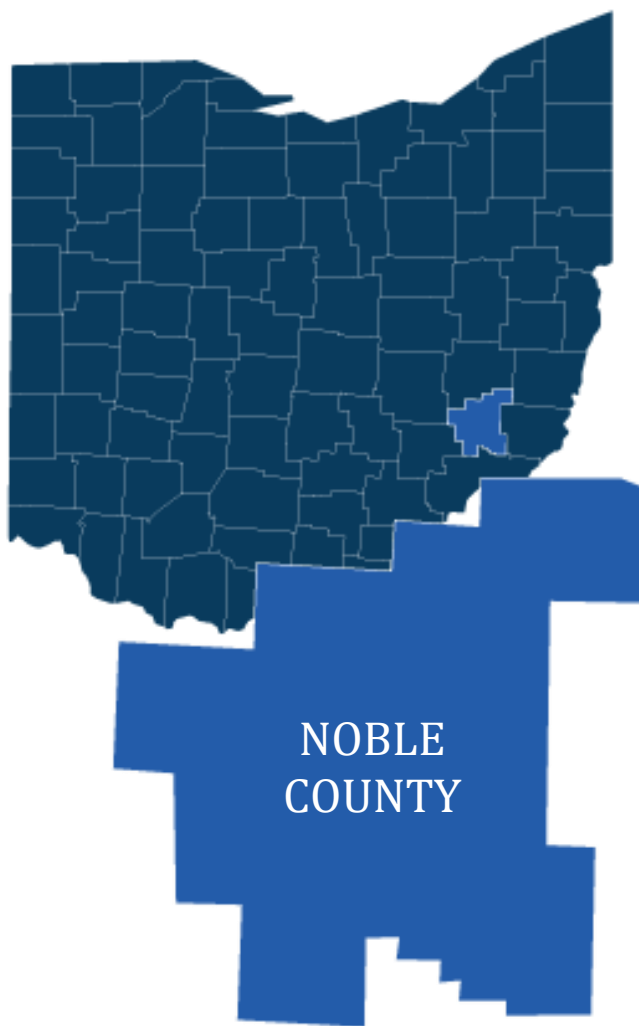


DELIVERED BY:



# 2026-2028 NOBLE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

PUBLISHED JUNE 2025



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# A NOTE FROM NOBLE COUNTY HEALTH DEPARTMENT



Noble County Health Department (NCHD) 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 its needs and prioritizing those needs for impact. In 2024, NCHD partnered to conduct a comprehensive Community Health Assessment (CHA) to identify primary health issues, current health status, and other health needs. These findings were then used to develop a Community Health Improvement Plan (CHIP) to describe the response to the needs identified in the CHA report.

The 2026-2028 NCHD CHIP 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 partners know where to direct resources and how to use them in the most advantageous ways.

The goals of public health can only be accomplished through community members' commitment to themselves and to each other. NCHD believes that together, Noble County can be a thriving community of health and well-being at home, work, school, and play.

Importantly, this report could not exist without the contributions of individuals in the community who participated in interviews and completed the community member survey. NCHD is grateful for those individuals who are committed to the health of the community, and took the time to share their health concerns, needs, behaviors, praises, and suggestions for future improvement.

Sincerely,

**Kirby Moore, MPH, REHS**

Health Commissioner  
Noble County Health Department

# ACKNOWLEDGEMENTS

This Community Health Improvement Plan was made possible thanks to the collaborative efforts of Noble County Health Department (NCHD), 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.



## **NCHD WOULD LIKE TO RECOGNIZE THE FOLLOWING ORGANIZATIONS FOR THEIR CONTRIBUTIONS TO THIS REPORT:**

Allwell Behavioral Health Services  
Area Agency on Aging Region 9  
Big Brothers/Big Sisters  
Noble County Board of Health  
Caldwell Exempted Village School District  
Noble County Chamber of Commerce  
Noble County Family and Children First Council  
Genesis HealthCare System  
Guernsey, Monroe, Noble Counties (GMN) Tri-County Community Action Commission (CAC), Inc.  
Mental Health and Recovery Services Board  
Noble Board of Developmental Disabilities  
Noble County Cares

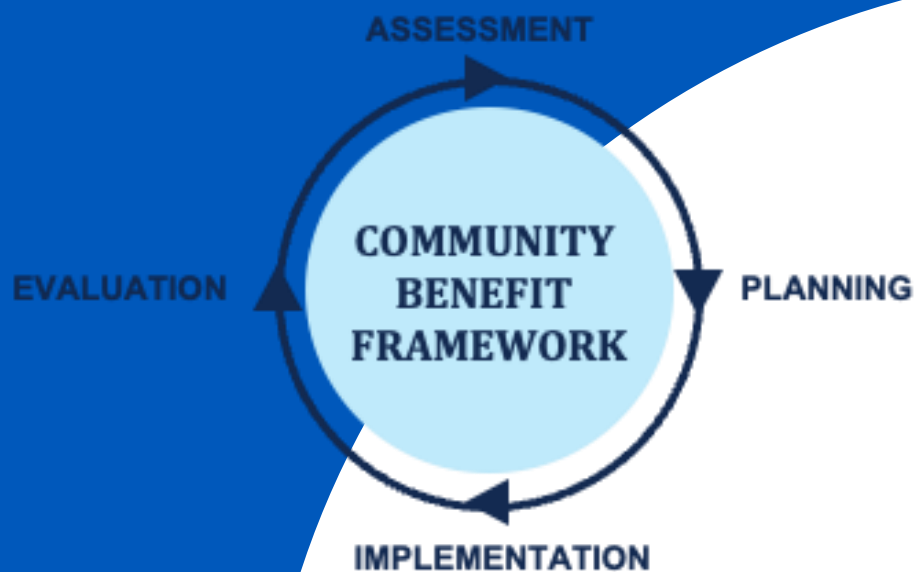
Noble County Committee on Aging / Senior Center  
Noble County Health Department  
Noble County Veterans Service Commission  
Noble Local School District  
Ohio Center for Autism and Low Incidence (OCALI)  
OhioHealth Southeastern Medical Center  
Ohio Medical Aid Services  
Ohio State University Extension Office  
South East Area Transit (SEAT)  
Southeastern Ohio Regional Medical Center  
The Ohio State University



The 2026-2028 CHIP report was prepared by Moxley Public Health, LLC, ([www.moxleypublichealth.com](http://www.moxleypublichealth.com)) an independent consulting firm that works with hospitals, health departments, and other community-based nonprofit organizations both domestically and internationally to conduct Community Health (Needs) Assessments (CHNA/CHAs) and Implementation Strategies/Community Health Improvement Plans (CHIPs).

## INTRODUCTION

# WHAT IS A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)?



A **Community Health Improvement Plan (CHIP)** is part of a framework that is used to guide community benefit activities- policy, advocacy, and program-planning efforts. For health departments, the Improvement Plan (CHIP) fulfills the mandates of the Public Health Accreditation Board (PHAB).



# OVERVIEW OF THE PROCESS



In order to develop a Community Health Improvement Plan (CHIP), Noble County Health Department followed a process that included the following steps:

**STEP 1: Plan and prepare for the CHIP.**

**STEP 2: Develop goals/objectives and identify indicators to address health needs.**

**STEP 3: Consider approaches/strategies to address prioritized needs, health disparities, and social determinants of health.**

**STEP 4: Select approaches with community partners.**

**STEP 5: Integrate CHIP with community partner and health department plans.**

**STEP 6: Develop a written CHIP.**

**STEP 7: Adopt the CHIP.**

**STEP 8: Update and sustain the CHIP.**

Within each step of this process, the guidelines and requirements of both the state and federal governments are followed precisely and systematically.

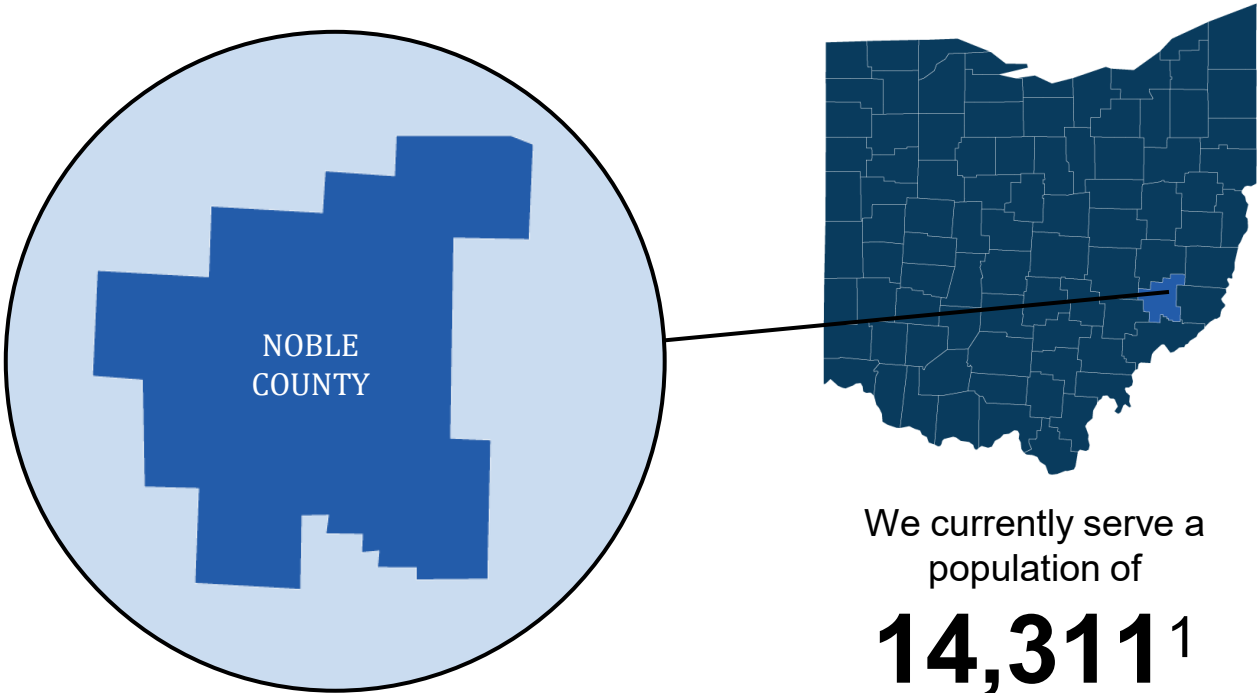
**THE 2026-2028 NOBLE COUNTY CHIP MEETS ALL PHAB REGULATIONS.**



# DEFINING THE NOBLE COUNTY SERVICE AREA



For the purposes of this report, Noble County Health Department (NCHD) defines their primary service area as being made up of Noble County, Ohio.



NOBLE COUNTY SERVICE AREA			
GEOGRAPHIC AREA	ZIP CODE	GEOGRAPHIC AREA	ZIP CODE
Ava	43711	Macksburg	45746
Belle Valley	43717	Pleasant City	43772
Beverly	45715	Quaker City	43773
Caldwell	43724	Sarahsville	43779
Cumberland	43732	Senecaville	43780
Dexter City	45727	Summerfield	43788
Lower Salem	45745		

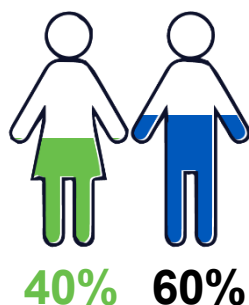
# NOBLE COUNTY AT-A-GLANCE

Noble County's population is **14,311**.  
The population of Noble County has **slightly increased** while Ohio's **remained relatively the same** in the past 3 years<sup>1</sup>



County Health Ranking ranked Noble County **26<sup>th</sup> of 88** counties in Ohio, according to social, economic, and health factors, placing it in the **top third** of the state's counties<sup>2</sup>

The % of males is **higher** than females<sup>3</sup>

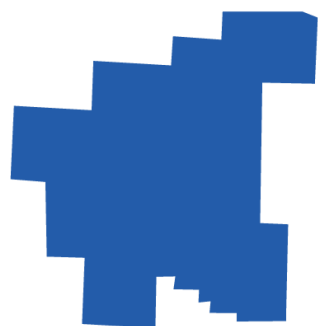


of Noble County residents are **veterans**, slightly higher than the state average<sup>4</sup>



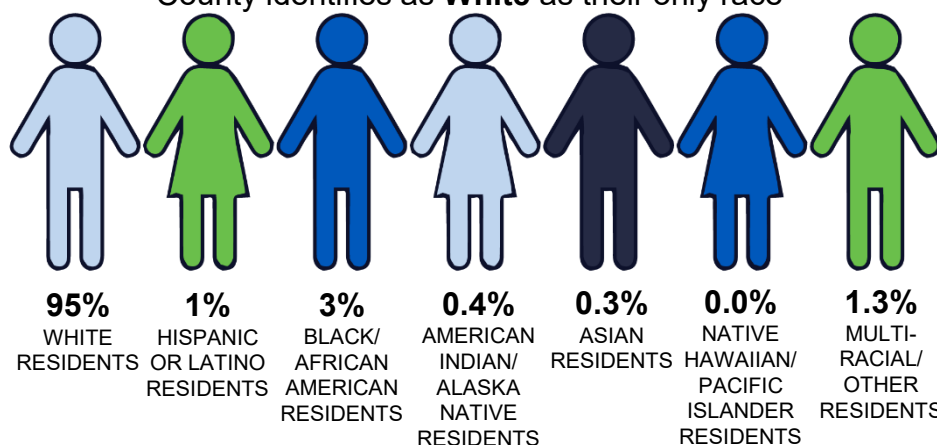
Youth ages 0-18 and seniors 65+ make up **50% of the population**

In Noble County, **nearly 1 in 3 residents (30%) are age 65+**<sup>3</sup>



**96%** of the population in Noble County **speaks only English**. **0.4%** are **foreign-born**<sup>4,5</sup>

The **majority (95%)** of the population in Noble County identifies as **White** as their only race<sup>3</sup>



The life expectancy in Noble County of **81.1 years** is **5.5 years longer** than it is for the state of Ohio<sup>6</sup>



**1 in 303** Noble County residents will **die prematurely**, which is lower than the Ohio state rate<sup>6</sup>



# PRIORITY HEALTH NEEDS FOR NOBLE COUNTY



1



## CHRONIC DISEASE

**Diabetes** prevalence rises with age and is also highly impacted by income and level of education.<sup>8</sup>

Heart disease is the **leading cause of death** in Noble County.<sup>7</sup>

2



## BEHAVIORAL HEALTH

**Mental health and access to mental healthcare** was the #2 ranked health outcome in the community member survey, with over **67%** of respondents selecting this option.

**12%** of survey respondents say that **mental healthcare access is lacking** in the community.

3



## ACCESS TO HEALTHCARE

Noble County is considered a **primary care provider partial shortage area** and a **dental health professional shortage area**.<sup>9</sup>

**39%** of survey respondents ranked **access to healthcare** as a priority health concern.



# STEP 1 PLAN AND PREPARE FOR THE COMMUNITY IMPROVEMENT PLAN (CHIP)



## **IN THIS STEP, NOBLE COUNTY HEALTH DEPARTMENT:**

- DETERMINED WHO WOULD PARTICIPATE IN THE DEVELOPMENT OF THE COMMUNITY HEALTH IMPROVEMENT PLAN
- ENGAGED BOARD AND EXECUTIVE LEADERSHIP
- REVIEWED THE COMMUNITY HEALTH ASSESSMENT



## PLAN AND PREPARE FOR THE 2026-2028 NOBLE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

Secondary and primary data were collected to complete the 2025 Noble County Community Health Assessment (Available at: <https://noblecohd.org/data-resources/>). Secondary data were collected from a variety of local, county, and state sources to present community demographics, social determinants of health, healthcare access, birth characteristics, leading causes of death, chronic disease, health behaviors, mental health, substance use, and preventive practices. The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection.

Primary data were collected through key informant interviews with **10** experts from various organizations serving Noble County and included leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies. A *community member survey* was distributed via a QR code and link with **109** responses. The survey responses (from community members) were used to prioritize the health needs, answer in-depth questions about the health needs in the county, and to identify health disparities present in the community. Finally, there were **3** focus groups held across Noble County, representing a total of **38** community members from priority populations. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets potentially available to address needs, and prioritize health needs. More detail on methodology can be found in the 2025 Noble County Community Health Assessment.

“

The improvement plan (CHIP) deals with the “how and when” of addressing needs. While the community health assessment considers the “who, what, where and why” of community health needs, the CHIP takes care of the how and when components.

- Catholic Health Association

”



## STEP 2

# DEVELOP GOALS AND OBJECTIVES AND IDENTIFY INDICATORS FOR ADDRESSING COMMUNITY HEALTH NEEDS



### **IN THIS STEP, NOBLE COUNTY HEALTH DEPARTMENT:**

- DEVELOPED GOALS FOR THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) BASED ON THE FINDINGS FROM THE CHA
- SELECTED INDICATORS TO ACHIEVE GOALS

# OVERVIEW

## OF THE PROCESS (CONTINUED)



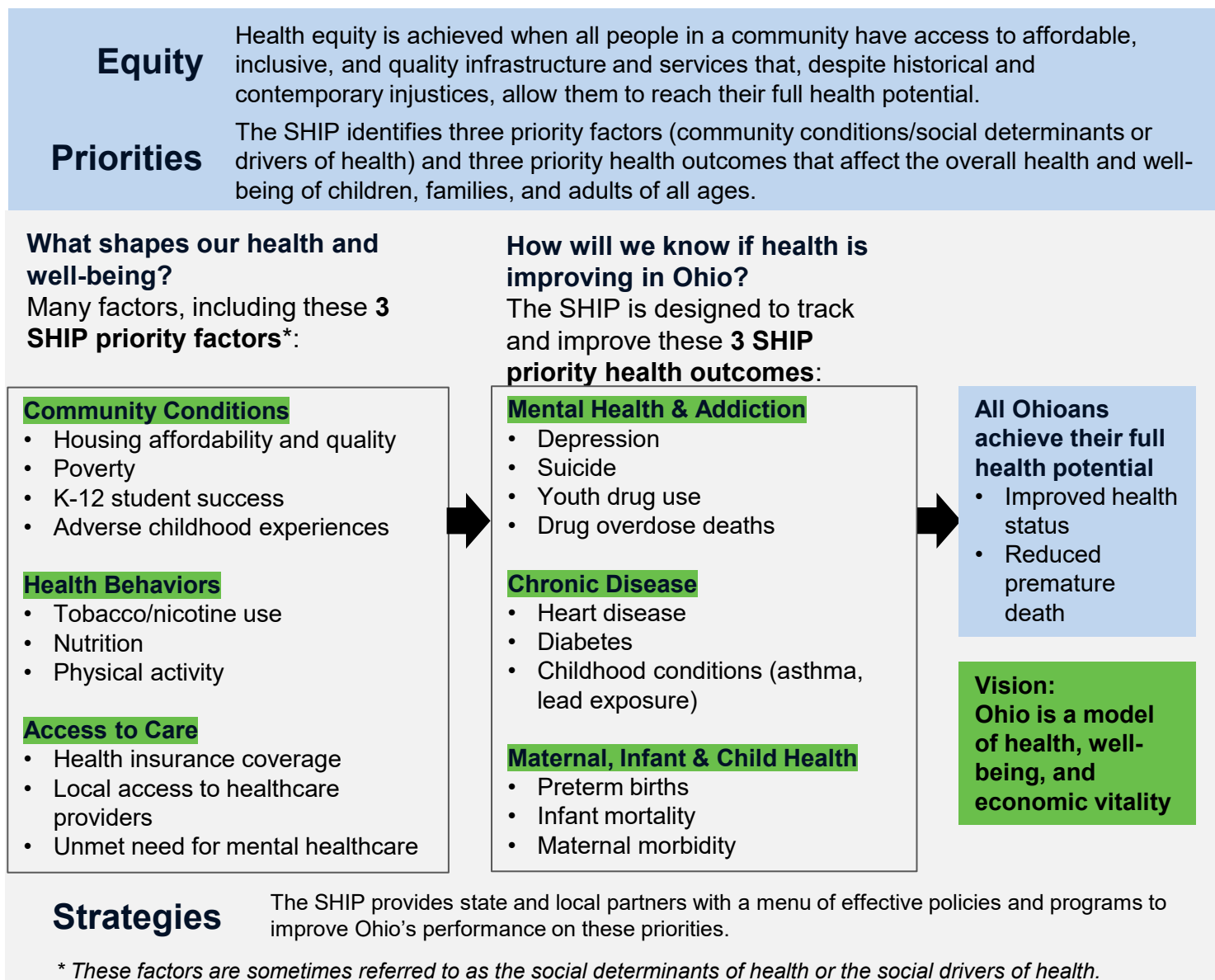
### Ohio Department of Health (ODH) Requirements

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

Noble County Health Department (NCHD) 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, NCHD used the same language as the state of Ohio when assessing the factors and health outcomes of their community in the 2025 Noble County Community Health Assessment (CHA).

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





Next, with the data findings from the community health needs assessment process, Noble County Health Department used the following guidelines/worksheet to choose priority health factors and priority health outcomes (worksheet/guidelines continued to next page).

## ALIGNMENT WITH PRIORITIES AND INDICATORS

**STEP 1:** Identify at least one priority factor and at least one priority health outcome.

PRIORITY FACTORS	PRIORITY HEALTH OUTCOMES
<input checked="" type="checkbox"/> Community Conditions	<input checked="" type="checkbox"/> Mental Health and Addiction
<input checked="" type="checkbox"/> Health Behaviors	<input checked="" type="checkbox"/> Chronic Disease
<input checked="" type="checkbox"/> Access to Care	<input checked="" type="checkbox"/> Maternal and Infant Health

**STEP 2:** Select at least 1 indicator for each identified priority factor.

PRIORITY FACTORS	
COMMUNITY CONDITIONS	
TOPIC	INDICATOR NAME
Housing Affordability and Quality	<input checked="" type="checkbox"/> Affordable and Available Housing Units
Poverty	<input checked="" type="checkbox"/> Child Poverty
	<input checked="" type="checkbox"/> Adult Poverty
K-12 Student Success	<input type="checkbox"/> Chronic Absenteeism (K-12 students)
	<input type="checkbox"/> Kindergarten Readiness
Adverse Childhood Experiences	<input checked="" type="checkbox"/> Adverse Childhood Experiences (ACEs)
	<input checked="" type="checkbox"/> Child Abuse and Neglect
Food Insecurity	<input checked="" type="checkbox"/> Food Insecurity
Environmental Conditions	<input type="checkbox"/> Air Quality
	<input type="checkbox"/> Water Quality
HEALTH BEHAVIORS	
TOPIC	INDICATOR NAME
Tobacco/Nicotine Use	<input checked="" type="checkbox"/> Adult Smoking
	<input checked="" type="checkbox"/> Youth All-Tobacco/Nicotine Use
Nutrition	<input type="checkbox"/> Fruit Consumption
	<input type="checkbox"/> Vegetable Consumption
Physical Activity	<input checked="" type="checkbox"/> Child Physical Activity
	<input checked="" type="checkbox"/> Adult Physical Activity
ACCESS TO CARE	
TOPIC	INDICATOR NAME
Health Insurance Coverage	<input checked="" type="checkbox"/> Uninsured Adults
	<input checked="" type="checkbox"/> Uninsured Children
Local Access to Healthcare Services	<input checked="" type="checkbox"/> Primary Care Health Professional Shortage Areas
	<input checked="" type="checkbox"/> Mental Health Professional Shortage Areas
Unmet Need for Mental Healthcare	<input checked="" type="checkbox"/> Youth Depression Treatment Unmet Need
	<input checked="" type="checkbox"/> Adult Mental healthcare Unmet Need

## ALIGNMENT WITH PRIORITIES AND INDICATORS (CONTINUED)

**STEP 2 (continued):** Select at least 1 indicator for each identified priority health outcome.

PRIORITY HEALTH OUTCOMES	
MENTAL HEALTH AND ADDICTION	
TOPIC	INDICATOR NAME
Depression	<input checked="" type="checkbox"/> Youth Depression
	<input checked="" type="checkbox"/> Adult Depression
Suicide Deaths	<input checked="" type="checkbox"/> Youth Suicide Deaths
	<input checked="" type="checkbox"/> Adult Suicide Deaths
Youth Drug Use	<input checked="" type="checkbox"/> Youth Alcohol Use
	<input checked="" type="checkbox"/> Youth Marijuana Use
Drug Overdose Deaths	<input checked="" type="checkbox"/> Unintentional Drug Overdose Deaths
CHRONIC DISEASE	
TOPIC	INDICATOR NAME
Heart Disease	<input checked="" type="checkbox"/> Coronary Heart Disease
	<input checked="" type="checkbox"/> Premature Death – Heart Disease
	<input checked="" type="checkbox"/> Hypertension
Diabetes	<input checked="" type="checkbox"/> Diabetes
Harmful Childhood Conditions	<input type="checkbox"/> Child Asthma Morbidity
	<input type="checkbox"/> Child Lead Poisoning
MATERNAL AND INFANT HEALTH	
TOPIC	INDICATOR NAME
Preterm Births	<input type="checkbox"/> Preterm Births
Infant Mortality	<input type="checkbox"/> Infant Mortality
Maternal Morbidity/Mortality	<input type="checkbox"/> Severe Maternal Morbidity/Mortality

# ADDRESSING THE HEALTH NEEDS



The 2025 Community Health Assessment (CHA) identified the following significant health needs from an extensive review of the primary (community survey, interviews, and focus groups) and secondary data (existing data). The significant health needs were ranked as follows through the community member survey (109 responses from community members).

COMMUNITY CONDITIONS RANKING FROM COMMUNITY MEMBER SURVEY	
#1 Access to primary healthcare	39%
#2 Access to dental/oral healthcare	26%
#3 Access to childcare	25%
#4 Overweight and obesity	23%
#5 Income/poverty and employment	19%
#6 Food insecurity	18%
#7 Adverse childhood experiences	17%
#8 Internet/Wi-Fi access	16%
#9 Access to specialist healthcare	14%
#10 Health insurance coverage	13%
#11 Transportation	13%
#12 Access to mental healthcare	12%
#13 Preventive care and practices	10%
#14 Access to public/safe water and other utilities	9%
#15 Environmental conditions	9%
#16 Education	8%
#17 Housing and homelessness	8%
#18 Physical health/exercise	8%
#19 Nutrition	6%
#20 Access to social engagement and volunteer opportunities	5%
#21 Access to vision healthcare	4%
#22 Crime and violence	4%
#23 Health literacy	4%

HEALTH OUTCOMES RANKING FROM COMMUNITY MEMBER SURVEY	
#1 Chronic diseases	67%
#1 Mental health	67%
#2 Substance use disorder	65%
#3 Tobacco and nicotine use/smoking/vaping	50%
#4 Maternal, infant, and child health	19%
#5 Suicide	12%
#6 Injuries	7%
#7 HIV/AIDS and Sexually Transmitted Infections (STIs)	1%

# ADDRESSING THE HEALTH NEEDS



From the significant health needs, Noble County Health Department chose health needs that considered the health department and community partners' capacity to address community needs, the strength of community partnerships, and those needs that correspond with the health department and community partners' priorities.

## THE THREE PRIORITY HEALTH NEEDS THAT WILL BE ADDRESSED IN THE 2026-2028 IMPROVEMENT PLAN (CHIP) ARE:

**Priority Area 1: Chronic Disease**

**Priority Area 2: Behavioral Health**

**Priority Area 3: Access to Healthcare**



## STEPS 3 & 4

# CONSIDER AND SELECT APPROACHES/STRATEGIES TO ADDRESS PRIORITIZED NEEDS, HEALTH DISPARITIES, AND SOCIAL DETERMINANTS OF HEALTH WITH COMMUNITY PARTNERS



### **IN THESE STEPS, NOBLE COUNTY HEALTH DEPARTMENT:**

- SELECTED APPROACHES/  
STRATEGIES TO ADDRESS NOBLE  
COUNTY PRIORITIZED HEALTH  
NEEDS, HEALTH DISPARITIES, AND  
SOCIAL DETERMINANTS OF HEALTH
- DEVELOPED A WRITTEN  
COMMUNITY HEALTH  
IMPROVEMENT PLAN (CHIP)  
REPORT



# #1

## PRIORITY AREA CHRONIC DISEASE

*Focus on heart disease, diabetes, and the role of obesity*



### STRATEGIES

Noble County will facilitate 4-6 healthy lifestyle activities that promote physical activity each year.

### PARTNERS

Wellness Coalition, faith-based organizations, community, agencies/businesses, teen ambassadors, 4H Health Heroes, Caldwell Exempted Village School District, Noble Local School District, Noble County Chamber of Commerce, Historical Society, Noble County Job and Family Services, Farmers Market, Senior Center

### PRIORITY POPULATIONS

All populations

#### DESIRED OUTCOMES OF STRATEGIES



Physical activity opportunities



Sedentary youth and adults



Education and access to healthcare resources

#### OVERALL IMPACT OF STRATEGIES



Increase access to primary care



Quality of life



Overweight and obesity



Chronic disease



Premature mortality



Physical health

**ALL NOBLE COUNTY RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL**

# #2

## PRIORITY AREA BEHAVIORAL HEALTH

*A combined category covering both mental health and substance abuse issues, including aspects like vaping and Narcan*



### STRATEGIES

Noble County will successfully enroll and complete Family Wellness to a minimum of 24 families in Noble County by December 2028.

### PARTNERS

School administrators/school nurses, Ministers, Allwell Behavioral Health Services, Children's Services, Noble County Health Department, Family and Children First Council, Noble County Board of Developmental Disabilities

### PRIORITY POPULATIONS

Families with children ages 7 and up

#### DESIRED OUTCOMES OF STRATEGIES



Education and awareness on mental health



Access to mental health and substance abuse care and support



Mental health stigma



Adverse childhood experiences (ACEs)

#### OVERALL IMPACT OF STRATEGIES



Mental health



Quality of life



Access to healthcare



Mental health and substance abuse ER visits and hospitalizations



Substance abuse



Suicides



Mental distress and depression

**ALL NOBLE COUNTY RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL**

# #3

## PRIORITY AREA ACCESS TO HEALTHCARE

(e.g. doctors, hospitals, specialists, medical appointments, oral/dental healthcare, vision care, mental healthcare, maternal/infant healthcare etc.; includes the following social determinants of health: poverty, income, employment, housing, transportation, food insecurity)



### STRATEGIES

Noble County will increase access to dental care for residents in Noble County by establishing at least one dental care facility or program by December 2026.

Noble County will increase Cardiopulmonary Resuscitation (CPR)/Automatic Electronic Defibrillator (AED) training opportunities by 2 trainings per year in Noble County by December 2028.

Noble County will expand public access to AEDs by 10 AEDs in Noble County by December 2028.

Noble County will increase number of homes in Noble County having identifiable address numbers during the day and night from the road to improve access by December 2028.

### PARTNERS

Caldwell Exempted Village School District, Ossa Orthodontics, Dental Schools, local dental offices, Buckeye Hills Regional Council, Muskingum Valley Health Center

Emergency Management Agency (EMA), Red Cross, Noble County Health Department (NCHD), Local Emergency Planning Committee (LEPC), Noble County Chamber of Commerce, school districts, Business Advisory Council, faith-based organizations, Marietta Memorial Hospital, OhioHealth, certified trainers

EMA, Red Cross, NCHD, LEPC, Noble County Chamber of Commerce, school districts, Business Advisory Council, faith-based organizations

Transportation Advisory Council, EMA, Sheriff's/911 Office, Engineering Office (Map), Buckeye Hills, LEPC, Volunteer Fire Departments, First Responders, Ohio Health/Emergency Medical Services, Planning Commission

### PRIORITY POPULATIONS

All Ages

Residents ages 12 and up

Residents ages 12 and up

Current and future residents

#### DESIRED OUTCOMES OF STRATEGIES

Increase access and utilization of non-emergency healthcare services and existing healthcare resources

Access to maternal, infant, and child healthcare

Delayed care

Social determinants of health

#### OVERALL IMPACT OF STRATEGIES

↑ Quality of life

↑ Access to healthcare

↑ Mental health

↑ Dental health

↑ Maternal, infant, and child health

↓ Unmet care needs

↓ Premature mortality and morbidity

**ALL OF NOBLE COUNTY RESIDENTS ACHIEVE THEIR FULL HEALTH POTENTIAL**

# 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 Vision Centre  
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.  
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

#### Community & Social Services (cont.)

Noble County Committee on Aging/ Senior Center  
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

Lutheran Social Service of Central Ohio - mobile food pantry  
Mid-Ohio Foodbank  
Noble County Senior Center - congregate meals/home delivered meals  
Samaritan House of Noble County  
Senior Farmer's Market Nutrition Program - Buckeye Hills Regional Council

#### Housing & Homelessness

Metropolitan Housing Authority

#### Mental Health & Addiction

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

#### Nutrition & Physical Health

Caldwell Food Center Emporium  
Dollar General  
Food Center Convenience  
Freedom Fitness  
Liberty Market, LLC  
Lifestyle Gym  
Noble County Happy Time Pool  
PassionFIT  
Produce Stand  
Save-A-Lot  
Ultior Fitness

#### Transportation

Noble County Transit  
Region 8 Mobility Solution Center  
South East Area Transit (SEAT)



## STEPS 5-8

# INTEGRATE, DEVELOP, ADOPT, AND SUSTAIN COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)



### **IN THIS STEP, NOBLE COUNTY HEALTH DEPARTMENT WILL:**

- INTEGRATE CHIP WITH COMMUNITY PARTNER AND HEALTH DEPARTMENT PLANS.
- ADOPT THE CHIP
- UPDATE AND SUSTAIN THE CHIP



# NOBLE COUNTY HEALTH DEPARTMENT NEXT STEPS



The Community Health Assessment (CHA) and this resulting Community Health Improvement Plan (CHIP) identify and address significant community health needs and help guide community benefit activities. This Community Health Improvement Plan explains how Noble County Health Department (NCHD) plans to address the selected priority health needs identified by the CHA.

This Community Health Improvement Plan report was adopted by NCHD leadership in June 2025.

This report is widely available to the public on the NCHD website

<https://noblecohd.org/data-resources/>

Written comments on this report are welcomed and can be made by emailing:

[Kirby.Moore@noblecohd.org](mailto:Kirby.Moore@noblecohd.org) or [Samantha.hesson@noblecohd.org](mailto:Samantha.hesson@noblecohd.org).

## **EVALUATION OF IMPACT**

Noble County Health Department (NCHD) will monitor and evaluate the programs and actions outlined above. We anticipate the actions taken to address significant health needs will improve health knowledge, behaviors, and status, increase access to care, and overall help support good health. NCHD is committed to monitoring key indicators to assess impact. Our reporting process includes the collection and documentation of tracking measures, such as the number of people reached/served and collaborative efforts to address health needs. A review of the impact of NCHD's actions to address these significant health needs will be reported in the next scheduled CHA.

## **ADDITIONAL HEALTH NEEDS NOT DIRECTLY ADDRESSED**

Since NCHD cannot directly address all the health needs present in the community, we will concentrate our resources on those health needs where we can effectively impact our region given our areas of focus and expertise. Taking existing organization and community resources into consideration, NCHD will not directly address the remaining health needs identified in the CHA, including but not limited to internet/WIFI access, environmental conditions, education, access to social engagement, crime and violence, health literacy, HIV/AIDS and STIs. We will continue to look for opportunities to address community needs where we can make a meaningful contribution. Community partnerships may support other initiatives that NCHD cannot independently lead to address the other health needs identified in the 2025 CHA.

# APPENDIX A **PUBLIC HEALTH ACCREDITATION BOARD (PHAB) CHECKLIST: IMPROVEMENT PLAN (CHIP)**

## **MEETING THE PHAB REQUIREMENTS FOR THE CHIP:**

The PHAB Standards & Measures serve as the official guidance for PHAB national public health department accreditation and include requirements for the completion of Community Health Assessments (CHAs) and CHIPs for local health departments. The following page demonstrates how this CHIP meets the PHAB requirements.

# APPENDIX A:

## PHAB COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) REQUIREMENTS CHECKLIST



PUBLIC HEALTH ACCREDITATION BOARD (PHAB) REQUIREMENTS FOR CHIPs			
YES	PAGE #	PHAB REQUIREMENTS CHECKLIST	NOTES/ RECOMMENDATIONS
✓	4	<b>MEASURE 5.2.1 A: Engage partners and members of the community in a community health improvement process.</b>  1. A collaborative process for developing the community health improvement plan (CHIP), which includes: <ul style="list-style-type: none"> <li>a. A list of participating partners involved in the CHIP process. Participation must include: i. At least two organizations representing sectors other than public health. ii. At least two community members or organizations that represent populations that are disproportionately affected by conditions that contribute to health risks or poorer health outcomes.</li> </ul>	
✓	5-17	<ul style="list-style-type: none"> <li>b. Review of information from the community health assessment.</li> </ul>	
✓	18-21	<ul style="list-style-type: none"> <li>c. Review of the causes of disproportionate health risks or health outcomes of specific populations.</li> </ul>	
✓	10-17	<ul style="list-style-type: none"> <li>d. Process used by participants to select priorities.</li> </ul> The CHIP process must address the jurisdiction as described in the description of Standard 5.2.	
✓	18-21	<b>MEASURE 5.2.2 A: Adopt a community health improvement plan.</b>  1. A community health improvement plan (CHIP), which includes all of the following: <ul style="list-style-type: none"> <li>a. At least two health priorities.</li> </ul>	
✓	18-21	<ul style="list-style-type: none"> <li>b. Measurable objective(s) for each priority.</li> </ul>	
✓	18-21	<ul style="list-style-type: none"> <li>c. Improvement strategy(ies) or activity(ies) for each priority. i. Each activity or strategy must include a timeframe and a designation of organizations or individuals that have accepted responsibility for implementing it. ii. At least two of the strategies or activities must include a policy recommendation, one of which must be aimed at alleviating causes of health inequities.</li> </ul>	
✓	22	<ul style="list-style-type: none"> <li>d. Identification of the assets or resources that will be used to address at least one of the specific priority areas.</li> </ul>	
✓	24	<ul style="list-style-type: none"> <li>e. Description of the process used to track the status of the effort or results of the actions taken to implement CHIP strategies or activities.</li> </ul> The CHIP must address the jurisdiction as described in the description of Standard 5.2.	A detailed work plan (living document) has been developed that includes strategies, SMART objectives, annual activities, indicators, partners, and priority populations.

# APPENDIX B **REFERENCES**

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# **REFERENCES**

<sup>1</sup>U.S. Census Bureau, Decennial Census, P1, 2018-2022. [Http://Data.Census.Gov/](http://Data.Census.Gov/)

<sup>2</sup>County Health Rankings & Roadmaps, 2023 Data Set, <http://www.Countyhealthrankings.org/>

<sup>3</sup>U.S. Census Bureau, American Community Survey, Dp05, 2018-2022 5-Year Estimate.

[Http://Data.Census.Gov/](http://Data.Census.Gov/)

<sup>4</sup>U.S. Census Bureau, American Community Survey, Dp02, 2018-2022 5-Year Estimate.

[Http://Data.Census.Gov/](http://Data.Census.Gov/)

<sup>5</sup>U.S. Census Bureau, Decennial Census, S1601 American Community Survey, 2018-2022 5-Year Estimate. [Http://Data.Census.Gov/](http://Data.Census.Gov/)

<sup>6</sup>County Health Rankings & Roadmaps, 2024 Data Set, <http://www.Countyhealthrankings.org/>

<sup>7</sup>U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2018-2022\*, on CDC WONDER. \*Except for COVID-19, which is a 3-Year Average, 2020-2022. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

<sup>8</sup>Ohio Department of Health, Ohio 2021 BRFSS Annual Report. <https://odh.ohio.gov/know-our-programs/behavioral-risk-factor-surveillance-system/data-and-publications>

<sup>9</sup>Health Resource Service Administration. Health Professional Shortage Areas. Retrieved from: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>





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