DELIVERED BY:

2026-2028 NOBLE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

PUBLISHED JUNE 2025

TABLE OF CONTENTS

NOTE FROM NOBLE COUNTY HEALTH DEPARTMENT…… 3

ACKNOWLEDGMENTS……4

INTRODUCTION: WHAT IS A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)?…… 5

OVERVIEW OF THE PROCESS…… 6

DEFINING THE NOBLE COUNTY SERVICE AREA……7

NOBLE COUNTY SERVICE AREA AT-A-GLANCE……8

KEY DATA ON PRIORITY HEALTH NEEDS FOR THE NOBLE COUNTY SERVICE AREA…… 9

STEP 1: PLAN AND PREPARE FOR THE COMMUNITY HEALTH IMPROVEMENT PLAN…… 10

STEPS 2: DEVELOP GOALS, OBJECTIVES & IDENTIFY INDICATORS……12

PRIORITY HEALTH NEEDS FOR THE NOBLE COUNTY SERVICE AREA…… 17

STEPS 3 & 4: CONSIDER & SELECTS APPROACHES TO ADDRESS PRIORITY HEALTH NEEDS……18

PRIORITY AREA 1: CHRONIC DISEASE…… 19

PRIORITY AREA 2: BEHAVIORAL HEALTH……20

PRIORITY AREA 3: ACCESS TO HEALTHCARE…… 21

CURRENT RESOURCES ADDRESSING THE PRIORITY HEALTH NEEDS……22

STEPS 5-8: INTEGRATE, DEVELOP, ADOPT & SUSTAIN COMMUNITY HEALTH IMPROVEMENT PLAN……23

NEXT STEPS……24

EVALUATION OF IMPACT……24

HEALTH NEEDS THAT WILL NOT BE ADDRESSED……24

APPENDICES……25

APPENDIX A: PHAB CHIP CHECKLIST……26

APPENDIX B: REFERENCES……27

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,

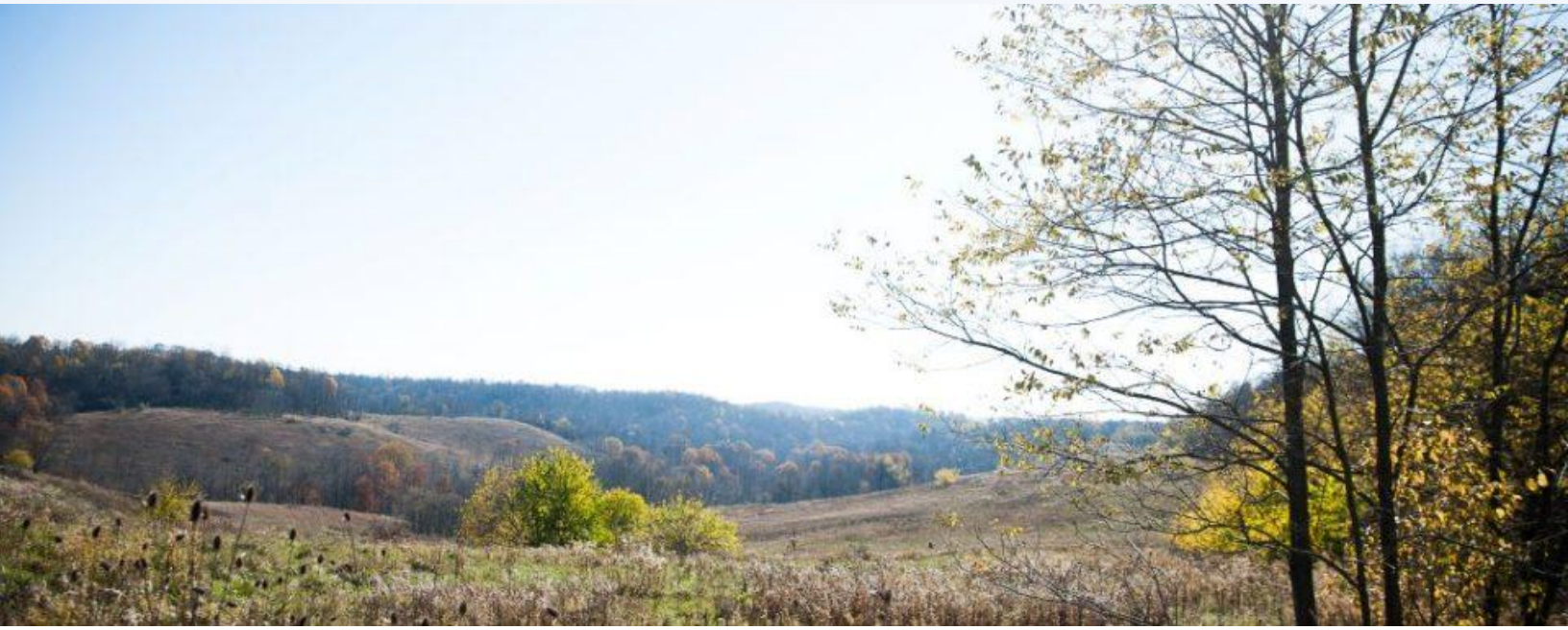
Kirby Moore, MPH, REHS
Health Commissioner
Noble County Health Department

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:

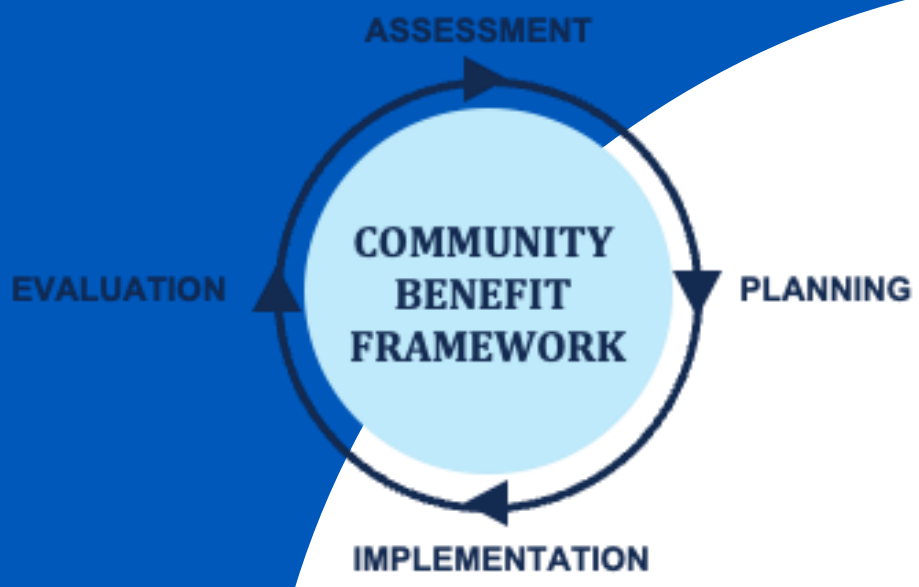
Allwell Behavioral Health Services
Area Agency on Aging Region 9
Big Brothers/Big Sisters
Noble County Board of Health
Caldwell Exempted Village School District
Noble County Chamber of Commerce
Noble County Family and Children First Council
Genesis HealthCare System
Guernsey, Monroe, Noble Counties (GMN) 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) 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.

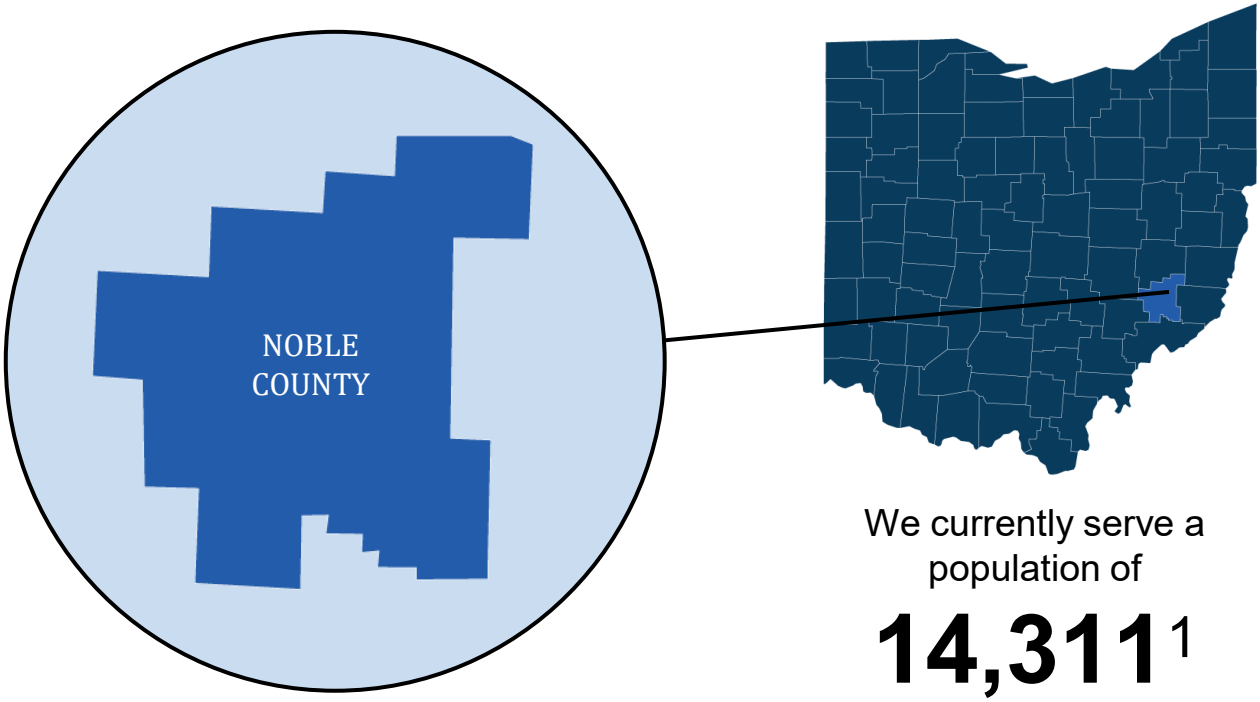
STEP 8: Update and sustain the CHIP.

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.



We currently serve a population of

14,311[1]

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[1]

+1.4%
NOBLE COUNTY

-0.1%
OHIO

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

The % of males is **higher** than females[3]

40% **60%**

8%

of Noble County residents are **veterans**, slightly higher than the state average[4]

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+**[3]

96% of the population in Noble County **speaks only English. 0.4% are foreign-born**[4,5]

The **majority (95%)** of the population in Noble County identifies as **White** as their only race[3]

95%	1%	3%	0.4%	0.3%	0.0%	1.3%
WHITE RESIDENTS	HISPANIC OR LATINO RESIDENTS	BLACK/ AFRICAN AMERICAN RESIDENTS	AMERICAN INDIAN/ ALASKA NATIVE RESIDENTS	ASIAN RESIDENTS	NATIVE HAWAIIAN/ PACIFIC ISLANDER RESIDENTS	MULTI-RACIAL/ OTHER RESIDENTS

The life expectancy in Noble County of **81.1 years is 5.5 years longer** than it is for the state of Ohio[6]

1 in 303
Noble County residents will **die prematurely**, which is lower than the Ohio state rate[6]

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.[8]

Heart disease is the **leading cause of death** in Noble County.[7]

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.**[9]

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

NOBLE COUNTY HEALTH DEPARTMENT

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

NOBLE COUNTY HEALTH DEPARTMENT

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

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.*

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
☑Community Conditions	☑Mental Health and Addiction
☑Health Behaviors	☑Chronic Disease
☑Access to Care	☑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	☑Affordable and Available Housing Units
Poverty	☑Child Poverty
	☑Adult Poverty
K-12 Student Success	☐ Chronic Absenteeism (K-12 students)
	☐ Kindergarten Readiness
Adverse Childhood Experiences	☑Adverse Childhood Experiences (ACEs)
	☑Child Abuse and Neglect
Food Insecurity	☑Food Insecurity
Environmental Conditions	☐ Air Quality
	☐ Water Quality
HEALTH BEHAVIORS	
TOPIC	**INDICATOR NAME**
Tobacco/Nicotine Use	☑Adult Smoking
	☑Youth All-Tobacco/Nicotine Use
Nutrition	☐ Fruit Consumption
	☐ Vegetable Consumption
Physical Activity	☑Child Physical Activity
	☑Adult Physical Activity
ACCESS TO CARE	
TOPIC	**INDICATOR NAME**
Health Insurance Coverage	☑Uninsured Adults
	☑Uninsured Children
Local Access to Healthcare Services	☑Primary Care Health Professional Shortage Areas
	☑Mental Health Professional Shortage Areas
Unmet Need for Mental Healthcare	☑Youth Depression Treatment Unmet Need
	☑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	☑ Youth Depression
	☑ Adult Depression
Suicide Deaths	☑ Youth Suicide Deaths
	☑ Adult Suicide Deaths
Youth Drug Use	☑ Youth Alcohol Use
	☑ Youth Marijuana Use
Drug Overdose Deaths	☑ Unintentional Drug Overdose Deaths
CHRONIC DISEASE	
TOPIC	**INDICATOR NAME**
Heart Disease	☑ Coronary Heart Disease
	☑ Premature Death – Heart Disease
	☑ Hypertension
Diabetes	☑ Diabetes
Harmful Childhood Conditions	☐ Child Asthma Morbidity
	☐ Child Lead Poisoning
MATERNAL AND INFANT HEALTH	
TOPIC	**INDICATOR NAME**
Preterm Births	☐ Preterm Births
Infant Mortality	☐ Infant Mortality
Maternal Morbidity/Mortality	☐ 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

NOBLE COUNTY HEALTH DEPARTMENT

#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
Ulterior 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

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 or 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.

NOBLE COUNTY HEALTH DEPARTMENT

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**
		MEASURE 5.2.1 A: Engage partners and members of the community in a community health improvement process. 1. A collaborative process for developing the community health improvement plan (CHIP), which includes:	
✓	4	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.	
✓	5-17	b. Review of information from the community health assessment.	
✓	18-21	c. Review of the causes of disproportionate health risks or health outcomes of specific populations.	
✓	10-17	d. Process used by participants to select priorities.	
		The CHIP process must address the jurisdiction as described in the description of Standard 5.2.	
		MEASURE 5.2.2 A: Adopt a community health improvement plan. 1. A community health improvement plan (CHIP), which includes all of the following:	
✓	18-21	a. At least two health priorities.	
✓	18-21	b. Measurable objective(s) for each priority.	
✓	18-21	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.	A detailed work plan (living document) has been developed that includes strategies, SMART objectives, annual activities, indicators, partners, and priority populations.
✓	22	d. Identification of the assets or resources that will be used to address at least one of the specific priority areas.	
✓	24	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.	
		The CHIP must address the jurisdiction as described in the description of Standard 5.2.	

APPENDIX B

REFERENCES

NOBLE COUNTY
HEALTH DEPARTMENT

APPENDIX B:
REFERENCES

[1]U.S. Census Bureau, Decennial Census, P1, 2018-2022. Http://Data.Census.Gov/

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[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/

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[7]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

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

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

www.moxleypublichealth.com
stephanie@moxleypublichealth.com