOCAP's Approach

This final section of the Community Assessment is intended to highlight some of the previous findings and identify the way Head Start and Early Head Start programming issues are integrated into and across WOCAP's programming. Sections 7.1.1 through 7.1.9 work to portray WOCAP's existing commitments to Head Start and Early Head Start families and students, WOCAP clients, and Agency staffers by establishing organizational philosophies and positions for baseline services such as health and safety services programming, especially protocols to address injury prevention, child abuse, and neglect. The summation draws new attention to WOCAP's recent entry into a more proactive role in dealing with the social and environmental determinants of health affecting local children. WOCAP is also working to expand its efforts in those areas that help rebuild resilient, effective neighborhoods that link families with resources and provide economic opportunities for its residents.

7.1.1 Health Services Program Planning

Planning for health services begins with the community assessment as mandated by Early Head Start and Head Start. WOCAP's own community assessment is a comprehensive and dynamic process designed to collect data that identifies community health, education, nutrition, and social service needs, as well as community strengths/weaknesses and resources. Although the community assessment is required to be conducted every five years, it is updated annually. WOCAP uses the data collected during the community assessment process to make decisions about the types of services to provide for children and families and to assist in establishing health priorities.

WOCAP has and continues to use the community assessment as the basis for:

- Documenting the community's racial, ethnic, demographic, and socioeconomic characteristics;
- Inventorying the community's public/private capital infrastructure and institutional resources;
- Identifying and developing annual objectives for its client services, including health services programming; and,
- Prioritizing health education outreach to children, parents, staff, and community stakeholders.

The community assessment identifies health concerns identified by families of Head Start and Early Head Start children and by those community stakeholders that serve the community's youngest and most vulnerable. Recognizing that its clients and students' families are among the neediest in the community, WOCAP's delivery of services often overlaps with other service providers. As such, a strong collaborative effort has developed with many of the local service providers and governmental services. Information sharing amongst interested parties results in a broader, more comprehensive perspective of the environmental, socioeconomic, and health behaviors that require clinical care, public educational outreach, and community involvement. WOCAP's community partners include local child care services, social service providers, medical professionals, and clinicians, as well as health educators, all focused upon advancing the behavioral, cognitive, emotional, and physical development of Head Start and Early Head Start children. A list of the collaborative partners is identified in the appendices of this report.

While most children who enter both Early and Head Start programs are not considered overweight at the time of enrollment or upon leaving the program, obesity in later school years is significant in the general population. WOCAP has begun to address healthy eating habits with parents, including providing healthier refreshments. Access to affordable, healthy foods is a barrier for low-income families. Storage and preparation of healthier options should be targeted for community development.

7.1.2 Building a Healthy Foundation for Learning and Life

WOCAP realizes just how fast children grow and develop physically, emotionally, and cognitively. The organization and its staff are all too aware that the limited amount of time to provide opportunities and effective interventions is extremely inadequate. However, regardless of the limited amount of time with Head Start children, WOCAP has strategically positioned itself to address threats to every child's health and development, and to promote family wellness and healthy practices.

To ensure that each child's health needs are addressed, WOCAP's Head Start programming works to provide comprehensive health services that include a medical evaluation, dental examination, and a screening for developmental, sensory, and behavioral concerns. WOCAP's staff and local stakeholders ensure that the results of such individual medical and developmental assessments are shared with each child and their family. Staff use such screening tools to identify those critical steps necessary to ensure future health care services with local medical and dental service providers and develop effective parental involvement in the provision of health care, developing an individualized health plan inclusive of immunizations and wellness check-ups to address any medical, behavioral, and oral health concerns. Staff work to ensure that screening evaluation criteria are documented, parents are informed, and any necessary provisions for individualized health services are identified and discussed with the appropriate medical service provider(s) or caseworker(s). Given the fact that the screenings sometimes fail to identify a child's problem initially, staff suspicions of later ongoing concerns may necessitate a referral for a formal evaluation.

Protecting children from the effects of poverty to help them strive in the future while helping their families out of poverty as quickly as possible is the single most important strategy that can be employed in communities to decrease the cycle of poverty. Children who are malnourished both physically and intellectually before the age of five are likely to suffer permanent consequences to their health and

well-being. This holistic approach to poverty prevention is encompassed in multiple methods that have proven effective over time.

Recognizing that parents are their children's first and most influential teachers, strategies toward healthy behaviors of parents and family members are needed to reduce the effects of poverty on young children. Programs that support child development from conception to adulthood are underfunded. The Agency's work then becomes focused on making the largest impact on children in poverty as possible. This factor requires WOCAP to involve multiple partnerships and collaborations within the community, providing a cornucopia of services and programs that engage low-income families in self-sufficiency.

7.1.3 Health Assessments: Staffers, Parents, and Community Stakeholder Involvement

WOCAP's Head Start programming ensures that program staffers collect child health data within the first 45 days of enrollment. This initial screening is a time-consuming and expensive process, and WOCAP has employed various strategies to facilitate the screenings necessary to meet the Health and Human Services timeline, including: (1) pre-enrollment parent meetings informing them of necessary screenings and providers conducting the screening; (2) communicating with parents about the importance of maintaining an individual child's health record to improve service delivery and reduce duplicative services; (3) establishing relationships with local health care providers who understand and support Head Start's programmatic requirements; (4) collaborative relationships with Rhodes State College and Apollo Career Center allowing students in nutrition, nursing, speech pathology, audiology, and other allied health fields to assist with screenings; and, (5) empowering parents to function as child advocates for wellness and health services. WOCAP considers this process as a first step necessary to ensure future positive outcomes for the preschoolers served in the community's Head Start programming. But WOCAP Head Start staff routinely monitor children over the course of the day. Such observations are used to identify any new or recurring medical, dental, or developmental concerns so that appropriate referrals can be made. And, as part of an ongoing health wellness assessment, each child is checked at the beginning of the day for specific signs or symptoms of illness to prevent the spread of infection. While not medical practitioners, staff are trained to be sensitive to a child's condition.

WOCAP seeks to ensure and provide appropriate care to meet individual health needs of children by maintaining at least 2 LPN positions within the organization.

Tobacco and alcohol use and abuse, as well as the recreational use of illicit drugs and prescription medications, are underreported by low-income families that WOCAP serves. Parental education in the recognition of symptoms of drug abuse among children and adolescents is necessary. Strategies to better mental health behaviors and their relationship to drug and alcohol abuse are needed to find the extent of the problem and potential solutions.

7.1.4 Family Health and Wellness

WOCAP staffers recognize that sometimes adult family members fail to recognize how their personal health and well-being affect their child's growth and development. Head Start staff who work with families are trained to be sensitive to cultural values while being able to provide the resources and information that can be used to assist parents in understanding systems of ongoing family health care, to encourage parents to become active partners in family health care processes, and to provide parents with the opportunity to learn about preventive health care and specific health needs of individual children.

WOCAP staff must work within an ethnically, culturally, and religiously sensitive context to address family health and wellness issues. Addressing the various family issues often requires WOCAP to coordinate with other community professionals and service providers. In developing health and wellness services, WOCAP has identified nutrition, obesity, smoking cessation, drug dependency, and bike and pedestrian safety as necessary first steps in advancing family wellness.

WOCAP's policies and procedures acknowledge the rich diversity of the community's population and work effectively to communicate respect for clients and subsequently generate the client's trust for community health care and social service providers. It is based on this appreciation and embrace of diversity – sometimes in the face of adversity – that WOCAP has been recognized as a champion and advocate of local youth and civil rights by local community groups and elected officials. In its role as a champion, WOCAP has pushed the envelope to move further from traditional child and family wellness issues to that of child, family, and neighborhood wellness.

Working with its Health Services Advisory Committee, WOCAP has developed various strategies and services to target those conditions experienced by its students as identified by parents and staff, and that were subsequently validated by local community stakeholders and ultimately documented in the community assessment, including:

- Speech/language impairments;
- Developmental delay and cognitive delay, including autism;
- Hearing/vision impairments;
- Orthopedic impairment; and,
- Multiple disabilities.

Other personal and household conditions identified in the community assessment included various factors associated with health behaviors, clinical care, and the physical environment, such as:

- Obesity;
- Scarcity of whole foods;
- Access to health care;
- Smoking; and,
- Excessive alcohol consumption.

WOCAP has adopted the following strategies to address issues related to obesity:

- Monitor and evaluate WOCAP's Nutrition Policy annually;
- Monthly newsletters to help educate parents and area stakeholders;
- Make nutrition and structured physical activity integral to the daily classroom experience;
- Educate children about healthy foods and make children aware of a variety of new foods such as whole grains, vegetables, and fruits;
- Introduce students to healthy, culture-specific foods to promote good nutrition at home;
- Educate families about healthy alternatives for meals and snacks through parent nutritional training;
- Promote and support regularly scheduled sit-down family meals; and,
- Reduce sedentary time (including television/computer gaming activities) of children.

7.1.5 Ensuring Child Health and Safety

WOCAP has taken the necessary steps to establish specific policies and procedures to ensure the safety of every child who enters its buildings and receives its services. The Agency's administrative personnel, staff, Policy Council, Parent Committee, Board, and Health Services Advisory Committee have researched, discussed at length, and adopted specific protocols to address: emergencies, injury prevention, child abuse and neglect, necessary equipment/emergency medical supplies, hygiene, nutrition, sanitation, and food safety. WOCAP has also taken the necessary measures to train its administrators and staff in such policies and will continually strive to educate the parents and the community stakeholders who have entrusted the Agency with the care and development of their child.

Access to green spaces and the safety of children during outside physical activity are barriers for single-family households. Pedestrian safety and crime rates are seen as deterrents to the free play of children in their neighborhoods, including safe walkways for children traveling to and from school and school playgrounds that are accessible outside of school hours.

7.1.6 Health and Human Services Priority Population Groupings

Various subpopulation groups, including African-Americans, Hispanics, Native Hawaiians and Other Pacific Islanders, and American Indians, have been identified by Health and Human Services as populations with unique health care needs¹ and that these populations require special attention. This collective of priority populations is less likely to receive preventive care, screening services, or access to quality health care, and is more likely to have poorer overall health. Furthermore, minority women, children, and people who are poor within these priority groups are at even greater health risk. Members of these priority populations are more likely to be uninsured, thereby further compounding their ability to stay healthy and receive needed services. There are considerable ethnic and racial diversity in rural areas dispersed throughout WOCAP's service area, including small groups of first- and second-generation immigrants.

¹ <http://www.cdc.gov/immigrantrefugeehealth/>

WOCAP has developed the following strategies to expand the awareness of health disparities in specific priority populations and ensure safe and equitable services:

- Developing institutional sensitivity with local medical practitioners to the needs of priority populations;
- Educating priority populations about available health services, especially those that cater to minority or immigrant populations;
- Providing technical support and assistance to parents filling out health care program application forms and providing language interpretation services when needed;
- Ensuring that each student and their family have direct access to medical homes that are culturally sensitive; and,
- Implementing accurate record-keeping and reporting systems to ensure comprehensive health care services and follow-up services are received by Head Start families.

WOCAP will develop a strong, culturally sensitive system for supporting effective communication between students, parents, staff, administrative personnel, and community stakeholders.

- Communications shall be developed in a manner that is culturally sensitive and considerate of the literacy levels of the targeted audience;
- Ongoing communication with parents and stakeholders is necessary to ensure trust and the successful delivery of student, family, and stakeholder services;
 - Daily or weekly notes shall be sent home to families in their native languages;
 - Staff shall conduct home visits when sensitive information needs to be discussed.
- Language barriers and language familiarity/preferences may require the use of interpreters and/or consideration of the following:
 - Oral and written communication in the native language of the child and family using an interpreter shall be provided when necessary;
 - Staff and/or parents should be identified/trained to serve as interpreters;
 - Local college and university staff/students will be sought to further communications with priority populations and/or to obtain interpretation services;
 - Local community organizations and/or ethnic associations will be identified for possible assistance and interpretation services.

- Regular quarterly newsletters will be published touting the Agency's accomplishments and concerns;
- Regular meetings with community stakeholders will be convened to share and discuss the Agency's services and programming to foster community support and permit an open exchange of ideas; and,
- Program orientation activities will be held at the beginning of the year for families, staff, and community partners.

7.1.7 Environmental Health Assessments and Community Development

Over the last several decades, it has become readily evident that the design of the built environment has had a major impact on the health and general well-being of low-income families. Health advocates expect more physical activity and healthier diets among persons in communities with convenient, safe walking paths and accessible sources of fresh vegetables and fruit. On the other hand, poorer health indicators are expected among residents of neighborhoods where illicit activities regularly occur, where high crime rates exist, where fewer parks or walking paths exist, where residents experience heavier traffic and higher travel speeds, numerous alcohol and tobacco outlets are present, and poor access to fresh food exists.²

WOCAP is looking beyond the traditional bounds of the healthcare system to address those social and environmental determinants of health affecting children. WOCAP has recently supported various initiatives with neighborhood associations, health care advocates, social service agencies, and planning organizations to address the local built environment – the physical structure and infrastructure of local neighborhoods. WOCAP wants to identify those environmental factors disproportionately affecting its clients – environments that do not support healthy behaviors and are most often associated with sedentary lifestyles and poor nutrition (smoking, heart disease, stroke). WOCAP wants a physical environment that promotes a positive impact on a child's health and development, including access to clean water/clean air, safe streets, and health-promoting activities such as walking, biking, and healthy eating.

WOCAP is looking to: (1) broaden and diversify the base of discussion, empowering low-income client parents to advocate on behalf of their children; (2) provide opportunities for nutrition education and improved access to affordable, healthy foods in a culturally sensitive manner that fosters community building and

² <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>

increased social interaction; and, (3) expand efforts that rebuild resilient neighborhoods and that link families with resources and provide economic opportunities for its residents. WOCAP believes that changing the built environment in such ways will have a positive impact on many of the health-related issues affecting the community, from diabetes and obesity to asthma, to traffic safety and community violence.

7.1.8 Educational Attainment, Financial Literacy, and Asset Building

WOCAP recognizes research indicating that children growing up in low-income households are more likely to experience social and health conditions that place them at risk for later academic, employment, and behavioral problems.³ The Ford Foundation and others have found that asset-building approaches to financial success based on accumulated savings and the purchase of long-term assets are critical to end the cycle of poverty. Research conducted throughout the last decade on financial literacy and the effects of asset building indicates positive results extend beyond tangible assets accumulated. Families with assets develop a psychological future-orientation, an increase in stable, successful marriages, and improved housing stability. Families engaging in asset building also tend to experience improved health and well-being, increased civic and community involvement, and decreased rates of poverty transferred to the next generation. Examples of forward-thinking, future-oriented, goal-driven actions and behaviors include college education, professional training, business ownership, and home ownership.^{4,5} Based on such insights, WOCAP's anti-poverty agenda looks to break the link between resource-poor parents/caregivers and adverse child outcomes. To achieve this, WOCAP provides anti-poverty programming support to parents as well as their children.

WOCAP empowers low-income parents to break the bonds of poverty and promote their child's well-being based on improved educational attainment levels, financial literacy, and asset building. The three are essential to reversing the bonds and the cumulative legacy effects of poverty spanning generation to generation. Providing a solid educational footing for young children is the essential basis of much anti-poverty programming. The acquisition of a high school degree or its equivalent, college, and/or professional certifications is indicative of future employment opportunities and a stable income.

³ <http://www.countyhealthrankings.org/app#/ohio/2025/mercer/county/outcomes/overall/snapshot/by-rank>

⁴ https://www.fordfoundation.org/media/1715/2002-building_assets-to-reduce-poverty-and-injustice.pdf

⁵ <http://newamerica.org/asset-building>

And while many discuss equity issues regarding employment, education, housing, and healthcare, rarely do they consider financial literacy. WOCAP sees financial literacy as one of the most crucial equity issues of this generation, believing that financial literacy empowers people and offers the promise of bridging differences between race, culture, and class.

WOCAP holds that teaching individuals the universal language of money breaks down barriers and creates a sense of real opportunity and fairness, especially for those who feel left behind. Asset building refers to strategies that increase personal/family financial and tangible assets, such as savings, a home, a business, etc. Asset building focuses on the long-term development of people, families, and communities. WOCAP's Financial Management and Getting Ahead programs do just this.

7.1.9 Advancing Employment Opportunities

WOCAP looks at providing and bundling services to help families with limited incomes access the knowledge and advice they need to achieve economic stability and move up the economic ladder. WOCAP continues to work with local community stakeholders to offer parents computer and GED classes, career counseling, and academic enrichment, as well as employment services such as job readiness and counseling. Yet the unemployment and underemployment rates remain stubbornly high, and the majority of local female-headed⁶ households remain in poverty.

The ability to increase economic security, training, and education, especially for female heads of household, needs to be tied to real, local employment opportunities that emphasize the need for industry and job-specific training programs, and the importance of creating more jobs with family-sustaining wages. However, while educational programming and training are available, accessibility to affordable day care, affordable housing, and reliable transportation services thwarts many female heads of household. Some recent researchers and practitioners have argued for “Financial Coaching” as opposed to counseling for low-income individuals, where one-on-one attention is focused more on behavioral changes rather than informational exchanges.⁷

⁶ <https://thewomensfoundation.org/2016/highlights-womens-foundations-analysis-2015-poverty-data/>

⁷ https://www.earn.org/wp-content/uploads/2015/03/2_-_Advancing_Financial_Coaching_for_Low-Income_Populations_-_Midstream_Lessons_from_EARN.pdf

Reports underwritten by the Annie E. Casey Foundation⁸ found some states and philanthropic entities willing to fund:

- Innovative industry sector-based training models;
- Development of effective job readiness training curricula designed to achieve scale;
- Employer-driven workforce intermediaries;
- State-level advocacy based upon education and workforce data; and,
- Increasing the capacity of community colleges to increase the skills of low-income working adults.

States have argued that the development of employment opportunities for local income persons needs to be targeted to specific labor markets and that the development of specific skill sets and certifications needs to be industry-specific and conducted in such a manner that local employers are engaged in the training process.⁹ Locally, employers have identified the need to employ more low-income female and minority candidates; however, they identified that employability skills, work ethic, communication skills, and working in team environments as major hurdles in their recruitment efforts.

Linking workforce strategies to income and asset-building approaches that support family economic success is difficult and requires partnerships. However demanding, such partnerships are worthwhile and necessary endeavors to address the economic disparities and poverty conditions within the community.

⁸ <http://www.aecf.org/upload/publicationfiles/fes3622h961.pdf>

⁹ <http://www.nga.org/files/live/sites/NGA/files/pdf/0706IMPROVINGTANF.PDF>

7.2 Recommendations

Completion of this Community Assessment has presented new data, new issues, new challenges, and new potential partners to WOCAP's attention. It has also identified some potential shortcomings and some gaps in services which WOCAP could investigate and address. The following recommendations are offered for policy/programming purposes:

- Aggressively monitor water and air quality issues when considering, providing, or facilitating childhood education/recreation facilities. Policy recommendations need to be developed to address high-hazard ozone action days and water quality testing in rural facilities located beyond municipal water service areas.
- Implement multi-media educational outreach to parents and children about the negative effects of the use of tobacco, alcohol, illegal drugs, and non-authorized prescription drugs.
- Actively support the development of safe, appropriate, and readily accessible recreation facilities necessary to support a physically active and healthy lifestyle for young children through active and intentional engagement with parents, families, community groups, faith-based organizations, and local elected governments.
- Advocate for safe, well-designed walkways to needed medical and professional services, retail services, green space, and schools. Promote sidewalk construction, sidewalk extensions, and reconstruction when warranted. Promote sidewalk amenities to include lighting and street furniture.
- Execute an effective public awareness campaign to raise the level of understanding of traffic laws and mitigate the alarming number of injuries associated with bicycle and pedestrian crashes threatening the community's children.
- Vigorously promote safe and appropriate housing in neighborhoods. Ensure that the community provides equal access to safe and appropriate housing. Develop walkable communities with pleasant streetscapes to promote more socially active and healthy residents. Tree-lined streetscapes will improve air quality, provide shade, and support increased property values, thereby providing residents with a higher quality of life. Develop safe street concepts to provide safer, slower speeds on residential and mixed-use corridors where seniors and children reside.
- Widen lead-based testing for children under the age of 6 years. In 2024 there were no children reported with lead levels 10 µg/dL or above and 9 children with lead levels 3.5 µg/dL to under 10 µg/dL. Increased awareness of the importance of testing is warranted.
- Implement a public information and education campaign targeting increased use of safety restraint systems. The Mercer County Traffic Safety Coalition observed that in 2023 there was only 62.3 percent compliance with regards to safety restraint usage. Access to and proper use of child restraints is a barrier to increasing the safety of children during vehicle travel. WOCAP provides its own car seats to transport children to and from its facilities.

WOCAP staff is aware, through observation, that, particularly, older children are not being transported according to current law, in booster seats to/from WOCAP facilities by parents and caregivers. WOCAP will work with other community stakeholders to develop and integrate a broad community recognition of the law and the need to properly secure children.

- Diligently work to ensure Health and Human Services targeted populations are adequately served. Residents of certain census tracts have been omitted from certain WOCAP services mapped in this assessment. Administrators will investigate and modify public outreach and information services should disparities be found to exist. The City of Celina and northern Townships of Black Creek, Dublin, and Union have significant low-income populations with young children reside. There are no WOCAP early childhood centers in these locations. While current funding limitations have precluded WOCAP from expanding service centers in these locations, sites should be explored for future funding opportunities.
- Enthusiastically underwrite efforts to improve the quality of the housing stock. Advocate for the construction and rehabilitation of decent, affordable, energy-efficient, and appropriately-sized housing in the community. This includes growing the lead abatement efforts across the county.
- Expand efforts to increase educational programming regarding efficient energy usage in homes. A significant number of low-income households are paying more than 35 percent of their income towards housing. Housing utility costs exceed the amount available and force difficult decisions, endangering children. Proper weatherization of homes would promote more efficient energy use, reduce heating/cooling costs. WOCAP commits to working with local government officials, the HHWP Community Action Commission, local housing advocates, and neighborhood associations to address weatherization needs and services in Mercer County to ensure that low-income households' energy needs are being met.
- Push for the adoption of those policies and regulations that work to minimize insect and rodent infestations. WOCAP argues for the adoption of smart and safety-conscious tenant policies; rental property licensure to assure quality property management, maintenance, and inspection requirements that ensure safe, clean, quality housing; and the development of housing guidance to establish tenant and property-owner responsibilities. WOCAP will work with Housing Consortium members to advance this agenda item.
- Collaborate with other community stakeholders to ensure an accurate count of the homeless across the community. The Point in Time Count is a mandatory activity that occurs one day per year by State-funded homeless service providers. It is widely considered to be an inaccurate method for finding the number of homeless individuals in a community. In Mercer County in 2025, there were 5 individuals who were counted. 1 sheltered and 4 unsheltered. WOCAP will work to establish a broader understanding and

recognition of the homelessness problem in the community and work to identify specific facilities to safely and properly accommodate the special needs populations.

- According to 2023 ACS data, 4 percent of Mercer County Households do not have a vehicle immediately available to them. WOCAP will continue to support local social service agencies and transportation service providers interested in advancing affordable transportation options for child care and employment-based trips of low-income persons.
- Assertively seek partnerships with local organizations to affect the development of workforce intermediaries to service low-income individuals with employment opportunities within the regional labor markets. WOCAP will look to: focus on local labor market information to identify high-wage, high-growth industries that offer jobs with benefits and opportunities for advancement; work to develop programs that provide occupation-specific skills needed by targeted industries and employers with entry-level vacancies; and engage employers in the design of education and training programs.
- Help support the workforce through education and skills development activities, career and work readiness credentials, and postsecondary education by ensuring that: education information is tied directly to work and pertains to specific occupations; short-term enrollments typically take one year or less to complete; and supportive services and assistance develop clear employment goals.
- Organize local efforts to identify an array of possible state, federal, local, and philanthropic funding sources to underwrite the necessary training and service delivery options to develop and deliver low-income workers to employers.

WOCAP supports these Community Assessments by aligning them with a broadened base of community surveys to the adopted assessment sections. Increasing the number of surveys received for the assessment and more regular surveys of WOCAP clients could be particularly useful in broadening the base of issues (e.g., criminal justice system, employment agencies, faith-based organizations, mental health providers, etc.) and establishing those concerns with temporal characteristics (e.g., academic school years, home heating, and cooling costs, etc.). The assessment process should also employ the use of focus groups to provide the opportunity for more in-depth exploration of client concerns and social service delivery options. Also, expanding the ownership and diversifying the authorship of the Community Assessment would add additional insights while minimizing fiscal concerns. As a final point, the Community Assessment and WOCAP's responses should be shared with the community to advance community acceptance and action.

WOCAP contends that the principal challenge facing our community is the creation of an economic and social system that promotes and advances the needs of the young, the weak, the elderly, and the frail while supporting the sustainability of the environment on which life depends. WOCAP believes that its mission lies in addressing the needs of the

disadvantaged, cognizant of the larger physical and social environment. WOCAP believes that through community collaboration and consensus building, the problems of poverty can be faced and minimized. It is this core belief and the pursuit of excellence that push the Agency forward to serve its clients every day.



**BUS
STOP**



"Baby on Board" is a program started August 2025 through **Allen Co. RTA** and receives technical assistance from **Lima-Allen County Regional Planning Commission**. It is grant-funded through **Ohio Department of Transportation's** OTP2 allocation.



Lima/Allen County
REGIONAL PLANNING
COMMISSION



For more details and resources
about "BABY ON BOARD," please
visit: www.lacrpc.com

BABY ON BOARD

FREE BUS TRANSPORTATION FOR FAMILIES!

ALLEN COUNTY RTA IS OFFERING FREE FIXED ROUTE BUS SERVICE TO PREGNANT WOMEN OR PARENTS WHO HAVE A CHILD UNDER THE AGE OF 2 (EXCEPTIONS CAN BE MADE FOR FAMILIES WITH A CHILD UP TO AGE 5). GET YOUR FREE MONTHLY PASS BY CONTACTING ONE OF THE FOLLOWING PARTNER AGENCIES LISTED BELOW.

GET A FREE "BABY ON BOARD" BUS PASS HERE:



Heartbeat of Lima
421 S. Cable Rd.
Lima, Ohio 45805 419-222-7945



Lima Memorial Health System
1001 Bellefontaine Ave.
Lima, Ohio 45804 419-228-3335



Mercy Health - St. Rita's Medical
Center 730 W. Market St.
Lima, Ohio 45801 419-227-3361

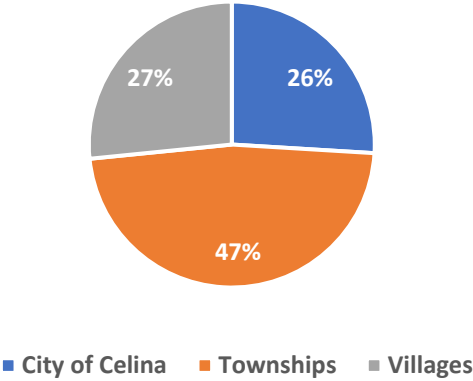


West Ohio Community Action Partnership
540 S. Central Ave.
Lima, Ohio 45804 419-227-2586

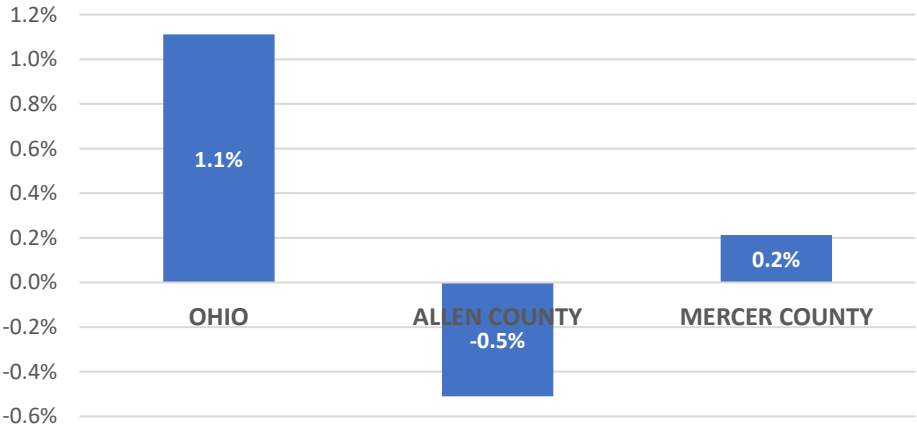


APPENDIX A

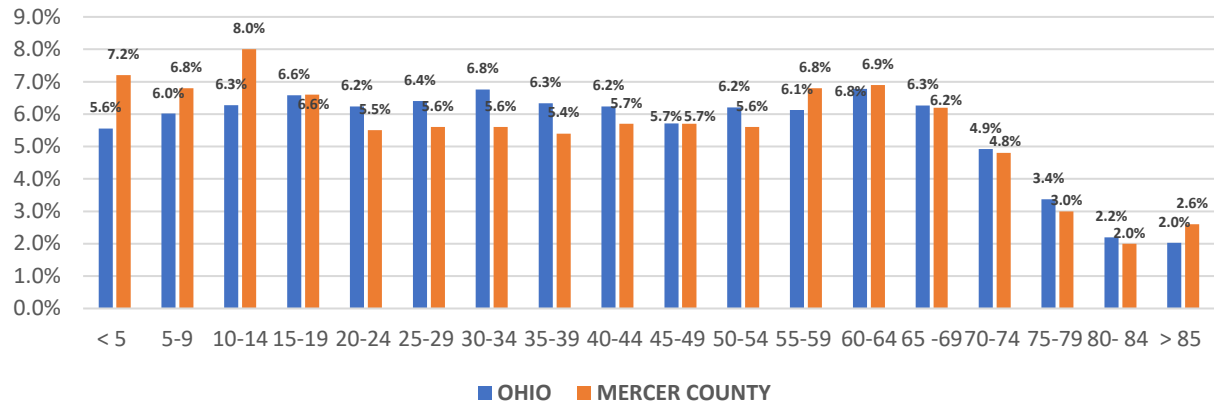
MERCER COUNTY PERCENT POPULATION
DISTRIBUTION 2023



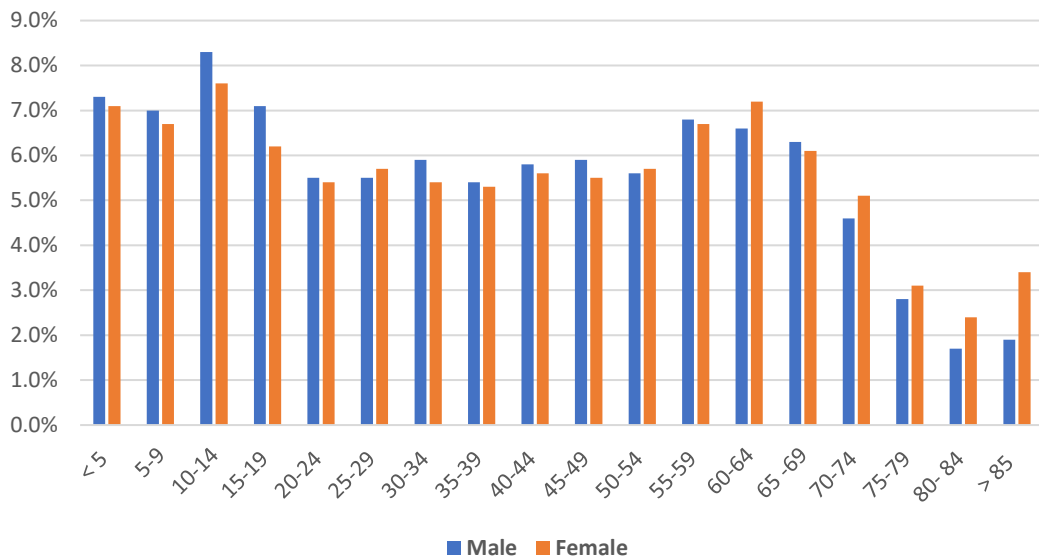
MERCER COUNTY POPULATION PERCENT
CHANGE 2020-2023

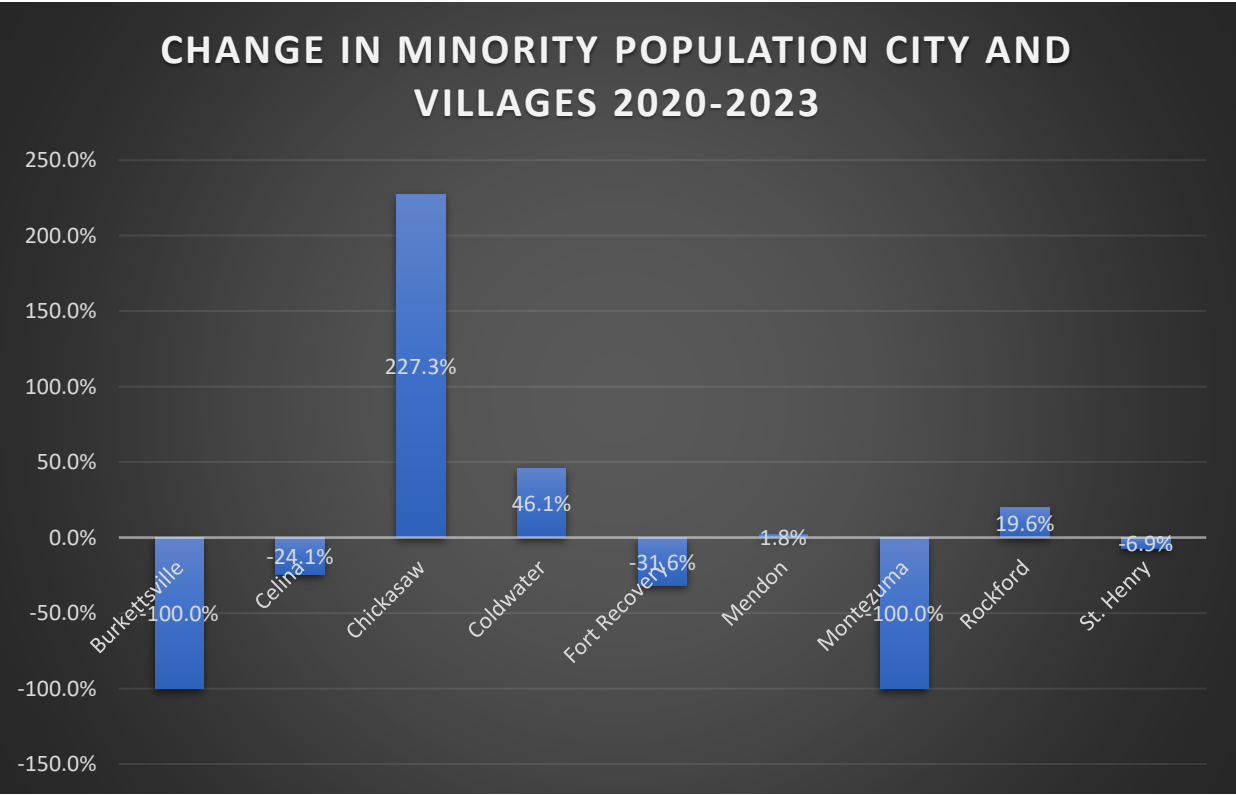
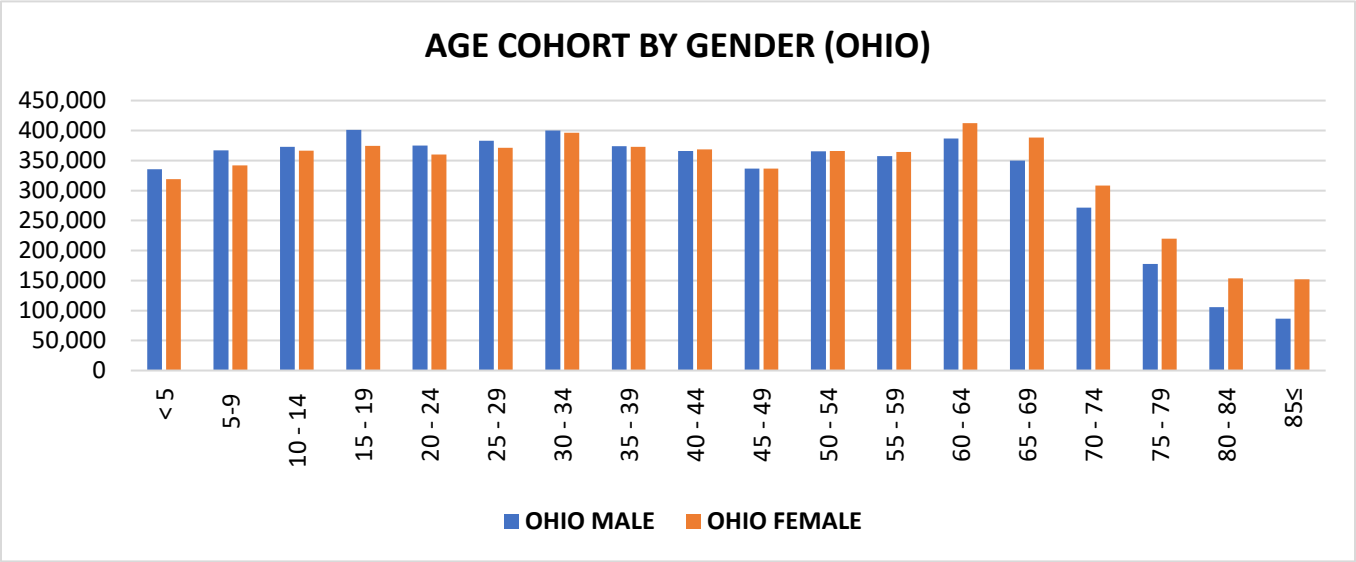


AGE COHORT BY PERCENTAGE OF POPULATION 2023

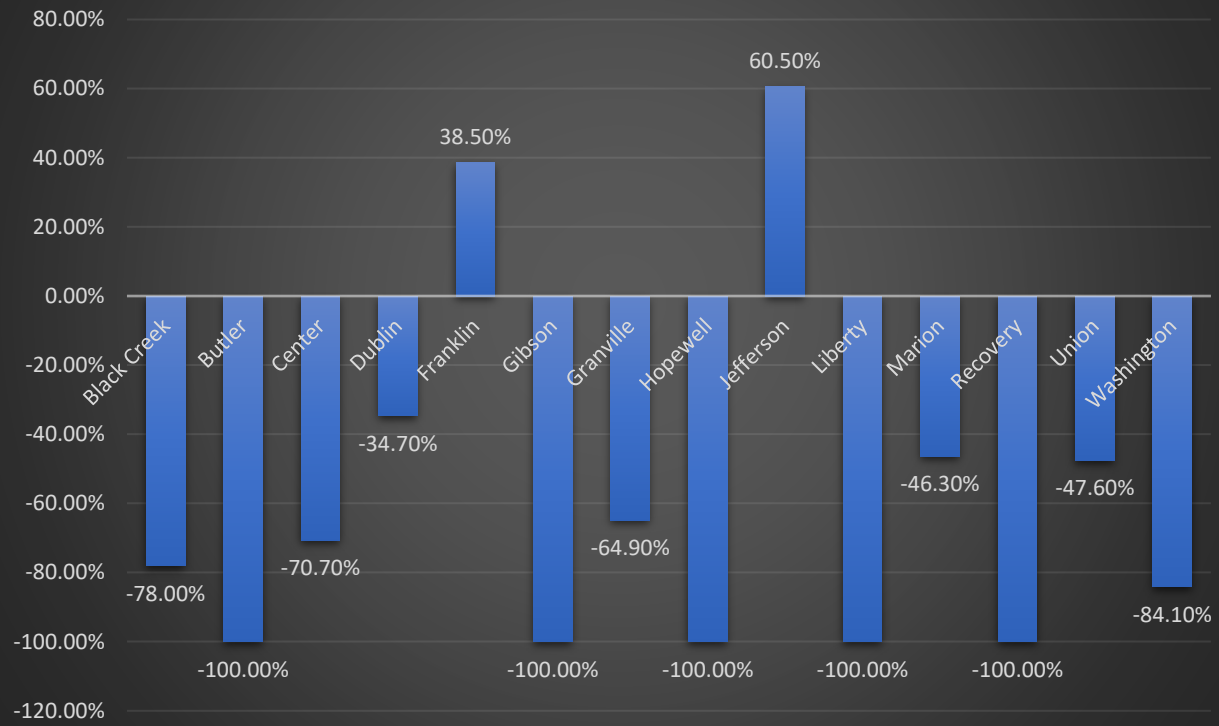


AGE COHORTS BY GENDER (MERCER COUNTY)

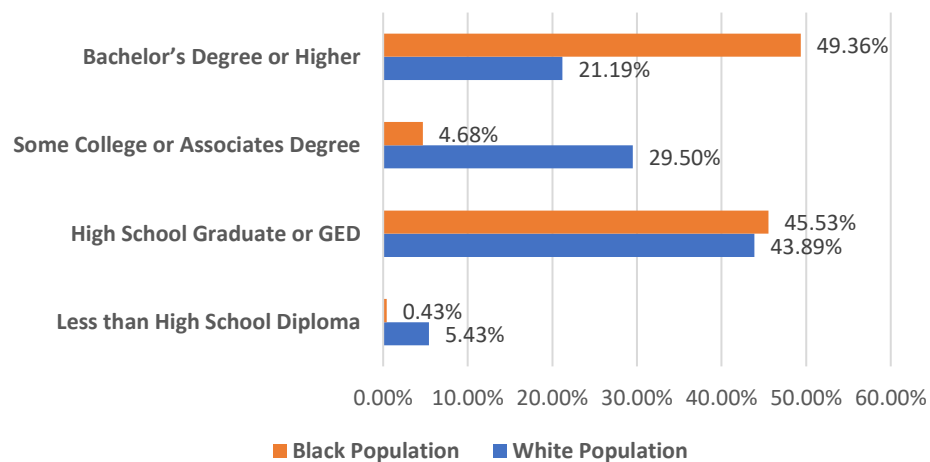




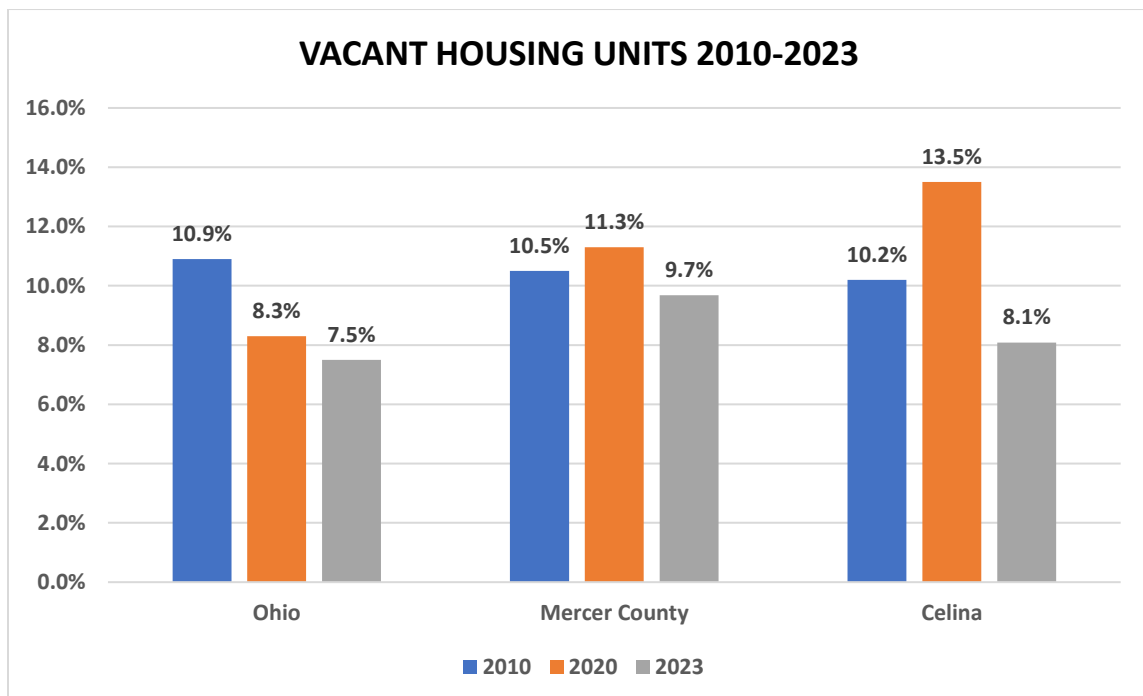
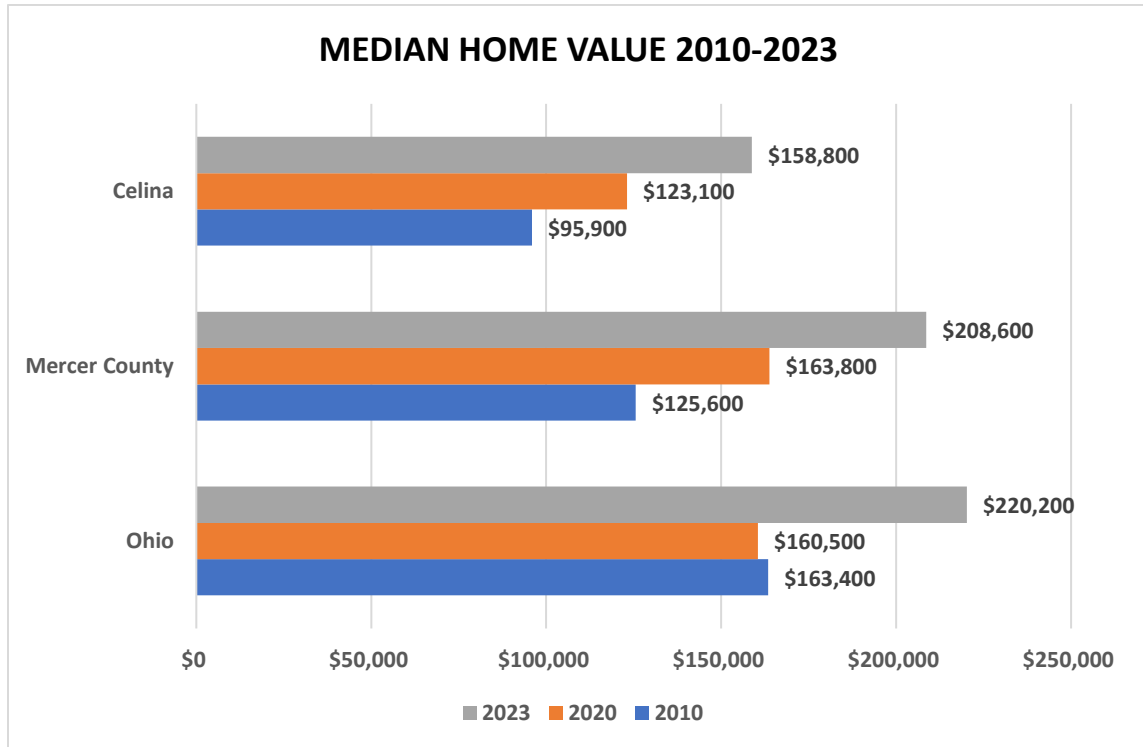
CHANGE IN MINORITY POPULATION BY TOWNSHIP 2020-2023



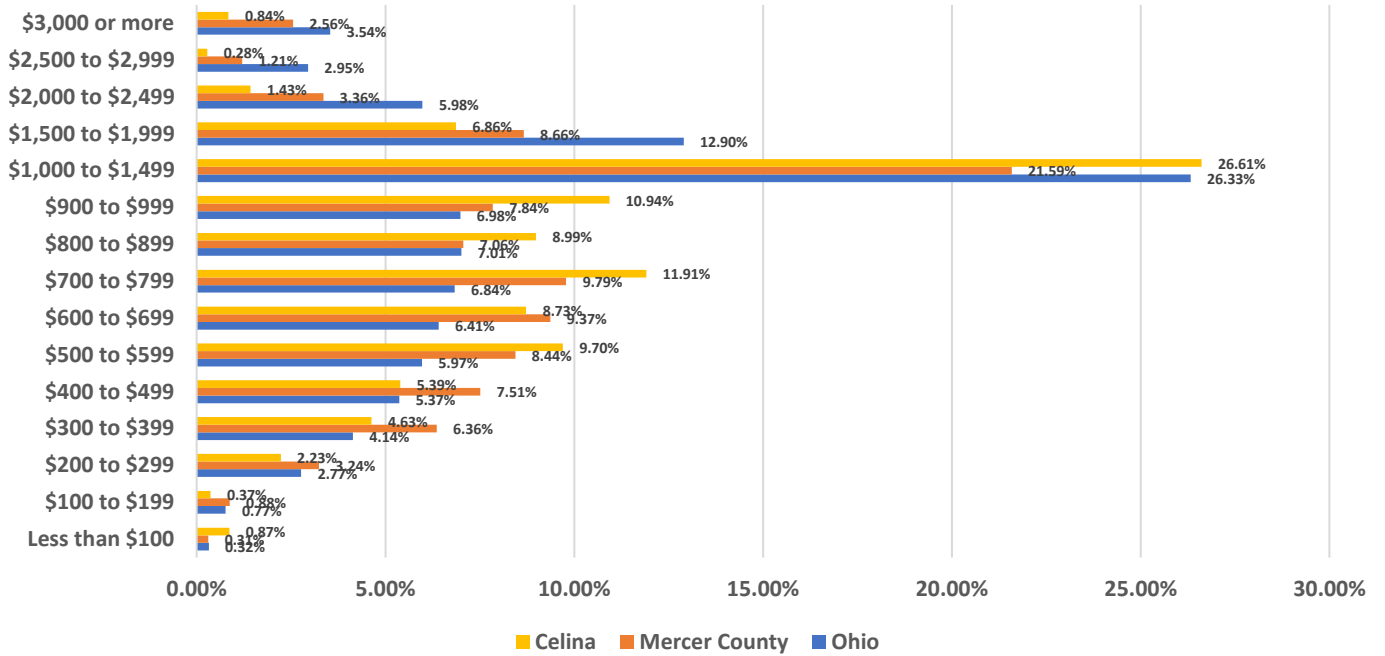
EDUCATIONAL ATTAINMENT



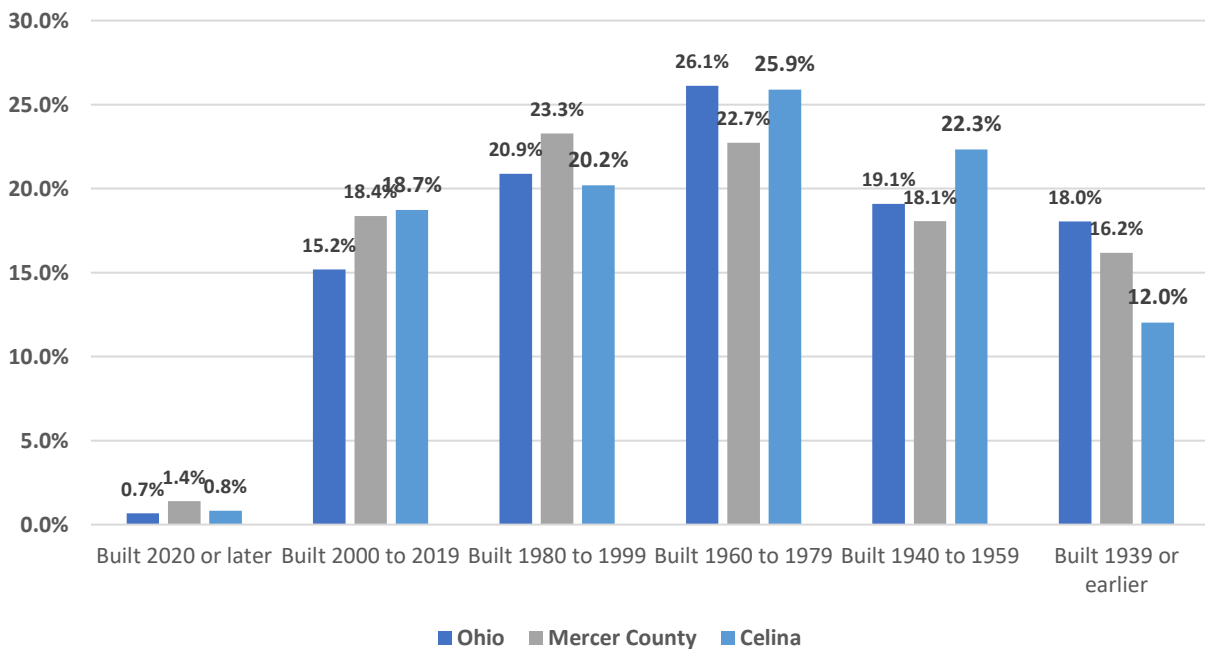
Appendix B



MONTHLY HOUSING COSTS OF OCCUPIED HOUSING UNITS



AGE OF HOUSING STOCK



APPENDIX C

Building Name	District IRN	District Name	County	Achievement Component Star Rating	Performance Index Percent 2023-2024	Performance Index Score 2023-2024	Maximum Building Performance Index Score 2023-2024	Percent of Students Not Tested	Percent of Students Limited	Percent of Students Basic	Percent of Students Proficient	Percent of Students Accomplished	Percent of Students Advanced	Percent of Students Advanced Plus	Performance Index Score 2022-2023	Performance Index Score 2021-2022
Celina Middle School	43729	Celina City	Mercer	3 Stars	77.5	85.6	110.5	0.2	18.7	15.8	28.8	22.3	12.3	1.9	86.5	81.8
Celina High School	43729	Celina City	Mercer	3 Stars	74.8	82.7	110.5	1.6	19.3	17.7	27.3	19.6	14.2	0.3	76.8	82
Coldwater High School	45310	Coldwater Exempted Village	Mercer	5 Stars	90.1	99.6	110.5	0	6.8	9.1	32.8	25.4	23.5	2.4	95	98.1
Fort Recovery Middle School	48595	Fort Recovery Local	Mercer	4 Stars	89.6	98.9	110.5	0.7	7.1	11.7	22.7	26.5	27.9	3.4	103.2	103
Celina Primary School	43729	Celina City	Mercer	NR	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC
Fort Recovery High School	48595	Fort Recovery Local	Mercer	5 Stars	94.6	104.5	110.5	0	1.8	8.3	33.8	24.4	29.2	2.5	100.7	100.9
Marion Local Elementary School	48553	Marion Local	Mercer	5 Stars	101.4	112.1	110.5	0	2	3.7	10.8	21.2	58.9	3.4	111.8	109.9
Marion Local High School	48553	Marion Local	Mercer	5 Stars	99.7	110.1	110.5	0.5	0	3.6	22.9	30.4	37.4	5.2	108.3	102.7
Parkway Middle School	48579	Parkway Local	Mercer	4 Stars	82.2	90.8	110.5	0	13.8	16.7	22	25.8	19.6	2.1	95.3	94.6
Parkway High School	48579	Parkway Local	Mercer	4 Stars	82.9	91.6	110.5	0	12.5	16.2	28.7	19.3	21.4	2	90.8	88.6
St Henry Elementary School	48587	St Henry Consolidated Local	Mercer	5 Stars	101.6	112.2	110.5	0	1.8	3.3	10.6	20.4	63.9	0	112.3	106
St Henry Middle School	48587	St Henry Consolidated Local	Mercer	5 Stars	94.6	104.5	110.5	0	4.1	8.9	19.1	29.8	35.4	2.7	106.9	107.2
St Henry High School	48587	St Henry Consolidated Local	Mercer	5 Stars	92.9	102.7	110.5	0	5.2	8.6	27.2	21.4	36.3	1.3	102.6	99.5
Fort Recovery Elementary School	48595	Fort Recovery Local	Mercer	5 Stars	94.1	103.9	110.5	0	6	7.5	18.1	25.2	43.2	0	102.9	104.3
Celina Elementary School	43729	Celina City	Mercer	4 Stars	84.5	93.3	110.5	0	11.8	14.1	25.4	25.4	23.2	0	91.7	90.5
Coldwater Elementary School	45310	Coldwater Exempted Village	Mercer	5 Stars	94.6	104.5	110.5	0	5.8	6.9	15.9	29.4	42.1	0	102.6	98.4
Parkway Elementary School	48579	Parkway Local	Mercer	4 Stars	88.4	97.7	110.5	0	11.1	10.4	19.2	22.2	37	0	94.9	92.5
Coldwater Middle School	45310	Coldwater Exempted Village	Mercer	4 Stars	89	98.3	110.5	0	7.5	13.1	22.8	27.9	25.9	2.8	100.6	99.7
Celina Intermediate Elementary School	43729	Celina City	Mercer	4 Stars	83.9	92.7	110.5	0	12.1	14.9	24.4	25.5	23.1	0	92.3	88.8

FY 2024 CSBG Annual Report

Module 4, Section C: All Characteristics Report - Data Entry Form

Goal 1: Individuals and Families with low-incomes are stable and achieve economic security.

Name of CSBG Eligible Entity Reporting:	West Ohio Community Action Partnership		
State:	Ohio	UEI:	MLR3QAZB4MQ6

A. Total unduplicated number of all INDIVIDUALS about whom one or more characteristics were obtained:	10,031
B. Total unduplicated number of all HOUSEHOLDS about whom one or more characteristics were obtained:	4,680

C. INDIVIDUAL LEVEL CHARACTERISTICS

1. Sex	Number of Individuals
a. Male	4133
b. Female	5882
c. TOTAL (auto calculated)	10015

6. Ethnicity/Race	Number of Individuals
a. Ethnicity	
a.1. Hispanic, Latino or Spanish Origins	100
a.2. Not Hispanic, Latino or Spanish Origins	5750
a.3. Unknown/not reported	4181
a.4. TOTAL (auto calculated)	10031

Section C.6a Status

2. Age	Number of Individuals
a. 0-5	1289
b. 6-13	1756
c. 14-17	815
d. 18-24	726
e. 25-44	2283
f. 45-54	826
g. 55-59	466
h. 60-64	570
i. 65-74	850
j. 75+	450
k. Unknown/not reported	
l. TOTAL (auto calculated)	10031

b. Race	
b.1. American Indian or Alaska Native	35
b.2. Asian	53
b.3. Black or African American	2702
b.4. Native Hawaiian and Other Pacific Islander	194
b.5. White	6537
b.6. Other	408
b.7. Multi-race (two or more of the above)	22
b.8. Unknown/not reported	80
b.9. TOTAL (auto calculated)	10031

Section C.6b Status

Section C.2 Status

3. Education Levels	Number of Individuals	
	[ages 14-24]	[ages 25+]
a. Grades 0-8	577	93
b. Grades 9-12/Non-Graduate	558	1034
c. High School Graduate	250	3162
d. GED/Equivalency Diploma		
e. 12 grade + Some Post-Secondary	24	678
f. 2 or 4 years College Graduate	2	372
g. Graduate of other post-secondary school		21
h. Unknown/not reported	130	85
i. TOTAL (auto calculated)	1541	5445

7. Military Status	Number of Individuals
a. Veteran	21
b. Active Military	147
c. Never Served in the Military	
d. Unknown/not reported	9863
e. TOTAL (auto calculated)	10031

Section C.7 Status

TOTAL NUMBER OF INDIVIDUALS REPORTING MILITARY STATUS IS GREATER THAN INDIVIDUALS REPORTED AS 18+ (SUM OF C.2d THROUGH C.2j)

Section C.3 Status

8. Work Status (Individuals 18+)	Number of Individuals
a. Employed Full-Time	850
b. Employed Part-Time	570
c. Migrant or Seasonal Farm Worker	
d. Unemployed (Short-Term, 6 months or less)	523
e. Unemployed (Long-Term, more than 6 months)	819
f. Unemployed (Not in Labor Force)	2489
g. Retired	565
h. Unknown/not reported	355
i. Total (autocalculated)	6171

S. Health	Number of Individuals		
	Yes	No	Unknown
a. Disabling Condition	2194	7838	
b. Health Insurance*	9181	538	312

*If an individual reported that they had Health Insurance please identify the source of health insurance below.

Health Insurance Sources

c.1. Medicaid	7452
c.2. Medicare	1349
c.3. State Children's Health Insurance Program	
c.4. State Health Insurance for Adults	1
c.5. Military Health Care	
c.6. Direct-Purchase	20
c.7. Employment Based	359
c.8. Unknown/not reported	850
c.9. TOTAL (auto calculated)	10031

Section C.5 Status

ERROR: SUM OF INDIVIDUALS REPORTED IN DISABLING CONDITION C.5a DATA FIELDS CANNOT BE GREATER THAN THE TOTAL UNDUPLICATED NUMBER OF ALL INDIVIDUALS (ITEM A)

D. HOUSEHOLD LEVEL CHARACTERISTICS

9. Household Type	Number of Households
a. Single Person	2363
b. Two Adults NO Children	304
c. Single Parent Female	1176
d. Single Parent Male	188
e. Two Parent Household	368
f. Non-related Adults with Children	
g. Multigenerational Household	
h. Other	49
i. Unknown/not reported	232
j. TOTAL (auto calculated)	4680

Section D.9 Status

10. Household Size	Number of Households
a. Single Person	2363
b. Two	914
c. Three	560
d. Four	398
e. Five	252
f. Six or more	193
g. Unknown/not reported	
h. TOTAL (auto calculated)	4680

Section D.10 Status

11. Housing	Number of Households
a. Own	400
b. Rent	896
c. Other permanent housing	1
d. Homeless	18
e. Other	156
f. Unknown/not reported	3209
g. TOTAL (auto calculated)	4680

13. Sources of Household Income	Number of Households
a. Income from Employment Only	232
b. Income from Employment and Other Income Source	19
c. Income from Employment, Other Income Source, and Non-Cash Benefits	50
d. Income from Employment and Non-Cash Benefits	315
e. Other Income Source Only	80
f. Other Income Source and Non-Cash Benefits	230
g. No Income	361
h. Non-Cash Benefits Only	66
i. Unknown/not reported	3327
j. TOTAL (auto calculated)	4680

Section D.13 Status

Below, please report the types of Other income and/or non-cash benefits received by the households who reported sources other than employment

14. Other Income Source	Number of Households
a. TANF	1
b. Supplemental Security Income (SSI)	194
c. Social Security Disability Income (SSDI)	29
d. VA Service-Connected Disability Compensation	
e. VA Non-Service Connected Disability Pension	
f. Private Disability Insurance	
g. Worker's Compensation	1
h. Retirement Income from Social Security	185
i. Pension	28
j. Child Support	13
k. Alimony or other Spousal Support	
l. Unemployment Insurance	16
m. EITC	
n. Other	109
o. Unknown/not reported	

Section D.14 Status

12. Level of Household Income	Number of Households
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(% of HHS Guideline)

a. Up to 50%	1532
b. 51% to 75%	872
c. 76% to 100%	915
d. 101% to 125%	622
e. 126% to 150%	484

f. 151% to 175%	227
g. 176% to 200%	19
h. 201% to 250%	5
i. 251% and over	4
j. Unknown/not reported	
k. TOTAL (auto calculated)	4680

15. Non-Cash Benefits	Number of Households
-----------------------	----------------------

a. SNAP	2837
b. WIC	217
c. LIHEAP	
d. Housing Choice Voucher	454
e. Public Housing	28
f. Permanent Supportive Housing	5
g. HUD-VASH	91
h. Childcare Voucher	12

i. Affordable Care Act Subsidy	12
j. Other	68
k. Unknown/not reported	

Section D.15 Status

NO ITEM IN NON CASH BENEFITS (SECTION 15) CAN BE GREATER THAN THE SUM OF D.13c, D.13d, D.13h, and D.13h.

Linkages with Local Community Providers Chart

Non-Profit

Name of Provider	Services	Agreement	Contact
ABATE of Ohio	Health & Nutrition	Collaboration, Seal Christmas	Dana Frost, Director of Allen Co. 419-230-4969
Activate Allen County	Health Education, Nutrition Provider, Advisory, Smoking Cessation, Breastfeeding, Weight Management	Collaboration	Josh Unterbrink, Co-Director junterbrink@activateallencounty.com Kayla Monfort, Co-Director kmonfort@activateallencounty.com
Allen County Public Library	Resource	Collaboration	Arin Burton burtona@limalibrary.com 567-284-3290
Allen County Family and Children First Council	Early Childhood Conference, Inter-Systems, HMG Core, Family Support	Collaboration	Carole Enneking cenneking@allencountyohio.com
Allen County Veteran's Commission	Homelessness & Veteran	Referral	Tamara Wilson twilson@allencountyohio.org
Altrusa	Head Start Volunteer	Collaboration	
Auglaize County Crisis Center	Women's Domestic Violence Shelter	Referral	419-738-5511
Auglaize County Family & Children First Council	Family Support	Council Member/Collaboration	Jennifer Free jfree@auglaizeesc.org
Auglaize County Public Library		Collaboration/Referral	419-738-2921
Changing Seasons	Day Shelter	Referral	Pam Bricker pam.bricker@colemanservices.org Maha Zeherey maha.zeherey@colemanservices.org
Crossroads Crisis Center	Domestic Violence Shelter	Collaboration	Christel Keller 419-228-4357
Family Promise	Shelter	Collaboration	Hellen Douglas-Executive Director
Guiding Light	Teen Pregnancy/Shelter	Referral	Julianne Burk juliannef97@gmail.com
Lima Rescue Mission	Shelter	Collaboration	Chuck Ferguson 419-224-6961 cferguson@limamission.org

Linkages with Local Community Providers Chart

Lima Samaritan House	Shelter	Collaboration	Brandy Schroeder blschroeder@embarqmail.com
Mercer County Library	Resource	Collaboration/Referral	419-586-4442
Neighborhood Relief Thrift Store	Clothing, Small Appliances, Household Items	Referral	419-999-4483
Our Daily Bread	Homelessness	Referral	odbread@wcoil.com 419-224-2086
Our Home Family Resource Center	Social Services	Collaboration/Referral	Kevin Draiss kdraiss@ourhomefrfc.com 419-586-4663 Ext. 1100
Patriots Place	Shelter, Food , Case Management	Collaboration/Referral	Bobbie Nevarez mzbobbiesue@yahoo.com
Resting Place	Shelter ran by Guiding Light	Collaboration/Referral	Julianne Burke julianne97@gmail.com
Restoration House of Lima, LLC	Shelter	Collaboration/Referral	Bobbie Nevarez mzbobbiesue@yahoo.com
Restore/Habitat for Humanity	Financial Literacy	Collaboration, Referral	419-222-4257 benji@restorelima.org
Salvation Army	Food, Utility, Rent Assistance	Referral	
St. Vincent De Paul	Food, Clothing, Rent, Utilities Thrift Store/Food Pantry	Referral	419-224-2419
United Way of Auglaize County		Collaboration, Referral	419-739-7717
United Way of Greater Lima	Kindergarten Readiness, Youth, Transportation, Self-Sufficiency, FEMA	Collaboration, Contract	uw@unitedwaylima.org Natasha Kaufman nkaufman@unitedwaylima.org
West Central Ohio Food Bank	Food	Referral	Westohiofoodbank.org 419-222-7946

Faith Based

Name of Provider	Services	Agreement	Contact
AGAPE Ministries, Inc		Collaborative/Referral	Patti Hamilton, Director agape@bright.net 419-394-8700
Mercy Unlimited		Collaboration/Referral	Bernadine Rhodes mercy@bright.net 419-738-3161
C.A.L.L. Ministries	Food bank/pantry/work for program	Referral	callfoodpantry@gmail.com

Linkages with Local Community Providers Chart

Local Government

Name of Provider	Services	Agreement	Contact
Allen County Department of Job & Family Services	Food Stamps, Medical Card, CHIP, Child Care Assistance, Financial Assistance, Mutual Self-Sufficiency	Collaborative, Referral	Jessie Doyle Jessie.doyle@jfs.ohio.gov
Allen County Commissioners	Fair Housing	Contracts	commissioners@allencountyohio.com
Allen County Regional Planning Commission	Staff Advisory	Collaboration	Tara Reynolds-Bales
Auglaize County Department of Job & Family Services	Food Stamps, Medical Card, CHIP, Child Care Assistance, Financial Assistance, Mutual Self-Sufficiency	Collaborative, Referral	Julie Gossard Julie.gossard@jfs.ohio.gov
Auglaize County Ohio Means Jobs	Employment	Referral	Terra Wessel Terra.wessel@jfs.ohio.gov
City of Lima	Homeownership, Financial Literacy, Fair Housing	Contract	Carmillia Zion Carmillia.zion@cityhall.lima.oh.us
Lima Municipal Court	Community Service	Agreement (Evictions)	
Mercer County Commissioners	CHIP, Repair Rehab, Fair Housing	Contract	renee.muhenkamp@mercercountyohio.org
Mercer County Department of Job & Family Services	PRC, Cash, Medicaid, Food Stamps	Collaboration	Elizabeth Linderle
Veterans Service Commission		Referral	

State Government

Name of Provider	Services	Agreement	Contact
Homelessness Region 12			
Ohio Department of Development	Welcome Home Ohio Program	Contract	Lydia Mahlik

Federal Government

Name of Provider	Services	Agreement	Contact
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Linkages with Local Community Providers Chart

Head Start Parent Ambassadors	Advocate for Head Start at the local level and where possible the state and national level		Amanda Yancey yancey@ohsai.org
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For-Profit Business or Corporation

Name of Provider	Services	Agreement	Contact
Dominion Foundation	Financial Literacy, Seal Christmas	Donor	Peggy Ehora Ben Kroleck
Honda	Health & Nutrition	Collaboration, Seal Christmas	
Humana	Health & Nutrition	Collaboration, Seal Christmas	Felicia Williams
Cenovus Refinery	Health & Nutrition, Housing, Donor (Lead Abatement)	Collaboration, Seal Christmas	Heather Rutz
IBEW	Donor	Collaboration	
Logan Construction	Housing	Contract	Bo Krouse
Procter & Gamble	Health & Nutrition	Collaboration, Seal Christmas	Elaine Swope
Allied Environmental	Housing	Contract	

Consortiums Collaboration

Name of Provider	Services	Agreement	Contact
Ohio Lead Free Kid's Coalition		Collaboration	
Regional Transit Authority	Transportation – Bus passes		Brian Wildermuth/Karen Garland 419-222-5756
Auglaize County Suicide Prevention Coalition			Kris Keller

Housing Consortiums/Collaboration

Name of Provider	Services	Agreement	Contact
Allen MET Housing	Housing	Referral	Anna Schnippel anna_schnippel@allenmha.com
Balance of State COC	Homeless Prevention & Rapid Rehousing	Collaboration, Staff on Board	Kim Bruns
Housing Task Force	Housing	Collaboration	Doug Olsson
Lima City Schools	Homelessness	Referral	Sarah Bowsher sbowsher@limacityschools.org
Mental Health & Recovery Services Board	Housing	Contract	Tammie tammie@mhrsb.org
Rotary of Lima	Homeless	Donor	

Linkages with Local Community Providers Chart

US Dept. of Housing & Urban Development (HUD)	Housing Counseling	Agreement	Beth Eilers
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School Districts

Name of Provider	Services	Agreement	Contact
Auglaize ESC	Youth	Collaboration	
Lima City Schools	GED	Exchange of Services, WOCAP Education Advisory	Laura Ball lball@limacityschools.org

Institutions of Post-Secondary Education/Training

Name of Provider	Services	Agreement	Contact
Apollo	GED, GRADS		
Bluffton University			
Northwest Ohio Literacy Council	Literacy Tutoring	Referral	Ken Blanchard kblanchard@limaliteracy.net
Ohio State University			
OSU Extension Allen County	Parenting Classes	Collaboration	
West Central Ohio Manufacturing Consortium	Work Skills Development	Education, Referral	Doug Durliat durliat.d@rhodesstate.edu

Financial/Banking Institutions

Name of Provider	Services	Agreement	Contact
Premier Bank	Homeownership	Collaboration	
Superior Federal Credit Union	Donor/Partner	Collaboration	Phil Buell pbuell@superiorfcu.com
State Bank			

Health Service Institutions

Name of Provider	Services	Agreement	Contact
Allen Co. Health Department	Referrals, Immunizations, Physicals, Infant Mortality Rate, CHA/CHIP, Homeless	Referral Source; Supplemental Staffing; Staff on Board; Contract for Service	Brandon Fischer Deb Roberts
Coleman Professional Services *Coleman Advisory Board	Referral, Partnership	Collaboration Staff on Advisory Board	Nelson Burns nelson.burns@colemanservices.org
Family Resource Center	Mental Health	Referral	
Foundations Behavioral Health Services	Referral Services/Transportation Partnership	Agreement	Brian Engle briane@wabash.bright.net

Linkages with Local Community Providers Chart

My Achievement Center	Mental Health Services for Head Start Children	Contract	
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Transportation

Name of Provider	Services	Agreement	Contact
AAA3	Referral Services	Contract	Donna Miller dmiller@psa3.org
Auglaize County Council on Aging	Referral Services	Agreement	Elsie McGlothen transportation@auglaizeseniorservices.com
Delphos Senior Citizens	Referral Services		
Mercer County Board of Developmental Disabilities			
Mercer County Council on Aging	Referral Services	Agreement	Sharon Callendar scallendar@mccoa.net
Regional Transit Authority	Fuel Contract	Contract	Brian Wildermuth/Karen Garland 419-222-5756

Head Start

Name of Provider	Services	Agreement	Contact
Allen Co. Board of Developmental Disabilities	Transition from EI to Preschool education or other services	Service Agreement Exchange of Services, PC Member, Board	Rachel Staley, Director of Intervention
Allen Co. Bright Beginnings (Help Me Grow)	Early Intervention, Referral, IFSP, Training, Transition from EI to Preschool	Service Agreement & Collaboration	Marianne Pohlman
Allen Co. Children Services	Protective & Investigative Services for abused and neglected children	Collaborative	
Allen ESC	Early Intervention, Referral, Training, Transition, IEP	MOU	Julia Yeagle
Allen East Schools	Early Intervention, Referral, Training, Transition, IEP	MOU	Amanda Fetter
Apollo Career Center	Early Childhood Development First Aid, Child Abuse & Neglect, Communicable Disease		Wendy Fannin Charlotte Howbert

Linkages with Local Community Providers Chart

Children's Resource Center-Bowling Green Ohio	Behavioral Health	Service Agreement	Kristen Junga
Delphos City Schools	Early Intervention, Referral, Training, Transition, IEP		Stephanie Braun
Family Resource Center	Behavioral Health	Service Agreement	
Harrod Event Center	HS	Facility Agreement	Mayor Tony Blake
Health Partners of Western Ohio	Physicals, immunizations, TB tests, lab work, referrals, dentals, mental health	Service Agreement	Lynne Adams ladams@hpwoohio.org
Jeanette Weaver	Interpretation Service	Service Agreement	Jeanette Weaver
Kingdom Daycare/In Faith Ministries	EHS/CC Partnership	Childcare Partnership	Kiara Moore kingdomdaycare1@gmail.com
Language & Tutoring Academy	Interpretation Service	Service Agreement	Lilia Jmial lilia@languagesandtutoringacademy.com
Lima City Schools -2	1. Food Service 2. EHS, Lima Senior & Unity 3. Early Intervention	1. Food Service Contract 2. Facility Agreement 3. Service Agreement	Carrie Woodruff Angela Miller
Lima Memorial Child Development Center	Early Intervention, Referral, Training, Transition, IFSP/IEP		Elisha Reineke
Lima Memorial Hospital	Speech, Hearing, Physical Therapy, Surgical, Emergency Care	Service Agreement	
Little Rascals Child Development Center	EHS/CC Partnership	Childcare Partnership	Kendra Johnson kencaredeeda@yahoo.com
Market Street Church	HS, Meeting Rooms	Facility Agreement	mssc@mspcia.org
OSU	AA with emphasis in Early Childhood Education, Student Placement Site	Exchange of Service, OSU Early Childhood Education Advisory, WOCAP Education Advisory	
OSU Extension Allen County	Provide nutrition support to staff, children and parents	Service Agreement, MOU	Mona Lisa Hoffman, SNAP-Ed Program Assistant hoffman.236@osu.edu
Rhodes-3 1. Rhodes State College 2. Rhodes State College, Early Childhood	1. Mental Health Services 2. Infant Toddler/Preschool CDA 3. HSAA/Family Service Credential	1. Service Agreement 2. Education Contract, Student Practicum, RSC Advisory Committee, WOCAP Education Advisory	4. Michael Trego trego.m1@rhodesstate.edu

Linkages with Local Community Providers Chart

3. Rhodes State College, Human Services Program		3. Staff Ed, Student Practicum	
Shawnee Weekday Early Learning Center	EHS/CC Partnership	Childcare Partnership	Cheryl Munson Cheryl@shawneeweekday.com Amber Collier amber@shawneeweekday.com
Smart Start Development and Learning Center	EHS/CCP	EHS Partnership	Theresa Henry
St. Matthew's Church	HS	Facility Agreement	Candy Stevely stmattoffice@midohio.twcbc.com
SAFY (Specialized Alternatives for Family & Youth)	Behavioral Health	Service Agreement	Heather Hatcher hatcherh@safy.org
Philippian Church	HS	Facility Agreement	Pastor LaMont Monford
St. Rita's Medical Center	Speech, Hearing, Physical Therapy, Surgical, Emergency Care, Homelessness	Service Agreement	
The Children's Place Learning Academy	EHS/CC Partnership	Childcare Partnership	Vivian Kelley viviannkids@yahoo.com
Trinity UM Center for Creative Childcare	EHS/CC Partnership	Childcare Partnership	Director, Christina Vorhes Assistant Director Deidra Lambert trinitycccc@gmail.com
WIC	Referrals, Joint Staff Training, Share Statistical, Medical and Eligibility Information as confidentiality policies permit	Service Agreement	
YW Child Care Connections	Referrals, Assistance with location child care partners and licensable space, Parent & Staff Training	Collaboration	Laura Longstreth, Administrative Assistant 419-225-5465 http://www.ywcanwo.org

Parent Groups

Name of Provider	Services	Agreement	Contact
WOCAP Education/Disability Advisory	Education services planning & group guidance	Minutes	Phyllis Montrose pmontrose@wocap.org
WOCAP Head Start Policy Council	Planning & Decision Making, Program Governance	Minutes	Theresa Wynn twynn@wocap.org

Linkages with Local Community Providers Chart

WOCAP Health Advisory	Health Services Planning & Group Guidance	Minutes	Nikita Arrick narrick@wocap.org
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Other

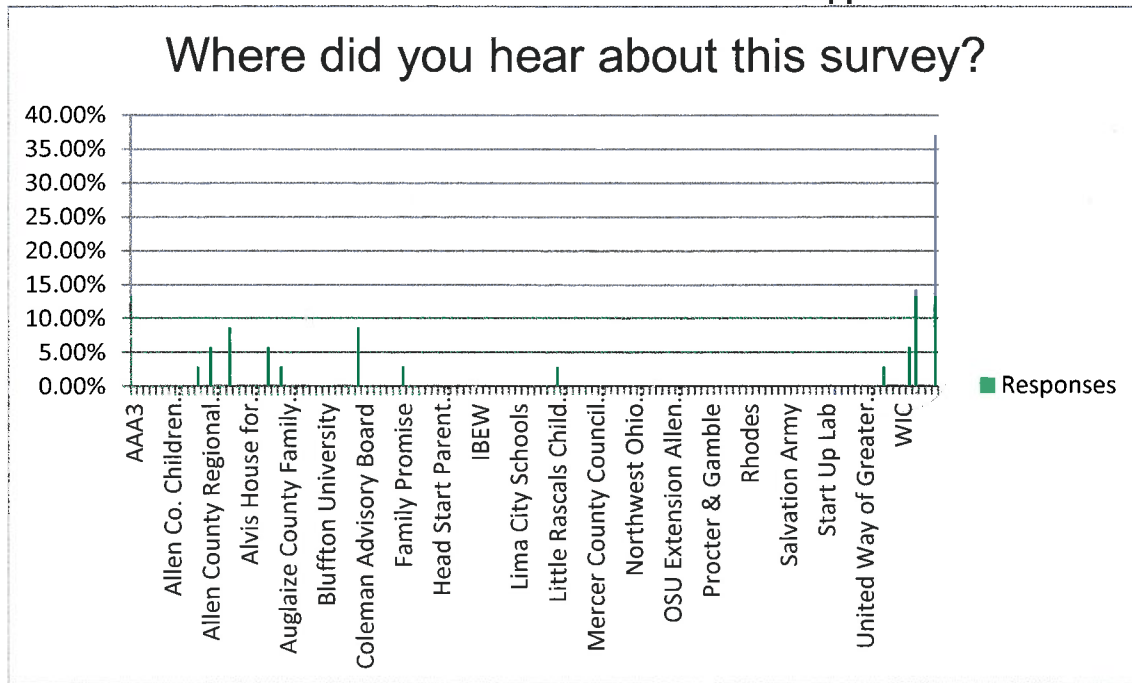
Name of Provider	Services	Agreement	Contact
W.O.R.T.H. Center	Parenting Classes	Agreement, Collaboration	
Start Up Lab		Small Business Partner	Jermaine Harper

ALVIS HOUSE FOR PARENTING PROGRAM

The following is a list of places from different sectors that garnered survey responses. It is in no way exhaustive of the places surveys were distributed. The list of Linkages is provided in the appendices.

SECTOR	Places and Responses	
Non Profit	Allen County Family and Children First Council	1
	Family Promise	1
Local Government	Lima-Allen County Regional Planning Commission	2
	Auglaize County Department of Job and Family Services	1
	City of Lima	3
Housing Consortiums/Collaboration	Allen MET Housing	3
Transportation	Auglaize County Council on Aging	2
Head Start	Little Rascals Child Development Center	1
Parent Groups	WOCAP Education/Disability Advisory	2
	WOCAP Head Start Policy Council	5

YW Child Care Connections	0.00%	0
Other (please specify)	37.14%	13
Answered		35
Skipped		20



Respondent ID	Response Date	Other (please specify)	Tags
118917090554	Jul 26 2025 07	Facebook	
118913103110	Jul 20 2025 08	Facebook	
118904497447	Jul 07 2025 09	Facebook	
118903821815	Jul 07 2025 02	Idk	
118897610095	Jun 27 2025 11	Facebook	
118896732050	Jun 26 2025 11	Wocap fb page	
118896218360	Jun 25 2025 01	Friend	
118894212911	Jun 23 2025 01	Website	
118891809367	Jun 19 2025 01	Facebook	

118883946283	Jun 09 2025 0: Lima Public Library
118881937109	Jun 06 2025 0: Facebook
118880800005	Jun 04 2025 0: Someone that works for you
118880125385	Jun 04 2025 0: Facebook

WOCAP Community Needs Assessment

Where did you hear about this survey?

Answer Choices	Responses	
AAA3	0.00%	0
ABATE of Ohio	0.00%	0
Activate Allen County	0.00%	0
AGAPE Ministries, Inc	0.00%	0
Allen Co. Board of Developmental Disabilities	0.00%	0
Allen Co. Bright Beginnings (Help Me Grow)	0.00%	0
Allen Co. Children Services	0.00%	0
Allen Co. Health Department	0.00%	0
Allen County Commissioners	0.00%	0
Allen County Department of Job & Family Services	0.00%	0
Allen County Family and Children First Council	2.86%	1
Allen County Public Library	0.00%	0
Allen County Regional Planning Commission	5.71%	2
Allen East Schools	0.00%	0
Allen ESC	0.00%	0
Allen MET Housing	8.57%	3
Allied Environmental	0.00%	0
Altrusa	0.00%	0
Alvis House for Parenting Program	0.00%	0
Apollo	0.00%	0
Apollo Career Center	0.00%	0
Auglaize County Council on Aging	5.71%	2
Auglaize County Crisis Center	0.00%	0
Auglaize County Department of Job & Family Services	2.86%	1
Auglaize County Family & Children First Council	0.00%	0
Auglaize County Ohio Means Jobs	0.00%	0
Auglaize County Public Library	0.00%	0
Auglaize County Suicide Prevention Coalition	0.00%	0

Auglaize ESC	0.00%	0
Balance of State COC	0.00%	0
Bluffton University	0.00%	0
C.A.L.L. Ministries	0.00%	0
Cenovus Refinery	0.00%	0
Changing Seasons	0.00%	0
Children's Resource Center- Bowling Green Ohio	0.00%	0
City of Lima	8.57%	3
Coleman Advisory Board	0.00%	0
Coleman Professional Services	0.00%	0
Crossroads Crisis Center	0.00%	0
Delphos City Schools	0.00%	0
Delphos Senior Citizens	0.00%	0
Dominion Foundation	0.00%	0
Family Promise	2.86%	1
Family Resource Center	0.00%	0
Family Resource Center	0.00%	0
Foundations Behavioral Health Services	0.00%	0
Guiding Light	0.00%	0
Harrod Event Center	0.00%	0
Head Start Parent Ambassadors	0.00%	0
Health Partners of Western Ohio	0.00%	0
Homelessness Region 12	0.00%	0
Honda	0.00%	0
Housing Task Force	0.00%	0
Humana	0.00%	0
IBEW	0.00%	0
Jeanette Weaver	0.00%	0
Kingdom Daycare/In Faith Ministries	0.00%	0
Language & Tutoring Academy	0.00%	0
Lima City Schools	0.00%	0
Lima City Schools	0.00%	0

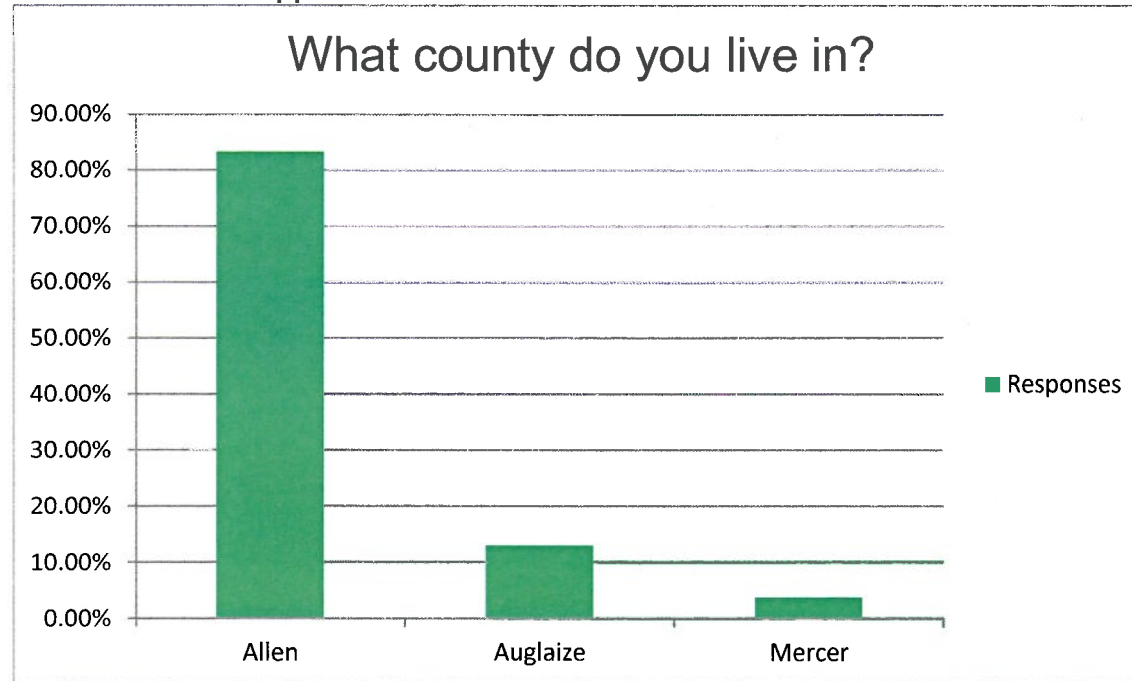
Lima City Schools	0.00%	0
Lima Memorial Child Development Center	0.00%	0
Lima Memorial Hospital	0.00%	0
Lima Municipal Court	0.00%	0
Lima Rescue Mission	0.00%	0
Lima Samaritan House	0.00%	0
Little Rascals Child Development Center	2.86%	1
Logan Construction	0.00%	0
Market Street Church	0.00%	0
Mental Health & Recovery Services Board	0.00%	0
Mercer County Board of Developmental Disabilities	0.00%	0
Mercer County Commissioners	0.00%	0
Mercer County Council on Aging	0.00%	0
Mercer County Department of Job & Family Services	0.00%	0
Mercer County Library	0.00%	0
Mercy Unlimited	0.00%	0
My Achievement Center	0.00%	0
Neighborhood Relief Thrift Store	0.00%	0
Northwest Ohio Literacy Council	0.00%	0
Ohio Department of Development	0.00%	0
Ohio Lead Free Kid's Coalition	0.00%	0
Ohio State University	0.00%	0
OSU	0.00%	0
OSU Extension Allen County	0.00%	0
OSU Extension Allen County	0.00%	0
Our Daily Bread	0.00%	0
Our Home Family Resource Center	0.00%	0
Patriots Place	0.00%	0
Philippian Church	0.00%	0
Premier Bank	0.00%	0
Procter & Gamble	0.00%	0
Regional Transit Authority	0.00%	0

Regional Transit Authority	0.00%	0
Resting Place	0.00%	0
Restoration House of Lima, LLC	0.00%	0
Restore/Habitat for Humanity	0.00%	0
Rhodes	0.00%	0
Rhodes State College	0.00%	0
Rhodes State College, Early Childhood	0.00%	0
Rhodes State College, Human Services Program	0.00%	0
Rotary of Lima	0.00%	0
SAFY (Specialized Alternatives for Family & Youth)	0.00%	0
Salvation Army	0.00%	0
Shawnee Weekday Early Learning Center	0.00%	0
Smart Start Development and Learning Center	0.00%	0
St. Matthew's Church	0.00%	0
St. Rita's Medical Center	0.00%	0
St. Vincent De Paul	0.00%	0
Start Up Lab	0.00%	0
State Bank	0.00%	0
Superior Federal Credit Union	0.00%	0
The Children's Place Learning Academy	0.00%	0
Trinity UM Center for Creative Childcare	0.00%	0
United Way of Auglaize County	0.00%	0
United Way of Greater Lima	0.00%	0
US Dept. of Housing & Urban Development (HUD)	0.00%	0
Veterans Service Commission	0.00%	0
W.O.R.T.H. Center	2.86%	1
West Central Ohio Food Bank	0.00%	0
West Central Ohio Manufacturing Consortium	0.00%	0
WIC	0.00%	0
WOCAP Education/Disability Advisory	5.71%	2
WOCAP Head Start Policy Council	14.29%	5
WOCAP Health Advisory	0.00%	0

WOCAP Community Needs Assessment

What county do you live in?

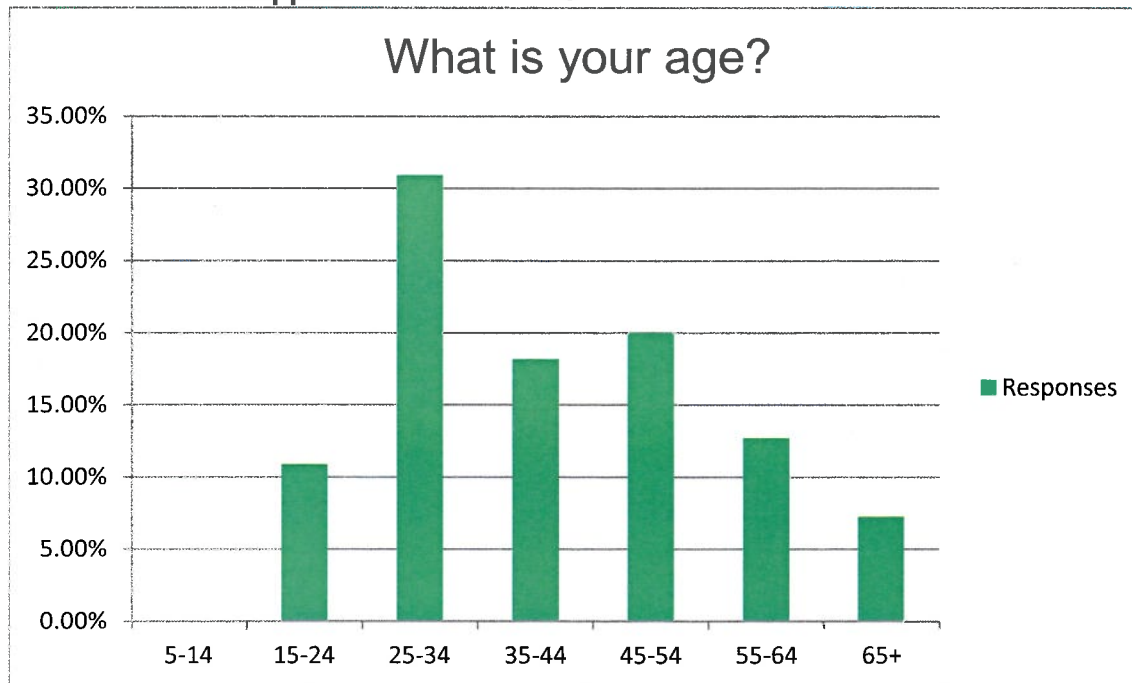
Answer Choices	Responses	
Allen	83.33%	45
Auglaize	12.96%	7
Mercer	3.70%	2
Answered		54
Skipped		1



WOCAP Community Needs Assessment

What is your age?

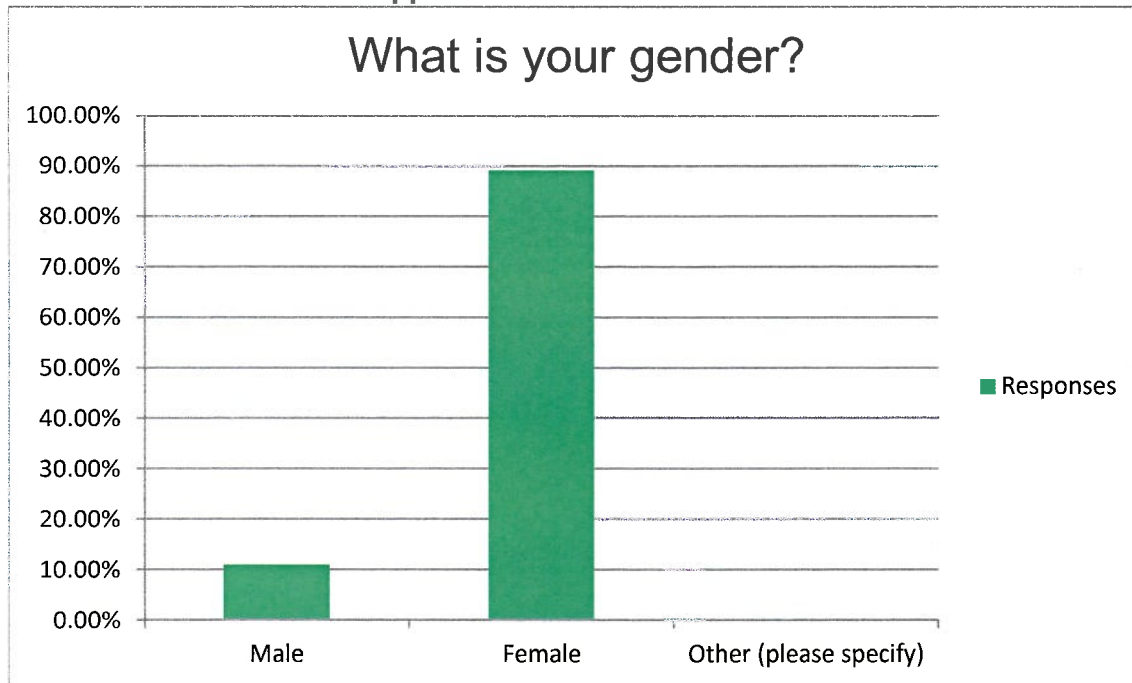
Answer Choices	Responses	
5-14	0.00%	0
15-24	10.91%	6
25-34	30.91%	17
35-44	18.18%	10
45-54	20.00%	11
55-64	12.73%	7
65+	7.27%	4
Answered		55
Skipped		0



WOCAP Community Needs Assessment

What is your gender?

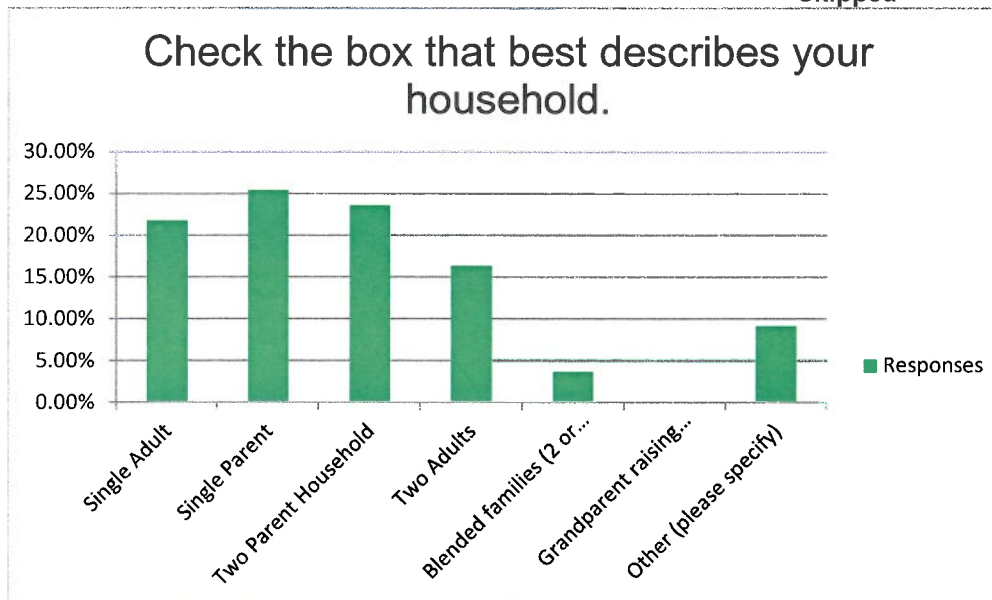
Answer Choices	Responses	
Male	10.91%	6
Female	89.09%	49
Other (please specify)	0.00%	0
Answered		55
Skipped		0



WOCAP Community Needs Assessment

Check the box that best describes your household.

Answer Choices	Responses	
Single Adult	21.82%	12
Single Parent	25.45%	14
Two Parent Household	23.64%	13
Two Adults	16.36%	9
Blended families (2 or more families in the same household)	3.64%	2
Grandparent raising grandchild(ren)	0.00%	0
Other (please specify)	9.09%	5
Answered		55
Skipped		0

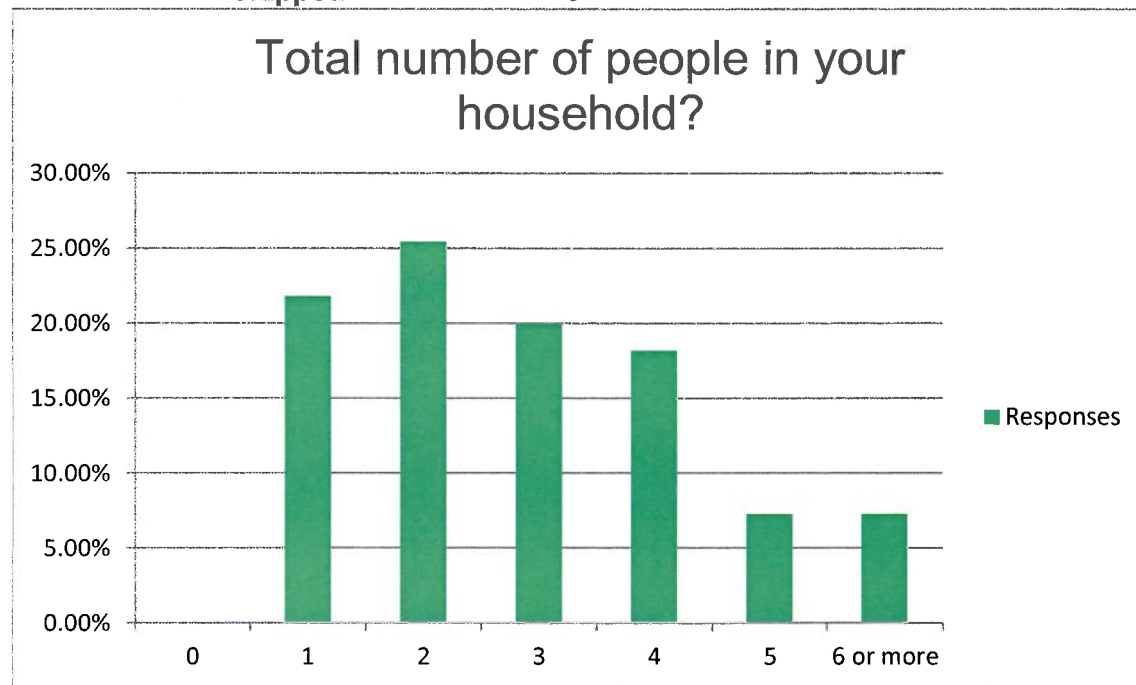


Respondent ID	Response Date	Other (please specify)	Tags
118917090554	Jul 26 2025	07 My two kids an i live with my mother j	
118898844152	Jun 29 2025	0 Husband incarcerated, 5 children home	
118897610095	Jun 27 2025	1 Homeless, couch surfing	
118883946283	Jun 09 2025	0 2 parents, 1 adult child	
118881937109	Jun 06 2025	0 Boyfriend is currently at the Alvis halfway house in Lima	

WOCAP Community Needs Assessment

Total number of people in your household?

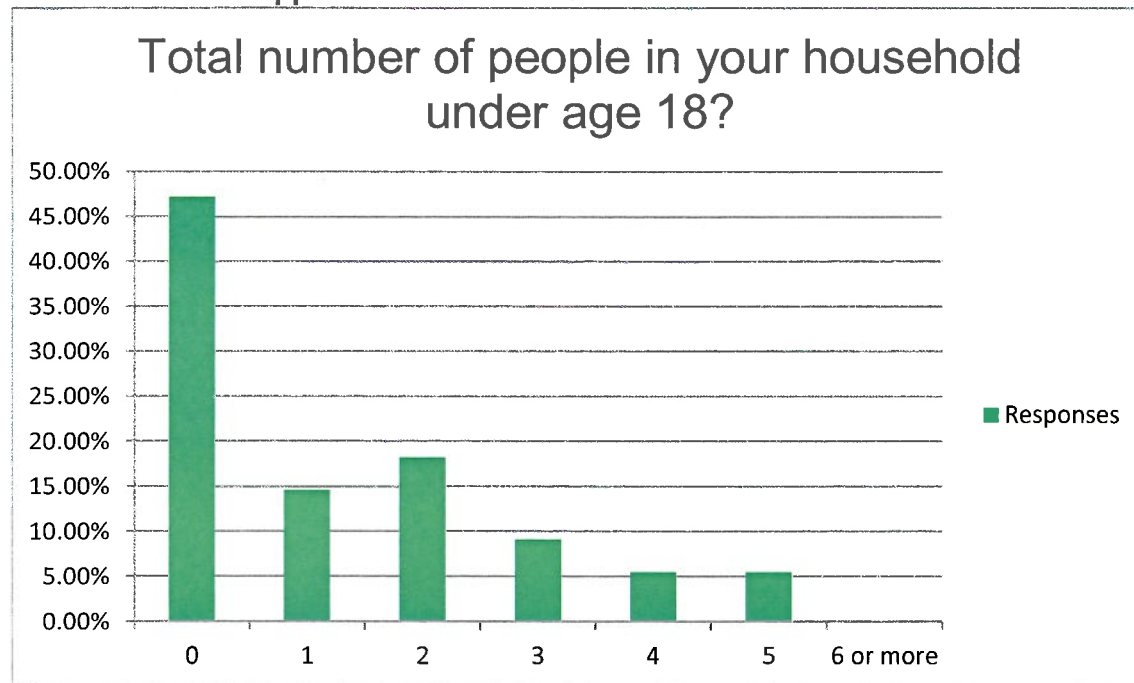
Answer Choices	Responses	
0	0.00%	0
1	21.82%	12
2	25.45%	14
3	20.00%	11
4	18.18%	10
5	7.27%	4
6 or more	7.27%	4
Answered		55
Skipped		0



WOCAP Community Needs Assessment

Total number of people in your household under age 18?

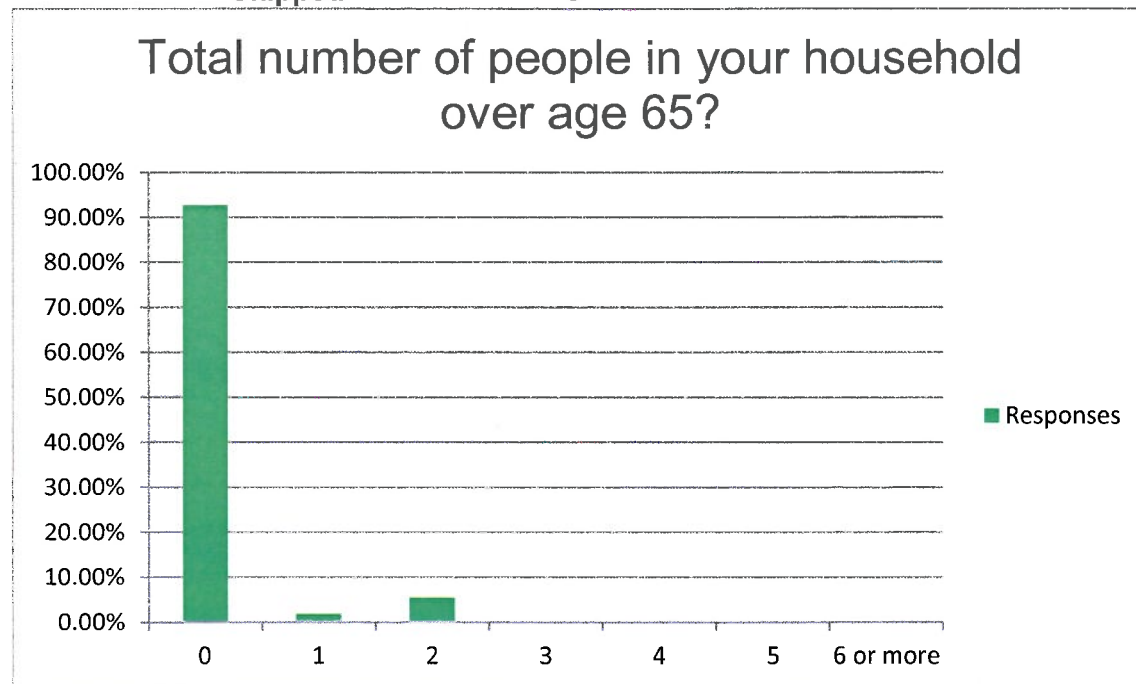
Answer Choices	Responses	
0	47.27%	26
1	14.55%	8
2	18.18%	10
3	9.09%	5
4	5.45%	3
5	5.45%	3
6 or more	0.00%	0
Answered		55
Skipped		0



WOCAP Community Needs Assessment

Total number of people in your household over age 65?

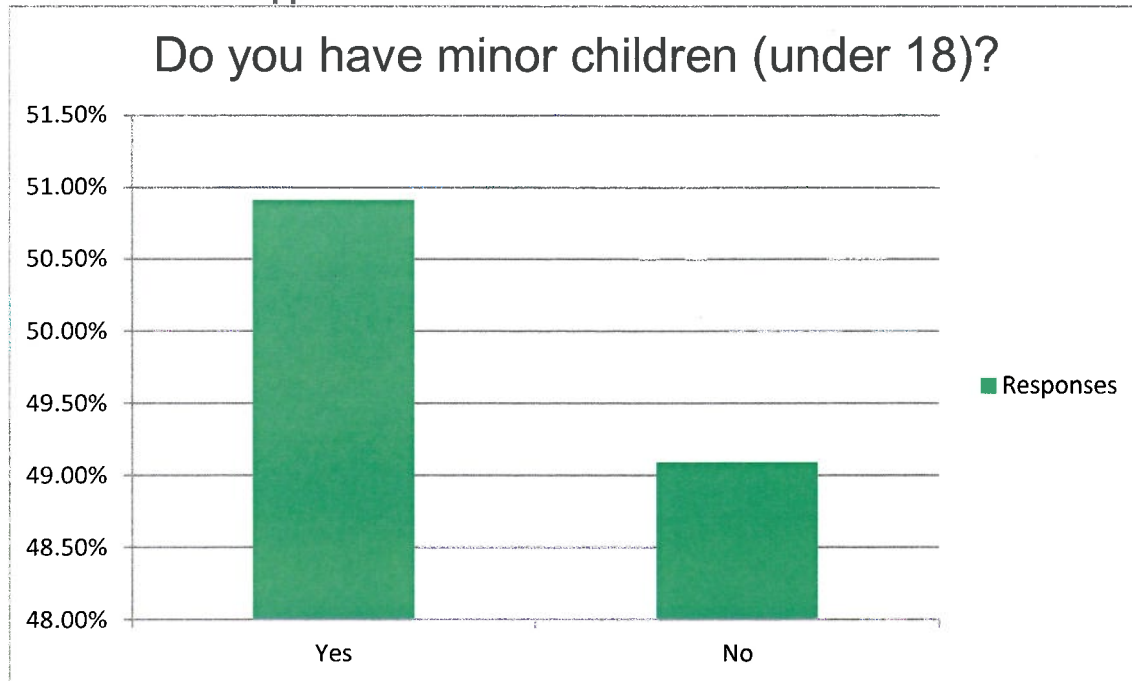
Answer Choices	Responses	
0	92.73%	51
1	1.82%	1
2	5.45%	3
3	0.00%	0
4	0.00%	0
5	0.00%	0
6 or more	0.00%	0
Answered		55
Skipped		0



WOCAP Community Needs Assessment

Do you have minor children (under 18)?

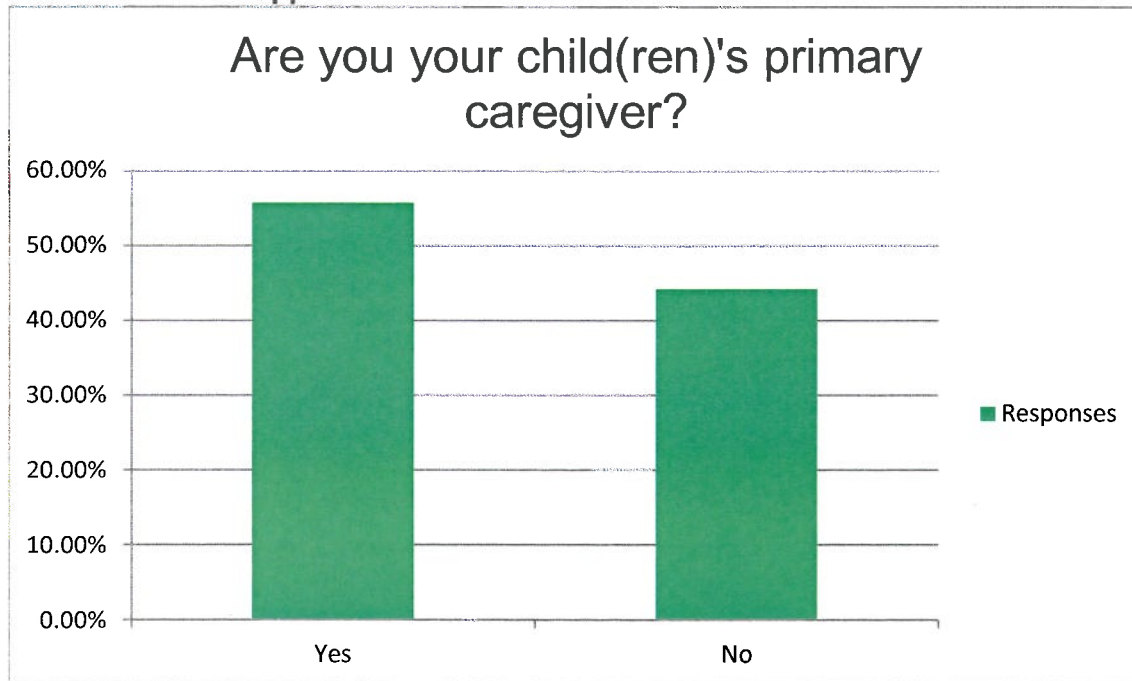
Answer Choices	Responses	
Yes	50.91%	28
No	49.09%	27
Answered		55
Skipped		0



WOCAP Community Needs Assessment

Are you your child(ren)'s primary caregiver?

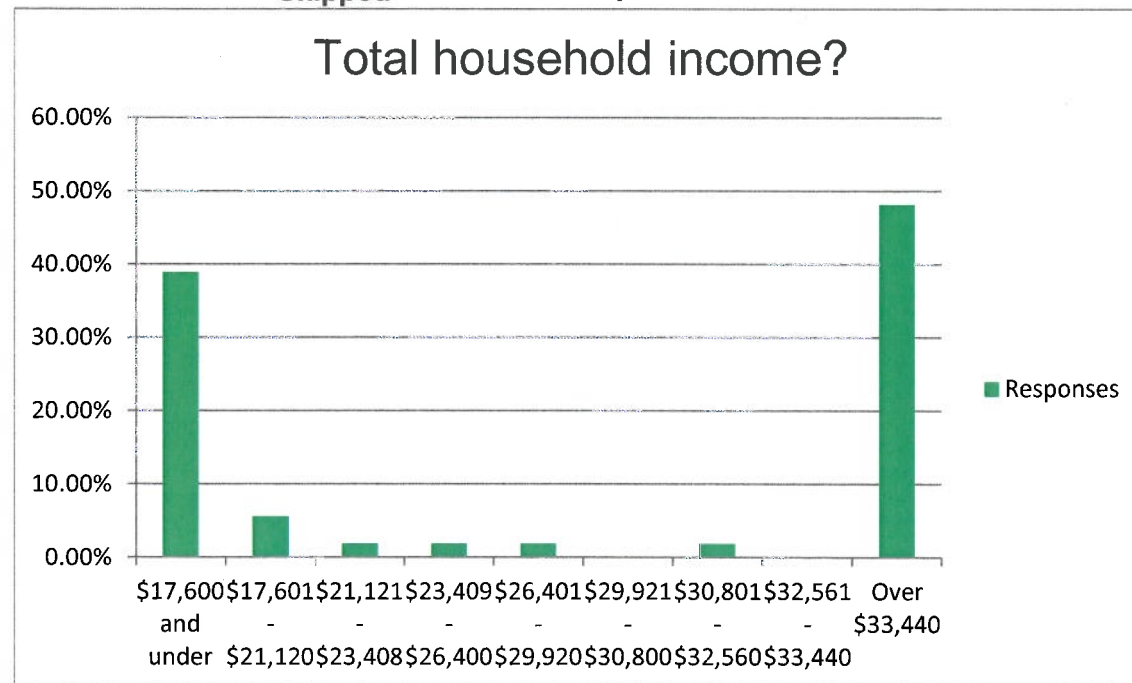
Answer Choices	Responses	
Yes	55.77%	29
No	44.23%	23
Answered		52
Skipped		3



WOCAP Community Needs Assessment

Total household income?

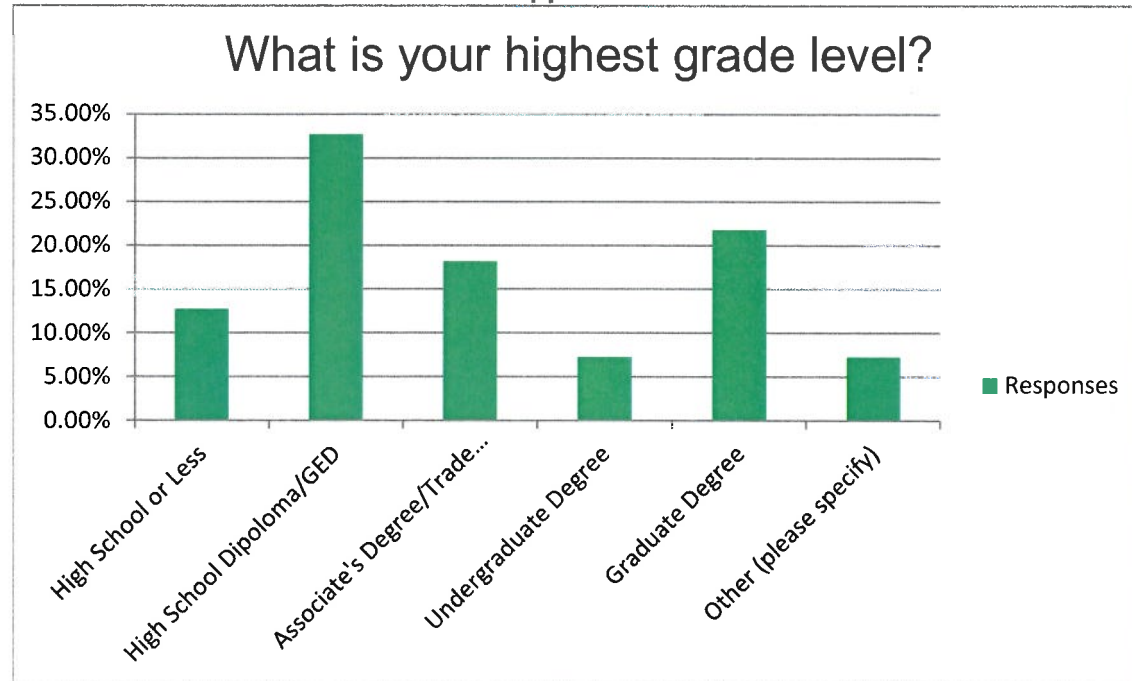
Answer Choices	Responses	
\$17,600 and under	38.89%	21
\$17,601 - \$21,120	5.56%	3
\$21,121 - \$23,408	1.85%	1
\$23,409 - \$26,400	1.85%	1
\$26,401 - \$29,920	1.85%	1
\$29,921 - \$30,800	0.00%	0
\$30,801 - \$32,560	1.85%	1
\$32,561 - \$33,440	0.00%	0
Over \$33,440	48.15%	26
Answered		54
Skipped		1



WOCAP Community Needs Assessment

What is your highest grade level?

Answer Choices	Responses	
High School or Less	12.73%	7
High School Dipoloma/GED	32.73%	18
Associate's Degree/Trade School	18.18%	10
Undergraduate Degree	7.27%	4
Graduate Degree	21.82%	12
Other (please specify)	7.27%	4
Answered		55
Skipped		0

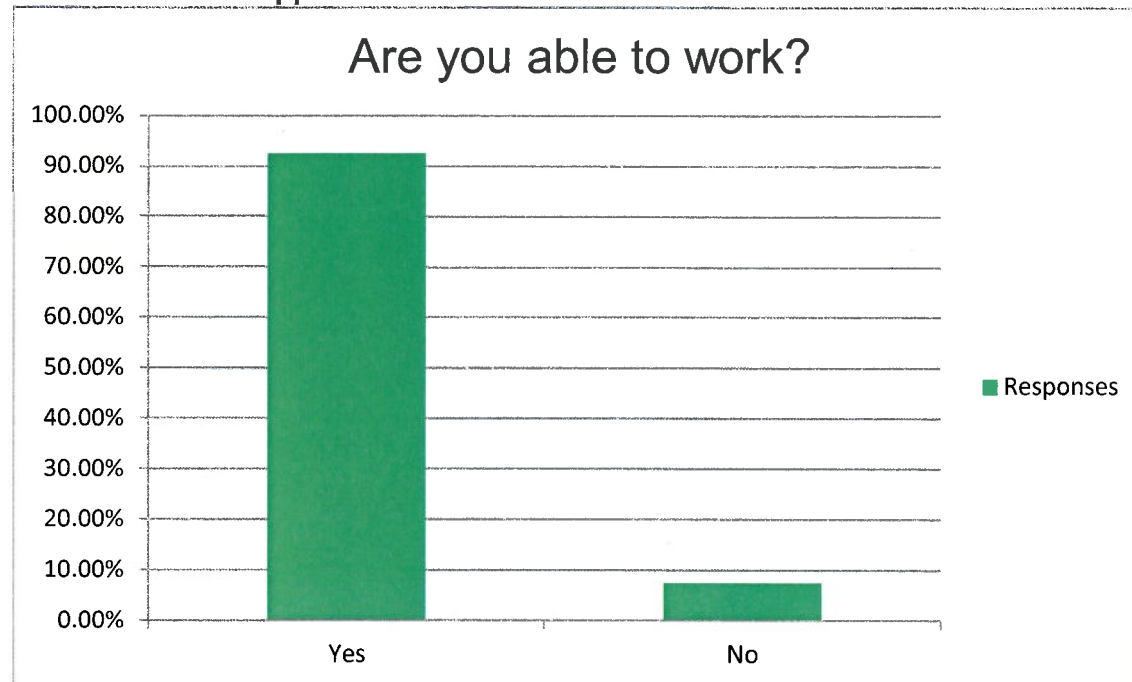


Respondent ID	Response Date	Other (please specify)	Tags
118908345831	Jul 13 2025 09	Currently Enrolled In College	
118884935097	Jun 10 2025 0	Bachelor's Degree	
118883892758	Jun 09 2025 0	Military Training	
118883849166	Jun 09 2025 0	some college	

WOCAP Community Needs Assessment

Are you able to work?

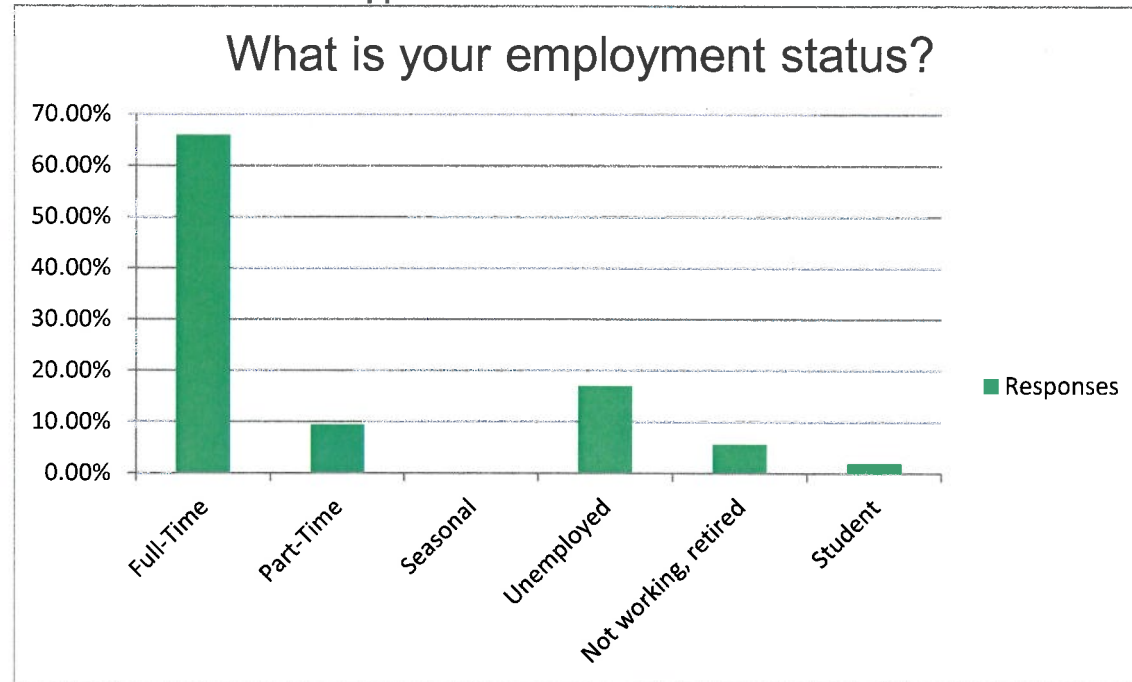
Answer Choices	Responses	
Yes	92.59%	50
No	7.41%	4
Answered		54
Skipped		1



WOCAP Community Needs Assessment

What is your employment status?

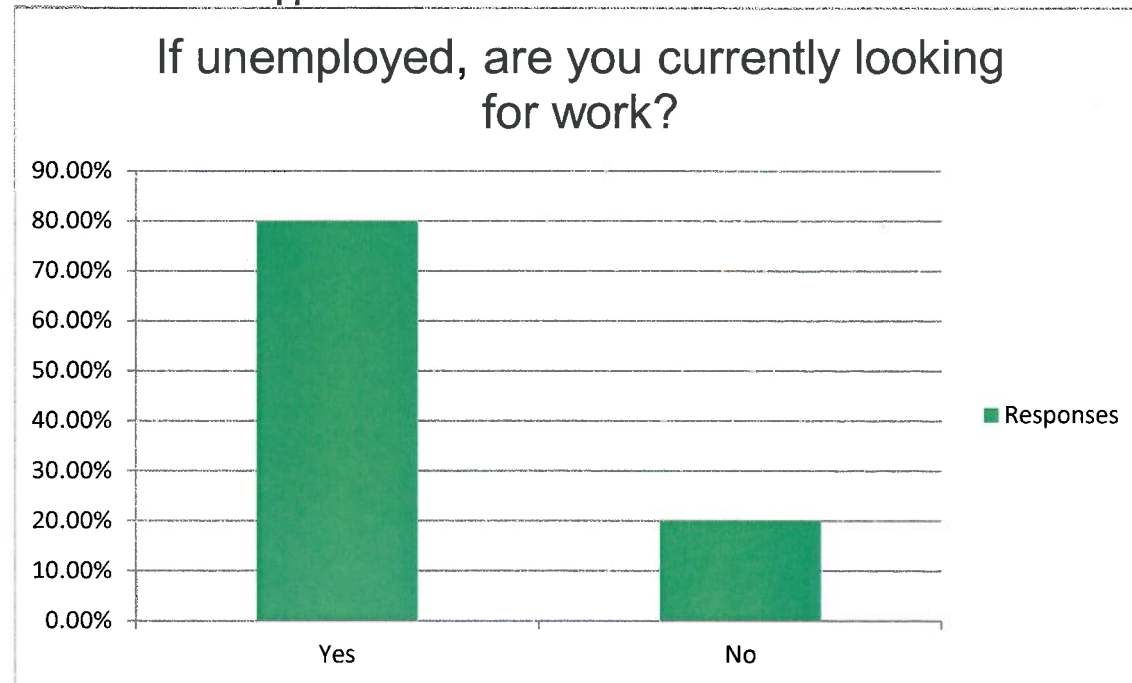
Answer Choices	Responses	
Full-Time	66.04%	35
Part-Time	9.43%	5
Seasonal	0.00%	0
Unemployed	16.98%	9
Not working, retired	5.66%	3
Student	1.89%	1
Answered		53
Skipped		2



WOCAP Community Needs Assessment

If unemployed, are you currently looking for work?

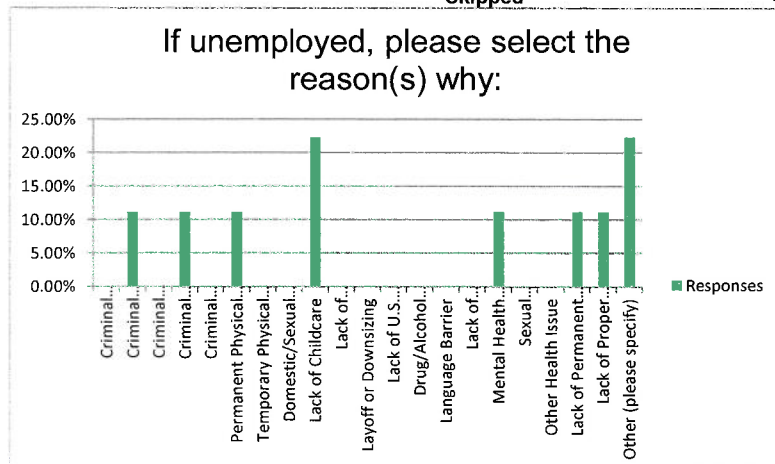
Answer Choices	Responses	
Yes	80.00%	8
No	20.00%	2
Answered		10
Skipped		45



WOCAP Community Needs Assessment

If unemployed, please select the reason(s) why:

Answer Choices	Responses	
Criminal Background: Awaiting Outcome	0.00%	0
Criminal Background: Felony	11.11%	1
Criminal Background: Misdemeanor	0.00%	0
Criminal Background: Deferred Adjudication	11.11%	1
Criminal Background: Probation	0.00%	0
Permanent Physical Disability	11.11%	1
Temporary Physical Disability	0.00%	0
Domestic/Sexual Violence Victim	0.00%	0
Lack of Childcare	22.22%	2
Lack of Transportation	0.00%	0
Layoff or Downsizing	0.00%	0
Lack of U.S. documents	0.00%	0
Drug/Alcohol Problems	0.00%	0
Language Barrier	0.00%	0
Lack of Skills/Education	0.00%	0
Mental Health Problems	11.11%	1
Sexual Orientation/Gender Identity	0.00%	0
Other Health Issue	0.00%	0
Lack of Permanent Address	11.11%	1
Lack of Proper Clothing	11.11%	1
Other (please specify)	22.22%	2
Answered		9
Skipped		46

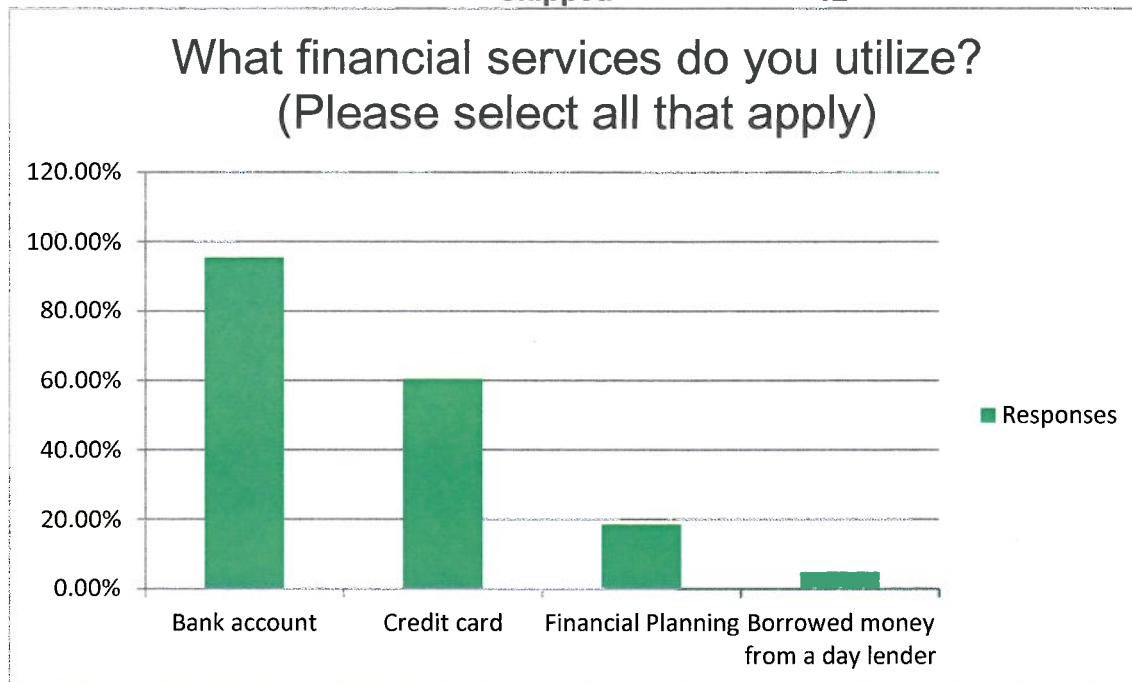


Respondent ID	Response Date	Other (please specify)	Tags
118908379748	Jul 13 2025	1(Need better opportunities	
118906032043	Jul 09 2025	0(Social Security income	

WOCAP Community Needs Assessment

What financial services do you utilize? (Please select all that apply)

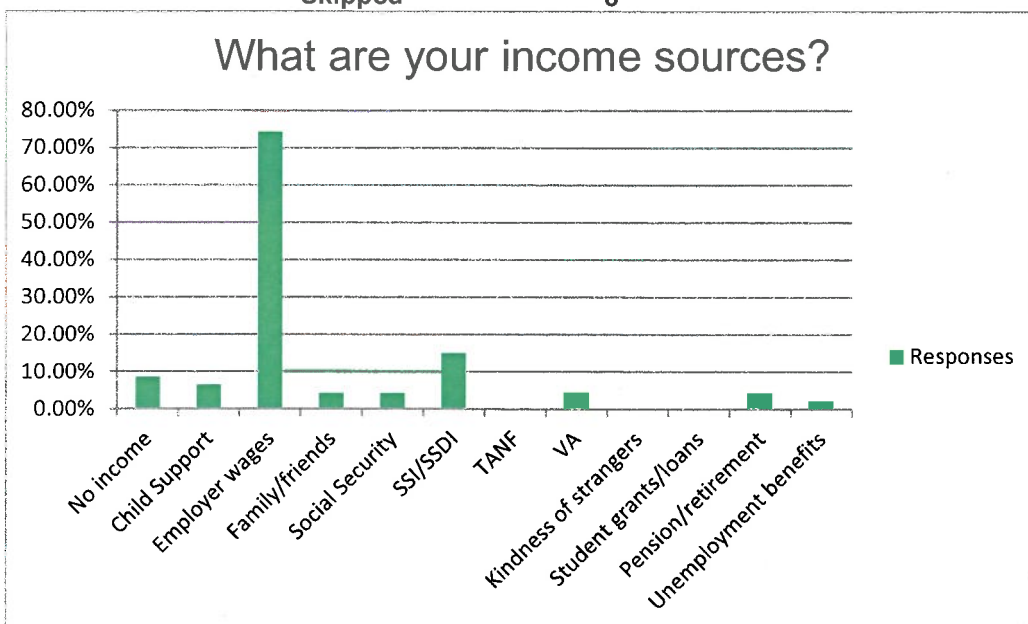
Answer Choices	Responses	
Bank account	95.35%	41
Credit card	60.47%	26
Financial Planning	18.60%	8
Borrowed money from a day lender	4.65%	2
Answered		43
Skipped		12



WOCAP Community Needs Assessment

What are your income sources?

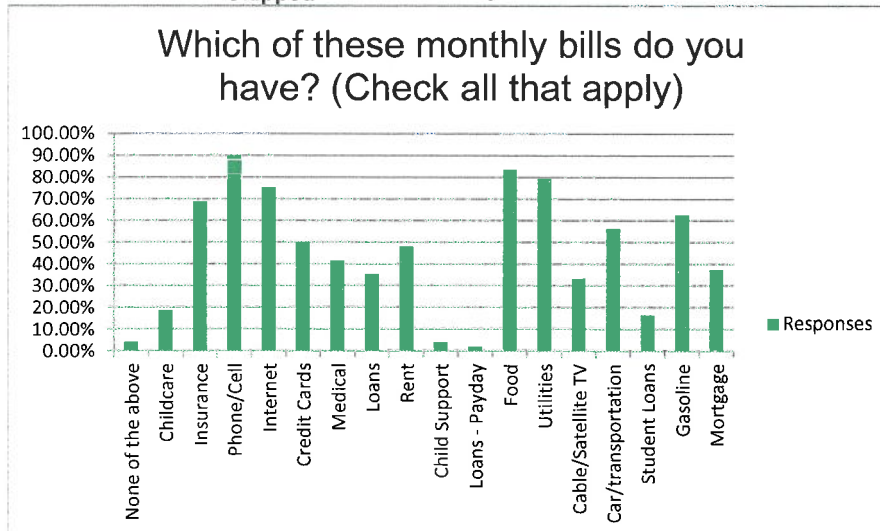
Answer Choices	Responses	
No income	8.51%	4
Child Support	6.38%	3
Employer wages	74.47%	35
Family/friends	4.26%	2
Social Security	4.26%	2
SSI/SSDI	14.89%	7
TANF	0.00%	0
VA	4.26%	2
Kindness of strangers	0.00%	0
Student grants/loans	0.00%	0
Pension/retirement	4.26%	2
Unemployment benefits	2.13%	1
Answered		47
Skipped		8



WOCAP Community Needs Assessment

Which of these monthly bills do you have? (Check all that apply)

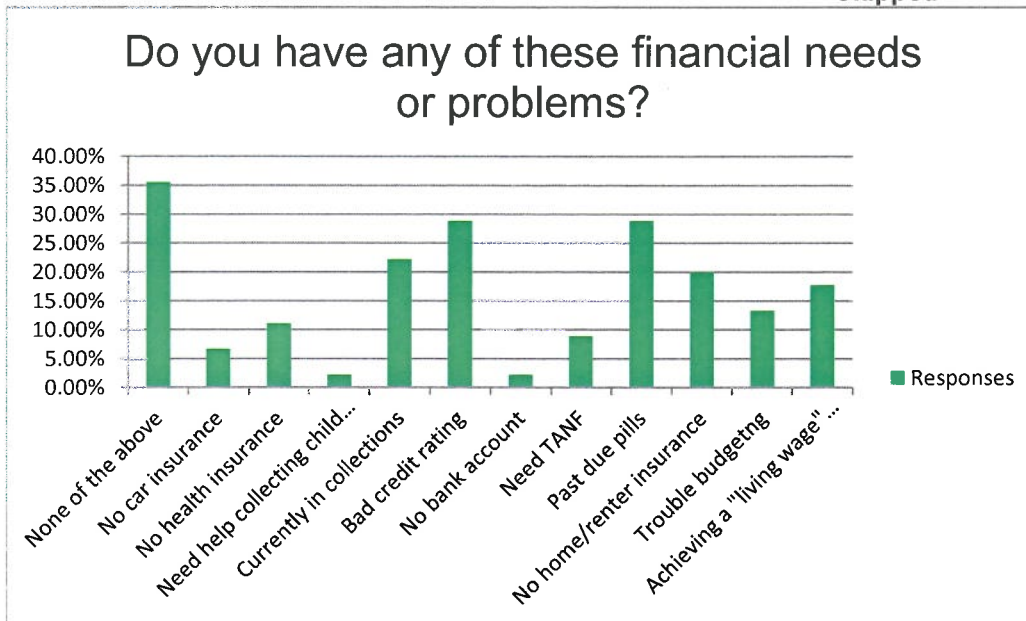
Answer Choices	Responses	
None of the above	4.17%	2
Childcare	18.75%	9
Insurance	68.75%	33
Phone/Cell	89.58%	43
Internet	75.00%	36
Credit Cards	50.00%	24
Medical	41.67%	20
Loans	35.42%	17
Rent	47.92%	23
Child Support	4.17%	2
Loans - Payday	2.08%	1
Food	83.33%	40
Utilities	79.17%	38
Cable/Satellite TV	33.33%	16
Car/transportation	56.25%	27
Student Loans	16.67%	8
Gasoline	62.50%	30
Mortgage	37.50%	18
Answered		48
Skipped		7



WOCAP Community Needs Assessment

Do you have any of these financial needs or problems?

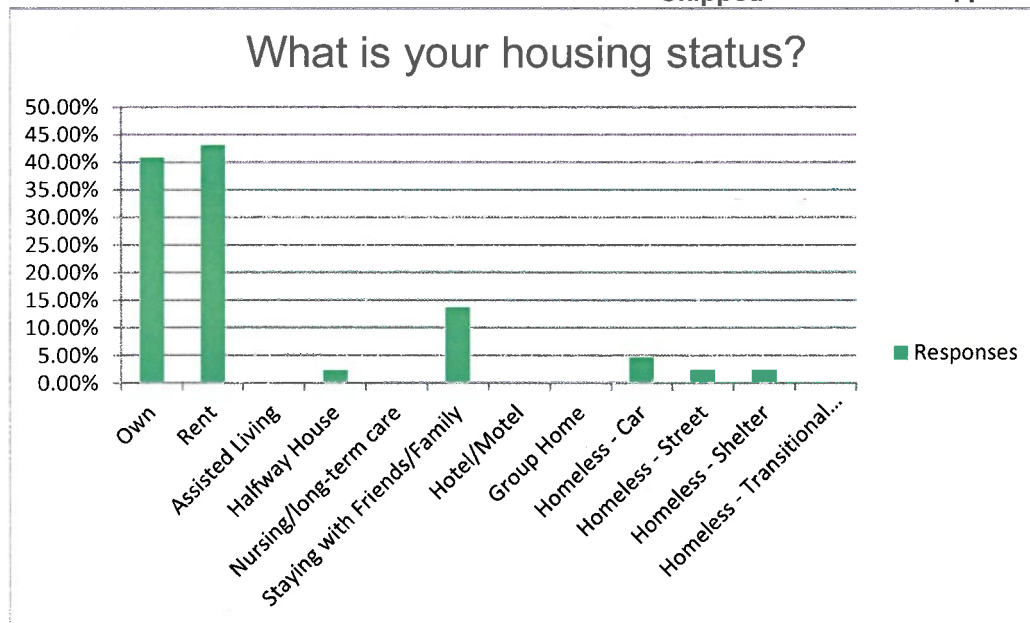
Answer Choices	Responses	
None of the above	35.56%	16
No car insurance	6.67%	3
No health insurance	11.11%	5
Need help collecting child support	2.22%	1
Currently in collections	22.22%	10
Bad credit rating	28.89%	13
No bank account	2.22%	1
Need TANF	8.89%	4
Past due pills	28.89%	13
No home/renter insurance	20.00%	9
Trouble budgeting	13.33%	6
Achieving a "living wage" of income (means you don't need help from	17.78%	8
Answered		45
Skipped		10



WOCAP Community Needs Assessment

What is your housing status?

Answer Choices	Responses	
Own	40.91%	18
Rent	43.18%	19
Assisted Living	0.00%	0
Halfway House	2.27%	1
Nursing/long-term care	0.00%	0
Staying with Friends/Family	13.64%	6
Hotel/Motel	0.00%	0
Group Home	0.00%	0
Homeless - Car	4.55%	2
Homeless - Street	2.27%	1
Homeless - Shelter	2.27%	1
Homeless - Transitional Housing (HUD Temporary)	0.00%	0
Answered		44
Skipped		11

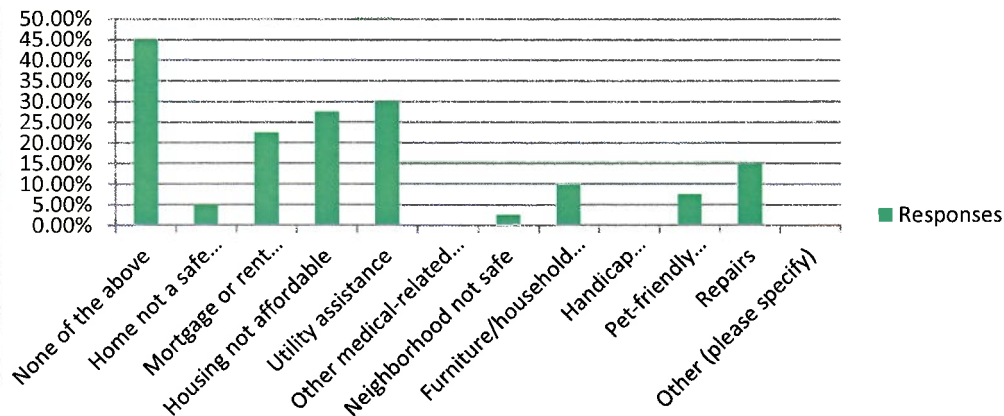


WOCAP Community Needs Assessment

Do you have any of the following housing-related needs? (Please select all that apply)

Answer Choices	Responses	
None of the above	45.00%	18
Home not a safe structure	5.00%	2
Mortgage or rent assistance	22.50%	9
Housing not affordable	27.50%	11
Utility assistance	30.00%	12
Other medical-related accomodations	0.00%	0
Neighborhood not safe	2.50%	1
Furniture/household goods	10.00%	4
Handicap access/environment	0.00%	0
Pet-friendly environment	7.50%	3
Repairs	15.00%	6
Other (please specify)	0.00%	0
Answered		40
Skipped		15

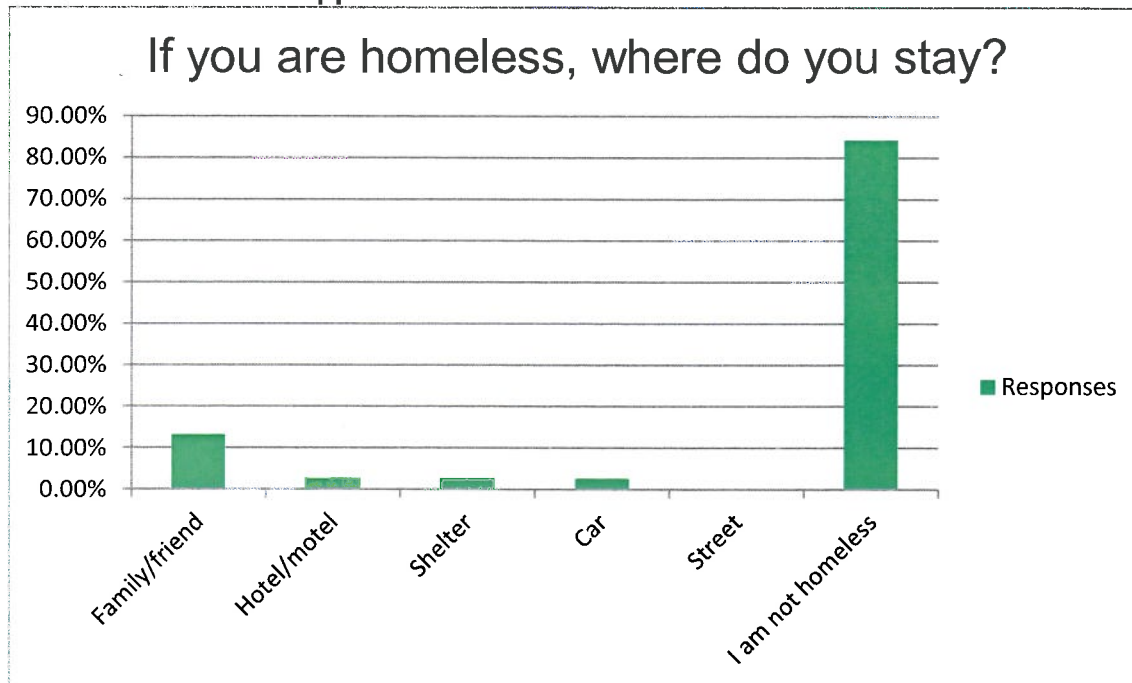
Do you have any of the following housing-related needs? (Please select all that apply)



WOCAP Community Needs Assessment

If you are homeless, where do you stay?

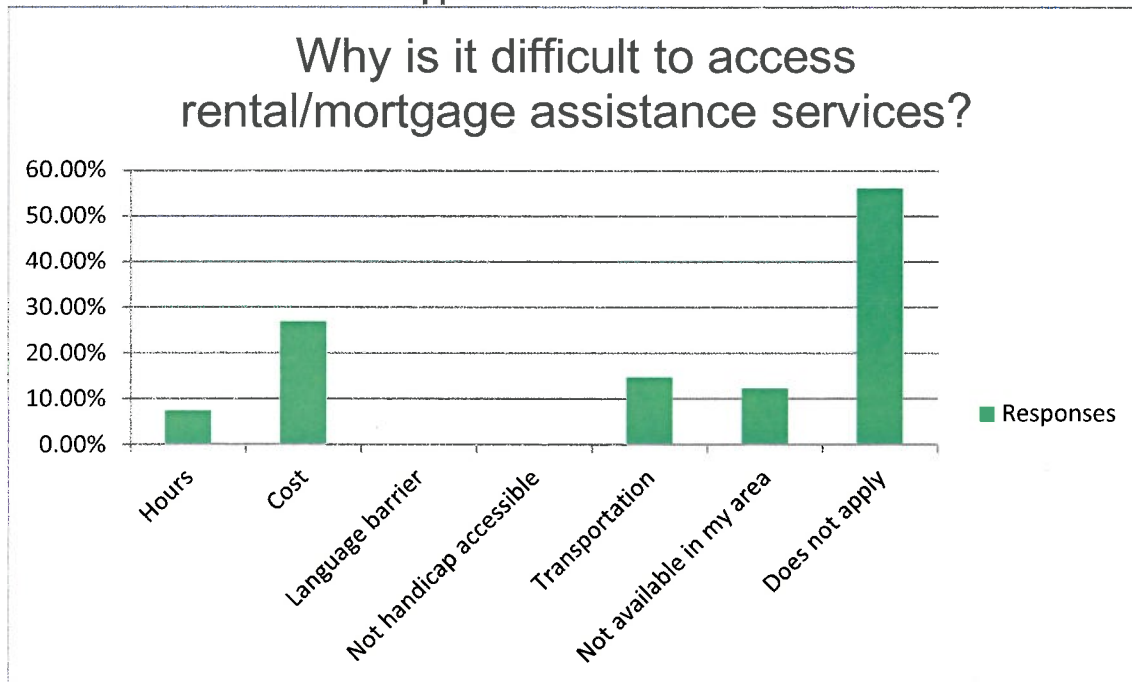
Answer Choices	Responses	
Family/friend	13.16%	5
Hotel/motel	2.63%	1
Shelter	2.63%	1
Car	2.63%	1
Street	0.00%	0
I am not homeless	84.21%	32
Answered		38
Skipped		17



WOCAP Community Needs Assessment

Why is it difficult to access rental/mortgage assistance services?

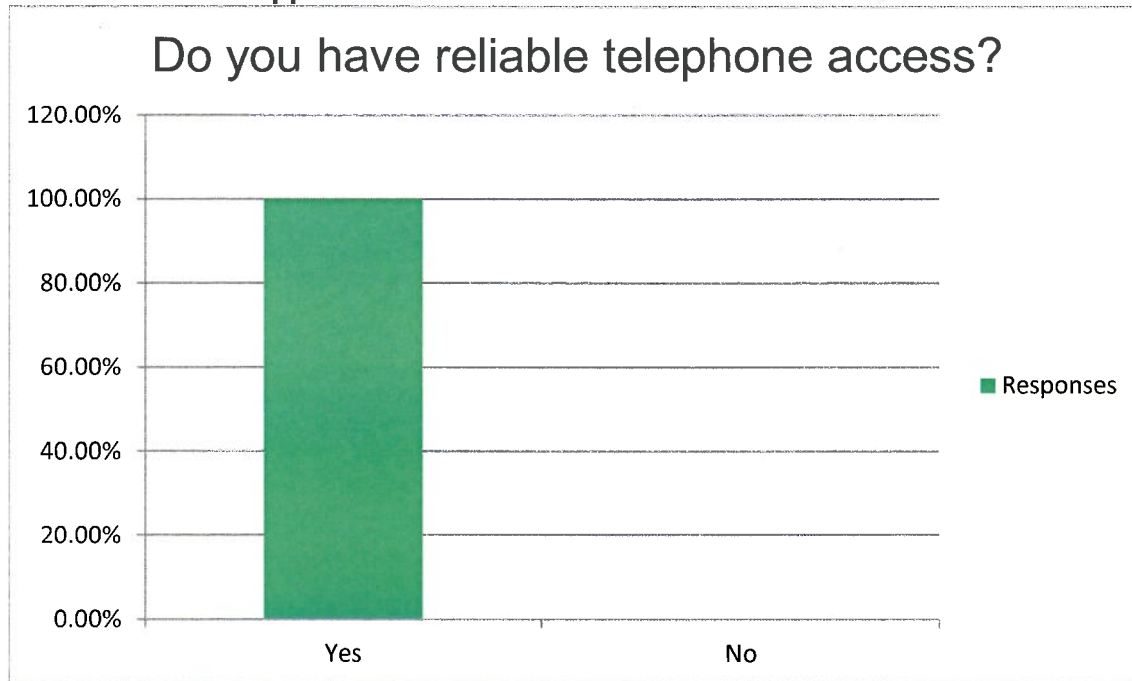
Answer Choices	Responses	
Hours	7.32%	3
Cost	26.83%	11
Language barrier	0.00%	0
Not handicap accessible	0.00%	0
Transportation	14.63%	6
Not available in my area	12.20%	5
Does not apply	56.10%	23
Answered		41
Skipped		14



WOCAP Community Needs Assessment

Do you have reliable telephone access?

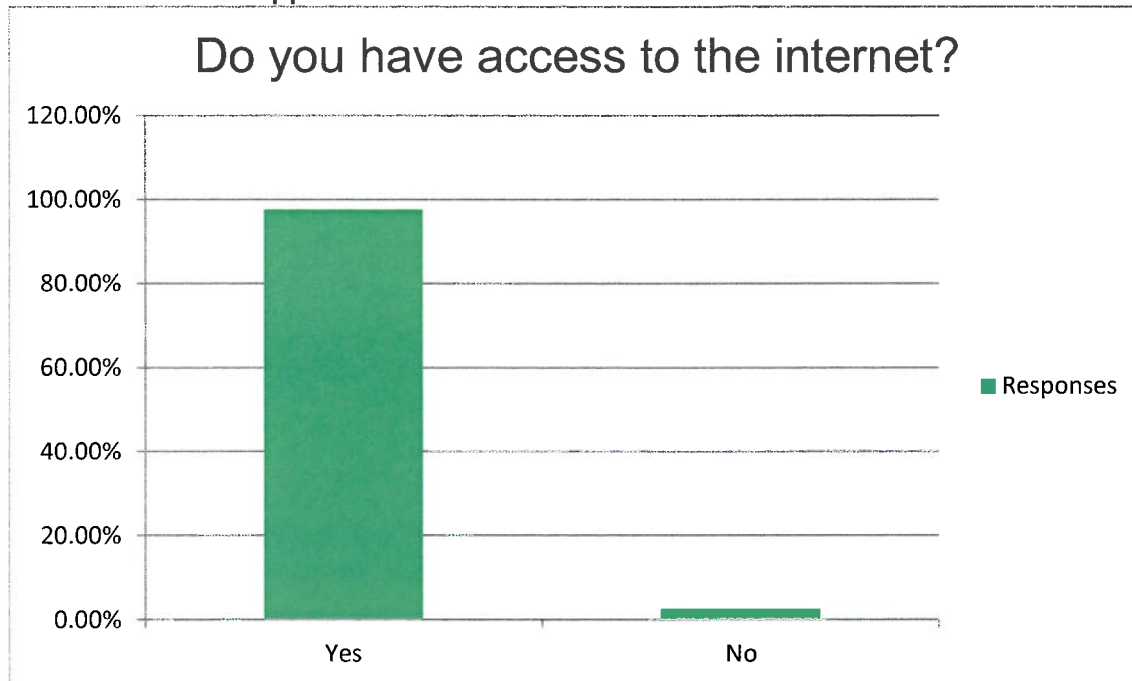
Answer Choices	Responses	
Yes	100.00%	43
No	0.00%	0
Answered		43
Skipped		12



WOCAP Community Needs Assessment

Do you have access to the internet?

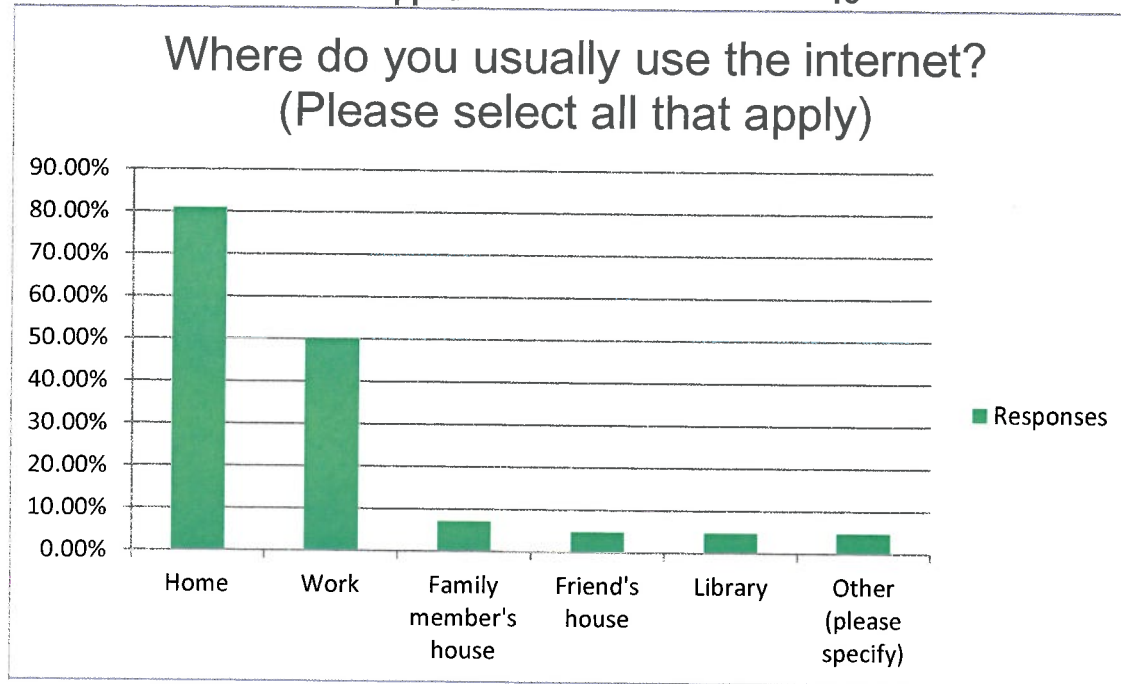
Answer Choices	Responses	
Yes	97.62%	41
No	2.38%	1
Answered		42
Skipped		13



WOCAP Community Needs Assessment

Where do you usually use the internet? (Please select all that apply)

Answer Choices	Responses	
Home	80.95%	34
Work	50.00%	21
Family member's house	7.14%	3
Friend's house	4.76%	2
Library	4.76%	2
Other (please specify)	4.76%	2
Answered		42
Skipped		13

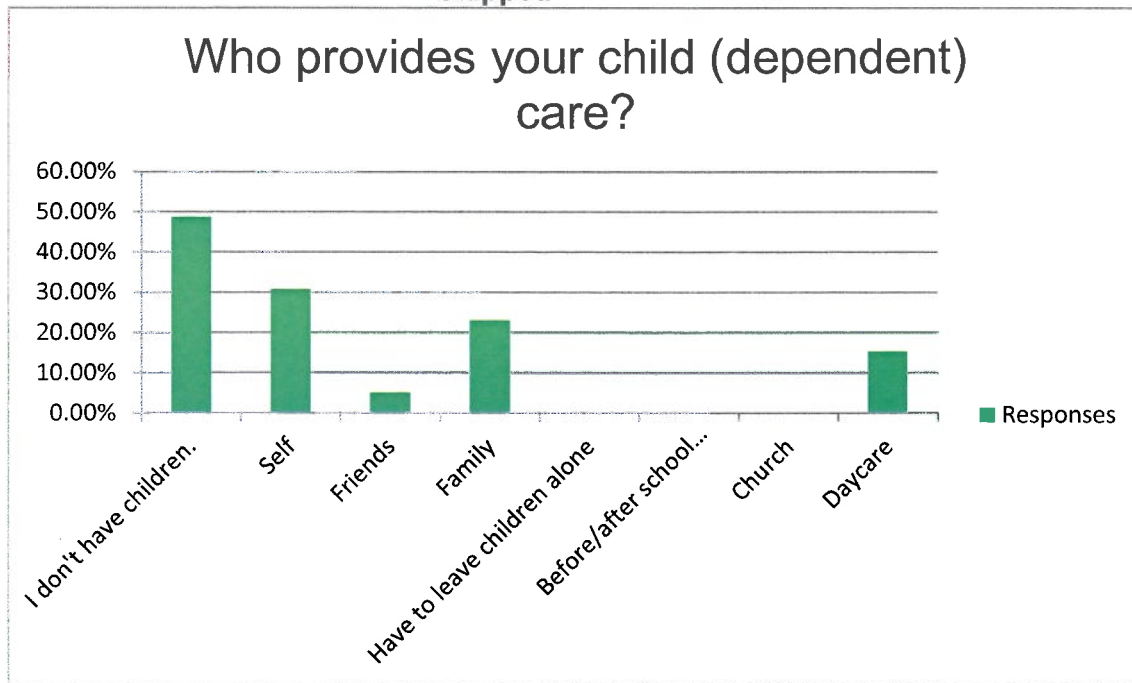


Respondent ID	Response Date	Other (please specify)	Tags
118917090554	Jul 26 2025 07	Anywhere that my cell phone is.	
118897654387	Jun 27 2025 0	Shelter	

WOCAP Community Needs Assessment

Who provides your child (dependent) care?

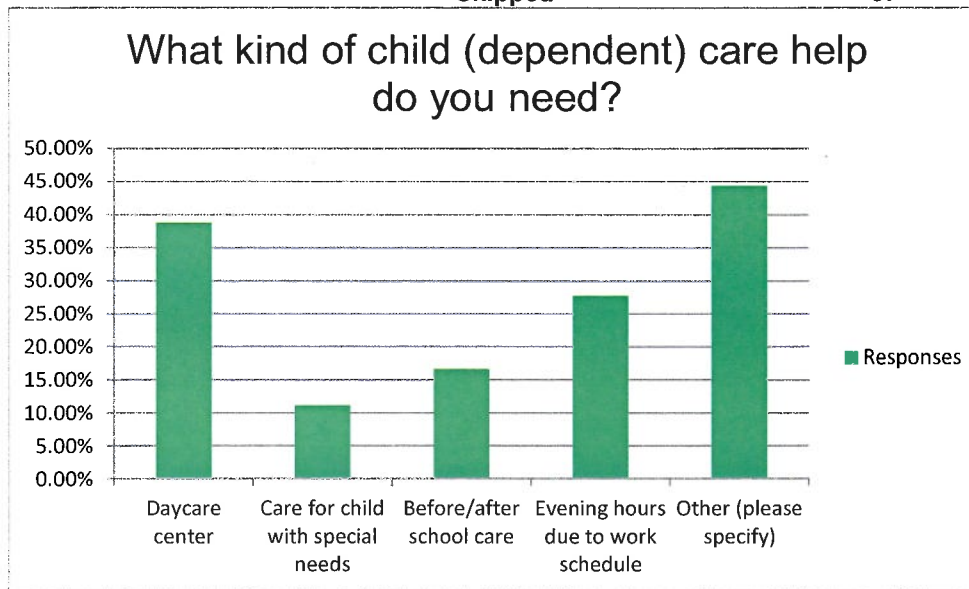
Answer Choices	Responses	
I don't have children.	48.72%	19
Self	30.77%	12
Friends	5.13%	2
Family	23.08%	9
Have to leave children alone	0.00%	0
Before/after school programs	0.00%	0
Church	0.00%	0
Daycare	15.38%	6
Answered		39
Skipped		16



WOCAP Community Needs Assessment

What kind of child (dependent) care help do you need?

Answer Choices	Responses	
Daycare center	38.89%	7
Care for child with special needs	11.11%	2
Before/after school care	16.67%	3
Evening hours due to work schedule	27.78%	5
Other (please specify)	44.44%	8
Answered		18
Skipped		37

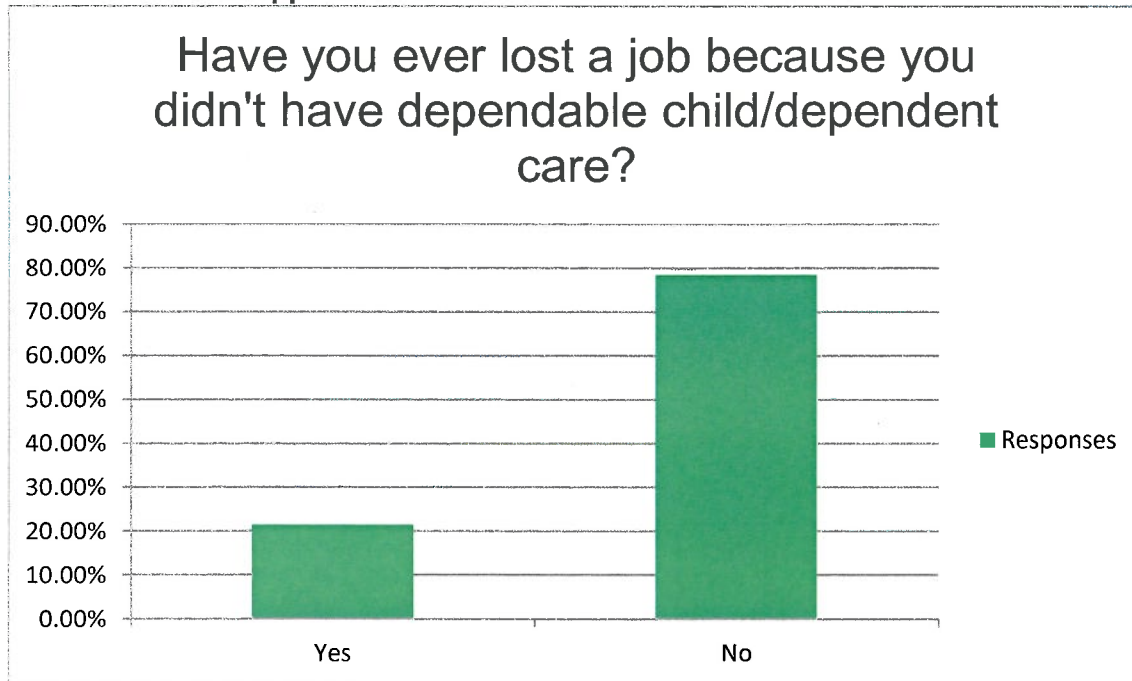


Respondent ID	Response Date	Other (please specify)	Tags
118917090554	Jul 26 2025 07	My daycare is only open until 6pm and I have to work till 10pm sometimes.	work
118903821815	Jul 07 2025 02	None	
118897610095	Jun 27 2025 1	Pregnant, will require childcare	
118894352951	Jun 23 2025 0	Don't really need help at the moment	
118884604642	Jun 10 2025 1	None	
118881937109	Jun 06 2025 0	N/A	
118880125385	Jun 04 2025 0	Na	
118879734125	Jun 03 2025 0	My kids are teenagers and are mostly independent.	

WOCAP Community Needs Assessment

Have you ever lost a job because you didn't have dependable child/dependent care?

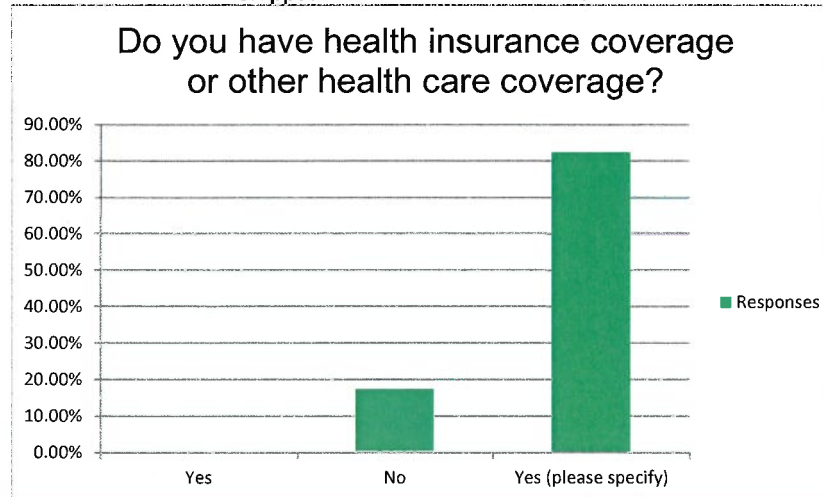
Answer Choices	Responses	
Yes	21.43%	9
No	78.57%	33
Answered		42
Skipped		13



WOCAP Community Needs Assessment

Do you have health insurance coverage or other health care coverage?

Answer Choices	Responses	
Yes	0.00%	0
No	17.50%	7
Yes (please specify)	82.50%	33
Answered		40
Skipped		15

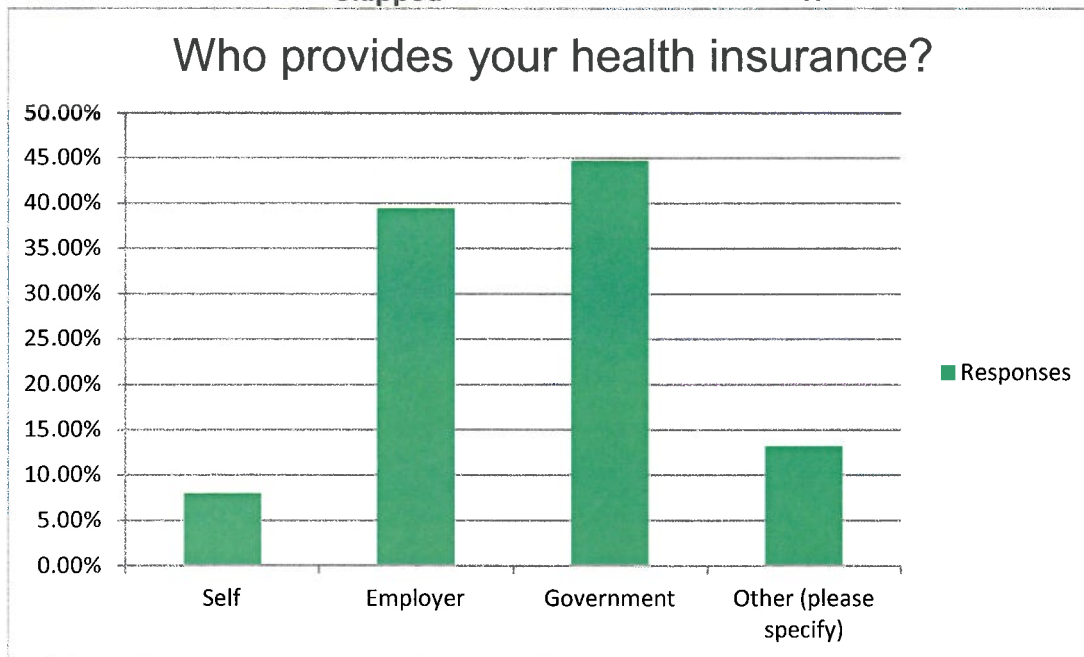


Respondent ID	Response Date	Yes (please specify)	Tags
118917090554	Jul 26 2025 07	Buckeye insurance	
118913103110	Jul 20 2025 08	Caresource	
118909192905	Jul 14 2025 10	Caresource	
118908379748	Jul 13 2025 10	Anthem through my dad	
118908214100	Jul 13 2025 01	Medicare and a supplemental insurance	
118907790616	Jul 12 2025 12	Anthem	
118904497447	Jul 07 2025 08	Health coverage	
118904493955	Jul 07 2025 08	Medicaid	
118903821815	Jul 07 2025 02	Employer	
118898395646	Jun 28 2025 1	Medicaid	
118896218360	Jun 25 2025 0	Medicaid	
118895161816	Jun 24 2025 0	medic	
118894352951	Jun 23 2025 0	Medicaid	
118894329104	Jun 23 2025 0	Job and family	
118894313884	Jun 23 2025 0	Work	
118894212911	Jun 23 2025 0	Medicaid	
118894171870	Jun 23 2025 1	Employer provided	
118894148774	Jun 23 2025 1	Medicaid	
118891809367	Jun 19 2025 0	Through work	
118885690616	Jun 11 2025 0	Blue Cross Blue Shield	
118884935097	Jun 10 2025 0	Private through employer	
118884886699	Jun 10 2025 0	commercial	
118884757709	Jun 10 2025 1	Medicaid	
118884604612	Jun 10 2025 1	Yes	

WOCAP Community Needs Assessment

Who provides your health insurance?

Answer Choices	Responses	
Self	7.89%	3
Employer	39.47%	15
Government	44.74%	17
Other (please specify)	13.16%	5
Answered		38
Skipped		17

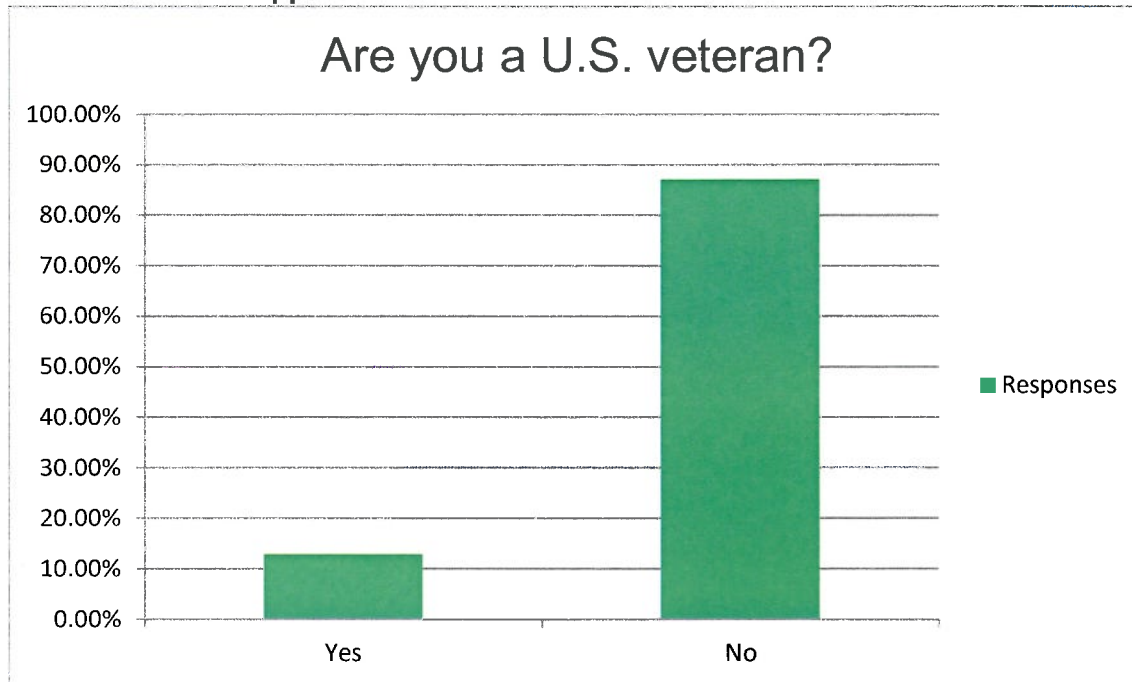


Respondent ID	Response Date	Other (please specify)	Tags
118908379748	Jul 13 2025	10 Dad	
118885690616	Jun 11 2025	0 spouse	
118883849166	Jun 09 2025	0 VA	
118880800005	Jun 04 2025	0 Dad	
118879734125	Jun 03 2025	0 Husband's employer	

WOCAP Community Needs Assessment

Are you a U.S. veteran?

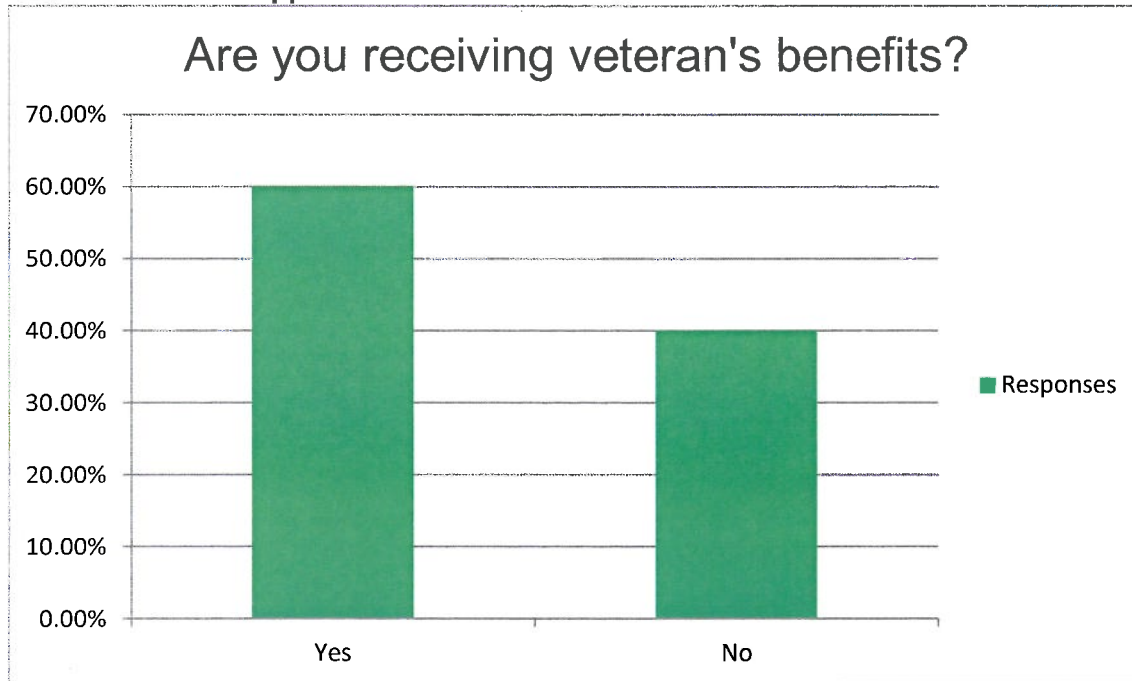
Answer Choices	Responses	
Yes	12.82%	5
No	87.18%	34
Answered		39
Skipped		16



WOCAP Community Needs Assessment

Are you receiving veteran's benefits?

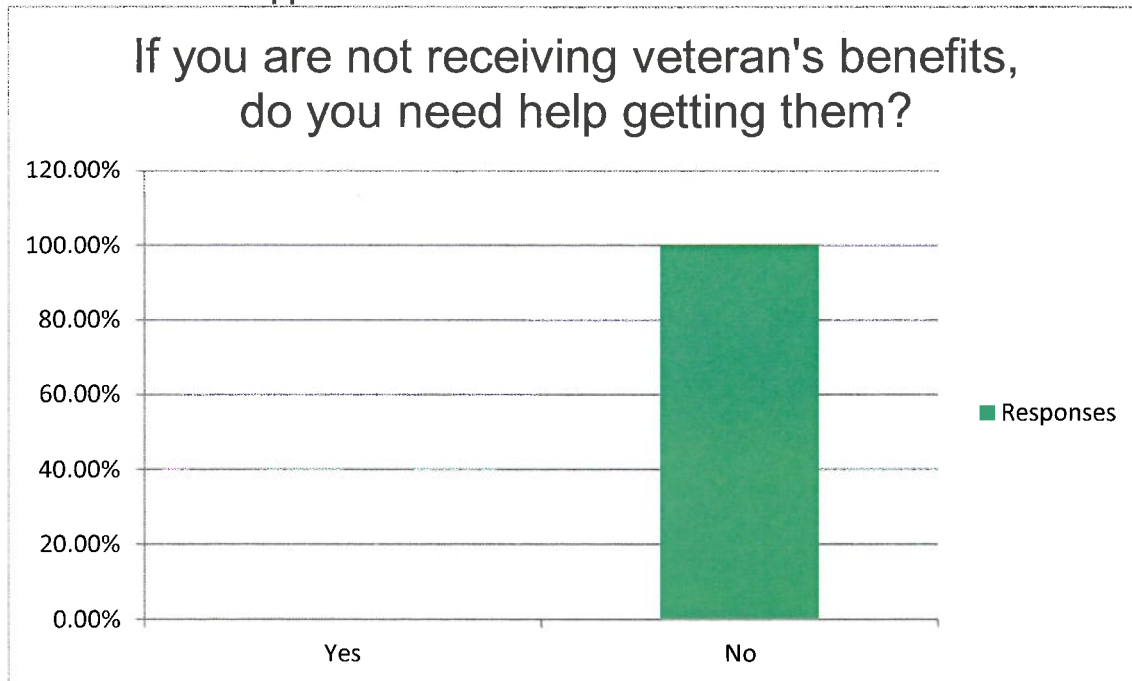
Answer Choices	Responses	
Yes	60.00%	3
No	40.00%	2
Answered		5
Skipped		50



WOCAP Community Needs Assessment

If you are not receiving veteran's benefits, do you need help getting them?

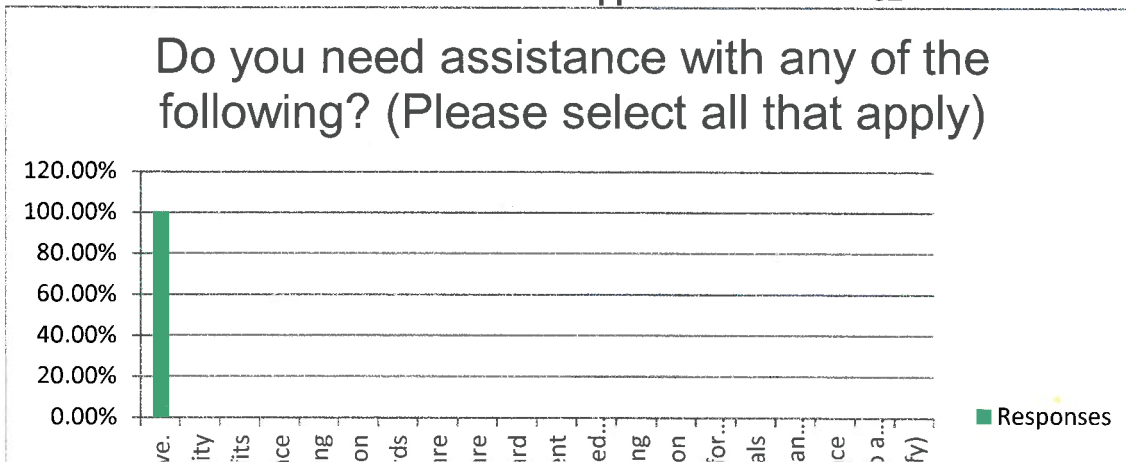
Answer Choices	Responses	
Yes	0.00%	0
No	100.00%	2
Answered		2
Skipped		53



WOCAP Community Needs Assessment

Do you need assistance with any of the following? (Please select all that apply)

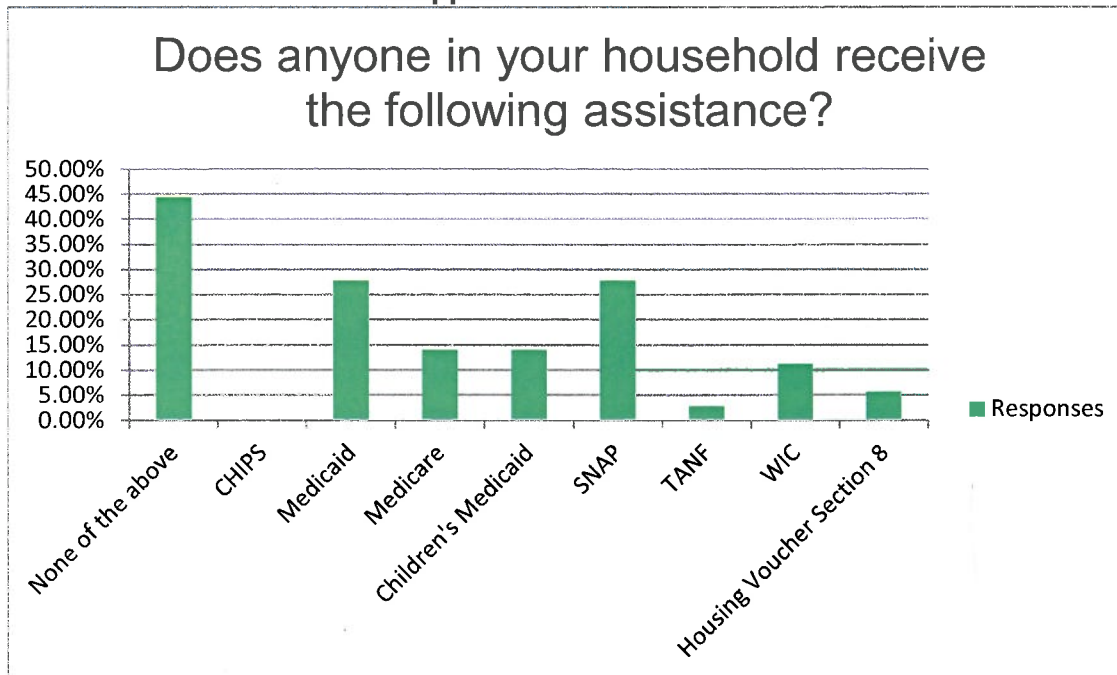
Answer Choices	Responses	
None of the above.	100.00%	3
Disability	0.00%	0
Medical Benefits	0.00%	0
Life Insurance	0.00%	0
Education & Training	0.00%	0
Pension	0.00%	0
Medals & Records	0.00%	0
Mental Healthcare	0.00%	0
Healthcare	0.00%	0
Reserve & Guard	0.00%	0
Employment	0.00%	0
Special & Limited Benefits	0.00%	0
Housing	0.00%	0
Transportation	0.00%	0
Healthcare for family members	0.00%	0
VA Claim Appeals	0.00%	0
Women Veteran Health Services	0.00%	0
Transition Assistance	0.00%	0
Connecting to a veteran organization	0.00%	0
Other (please specify)	0.00%	0
Answered		3
Skipped		52



WOCAP Community Needs Assessment

Does anyone in your household receive the following assistance?

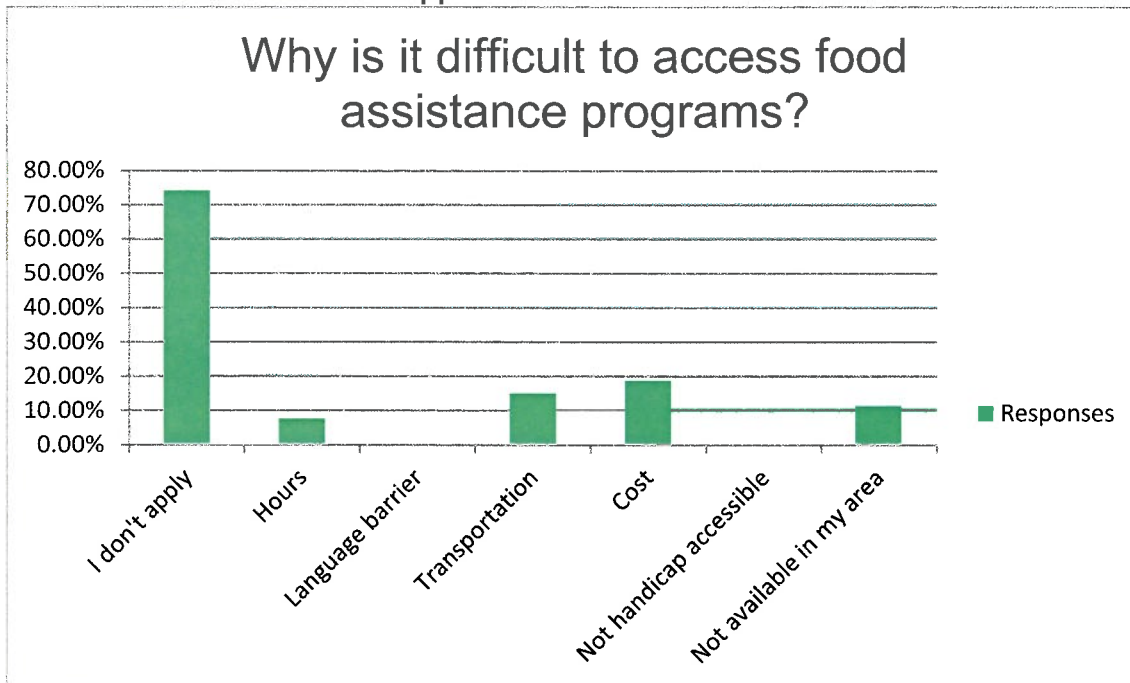
Answer Choices	Responses	
None of the above	44.44%	16
CHIPS	0.00%	0
Medicaid	27.78%	10
Medicare	13.89%	5
Children's Medicaid	13.89%	5
SNAP	27.78%	10
TANF	2.78%	1
WIC	11.11%	4
Housing Voucher Section 8	5.56%	2
Answered		36
Skipped		19



WOCAP Community Needs Assessment

Why is it difficult to access food assistance programs?

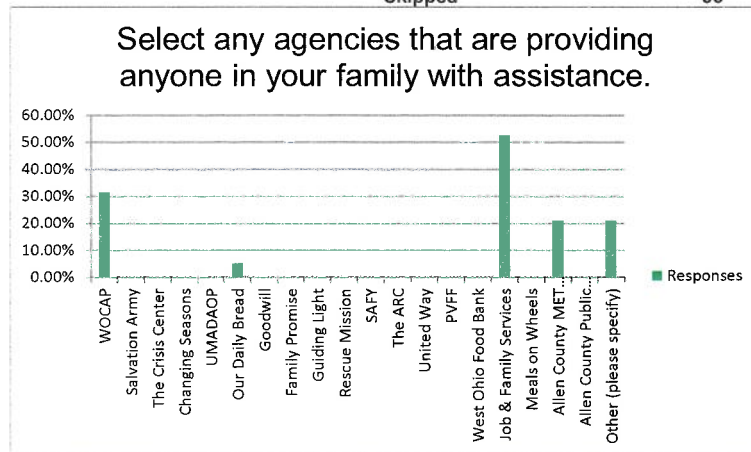
Answer Choices	Responses	
I don't apply	74.07%	20
Hours	7.41%	2
Language barrier	0.00%	0
Transportation	14.81%	4
Cost	18.52%	5
Not handicap accessible	0.00%	0
Not available in my area	11.11%	3
Answered		27
Skipped		28



WOCAP Community Needs Assessment

Select any agencies that are providing anyone in your family with assistance.

Answer Choices	Responses	
WOCAP	31.58%	6
Salvation Army	0.00%	0
The Crisis Center	0.00%	0
Changing Seasons	0.00%	0
UMADAOP	0.00%	0
Our Daily Bread	5.26%	1
Goodwill	0.00%	0
Family Promise	0.00%	0
Guiding Light	0.00%	0
Rescue Mission	0.00%	0
SAFY	0.00%	0
The ARC	0.00%	0
United Way	0.00%	0
PVFF	0.00%	0
West Ohio Food Bank	0.00%	0
Job & Family Services	52.63%	10
Meals on Wheels	0.00%	0
Allen County MET Housing	21.05%	4
Allen County Public Health Department	0.00%	0
Other (please specify)	21.05%	4
Answered		19
Skipped		36



Respondent ID	Response Date	Other (please specify)	Tags
118897610095	Jun 27 2025	1: None	
118894352951	Jun 23 2025	0: None	
118884604642	Jun 10 2025	1: None	
118883836790	Jun 09 2025	0: NONE	