DELIVERED BY:

Moxley
PUBLIC HEALTH

BUILDING A HEALTHIER COMMUNITY

2024 Community Health Needs Assessment for Genesis HealthCare System

PUBLISHED DECEMBER 2024

Genesis HEALTHCARE SYSTEM

NOBLE COUNTY HEALTH DEPARTMENT

Public Health
Perry County
Health Department

Public Health
Prevent. Promote. Protect.
MORGAN COUNTY HEALTH DEPT.

Public Health
Prevent. Promote. Protect.
Zanesville-Muskingum County

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A NOTE FROM
SOUTHEASTERN OHIO HEALTH IMPROVEMENT COLLABORATIVE

The Southeastern Ohio Health Improvement Collaborative (SOHIC) includes Genesis HealthCare System (GHS), Morgan County Health Department (MCHD), Noble County Health Department (NCHD), Perry County Health Department (PCHD), and Zanesville-Muskingum County Health Department (ZMCHD). SOHIC strives to bring together people and organizations to improve community wellness. The community health needs assessment process is one way we can live out our mission. In order to fulfill this mission, we must be intentional about understanding the health issues that impact residents and work together to create a healthy community.

A primary component of creating a healthy community is assessing the needs and prioritizing those needs for impact. In 2024, SOHIC partnered to conduct a comprehensive Community Health Needs Assessment (CHNA) to identify primary health issues, current health status, and other health needs. The results from the assessment provide critical information to those in a position to make a positive impact on the health of the service area's residents. The results also enable the community to measure impact and strategically establish priorities in order to develop interventions and align resources.

SOHIC and their many health partners conduct CHNAs for measuring and addressing the health status of the southeastern Ohio community. We have chosen to assess Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties as our community because this is where we, and those we serve, live and work, and this region encompasses the Genesis Service Area (GSA). We collect both quantitative and qualitative data in order to make decisions on how to better meet the health needs of our community. We want to provide the best possible care for our residents, and we can use this report to guide us in our strategic planning and decision-making concerning future programs and health resources.

The 2024 SOHIC CHNA would not have been possible without the help of numerous community organizations, acknowledged on the following pages. It is vital that assessments such as this continue so that we know where to direct our resources and use them in the most advantageous ways.

The work of public health is a community job that involves individual facets, including our community members and organizations, working together to be a thriving community that supports health and well-being at home, work, and play.

Conducting the CHNA and publishing this report relies on the participation of many individuals in our community who committed to participating in interviews and focus groups, and completing our community member survey. We are grateful for those individuals who are committed to promoting the health of the community, just as we are, and take the time to share their health concerns and ideas for improvement.

Sincerely,

Linda Supplee

Linda Supplee
Chief Population Health Officer
Genesis HealthCare System

ACKNOWLEDGEMENTS

This Community Health Needs Assessment (CHNA) was made possible thanks to the collaborative efforts of the Southeastern Ohio Health Improvement Collaborative (SOHIC), community partners, local stakeholders, non-profit partners, and community residents. Their contributions, expertise, time, and resources played a critical part in the completion of this assessment.

SOHIC WOULD LIKE TO RECOGNIZE THE FOLLOWING ORGANIZATIONS FOR THEIR CONTRIBUTIONS TO THIS REPORT:

Access Muskingum

AllWell Behavioral Health Services

Area Agency on Aging Region 9

Big Brothers/Big Sisters

Board of Health

Cambridge City Schools

Chamber of Commerce

Christ's Table

Coshocton Public Health District

Enterprise Muskingum

Family and Children First Council

Foxfire Community Schools

Full Circle Recovery Services

Genesis HealthCare System

Guernsey, Monroe, Noble Counties (GMN) Tri-County Community Action Commission (CAC), Inc.

Hands of Faith

Life Support Therapy Services

Malta & McConnelsville Fire Department

Mental Health and Recovery Services Board

Morgan County Board of Developmental Disabilities

Morgan County Commissioners

Morgan County Health Department

Morgan County Job and Family Services

Morgan County Library

Morgan County Office - Ohio State University (OSU) Extension

Morgan County Office on Aging

Muskingum County Center for Seniors

Muskingum County Sheriff Office

Muskingum Valley Health Center

New Lexington Police Department

Newton Township Fire Department

Noble Board of Developmental Disabilities

Noble County Cares

Noble County Committee on Aging / Senior Center

Noble County Health Department

Noble County Veterans Service Commission

Noble Local School District

Ohio Air Quality Development Authority

Ohio Center for Autism and Low Incidence (OCALI)

Ohio Medical Aid Services

Ohio State University Extension Office

Perry Behavioral Health Choices

Perry County Court

Perry County District Library

Perry County Health Department

Perry County Public Children Services Agency

Perry County Veterans Service Commission

PrimeCare of Southeastern Ohio/ Muskingum County

Shrivers Pharmacy

South East Area Transit (SEAT)

Southeastern Ohio Regional Medical Center

The Ohio Bass Federation

The Ohio State University

Village of New Lexington

YMCA

Zanesville Pride Board

Zanesville-Muskingum County Health Department

INTRODUCTION

WHAT IS A COMMUNITY HEALTH NEEDS ASSESSMENT?
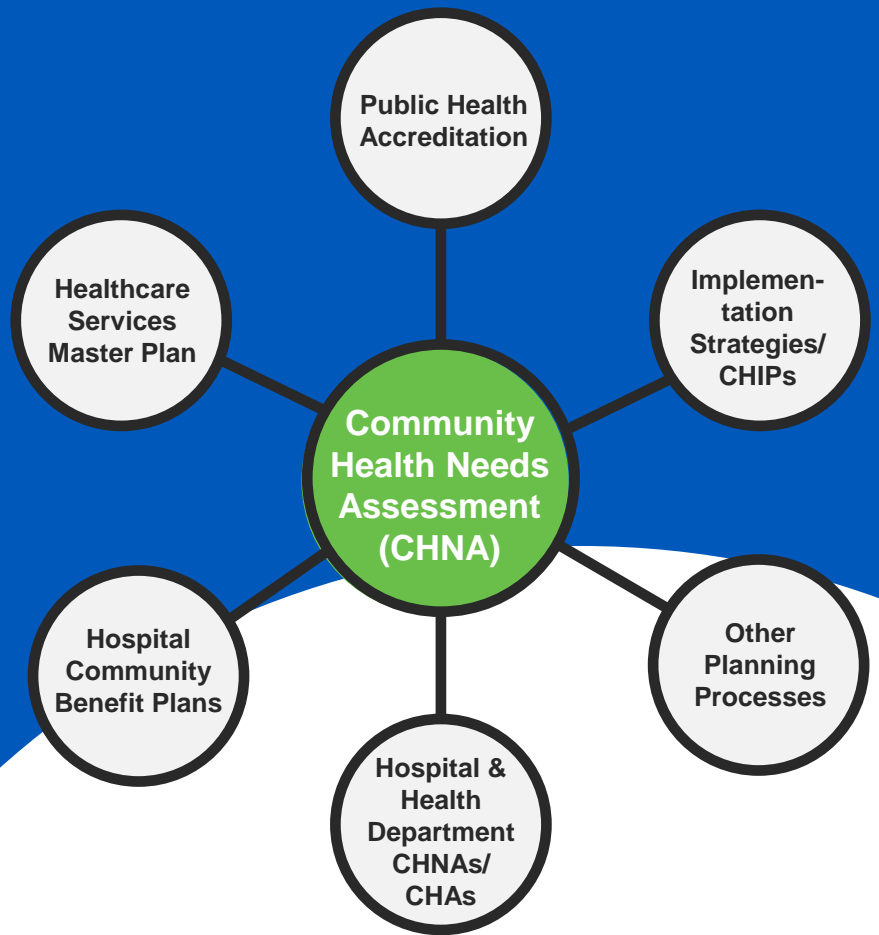
A **Community Health Needs Assessment (CHNA)** is a tool that is used to guide community benefit activities and for several other purposes. For hospitals, it is used to identify and address key health needs and supports the development of community benefit plans mandated by the Internal Revenue Service (IRS). For health departments, it is used to identify and address key health needs and supports the requirements for accreditation through the Public Health Accreditation Board (PHAB). The data from a CHNA is also used to inform community decision-making: the prioritization of health needs and the development, implementation, and evaluation of an Implementation Strategy/Improvement Plan (CHIP).

A CHNA is an important piece in the development of an Implementation Strategy/CHIP because it helps the community to understand the health-related issues that need to be addressed. To identify and address the critical health needs of the service area, the Southeastern Ohio Health Improvement Collaborative (SOHIC) utilized the most current and reliable information from existing sources, in addition to collecting new data through interviews, focus groups, and surveys with community residents and leaders.

OVERVIEW
OF THE PROCESS

In order to produce a comprehensive Community Health Needs Assessment (CHNA), the Southeastern Ohio Health Improvement Collaborative (SOHIC) followed a process that included the following steps:

STEP 1: Plan and prepare for the assessment.

STEP 2: Define the community.

STEP 3: Identify data that describes the health and needs of the community.

STEP 4: Understand and interpret the data.

STEP 5: Define and validate priorities.

STEP 6: Document and communicate results.

Secondary Data Collection	Primary Data Collection	Data Synthesis	Health Needs List	Prioritization	Report Writing

Affordable Care Act Requirements

Enacted on March 23, 2010, the Affordable Care Act (ACA) provided guidance at a national level for CHNAs for the first time. Federal requirements included in the ACA stipulate that hospital organizations under 501(c)(3) status must adhere to new 501(r) regulations, one of which is conducting a Community Health Needs Assessment (CHNA) and Implementation Strategy every three years.

Accreditation Requirements

The Public Health Accreditation Board (PHAB) Standards & Measures serves as the official guidance for PHAB national public health department accreditation and includes requirements for the completion of Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs) for local health departments.

Ohio Department of Health Requirements

The Ohio Department of Health (ODH) is required by state law to provide guidance to hospitals and local health departments on Community Health (Needs) Assessments (CHNAs/CHAs) and Implementation Strategies/Improvement Plans (CHIPs). In July 2016, HB 390 (ORC 3701.981) was enacted by Ohio in order to improve population health planning in the state by identifying health needs and priorities by conducting a CHNA/CHA and subsequently developing an Implementation Strategy/CHIP to address those needs in the community.

THE 2024 GENESIS HEALTHCARE SYSTEM CHNA MEETS ALL OHIO DEPARTMENT OF HEALTH AND FEDERAL REGULATIONS.
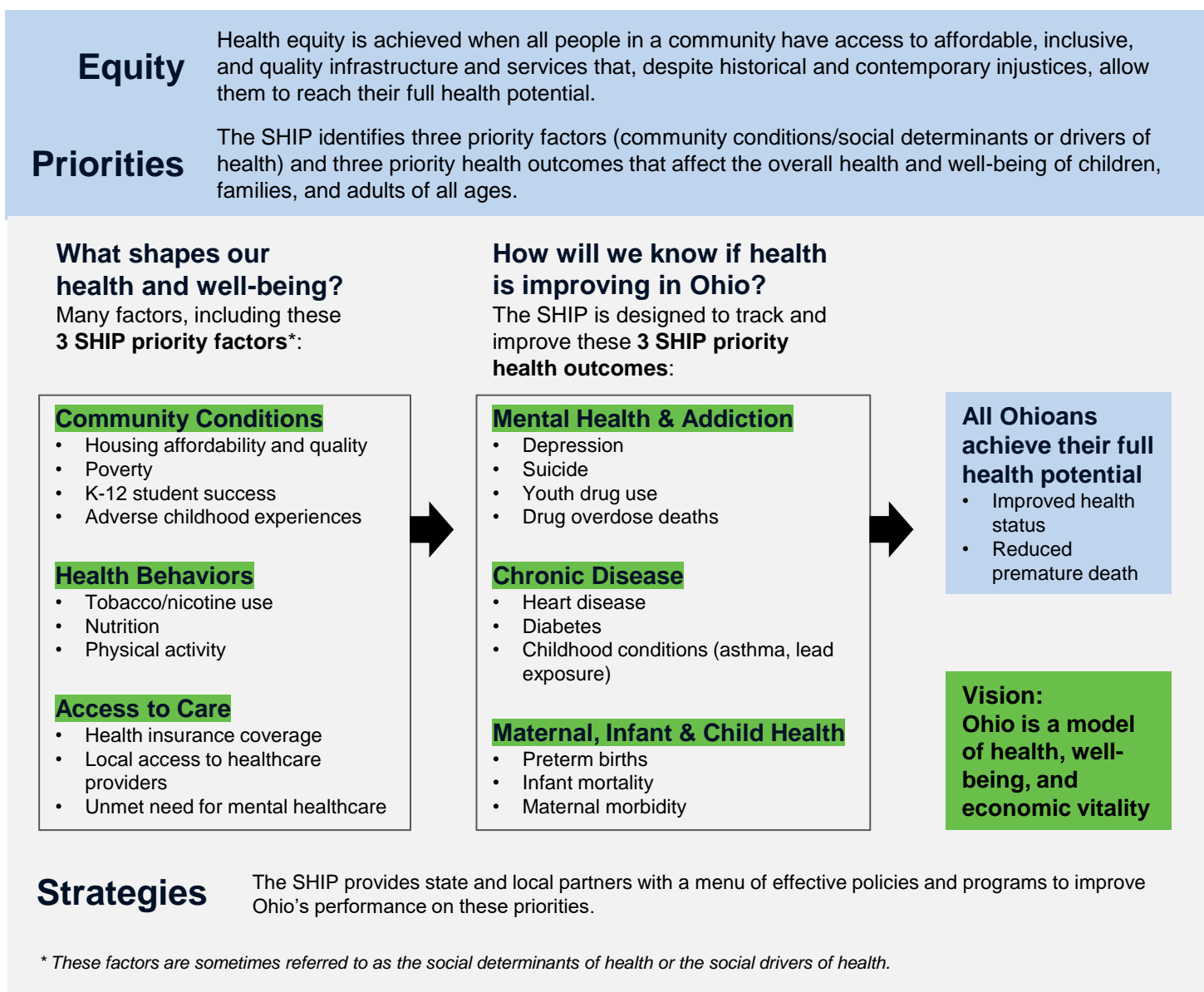
OVERVIEW
OF THE PROCESS (CONTINUED)

Ohio Department of Health (ODH) Requirements

The following image shows the framework from ODH that this report followed while also adhering to federal requirements and the community's needs.

The Southeastern Ohio Health Improvement Collaborative (SOHIC) desired to align with the priorities and indicators of the Ohio Department of Health (ODH). To do this, they used the following guidelines when prioritizing the health needs of their community.

First, SOHIC used the same language as the state of Ohio when assessing the factors and health outcomes of their community in the 2024 Genesis HealthCare System Community Health Needs Assessment (CHNA).

Figure 1: Ohio State Health Improvement Plan (SHIP) Framework

Equity — Health equity is achieved when all people in a community have access to affordable, inclusive, and quality infrastructure and services that, despite historical and contemporary injustices, allow them to reach their full health potential.

Priorities — The SHIP identifies three priority factors (community conditions/social determinants or drivers of health) and three priority health outcomes that affect the overall health and well-being of children, families, and adults of all ages.

What shapes our health and well-being?
Many factors, including these **3 SHIP priority factors***:

Community Conditions
- Housing affordability and quality
- Poverty
- K-12 student success
- Adverse childhood experiences

Health Behaviors
- Tobacco/nicotine use
- Nutrition
- Physical activity

Access to Care
- Health insurance coverage
- Local access to healthcare providers
- Unmet need for mental healthcare

How will we know if health is improving in Ohio?
The SHIP is designed to track and improve these **3 SHIP priority health outcomes**:

Mental Health & Addiction
- Depression
- Suicide
- Youth drug use
- Drug overdose deaths

Chronic Disease
- Heart disease
- Diabetes
- Childhood conditions (asthma, lead exposure)

Maternal, Infant & Child Health
- Preterm births
- Infant mortality
- Maternal morbidity

All Ohioans achieve their full health potential
- Improved health status
- Reduced premature death

Vision: Ohio is a model of health, well-being, and economic vitality

Strategies — The SHIP provides state and local partners with a menu of effective policies and programs to improve Ohio's performance on these priorities.

* These factors are sometimes referred to as the social determinants of health or the social drivers of health.

STEP 1
PLAN AND PREPARE FOR THE ASSESSMENT

IN THIS STEP, THE SOUTHEASTERN OHIO HEALTH IMPROVEMENT COLLABORATIVE (SOHIC):

✓ DETERMINED WHO WOULD PARTICIPATE IN THE NEEDS ASSESSMENT PROCESS

✓ PLANNED FOR COMMUNITY ENGAGEMENT

✓ ENGAGED HOSPITAL AND HEALTH DEPARTMENT LEADERSHIP

✓ DETERMINED HOW THE COMMUNITY HEALTH NEEDS ASSESSMENT WOULD BE CONDUCTED

✓ DEVELOPED A PRELIMINARY TIMELINE

PLAN AND PREPARE

The Southeastern Ohio Health Improvement Collaborative (SOHIC) began planning for the 2024 Genesis HealthCare System Community Health Needs Assessment (CHNA) in 2024. They involved hospital and health department leadership, kept partnership members informed of the assessment activities, allocated funds to the process, and most importantly, engaged the community through various established relationships with leaders of organizations and people populations, in collaboration with Moxley Public Health.

The assessment team worked together to formulate the multistep process of planning and conducting a CHNA. They then formed a timeline for the process.

> ❝ *Community Health Needs Assessments (CHNAs) are the foundation for improving and promoting the health of community members.*
> *The role of a community assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors.* ❞
>
> - Catholic Health Association

PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) & IMPLEMENTATION STRATEGY/COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

PREVIOUS CHNA (2021) AND IMPLEMENTATION STRATEGY/CHIP

In 2021, Genesis HealthCare System (GHS) conducted its previous CHNA. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The Implementation Strategy/CHIP associated with the 2021 GHS CHNA addressed mental health issues, heart disease, cancer, stroke, diabetes, and the social determinants of health.

The previous CHNA and Implementation Strategy/CHIP were made available to the public on the following website:

GHS: https://www.genesishcs.org/our-impact/about-us/community
(Written comments on this report were solicited on the website where the report was posted.)

IMPACT/PROCESS EVALUATION OF 2022-2024 STRATEGIES

In collaboration with community partners, GHS developed and approved an Implementation Strategy/CHIP report for 2022-2024 to address the significant health needs that were identified in the 2021 GHS CHNA (mental health issues, heart disease, cancer, stroke, diabetes, and the social determinants of health.). **Appendix A** describes the evaluation of the strategies that were planned in the 2022-2024 Implementation Strategy/CHIP.

STEP 2
DEFINE THE GENESIS SERVICE AREA (GSA)

IN THIS STEP, THE SOUTHEASTERN OHIO HEALTH IMPROVEMENT COLLABORATIVE (SOHIC):

✓ DESCRIBED THE GSA (INCLUDING COSHOCTON, GUERNSEY, MORGAN, MUSKINGUM, NOBLE, AND PERRY COUNTIES)

✓ DETERMINED THE PURPOSE OF THE NEEDS ASSESSMENT

DEFINING THE
GENESIS SERVICE AREA (GSA)

For the purposes of this report, Genesis HealthCare System defines their primary service area as being made up of Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio. While Coshocton and Guernsey Counties are not a formal part of the Southeastern Ohio Health Improvement Collaborative (SOHIC), they are a part of the GSA, and will therefore also be assessed as part of this report.
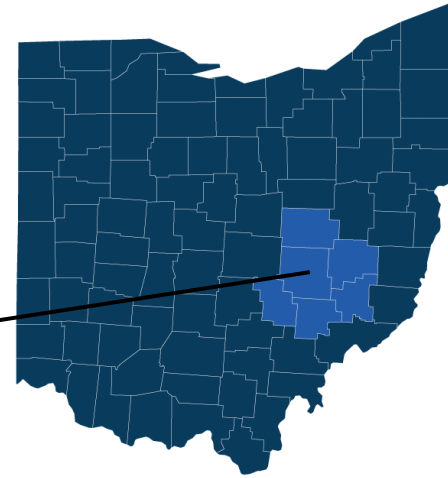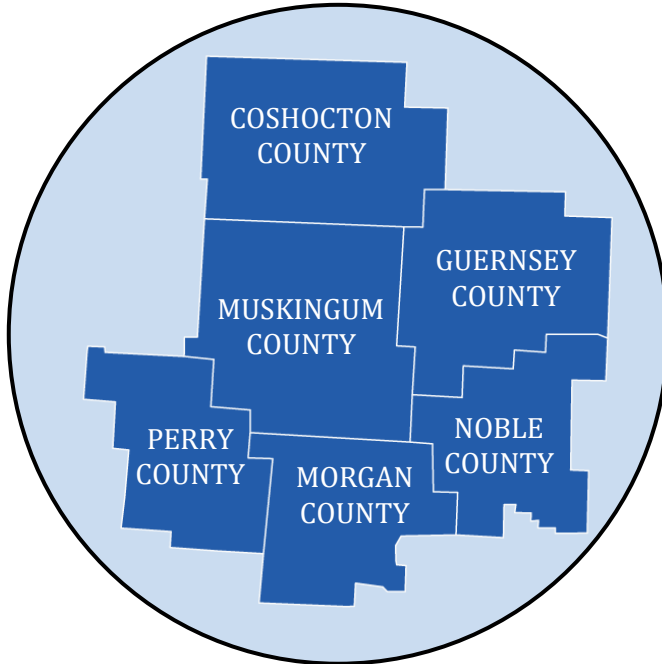

We currently serve a population of

224,771[1]

GSA ZIP CODES					
COSOCHTON COUNTY *Population: 36,869*	**GUERNSEY COUNTY** *Population: 38,089*	**MORGAN COUNTY** *Population: 13,646*	**MUSKINGUM COUNTY** *Population: 86,305*	**NOBLE COUNTY** *Population: 14,311*	**PERRY COUNTY** *Population: 35,551*
43812	43725	43756	43701	43724	43076
43832	43762	45732	43830	43773	43764
43821	43723	43731	43777	45715	43777
43822	43773	43758	43762	43772	45732
43845	43772	43787	43821	43780	43783
43824	43780	45715	43822	43732	43731
43844	43973	43732	43760	45745	43748
43804	43749	45711	43771	43779	43760
44637	43732	43728	43727	43788	43739
43843	43778		43732	45727	43730
43811	43755		43746	45746	43766
43006	43983		43802	43711	43150
43805	43750		43767	43717	43782
43803	43768		43720		43761
43828	43722		43734		
43836	43733		43791		
	43736		43740		
			43702		
			43735		
			43738		
			43842		

GENESIS SERVICE AREA (GSA)
AT-A-GLANCE

The GSA's population is **224,771**.
The populations of both the GSA and Ohio
remained relatively the same in the past 3 years[1]

No Change
GSA

-0.1%
OHIO
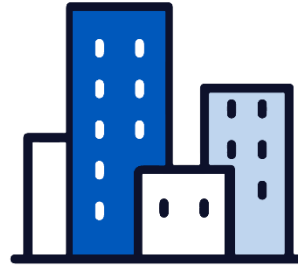
On average, GSA counties are ranked **63rd of 88** ranked counties in Ohio, according to social, economic, and health factors (with 1 being the best), placing it in the **bottom third** of the state's counties[2]

The % of males and females is **approximately equal**[3]

50% **50%**
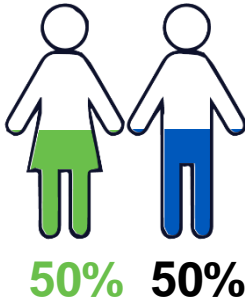
6%
of GSA residents are **veterans**, slightly higher than the state rate[4]

Youth ages 0-19 and seniors 65+ make up

43% of the population

In the GSA, nearly
1 in 5 residents are age 65+[3]

96% of the population in the GSA **speaks only English. 1%** are foreign-born[4,5]

The **majority (94%)** of the population in the GSA identifies as **White** as their only race[3]

94% WHITE RESIDENTS	**1%** HISPANIC OR LATINO RESIDENTS	**3%** BLACK/ AFRICAN AMERICAN RESIDENTS	**0.3%** AMERICAN INDIAN/ ALASKA NATIVE RESIDENTS	**0.4%** ASIAN RESIDENTS	**0.0%** NATIVE HAWAIIAN/ PACIFIC ISLANDER RESIDENTS	**3%** MULTI- RACIAL/ OTHER RESIDENTS
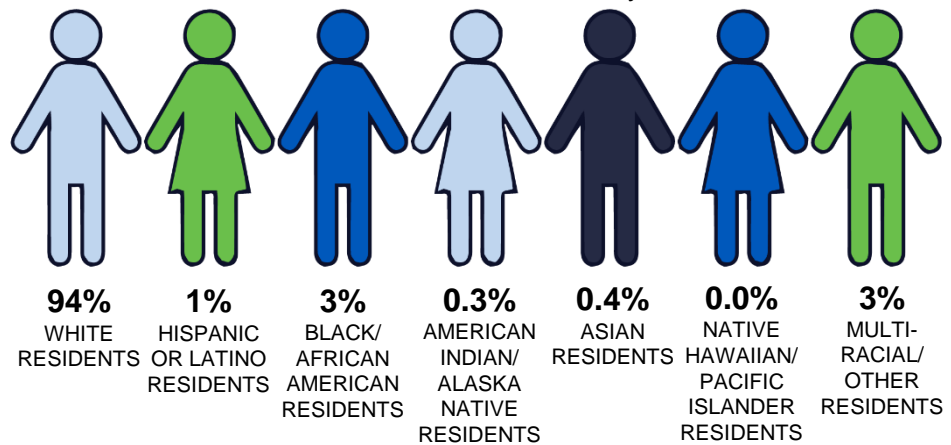
The life expectancy in the GSA of
74.4 years is 1.2 years shorter
than it is for the state of Ohio[6]

1 in 195
GSA residents will **die prematurely**, which is approximately the same as the Ohio state rate[6]

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

STEPS 3, 4 & 5
IDENTIFY, UNDERSTAND, AND INTERPRET THE DATA AND PRIORITIZE HEALTH NEEDS

IN THIS STEP, THE SOUTHEASTERN OHIO HEALTH IMPROVEMENT COLLABORATIVE (SOHIC):

- ✓ REVIEWED SECONDARY DATA FOR INITIAL PRIORITY HEALTH NEEDS
- ✓ COLLECTED PRIMARY DATA THROUGH INTERVIEWS, FOCUS GROUPS, AND A COMMUNITY MEMBER SURVEY
- ✓ COLLECTED COMMUNITY INPUT AND FEEDBACK
- ✓ REVIEWED PRIOR ASSESSMENTS AND REPORTS
- ✓ ANALYZED AND INTERPRETED THE DATA
- ✓ IDENTIFIED DISPARITIES AND CURRENT ASSETS
- ✓ IDENTIFIED BARRIERS OR SOCIAL DETERMINANTS OF HEALTH
- ✓ IDENTIFIED AND UNDERSTOOD CAUSAL FACTORS
- ✓ ESTABLISHED CRITERIA FOR SETTING PRIORITIES
- ✓ VALIDATED PRIORITIES
- ✓ IDENTIFIED AVAILABLE RESOURCES
- ✓ DETERMINED RESOURCE OPPORTUNITIES

UNDERSTANDING
PRIORITIZATION OF HEALTH NEEDS

SECONDARY DATA (Existing Data) + PRIMARY DATA (Interviews, Focus Groups, and Surveys) = PRIORITIZATION OF COMMUNITY CONDITIONS + PRIORITIZATION OF HEALTH OUTCOMES
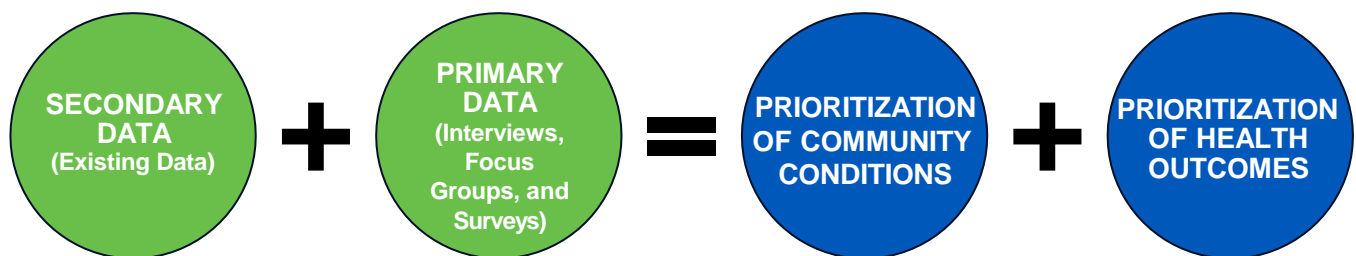
COMMUNITY CONDITIONS (OR SOCIAL DETERMINANTS OF HEALTH OR BARRIERS TO HEALTH) are components of someone's environment, policies, behaviors, and health care that affect the health outcomes of residents of a community. (Examples include housing, crime/violence, access to healthcare, transportation, access to childcare, nutrition and access to healthy foods, economic stability, etc.).

HEALTH OUTCOMES are health results, diseases or changes in the human body. (Examples include chronic diseases, mental health, suicide, injury, and maternal/infant health).

> **In order to align with the Ohio Department of Health's initiative to improve health, well-being, and economic vitality, the Southeastern Ohio Health Improvement Collaborative (SOHIC) included the state's priority factors and health outcomes when assessing the community.**

PRIMARY & SECONDARY DATA
DATA COLLECTION

ASSESSING HEALTH NEEDS THROUGH COMMUNITY DATA COLLECTION

Initially, health needs were assessed through a review of the secondary (existing) health data collected and analyzed prior to conducting the interviews, focus groups and survey (primary data collection). Priority health needs were identified using the following criteria.

Criteria for Identification of Priority Health Needs:
1. The size of the problem (relative proportion of population afflicted by the problem).
2. The ranking of the problem using data from the community survey, focus groups, and interviews with residents.

To determine the seriousness of the problem, the health need indicators of the Genesis Service Area (GSA, including Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties) identified in the secondary data were measured against benchmark data, specifically state rates, national rates and/or Healthy People (HP) 2030 objectives (HP 2030 benchmark data can be seen in **Appendix B**).

The health needs were further assessed through the primary data collection – key informant interviews, focus groups, and a community member survey. The information and data from both the secondary and primary data collection informs this CHNA report and the decisions on health needs that the Southeastern Ohio Health Collaborative (SOHIC) will address in its Implementation Strategy/Improvement Plan (CHIP).

The data collection process was designed to comprehensively identify the priority issues in the community that affect health, solicit information on disparities among subpopulations, ascertain community assets to address needs, and uncover gaps in resources.

REVIEW OF PRIOR CHNA DATA

In order to build upon the work that was initiated previously, the prior 2021 CHNA was reviewed. When making final decisions for the 2025-2027 Implementation Strategy/CHIP, previous efforts will be assessed and analyzed.

SECONDARY DATA DEFINITIONS

Behavioral Risk Factor Surveillance System (BRFSS) Region 12: Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties are part of BRFSS Region 12, which also includes Tuscarawas County.

HIV Planning Regions 5 & 6: Coshocton County is part of HIV Planning Region 5, which also includes Carroll, Harrison, Holmes, Jefferson, Stark, Tuscarawas, and Wayne Counties. Guernsey, Morgan, Muskingum, Noble, and Perry Counties are part of HIV Planning Region 6, which also includes Athens, Belmont, Meigs, and Washington Counties.

National Survey on Drug Use and Health (NSDUH) Region: Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties are part of an NSDUH Region that also includes Athens, Hocking, and Vinton Counties.

Ohio Healthy Youth Environments Survey (OH YES!) Region: Together, Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties form their own OH YES! Region.

2024 HEALTH NEEDS TO BE ASSESSED:

- Access to healthcare (primary, dental/oral, and mental)
- Chronic diseases (asthma, cancer, diabetes, heart disease, stroke, etc.)
- Community conditions (housing, education, income/poverty, internet access, transportation, adverse childhood experiences, crime and violence, access to childcare, food insecurity, etc.)
- Environmental conditions (air and water quality, vector-borne diseases, etc.)
- HIV/AIDS and Sexually Transmitted Infections (STIs)
- Injury
- Leading causes of death
- Maternal, infant, and child health (infant mortality, maternal morbidity and mortality, etc.)
- Mental health (depression and suicide, etc.)
- Nutrition and physical health (overweight and obesity population, etc.)
- Preventive care and practices (vaccines/immunizations, screenings, mammograms/pap smears, etc.)
- Substance use (alcohol and drugs, etc.)
- Tobacco and nicotine use

The secondary and primary data collection will ultimately inform the decisions on health needs that SOHIC will address in the Implementation Strategy/CHIP.

This report will focus on presenting data at the GSA level where available (all 6 counties); county-level data will be included where relevant. The geography for each indicator will be specified (i.e. GSA, BRFSS region, HIV planning region, NSDUH region, state, national, etc.).

Secondary data was collected for the Community Health Needs Assessment (CHNA) in Fall 2024. The most up-to-date data available at the time was collected and included in the CHNA report. Please refer to individual sources in the References section for more information on years and methodology.

PRIMARY DATA COLLECTION
KEY INFORMANT INTERVIEWS

Key informant interviews were used to gather information and opinions from persons who represent the broad interests of the community. We spoke with **48 experts** from various organizations serving the Genesis Service Area (GSA) community, including leaders and representatives of medically underserved, low-income, minority populations, and leaders from local health or other departments or agencies (a complete list of participants can be seen in **Appendix C**). The interview questions asked can be seen below.

KEY INFORMANT INTERVIEW QUESTIONS:
Broad questions asked at the beginning of the interview:
What are some of the major health issues affecting individuals in the community?
What are the most important socioeconomic, behavioral, or environment factors that impact health in the area?
Who are some of the populations in the area who are not regularly accessing health care and social services? Why?
Questions asked for each health need:
What are the issues/challenges/barriers faced for the health need?
Are there specific sub-populations and areas in the community that are most affected by this need?
Where do community residents go to receive help or obtain information for this health need? (resources, programs, and/or community efforts)

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

PRIMARY DATA COLLECTION
FOCUS GROUPS

Focus groups were used to gather information and opinions from specific sub-populations in the community who are most affected by health needs. We conducted **15 focus groups** with a total of **143 people** in the Genesis Service Area (GSA) community. Focus groups included leaders and representatives of medically underserved, low-income, minority populations, and leaders from local health or other departments or agencies (a complete list of groups represented and focus group details can be seen in **Appendix D**). The focus group questions asked can be seen below.

FOCUS GROUP QUESTIONS:
What are your biggest health concerns/issues in our community?
How do these health concerns/issues impact our community?
What are some populations/groups in our community that face barriers to accessing health and social services?
What existing resources/services do you use in our community to address your health needs? How do you access information about health and health and social services? Does this information meet your needs?
What resources do you think are lacking in our community? What health information is lacking in our community? How could this information best reach you and our community?
Do you have any ideas for how to improve health/address health issues in our community?
Do you have any other feedback/thoughts to share with us?

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

THINGS PEOPLE LOVE ABOUT THE COMMUNITY
FROM INTERVIEWS & FOCUS GROUPS

"Everybody really does have cohesion and we have many of the same goals in mind. That just makes the community the best possible place to live, work and to have friends. "

- Community Member Interview from Noble County

"I love how we all try to build on the success of others. Community success means building on each other's success."

- Community Member Focus Group from Perry County

"People here are generally pretty nice, helpful and responsive. There's a good sense of community."

- Community Member Interview from Muskingum County

"I think my favorite part of the community is just how everybody bands together when somebody is in need."

- Community Member Interview from Morgan County

"There are a lot of the people [in the area] who are proud to live in and be a part of Appalachia."

- Community Member Interview from Guernsey County

"Even though it's kind of a small town, we do have an intricate build that models a big city. We have streets that are highly populated and places to go for entertainment."

- Community Member Interview from Muskingum County

"Community members exhibit pride and a desire for autonomy."

- Community Member Focus Group from Noble County

"[We love the] closeness of the community and the safeness; it's a great place to raise a family."

- Community Member Interview from Noble County

"I love that we surround each other in tragedy and in good times. There's just a lot of community that surrounds people here and we people don't have to walk through things alone."

- Community Member Interview from Perry County

"What I love is that it's such a close-knit community. When something happens in a person's life, you have the whole community to support you."

- Community Member Interview from Morgan County

"We're very hard-working people. I would say that that's probably what sets us apart is that most of our community understands that we have to go to work, and we work hard, and we help each other out. We're a very close-knit community. So, when tragedy does strike, we all chip in to figure it out."

- Community Member Interview from Guernsey County

TOP PRIORITY HEALTH NEEDS
FROM INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Major health issues impacting community:
1. Mental/behavioral health
2. Substance use
3. Transportation
4. Lack of access to healthcare services

Top socioeconomic, behavioral, and/or environmental factors impacting community:
1. Poverty/low incomes
2. Lack of transportation
3. Low workforce rates/poor employment
4. Unmet mental health care needs
5. Housing issues
6. Access to care

FROM COMMUNITY FOCUS GROUPS:

Major health issues impacting community:
1. Homelessness/housing insecurity
2. Mental/behavioral health
3. Substance use/drug addiction
4. Lack of specialists/specialty care
5. Transportation

How health concerns are impacting community:
1. Access to healthcare
2. Lack of transportation
3. Cost of care
4. More children being cared for by kin (not parents) or foster care system
5. Food insecurity

"We don't have enough mental health resources. We constantly send patients who need those resources, either out of town or farther away, and it takes extra time to place them."

- Community Member Interview from Noble County

"There are transportation issues in the 9 counties we cover in Southeast Ohio."

- Community Member Interview from Guernsey County

"There is a need for homeless shelters, but there is no real support. There is a lack of capability to document the issue and how we can account for how many are in need."

- Community Member Focus Group from Perry County

"You have to travel outside of the community for any kind of [healthcare] services. We have to drive to another county for after-hours care."

- Community Member Focus Group from Morgan County

"We don't have the resources or the workforce to address mental health and addiction issues as fully as we would like to. [It makes you question] how we're able to serve our community."

- Community Member Interview from Muskingum County

"The learning center is absolutely under staffed. The cost is not worth one parent working. In-home childcare is cheaper but risky on the provider."

- Community Member Focus Group from Noble County

TOP PRIORITY GROUPS & RESOURCES
FROM INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Sub-populations in the area that face barriers to accessing healthcare and social services:
1. Elderly/aging population
2. Low-income population
3. Children/youth
4. Those who lack transportation
5. Rural population
6. Homeless/housing insecure population

FROM COMMUNITY FOCUS GROUPS:

Sub-populations in the area that face barriers to accessing healthcare and social services:
1. Elderly/seniors/aging population
2. Low-income population
3. LGBTQ+ population
4. Homeless population
5. Children
6. People with disabilities

Resources people use in the community to address their health needs:
1. Health department
2. Local healthcare providers/family doctors
3. Muskingum Valley Health Center
4. Local hospital/emergency room
5. Food pantries

Top resources that are lacking in the community:
1. Housing
2. Specialty healthcare
3. Broadband internet access
4. Activities for youth/elderly
5. Mental health clinicians
6. Access to dental healthcare

"The elderly more than anybody have a huge transportation barrier here; there's an issue with them getting to the doctor."

- Community Member Interview from Morgan County

"We're a rural county. So, we have a vast array of challenges that are social drivers or social determinants of health, including transportation challenges, safe and stable housing, and education."

- Community Member Interview from Muskingum County

"I think there's a gap for kids. There's no pediatrics in the area or in a lot of the areas that we're talking about. We have family practice offices, and they're certainly capable of taking care of children, but actual pediatric and pediatric specialty services are just not available."

- Community Member Interview from Perry County

"There needs to be something for kids to do so that they can stay out of trouble. Maybe a community center where kids could go."

- Community Member Focus Group from Morgan County

"There are a lot of cases where the elderly don't have family to support them, or their health has declined."

- Community Member Focus Group from Perry County

"There are stigmas around doctors and mental health, [people] don't get the help they need."

- Community Member Focus Group from Noble County

TOP FINDINGS FROM
COSHOCTON COUNTY FOCUS GROUP

AMISH COMMUNITY:

- **Health issues** include lifestyle concerns like poor eating habits and lack of physical activity/exercise. These lead to obesity, heart issues, and other health problems.
- **Existing resources** include local healthcare providers who offer screenings, physicals, and wellness packages, which are promoted through local publications to help address health needs.
- **Resource gaps** center around pediatrics, as this type of specialty care is lacking in the community, and many families, especially from the Amish population, travel long distances to cities like Akron, Columbus, and Cleveland for healthcare services.
- **Improvement suggestions** include using awareness campaigns and local publications to attract attention and improve engagement with health services in the community.

TOP FINDINGS FROM
MORGAN COUNTY FOCUS GROUPS

SENIORS:

- **Health issues** relate to challenges in providing essential services for the aging population. These include the need for an on-call repair person for elderly residents, affordable housing, and access to primary healthcare providers (specifically doctors, not just nurse practitioners). There's also a lack of accessible medical testing, dental, and eye care services. Many residents must travel outside the county to access healthcare services, which is particularly challenging for seniors. The aging population of Morgan County makes the need for local healthcare and related services even more pressing.
- **Access barriers** are primarily faced by senior citizens (to health and social services).
- **Existing resources** that residents rely on are public transportation and the Senior Center, while many travel outside the county to address healthcare needs.
- **Resource gaps** include a repair person service for seniors to help them with tasks that could jeopardize their safety, as well as the need for local hospital facilities, doctors, dentists, and eye doctors to support the aging population.
- **Improvement suggestions** include filling the resource gaps by providing repair person support, and increasing access to healthcare providers and specialists in the county. Providing these services would help seniors maintain their independence and improve overall community health.
- **Other feedback** shared was that while residents appreciate their county, they believe improvements are needed, particularly for youth. Establishing a community center where children can engage in positive activities would help keep them out of trouble.

TOP FINDINGS FROM
MORGAN COUNTY FOCUS GROUPS

YOUTH:

- **Health issues** include physical activity, homelessness, and mental health resources for youth. Access to healthcare, prevention, and education are also pressing issues, with a lack of information on vaping and underage drinking highlighted as concerns. Participants noted that there is confusion about where to seek help and who to ask for guidance. These issues significantly impact the community, particularly youth homelessness, with some young people bouncing from house to house. Vaping and smoking have become more prevalent, and there is a strong need for education on vaping to prevent its use.
- **Access barriers** are faced by youth, who lack transportation and knowledge of how to secure housing. Elderly individuals also struggle with transportation to medical appointments. People with disabilities may not have adequate care, and financial barriers (such as the cost of gas) hinder access to services.
- **Existing resources** include Muskingum Valley Health Centers (offering dental, urgent care, and vision services), the summer food program, church support, Morgan County Community Ministries, and the local health department for COVID-19 tests, vaccines, and free Narcan.
- **Resource gaps** include education on life skills for youth transitioning to adulthood, athletic programs for individuals with disabilities, rehabilitation facilities for addiction, a homeless shelter, and transportation to services. There is also a need for more health screening opportunities, community centers for youth, and outdoor activity options.
- **Improvement suggestions** include launching social media campaigns to raise awareness, making resources more accessible, and improving transportation to and from rural areas, such as Malta and McConnelsville.
- **Other feedback** related to the need for more resources for the homeless, including places to sleep, public restrooms, food trucks to provide free meals, and low-cost laundry services.

PEOPLE WITH DEVELOPMENTAL DISABILITIES:

- **Health issues** include illness in schools, lack of 24/7 urgent care, poor medical care, opioid use, and inadequate resources for the homeless. These issues lead to frequent illnesses, financial strain, difficulty accessing care, and fear of opioid overdoses.
- **Access barriers** are highest for low-income, middle-class, elderly, and rural residents, who struggle to access healthcare due to transportation issues, lack of funds, or eligibility for assistance.
- **Existing resources** used included local services like Muskingum Valley Health Centers, but people often seek care outside the community due to limited resources.
- **Resource gaps** include a need for 24/7 care, more affordable healthcare, better education for autistic children, and increased prevention services, including Narcan access.
- **Improvement suggestions** made were better cleaning in schools, more financial aid, expanded healthcare options, and increased drug prevention education.
- **Other feedback** mentioned was the need for updated school policies for children with disabilities and better dental health services.

TOP FINDINGS FROM
MUSKINGUM COUNTY FOCUS GROUPS

SENIORS:

- **Health issues** include employment barriers (difficulty for people to find jobs, particularly due to foreign workers being paid less), healthcare accessibility (high costs of medicine (e.g., insulin, Epi-pens), and the inconvenience of local hospitals sending patients to Columbus), public health issues (smoking areas and the widespread presence of cigarettes), and disability accessibility (handicapped parking spaces being replaced by food delivery parking). This means that many community members cannot afford necessary healthcare or goods.
- **Access barriers** affect seniors who face challenges with insurance plans and are vulnerable to exploitation by insurance salespeople; low-income individuals experience difficulty accessing services due to financial constraints.
- **Existing resources** include Home Energy Assistance Program (HEAP), Muskingum Valley Health Centers, and free tax preparation through the United Way.
- **Resources gaps** include school bullying and lack of mental health resources for adolescents and a lack of shelters or places for the homeless population to go.
- **Improvement suggestions** include having therapy dogs in schools, easier qualification for programs like SNAP, and more community programs for seniors, socialization, and educational opportunities.
- **Other feedback** was around improving access to programs, creating spaces for social interaction, and addressing school-based mental health needs.

HOMELESS/POVERTY:

- **Health issues** include housing (especially for people with disabilities), mental health, better treatment for injured individuals, elder protection, and job access. There are also issues with the local jail's proximity to schools, misuse of funds, drug use, and a lack of homeless shelters, soup kitchens, and resources for the homeless. Finally, people with felonies face difficulty getting low-income housing.
- **Access barriers** are faced by individuals with mental illness and the homeless population faces barriers to accessing health and social services.
- **Existing resources** include the 12-step program, local churches, Section 8 housing, and Christ's Table.
- **Resource gaps** include affordable housing, homeless shelters, and job search assistance.
- **Improvement suggestions** Improving connections between the government and constituents is crucial, along with repurposing abandoned buildings for housing, improving education, and addressing issues related to Section 8 vouchers for those with disabilities. Creating designated areas for homeless camps, encouraging sobriety, and teaching money management in rehabilitation services are also proposed solutions.
- **Other feedback** includes the impact of criminal records on accessing federal housing, and the need to recognize and educate the public that not all homeless individuals use drugs or are homeless by choice.

LGBTQ+:

- **Health issues** include high healthcare costs, limited access to affordable medications, a lack of mental health services, limited LGBTQ+ care, insurance restrictions, and barriers to substance abuse treatment and STI/HIV prevention and treatment. This leads to unnecessary negative health impacts and sometimes deaths, with many avoiding treatment due to cost concerns. People may have to work while sick, and accessing care often requires traveling. High healthcare costs and limited local resources contribute to safety concerns and the spread of infectious diseases. There is also a need to improve mental health and addictions services and reduce stigma.
- **Access barriers** include insurance issues, transportation issues, and a shortage of local healthcare providers (particularly LGBTQ+-specific). Stigma and a lack of mental health and substance use services also exists.
- **Existing resources** include Ohio State University, Genesis Healthcare, family doctors, Planned Parenthood, and Muskingum Valley Health Center.
- **Resource gaps** include mental health services, telehealth options, providers who specialize in LGBTQ+ care, and resources for self-employed people. Affordable healthcare, housing, and drug rehab services are also needed.
- **Improvement suggestions** include improving education, expanding mental health services, and increasing resource outreach. Bringing in outside services, reducing stigma, and partnering with local health organizations to gather community feedback are important steps.
- **Other feedback** provided was the need for safe, supportive spaces for LGBTQ+ individuals, especially at events like Pride. Participants also expressed concerns about safety and healthcare access, particularly in privately-owned hospitals. Community-based youth organizations are also needed for additional support.

TOP FINDINGS FROM
MUSKINGUM COUNTY FOCUS GROUPS

BLACK, INDIGENOUS, AND PEOPLE OF COLOR (BIPOC):

- **Health issues** highlighted were addiction, mental health struggles, and healthcare access issues, particularly discrimination based on race and gender. Poor housing quality was also affecting children's development, and families faced barriers to affordable healthcare. Substance abuse and generational trauma were recurring challenges.
- **Access barriers** include families struggling with low income, lack of affordable housing, and scarce childcare options. Healthcare discrimination, distrust in landlords, and limited awareness of community resources (like 211 services) prevent access to essential services.
- **Existing resources** include Social Security, after-school tutoring, parent-child interaction programs, and support groups like Beautiful Moms. However, outreach and educational efforts could be expanded.
- **Resource gaps** include affordable housing, mental health, substance abuse treatment, and women's empowerment and self-defense programs. Reunified families and kinship caregivers often lack ongoing support, and better communication about available resources is needed.
- **Improvement suggestions** were offering more educational sessions, creating a platform for community feedback, and forming support groups for kinship caregivers. There is also a call to improve communication about available resources and provide more self-defense and parenting education.
- **Other feedback** emphasized the need for more focus groups like this one, understanding parents' challenges, and supporting women, especially in parenting. Addressing societal inequalities, particularly around race and gender is essential for supporting children's growth and opportunities.

DEAF AND HARD OF HEARING:

- **Health issues** are faced by the Deaf community due to a lack of accessible resources. Fire and carbon monoxide alarms are often unavailable for Deaf individuals, and tornado warnings can't be heard. Additionally, there is poor communication about available health services, and the absence of interpreters in medical settings creates barriers. This can lead to missed safety alerts and inadequate healthcare access, which increases risks, causes isolation, and worsens health outcomes, limiting social participation and well-being.
- **Access barriers** for the Deaf community include information gaps and inconsistent access to interpreters. Health centers, like Muskingum Valley Health Centers, often lack interpreters, and when available, only one interpreter is provided, which can compromise privacy.
- **Existing resources** include diabetes classes and immunization clinics, but there are limited services specifically for Deaf individuals. Some health centers, like Genesis, are working to improve interpreter access, but service conflicts remain.
- **Resource gaps** include a lack of reliable interpreter services in healthcare, education, and the court system. More tailored services for the Deaf community, including better awareness and support for first responders, are needed.
- **Improvement suggestions** were providing public education on the importance of American Sign Language (ASL) interpreters, adding Deaf-specific information to the 911 system, having designated educators in schools, and increasing interpreter availability in healthcare and public services to improve access and inclusion.

TOP FINDINGS FROM
NOBLE COUNTY FOCUS GROUPS

FAMILY AND CHILDREN-SERVING ORGANIZATIONS:

- **Health issues** include high rates of diabetes and obesity, with limited access to healthy food despite Supplemental Nutrition Assistance Program (SNAP) assistance. There was also concern about the lack of affordable, safe housing and a lack of transportation options, especially for childcare and non-traditional hours. Mental health issues were noted, particularly anxiety, as well as the challenges of youth transitioning to adulthood without strong support systems and limited recreational options. The community struggles with pride and reluctance to ask for help, resulting in underutilization of available services. Housing instability leads to overcrowding and safety issues like bedbugs. Lack of transportation and childcare makes it difficult for people to work and access services, contributing to social and economic challenges.
- **Access barriers** are faced by the working poor, elderly, people with legal troubles, and those living in remote areas.
- **Existing resources** include the local health department, nurse practitioners, urgent care services, exercise classes, and walking tracks as ways to address health needs.
- **Resource gaps** include a lack of dental and pediatric services, mental healthcare, emergency care, and healthcare staff. There was a need for better health education for youth and year-round access to fresh food.
- **Improvement suggestions** include creating work environments that promote physical activity, early education about healthy eating, and partnerships with local farmers' markets. Wellness groups within agencies, incentives for participation in wellness programs, and strategies to attract medical professionals to the area were also proposed.

SENIORS:

- **Health issues** highlighted were COVID-19, a lack of local healthcare facilities (like a VA Clinic and quick care or hospital), and gaps in health education as major concerns.
- **Impacts** include the absence of local healthcare facilities and the need to travel for services that make access difficult. Many are unaware of available services, leading to unmet health needs, especially for vulnerable groups.
- **Access barriers** were identified for the homeless, those without transportation, and older adults who are not online. Lack of information sharing resources impacts these groups' ability to access services.
- **Existing resources** include South East Area Transit (SEAT), Morgan County Public Transit, Noble County Senior Center, Noble County Health Department, Veterans' Affairs (VA) Transportation, AllWell Behavioral Health Services, and Job and Family Services.
- **Resource gaps** include a lack of senior housing, weekend childcare, and dental services.
- **Improvement suggestions** include more health fairs and increased outreach through house calls, flyers, newsletters, and local newspapers. Participants love the health department's outdoor light-up sign and recommended using it to promote more community events.
- **Other feedback** include a desire for better promotion of Senior Center activities and outreach to outlying areas. Participants also requested expanded ambulance services to Marietta and Zanesville.

NOBLE COUNTY CARES (COALITION GROUP):

- **Health issues** include poverty, chronic diseases like Type-2 diabetes, cancer, stress, and generational trauma. Other issues are domestic violence, limited EMS care, isolation, lack of prenatal care, anxiety disorders, and after-hours services. These contribute to stigma, poverty, substance abuse, and stress. Barriers to healthcare, including high costs and insurance issues, worsen life expectancy and quality of life, especially affecting children's education and access to resources.
- **Access barriers** affect children, seniors, veterans, farmers, the Amish, LGBTQ+ individuals, grandparents raising grandchildren, recovery clients, and those with limited transportation or insurance.
- **Existing resources** include primary care, Emergency Medical Services (EMS), food pantries, health departments, mobile health units, Caldwell Family Health Center - Ohio Hills Health Services, and the Area Agency on Aging.
- **Resource gaps** include a shortage of dental care, affordable housing, after-hours care, OB/GYN care, cardiac services, recreational spaces for children, and home-based services for aging caregivers.
- **Improvement suggestions** included promoting telemedicine, better broadband access, more local care options, a school-based health clinic, and more sports facilities for kids.
- **Other feedback** included the need for better access to durable medical equipment like crutches and wheelchairs.

TOP FINDINGS FROM
PERRY COUNTY FOCUS GROUPS

RURAL COMMUNITIES (SOUTHERN PERRY COUNTY):

- **Health issues** include bed bugs, lack of afterschool programs, transportation challenges, limited healthcare access, substance use, crime, housing insecurity, unsafe rentals, and volunteer Emergency Medical Services (EMS). Economic barriers and lack of jobs are also challenges. These issues lead to isolation, long travel times for care, and financial strain (e.g., choosing between utilities or food). Limited healthcare access and high utility costs disproportionately affect low-income and rural populations, worsening health outcomes.
- **Access barriers** particularly affect aging populations and low-income individuals.
- **Existing resources** include volunteer EMS and fire services, local pharmacies, food pantries, community centers, dollar stores, and playgrounds.
- **Resource gaps** include a shortage of doctors, police, and EMS. Afterschool care and childcare options are lacking, and what is available tends to be too expensive. Limited internet access is also an issue.
- **Improvement suggestions** include more funding for services, establishing a central EMS station with full-time services, increasing law enforcement funding, and building childcare facilities.

FOOD INSECURITY:

- **Health issues** include food insecurity, addiction, high suicide rates, and limited healthcare access. Transportation barriers prevent people from reaching grocery stores and medical services, especially in southern Perry County. Housing issues like homelessness and unsafe rental properties are growing, and there is a shortage of affordable housing. Chronic diseases such as diabetes and heart disease are common, but there is little support for lifestyle changes. Broadband and transportation remain significant barriers. These issues disproportionately affect seniors, many of whom care for grandchildren with little support. Families face long commutes for work, which adds financial strain. There is also a lack of awareness about services, particularly among those without internet access.
- **Access barriers** are faced by the elderly, youth, homeless individuals, and those with disabilities (like the visually impaired) face significant barriers in accessing healthcare and social services due to transportation difficulties, lack of affordable housing, and limited local resources.
- **Existing resources** include food pantries, volunteer emergency services, the health department for vaccinations, and primary care providers. However, many services rely on volunteers.
- **Resource gaps** identified were specialized medical care, mental health services, technology access for adults, housing repair programs for the elderly, more youth programs, and affordable childcare services.
- **Improvement suggestions** include better communication about available services (especially for those without internet), attracting healthcare specialists, mobile health units, and more caregiver and youth programs.
- **Other feedback** was expressed about pet care (e.g., rabies vaccinations), better outreach for those without internet access, more support for grandparents raising grandchildren, and more support for the homeless population.

ACCESS TO CARE:

- **Health issues** include limited healthcare access, particularly for specialized services like dialysis and chemotherapy. Food insecurity, drug addiction, and mental health issues are prevalent. There is a shortage of affordable housing and rental properties, particularly for seniors, and transportation remains a major barrier. The community also faces high rates of chronic disease, lack of childcare, and lack of broadband access. These issues result in a loss of workforce and opportunities, especially for youth who leave the area. Seniors and grandparents raising grandchildren face significant challenges, and many families struggle to make ends meet. The lack of healthcare, housing, and employment opportunities contributes to generational poverty and poor health outcomes.
- **Access barriers** affect seniors, low-income families, those with substance use issues, and people with disabilities, youth, and the Amish/Mennonite community.
- **Existing resources** include local health services, family physicians, behavioral health programs, community initiatives like the Alzheimer's Alliance, and volunteer-run support services like food pantries.
- **Resource gaps** include dental and vision care, specialists, affordable housing, and broadband access. There is also a shortage of childcare options and support for youth activities and caregivers.
- **Improvement suggestions** include improving healthcare access through mobile clinics, increasing workforce opportunities, expanding transportation access, and providing more drug recovery, childcare, and wellness support.
- **Other feedback** shared was a need for better communication of available services and more proactive community engagement to address these health concerns and foster long-term recovery.

PRIMARY DATA COLLECTION
COMMUNITY MEMBER SURVEY

Each key informant interview and focus group participant was asked to complete an online survey to assess and prioritize the health needs identified by secondary data collection. The health department, hospitals, and community partners shared the survey link with clients, patients, and others who live and/or work in the community. The survey was available in English and Spanish. This resulted in **1,188 responses** to the community survey. The results of how the health needs were ranked in the survey for the Genesis Service Area (GSA) overall are found in the tables below, separated by community conditions (including social determinants of health, health behaviors, and access to care) and health outcomes. This health need ranking was used to order the health needs in the following community conditions and health outcomes sections of this report (note that not every health need has its own section and some health needs have been combined to form larger categories, such as access to healthcare and mental health). More details about the survey, questions, and demographics can be found in **Appendix E**.

COMMUNITY CONDITIONS RANKING FROM COMMUNITY MEMBER SURVEY	
#1 Income/poverty and employment	31%
#2 Access to mental healthcare	25%
#3 Access to childcare	23%
#4 Access to primary healthcare	23%
#5 Adverse childhood experiences	22%
#6 Food insecurity	20%
#7 Housing and homelessness	19%
#8 Internet/Wi-Fi access	18%
#9 Access to specialist healthcare	17%
#10 Health insurance coverage	14%
#11 Crime and violence	12%
#12 Transportation	11%
#13 Education	10%
#14 Access to dental/oral healthcare	10%
#15 Physical health/exercise	9%
#16 Preventive care and practices	8%
#17 Nutrition	6%
#18 Health literacy	6%
#19 Access to public/safe water and other utilities	5%
#20 Access to social engagement and volunteer opportunities	5%
#21 Environmental conditions	5%
#22 Access to vision healthcare	2%

HEALTH OUTCOMES RANKING FROM COMMUNITY MEMBER SURVEY	
#1 Substance use disorder	79%
#2 Mental health	78%
#3 Chronic diseases	55%
#4 Tobacco and nicotine use/smoking/vaping	40%
#5 Suicide	17%
#6 Maternal, infant, and child health	15%
#7 Injuries	7%
#8 HIV/AIDS and Sexually Transmitted Infections (STIs)	2%

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

HEALTH NEEDS
COMMUNITY CONDITIONS

HEALTH NEEDS: COMMUNITY CONDITIONS

The following pages rank the community conditions category of health needs, which include the social determinants of health, health behaviors, and access to care. They are ranked and ordered according to the overall Genesis Service Area (GSA) ranking from the community member survey as seen on page 28 (note that not every health need has its own section and some health needs have been combined to form larger categories, such as access to healthcare). Each health need section includes a combination of different data sources collected from our community: secondary (existing) data, and primary (new) data – from the community member survey, key informant interviews with community leaders, and focus groups with community members. Priority populations who are most affected by each health need and experience health disparities are also shown. Finally, where applicable, Healthy People 2030 Goals are highlighted, including the performance of the GSA and the state compared to the benchmark goal.

GSA includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

#1 Health Need:
INCOME/POVERTY & EMPLOYMENT

Economic stability includes **income**, **employment**, **education,** and many of the most important social factors that impact the community's health. **31% of GSA community survey respondents ranked income/poverty and employment as a priority health need**
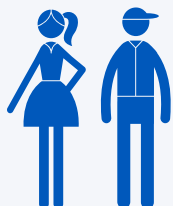
9%* of GSA teens 16-19 are at risk because they are **not in school or are unemployed**, which is higher than the 6% seen statewide. This is highest in Perry County at 16%[6]

42%* of these teens **do not hold a high school** diploma, vs. 49% for Ohio[7]

*Guernsey, Muskingum, and Perry counties only

5% of GSA vs. 4% of Ohio **adults are unemployed.** Unemployment is highest in Noble County (6%)[6]

IN OUR COMMUNITY

The GSA's median household income is **lower** than the state average. The median income is lowest in Coshocton County ($50,700)[6]
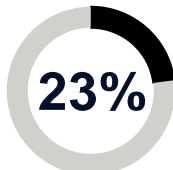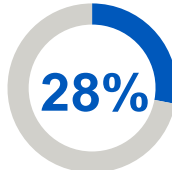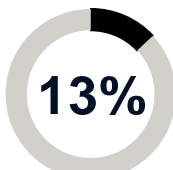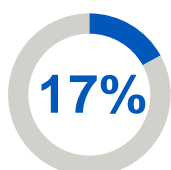
GSA: $54,838
OHIO: $65,800

POVERTY RATE

17% GSA
13% OHIO

Poverty rates are higher for the GSA than for Ohio. The highest poverty rate is found in **Coshocton County (19%)**[8]

LOW-INCOME RATE

28% GSA
23% OHIO

Low-income rates are higher for the GSA than for Ohio. The highest low-income rate is found in **Coshocton County (32%)**[9]

The map below shows areas of the GSA where more than 20% of the population lives in **poverty** (in orange), areas where more than 25% of the population **lacks a high school diploma** (in purple), and areas above the vulnerable thresholds for **both poverty and education** in red[10]

COMMUNITY FEEDBACK

"We don't have anywhere for people to work. They have to travel. We don't have the infrastructure here to support business."

- Community Member Interview from Noble County

"Eligibility isn't fair within the community...there is some bias. You're so poor but not poor enough to qualify."

- Community Member Focus Group from Perry County

23%
of GSA community survey respondents had **trouble affording utilities** (e.g. heat, electric, natural gas or water) in the past year

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

#1 Health Need:
INCOME/POVERTY & EMPLOYMENT

18% of low-income GSA adults utilize food stamps, vs. 12% for Ohio. Utilization is highest in Morgan and Muskingum Counties (19%)[9]

According to the U.S. Census Bureau

3%
of both GSA and Ohio residents receive public assistance (highest in Perry County at 4%)[9]

7%
of GSA residents receive Supplemental Security Income (SSI), vs. 6% for Ohio (highest in Perry County at 9%)[9]

COMMUNITY FEEDBACK

"I see a lack of living wage jobs. It forces individuals into trying to maintain more than one job in order to make ends meet."

- Community Member Interview from Muskingum County

"The young people are taught in school that they have to leave the county to obtain an adequate, sustainable lifestyle where they can make the money they need to live."

- Community Member Interview from Perry County

"Poverty has always been an issue here. There's just not a whole lot of opportunity here."

- Community Focus Group from Morgan County

Top issues/barriers for income/poverty and employment (from interviews and focus groups):
1. Lower than average incomes/poor pay
2. Lack of employment in the area
3. Increased poverty in the area

Sub-populations most affected by income/poverty and employment (from interviews and focus groups):
1. Low-income population
2. Elderly population
3. People who use substances

Top resources, services, programs, and/or community efforts for income/poverty and employment:
1. Job & Family Services (JFS)
2. Women, Infants & Children (WIC)
3. Central Ohio Technical College (COTC)

PRIORITY POPULATIONS

INCOME/POVERTY & EMPLOYMENT

While **income/poverty and employment** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

New Lexington (43764) residents (52%) were significantly more likely than residents of other geographical areas to select employment as one of their top concerns on the community survey
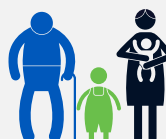
23% of **children**, 10% of **seniors**, and 46% of **female heads-of-household (HoH)** living with their minor children live in poverty[8,11]

Coshocton County has the highest overall poverty rate (19%) and child poverty rate (27%) in the GSA, while **Noble County** has the highest senior poverty rate (12%)[8]

20% of GSA **65+ year-old** community survey respondents earn a relatively low household income of $20,000-34,000 per year, a significantly higher percentage than 35-64 year-olds

In the community member survey, those with **an associate degree** (36%) were more likely to rank employment as a top concern than those with higher levels of education

Income/poverty/financial barriers were mentioned in 73% of focus groups with priority populations (including **seniors, youth, people with disabilities, Black, Indigenous, and People of Color (BIPOC), homeless, rural,** and **LGBTQ+** populations)

According to research, **people who are immigrants and/or experience language barriers** may have additional challenges with accessing employment, education, and health and social services[6]

Research suggests that people with **disabilities** may experience additional challenges obtaining and maintaining employment[6]

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

#2 Health Need:
# ACCESS TO CHILDCARE

IN OUR COMMUNITY

The average two-child GSA household spends 28% of its income on childcare, with the state average being 29%. This cost burden is highest in Coshocton County (31% of income)[6]

CHILDCARE AVAILABILITY

GSA	9
OHIO	8

GSA counties average **9 daycare centers per 1,000 children under 5 years old**, vs. Ohio's 8. Noble County has the lowest rate in the GSA at 7 per 1,000[6]

CHILDREN IN PUBLICLY FUNDED CHILDCARE

3%
GSA

5%
OHIO
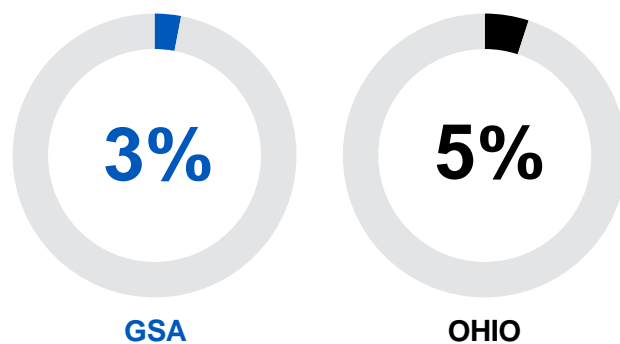
The GSA county average is 3%, **below the state average of 5%. Morgan County has the lowest enrollment at 1%**[12]

COMMUNITY FEEDBACK

"There's not enough childcare to meet the needs of our families that have young children. We do have some in-home providers."

- Community Member Interview from Morgan County

"So many people don't have options for childcare. They must decide, do I go out and try to make a make a living, or is it more cost effective to stay home?"

- Community Member Interview from Noble County

"There are no [childcare] options available for shift workers."

- Community Member Focus Group from Noble County

"There is a lack of childcare, especially for the disabled and in-home respite population."

- Community Member Focus Group from Perry County

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#2 Health Need:
ACCESS TO CHILDCARE

According to the 2022 Ohio Childcare Resource & Referral Association Annual Report, the average cost of childcare in Ohio ranges from **$5,078** per year (for school-aged children cared for outside of school hours) to **$11,438** per year (for infants under one year of age)[13]
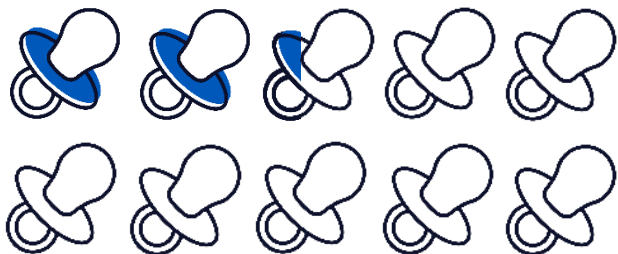
23% of GSA community members surveyed reported that **access to childcare** is an issue of concern in their community, while **28%** say that it is a resource that is lacking

80% of Ohioans surveyed say that quality childcare is expensive where they live[14]
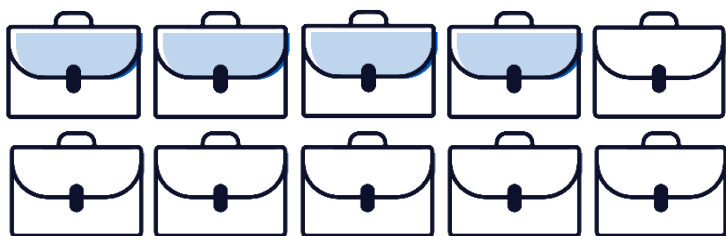
According to the Groundwork Ohio statewide survey, **40% of working parents** stated that they have had to **cut back on working hours to care for their children**[14]

PRIORITY POPULATIONS

ACCESS TO CHILDCARE

While access to childcare is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

Lower-income residents may have challenges affording childcare. **Coshocton County** had the highest poverty rate in the area and is also the most cost-burdened for childcare[13]

36% of **Black/African American** and **White** residents who responded to the community survey rated access to childcare as a top concern, more than other racial groups

Access to childcare was shared as a priority in the **Black, Indigenous, and People of Color (BIPOC)** and **rural** focus groups

Single parents who lack social support may have a greater need for childcare[13]

According to the community survey, GSA residents **ages 25-44** (45%) were significantly more likely to report childcare access among their top health concerns than residents of other ages

Top issues/barriers for access to childcare (from interviews and focus groups):
1. Affordability
2. Limited childcare/daycare facilities
3. Waitlists/limited spots available at facilities

Sub-populations most affected by access to childcare (from interviews and focus groups):
1. Low-income population
2. Working parents

Top resources, services, programs and/or community efforts for access to childcare:
1. Job & Family Services (JFS)
2. Latchkey Kids
3. Head Start

COMMUNITY FEEDBACK

"I would definitely say there's a much bigger need for more childcare options in the community."

- Community Focus Group from Guernsey County

"Even with my budget, I can't afford a thousand dollars a month for childcare. If you are making $15 an hour, childcare is hard to afford."

- Community Member Interview from Coshocton County

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#3 Health Need:
ACCESS TO HEALTHCARE

According to the Health Resources & Service Administration, the GSA has **less access to primary care and dental care providers** than Ohio overall, based on the ratios of population to providers. Noble County has the lowest access to both primary and dental care providers of all GSA counties.

All counties in the GSA are considered a **primary care provider shortage area**, except for Noble County, which is a partial shortage area. All counties in the GSA are a **dental health professional shortage area**[15]

IN OUR COMMUNITY

12% of community survey respondents say that **primary healthcare access is lacking** in the community, while **23%** ranked it as a priority

GSA *3,881:1[6]		OHIO *1,330:1[6]

*residents : primary care providers

15% of community survey respondents say that **dental healthcare access is lacking** in the community, while **9%** ranked it as a priority

GSA **2,463:1[6]		OHIO **1,530:1[6]

**residents : dental care providers

37% of community survey respondents say that **specialist healthcare access is lacking** in the community, while **14%** ranked it as a priority

Nearly 1 in 10 (8%)
Community survey respondents **do not have a usual primary care provider** (PCP)

Nearly 1 in 4 (23%)
BRFSS*** Region 12 (GSA area) and Ohio residents **did not have a routine checkup** in the prior year[17]
***Behavioral Risk Factor Surveillance System; BRFSS Region 12 contains GSA Counties.

Nearly 1 in 3 (29%)
Survey respondents **have either never been to the dentist for a checkup or have not been in over a year**

BARRIERS TO CARE

26% of community survey respondents **could not obtain a necessary prescription** in the past year

34% of community survey respondents have **delayed or gone without medical care** due to being unable to get an appointment

8% of survey respondents lack health insurance because it **costs too much**

While 72% of survey respondents have a primary care provider in their own county, **31% travel outside of their county to access primary care**

25% of community survey respondents' usual source of care is an **urgent care clinic**

12% of community survey respondents reported **needing dental care in the last year but not receiving it**, while the rate was **8% for vision care**

COMMUNITY FEEDBACK

"People have to go outside of the county on a daily basis to receive treatment and care. That's very difficult for them."

- Community Member Interview from Perry County

"Pediatrics is a challenge. The Amish population makes a lot of trips to Akron, Columbus, and Cleveland."

- Community Member Focus Group from Coshocton County

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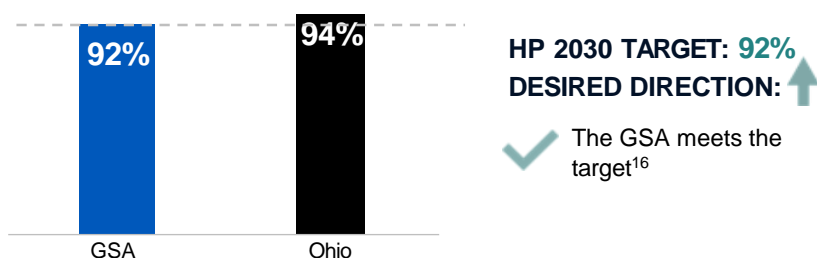
#3 Health Need:
ACCESS TO HEALTHCARE

25% of GSA community survey respondents' usual source of care is an **urgent care clinic**, while **11%** visit the **hospital emergency room** for routine care
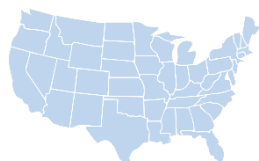
HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

HEALTH INSURANCE COVERAGE

92% GSA

94% Ohio

HP 2030 TARGET: 92%
DESIRED DIRECTION: ⬆

✓ The GSA meets the target[16]

COMMUNITY FEEDBACK

"With the hospital being far away, or any medical care for that matter, people in our rural areas are dying sooner that can't get the same care as in the cities."

- Community Member Focus Group from Perry County

"Education and reading levels are very low [in our area]. Also, we always say you may think some people may be very, very educated, like they might have a master's or doctorate degree, but to understand healthcare is a completely separate beast"

- Community Member Interview from Noble County

"People in our area have to travel outside the county for dialysis."

- Community Member Interview from Coshocton County

"There is a lack of 24/7 urgent or emergency care resulting in inadequate care for after hours or weekends."

- Community Member Focus Group from Morgan County

"We can't afford health insurance, period. It takes up our entire paycheck."

- Community Member Interview from Muskingum County

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PRIORITY POPULATIONS

ACCESS TO HEALTHCARE

While access to healthcare is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

11% of **adults** and 6% of **children** in the GSA are uninsured. **Coshocton County** has the highest overall rate of uninsured residents (10%), **Guernsey County** has the highest rate for adults (15%), and **Noble County** has the highest rate for children (13%)[16]

According to the community survey, 27% of **New Lexington (43764)** residents report not having a checkup within the past year, more than other areas of the GSA

According to the community survey, individuals **ages 55-64** in the GSA were more likely than other age groups to indicate access to primary healthcare services as a high concern (31%)

Community survey respondents in **New Lexington (43764)** (35%) were more likely to visit urgent care clinics for routine care than those in **Caldwell (43724)** (18%)

Of all age groups surveyed, **adults 25-34** (6%) were most likely to report having no insurance due to being ineligible

100% of **priority population** focus groups discussed access to care as a top health need

Top issues/barriers for access to healthcare (from interviews and focus groups):
1. Lack of understanding/education
2. Lack of dental providers
3. Insurance is too expensive
4. Not enough primary care providers
5. Lack of specialists
6. No hospital access in certain areas

Sub-populations most affected by access to healthcare (from interviews and focus groups:
1. Low-income population
2. Elderly population
3. Rural population

Top resources, services, programs, and/or community efforts for access to healthcare:
1. Muskingum Valley Health Center
2. Local health departments
3. Genesis HealthCare System

#4 Health Need:
ADVERSE CHILDHOOD EXPERIENCES

⚠️ *Trigger Warning: The following page discusses trauma and abuse, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support*

Adverse childhood experiences (ACEs), including abuse, neglect, mental illness, substance abuse, divorce/separation, witnessing violence, and having an incarcerated relative, can have lifelong impacts[13]

5 of the top 10 leading causes of death in the U.S. are associated with ACEs[18]

IN OUR COMMUNITY

22% of survey respondents said that **ACEs** are a top concern in the community

GSA	**91.9**
Ohio	**77.6**

The GSA has a higher rate of substantiated child abuse reports per 1,000 children than the state of Ohio[19]

According to the OHYES! Survey, the most commonly reported types of child abuse in the GSA are:[13]

- Emotional abuse (57%)
- Household mental illness (31%)
- Household substance abuse (24%)
- Physical abuse (18%)
- Incarcerated household member (18%)

*Ohio Healthy Youth Environmental Survey (OHYES!)

Research shows that **youth with the most assets are more likely to**:[18]
- do well in school
- be civically engaged
- value diversity

Research shows that **youth with the most assets are less likely to engage in**:[18]
- alcohol use
- violence
- sexual activity

ACEs AMONG GSA YOUTH:[13]
- At least **1** ACE: **71%**
- At least **2** ACEs: **42%**
- At least **3** ACEs: **27%**
- At least **4** ACEs: **16%**

COMMUNITY FEEDBACK

"ACEs are very predominant in the lower income population. Our child protective services has always tried to maintain kids that are in their care locally, but...we don't have enough foster homes."

- Community Member Interview from Muskingum County

"I think that the most impactful childhood traumas that we're seeing are due to parents not receiving resources to effectively process trauma they have experienced."

- Community Member Interview from Morgan County

PRIORITY POPULATIONS
ADVERSE CHILDHOOD EXPERIENCES

While adverse childhood experiences are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

Girls were more likely than boys to report adverse events at the Ohio state level[13]

Children with the following **risk factors**:[20]
- Lower income
- Precarious housing/homelessness
- Parents have mental health and/or substance use challenges
- Witnessing violence/incarceration
- Parents are divorced/separated
- Lack of connection to trusted adults

Significantly more **McConnelsville (43756)** residents (29%) than residents from other geographical areas ranked ACEs as a top health concern in the community survey

Top issues/barriers for ACEs (from interviews and focus groups):
1. Drugs and domestic violence
2. Generational trauma
3. Abuse and neglect

Sub-populations most affected by ACEs (from interviews and focus groups:
1. Children of parents who use drugs
2. Children of parents in poverty
3. Low-income population

Top resources, services, programs and/or community efforts for ACEs:
1. Job & Family Services (JFS)
2. Religious organizations
3. Cedar Ridge Behavioral Health Solutions
4. AllWell Behavioral Health Services

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#5 Health Need:
FOOD INSECURITY

According to *Feeding America*, 17% of GSA residents and 14% of Ohio residents experience food insecurity[21]

When asked what resources were lacking in the GSA community survey, **46%** of respondents answered **affordable food,** while **20%** of survey respondents ranked **access to healthy food** as a top health concern

IN OUR COMMUNITY

Children experience the highest food insecurity rate in the GSA (22%), which is higher than the food insecurity rate for Ohio children (20%)[21]

When asked in the community member survey if they or their families worry that food will run out and that they won't be able to get more, **10% of respondents reported 'yes'**

Morgan and Muskingum Counties have the highest overall proportion of households receiving food stamps (19%), while **Guernsey County** has the highest proportion of single moms with children receiving food stamps (28%), and **Noble County** has the highest proportion of senior households receiving food stamps (55%)[10,22]

29%

The percentage of students in the GSA who are eligible for the **National School Lunch Program** (NSLP) Free & Reduced Price Meals is 29**%** on average, with the highest rate being 49% for Morgan County[23]

COMMUNITY FEEDBACK

"It can be a challenge to eat healthy...We don't have a large selection of grocery stores to go to with us being predominantly rural."

- Community Member Interview from Guernsey County

"The schools do offer breakfast and lunch, and they've recently started offering supper to any of the kids that are within the district."

- Community Member Interview from Perry County

A **slightly higher rate** of GSA than Ohio households access **SNAP* benefits**[10]

18%
GSA
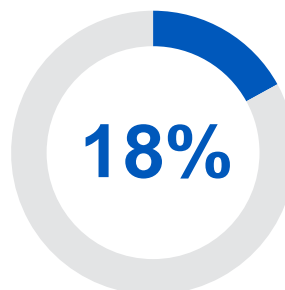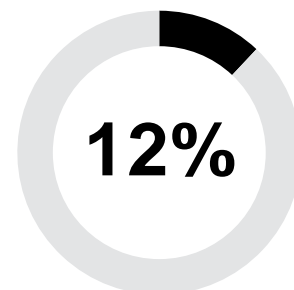
12%
OHIO

7.0/10

The GSA and state of Ohio's **food environment rating** out of 10 (0 being worst and 10 being best) is **7.0/10**, with **Noble County** having the lowest rating at **6.1**[6]

*Supplemental Nutrition Assistance Program

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#5 Health Need:
FOOD INSECURITY

COMMUNITY FEEDBACK

"At high levels of poverty, especially with inflation...access to healthy food is extremely challenging. People are just simply trying to survive."

- Community Member Interview from Guernsey County

"We identified a number of food deserts in the community...most of our outlying rural areas do not have a grocery store."

- Community Member Interview from Muskingum County

"Food is so expensive that it's almost worth getting the unhealthy food so you save money to pay the light bill, rather than going the healthy route."

- Community Member Interview from Morgan County

Top issues/barriers for food insecurity (from interviews and focus groups):
1. Healthy food is expensive
2. Food deserts
3. Transportation to get healthy foods

Sub-populations most affected by food insecurity (from interviews and focus groups):
1. Low-income population
2. Rural population
3. Those without transportation

Top resources, services, programs and/or community efforts for food insecurity:
1. Food pantries
2. Local health departments/Federally Qualified Health Centers (FQHCs)
3. Supplemental Nutrition Assistance Program (SNAP)/food stamps
4. Farmers' markets
5. Schools

PRIORITY POPULATIONS
FOOD INSECURITY

While food insecurity is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

According to research, food insecurity among **Black or Latino** individuals is higher than White individuals in 99% of American counties. 9 out of 10 high food insecurity counties are **rural**[21]

Food insecurity in the GSA is highest in **Coshocton, Morgan, and Noble Counties** at 18%[21]

According to the community survey, 67% of **Chandlersville (43727)** respondents feel that access to healthy foods needs to be addressed in the GSA, more than other areas

Based on the community survey, GSA residents with **mental health disorders** (33%) were more likely to rank access to healthy foods as a community health concern

Community survey respondents **25-34 years old** felt that affordable food resources (56%) were more lacking in the community than those who were 55+ years old

Food insecurity was reported as a top health need in 40% of priority population focus groups (including with **youth, homeless,** and **rural** populations)

"We, like many people, live paycheck to paycheck. Therefore, we eat a very unbalanced and unhealthy diet."

- Community Member Focus Group from Morgan County

"A lot of the children in the county only receive a meal at school; during weekends/breaks they have no idea when they'll be able to eat again."

- Community Member Focus Group from Perry County

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#6 Health Need:
HOUSING & HOMELESSNESS

Housing and homelessness is a concern in terms of quality and affordability, which has only increased during the COVID-19 pandemic. **19%** of community survey respondents ranked **housing and homelessness** as a priority health need, while **52%** of community member survey respondents report **affordable housing** as a resource that is lacking in the community. **Affordable housing was the #1 reported resource needed in the GSA**

IN OUR COMMUNITY

13% of both GSA and Ohio households experience severe housing problems (identifying at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. Guernsey County has the highest incidence of severe housing problems at 14%[6]

Freddie Mac estimates that the vacancy rate should be 13% in a well-functioning housing market. There was only a **12% vacancy rate** in the GSA in 2022, which decreased from 13% in 2017. Muskingum and Coshocton counties have the lowest vacancy rate at 10%[24,25]

45% of GSA households are "cost burdened" (spend more than 35% of their income on housing), vs. 24% for Ohio. Morgan County has the highest proportion of cost-burdened households at 50%[3]

The number of **affordable and available units per 100 very-low-income renters** (<50% of area median income) in the GSA was **89** vs. 80 for Ohio. Perry county (82) has the least available units in the region. This puts renters at risk for rent burden, eviction, and homelessness[26]

COMMUNITY FEEDBACK

"We see housing issues mostly in the emergency department, with patients coming in seeking care because they don't have a place to stay."

- Community Member Interview from Noble County

"There is a huge housing issue in our county. Most people are on a waiting list for anything that's HUD related or metropolitan housing. It's like a year-long waiting list."

- Community Member Interview from Morgan County

GSA* **24%**
OHIO **21%**

24% of GSA* individuals experiencing homelessness were unsheltered, compared to 21% for Ohio. Perry County has the highest unsheltered homeless population at 100%[27]

*excludes Morgan and Noble counties

In 2024, there were an estimated **156 people experiencing homelessness** in the GSA, out of 3,564 in Ohio. **Muskingum County** (83) has the highest prevalence of homelessness[27]
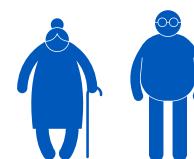
Data shows that **13% of GSA and Ohio households are seniors who live alone**. Noble County has the highest rate at 24%. Seniors living alone may be isolated and lack adequate support systems[28]

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry counties, Ohio

#6 Health Need:
HOUSING & HOMELESSNESS

COMMUNITY FEEDBACK

"There is an inadequate amount of housing at every price sector."

- Community Member Interview from Muskingum County

"There's just a lot of older homes and the counties we cover that are 2 story homes aren't built for someone to age safely at home."

- Community Member Interview from Guernsey County

"There is an extreme lack of safe and affordable housing...multiple families are living in one home."

- Community Member Focus Group from Noble County

"Especially for disabled individuals – application fees for housing widen gaps in access."

- Community Member Focus Group from Muskingum County

"There is limited housing for the senior population (including assisted and independent living)."

- Community Member Focus Group from Perry County

Top issues/barriers for housing and homelessness (from interviews and focus groups):
1. Limited/no affordable housing
2. Homelessness
3. Not enough housing in general
4. Rent is not affordable

Sub-populations most affected by housing and homelessness (from interviews and focus groups):
1. Low-income population
2. Elderly population
3. People who use substances
4. Young people/families

Top resources, services, programs, and/or community efforts for housing and homelessness:
1. Housing Coalition
2. Salvation Army
3. HUD (Department of Housing and Urban Development)

PRIORITY POPULATIONS
HOUSING & HOMELESSNESS

While **housing and homelessness** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

According to the Ohio Balance of State Continuum of Care, nearly 23% of the homeless population lives with **mental illness**, 28% were **survivors of domestic violence**, 9% had **chronic substance abuse challenges**, 4% were **veterans**, and 9% were **youth and young adults** (ages 18-24)[29]

According to the community survey, 82% of **Multiracial** residents felt that affordable housing resources were lacking, as well as 53% of **Black/ African American** residents (more than other racial groups)

Muskingum County (83) has the highest prevalence of homelessness[27]

Residents in **Perry County** ranked housing and homelessness as a top concern (22%) in the community survey, significantly more than residents in Noble County (7%)

In the community survey, 59% of residents with a household income of **less than $20,000** felt that affordable housing resources were lacking, more than other income groups

Housing was reported as a top health need in 67% of priority population focus groups (including with **seniors, youth, people with disabilities, Black, Indigenous, and People of Color (BIPOC), homeless, rural,** and **LGBTQ+** populations)

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#7 Health Need:
INTERNET ACCESS

Ohio ranks **38th out of the 50 U**.S. States in BroadbandNow's 2024 rankings of internet coverage, speed, and availability (with 1 being better coverage).[30] **17%** of GSA community survey respondents ranked internet access as a **priority health need**
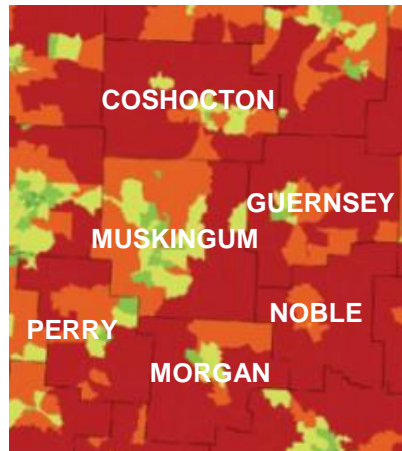
IN OUR COMMUNITY

The map to the right shows **broadband internet access** across GSA counties (**red** areas have the least access to internet while **green** areas have the most access)[31]

Key: Internet Speeds*

0–9 Mbps	10–24 Mbps	25–49 Mbps
50–100 Mbps	100+ Mbps	

*megabits per second

COSHOCTON
GUERNSEY
MUSKINGUM
PERRY
NOBLE
MORGAN

77%

of households in the GSA lack access to broadband internet (25/3 mbps*– standard internet speed)[31]

70%

of households in the GSA without access to broadband internet have low internet speeds (10/1 mbps* of less)[31]

COMMUNITY FEEDBACK

"We still have dial up in some places. Several places across the area don't even have cell phone service."

- Community Member Interview from Morgan County

"Even if internet is available, there's just a lot of concern about accessibility, because of the financial constraints of it."

- Community Member Interview from Guernsey County

"We need to learn how to communicate with those lacking internet. Facebook should be used more to connect with groups."

- Community Member Focus Group from Perry County

PRIORITY POPULATIONS
INTERNET ACCESS

While **internet access** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…
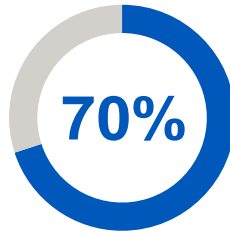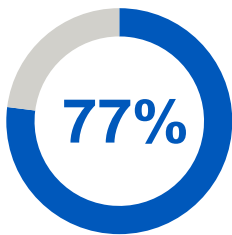
Lower income people have a lower likelihood of having internet access, according to research[30]

According to the community survey, residents **ages 25-34** (19%) and **ages 65+** (18%) were most likely to rank internet as a top concern in the GSA

Noble County had the highest rate of households lacking broadband internet access (97%), followed by **Morgan County** (89%)[31]

Lack of internet access was shared as a top health need in 27% of **priority population** focus groups

Top issues/barriers to internet access (from interviews and focus groups):
1. Lack of access
2. Affordability/cost
2. Lack of coverage in rural areas

Sub-populations most affected by internet access (from interviews and focus groups):
1. Rural population
2. Low-income population
3. Students

Top resources, services, programs, and/or community efforts for internet access:
1. Public library
2. State budget increases
3. Schools

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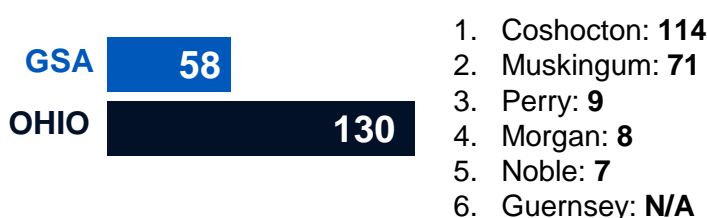
#8 Health Need:
CRIME & VIOLENCE

⚠️ *Trigger Warning: The following page discusses violence, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support*

11% of community survey respondents feel that **crime and violence is a top issue** of concern in the community
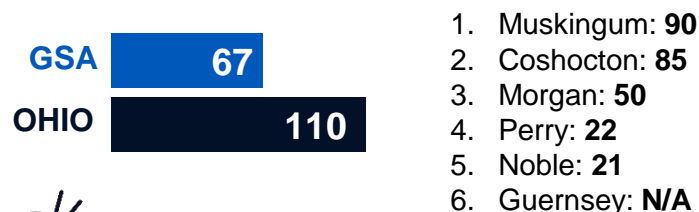
IN OUR COMMUNITY

The GSA's 2023 property and violent crime rates are much lower than the state of Ohio overall[32]

PROPERTY CRIME RATES PER 100,000[32]

GSA **58**
OHIO **130**

1. Coshocton: **114**
2. Muskingum: **71**
3. Perry: **9**
4. Morgan: **8**
5. Noble: **7**
6. Guernsey: **N/A**

VIOLENT CRIME RATES PER 100,000[32]

GSA **67**
OHIO **110**

1. Muskingum: **90**
2. Coshocton: **85**
3. Morgan: **50**
4. Perry: **22**
5. Noble: **21**
6. Guernsey: **N/A**

COMMUNITY FEEDBACK

"There are a lot of undocumented situations because we're dealing with a lot of rural areas."

- Community Member Interview from Muskingum County

"I feel unsafe to be out with the crime."

- Community Member Focus Group from Muskingum County

"The crime here is really a side effect of our drug epidemic."

- Community Member Interview from Perry County

"We have a small population in the region, with that we don't have a huge police force. They can't be in every area meeting all of the needs."

- Community Member Interview from Morgan County

PRIORITY POPULATIONS
CRIME & VIOLENCE

While crime and violence are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

According to the community survey, 15% of **Zanesville (43701)** respondents ranked crime and violence as a top concern, significantly more than **Caldwell (43724)** respondents (3%)

Property crime rates are highest in Coshocton, while violent crime rates are highest in Muskingum[32]

Top issues/barriers for crime and violence (from interviews and focus groups):
1. Crime/violence due to drugs
2. Domestic and sexual abuse/violence
3. Petty theft

Sub-populations most affected by crime and violence (from interviews and focus groups):
1. Low-income population
2. Those with substance use disorders
3. Youth
4. Former inmates

Top resources, services, programs and/or community efforts for crime and violence:
1. Local law enforcement
2. Court rehabilitation programs
3. Noble County Cares
4. Traffic Safety Institute
5. Domestic violence shelters/programs

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio
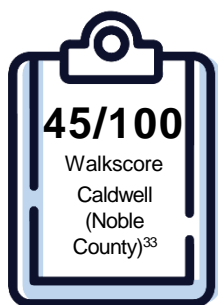
#9 Health Need:
TRANSPORTATION

Transportation has a major influence on health and access to services (for example, attending routine and urgent appointments, as well as running essential errands that support daily life). **10% of community survey respondents reported transportation as a top health need in the GSA**

IN OUR COMMUNITY

15% of community survey respondents say that **transportation is lacking** in the GSA. **7%** of respondents say that **lack of transportation prevented their access to one or more essential services** in the past year

76/100
Walkscore
Coshocton
(Coshocton
County)[33]

66/100
Walkscore
Cambridge
(Guernsey
County)[33]

64/100
Walkscore
New Lexington
(Perry
County)[33]

63/100
Walkscore
McConnelsville
(Morgan
County)[33]

45/100
Walkscore
Caldwell
(Noble
County)[33]

41/100
Walkscore
Zanesville
(Muskingum
County)[33]

When analyzing the largest communities in each GSA county, according to *Walkscore.com*, Caldwell and Zanesville were classified as 'Car Dependent', while Cambridge, New Lexington, and McConnelsville were classified as 'Somewhat Walkable', and Coshocton was classified as 'Very Walkable'.

COMMUNITY FEEDBACK

"There are no uber or rideshare options that I'm aware of."

- Community Member Interview from Noble County

According to the **American Community Survey**:[34]

83% of all workers in the GSA **drive alone to work**, compared to 78% for Ohio. **Perry County** has the highest rate at 85%.[34] **12%** of community survey respondents say that **car repair services are lacking** in the community

0.2% of GSA residents **use public transportation to get to work** (vs. 1% for Ohio) and **2% walk or bike to work** (the same as for Ohio). Only 1% of Guernsey and Morgan County workers use any of these methods to get to work[34]

GSA workers spend an average of **27 minutes per day commuting** to work, vs. 24 minutes for Ohio workers. Morgan County had the longest commute at 38 minutes[34]

Top issues/barriers for transportation (from interviews and focus groups):
1. Lack of public transportation
2. Sidewalks need improvement
3. Community is not walkable
4. Barriers to utilizing public transportation

Sub-populations most affected by transportation (from interviews and focus groups):
1. Elderly population
2. Low-income population
3. Rural population

Top resources, services, programs and/or community efforts for transportation:
1. Area transit
2. Perry County Transit

43

#9 Health Need:
TRANSPORTATION

According to the community survey, in the last year **58%** of residents of the GSA had to travel outside of their county to access resources (the most common being healthcare resources)

COMMUNITY FEEDBACK

"Public transit doesn't stop everywhere. It doesn't operate on a convenient schedule, and it's harder for the elderly to use."

- Community Member Focus Group from Perry County

"A lot of patients rely on county transit. For the most part, it's cumbersome. Some of the time getting it arranged [is hard] because typically you have to give significant advance notice and prepare in advance."

- Community Member Interview from Perry County

"Although you can get access to public transportation, it runs on a very tight schedule, so it is difficult to use."

- Community Member Interview from Morgan County

"There's not much outside of Zanesville when it comes to bike paths, sidewalks. You basically have to have a vehicle or ride your bicycle on the road to get into town from the exterior parts of Muskingum County."

- Community Member Interview from Muskingum County

"There is long travel involved when accessing medical services (especially specialized ones like chemo and dialysis) outside of the county, which is an inconvenience and sometimes prevents people from accessing them at all."

- Community Member Focus Group from Perry County

PRIORITY POPULATIONS
TRANSPORTATION

While transportation is a major issue for the entire community, some groups are more likely to be affected by this health need, based on data we collected from our community…

Residents of rural areas have less access to public transit, and must travel farther to access essential services[33]

According to the community survey, 19% of residents feel that **Noble County** is lacking in transportation – this is not as common a concern among Perry County residents

38% of surveyed community members with a **health-related disability** ranked transportation as a top concern

In the community survey, 12% of GSA residents reported **relying on family members for transportation** to medical appointments, 11% for food shopping, and 8% for work

Transportation barriers/having to travel long distances to access resources were mentioned in 100% of focus groups with priority populations (including **seniors, youth, people with disabilities, Black, Indigenous, and People of Color (BIPOC), homeless, rural,** and **LGBTQ+** populations)

"Unrealistic for disabled persons to use public transportation, ride share services are needed."

- Community Member Focus Group from Perry County

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#10 Health Need:
EDUCATION

Educational attainment is a key driver of health; **10% of community survey respondents reported education and literacy as a top health need in the GSA**

IN OUR COMMUNITY

According to census data, **12% of GSA residents did not graduate high school, vs. 9% for Ohio**[6]

51% of GSA residents have at least some college education (vs. 66% for the state of Ohio)[6]

12% of GSA community survey respondents say that **adult literacy programs are lacking in the community**

41% of 3- and 4-year-olds in the GSA are enrolled in preschool. This is lower (and worse) than the overall Ohio rate of 43%[36]

Preschool enrollment can improve short- and long-term socioeconomic and health outcomes, particularly for disadvantaged children[37]

Morgan (83%) and Guernsey (87%) Counties have the lowest 4-year high school graduation rates in the GSA for 2024, although **the region's rate of 90% is above the Ohio state average (86%)**[6]

COMMUNITY FEEDBACK

"Parents are not putting value in their child's education, so it's not becoming a household priority. We've got a lot of kids that just disenrolled and want to be homeschooled."

- Community Member Interview from Noble County

"Schools need to have a person assigned to the region to educate, visit and instruct on the needs of the Deaf."

- Community Member Focus Group from Muskingum County

"My daughter is Deaf, she has suffered relentless bullying at school. We wanted to switch her to private school...however, they will not provide interpreters."

- Community Member Focus Group from Muskingum County

KINDERGARTEN READINESS[35]

35%
GSA

37%
OHIO
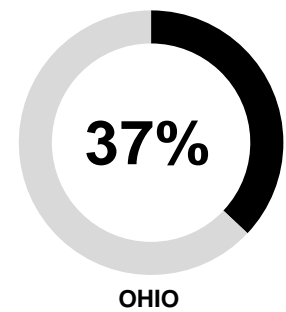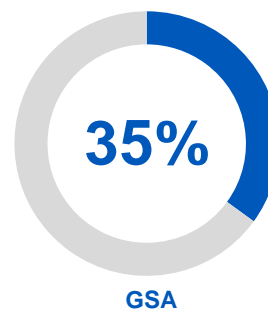
The **average Kindergarten readiness rate for GSA schools was lower than Ohio for 2022-2023**. Readiness rates are lowest in Guernsey County (26%)[35]

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#10 Health Need: EDUCATION
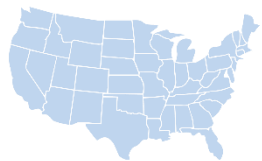
HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

HIGH SCHOOL GRADUATION RATE

90% GSA
86% Ohio

HP 2030 TARGET: 91%
DESIRED DIRECTION: ⬆

✖ The GSA does not yet meet the target[6]
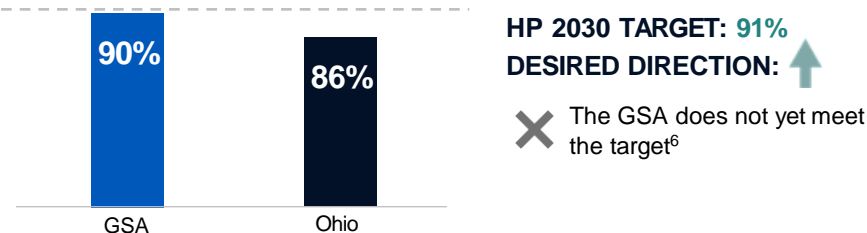
In 2023-2024, **Muskingum County** had the highest high school chronic absenteeism rate (34%) in the GSA[38]

The overall rate for chronic absenteeism for 2023-2024 in the GSA was 30%, higher than the 24% for Ohio overall[38]

COMMUNITY FEEDBACK

"There are not enough openings in the public school system to accommodate everyone."

- Community Member Interview from Morgan County

"There are so many preschools in the area that are overwhelmed with so many kids trying to get in. However, there are only so many spots and a wait list everywhere."

- Community Member Interview from Muskingum County

"School systems are doing everything they can, adding preschool programs and trying to enroll as many students as possible."

- Community Member Interview from Noble County

"There's a lack of youth opportunities. There is no real community college, it only offers one class. The ones that use it don't live in the community. There's no easy transition to college."

- Community Member Focus Group from Perry County

"[We need] enough qualified educators for autistic children."

- Community Member Focus Group from Morgan County

PRIORITY POPULATIONS
EDUCATION

While **education** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

17% of community members surveyed reported having a **high school degree or less**

According to research, **children who are lower income** and/or **attending schools in rural areas** may have less access to quality education[39]

According to the community survey, **males (27%)** were more likely than females (13%) to have a high school education only

The GSA community survey found that those **ages 65+** were less likely to have completed higher education compared to those ages 35-44 and 55-64

Education that meets the needs of **people with developmental disabilities** and the **Deaf population** were priorities raised in focus groups with these populations

Top issues/barriers for education (from interviews and focus groups):
1. Lack of spots/availability
2. Lack of preschools
3. Lack of preschool resources

Sub-populations most affected by education (from interviews and focus groups):
1. Low-income population
2. Middle class population

Top resources, services, programs, and/or community efforts for education:
1. Local school system
2. Head Start
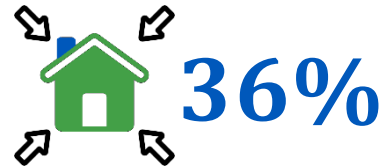3. Federal grants for preschools/K-12
4. Local daycares

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#11 Health Need:
NUTRITION & PHYSICAL HEALTH

IN OUR COMMUNITY

40% of community survey respondents rated their physical health as **"good"**, 34% rated it as "very good", and 14% rated it as "fair"

36% of community survey respondents say that **social and recreational activities** (e.g. clubs, senior and youth activities, community spaces, etc.) are lacking in the GSA

41% of GSA residents are obese, higher than the state rate of 38%. Morgan County has the highest rate at 45%.[6] **18%** of community survey respondents selected overweight and obesity as a priority health need

23% of GSA youth in grades 7-12 are **obese**, higher than the state rate of 18%. **32%** of GSA youth are **physically active** for at least 60 minutes per day, vs. 33% for Ohio[7,40]

31% of community survey respondents **say that recreational spaces are lacking** in the GSA. **8%** selected physical health/exercise as a **priority health need**
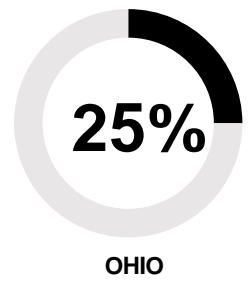
The most popular forms of physical activity that community survey respondents participate in or want to try are:

- Walking/hiking **(68%)**
- Gardening/yard work **(35%)**
- Going to the gym/weightlifting **(19%)**
- Yoga/pilates **(17%)**
- Swimming **(16%)**

31% GSA
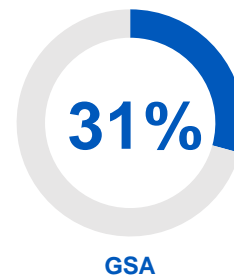
25% OHIO

According to the 2024 County Health Rankings program, **more GSA than Ohio adults are sedentary** (did not participate in leisure time physical activity in the past month). Morgan County had the **highest** rate at 33%[6]

6% of community survey respondents ranked nutrition as a priority health need

Of adults in BRFSS* Region 12, **20% consume no vegetables daily**, the same as the state of Ohio, while **46% consume no fruit daily** (vs. 43% for Ohio)[17]

In Ohio, **11%** of youth in grades 7-12 **consume no fruits or vegetables daily**. The rate is slightly **lower** in the GSA at **9%**[7,40]
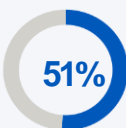
Behavioral Risk Factor Surveillance System; BRFSS Region 12 contains GSA Counties.

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#11 Health Need:
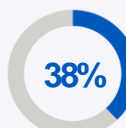# NUTRITION & PHYSICAL HEALTH

LACK OF ENERGY
"Exercise takes a back seat to taking care of yourself. It falls to the back burner, because you've got so many irons in the fire, so to speak."
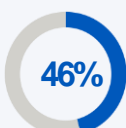
51%

BUSY SCHEDULE
"I think people are just so busy between work, life, and trying to get a decent night's sleep."

46%

STRESS
*"[People are] stressed out and depressed. It's because they're exhausted and don't have the time and effort that they want to put into themselves because they're working 7 days a week."*

38%

BARRIERS TO GETTING HEALTHIER

MONEY
"With most people, income would be the limiting factor. Can I pay for a gym membership or not?"

38%

INTIMIDATION OF GOING TO A GYM
"I don't know what exercises to do at the gym."

21%
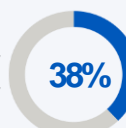
I DON'T LIKE TO EXERCISE
"Muskingum County residents are physically inactive. There was a study that was done a couple of years ago by the Health Department to show this."

14%
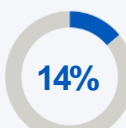
Barriers reported in community member survey, quotes from key informant interviews and community survey.

COMMUNITY FEEDBACK

"People are living off of the dollar stores for food."

- Community Member Interview from Noble County

"There is limited accessibility for really healthy meals, and even understanding what's healthy, and what they should and shouldn't be putting in their bodies."

- Community Member Interview from Muskingum County

"A lot of families aren't the most health-conscious. A lot of them get SNAP benefits and are unaware of how to utilize the program to get healthy foods."

- Community Member Interview from Noble County

"There's nothing for afterschool for kids. No sports or childcare. There needs to be a place to go whether it's a gym, arcade, or activities kids can participate in. Physical activity would be a big one."

- Community Member Focus Group from Perry County

Top issues/ barriers for nutrition & physical health (from interviews and focus groups):
1. Unhealthy food is cheap/healthy food is expensive
2. Expensive
3. Community is sedentary
4. Lack of education
5. Lack of transportation to access healthy foods

Sub-populations most affected by nutrition & physical health (from interviews and focus groups):
1. Low-income population
2. Those without transportation

Top resources, services, programs, and/or community efforts for nutrition & physical health:
1. Parks/trails/bike paths
2. Local gyms
3. Supplemental Nutrition Assistance Program Education (SNAP-Ed) nutrition presentations

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#11 Health Need:
NUTRITION & PHYSICAL HEALTH
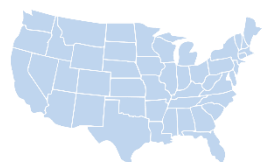
HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT OBESITY

41% GSA
38% Ohio

HP 2030 TARGET: 36%
DESIRED DIRECTION: ↓

✗ The GSA does not yet meet the target[6]

CHILDREN & TEEN OBESITY

23% GSA
18% Ohio

HP 2030 TARGET: 16%
DESIRED DIRECTION: ↓

✗ The GSA does not yet meet the target[7,40]
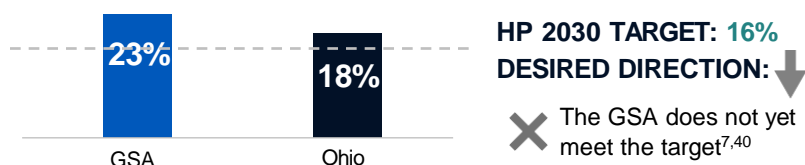
COMMUNITY FEEDBACK

"I drive through the park during baseball season, and there's nobody. People make fun of folks for riding their bicycle around, we're not an area that promotes physical well-being."

- Community Member Interview from Perry County

"We have a lot of people who want to be healthier but can't necessarily afford gym memberships."

- Community Member Interview from Noble County

"We definitely need more outdoor recreational opportunities for families that are free. We don't have a recreation center where people can go. We don't have a Y.M.C.A. or anything like that for families to go to in the wintertime."

- Community Member Interview from Perry County

"More recreation opportunities that are physical in nature will improve health and alleviate the burden of some constraints."
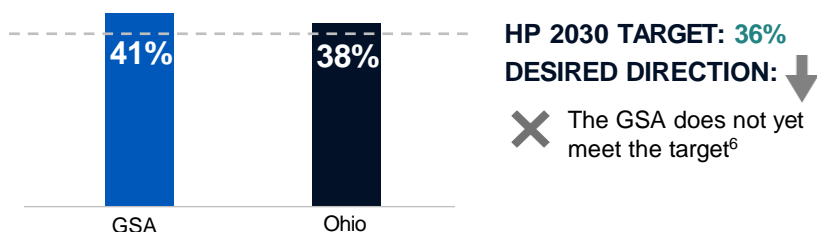
- Community Member Focus Group from Noble County

PRIORITY POPULATIONS
NUTRITION & PHYSICAL HEALTH

While ==nutrition and physical health== are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

According to data, **teen girls** are much more likely than boys to report trying to lose weight, regardless of BMI[12]

Among all races/ethnicities surveyed, **Asians, American Indians and Alaskan Natives, and Native Hawaiian and Pacific Islanders** in Ohio are the most likely to report being "inactive"[15]

According to research, **lower income individuals, males, and older adults** are more likely to be overweight or obese, not exercise, and not eat enough fruits and vegetables[15]

Young adults ages 18-24 are at risk for being inactive[12]

52% of **Muskingum County** survey respondents feel that their busy schedule (not having time to cook or exercise) impacts their ability to get healthier and in better shape, more than respondents from Morgan and Noble Counties

16% of **Muskingum County** community survey respondents indicated not enjoying exercise as a barrier to getting in shape, more than other county respondents

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#12 Health Need:
PREVENTIVE CARE & PRACTICES

Access to preventive care has been found to significantly increase life expectancy, and can help prevent and manage chronic conditions, which are the most common negative health outcomes in the GSA[6]

IN OUR COMMUNITY

6% of community survey respondents said that addressing **preventive care and practices** in the GSA is a top concern

Childhood immunization rates entering kindergarten in Ohio **slightly lag behind** U.S. rates for all required vaccines, ranging from 89% for chickenpox to 93% for Hepatitis B[41]

42% **Less than half (42%)** of GSA Medicare enrollees received a flu vaccine in 2021, with Morgan County being the lowest (36%)[6]

Nearly 1 in 5 (19%) of GSA women ages 50-74 have not had a mammogram in the past two years[42]

10% of community survey respondents have **NEVER** had a flu shot, while only **51%** say they have had one in the past year

7% of community survey respondents **do not receive any immunizations**, while **61%** receive all required immunizations

More than 1 in 4 (27%) GSA adults ages 50-75 do not meet colorectal screening guidelines[42]

1 in 6 (17%) GSA* women ages 21-65 have not had a pap test in the past three years[42]

63% of community survey respondents receive their immunizations at doctors' offices and **36%** at their local health department

*Does not include Morgan County

COMMUNITY FEEDBACK

"People just don't always take advantage of preventive services, and I don't really know why they don't want to do that."

- Community Member Interview from Morgan County

"We don't do a good job of assessing people and educating them on the needs of why it's so important to have an established physician and to go be seen."
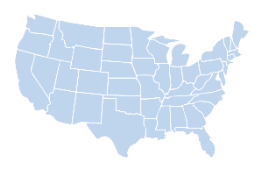
- Community Member Interview from Muskingum County

"No one's able to get preventive services because they can't even afford services when they need them."

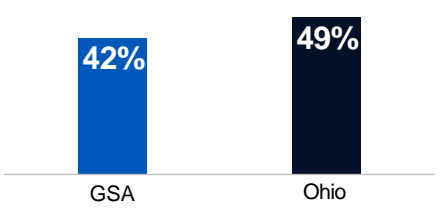- Community Member Focus Group from Perry County

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#12 Health Need:
PREVENTIVE CARE & PRACTICES

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS
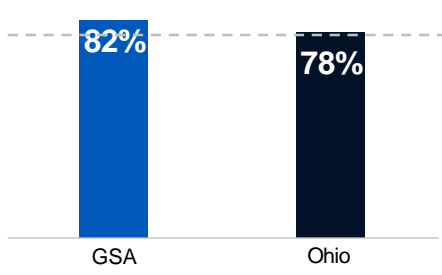
MEDICARE ENROLLEE ANNUAL FLU VACCINATION

42% GSA
49% Ohio

HP 2030 TARGET: 70%
DESIRED DIRECTION: ⬆

✗ The GSA does not yet meet the target[6]

WOMEN 21-65 WITH PAP SMEAR IN PAST 3 YEARS

76% GSA
77% Ohio
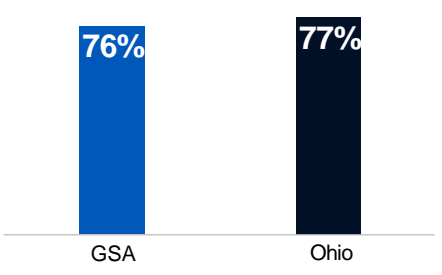
HP 2030 TARGET: 84%
DESIRED DIRECTION: ⬆

✗ The GSA does not yet meet the target[49]

WOMEN 50-74 WITH MAMMOGRAM IN PAST 2 YEARS

82% GSA
78% Ohio

HP 2030 TARGET: 77%
DESIRED DIRECTION: ⬆

✓ The GSA meets the target[49]

ADULTS 50-75 WHO MEET COLORECTAL SCREENING GUIDELINES

70% GSA
70% Ohio
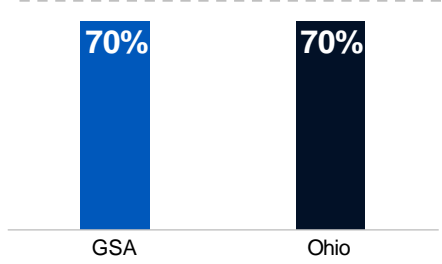
HP 2030 TARGET: 74%
DESIRED DIRECTION: ⬆

✗ The GSA does not yet meet the target[49]

PRIORITY POPULATIONS
PREVENTIVE CARE & PRACTICES

While preventive care is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

Data shows that Ohioans are less likely to engage in preventive care the **less educated they are, the less money they have, the younger they are, and if they are men**[43]

Residents who **lack health care insurance** and/or have **difficulties affording care**[43]

According to the community survey, residents **ages 65+** (9%) were more likely to rank preventive practices as a top concern

Noble County residents reported in the community survey that they are less likely to get an annual or routine check-up with a provider than respondents from other areas

Top issues/barriers for preventive care and practices (from interviews and focus groups):
1. Lack of awareness/education
2. Lack of utilization
3. Lack of transportation
4. Expensive

Sub-populations most affected by preventive care & practices (from interviews and focus groups):
1. Low-income population
2. Those without transportation

Top resources, services, programs and/or community efforts for preventive care and practices:
1. Local health departments
2. Mobile services

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#13 Health Need:
ENVIRONMENTAL CONDITIONS

5% of GSA community survey respondents reported **environmental conditions** as a top community health need; **access to public/safe water and other utilities** (e.g. heat, electric, natural gas) was also selected as a priority by **5%** of respondents

IN OUR COMMUNITY

8.8
GSA

8.9
OHIO

In 2019, the **GSA had a similar air quality** measurement (number of micrograms of particulate matter per cubic meter of air, with lower being better) than Ohio overall. Air quality was worst in Coshocton and Muskingum counties at 8.9[6]

In 2022, the GSA had **1 community water system report a health-based drinking water violation** in Muskingum County[6]

In 2023, there were **0 West Nile virus positive mosquito samples** in the GSA (Ohio had a total of 9 positive samples out of 415,382 total samples)[44]

In 2023, **157 of Ohio's 1,002 diagnosed cases of Lyme disease** were found in the GSA. Guernsey County had the highest incidence with 49 cases[44]

COMMUNITY FEEDBACK

"Our water comes from Burr Oak Regional Water, and we have high calcium content in it. We have a lot of people buying water to drink because of the high calcium content."

- Community Member Interview from Perry County

"Lyme disease honestly has impacted every single person and animal in my family, let alone everybody else. I see a lot of people suffering from Lyme disease."

- Community Member Interview from Muskingum County

PRIORITY POPULATIONS
ENVIRONMENTAL CONDITIONS

While environmental conditions are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

Children, particularly young children, are more vulnerable to air pollution than adults, including long-term physical, cognitive, and behavioral health effects[6]

7% of **Noble** and 6% of **Perry County** survey respondents feel that environmental conditions are a top concern to address in the GSA, higher than residents of other areas

8% of GSA residents **ages 65+** who responded to the community survey ranked air and water quality as a top concern, higher than other age groups

Top issues/barriers for environmental conditions (from interviews and focus groups):
1. Water quality
2. Lyme disease/ticks
3. Mosquitos

Sub-populations most affected by environmental conditions (from interviews and focus groups):
1. Rural population
2. Low-income population

Top resources, services, programs, and/or community efforts for environmental conditions:
1. Local health departments

52

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

HEALTH NEEDS
HEALTH OUTCOMES

HEALTH NEEDS: HEALTH OUTCOMES

The following pages rank the health outcomes category of health needs. They are ranked and ordered according to the overall Genesis Service Area (GSA) ranking from the community member survey as seen on page 28 (note that not every health need has its own section and some health needs have been combined to form larger categories, such as mental health). Each health need section includes a combination of different data sources collected from our community: secondary (existing) data, and primary (new) data – from the community member survey, key informant interviews with community leaders, and focus groups with community members. Priority populations who are most affected by each health need and experience health disparities are also shown. Finally, where applicable, Healthy People 2030 Goals are highlighted, including the performance of the GSA and the state compared to the benchmark goal.

GSA includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

#1 Health Need:
SUBSTANCE USE

⚠ *Trigger Warning: The following pages discuss problematic substance use and overdose, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support*

IN OUR COMMUNITY

In the community member survey, **more than three quarters (80%)** of GSA respondents reported **substance use** as one of their top health concerns, while **16%** say that **services are lacking in the community**

17% of GSA adults reported binge or heavy drinking within the past month, vs. 20% for the state of Ohio. Perry County has the highest rate at 18%.[6] On the community survey, **56%** of respondents reported drinking in the past month

ACCORDING TO THE OHIO HEALTHY YOUTH ENVIRONMENT SURVEY (OHYES!):

8%	of GSA teens have **used alcohol in the past month**, vs. 9% for Ohio[12]
24%	of GSA teens have **ever drank more than a few sips of alcohol**, vs. 29% for Ohio[12]
43%	of GSA teens who have used alcohol in the past month have **binge drank**, vs. 56% for Ohio[12]
32%	of GSA teens perceive **binge drinking once or twice a week as a great risk**, vs. 33% for Ohio[12]

COMMUNITY FEEDBACK

"We're a small community, but we see needles in our alleyways."

- Community Member Interview from Perry County

"We don't have a lot of treatment centers; there's only a handful. They tend to be more private pay, so inaccessible to a lot of people."

- Community Focus Group from Muskingum County

"Not all people who are homeless are homeless by choice and they are not all drug users."

- Community Member Interview from Muskingum County

OVER 22%

of GSA survey respondents rate their **access to substance use disorder services** as **LOW** or **VERY LOW**, with 42% rating it as **NEUTRAL**

While **25%** of survey respondents received **all needed** substance use disorder services in the past year, **51% delayed** accessing them, the most common reason being **inability to get an appointment (16%)**

10% of GSA youth surveyed through OHYES! have **used marijuana at least once**, compared to 14% for Ohio youth. **5%** of GSA and 6% Ohio youth have used the substance in the **past 30 days**[12]

31% of both GSA and Ohio youth perceive **using marijuana once or twice per week to have great risk**[12]

In the community survey, **10%** of GSA residents ages 18+ said they have **used marijuana one or more times** in the past 30 days

31% of **motor vehicle crash deaths** in the GSA, Ohio involve **alcohol**, compared to 32% for Ohio. Coshocton County has the highest prevalence at 43%[6]

3% of community survey respondents reported that, in the past 6 months, they **used prescription medication that was not prescribed for them or used prescriptions in excess** in order to feel good, high, more active, or more alert

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

#1 Health Need:
SUBSTANCE USE
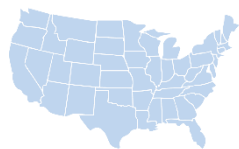
HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT BINGE OR HEAVY DRINKING

17% GSA
20% Ohio

HP 2030 TARGET: **25%**
DESIRED DIRECTION: ⬇

✓ The GSA exceeds the target[6]

UNINTENTIONAL DRUG OVERDOSE DEATHS PER 100,000

36.5 GSA*
39.1 Ohio

HP 2030 TARGET:
20.7 per 100,000
DESIRED DIRECTION: ⬇

✗ The GSA* does not yet meet the target. Note that only crude rates were available[45]

only includes Coshocton, Guernsey, Muskingum, and Perry counties.

OPIOID OVERDOSE DEATHS PER 100,000

28.1 GSA
35.7 Ohio

HP 2030 TARGET:
13.1 per 100,000
DESIRED DIRECTION: ⬇

✗ The GSA does not yet meet the target. Note that only crude rates were available[46]

COMMUNITY FEEDBACK

"I think we have to do more with respect to harm reduction locally [for substance use]."

- Community Member Interview from Noble County

"Drug use in our community continues to be a significant challenge. I mean to the point that many of our schools in our area now have Narcan available in all of our schools because of the concern of both students and visiting parents."

- Community Member Interview from Guernsey County

PRIORITY POPULATIONS
SUBSTANCE USE

While **substance use** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

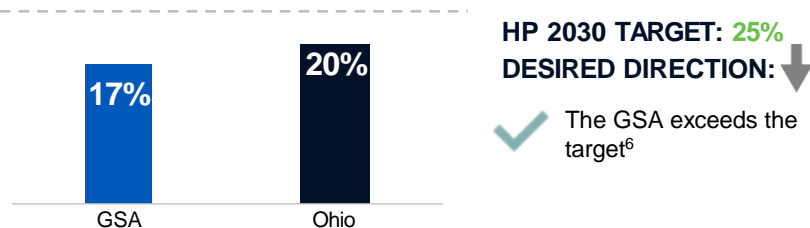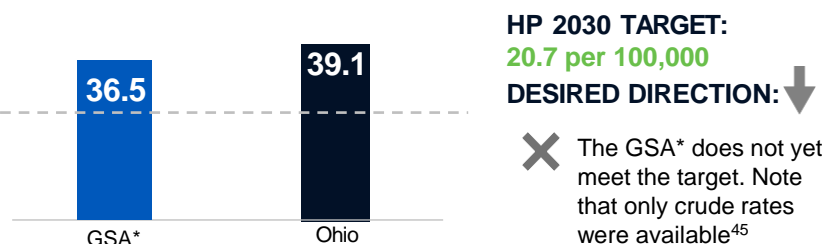In the community survey, more **Zanesville (43701)** residents (82%) rated substance use as a top concern than residents of other areas

According to research, **boys** were more likely than girls to try drinking alcohol at a younger age[12]

State binge drinking rates are highest among **men**, **adults ages 25-39**, **White people**, and **higher income households**[15]

According to the community survey, more residents **ages 35-54** (82%) feel substance use is a top health concern in the community than residents in other age groups

Youth are more impacted by substance use due to their developing brains[12]

77% of focus groups with **priority populations** discussed substance use as a top health need

Top issues/barriers for substance use (from interviews and focus groups):
1. Drug use
2. Fentanyl
3. Marijuana
4. Not enough options for treatment

Sub-populations most affected by substance use (from interviews and focus groups):
1. Youth
2. Adults

Top resources, services, programs, and/or community efforts for substance use:
1. Narcan carried by officers and local organizations
2. Local health departments
3. Perry Behavioral Health Choices
4. Medication assistance programs

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry counties, Ohio

#2 Health Need:
MENTAL HEALTH

⚠️ *Trigger Warning: The following pages discuss suicide, which may be disturbing for some people and trigger unpleasant memories or thoughts. You can call the 988 Suicide & Crisis Lifeline at 988 for 24-hour, confidential support*

Mental health and access to mental healthcare was the **#1 ranked health outcome** in the community member survey, with **over 77% of respondents selecting this option**.

27% of survey respondents say that **mental healthcare access is lacking** in the community. The top reasons for not accessing care include **not being able to get a timely appointment (16%), cost or insurance issues (15%), and stigma (11%)**
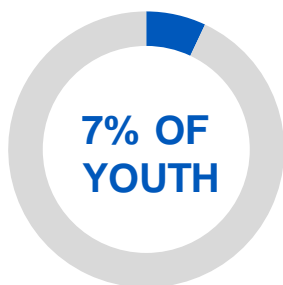
OVER 22%

of GSA survey respondents rate their **access to mental or behavioral health services** as **LOW** or **VERY LOW**, with another 42% rating it as **NEUTRAL**
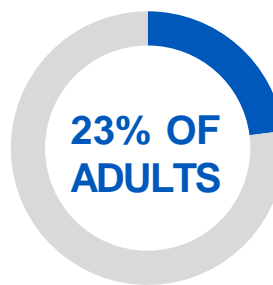
IN OUR COMMUNITY

33% OF YOUTH
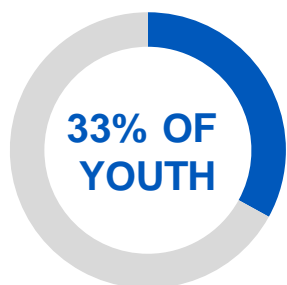
in the GSA experienced **poor mental health** (felt sad or hopeless almost everyday for two weeks or more in a row during the past 12 months), vs. 28% for Ohio[12,40]

7% OF YOUTH

in the GSA **attempted suicide** in the past year, compared to 6% for Ohio[12,40]

23% OF ADULTS

in BRFSS* Region 12 have been diagnosed with **depression** by a mental health professional, compared to 22% for Ohio[17]

19% OF ADULTS
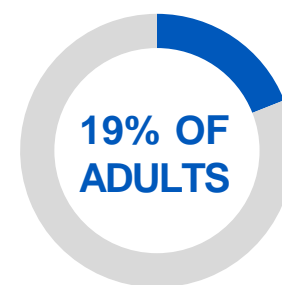
in the GSA experienced **frequent mental distress** (2+ weeks/month in the past month), compared to 17% for Ohio. This was highest for Morgan County at 20%[6]

GSA
597:1

OHIO
310:1

The 2024 County Health Rankings found that the GSA has **fewer mental health providers** relative to its population when comparing the ratio to Ohio. Access is lowest in Coshocton County. All GSA counties are considered a **mental health professional shortage area**[6,15]

The GSA has a **higher overall suicide rate** than Ohio (19 vs. 14 per 100,000) and a **higher suicide rate for adults 18+** (88 vs. 19 per 100,000). The youth suicide rate for GSA was suppressed due to low counts, while it is 3 per 100,000 for Ohio[45,48]

*Behavioral Risk Factor Surveillance System; BRFSS Region 12 contains GSA Counties.
**residents : mental health providers.

5% of respondents to the community member survey had **thoughts of suicide** in the last year. **17%** of respondents selected suicide as a top health need

GSA adults report **5.6 mentally unhealthy days per month**, compared to 5.5 for Ohio. This was highest in Morgan and Muskingum Counties at 5.7 days per month[6]

Only **25%** of respondents to the 2024 community member survey requiring mental or behavioral health services **received all the care they needed**

COMMUNITY FEEDBACK

"The mental health issues are relatively common in our population. I see some level of acceptance related to depression and anxiety; it's just 'normal' that nothing is being done about it."

- Community Member Interview from Muskingum County

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

#2 Health Need:
MENTAL HEALTH

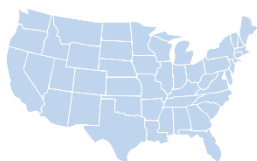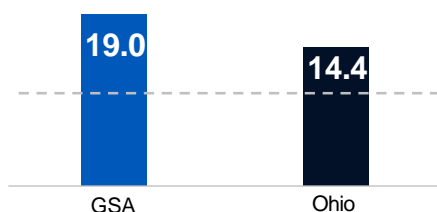**38%** of community survey respondents rated their mental health as **"good"**, 29% rated it as "very good", and 18% rated it as "fair"

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

SUICIDE RATE

19.0 GSA

14.4 Ohio

HP 2030 TARGET:
12.8 PER 100,000

DESIRED DIRECTION: ⬇

✕ The GSA does not yet meet the target[48]

📢 COMMUNITY FEEDBACK

"Mental health is definitely a challenge for us. We continue to see a huge need for mental health services in the community."

- Community Member Interview from Guernsey County

"As a police department, we created special patches to wear to raise awareness about crisis resources. [We are trying] to break that stigma, prevent suicide, [and let people know] there is help here."

- Community Member Interview from Perry County

"I see mental health as the number one crisis in our area. I feel that it impacts every single aspect of a person's life...it's a domino effect. It's a vicious cycle."

- Community Member Interview from Muskingum County

"When you are not properly educated on mental health, it can cause issues in many different areas of life."

- Community Member Focus Group from Noble County

"As much as the city of Zanesville has become more progressive [towards the LGBTQ+ community], there are still days that I feel that one day I will be too afraid to leave my apartment/home in fear of my life."

- Community Member Focus Group from Muskingum County

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

PRIORITY POPULATIONS

MENTAL HEALTH

While mentalhealth is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

Residents from **Muskingum and Perry Counties** were more likely to say that they did not know where to go for mental/behavioral health services in the community survey than other county residents

In the GSA, the overall suicide rate is highest in **Perry County** (28 per 100,000 people), while the adult suicide rate is highest in **Coshocton County** (107 per 100,000 people)[45,48]

Residents of **Muskingum and Perry Counties** were significantly more likely to rate their mental health as fair or poor on the community survey

Mental health was ranked a top health concern by **Zanesville (43701)** respondents significantly more than by Caldwell (43724) respondents in the community survey

25-34 year-olds were most likely to rank their mental health as a top concern in the community survey

Mental health was reported as a top health need in 53% of priority population focus groups (including **seniors, youth, people with disabilities, Black, Indigenous, and People of Color (BIPOC), homeless, rural,** and **LGBTQ+** populations)

Top issues/barriers for mental health (from interviews and focus groups):
1. Mental health issues
2. Lack of mental healthcare services
3. Lack of providers

Sub-populations most affected by mental health (from interviews and focus groups):
1. Youth
2. Low-income population
3. Elderly population

Top resources, services, programs and/or community efforts for mental health:
1. AllWell Behavioral Health Services
2. Local law enforcement
3. Cedar Ridge Behavioral Health Solutions

#3 Health Need:
CHRONIC DISEASES

The most prevalent chronic conditions in the GSA are **hypertension, high cholesterol, diabetes, asthma, cancer, heart disease,** and **COPD**[47,49]

IN OUR COMMUNITY

POOR	FAIR	GOOD	VERY GOOD	EXCELLENT
✗✗	☹	😐	☺	😄

18% of GSA adults rate their health as **fair or poor** (vs. 16% for Ohio), while the other 82% rank it as excellent, very good, or good. Fair or poor health was most common in Morgan County (21%)[6]

COMMUNITY FEEDBACK

"It feels like no one is going to the doctor…either they don't have time, they don't want to pay the copay, or they can't pay the amount the insurance won't pay."

- Community Member Interview from Perry County

"There is a need for lifestyle changes, better eating habits, and physical activity/exercise. The lack of this leads to obesity, heart issues, and other health issues [in the Amish population]."

- Community Member Focus Group from Coshocton County

"There is no access to dieticians…"

- Community Member Interview from Coshocton County

"There is failure to make a connection between lifestyle and disease. We have a huge number of patients who are obese, diabetic, and have chronic obstructive pulmonary disease who are smoking. This will bring about a lot of heart disease."

- Community Member Interview from Morgan County

17% of GSA adults identify as having a **disability**, vs. 15% for Ohio. This is highest in Noble County at 22%[50]

21% of GSA survey respondents say that **accessibility for people with disabilities** is lacking in the community, while **10%** say that **interpretation services** (e.g. American Sign Language (ASL)) are lacking

55% of community survey respondents chose **chronic diseases** as a top community health need. The most frequently mentioned chronic diseases of concern were **diabetes, cancer, and heart disease**

5% of those surveyed felt that a **lack of provider awareness and/or education about their health condition** was a barrier to accessing healthcare

10,515	9,400
GSA	Ohio
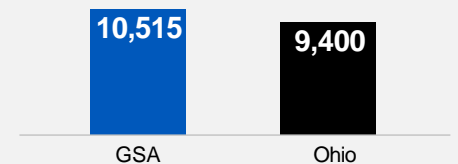
There were an average of **10,515 (age-adjusted) years of potential life lost** among GSA residents under age 75 per 100,000 people, vs. 9,400 for Ohio. This is highest in Guernsey County at 11,800[6]

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

#3 Health Need:
CHRONIC DISEASES

Heart disease is the **leading cause of death** in the GSA[45]

HEART DISEASE & STROKE

4%
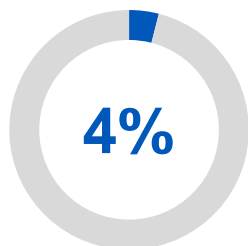
of both BRFSS Region 12* and Ohio adults reported that they have had a **stroke**[47]

11%
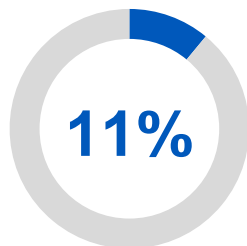
of BRFSS Region 12* adults reported having had a **heart attack, angina, or coronary heart disease**, compared to 8% for Ohio[47]

HYPERTENSION & HIGH CHOLESTEROL

44%
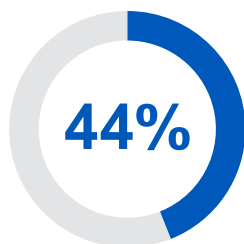
of BRFSS Region 12* adults have **hypertension**, vs. 35% for Ohio[47]

40%
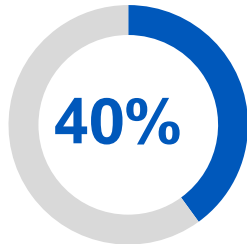
of BRFSS Region 12* adults have **high cholesterol**, compared to 36% for Ohio[47]

COMMUNITY FEEDBACK

"I think having consistent education [would help]. We see patients once every 3 months, and it's kind of hard to tell them everything in a 15-30 min. appointment."

- Community Member Interview from Guernsey County

"Access is an issue with the number of providers. I've got people that will wait 12 weeks or more to get in just to see a cardiology nurse practitioner."

- Community Member Interview from Muskingum County

DIABETES

16% of BRFSS* Region 12 adults have diabetes, vs. 13% of Ohio[47]

13% of BRFSS Region 12* adults have prediabetes, compared to 10% of Ohio adults[47]

Of those with prediabetes, 20% will go on to develop diabetes within five years without lifestyle modification[47]

Diabetes prevalence rises with age and is also highly impacted by income and level of education[47]

ASTHMA & COPD

10%
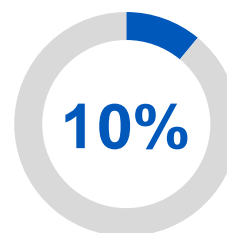
of both BRFSS* Region 12 and Ohio adults have **asthma**[47]

11%
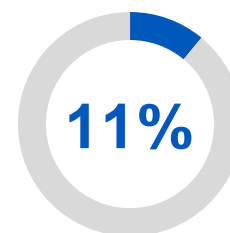
of BRFSS* Region 12 adults have COPD, vs. 9% for Ohio[47]

Many hospital admissions due to chronic obstructive pulmonary disease (COPD) and asthma in the GSA **may be preventable** each year through access to primary care[47]

Behavioral Risk Factor Surveillance System; BRFSS Region 12 contains GSA Counties.

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

#3 Health Need:
CHRONIC DISEASES

According to the Ohio Health Planning Partnership Data Warehouse, cancer is the **second leading cause of death** in the GSA. The GSA has a **higher overall incidence of cancer** per 100,000 than Ohio. Of GSA counties, Muskingum has the highest overall cancer incidence (507 per 100,000)[49]

482
GSA[49]

465
OHIO[49]

Bladder, cervical, colon and rectum, esophageal, Hodgkin's lymphoma, kidney and renal pelvis, larynx, liver and intrahepatic bile duct, non-Hodgkin's lymphoma, oral cavity and pharynx, stomach, and uterine cancers had higher incidence rates in the GSA than Ohio[49]

	GSA*	Ohio*
ALL SITES	482	465
BREAST (FEMALES)	124	130
PROSTATE (MALES)	105	114
LUNG AND BRONCHUS	79	65
COLON AND RECTUM	42	39
UTERUS	39	31
MELANOMA OF THE SKIN	25	28
URINARY BLADDER	22	21
NON-HODGKIN'S LYMPHOMA	20	19
KIDNEY AND RENAL PELVIS	19	18
ORAL CAVITY AND PHARYNX	15	13
THYROID	13	15
LEUKEMIA	12	12
PANCREAS	12	14
CERVIX**	10	8
OVARY**	9	10
ESOPHAGUS	9	6
LIVER AND INTRAHEPATIC BILE DUCT**	9	8
BRAIN AND OTHER CENTRAL NERVOUS SYSTEM**	6	7
STOMACH***	6	6
TESTIS (MALES)****	5	6
LARYNX	5	4
MULTIPLE MYELOMA***	5	6
HODGKIN'S LYMPHOMA*****	3	3

*Age-adjusted rates per 100,000, 2016-2020 average
**Does not include Noble County (rates unavailable)
***Does not include Morgan and Noble Counties (rates unavailable)
****Does not include Guernsey, Morgan, Noble, and Perry Counties (rates unavailable)
*****Does not include Guernsey, Morgan, and Noble Counties
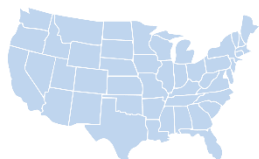
HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

The GSA does not yet meet the Healthy People 2030 target for lung, colorectal, and overall cancer mortality rates, while it meets the target for breast and prostate cancer[45]

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

#3 Health Need:
CHRONIC DISEASES

PRIORITY POPULATIONS
CHRONIC DISEASES

While chronic diseases are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

- Residents **ages 65+** that responded to the community survey were more likely to rank chronic diseases (such as heart disease, diabetes, cancer, asthma) among their top health concerns than residents ages 35-54

- **Noble County** survey respondents (67%) were more likely to rate chronic diseases as top concerns to address in the community, compared to 53% in Morgan County and 46% in Muskingum County

- **Male** residents (62%) were more likely to rank chronic diseases as top concerns to address than female residents (53%) on the community survey

- **Multiracial** (64%) and **White/Caucasian** (55%) community survey respondents were the most likely to rank chronic diseases as a top concern

- **Lower-income** people are at a higher risk of developing many chronic conditions[47]

- Chronic conditions are more common in **older adults**[47]

- People with **high exposure to air pollution**[47]

- People who **smoke**[47]

- People with **challenges with physical activity and nutrition**[47]

Top issues/barriers for chronic diseases (from interviews and focus groups):
1. Diabetes
2. Heart disease/stroke/hypertension/high cholesterol
3. Obesity
4. Cancer
5. Smoking

Sub-populations most affected by chronic diseases (from interviews and focus groups):
1. Youth
2. Elderly population

Top resources, services, programs and/or community efforts for chronic diseases:
1. Local health departments
2. Perry County Cancer Alliance
3. Lead prevention/screening efforts

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

#4 Health Need:
TOBACCO & NICOTINE USE

40% of community survey respondents indicated that
tobacco and nicotine use were top concerns in the GSA

IN OUR COMMUNITY

The leading chronic disease causes of death in the GSA are:[45]

#1	Heart disease
#2	Cancer
#3	Chronic lower respiratory disease
#4	COVID-19

Smoking is a risk factor for all these chronic diseases

Rates of youth who have smoked a cigarette in the past 30 days are lower for GSA teens than Ohio teens[12]

4.1%
GSA

6.8%
OHIO
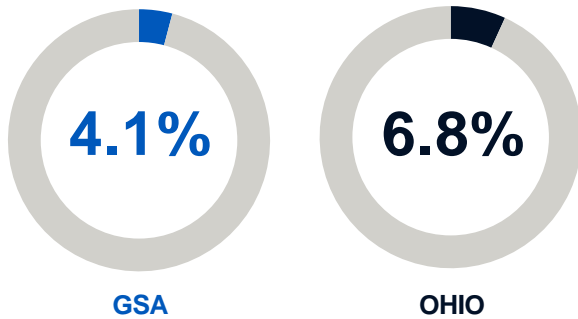
22% of GSA teens do not view tobacco use as a **moderate or great risk**, compared to 23% for Ohio[12]

9% of GSA and Ohio youth said **they vaped in the past 30 days**[12]

29% of GSA teens do not view electronic **vapor product use as a moderate or great risk**, compared to 28% for Ohio[12]

25% **of GSA adults are current smokers** (vs. 19% for Ohio), with **Morgan County** having the **highest** rate at **26%**. **7%** of BRFSS Region 12* and **8%** of state adults **use e-cigarettes**[6,49]

*Behavioral Risk Factor Surveillance System; BRFSS Region 12 contains GSA Counties.

7% of GSA community survey respondents reported that they smoked cigarettes **daily** in the last 30 days, while the rate was **6%** for vaping and **5%** for other tobacco or other nicotine products

COMMUNITY FEEDBACK

"Ask any high school principal in the area, there's kids getting in trouble for vaping probably every week, if not more."

- Community Member Interview from Muskingum County

"Vaping is at epidemic levels."

- Community Member Interview from Guernsey County

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

#4 Health Need:
TOBACCO & NICOTINE USE

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT CIGARETTE SMOKING

25% GSA
19% Ohio

HP 2030 TARGET: **5%**
DESIRED DIRECTION: ⬇

✖ The GSA does not yet meet the target[6]

📢 COMMUNITY FEEDBACK

"Vaping has become like what cigarettes were in the 70s."

- Community Member Interview from Perry County

"I think [chewing tobacco] is almost glorified in a country setting. Country music glorifies it along with drinking beer, rubbing snuff, and stuff like that."

- Community Member Interview from Guernsey County

"Everybody's vaping something and oftentimes we don't have any idea as a school system. When we find out we don't even know what's in it, and neither do they in a lot of cases. They don't know what they're putting in their bodies."
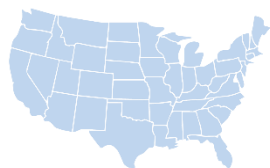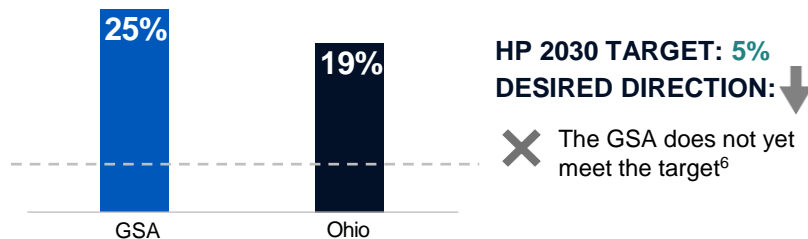
- Community Member Interview from Noble County

"There are smoking areas and cigarettes everywhere. There are too many smokers and vapers with no concern for people with asthma and breathing problems."

- Community Member Focus Group from Muskingum County

"Schools would rather kick out students who are caught vaping rather than send them to a program."

- Community Member Interview from Perry County

PRIORITY POPULATIONS

TOBACCO & NICOTINE USE

While **tobacco and nicotine use** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

In the community survey, residents with a **graduate degree** were most likely to rank tobacco and nicotine use as a top concern (41%)

According to Ohio data, the smoking rate is highest in **multi-racial people, women, people ages 35-44, LQBTQ+ people, people with disabilities**, and **lower income and less educated people**[48,49]

At the Ohio level, vaping rates are highest in **people ages 18-24, men, Hispanic people, people with disabilities**, and **lower income and less educated people**[48,49]

10% of GSA community survey respondents reported that they have smoked cigarettes **once a week or more** in the last 30 days

14% of GSA community survey respondents **under age 18** reported that they have used vapes or e-cigarettes **daily** in the last 30 days

Top issues/barriers for tobacco & nicotine use (from interviews and focus groups):
1. Vaping
2. Smoking
3. Chewing tobacco

Sub-populations most affected by tobacco & nicotine use (from interviews and focus groups):
1. Youth

Top resources, services, programs, and/or community efforts for tobacco & nicotine use:
1. Health department programs
2. Cessation programs

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

#5 Health Need:
MATERNAL, INFANT & CHILD HEALTH

15% of community survey respondents say that addressing **maternal and child health** in the community is a top concern. **16%** of survey respondents say that maternal, infant, and child healthcare **resources are lacking** in the community

IN OUR COMMUNITY

8% The GSA has a **low birth weight rate** of 8%, vs. 9% for Ohio. Guernsey and Muskingum counties have the highest low birth weight rate at 9%[6]

The GSA's **teenage birth rate** for ages 15-19 (26 per 1,000 females) is higher than that of Ohio's (18 per 1,000 females). Muskingum County has the highest teenage birth rate (29 per 1,000 females)[6]

According to health department data, **3%** of GSA and **7%** of Ohio children under 6 tested had **elevated blood lead levels** in 2023. These rates were highest in Coshocton County at 5%. Within the GSA, **53 ZIP Codes** were identified as high risk for elevated blood lead levels (each county had multiple high-risk ZIP Codes)[53,54]

Severe maternal morbidities (SMM) are unexpected outcomes of childbirth that result in significant health consequences. In Ohio, **59% of all SMM from 2016 to 2019 were blood transfusions**. The rate of SMM in Ohio is 71 per 10,000 deliveries[55]

The pregnancy-related maternal mortality rate in Ohio is 15 per 100,000 live births. The leading causes are:[56]
#1 Mental health conditions (47%)
#2 Infections (11%)
#3 Cardiovascular conditions (8%)
#4 Embolisms (8%)
#5 Hemorrhage (6%)
More than half (57%) of these deaths may be preventable[56]

COMMUNITY FEEDBACK

"Moms are struggling, and there is not a lot of postpartum support or even education."

- Community Member Interview from Muskingum County

"There's not a lot of care specialized towards infants, even up to school age kids. I think that's another real gap in service here in our community that you have to leave for that kind of care."

- Community Member Interview from Morgan County

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry counties, Ohio

#5 Health Need:
MATERNAL, INFANT & CHILD HEALTH
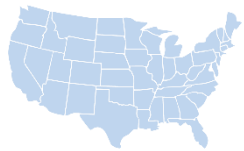
HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

PRETERM BIRTH RATE

11% GSA
12% Ohio
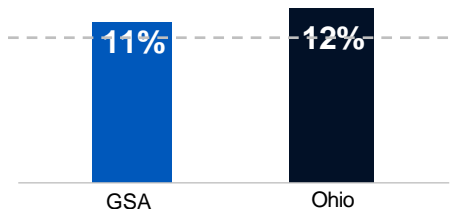
HP 2030 TARGET: 9%
DESIRED DIRECTION: ↓

✗ The GSA does not yet meet the target[57]

INFANT MORTALITY RATE PER 1,000

8.5 GSA
7 Ohio
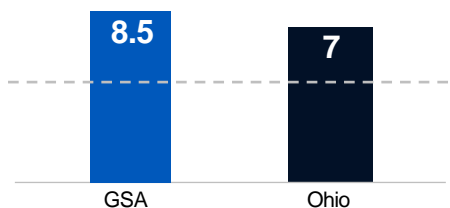
HP 2030 TARGET: 5 PER 1,000
DESIRED DIRECTION: ↓

✗ The GSA does not yet meet the target[6]

ON-TIME PRENATAL CARE

71% GSA
69% Ohio
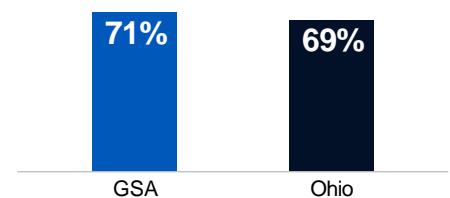
HP 2030 TARGET: 95%
DESIRED DIRECTION: ↑

✗ The GSA does not yet meet the target[57]

COMMUNITY FEEDBACK

"The Health Department offers pack and plays, car seats for kids, and car seat education. We're extremely proud of that program and love seeing the success that it's having."

- Community Member Interview from Muskingum County

"People have to go outside of our area for care. We don't have anything maternal...I've actually seen more home births this year than I ever have."

- Community Member Interview from Morgan County

PRIORITY POPULATIONS
MATERNAL, INFANT & CHILD HEALTH

While maternal, infant & child health are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

19% of community survey respondents in **Muskingum County** ranked maternal and child health as a top concern in the GSA, higher than other geographical areas

In Ohio, as in the nation, rates of severe maternal morbidity are much higher among **non-Hispanic Black women** compared to white women[56]

Research data shows that the severe maternal morbidity (SMM) rate for **Asian women in rural Ohio counties** was 2.6 times greater than Asian women in suburban Ohio counties[55]

**Top issues/barriers for maternal, infant, and child health (from interviews and focus groups):**
1. Addiction
2. Lack of prenatal/postnatal care
3. High infant mortality/stillbirth rates

Sub-populations most affected by maternal, infant, and child health (from interviews and focus groups):
1. People who use substances
2. Amish population

Top resources, services, programs and/or community efforts for maternal, infant, and child health:
1. Health department
2. Women, Infants & Children (WIC)
3. Help Me Grow

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

#6 Health Need:
INJURIES

GSA's unintentional injury death rate (79.6 per 100,000 population) is **higher** than that of Ohio (76.9 per 100,000)[45]

IN OUR COMMUNITY

29% of Ohio adults ages 65+ fell at least once in the past year[58]

The GSA* had a significantly lower unintentional fall death rate in adults 65+ (42.6 per 100,000) than Ohio (74.5 per 100,000). Perry County experienced the highest rate (47.4 per 100,000)[45]

*Excludes Muskingum and Noble counties

7% of community survey respondents in the GSA feel that **injuries** are a top concern

COMMUNITY FEEDBACK

"We do see falls, especially in patients who go home and think they're ready to try to navigate their home environment and can't."

- Community Member Interview from Noble County

"I tend to see a lot more ATV, side by side, and motorcycle-related injuries in my practice here than in the metropolitan area."

- Community Member Interview from Perry County

"The cost of driver's education now is $400. I see a lot of kids that can't afford that, so they're waiting until they're 18 because you don't have to take any training."

- Community Member Interview from Perry County

PRIORITY POPULATIONS
INJURIES

While injuries are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

Morgan County has the highest unintentional injury death rate (93.3 per 100,000 population) in the GSA[45]

According to the community survey, **16%** of **Guernsey County** residents ranked injuries as a top concern, the highest of all GSA counties

29% of GSA residents **under age 18** ranked injuries as a top health need in the community survey, followed by residents ages 18-24 (20%)

Individuals who work in jobs with a higher risk of occupational injury, such as **manufacturing, construction, agriculture, transportation, trades,** and **frontline workers**[47]

Older residents are at a higher risk of falling and sustaining injuries from falling[32]

Top issues/barriers for injuries (from interviews and focus groups):
1. Car/traffic accidents
2. Falls
3. ATV (all-terrain vehicle) accidents/injuries

Sub-populations most affected by injuries (from interviews and focus groups):
1. Elderly population

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry counties, Ohio

#7 Health Need:
HIV & STIs

The COVID-19 pandemic may have impacted the testing and diagnosis rates for HIV & Sexually Transmitted Infections (STIs). 2% of community survey respondents in the GSA feel that HIV/AIDS and Sexually Transmitted Infections (STIs) are a top concern[59]

IN OUR COMMUNITY

The GSA has **much lower** rates of STI cases and HIV per 100,000 people than Ohio as a whole[59, 60]

	GSA	Ohio
Chlamydia	272	464
Overall HIV Prevalence*	82	217
Gonorrhea	41	169
New HIV Cases**	3	7
Syphilis	19	42

GSA **Ohio**

26%
BRFSS*
REGION 12[35]
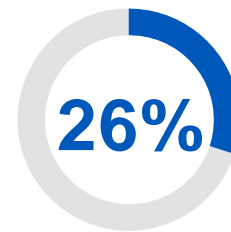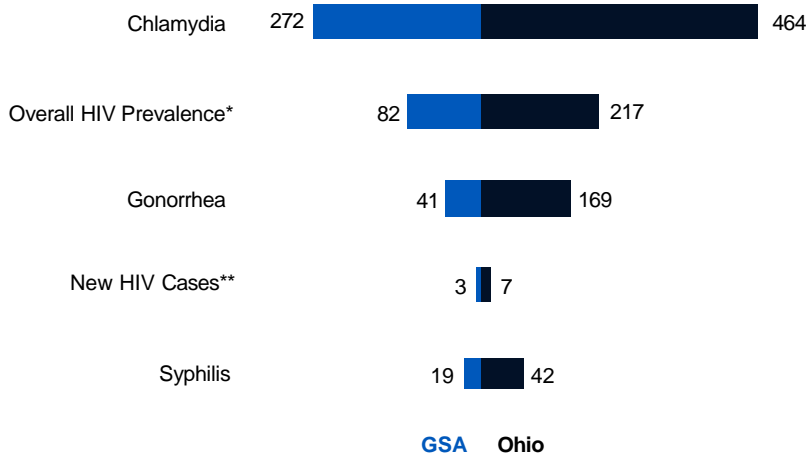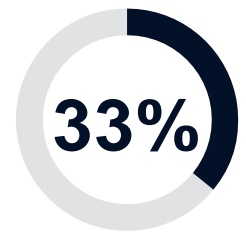
33%
OHIO[35]

A **lower proportion** of adults in BRFSS Region 12*** have ever been **tested for HIV**, compared to the state[47]

Does not include Noble County.
**New HIV cases rate is for HIV Planning Regions 5 (Coshocton County) and 6 (Guernsey, Morgan, Muskingum, Noble, and Perry counties).*
***Behavioral Risk Factor Surveillance System; BRFSS Region 12 contains GSA counties.*

SEXUALLY TRANSMITTED INFECTIONS

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

#7 Health Need:
HIV & STIs

44% | 46%
GSA | Ohio
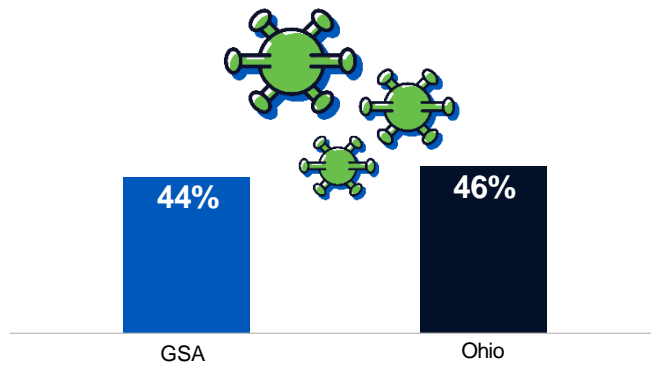
According to state data, **44%** of individuals living with HIV in Ohio's HIV Planning Region 5 (which includes Coshocton County) and HIV Planning Region 6 (which includes Guernsey, Morgan, Muskingum, Noble, and Perry counties) have progressed to an **AIDS diagnosis**, slightly lower than the 46% for Ohio overall[60]

COMMUNITY FEEDBACK

"Chlamydia is very prevalent. In our community, the teenage to 40s population [are more impacted]. We've also seen a reemergence of syphilis recently and gonorrhea, which is disturbing."

- Community Member Interview from Muskingum County

"Hepatitis C [is] a bigger issue than AIDS and other STIs are."

- Community Member Interview from Morgan County

"We don't do testing on site anymore [in the area]."

- Community Member Interview from Perry County

"The stigma [around HIV/AIDS and STIs] is a problem. I would say, the ads for drugs on TV are sort of removing some of that stigma, but it still exists."

- Community Member Interview from Morgan County

PRIORITY POPULATIONS
HIV & STIs

While HIV and STIs are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community…

Women have higher rates of chlamydia, particularly those ages 20-24[59]

Men have higher rates of syphilis and gonorrhea[59]

Barriers to HIV/STI prevention and care were particularly emphasized in the Muskingum County **LGBTQ+** focus group

Top issues/barriers for HIV & STIs (from interviews and focus groups):
1. Increase in STIs overall
2. Lack of education/awareness of resources
3. Chlamydia
4. Hepatitis

Sub-populations most affected by HIV & STIs (from interviews and focus groups):
1. Youth/college students

Top resources, services, programs and/or community efforts for HIV & STIs:
1. Local health departments

"There is no trans care, gender affirming care, HRT (hormone replacement therapy), or HIV/STI care options within the community."

- Community Member Focus Group from Muskingum County

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

LEADING CAUSES
OF DEATH

Cause	GSA*	OHIO*
ALL CAUSES	1,301	1,156
HEART DISEASE	284	255
CANCER	248	213
CHRONIC LOWER RESPIRATORY DISEASE	89	56
COVID-19	81	70
UNINTENTIONAL INJURIES	80	77
STROKE	54	59
ALZHEIMER'S DISEASE***	48	46
DIABETES	47	36
KIDNEY DISEASE**	21	19
INFLUENZA/PNEUMONIA**	20	17
HYPERTENSION AND HYPERTENSIVE RENAL DISEASE****	20	13
SUICIDE**	19	15
LIVER DISEASE**	17	15
PARKINSON'S DISEASE**	14	13

GSA*   **OHIO***

The top two leading causes of death in the GSA are heart disease and cancer. The GSA has a higher all-cause crude mortality rate per 100,000 than Ohio. The rates for all specific causes are also the same or higher for the GSA compared to Ohio, except for stroke[8]

Crude rates per 100,000, 2018-2022 average (only crude rates are available starting in 2021)
Does not include Morgan and Noble Counties (rates unavailable)
***Does not include Morgan County (rate unavailable)*
****Guernsey County only*

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

IDEAS FOR CHANGE
FROM OUR COMMUNITY

These are *ideas* that we heard from community leaders and community members for potential suggestions to support community health.

ACCESS TO CHILDCARE
- Increase access to childcare and open more centers, particularly in rural areas.

ACCESS TO HEALTHCARE
- Create partnerships and collaborations between area hospitals.
- Increase telehealth availability.
- Improve access to dental and vision care providers that accept Medicaid.
- Increase access to healthcare for underserved populations.
- Improve access to mobile health services.
- Hire more Emergency Medical Services (EMS) workers, and pay those who are currently volunteers.
- Build a central EMS station in Perry County.
- Improve communication between EMS in order to reduce duplication of work.
- Create more satellite offices for specialty care, and hire more specialists.
- Open more dialysis centers.
- Launch a campaign to recruit more local healthcare providers.
- Add Deaf-specific information to the 911 system.
- Create awareness campaigns and use local publications to attract attention promote health services for the Amish community.

CRIME AND/OR VIOLENCE
- Expand the police force.

EDUCATION
- Offer more preschool opportunities.
- Implement more healthy lifestyle, life skill, and financial training in schools.
- Create school-based health clinics for students and teachers.
- Improve school attendance policies.
- Utilize therapy dogs in schools.
- Hire professional cleaning services for schools on weekends.
- Provide and/or increase American Sign Language (ASL) education.
- Provide self-defense training opportunities.
- Provide education opportunities for parents.

ENVIRONMENTAL CONDITIONS
- Clean up the local river.

FOOD INSECURITY
- Host local food trucks that supply free meals.

HOUSING & HOMELESSNESS
- Create more shelters.
- Ensure all homes have access to public water.
- Issue section 8 vouchers with social security.
- Repurpose abandoned buildings for housing.
- Provide repair person support for seniors.
- Create more housing options for young adults with developmental disabilities.

INCOME/POVERTY & EMPLOYMENT
- Create more local opportunities for employment.
- Increase support for middle-income families.

INJURIES
- Create an in-home fall prevention program.

INTERNET/WI-FI ACCESS
- Improve broadband internet access in the area.
- Improve communication about available services, especially for those without internet.

MATERNAL/INFANT/CHILD HEALTH
- Increase access to trauma-informed care and training for healthcare professionals, particularly for people who have experienced miscarriages and stillbirths.
- Expand Women Infants, and Children (WIC) acceptance.

MENTAL HEALTH
- Implement a Partial Hospitalization Program (PHP) or Intensive Outpatient Program (IOP) for mental health.
- Develop a Mobile Integrated Health (MIH) program and related marketing campaign.
- Transfer 911 calls of people who are suicidal to the new statewide emergency mental health system. Provide mental health support and send a law enforcement team to ensure safety.
- Increase use of Artificial Intelligence (AI) apps for mental health.

IDEAS FOR CHANGE
FROM OUR COMMUNITY

These are *ideas* that we heard from community leaders and community members for potential suggestions to support community health.

NUTRITION/PHYSICAL HEALTH
- Lower the cost of accessing the YMCA for seniors, youth, and families. Expand access to all GSA counties.
- Open an indoor pool, and provide more indoor recreation opportunities.
- Start wellness groups in the communities to build trust and teach skills.
- Create more sports facilities and opportunities for kids.
- Make the qualification process for the Supplemental Nutrition Access Program (SNAP) easier.
- Offer a weight loss clinic through the health department.

PREVENTIVE PRACTICES
- Increase preventive education efforts in schools.

PEOPLE WITH DISABILITIES
- Educate the public on issues facing the Deaf and hard of hearing population and the importance of interpreters.

SUBSTANCE USE
- Create a drug court program.
- Use drug mapping/overdose mapping for local law enforcement to identify high use areas.
- Teach youth about drugs, safety, and prevention at younger ages.
- Install Narcan vending machines with Narcan, especially in rural areas.
- Teach about both sobriety and safe drug use.
- Increase access to substance use disorder recovery services.

TRANSPORTATION
- Create a pathway for primary care providers to refer people who lack transportation to appropriate resources.
- Improve routes and signage for public transportation, particularly in rural areas.

TOBACCO/NICOTINE USE
- Create an in-school curriculum on vaping.

OTHER OPPORTUNITES
- Create more programs and places for the aging population to socialize.
- Create more programs and places for youth to socialize.
- Improve outreach and marketing to seniors about community services, especially in senior housing buildings.
- Increase access to sign language interpreters for essential services.
- Hold open forum discussions on community health and social needs, and share the data. Create a platform to share feedback.
- Hold safe, family-friendly Pride events.
- Hold more health fairs and increase outreach through house calls, flyers, newsletters, social media, and local newspapers. Use the health department's outdoor light-up sign to promote more community events.
- Form kinship support groups.

CURRENT RESOURCES
ADDRESSING PRIORITY HEALTH NEEDS
OVERALL GENESIS SERVICE AREA (GSA)

Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

Access to Healthcare
CareSource
Genesis HealthCare System
Molina Healthcare of Ohio Medicaid
Ohio Benefits
Ohio's Best Rx
Ohio Early Intervention
Ohio Senior Health Insurance Information Program (OSHIIP)
SingleCare
Women, Infants & Children (WIC)

Community & Social Services
Area Agency on Aging Region 9
Big Brothers Big Sisters of Southeastern Ohio
Board of Health
Bridges to Success
Brightspeed
Chamber of Commerce
Cribs for Kids/Safe Sleep Program
Family and Children First Council
Foundation for Appalachian Ohio
Help Me Grow
Home Energy Assistance Program (HEAP)
Job & Family Services
Kaleidoscope
Kiwanis Club
Lead Hazard Control Grant
Legal Aid of Southeast and Central Ohio (LASCO)
National Youth Advocate Program (NYAP)
Ohio Center for Autism and Low Incidence (OCALI)

Community & Social Services (cont.)
Ohio Medical Aid Services
Ohio State University Extension Office
Ohio Third Frontier Technology Validation and Start-up Fund
Ohio TT (Transparent Telecom)
Opportunities for Ohioans with Disabilities (OOD)
PASSPORT (Medicaid program)
Safe at Home
Southern Ohio Chamber Alliance
Spectrum
The Ohio Bass Federation
United Way

Education
21st Century Community Learning Centers (CCLC)
Boys & Girls Clubs of America
Ohio Department of Education
Ohio Future Farmers of America (FFA) Association
The Ohio State University

Employment
Job & Family Services
Ohio Means Jobs

Environmental
Ohio Air Quality Development Authority

Food Insecurity
Famers' markets
Food pantries
SNAP (Supplemental Nutrition Assistance Program)/food stamps

Housing & Homelessness
Coalition on Homelessness and Housing in Ohio
Habitat for Humanity of Southeast Ohio
Salvation Army
St. Vincent de Paul
The U.S Department of Housing and Urban Development (HUD)
United Way

Mental Health & Addiction
Alcoholics Anonymous
AllWell Behavioral Health Services
Charlie Health
Drug Free Clubs of America
Full Circle Recovery Services
Mental Health and Recovery Services Board

Nutrition & Physical Health
NIH (National Institutes of Health) - Falls and Falls Prevention
The Nutrition Group
YMCA - Silver Sneakers

Transportation
National Highway Traffic Safety Administration (NHTSA)
National Traffic Safety Institute (NTSI)

CURRENT RESOURCES
ADDRESSING PRIORITY HEALTH NEEDS
COSHOCTON COUNTY

Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

Access to Healthcare
Coshocton Regional Medical Center
Muskingum Valley Health Centers
MVHC (Muskingum Valley Health Centers) Mobile Unit
Pregnancy Center of Coshocton

Community & Social Services
Bridges to Wellness
Coshocton Beacon Today
Coshocton Commissioners Office
Coshocton County Board of Developmental Disabilities (CBDD)
Coshocton County Chamber of Commerce
Coshocton County Courthouse
Coshocton County Fatherhood Initiative
Coshocton County Handicapped Society
Coshocton County Juvenile Court
Coshocton County Library System
Coshocton County Reentry Coalition
Coshocton County Sheriff's Office
Coshocton County Veterans Services
Coshocton Public Health District
Coshocton Senior Center
Coshocton Tribune
First Step Family Violence Intervention Services, Inc.
Health, Safety & Wellness Expo
Kno-Ho-Co-Ashland Community Action Commission (Knox, Holmes, Coshocton & Ashland Counties)
Lunch Buddies
Starlink

Education
Central Ohio Technical College (COTC) Coshocton Campus
Coshocton City School District
Coshocton County Head Start, Inc.
Hopewell School

Education (cont.)
Kids Campus
Learning Garden of Coshocton, LTD
Montessori Preschool Inc.
Precious Treasures Preschool & Learning Center, LLC.
Ridgewood Local School District
River View Local School District
Sandbox Childcare Center LLC

Employment
Coshocton County Career Center
Mancan Temporary Staffing Employment Agency

Food Insecurity
Conesville United Methodist Church - food distribution
Congregate meal program - Coshocton Senior Center
Coshocton Farmer's Market
Free Pentecostal Holiness Church - food pantry
Home Delivered Meal program - Coshocton Senior Center
Mid-Ohio Foodbank
Mobile Market
Mom's Meals
New Life Ministries - food pantry
Simply EZ Meals
Upper Room Food Pantry
West Lafayette Rotary and West Lafayette Police Department - food cupboard

Housing & Homelessness
Coshocton Metropolitan Housing Authority (CMHA)
First Step Family Violence Intervention Services, Inc. - shelter
Kno-Ho-Co Ashland Emergency Shelter Program
Second Chance Emergency Shelter

Mental Health & Addiction
Coshocton Behavioral Health Choices
Coshocton Recovery LLC
Friends of the Coshocton County Drug Court, Inc.
Mid-Ohio Behavioral Health
Riverside Recovery Services, LLC
Spero Health
Suicide Prevention Coalition of Coshocton County

Nutrition & Physical Health
Aldi
American Health Centers
Anytime Fitness
Blackstone's Gym
Buehler's Fresh Foods Coshocton
Collins Meat & Food Market
Colonial Sports n Courts
Coshocton City & County Park District
Coshocton City Recreation Department
Friendly Meadows Country Store
Icon Fitness
Kids America Inc.
Lori's Hilltop Market
Marilyn's Natural Foods
McKenna's Farm Market
Olde Thyme Country Market
Otsego Carry Out & Deli
Walmart Supercenter

Transportation
Canal Cab Company
Coshocton County Coordinated Transportation Agency (CCCTA)
Coshocton Public Transit

CURRENT RESOURCES
ADDRESSING PRIORITY HEALTH NEEDS
GUERNSEY COUNTY

Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

Access to Healthcare
Medical Associates of Cambridge, Inc.
Muskingum Valley Health Centers
MVHC (Muskingum Valley Health Centers) Mobile Unit
Ohio Health Southeastern Medical Center and Emergency Department
Open Arms Pregnancy Center

Community & Social Services
Bridges to Wellness
Cambridge Area Chamber of Commerce
Cambridge-Guernsey County Health Department
Guernsey Children's Services Board
Guernsey County Commissioners
Guernsey County Community Development Corporation
Guernsey County Courthouse
Guernsey County District Public Library
Guernsey County Juvenile Court
Guernsey County Senior Citizens Center, Inc.
Guernsey County Sheriff's Office
Guernsey County Veterans Services
Guernsey, Monroe, Noble Counties (GMN) Tri-County Community Action Commission (CAC), Inc.
Harvest House
Haven of Hope
Lunch Buddies
The Daily Jeffersonian

Education
All For Kids Inc
Beatty Avenue Head Start
Beech Grove Head Start / Early Head Start
Cambridge City Schools
Community Nursery School

Education (cont.)
East Guernsey Local School District
Faith Community Childcare
GMN (Guernsey, Monroe, Noble) Epic Head Start
Lore City Head Start
Nurture Preschool & Childcare
Rolling Hills Early Learning Center
Thrive Preschool & Childcare
Wee Cherish Preschool and Childcare

Employment
Action Total Staffing
Competitive Staffing Solutions
IC Staffing Solutions
Mancan Temporary Staffing Employment Agency
Mid-East Career and Technology Centers
MOVE Staffing - Cambridge
Southeastern Ohio Staffing & Human Capital Firm LLC
SURGE Staffing
We Staff Better LLC

Food Insecurity
Feed My People
First Church of the Nazarene
Grace Pantry
Guernsey County Senior Citizens Center - hot meals
Guernsey Living Water Food Pantry
Harvest House
Main Avenue UMC (United Methodist Church) Food Pantry
Meals on Wheels
Mid-Ohio Foodbank
Stop 9 Church of Christ - food pantry

Housing & Homelessness
Cambridge Metropolitan Housing Authority
Samaritan Center for Transitional Housing

Housing & Homelessness (cont.)
Society of St. Vincent de Paul
The Freedom House

Mental Health & Addiction
Cambridge Behavioral Hospital
Cedar Ridge Behavioral Health Solutions
Community Healthcare Associates
Guernsey & Noble County Suicide Prevention Coalition
Guernsey Health Choices, Inc.
Integrated Services for Behavioral Health - Cambridge
Mid-Ohio Behavioral Health
MVHC (Muskingum Valley Health Centers) Addiction Services - Cambridge
Operation BRIDGE (Bridging Recovery Interdiction Data Gathering Enforcement)
People to People Counseling
Southeastern Counseling Center
Spero Health

Nutrition & Physical Health
Aldi
Anytime Fitness
Cambridge Area YMCA
Cambridge Fitness
Carriage Market Inc
Cash Saver
City of Cambridge Parks Department
CrossFit Indelible
CrossFit Onerous

Transportation
Oneway Cab & Taxi Services LLC
South East Area Transit (SEAT)

CURRENT RESOURCES
ADDRESSING PRIORITY HEALTH NEEDS
MORGAN COUNTY

Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

Access to Healthcare
Eye Care Associates
Muskingum Valley Health Centers
Muskingum Valley Health Centers Dental Clinic
MVHC (Muskingum Valley Health Centers) Mobile Unit
Shrivers Pharmacy

Community & Social Services
Buckeye Hills Regional Council
Lunch Buddies
Malta & McConnelsville Fire Department
Morgan County Board of Developmental Disabilities
Morgan County Chamber of Commerce
Morgan County Children's Services
Morgan County Commissioners
Morgan County Courthouse
Morgan County Health Department
Morgan County Herald
Morgan County Juvenile Court
Morgan County Library
Morgan County Office on Aging
Morgan County Private Water Health Fair
Morgan County Senior Center
Morgan County Sheriff's Office
Morgan County United Ministries
Morgan County Veterans Services
Morgan County Wellness Coalition
Survivor Advocacy Outreach Program (SAOP)
The Community Action Program Corporation of Washington-Morgan Counties
Thrive Drive
Transitions Inc.

Education
Little Steps Early Learning Center
Morgan Local School District
Play and Learn Center

Employment
Work Force Development Center

Food Insecurity
Commodity Supplemental Food Program (CSFP)
Global Meals
Homestyle Direct
Lutheran Social Service of Central Ohio - mobile food pantry
Malta United Methodist Church - mobile food pantry
Meals on Wheels
Mom's Meals
Morgan County Community Gardens
Morgan County Senior Center - congregate meals
Morgan County United Ministries - food pantry
Nutrition for Longevity, Inc.
Senior Farmer's Market Nutrition Program - Buckeye Hills Regional Council
Southeast Ohio Regional Food Bank and Kitchen

Housing & Homelessness
Mary's House
Morgan County Fair Housing
Morgan Metropolitan Housing Authority

Mental Health & Addiction
Cedar Ridge Behavioral Health Solutions
Integrated Services for Behavioral Health - McConnelsville
Morgan Behavioral Health Choices
Morgan County Suicide Prevention Coalition
New Hope Creation Center

Nutrition & Physical Health
Kroger
Little Dog Deli
Meyers Specialty Market
Parks and Recreation - Morgan County
Save A Lot
The Barracks Fitness Center
Village Fitness

Transportation
Morgan County Public Transit
Region 8 Mobility Solution Center

CURRENT RESOURCES
ADDRESSING PRIORITY HEALTH NEEDS
MUSKINGUM COUNTY

Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

Access to Healthcare
Family Health Services of East Central Ohio Zanesville Clinic
Heartbeats - Family Center
Muskingum Valley Health Centers
MVHC (Muskingum Valley Health Centers) Mobile Unit
PrimeCare of Southeastern Ohio/ Muskingum County
Rambo Memorial Health Center
Shrivers Pharmacy
Zanesville Close To Home Center

Community & Social Services
AT&T
Bethel Community Center
Brave Beginnings, Muskingum County Children's Advocacy Center
Bridges to Wellness
Catholic Social Services
Community Connection Day
Dresden Buzz
Eastside Community Ministry
ForeverDads Center for Fathers & Families
Hands of Faith
Juvenile Diversion Program
Lunch Buddies
Muskingum County Adult & Child Protective Services
Muskingum County Board of Developmental Disabilities (MCBDD)
Muskingum County Center for Seniors
Muskingum County Chamber of Commerce
Muskingum County Commissioners
Muskingum County Courthouse

Community & Social Services (cont.)
Muskingum County Juvenile Court
Muskingum County Library System
Muskingum County Sheriff's Office
Muskingum County Veterans Service Office
Muskingum Economic Opportunity Action Group, Inc. (MEOAG)
Muskingum University Health and Wellness Fair
Newton Township Fire Department
Project Blueprint 740
Transitions Inc.
Zanesville Civic League Community Center
Zanesville Pride Board
Zanesville Times Recorder
Zanesville-Muskingum County Chamber of Commerce
Zanesville-Muskingum County Health Department
Zanesville-Muskingum County Safety Council

Education
Access Muskingum
Bishop Fenwick Preschool
Blue Avenue Head Start
Careytown Preschool and Child Care Center
Child Care Resources Inc./Muskingum County Head Start
Coburn Child Care Center
Durban Drive Head Start Center
East Forty Christian Preschool
East Muskingum Local School District
Enterprise Muskingum
Foxfire Community Schools
Franklin Local School District
Friendship Preschool & Daycare
Genesis Children's Center

Education (cont.)
Honey Bear Daycare
Larzelere Head Start Center
Little Arrows Early Learning Center
Maysville Local School District
Meadow View Christian Preschool
Muskingum University
Muskingum University Center for Child Development
Muskingum Valley Educational Service System
North Terrace Christian Preschool
Ohio University - Zanesville
Starlight School
Sundale Kids
The Carr Center
The Learning Academy of SEO (Southeastern Ohio)
The Learning Nest Preschool
The Little Barnyard Child Care Center
The Zoo Child Care and Preschool
Tri-Valley Local School District
Viola & Virsie's Learning Center
West Muskingum Local School District
Zane State College
Zanesville City Schools

Employment
Action Total Staffing
Competitive Staffing Solutions
Job Talent Connect
Mancan Temporary Staffing Employment Agency
Mid-East Career and Technology Centers
Move Staffing Zanesville
Ohio Means Jobs - Muskingum County
SURGE Staffing
We Staff Better, LLC

ADDRESSING PRIORITY HEALTH NEEDS
MUSKINGUM COUNTY (CONT.)

Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

Food Insecurity
AIM Outreach - food pantry
Christ's Table
Eastside Community Ministry - food bank/food pantry/produce market
Fellowship of Christ's Community
Hope to the Rescue Corporation - food pantry
Mid-Ohio Foodbank
Muskingum County Center for Seniors - congregate meals/home bound meals

Housing & Homelessness
Eastside Community Ministry
Homeless Hands of Zanesville
Salvation Army - shelter
Transitions Shelter (Women)
Trulight Ministries
Zanesville Metropolitan Housing Authority (ZMHA)

Mental Health & Addiction
BrightView - Zanesville Addiction Treatment
Cedar Ridge Behavioral Health Solutions

Mental Health & Addiction (cont.)
Frank's Way - recovery house
Genesis Behavioral Health
Genesis Drug and Alcohol Recovery Program and Support
Mental Health and Recovery Services Board
Muskingum Behavioral Health
Muskingum County Suicide Prevention Coalition
Naomi's House - recovery house
Ohio Psychiatric Associates, Inc.
Restorative Pathways Counseling, LLC
Spero Health
Vaping and Tobacco Coalition

Nutrition & Physical Health
Aldi
All-In Gym
Body Of Choice Gym
Campbell's Foodland
Concor Fitness
Countryside Bulk Foods
DG (Dollar General) Market
FlowFit Studios
German Farms Market
Hometown Fitness

Nutrition & Physical Health (cont.)
Hype Fitness Zanesville
Kroger
Miracle League of Muskingum Valley Ohio Inc
Muskingum Family YMCA
Muskingum Valley Park District
Planet Fitness
ReFuel Wellness
Riesbeck's Food Market
Rittberger North Market
Save A Lot
Schimmel Fitness
Southtown Gym
The Fieldhouse Family Sports and Wellness Center
True North Fitness
Walmart Supercenter
West Side Market
Witten Farm Market
Worthington Foods

Transportation
IC Cab Y-City
South East Area Transit (SEAT)

CURRENT RESOURCES
ADDRESSING PRIORITY HEALTH NEEDS
NOBLE COUNTY

Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

Access to Healthcare
Caldwell Family Health Center - Ohio Hills Health Services
Noble County Eye Care
Ohio Health Physician Group Primary Care
Primary Care-Caldwell - Memorial Health System
Reproductive Health and Wellness Program (RHWP)
Southeast Ohio Breast and Cervical Cancer Project

Community & Social Services
Buckeye Hills Regional Council
Caldwell Public Library
CarFit - Noble County
Guernsey, Monroe, Noble Counties (GMN) Tri-County Community Action Commission (CAC), Inc.
Haven of Hope
Helping Appalachian Rural People (H.A.R.P), Inc.
Lunch Buddies
Noble Board of Developmental Disabilities
Noble County CARES (Community Access Resources Education Services)
Noble County Chamber of Commerce & Tourism Bureau
Noble County Commissioner
Noble County Committee on Aging/ Senior Center

Community & Social Services (cont.)
Noble County Courthouse
Noble County Health Department
Noble County Juvenile Court
Noble County Sheriff's Office
Noble County Veterans Service Commission
Noble Family Violence Council, Inc.
The Journal & Noble County Leader

Education
Caldwell Exempted Village School District
Caldwell Head Start
Caldwell Preschool
Noble Learning Center
Noble Local School District

Employment
Ohio Means Jobs - Noble County

Food Insecurity
Global Meals
Homestyle Direct
Lutheran Social Service of Central Ohio - mobile food pantry
Mid-Ohio Foodbank
Mom's Meals
Noble County Senior Center - congregate meals/home delivered meals
Nutrition for Longevity, Inc.
Samaritan House of Noble County
Senior Farmer's Market Nutrition Program - Buckeye Hills Regional Council

Housing & Homelessness
Noble County Fair Housing
Noble Metropolitan Housing Authority

Mental Health & Addiction
Celebrate Recovery
Guernsey & Noble County Suicide Prevention Coalition
Noble Behavioral Health Choices

Nutrition & Physical Health
260 Grocery & More
Caldwell Food Center Emporium
Dollar General
Food Center Convenience
Freedom Fitness
Liberty Market, LLC
Lifestyle Gym
Noble County Happy Time Pool
Noble County Parks and Recreation Department
PassionFIT
Produce Stand
Quick Exchange
Save-A-Lot
Ulterior Fitness

Transportation
Noble Taxi & Cab
Region 8 Mobility Solution Center
South East Area Transit (SEAT)

CURRENT RESOURCES
ADDRESSING PRIORITY HEALTH NEEDS
PERRY COUNTY

Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

Access to Healthcare
Annual Drive Thru Flu Clinic
Fairfield Medical Center
Family Health Services of East Central Ohio
Hocking College Dental Hygiene Clinic
Hopewell - Primary Health Care Clinic
Perry County Family Practice
Shrivers Pharmacy

Community & Social Services
Alzheimer's Alliance
"Blessing Box" Project
Buckeye Hills Regional Council
Harcum House
Hocking, Athens, Perry County Community Action (HAPCAP)
Mount Aloysius Corp
Mount Perry Presbyterian Church
New Lexington Police Department
PerCo Inc.
Perry County Cancer Alliance
Perry County Commissioners
Perry County Courthouse
Perry County District Library
Perry County Emergency Management Agency
Perry County Health Department
Perry County Juvenile Court
Perry County Ohio Chamber of Commerce
Perry County Public Children Services Agency
Perry County Senior Center
Perry County Sheriff's Office
Perry County Tribune
Perry County Veterans Extravaganza
Perry County Veterans Service Commission
Saint Vincent de Paul Center
Senior Expo and Health Fair
South Central Power
Survivor Advocacy Outreach Program (SAOP)
The Perry County Press

Community & Social Services (continued)
Transitions Inc.
Village of New Lexington

Education
Alpha Program
Crooksville Exempted Village Schools
Hocking College Perry Campus
Little Lambs Learning Center
Little Learners Preschool II
Mama Bear Child Care
Muskingum Valley Educational Service System
New Lexington City School District
New Lexington Head Start Center
Northern Local School District
Perry Preschool
Southern Local School District

Employment
Ohio Means Jobs Center - Perry County

Food Insecurity
Commodity Supplemental Food Program (CSFP)
Global Meals
Homestyle Direct
Hopewell-Madison Township Food Pantry
Junction City Community Building - food pantry
Meals on Wheels
Mom's Meals
New Lexington Food Pantry (PEAP) - Pike, Bearfield, Clayton, and Pleasant Townships
Nutrition for Longevity, Inc.
Perry County Senior Center - congregate dining
Roseville Community Food Pantry
Saint Vincent De Paul County Conference Food Pantry
Senior Farmer's Market Nutrition Program - Buckeye Hills Regional Council
Shawnee Farmer's market
Somerset Food Pantry
Southeast Ohio Regional Food Bank and Kitchen

Food Insecurity (cont.)
Southeast Perry County Food Pantry
Thornville Food Pantry

Housing & Homelessness
Integrated Services for Behavioral Health - housing
Perry County Home
Perry Housing Coalition
Perry Metropolitan Housing Authority

Mental Health & Addiction
Integrated Services for Behavioral Health - New Lexington
Never Alone - Ohio
Perry Behavioral Health Choices
Perry County Suicide Prevention Coalition
Stanton Villa

Nutrition & Physical Health
Amish Ridge Bulk Foods & Variety Store
Carpenter's Market
Clark's Grocery
Crooksville Recreation Center
Kroger
Millcreek Market (Bulk Foods, Deli, Bakery)
Perry County Bike Lending Program
Perry County Park District
Perry Recreation
Ruff's IGA
Save A Lot
T C Market Inc.
The G1 Fitness Complex
Underground Athletics, LLC

Transportation
Perry County Mobility Management
Perry County Transit
Region 8 Mobility Solution Center
Zero Loop

STEP 6
DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS

IN THIS STEP, THE SOUTHEASTERN OHIO HEALTH IMPROVEMENT COLLABORATIVE (SOHIC):

- WROTE AN EASILY UNDERSTANDABLE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORT

- ADOPTED AND APPROVED CHNA REPORT

- DISSEMINATED THE RESULTS SO THAT IT WAS WIDELY AVAILABLE TO THE PUBLIC

DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS

The Southeastern Ohio Health Improvement Collaborative (SOHIC) worked with Moxley Public Health to pool expertise and resources to conduct the 2024 Community Health Needs Assessment (CHNA). By gathering secondary (existing) data and conducting new primary research as a team (through interviews with community leaders, focus groups with subpopulations and priority groups, and a community member survey), the stakeholders will be able to understand the community's perception of health needs. Additionally, SOHIC will be able to prioritize health needs with an understanding of how each need compares against benchmarks and is ranked in importance by service area residents.

The 2024 Genesis HealthCare System (GHS) CHNA, which builds upon the prior assessment completed in 2021, meets all Internal Revenue Service (IRS), Public Health Accreditation Board (PHAB), and Ohio state requirements.

REPORT ADOPTION, AVAILABILITY AND COMMENTS

This CHNA report was adopted by GHS leadership and made widely available on the GHS website in December 2024.

Genesis HealthCare System: https://www.genesishcs.org/our-impact/about-us/community

Written comments on this report are welcomed and can be made by emailing: lsupplee@genesishcs.org.

CONCLUSION & NEXT STEPS

THE NEXT STEPS WILL BE:

- DEVELOP IMPLEMENTATION STRATEGY/ IMPROVEMENT PLAN (CHIP) FOR 2025-2027

- SELECT PRIORITY HEALTH NEEDS

- CHOOSE INDICATORS TO VIEW FOR IMPACT CHANGE FOR 2025-2027 PRIORITY HEALTH NEEDS

- DEVELOP SMART OBJECTIVES FOR IMPLEMENTATION STRATEGY/CHIP

- SELECT EVIDENCE-BASED AND PROMISING STRATEGIES TO ADDRESS PRIORITY HEALTH NEEDS

CONCLUSION
NEXT STEPS FOR THE SOUTHEASTERN OHIO HEALTH IMPROVEMENT COLLABORATIVE (SOHIC)

- Monitor community comments on the CHNA report (ongoing) to the provided SOHIC contacts.

- Select a final list of priority health needs to address using a set of criteria that is recommended by Moxley Public Health and approved by SOHIC. (The identification process to decide the priority health needs that are going to be addressed will be transparent to the public. The information on why certain needs were identified as priorities and why other needs will not be addressed will also be public knowledge).

- Community partners (including the hospital, health departments, and many other organizations throughout the service area) will select strategies to address priority health needs and priority populations. (We will use, but not be limited by, information from community members and stakeholders and evidence-based strategies recommended by the Ohio Department of Health).

- The 2025-2027 Implementation Strategy/Improvement Plan (CHIP) (that includes indicators and SMART objectives to successfully monitor and evaluate the improvement plan) will be adopted and approved by SOHIC, reviewed by the public, and then the final draft will be publicly posted and made widely available to the community.

IMPACT AND PROCESS EVALUATION

IMPACT AND PROCESS EVALUATION

The following tables indicate the priority health needs selected from the 2021 Genesis HealthCare System (GHS) Community Health Needs Assessment (CHNA) and the impact of the 2022-2024 Implementation Strategy/Community Health Improvement Plan (CHIP) on the previous priority health needs (based on the most recent available data from 2023). The tables that follow are not exhaustive of these activities but highlight what has been achieved in the service area since the previous CHNA. The impact data (indicators of each priority health need to show if it is getting better or worse) and process data (to show whether the strategies are happening or not) will be reported and measured in an evaluation plan. That data will be reported annually and in the next CHNA.

APPENDIX A:
IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPLEMENTATION STRATEGY (2022-2024)

PRIORITY #1: MENTAL HEALTH ISSUES						
GOAL: Reduce the prevalence of substance use and the burden of mental health issues through intervention and prevention initiatives in the Genesis Service Area (GSA). *2023 Actual/Proposed Outcomes Encounters: 3,087 / 933*						
Strategic Focus: Genesis Behavioral Health (GBH), Genesis Women's and Children's Services (GW&CS), SANE (Sexual Assault Nurse Examiner), and Genesis Emergency Services (GEmergS) will provide or participate in health education, health promotion, professional education, healthcare support services, and participation in collaborations and groups focused on mental health issues in the community.						
OBJECTIVES	**INITIATIVES**	**TARGET POPULATION**	**PARTNERS**	**ACCOUNTABILITY ENTITY**	**2023 PROPOSED OUTCOMES**	**2023 ACTUAL OUTCOMES**
HEALTH EDUCATION						
By December of 2024, 990 persons will participate in health education for mental health issues.	Risk reduction health education classes	GSA		GBH	Encounters: 30 Assessment: 80% knowledge increase	Encounters: 0 None reported
	Sexual Assault and Human Trafficking Awareness Courses	GSA Junior, High School, College students		GEmergS (SANE)	Encounters: 300	Encounters: 1,647
HEALTH PROMOTION						
By December of 2024, 300 persons will participate in health promotion for addiction and mental health issues.	Presentations and/or provide or participate in community events	GSA, population living in poverty		GBH, GW&CS	Encounters: 75	Encounters: 389
	Social media broadcasts such as podcasts provided for the community	GSA	Genesis Marketing & Public Relations (GM&PR)		Encounters: 50	Encounters: 734
PROFESSIONAL EDUCATION						
By December of 2024, 975 persons will participate in professional education for addiction and mental health issues.	Provide Crisis Intervention Team training	GSA, public safety officers		GBH	Encounters: 25	Encounters: 80
	Sexual Assault and Human Trafficking Awareness training	Law Enforcement, Health Providers, Attorneys, & others		GEmergS (SANE)	Encounters: 300	Encounters: 103
HEALTHCARE SUPPORT SERVICES						
By December of 2024, 222 persons will participate in healthcare support services focused on addiction and mental health issues.	Opiate Response Team home visits	Those who overdose in the GSA		Genesis Spiritual Care (GSC)	Encounters: 4	Encounters: 0
	Overdose Hand-off (navigation) for outpatient recovery services	Those presenting in emergency room with overdose		GEmergS	Encounters: 10	Encounters: 3
	Care Calls by SANE Nurse to follow up with victims of Sexual Assault or Human Trafficking	Victims of sexual assault or trafficking		GEmergS	Encounters: 50	Encounters: 72
	Overdose victims presenting in the emergency room given short-term Medication Assisted Treatment (MAT)	Those presenting in emergency room with overdose		GEmergS	Encounters: 10 Assessment: 50% of eligible given a short-term Medication Assisted Treatment (MAT)	Encounters: 0
COLLABORATIONS & GROUPS						
By December of 2024, staff will participate in collaborations and groups focused on mental health issues 237 times.	Collaborations and groups related to community mental health			GBH Genesis Spiritual Care (GSC)	Encounters: 79	Encounters: 59

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

APPENDIX A:
IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPLEMENTATION STRATEGY (2022-2024)

PRIORITY #2: HEART DISEASE						
GOAL: Reduce prevalence of heart disease through intervention and prevention initiatives in the Genesis Service Area (GSA). *2023 Actual/Proposed Outcomes Encounters: 10,474 / 5,120*						
Strategic Focus: Genesis Heart and Vascular Services (GH&VS), Genesis Cardiac Rehab (GCR), and Genesis Educational Services (GES) will provide and/or participate in: health education, health promotion, professional education, and in kind or cash contributions focused on heart disease.						
OBJECTIVES	**INITIATIVES**	**TARGET POPULATION**	**PARTNERS**	**ACCOUNTABILITY ENTITY**	**2023 PROPOSED OUTCOMES**	**2023 ACTUAL OUTCOMES**
HEALTH EDUCATION						
By December of 2024, 8,400 persons will participate in health education for heart disease.	Provide Genesis Risk Intervention Program (GRIP)	GSA		GCR	Encounters: 1,900 Assessment: 75% increase exercise	Encounters: 1,614 Assessment: 88% increase exercise
	Process and monitor CPR classes and cards	College students	Zane State College	GES	Encounters: 900 Assessment: 95% certified	Encounters: 1,136 Assessment: 100% certified
HEALTH PROMOTION						
By December of 2024, 648 persons will participate in health promotion focused heart disease.	Social media broadcasts such as podcasts provided for the community	GSA	Genesis Marketing & Public Relations (GM&PR)	GH&VS	Encounters: 186	Encounters: 3,452
	Presentations and/or provide or participate in community events	GSA		GCR	Encounters: 30	Encounters: 20
PROFESSIONAL EDUCATION						
By December of 2024, 312 persons will participate in professional education for heart disease.	Provide training and mentoring to healthcare providers related to heart disease	Healthcare providers		GH&VS	Encounters: 104	Encounters: 0 No reported programs
HEALTHCARE SUPPORT SERVICES						
By December of 2024, 6,000 EKG transmissions will occur utilizing Physio Control ambulance equipment	GH&VS funds Physio Control to provide EKG transmissions for ambulances throughout the community	GSA	Muskingum and surrounding county ambulances	GH&VS	Encounters: 2,000 $5,670 for Physio Control licensing and equipment	Encounters: 4,252 $7,344 for Physio Control licensing and equipment

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

APPENDIX A:
IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPLEMENTATION STRATEGY (2022-2024)

PRIORITY #3: CANCER						
GOAL: Reduce prevalence of cancer through intervention and prevention initiatives in the Genesis Service Area (GSA). *2023 Actual/Proposed Outcomes Encounters: 590 / 469*						
Strategic Focus: Genesis Cancer Care Center will provide or participate in health education, health promotion, healthcare support services, and collaborations and groups focused on cancer.						
OBJECTIVES	**INITIATIVES**	**TARGET POPULATION**	**PARTNERS**	**ACCOUNTABILITY ENTITY**	**2023 PROPOSED OUTCOMES**	**2023 ACTUAL OUTCOMES**
HEALTH EDUCATION						
By December of 2024, 345 encounters in health education focused cancer will occur.	Provide "Genesis Risk Intervention Program (GRIP)" Cancer	GSA			Encounters: 100 Assessment: 95% exercise increase	Encounters: 74 Assessment: 90% exercise increase
	Tobacco cessation phone counseling	Smoking Population			Encounters: 15	Encounters: 62
HEALTH PROMOTION						
By December of 2024, there will be 1,050 encounters in health promotion focused on cancer.	Presentations and/or provide or participate in community events	Youth, GSA			Encounters: 50	Encounters: 100
	Social media broadcasts such as podcasts provided for the community	GSA			Encounters: 300	Encounters: 351
COLLABORATIONS & GROUPS						
By December of 2024, staff will participate in collaborations and groups focused on cancer 12 times.	Cancer Concern Coalition	GSA			Encounters: 4	Encounters: 3

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

APPENDIX A:
IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPLEMENTATION STRATEGY (2022-2024)

PRIORITY #4: STROKE						
GOAL: Reduce prevalence of strokes through intervention and prevention initiatives in the Genesis Service Area (GSA). *2023 Actual/Proposed Outcomes Encounters: 154 / 188*						
Strategic Focus: Genesis Rehabilitation & Ambulatory Services will provide and/or participate in: health education, health promotion, support groups, and participate in collaborations and groups focused on strokes.						
OBJECTIVES	**INITIATIVES**	**TARGET POPULATION**	**PARTNERS**	**ACCOUNTABILITY ENTITY**	**2023 PROPOSED OUTCOMES**	**2023 ACTUAL OUTCOMES**
HEALTH EDUCATION						
By December of 2024, 225 persons will participate in health education focused on strokes.	Provide youth classes	3rd, 4th, and 5th graders	Schools		Encounters: 75 Assessment: 80% knowledge increase	Encounters: 0 None reported
HEALTH PROMOTION						
By December of 2024, 240 persons will participate in health promotion focused on strokes.	Presentations and/or provide or participate in community events	GSA			Encounters: 60 Assessment: 80% awareness increase	Encounters: 80 Assessment: 100% awareness increase
	Social media broadcasts such as podcasts provided for the community	GSA	Genesis Marketing & Public Relations (GM&PR)		Encounters: 20	Encounters: 62
SUPPORT GROUPS						
By December of 2024, 90 persons will participate in the support groups focused on strokes.	Provide Stroke Support Group	GSA			Encounters: 30	Encounters: 11
COLLABORATIONS & GROUPS						
By December of 2024, staff will participate in collaborations & groups focused on strokes 9 times.	Coverdell Stroke meeting	GSA			Encounters: 3	Encounters: 1

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

APPENDIX A:
IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPLEMENTATION STRATEGY (2022-2024)

PRIORITY #5: DIABETES						
GOAL: Reduce prevalence of diabetes through intervention and prevention initiatives in the Genesis Service Area (GSA). *2023 Actual/Proposed Outcomes Encounters: 8,156 / 983*						
Strategic Focus: Genesis Diabetes and Nutrition Services will provide and/or participate in health education, health promotion, professional education, and collaborations and groups focused on diabetes.						
OBJECTIVES	**INITIATIVES**	**TARGET POPULATION**	**PARTNERS**	**ACCOUNTABILITY ENTITY**	**2023 PROPOSED OUTCOMES**	**2023 ACTUAL OUTCOMES**
HEALTH EDUCATION						
By December of 2024, 2,250 persons will participate in health education focused on diabetes.	Provide Diabetes Empowerment Education Program (Zoom)	Perry, Muskingum, Guernsey			Encounters: 50	Encounters: 0 Program on pause due to staffing.
	Provide Genesis Risk Intervention Program (GRIP) Diabetes Exercise Class	GSA			Encounters: 700 Assessment: 70% exercise increase	Encounters: 481 Assessment: 88% exercise increase
HEALTH PROMOTION						
By December of 2024, 600 persons will participate in diabetes health promotion.	Social media broadcasts such as podcasts provided for the community	GSA	Genesis Marketing & Public Relations (GM&PR)		Encounters: 100	Encounters: 7,628
	Participating in community events	GSA			Encounters: 100	Encounters: 0 Programs on pause due to staffing.
PROFESSIONAL EDUCATION						
By December of 2024, 90 persons will participate in professional education focused on diabetes.	Train other professionals (teachers, educator, nurses, and administration) about diabetes	GSA	Schools		Encounters: 33	Encounters: 47

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

APPENDIX A:
IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPLEMENTATION STRATEGY (2022-2024)

PRIORITY #6: SOCIAL DETERMINANTS OF HEALTH						
GOAL: Address the social determinants of health through intervention and prevention initiatives in the Genesis Service Area (GSA). *2023 Actual/Proposed Outcomes Encounters: 82,571 / 61,164*						
Strategic Focus: Genesis Service Lines will provide healthcare support services focused on persons with the highest social needs and will participate in community collaborations which seek to improve the social determinants of health in our communities.						
OBJECTIVES	**INITIATIVES**	**TARGET POPULATION**	**PARTNERS**	**ACCOUNTABILITY ENTITY**	**2023 PROPOSED OUTCOMES**	**2023 ACTUAL OUTCOMES**
HEALTHCARE SUPPORT SERVICES						
By December 2024, 183,420 persons will participate in support services.	Collect EPIC social needs registry information for clients entering the healthcare system.	Community members using providers in the GSA		Genesis Population Health (GPH)	Encounters: 57,500	Encounters: 76,960
	Provide transportation gas cards or cab vouchers, Free Shuttle Program.	Population in need of transportation		Genesis Patient Experience (GPE), CAS	Encounters: 400	Encounters: 916
	Genesis Front Desk makes referrals to community members for social needs when they present.	General Community		Genesis Patient Experience (GPE)	Encounters: 400	Encounters: 635
	Resource counseling for identified social needs, connecting to other community organizations for assistance.	Population with poor Social Determinants of Health		Genesis Cancer Care Center (GCCC)	Encounters: 1,440	Encounters: 1,200
	Care Managers counsel for social needs and record the resources.			Genesis Heart & Vascular Services (GH&VS), Genesis Trauma Services (GTS), Genesis Emergency Services (GEmergS)	Encounters: 1,200	Encounters: 2,154
	Provide social support services through Pulmonary Services nurse navigators and staff.	Population living in poverty		Genesis Pulmonary Services (GPS)	Encounters: 200	Encounters: 0 No hours reported
COLLABORATIONS & GROUPS						
By December of 2024, staff will participate in collaborations and groups focused on persons with the highest social needs 72 times.	Social Determinants of Health Collaborative and community efforts to address local social needs.			Genesis Population Health (GPH), Genesis Mission (GM)	Encounters: 24	Encounters: 706

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

BENCHMARK COMPARISONS

BENCHMARK COMPARISONS

The following table compares Genesis Service Area (GSA) rates of the identified health needs to national goals called **Healthy People 2030 Objectives**. These benchmarks show how the service area compares to national goals for the same health need. This appendix is useful for monitoring and evaluation purposes in order to track the impact of our Implementation Strategy/Improvement Plan (CHIP) to address priority health needs.

GSA includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

APPENDIX B:
HEALTHY PEOPLE OBJECTIVES & BENCHMARK COMPARISONS

Where data were available, Genesis Service Area (GSA) health and social indicators were compared to the Healthy People 2030 objectives. The **black** indicators are Healthy People 2030 objectives that did not meet established benchmarks, and the **green** items met or exceeded the objectives. Certain indicators were not reported, marked as N/R. Healthy People Objectives are released by the U.S. Department of Health and Human Services every decade to identify science-based objectives with targets to monitor progress, motivate and focus action.

BENCHMARK COMPARISONS			
INDICATORS	**DESIRED DIRECTION**	**GSA**	**HEALTHY PEOPLE 2030 OBJECTIVES**
High school graduation rate[6]	↑	89.8%	90.7%
Child health insurance rate[18]	↑	93.8%	92.1%
Adult health insurance rate[18]	↑	89.2%	92.1%
Ischemic heart disease deaths[45]	↓	284.0*	71.1 per 100,000 persons
Cancer deaths[45]	↓	247.7*	122.7 per 100,000 persons
Colon/rectum cancer deaths[45]	↓	18.5*,**	8.9 per 100,000 persons
Lung cancer deaths[45]	↓	71.5*	25.1 per 100,000 persons
Female breast cancer deaths[45]	↓	13.3*,***	15.3 per 100,000 persons
Prostate cancer deaths[45]	↓	13.6*,***	16.9 per 100,000 persons
Stroke deaths[45]	↓	54.3*	33.4 per 100,000 persons
Unintentional injury deaths[45]	↓	79.6*	43.2 per 100,000 persons
Suicides	↓	19.0*,**	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths[45]	↓	16.6*,**	10.9 per 100,000 persons
Unintentional fall deaths, adults 65+[45]	↓	42.6*,****	63.4 per 100,000 persons ages 65+
Unintentional drug-overdose deaths[45]	↓	36.5*,**	20.7 per 100,000 persons
Overdose deaths involving opioids[46]	↓	28.1*	13.1 per 100,000 persons
On-time (first trimester) prenatal care (HP2020 Goal)[57]	↑	70.6%	84.8% (HP2020 Goal)
Preterm births, babies born before 37 weeks of gestation (%)[57]	↓	11.0%	9.0%
Infant death rate[6]	↓	8.5*,***	5.0 per 1,000 live births
Adults, ages 20+, obese[6]	↓	40.8%	36.0%, adults ages 20+
Students, grades 7th to 12th, obese[44]	↓	23.4%	15.5%, children & youth, 2-19
Adults engaging in binge drinking[6]	↓	16.8%	25.4%
Cigarette smoking by adults[6]	↑	24.5%	5.0%
Pap smears, ages 21-65, screened in the past 3 years[49]	↑	76.4%	84.3%
Mammograms, ages 50-74, screened in the past 2 years[49]	↑	81.7%	77.1%
Colorectal cancer screenings, ages 50-75, per guidelines[49]	↑	70.2%	74.4%
Medicare enrollee annual influenza vaccinations[6]	↓	41.1%	70.0%, all adults
Food insecure households[21]	↓	16.8%	6.0%
Suicide attempts by adolescents in past year[44]	↓	6.6%	1.8%

*Crude rates per 100,000, 2018-2022 average (only crude rates are available starting in 2021)
**Does not include Morgan and Noble Counties (rates unavailable)
***Does not include Morgan, Noble, and Perry Counties (rates unavailable)
****Does not include Muskingum and Noble Counties

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

APPENDIX C
KEY INFORMANT INTERVIEW PARTICIPANTS

KEY INFORMANT INTERVIEW PARTICIPANTS

Listed on the following page are the names of **48** leaders, representatives, and members of the community who were consulted for their expertise on the needs of the community. The following individuals were identified by the Community Health Needs Assessment (CHNA) team as leaders based on their professional expertise and knowledge of various target groups throughout the service area.

APPENDIX C:
KEY INFORMANT INTERVIEW PARTICIPANTS

COSHOCTON COUNTY

INTERVIEW PARTICIPANTS		
NAME(S)	ROLE	ORGANIZATION
1. Tammy Smith	Director of Nursing	Coshocton Public Health District
2. Amy Crown	President	United Way
3. Leondra Davis	Family Dependency Treatment Court Coordinator	Probate and Juvenile Division, Coshocton County
4. Jeanette Hall	Co-Executive Director	Coshocton Behavioral Health Choices
5. Tiffany Swigert	Executive Director	Port Authority

GUERNSEY COUNTY

INTERVIEW PARTICIPANTS		
NAME(S)	ROLE	ORGANIZATION
1. Dan Coffman	Superintendent	Cambridge City Schools
2. Kurtis Spratt	Adult Clinical Manager	Muskingum Valley Health Center (FQHC) - Cambridge site
3. David Evancho	Development and Compliance Supervisor	Area Agency on Aging Region 9

APPENDIX C:
KEY INFORMANT INTERVIEW PARTICIPANTS
MORGAN COUNTY

INTERVIEW PARTICIPANTS		
NAME(S)	ROLE	ORGANIZATION
1. Heidi Burns	Director	Morgan County Job and Family Services
2. Jake Woodward	Paramedic/Firefighter	Malta & McConnelsville Fire Department
3. Cody Bowen	Marketing Outreach Coordinator	Full Circle Recovery Services
4. Tara Sidwell	Director	Morgan County Library
5. Jamie McGrew	Care Management Director	Mental Health and Recovery Services Board
6. Heidi Maxwell	Commissioner	Morgan County
7. Dr. Barbara Murrell	Member	Board of Health
	Family Physician	Genesis HealthCare System
8. Adam Shriver	Commissioner	Morgan County
9. Amber Wilson	Director	Morgan County Office on Aging
10. Dr. Julia Clemens	Pharmacy Manager	Shrivers Pharmacy

APPENDIX C:
KEY INFORMANT INTERVIEW PARTICIPANTS
MUSKINGUM COUNTY

INTERVIEW PARTICIPANTS		
NAME(S)	ROLE	ORGANIZATION
1. Corey Hamilton	Health Commissioner	Zanesville-Muskingum County Health Department
2. Kami Tahyi	Licensed Professional Clinical Counselor	Life Support Therapy Services
3. Dana Matz	President	Chamber of Commerce
4. Andrea Lang	Operations Director	South East Area Transit (SEAT)
5. Sawyer James	Director	Big Brothers/Big Sisters
6. Dr. Seth Vensil	Family Physician/County Coroner	PrimeCare of Southeastern Ohio/ Muskingum County
7. Dr. Michael Bullock	Head Pastor	Hands of Faith
8. Tyler McDade	Executive Director	YMCA
9. Amanda Matthews	Assistant Superintendent	Foxfire Community Schools
10. Matt Lutz	Sheriff	Muskingum County Sheriff's Office

APPENDIX C:
KEY INFORMANT INTERVIEW PARTICIPANTS
NOBLE COUNTY

INTERVIEW PARTICIPANTS		
NAME(S)	ROLE	ORGANIZATION
1. Justin Denius	Superintendent	Noble Local School District
2. Hannah Bingham	Health and Wellness Coordinator	Southeastern Ohio Regional Medical Center
3. Gwynn Stewart	Assistant Professor, Community Development	The Ohio State University
4. Gloria Llewellyn	Superintendent	Noble County Board of Developmental Disabilities
5. Gary Ricer	Executive Director	Guernsey, Monroe, Noble Counties (GMN) Tri-County Community Action Commission (CAC), Inc.
6. Nancy Snook	Educator, 4-H Youth Development	Ohio State University Extension Office
7. Melanie Schott	Operations Manager	Ohio Air Quality Development Authority
8. Tammy Stillion	Noble County Director	AllWell Behavioral Health Services
9. Joe Williams	Veteran Service Officer	Noble County Veterans Service Commission
10. Kelli Clark	Social Services Supervisor	Noble County Job and Family Services

APPENDIX C:
KEY INFORMANT INTERVIEW PARTICIPANTS
PERRY COUNTY

INTERVIEW PARTICIPANTS		
NAME(S)	ROLE	ORGANIZATION
1. Chief Doug Gill	Chief	New Lexington Police Department
2. Amy Frame	Executive Director	Perry County Public Children Services Agency
3. Annette Moore	Director/Chief Veteran Services Officer	Perry County Veterans Service Commission
4. Eric Emmert	Administrator	Village of New Lexington
5. Jason Adams	Manager, Genesis Perry County Emergency Department	Genesis HealthCare System
6. Judge Luann Cooperrider	Judge	Perry County Court
7. Fred Redfern	Director	The Ohio Bass Federation
8. Melissa Marolt	Director	Perry County District Library
9. Theressa Kane	Executive Director	Perry Behavioral Health Choices
10. Dr. Kevin Frank	Family Physician	Genesis HealthCare System
11. Lawrence Uhl	Practice Director, Primary Care Service Line	

FOCUS GROUP PARTICIPANTS

FOCUS GROUP PARTICIPANTS

Listed on the following page are the details of the **15 focus groups** conducted with **143 community members**, including the number of participants, format, and groups represented.

APPENDIX D:
FOCUS GROUP PARTICIPANTS

FOCUS GROUP PARTICIPANTS

GROUP/TOPIC REPRESENTED	FORMAT	PARTICIPATING ORGANIZATION(S)	COUNTY	# OF PARTICIPANTS
1. Amish community	Virtual	Amish Church Fund Group I, Ohio Medical Aid Services	Coshocton	1
2. Seniors	In-Person	Morgan County Health Department, Morgan County Office on Aging	Morgan	4
3. Youth	In-Person	Morgan County Health Department, Morgan County Office - Ohio State University (OSU) Extension	Morgan	6
4. People with developmental disabilities and their families	Virtual	Morgan County Health Department, Morgan County Board of Developmental Disabilities	Morgan	6
5. Seniors	In-Person	Zanesville-Muskingum County Health Department, Muskingum County Center for Seniors	Muskingum	8
6. Homeless/poverty	In-Person	Zanesville-Muskingum County Health Department, Christ's Table, Ohio University	Muskingum	16
7. LGBTQ+	In-Person	Zanesville-Muskingum County Health Department, Zanesville Pride Board	Muskingum	10
8. Black, Indigenous, and People of Color (BIPOC)	In-Person	Zanesville-Muskingum County Health Department, Enterprise Muskingum, Zane State College	Muskingum	9
9. Deaf and hard of hearing	In-Person	Zanesville-Muskingum County Health Department, Ohio Center for Autism and Low Incidence (OCALI), Access Muskingum	Muskingum	5
10. Family and children-serving organizations	In-Person	Noble County Health Department, Noble County Family & Children First Council	Noble	14
11. Seniors	In-Person	Noble County Health Department, Noble County Committee on Aging	Noble	16
12. Substance use/addiction	In-Person	Noble County Health Department, Noble County Cares	Noble	8
13. Rural communities (southern Perry County)	In-Person	Perry County Health Department	Perry	9
14. Food insecurity	In-Person	Perry County Health Department	Perry	18
15. Access to care	In-Person	Perry County Health Department	Perry	13
TOTAL				**143**

APPENDIX D:
FOCUS GROUP DEMOGRAPHICS

Note: 81% of focus group participants responded to some or all of the optional demographic questions. Focus groups were meant to hear specifically from priority populations in the community most affected by health disparities, not necessarily to represent the overall demographics of the community.

- The greatest proportion of participants came from **Zanesville (43701)** – 18%, with representation from Caldwell (43724) – 11%, New Lexington (43764) – 9%, McConnelsville (43756) – 5%, New Straitsville (43766) – 5%, Corning (43730) – 4%, and other areas.

- **65+ was the most represented age group (34%)**, followed by 55-64 (17%), 44-54 (13%), and 35-44 (10%). All age groups had some representation.

- **59% of participants were women**.

- **Most participants (72%) were straight.** 5% were LGBTQ+.

- **84% of participants were White**, while there was representation from Asian and Hispanic participants (6% each.

- **Participants mainly spoke English** as a primary language (81%).

- **61% of participants had at least one child** in their home.

- **25% of participants had a high school diploma or less**, while 16% had a Bachelor's degree, 12% had a Graduate degree, 12% had some college but no degree, and 10% had an Associate's degree,

- **44% were employed**, while 5% were not. 32% were retired.

- **Education, law and social, community and government services,** followed by business, finance, and administration were the most common occupational categories represented.

- Participants were generally **lower to middle income**, with 30% having a household income under $50,000 per year. All income categories were represented.

- 14% of participants **identified as having a disability**.

- 80% of participants **have a steady place to live**.

COMMUNITY MEMBER SURVEY

COMMUNITY MEMBER SURVEY

On the following pages are the questions and demographics from the community member survey that was distributed to Genesis Service Area (GSA) residents get their perspectives and experiences on the health assets and needs of the community they call home. **1,188 responses** were received.

GSA includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

APPENDIX E:
COMMUNITY MEMBER SURVEY

Welcome!

Southeastern Ohio Health Improvement Collaborative (SOHIC) (including Genesis HealthCare System, Morgan County Health Department, Noble County Health Department, Perry County Health Department, and Zanesville-Muskingum County Health Department) is conducting a Community Health Needs Assessment (CHNA) to identify and assess the health needs of the community. We are asking community members (those who live and/or work in the counties served by the collaborative) to complete this short, **20-minute** survey. This information will help guide us as we consider services, programs, and policies that will benefit the community.

Be assured that this process is completely anonymous - we cannot access your name or any other identifying information. Your individual responses will be kept strictly confidential and the information will only be presented in aggregate (as a group). Your participation in this survey is entirely voluntary and you are free to leave any of the questions unanswered/skip questions you prefer not to answer (so only answer the questions you want to answer!). Thank you for helping us to better serve our community!

Ranking Health Needs

1. While it can be hard to choose, do your best to select what you feel are the TOP 3 COMMUNITY CONDITIONS of concern in your community? (please check your top 3)
- Access to childcare
- Access to dental/oral healthcare
- Access to mental healthcare
- Access to primary healthcare (e.g. doctors, hospitals, specialists, mental healthcare, dental/oral care, vision care, medical appointments, health insurance coverage, health literacy, etc.)
- Access to public/safe water and other utilities (e.g. heat, electric, natural gas)
- Access to social engagement and volunteer opportunities
- Access to specialist healthcare
- Access to vision healthcare
- Adverse childhood experiences (e.g. child abuse, mental health, family issues, trauma, etc.)
- Crime and violence
- Education and literacy (e.g. early childhood education, elementary school, post-secondary education, etc.)
- Environmental conditions (e.g. air and water quality, vector-borne diseases, etc.)
- Food insecurity (e.g. not being able to access and/or afford healthy food)
- Health insurance coverage
- Health literacy
- Housing and homelessness
- Income/poverty and employment
- Internet/Wi-Fi access
- Nutrition
- Overweight and obesity
- Physical health/exercise
- Preventive care and practices (e.g. screenings, mammograms, pap tests, vaccinations)
- Transportation (e.g. public transit, cars, cycling, walking)
- Not Listed (feel free to specify)

2. While it can be hard to choose, do your best to select what you feel are the TOP 3 HEALTH OUTCOMES (e.g. impacts, diseases, conditions, etc.) of concern in your community? (please check your top 3)
- Chronic diseases (e.g. heart disease, diabetes, cancer, asthma, etc.) - Please specify which chronic disease(s) you feel is the biggest issue in the community in the 'Not Listed' box below.
- HIV/AIDS and Sexually Transmitted Infections (STIs)
- Injuries (workplace injuries, car accidents, falls, etc.)
- Maternal, infant and child health (e.g. pre-term births, infant mortality, maternal morbidity and mortality)
- Mental health (e.g. depression, anxiety, suicide, etc.)
- Substance use disorder (alcohol and drugs)
- Suicide
- Tobacco and nicotine use/smoking/vaping
- Not Listed (feel free to specify)

Access to Healthcare

3. If you do NOT currently have healthcare coverage or insurance, what are the main reasons why? (select all that apply)
- I am waiting to get coverage through my job
- I don't think I need health insurance
- I haven't had time to deal with it
- It costs too much
- I am not eligible or do not qualify
- It is too confusing to sign up
- I do not have an ID or permanent address
- Does not apply - I have health coverage/insurance
- Not Listed (feel free to specify)

4. In the last year, if you or a member of your household delayed or went without necessary healthcare, what were the main reasons why? (select all that apply)
- Could not get an appointment quickly enough/too long of a wait for an appointment
- Could not get an appointment that was convenient with my work hours or child's school schedule
- Distrust/fear of discrimination
- Lack of provider awareness and/or education about my health condition
- Language barriers
- No insurance and could not afford care
- Insurance did not cover the cost of the procedure or care
- Insurance deductibles were too high
- Not knowing where to go or how to find a doctor
- Technology barriers with virtual visits/telehealth services
- Not having a provider who understands and/or respects my cultural or religious beliefs
- Lack of transportation to the appointment
- The appointment was too far away and/or outside of my community
- I could not find a doctor or dentist that takes Medicaid
- No barriers and did not delay health care - received all the care that was needed
- Not Listed (feel free to specify)

5. Where do you and your family members go most often to receive routine healthcare services (physical exams, check-ups, treatment for chronic diseases, blood work, etc.)? (select all that apply)
- Doctor's office (primary care physician/provider, family physician, internist, pediatrician, etc.) in my own county
- Doctor's office (primary care physician/provider, family physician, internist, pediatrician, etc.) outside of my own county
- Emergency room department at the hospital
- Urgent care clinic
- Virtual visits/telehealth services
- Health department
- Medical lab/clinic
- I wouldn't go to a doctor unless it was an emergency
- Not sure
- None of the above
- Not Listed (feel free to specify)

6. Where do you and your family members go most often to receive immunizations? (select all that apply)
- Doctor's office (primary care physician/provider, family physician, internist, pediatrician, etc.)
- Pharmacy
- Health Department
- Not sure
- None of the above
- Not Listed (feel free to specify)

7. How long has it been since you have had a flu shot/vaccine?
- Within the last year
- 1-2 years
- 3-5 years
- 5 or more years ago
- I have never had a flu shot/vaccine
- Prefer not to answer

8. Which immunizations do you and your family receive? (select all that apply)
- All REQUIRED immunizations (such as Tdap, Meningococcal)
- All age appropriate immunizations (such as HPV, Pneumococcal, Shingles)
- Seasonal immunizations (such as Flu, COVID-19)
- Alternate immunization schedule (one vaccine at a time)
- No combination immunizations
- Not sure
- None of the above
- Not Listed (feel free to specify)

9. How long has it been since you have been to the doctor to get a checkup when you were well (not because you were already sick)?
- Within the last year
- 1-2 years ago
- 3-5 years ago
- More than 5 years ago
- I have never been to a doctor for a checkup

10. If you were sick, where would you go first for treatment? Assume that this is not an emergency situation. (choose one)
- Doctor's office (primary care physician, family physician, internist, pediatrician, etc.)
- Specialist's office (cardiologist, pulmonologist, endocrinologist, etc.)
- Emergency room department at hospital
- Urgent care clinic
- Virtual visits/telehealth services
- I wouldn't go to a doctor unless it was an emergency
- Not sure
- None of the above
- Not Listed (feel free to specify):

11. Do you have a personal physician/primary care provider?
- Yes
- No

12. How would you rate your current access to mental, behavioral health, or substance use disorder services?
- Very high access
- High access
- Neutral
- Low access
- Very low access

13. In the last year, if you or a member of your household delayed or went without mental, behavioral health, or substance use disorder services, what were the main reasons why? (select all that apply)
- Could not get an appointment quickly enough/too long of a wait for an appointment
- Insurance or cost issues
- Not knowing where to go or how to find behavioral or mental health providers
- Distrust/fear of discrimination
- Uncomfortable with mental or behavioral health provider
- Stigma of mental or behavioral health/nervous about admitting that I have a mental or behavioral health concern
- Language barriers
- Technology barriers with virtual visits/telehealth services
- Lacked transportation to the appointment
- Lack of type of services needed (detox, MAT, inpatient beds full, etc.)
- Do not need behavioral or mental health care
- No barriers - received all the behavioral and mental health care that was needed
- Not Listed (feel free to specify)

14. In the last year, if you or a member of your household delayed or went without needed prescription medicine, what were the main reasons why? (select all that apply)
- I had a needed prescription medicine that was eventually filled, but I had to wait for it
- No insurance and could not afford prescription medicine
- Insurance did not cover the cost of the prescription medicine
- Insurance deductibles were too high
- Not knowing where to go or how to find prescription medicine
- Lack of transportation to get prescription medicine
- The place to get the prescription medicine was too far away and/or outside of my community
- My prescription medicine was out of stock
- No barriers and did not delay prescription medicine - got access to all of the prescription medicine that was needed

15. About how long has it been since you have been to the dentist to get a checkup (not for an emergency)?
- Within the last year
- 1-2 years ago
- 3-5 years ago
- More than 5 years ago
- I have never been to the dentist for a checkup

16. In the last year, was there a time when you needed dental care but could not get it?
- Yes
- No

17. In the last year, was there a time when you needed vision/eye care but could not get it?
- Yes
- No

Health Status

18. Thinking about the last year, overall, my physical health is:
- Excellent
- Very good
- Good
- Fair
- Poor

COMMUNITY MEMBER SURVEY

19. Thinking about the last year, overall, my mental health is:
- Excellent
- Very good
- Good
- Fair
- Poor

20. In the last year, have you had thoughts of suicide?
- Yes
- No
- Prefer not to answer

21. If you do want to get healthier and in better shape; what if anything, do you feel is holding you back? (select all that apply)
- Stress
- Lack of energy
- My busy schedule (I don't have time to cook or exercise)
- Lack of support from friends
- Lack of support from family
- I feel intimidated or awkward going to a gym or fitness center
- Money (gyms and healthy foods are too expensive)
- Lack of gyms or fitness centers to go to near me
- Food and fitness is too confusing
- Convenience (eating out is easier)
- Childcare concerns
- I don't like to cook
- I don't like to exercise
- I don't feel motivated to be healthier
- None of the above. (I'm in good shape or don't want to be in better shape)
- Not Listed (feel free to specify)

22. What kind of physical activity/exercise do you currently participate in or want to participate in? (select all that apply)
- Aerobics/dancing
- Baseball/softball
- Basketball
- Biking/cycling
- Bowling
- Boxing/kickboxing
- Canoeing/kayaking/rowing
- Football
- Gardening/yard work
- Going to the gym/weightlifting
- Golf
- Gymnastics
- Hockey
- Martials arts (e.g. karate, judo, taekwondo, etc.)
- Racket sports (e.g. tennis, badminton, squash, pickleball, etc.)
- Running/jogging
- Skating
- Skiing/snowboarding
- Soccer
- Swimming
- Volleyball
- Walking/hiking
- Wrestling
- Yoga/pilates
- None of the above
- Not Listed (feel free to specify)

Transportation

23. In the past 12 months, has lack of reliable transportation kept you from going to (select all that apply):
- Medical appointments (for yourself or another member of your family)
- Work/meetings
- School (for yourself or another member of your family)
- Childcare
- Buying food/groceries
- Physical activity opportunities/the gym
- Getting other things for daily living
- Not applicable
- Not Listed (feel free to specify)
- New page break

24. How do you travel to where you need to go? (select all that apply for each category - work, appointments, food shopping)

	Drive alone	Public transit	Taxi/cab	Ride with others in a carpool or vanpool	Cycle	Walk	Family member takes me	It depends on the day as to what is available	I struggle with finding a way to get here
Work	☐	☐	☐	☐	☐	☐	☐	☐	☐
Appointments (e.g. medical, mental health, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Food shopping	☐	☐	☐	☐	☐	☐	☐	☐	☐

Not Listed (feel free to specify)

Community Resources

25. What resources are lacking within your community? (select all that apply)
- Accessibility for people with disabilities
- Adult literacy programs
- Affordable and healthy food (e.g. grocery stores, healthy restaurants, farmers markets, food pantries, etc.)
- Affordable and available housing
- Car services (e.g. repair, tire dealers, oil change, etc.)
- Childcare
- Dental/oral healthcare access
- Hospital/acute and emergency healthcare
- Maternal, infant, and child healthcare (e.g. OB/GYN, midwives, doulas, pediatricians, etc.)
- Mental healthcare access
- Primary healthcare access
- Recreational spaces (e.g. parks, walking paths, community centers, gyms/workout facilities, exercise opportunities, etc.)
- Social activities (e.g. clubs, senior activities, youth activities, community spaces, etc.)
- Specialist healthcare (e.g. oncologist/cancer care, cardiologist/heart care, nephrologist/kidney care, physical therapy, dietitian, etc.)
- Substance use treatment/harm reduction services
- Translation/interpretation services (ASL, Spanish, etc.)
- Transportation
- Vision healthcare access
- There is no lack of resources in my community
- I don't know what resources are lacking in my community
- Not Listed (feel free to specify)

26. In the last year, did you travel outside of your county to access any resources? If yes, please specify which resources.
- Yes
- No
- Prefer not to answer
- If yes, please specify which resources:

APPENDIX E:
COMMUNITY MEMBER SURVEY

27. In the last year, did you or your family worry that your food will run out and that you won't be able to get more?
- Yes
- No
- Prefer not to answer
- Not Listed (feel free to specify)

28. In the last year, did you have issues affording your utilities (e.g. heat, electric, natural gas or water)?
- Yes
- No
- Prefer not to answer
- Other/Not Listed (feel free to specify)

Health Behaviors

29. How often in the last 30 days (last month) did you smoke cigarettes?
- Never
- 1 time/week or less
- 2-3 times/week
- 4-6 times/week
- Daily
- Prefer not to answer
- Not Listed (feel free to specify)

30. How often in the last 30 days (last month) did you vape/use e-cigarettes?
- Never
- 1 time/week or less
- 2-3 times/week
- 4-6 times/week
- Daily
- Prefer not to answer
- Not Listed (feel free to specify)

31. How often in the last 30 days (last month) did you use other nicotine or tobacco products?
- Never
- 1 time/week or less
- 2-3 times/week
- 4-6 times/week
- Daily
- Prefer not to answer
- Not Listed (feel free to specify)

32. How often in the last 30 days (last month) did you have a drink containing alcohol?
- Never
- 1 time/week or less
- 2-3 times/week
- 4-6 times/week
- Daily
- Prefer not to answer
- Not Listed (feel free to specify)

33. How often in the last 30 days (last month) have you had 5 or more drinks containing alcohol at any one time?
- Never
- 1 time/week or less
- 2-3 times/week
- 4-6 times/week
- Daily
- Prefer not to answer
- Not Listed (feel free to specify)

34. How often in the last 30 days (last month) have you used marijuana/cannabis/THC for recreational purposes?
- Never
- 1 time/week or less
- 2-3 times/week
- 4-6 times/week
- Daily
- Prefer not to answer
- Not Listed (feel free to specify)

35. How often in the last 30 days (last month) have you used illicit/illegal drugs/substances?
- Never
- 1 time/week or less
- 2-3 times/week
- 4-6 times/week
- Daily
- Prefer not to answer
- Not Listed (feel free to specify)

36. In the last year, have you used prescription medication that was not prescribed for you, or took more medicine than was prescribed for you, in order to feel good, high, more active, or more alert?
- Yes
- No
- Prefer not to answer

Demographics

37. Which county do you live or reside in? (choose one)
- Coshocton
- Guernsey
- Morgan
- Muskingum
- Noble
- Perry
- Prefer not to answer

38. Where do you live or reside? (choose one)

43006	43764	43803
43076	43766	43804
43150	43767	43811
43701	43768	43812
43702	43771	43805
43711	43748	43821
43717	43749	43822
43720	43740	43824
43722	43746	43828
43723	43750	43830
43724	43755	43832
43725	43756	43836
43727	43758	43842
43728	43760	43843
43730	43772	43844
43731	43773	43845
43732	43777	43973
43733	43778	43983
43734	43779	44637
43735	43780	45711
43736	43782	45715
43738	43783	45727
43739	43787	45732
43761	43788	45745
43762	43791	45746
43762	43802	None of the above, I live primarily at the following ZIP code:

APPENDIX E:
COMMUNITY MEMBER SURVEY

39. Where do you work? (choose one)

- 43006
- 43076
- 43150
- 43701
- 43702
- 43711
- 43717
- 43720
- 43722
- 43723
- 43724
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- 43727
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- 43804

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- 43805
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- 43832
- 43836
- 43842
- 43843
- 43844
- 43845
- 43973
- 43983
- 44637
- 45711
- 45715
- 45727
- 45732
- 45745
- 45746
- I am not currently employed
- Prefer not to answer
- None of the above, I work primarily at the following ZIP code:

40. Which of the following best describes your age?
- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- Prefer not to answer

41. What is your gender identity? (select all that apply)
- Woman
- Man
- Transgender/Trans woman (person who identifies as a woman)
- Transgender/Trans man (person who identifies as a man)
- Non-binary/non-conforming
- Prefer not to answer
- Not Listed (feel free to specify)

42. What is your sexual orientation? (select all that apply)
- Heterosexual or Straight
- Gay
- Lesbian
- Bisexual
- Asexual
- Prefer not to answer
- Not Listed (feel free to specify)

43. What is your race and/or ethnicity? (select all that apply)
- Asian
- Black or African American
- Hispanic/Latino/a
- White/Caucasian
- Multiracial/More than one race
- Native American/Alaska Native
- Native Hawaiian/Pacific Islander
- Prefer not to answer

44. What is your primary language spoken at home?
- English
- Spanish
- Prefer not to answer
- Not Listed (feel free to specify)

45. How many children, ages 0-17, live in your household?
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- Prefer not to answer
- Not Listed (feel free to specify)

46. What is the highest level of education you have completed?
- 8th grade or less
- Some High School but no degree
- High School degree or equivalent
- Some college but no degree
- Trade School or Vocational Certificate
- Associate's degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, BS)
- Graduate degree (e.g. MA, MS, PhD, EdD, MD)
- Prefer not to answer

47. Are you currently employed?
- Yes, full-time (30 hours per week or more)
- Yes, part-time (less than 30 hours per week)
- Not employed - but looking for work
- Not employed - not actively looking for work
- Student
- Retired
- Disabled
- Prefer not to answer

48. What is your annual household income?
- Less than $20,000
- $20,000-$34,999
- $35,000-$49,999
- $50,000-$74,999
- $75,000-$99,999
- Over $100,000
- Prefer not to answer

APPENDIX E:
COMMUNITY MEMBER SURVEY

49. Do you have any of the following disabilities or chronic conditions? (select all that apply)
- Attention deficit
- Autism
- Blind or visually impaired
- Cancer
- Chronic Liver Disease/Cirrhosis
- Chronic Obstructive Pulmonary Disease (COPD)
- Deaf or hard of hearing
- Dementia (e.g. Alzheimer's and other worsening confusion and cognitive decline)
- Diabetes
- Health-related disability
- Heart disease and/or stroke
- Kidney disease
- Learning disability
- Mental health condition
- Mobility-related disability
- Parkinson's disease
- Speech-related disability
- Substance use disorder
- None
- Prefer not to answer
- Not Listed (feel free to specify or tell us more)

50. What is your current living situation? (select all that apply)
- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others)
- I am staying in a shelter
- I am staying in a hotel/motel
- I am living outside
- I am living in a car
- I am living in an RV or state/public park
- I am living elsewhere
- Prefer not to answer
- Not Listed (feel free to specify)

51. Trigger Warning: The following question about abuse may be disturbing for some people and trigger unpleasant memories or thoughts. Please remember you can always skip any question you don't feel comfortable reading or answering.

If you or someone in your life are in need of support, visit thehotline.org, or call 1.800.799.SAFE (7233), or text "START" to 88788.

Have you experienced any of the following types of abuse in the past year? (select all that apply)

- Physical violence (punching, hitting, slapping, kicking, strangling, or physically restraining someone against their will, use of weapons, etc.)
- Sexual (rape or other forced sexual acts, unwanted touching, etc.)
- Verbal/Emotional (hurtful words, insults, etc.)
- Mental/Psychological (negatively affecting someone's mental health, manipulation, etc.)
- Financial/Economic (using money/finances to control someone)
- Elder (an intentional act or failure to act that causes or creates a risk of harm to an older adult)
- Cultural/Identity (discrimination based on race, culture, religion, sexual orientation, gender identity, disability, class, age, etc.)
- Human Trafficking (coercion to provide labor or services, or to engage in commercial sex acts)
- Employer Abuse (not paying overtime, not splitting tips properly, not letting a person go home after their shift, etc.)
- Have not experienced abuse of any kind in the past year
- Prefer not to answer
- Not Listed (feel free to specify)

Final Comments

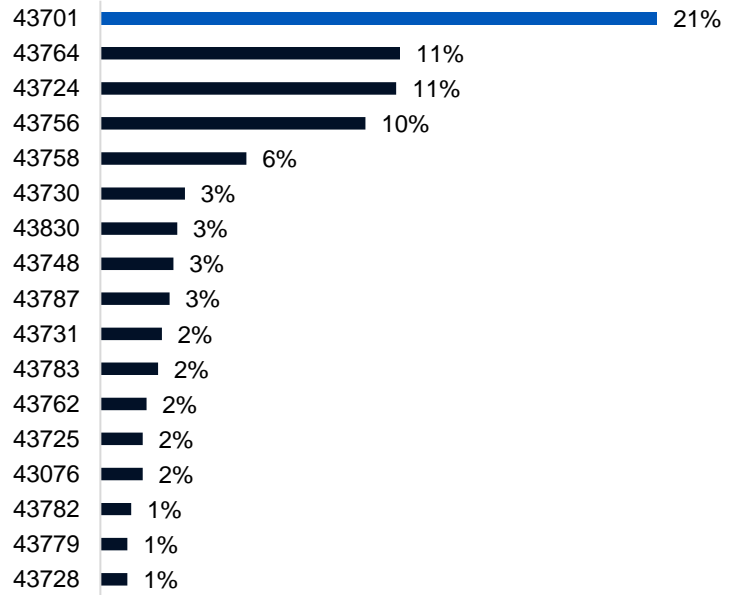52. Do you have any other feedback or comments to share with us? (optional)

Thank you! Please send this survey to friends, neighbors, or anyone you know who lives and/or works in Coshocton, Guernsey, Morgan, Muskingum, Noble, or Perry Counties.

APPENDIX E:
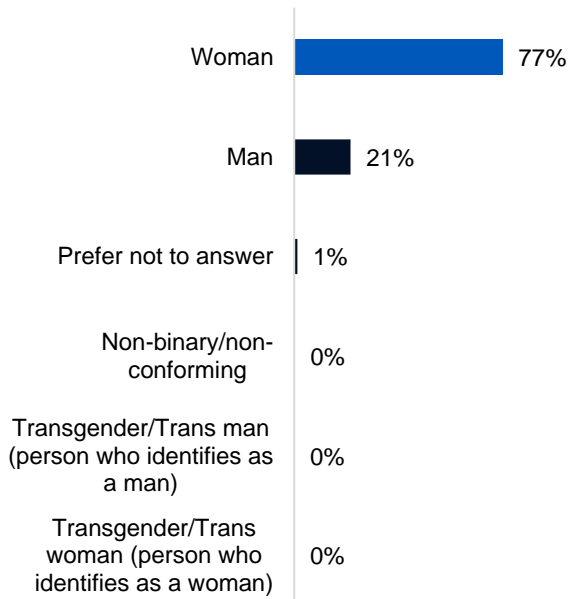# COMMUNITY MEMBER
SURVEY DEMOGRAPHICS

The survey had responses from all GSA counties, with most from **Muskingum and Perry**, fairly consistent with the population breakdown of the GSA by county, with the exception of Guernsey and Coshocton Counties, that were underrepresented

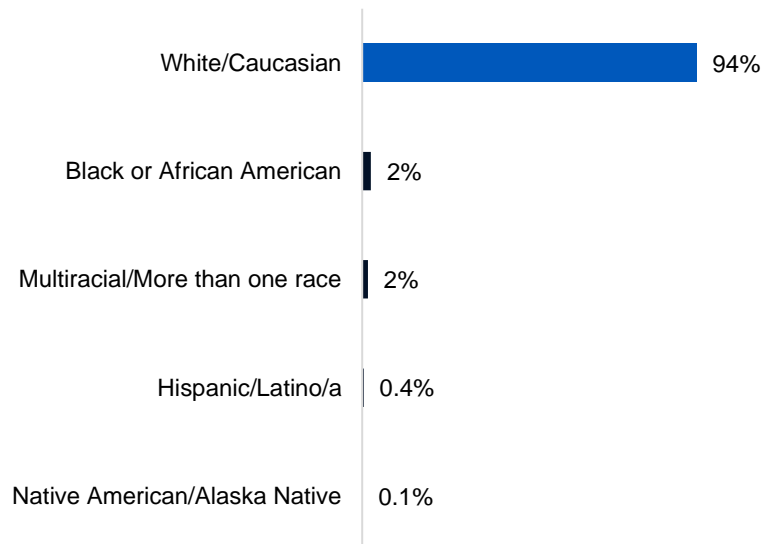| County	Percent
Muskingum	31%
Perry	28%
Morgan	20%
Noble	15%
Guernsey	3%
Coshocton	1%
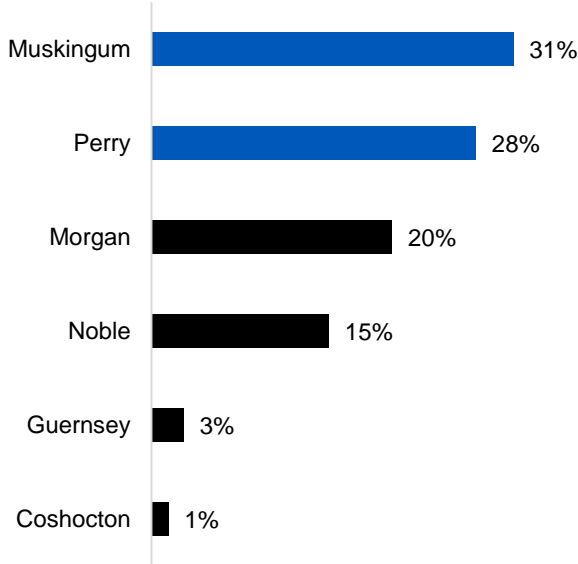
The majority of respondents live in **Zanesville (43701)**, while there was representation from New Lexington (43764), Caldwell (43724), McConnelsville (43756), and Malta (43758)

Zip	Percent
43701	21%
43764	11%
43724	11%
43756	10%
43758	6%
43730	3%
43830	3%
43748	3%
43787	3%
43731	2%
43783	2%
43762	2%
43725	2%
43076	2%
43782	1%
43779	1%
43728	1%

The majority of respondents were **female** (males were underrepresented)

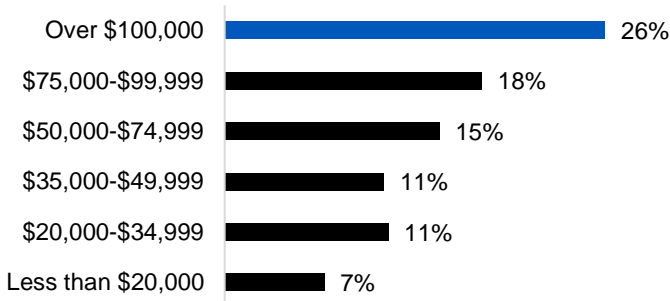|	Percent
Woman	77%
Man	21%
Prefer not to answer	1%
Non-binary/non-conforming	0%
Transgender/Trans man (person who identifies as a man)	0%
Transgender/Trans woman (person who identifies as a woman)	0%

The majority of respondents were **White**, consistent with the composition of the service area. The representation from other racial groups was also similar to the service area as a whole

	Percent
White/Caucasian	94%
Black or African American	2%
Multiracial/More than one race	2%
Hispanic/Latino/a	0.4%
Native American/Alaska Native	0.1%

GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry counties, Ohio
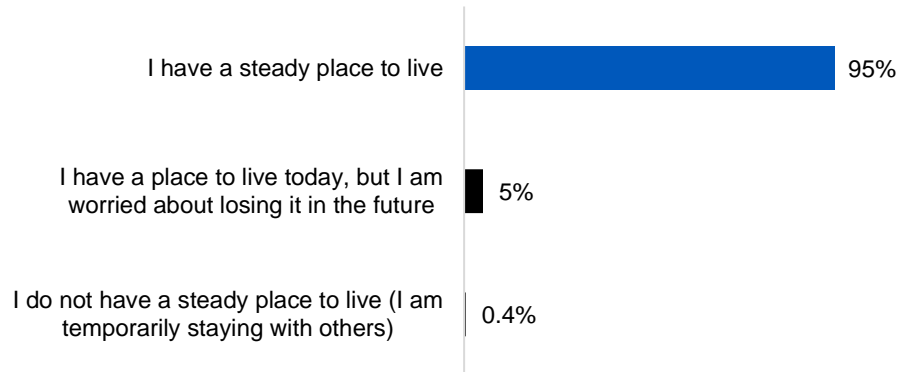
APPENDIX E:
COMMUNITY MEMBER SURVEY DEMOGRAPHICS

Respondents were generally **higher income**, with one-third having an annual household income of $100,000 or more. This representation is similar to the service area as a whole
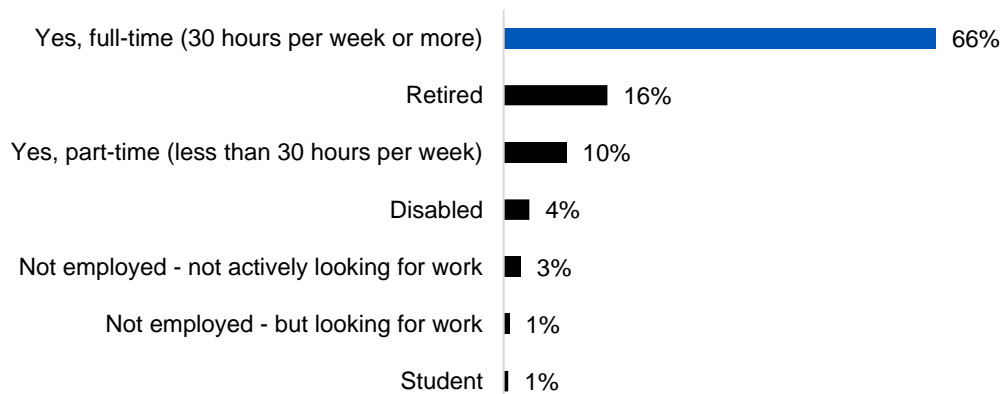
Income	Percentage
Over $100,000	26%
$75,000-$99,999	18%
$50,000-$74,999	15%
$35,000-$49,999	11%
$20,000-$34,999	11%
Less than $20,000	7%

99.7% of respondents reported that their primary language spoken at home was **English**

The majority of respondents have a **steady place to live**, while some are worried about losing it in the future

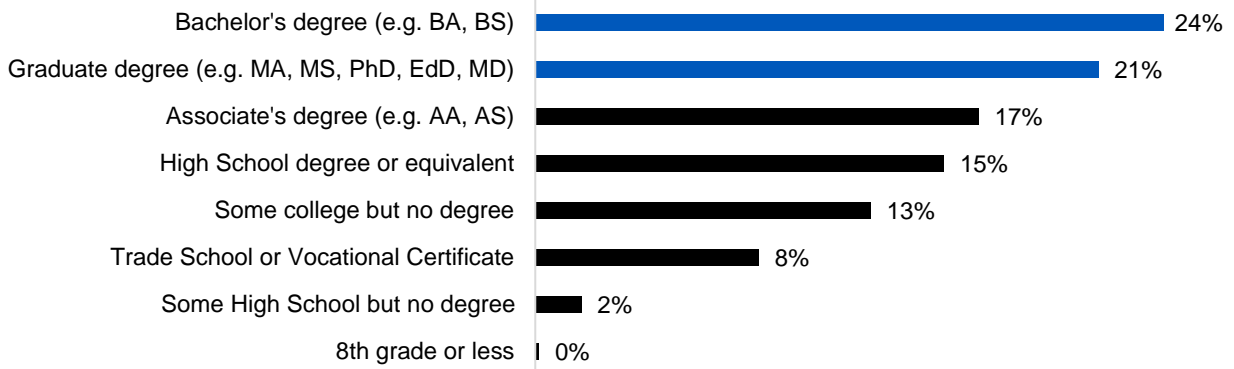|	Percentage
I have a steady place to live	95%
I have a place to live today, but I am worried about losing it in the future	5%
I do not have a steady place to live (I am temporarily staying with others)	0.4%

The majority of respondents are **employed full-time**, while significant proportions are retired, employed part-time, have disabilities, or are unemployed

|	Percentage
Yes, full-time (30 hours per week or more)	66%
Retired	16%
Yes, part-time (less than 30 hours per week)	10%
Disabled	4%
Not employed - not actively looking for work	3%
Not employed - but looking for work	1%
Student	1%

APPENDIX E:
COMMUNITY MEMBER SURVEY DEMOGRAPHICS

The majority of respondents have at least a **high school degree or equivalent, with a significant number having a Bachelor's or Graduate degree**
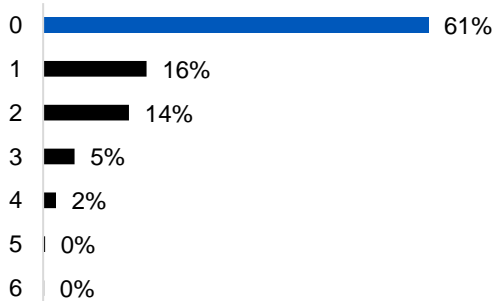
Education	%
Bachelor's degree (e.g. BA, BS)	24%
Graduate degree (e.g. MA, MS, PhD, EdD, MD)	21%
Associate's degree (e.g. AA, AS)	17%
High School degree or equivalent	15%
Some college but no degree	13%
Trade School or Vocational Certificate	8%
Some High School but no degree	2%
8th grade or less	0%

The majority of respondents reported their sexual orientation as **heterosexual or straight**, while there was some LGBTQ+ representation

|	%
Heterosexual or Straight	93%
Bisexual	3%
Prefer not to answer	3%
Gay	1%
Asexual	0%
Lesbian	0%
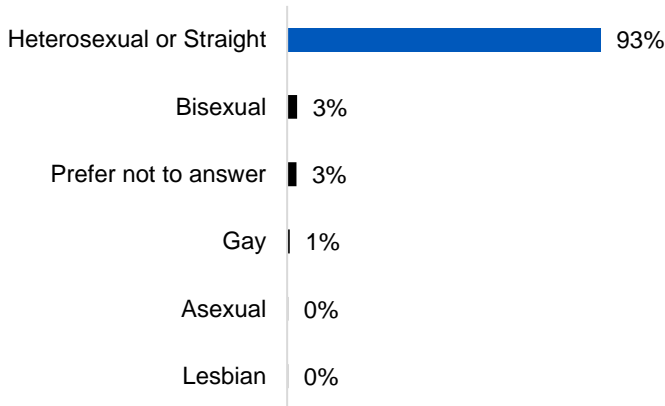
There was a greater proportion of survey responses from **middle-aged and older** rather than younger adults, particularly from the 45-54, 55-64, 35-44, 65+ year-old age groups

Age	%
45-54	22%
55-64	20%
35-44	20%
65+	19%
25-34	13%
18-24	4%
Under 18	1%
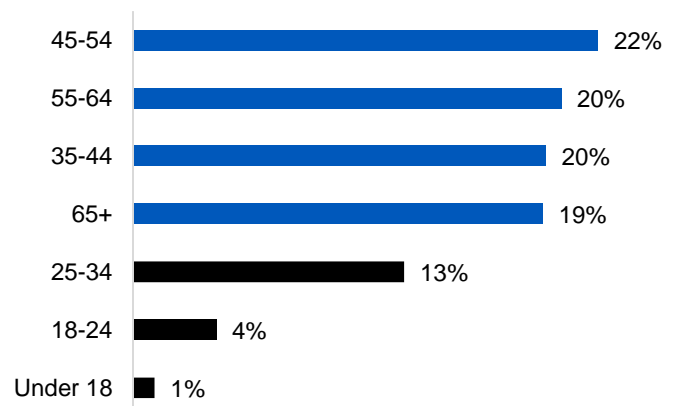
Most respondents reported having **no children at home**

# Children	%
0	61%
1	16%
2	14%
3	5%
4	2%
5	0%
6	0%

The majority of respondents reported not having a **disability and/or chronic health condition**, while 46% did

	%
No disability and/or chronic health condition	54%
Disability and/or chronic health condition	46%
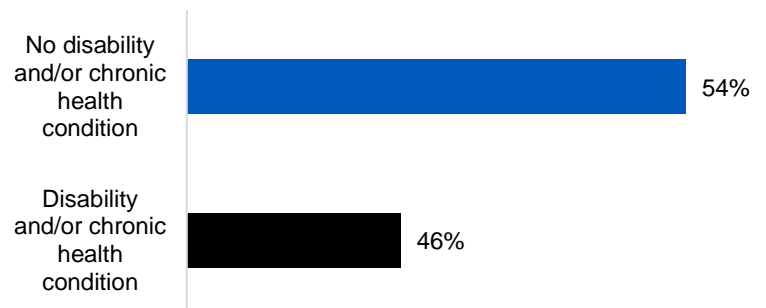
INTERNAL REVENUE SERVICE (IRS) CHECKLIST: COMMUNITY HEALTH NEEDS ASSESSMENT

MEETING THE IRS REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENT

The Internal Revenue Service (IRS) requirements for a Community Health Needs Assessment (CHNA) serve as the official guidance for IRS compliance. The following pages demonstrate how this CHNA meets those IRS requirements.

APPENDIX F:
IRS CHNA REQUIREMENTS CHECKLIST

INTERNAL REVENUE SERVICE REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENTS				
YES	**PAGE #**	**IRS REQUIREMENTS CHECKLIST**	**REGULATION SUBSECTION NUMBER**	**NOTES/ RECOMMENDATIONS**
✓	Appendix A (84-90)	**A. Activities Since Previous CHNA(s)** i. Describes the written comments received on the hospital's most recently conducted CHNA and most recently adopted implementation strategy. ii. Describes an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s).	(b)(5)(C) (b)(6)(F)	
✓	3-18	**B. Process and Methods**		
		Background Information		
		i. Identifies any parties with whom the facility collaborated in preparing the CHNA(s).	b)(6)(F)(ii)	
		ii. Identifies any third parties contracted to assist in conducting a CHNA.	(b)(6)(F)(ii)	
		iii. Defines the community it serves, which:		
		a. Must take into account all patients without regard to whether (or how much) they or their insurers pay for care or whether they are eligible for assistance.	(b)(i)	
		b. May take into account all relevant circumstances including the geographic area served by the hospital, target population(s), and principal functions.	(b)(3)	
		c. May not exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital draws its patients.	(b)(6)(i)(A)	
		iv. Describes how the community was determined.	(b)(6)(i)(A)	
		v. Describes demographics and other descriptors of the hospital service area.	(b)(6)(i)(A)	

APPENDIX F:
IRS CHNA REQUIREMENTS CHECKLIST

		INTERNAL REVENUE SERVICE REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENTS		
YES	**PAGE #**	**IRS REQUIREMENTS CHECKLIST**	**REGULATION SUBSECTION NUMBER**	**NOTES/ RECOMMENDATIONS**
✓	Methods: 5-18, Appendix B, C, D, E Data: 13, 19-79	*Health Needs Data Collection* i. Describes data and other information used in the assessment:	(b)(6)(ii)	Primary and secondary data is integrated together throughout the report
		a. Cites external source material (rather than describe the method of collecting the data).	(b)(6)(F)(ii)	
		b. Describes methods of collecting and analyzing the data and information.	(b)(6)(ii)	
		i. CHNA describes how it took into account input from persons who represent the broad interests of the community it serves in order to identify and prioritize health needs and identify resources potentially available to address those health needs.	(b)(1)(iii)	
		ii. Describes the medically underserved, low-income, or minority populations being represented by organizations or individuals that provide input.	(b)(5)(i)	
		a. At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) or a State Office of Rural Health.	(b)(6)(F)(iii)	
		b. Members of the following populations, or individuals serving or representing the interests of populations listed below. (Report includes the names of any organizations - names or other identifiers not required.)	(b)(6)(F)(iii)	
		1. Medically underserved populations 2. Low-income populations 3. Minority populations		
		c. Additional sources (optional) – (e.g. healthcare consumers, advocates, nonprofit and community-based organizations, elected officials, school districts, healthcare providers and community health centers).	(b)(5)(i)(A)	
		iii. Describes how such input was provided (e.g., through focus groups, interviews or surveys).	(b)(5)(i)(B)	
		iv. Describes over what time period such input was provided and between what approximate dates.	(b)(5)(ii)	
		v. Summarizes the nature and extent of the organizations' input.	(b)(6)(F)(iii)	

APPENDIX F:
IRS CHNA REQUIREMENTS CHECKLIST

		INTERNAL REVENUE SERVICE REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENTS		
YES	**PAGE #**	**IRS REQUIREMENTS CHECKLIST**	**REGULATION SUBSECTION NUMBER**	**NOTES/ RECOMMENDATIONS**
		C. CHNA Needs Description & Prioritization		Integrated throughout the report
✓	5-18	i. Health needs of a community include requisites for the improvement or maintenance of health status both in the community at large and in particular parts of the community (such as particular neighborhoods or populations experiencing health disparities).	(b)(4)	Community member survey included a question that asked respondents to select their top community health needs and rate the importance of addressing each health need.
		ii. Prioritized description of significant health needs identified.	(b)(6)(i)(D)	
		iii. Description of process and criteria used to identify certain health needs as significant and prioritizing those significant health needs.	(b)(6)(i)(D)	
	72-79	iv. Description of the resources potentially available to address the significant health needs (such as organizations, facilities, and programs in the community, including those of the hospital facility.	(b)(4) (b)(6)(E)	
✓		**D. Finalizing the CHNA**		Integrated throughout the report The CHNA was adopted by Genesis HealthCare System leadership in December 2024 and made widely available by posting on the hospital website (report will be made available in other formats such as paper upon request): https://www.genesishcs.org/our-impact/about-us/community
		i. CHNA is conducted in such taxable year or in either of the two taxable years immediately preceding such taxable year.	(a)1	
		ii. CHNA is a written report that is adopted for the hospital facility by an authorized body of the hospital facility (authorized body defined in §1.501(r)-1(b)(4)).	(b)(iv)	
		iii. Final, complete, and current CHNA report has been made widely available to the public until the subsequent two CHNAs are made widely available to the public. "Widely available on a web site" is defined in §1.501(r)- 1(b)(29).	(b)(7)(i)(A)	
		a. May not be a copy marked "Draft."	(b)(7)(ii)	
		b. Posted conspicuously on website (either the hospital facility's website or a conspicuously located link to a website established by another entity).	(b)(7)(i)(A)	
		c. Instructions for accessing CHNA report are clear.	(b)(7)(i)(A)	
		d. Individuals with Internet access can access and print reports without special software, without payment of a fee, and without creating an account.	(b)(7)(i)(A)	
		e. Individuals requesting a copy of the report(s) are provided the URL.	(b)(7)(i)(A)	
		f. Makes a paper copy available for public inspection upon request and without charge at the hospital facility.	(b)(7)(i)(B)	

PUBLIC HEALTH ACCREDITATION BOARD (PHAB) CHECKLIST: COMMUNITY HEALTH ASSESSMENT

MEETING THE PHAB REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENT

The Public Health Accreditation Board (PHAB) Standards & Measures serves as the official guidance for PHAB national public health department accreditation, and includes requirements for the completion of Community Health Assessments (CHAs) for local health departments. The following page demonstrates how this CHNA meets the PHAB requirements.

APPENDIX G:
PHAB CHA REQUIREMENTS CHECKLIST

		PUBLIC HEALTH ACCREDITATION BOARD REQUIREMENTS FOR COMMUNITY HEALTH ASSESSMENTS	
YES	PAGE #	PHAB REQUIREMENTS CHECKLIST	NOTES/ RECOMMENDATIONS
✓	4	a. A list of participating partners involved in the CHA process. Participation must include: i. At least 2 organizations representing sectors other than governmental public health. ii. At least 2 community members or organizations that represent populations who are disproportionately affected by conditions that contribute to poorer health outcomes.	Integrated throughout the report Community member survey included a question that asked respondents to select their top community health needs and rate the importance of addressing each health need.
✓	5–18	b. The process for how partners collaborated in developing the CHA.	
✓	13, 19-79	c. Comprehensive, broad-based data. Data must include: i. Primary data. ii. Secondary data from two or more different sources.	Primary and secondary data is integrated together throughout the report
✓	13	d. A description of the demographics of the population served by the health department, which must, at minimum, include: i. The percent of the population by race and ethnicity. ii. Languages spoken within the jurisdiction. iii. Other demographic characteristics, as appropriate for the jurisdiction.	
✓	13, 19-79	e. A description of health challenges experienced by the population served by the health department, based on data listed in required element (c) above, which must include an examination of disparities between subpopulations or sub-geographic areas in terms of each of the following: i. Health status ii. Health behaviors.	Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.
✓	13, 19-79	f. A description of inequities in the factors that contribute to health challenges (required element e), which must, include social determinants of health or built environment.	Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.
✓	72-79	g. Community assets or resources beyond healthcare and the health department that can be mobilized to address health challenges. The CHNA (or CHA) must address the jurisdiction as described in the description of Standard 1.1.	

REFERENCES

APPENDIX H:
REFERENCES

The following reference list provides the sources for the secondary data that was collected for the Community Health Needs Assessment (CHNA) in Fall 2024. The most up-to-date data available at the time was collected and included in the CHNA report. Please refer to individual sources for more information on years and methodology.

[1] U.S. Census Bureau, Decennial Census, P1, 2018-2022. Http://Data.Census.Gov/

[2] County Health Rankings & Roadmaps, 2023 Data Set, http://www.Countyhealthrankings.org/

[3] U.S. Census Bureau, American Community Survey, Dp05, 2018-2022 5-Year Estimate. Http://Data.Census.Gov/

[4] U.S. Census Bureau, American Community Survey, Dp02, 2018-2022 5-Year Estimate. Http://Data.Census.Gov/

[5] U.S. Census Bureau, Decennial Census, S1601 American Community Survey, 2018-2022 5-Year Estimate. Http://Data.Census.Gov/

[6] County Health Rankings & Roadmaps, 2024 Data Set, http://www.Countyhealthrankings.org/

[7] U.S. Census Bureau, American Community Survey, B14005, 2018-2022 5-year estimate. http://data.census.gov

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APPENDIX H:
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The following reference list provides the sources for the secondary data that was collected for the Community Health Needs Assessment (CHNA) in Fall 2024. The most up-to-date data available at the time was collected and included in the CHNA report. Please refer to individual sources for more information on years and methodology.

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