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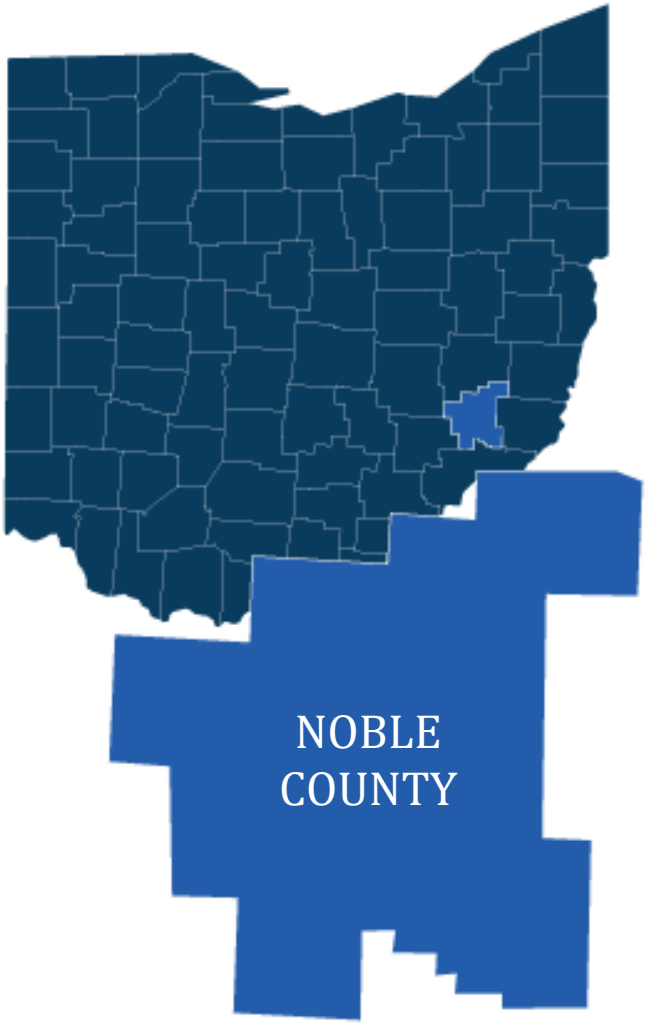

2025 NOBLE COUNTY COMMUNITY HEALTH ASSESSMENT

PUBLISHED JUNE 2025

NOBLE COUNTY HEALTH DEPARTMENT

Board of Health approved August 21, 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 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, NCHD partnered to conduct a comprehensive Community Health Assessment (CHA) 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.

NCHD and their many health partners conduct CHAs for measuring and addressing the health status of the southeastern Ohio community. We have chosen to assess Noble County as our community because this is where we, and those we serve, live and work. 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 2025 Noble County CHA 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 CHA 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,

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

ACKNOWLEDGEMENTS

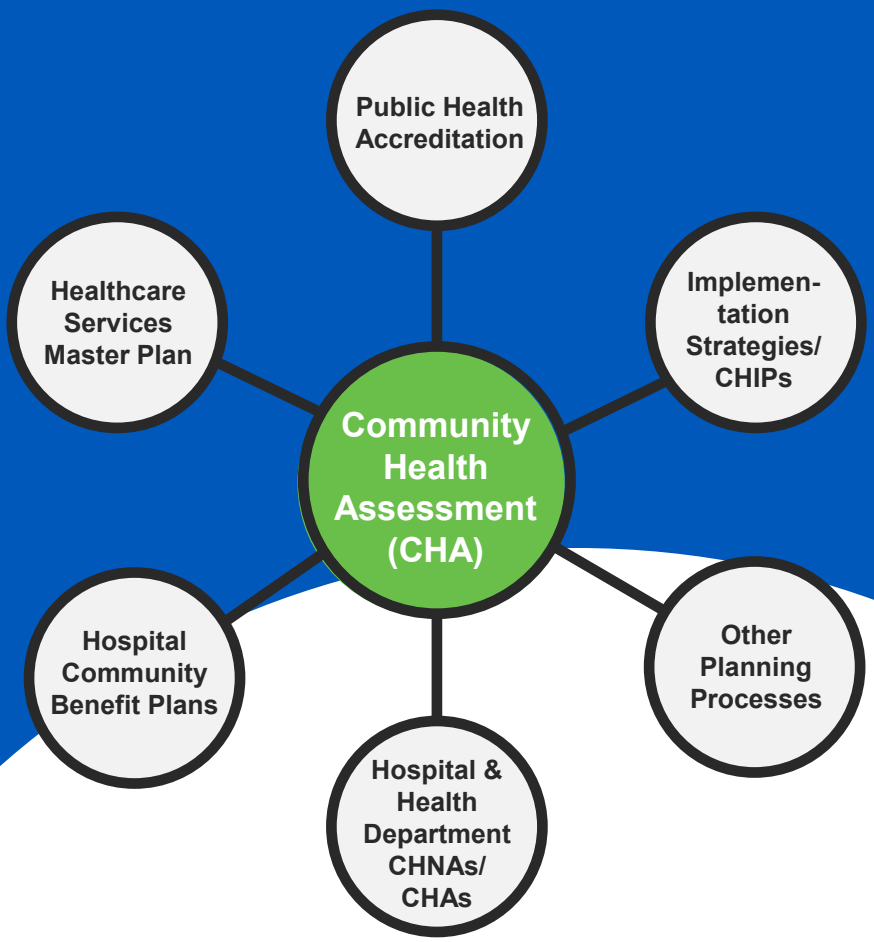
This Community Health Assessment (CHA) was made possible thanks to the collaborative efforts of Noble County Health Department (NCHD), community partners, local stakeholders, non-profit partners, and community residents. Their contributions, expertise, time, and resources played a critical part in the 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
Caldwell Exempted Village School District
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 Board of Health
Noble County Cares
Noble County Chamber of Commerce
Noble County Committee on Aging / Senior Center
Noble County Family and Children First Council
Noble County Health Department
Noble County Job & Family Services
Noble County Veterans Service Commission
Noble Local School District
Ohio Center for Autism and Low Incidence (OCALI)
OhioHealth
Ohio Medical Aid Services
Ohio State University Extension Office
South East Area Transit (SEAT)
Southeastern Ohio Regional Medical Center
The Ohio State University

INTRODUCTION

WHAT IS A COMMUNITY HEALTH ASSESSMENT?



A **Community Health Assessment (CHA)** 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 CHA is also used to inform community decision-making: the prioritization of health needs and the development, implementation, and evaluation of an Improvement Plan (CHIP).

A CHA is an important piece in the development of a 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, Noble County Health Department 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 Assessment (CHA), Noble County Health Department (NCHD) 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.

Affordable Care Act Requirements

Enacted on March 23, 2010, the Affordable Care Act (ACA) provided guidance at a national level for CHAs 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 Assessment (CHA) 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 (CHAs/CHNAs) 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 CHA/CHNA and subsequently developing an Implementation Strategy/CHIP to address those needs in the community.

THE 2025 NOBLE COUNTY CHA 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.

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.*

STEP 1

PLAN AND PREPARE FOR THE ASSESSMENT

IN THIS STEP, NOBLE COUNTY HEALTH DEPARTMENT :

- ✓ DETERMINED WHO WOULD PARTICIPATE IN THE NEEDS ASSESSMENT PROCESS
- ✓ PLANNED FOR COMMUNITY ENGAGEMENT
- ✓ ENGAGED HEALTH DEPARTMENT AND HOSPITAL LEADERSHIP
- ✓ DETERMINED HOW THE COMMUNITY HEALTH ASSESSMENT WOULD BE CONDUCTED
- ✓ DEVELOPED A PRELIMINARY TIMELINE

PLAN AND PREPARE

Noble County Health Department (NCHD) began planning for the 2025 Noble County Community Health Assessment (CHA) in 2024. They involved health department and hospital 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 CHA. They then formed a timeline for the process.

> ***Community health assessments (CHAs) 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 ASSESSMENT (CHA) & COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

PREVIOUS CHA (2022) AND CHIP

In 2022, Noble County Health Department (NCHD) conducted its previous CHA. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHA. The CHIP associated with the 2022 Noble County CHA addressed chronic disease, mental health, and substance use.

The previous CHA was made available to the public on the following website:

https://dam.assets.ohio.gov/image/upload/odh.ohio.gov/population-health/noblecountyhealthcha2021.pdf
(Written comments on this report were solicited on the website where the report was posted.)

IMPACT/PROCESS EVALUATION OF 2023-2025 STRATEGIES

In collaboration with community partners, NCHD developed and approved a CHIP report for 2023-2025 to address the significant health needs that were identified in the 2022 Noble County CHA (chronic disease, mental health, and substance use). **Appendix A** describes the evaluation of the strategies that were planned in the 2023-2025 CHIP.

STEP 2

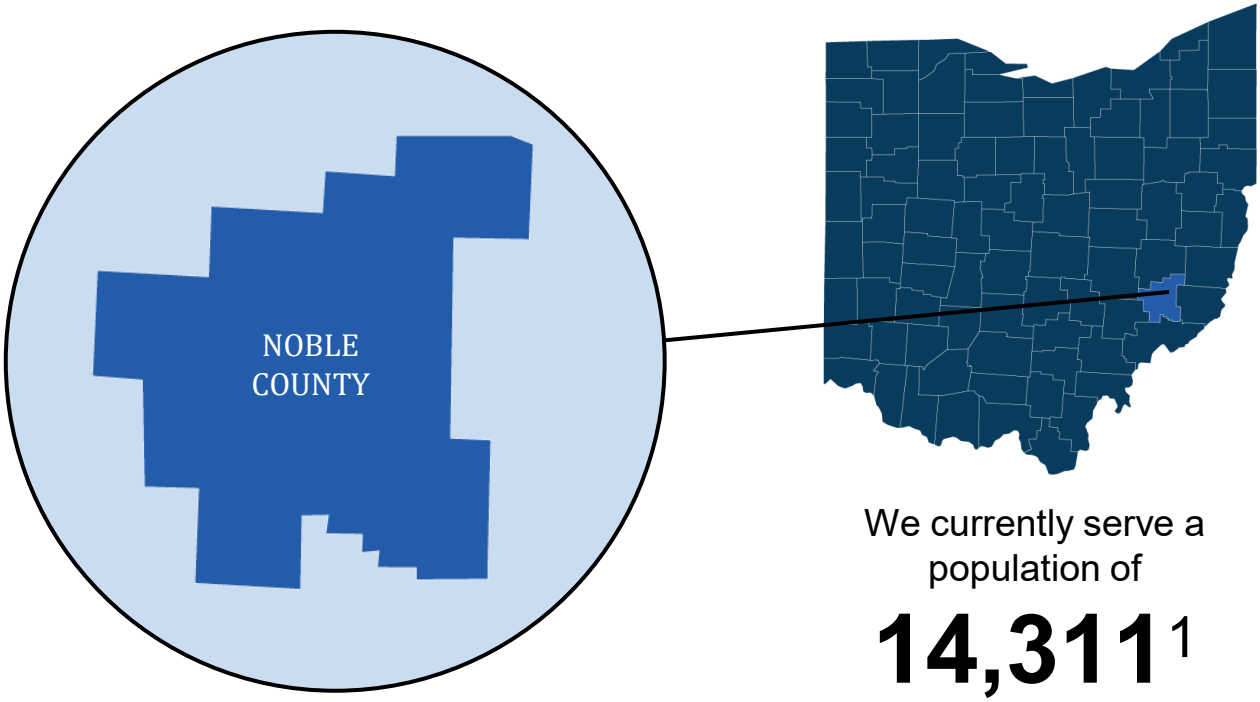
DEFINE THE NOBLE COUNTY SERVICE AREA

IN THIS STEP, NOBLE COUNTY HEALTH DEPARTMENT :

- ✓ DESCRIBED NOBLE COUNTY'S SERVICE AREA
- ✓ DETERMINED THE PURPOSE OF THE NEEDS ASSESSMENT

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]

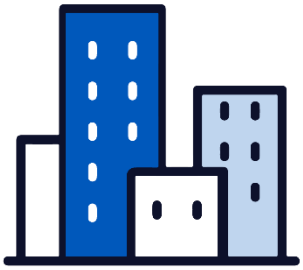
NOBLE COUNTY SERVICE AREA			
GEOGRAPHIC AREA	**ZIP CODE**	**GEOGRAPHIC AREA**	**ZIP CODE**
Ava	43711	Macksburg	45746
Belle Valley	43717	Pleasant City	43772
Beverly	45715	Quaker City	43773
Caldwell	43724	Sarahsville	43779
Cumberland	43732	Senecaville	43780
Dexter City	45727	Summerfield	43788
Lower Salem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

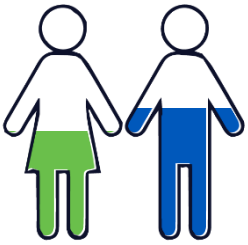
+1.4%
NOBLE COUNTY

-0.1%
OHIO



Noble County ranked **26th of 88** ranked counties in Ohio, according to social, economic, and health factors (with 1 being the best), placing it in the **top third** of the state's counties[2]

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



40% **60%**

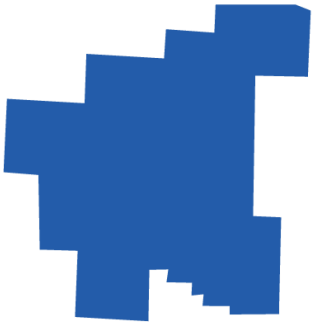
8%

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

Youth ages 0-18 and seniors 65+ make up

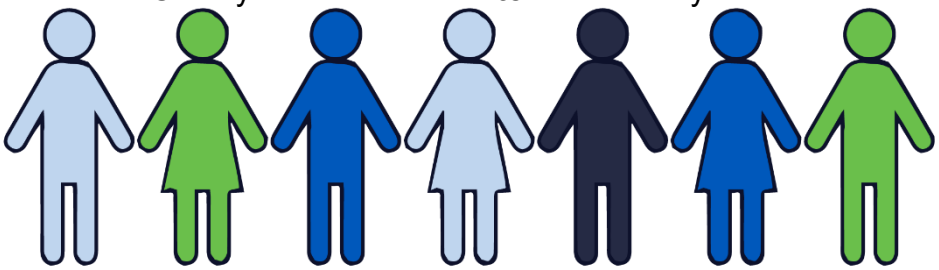
50% of the population

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% WHITE RESIDENTS

1% HISPANIC OR LATINO RESIDENTS

3% BLACK/ AFRICAN AMERICAN RESIDENTS

0.4% AMERICAN INDIAN/ ALASKA NATIVE RESIDENTS

0.3% ASIAN RESIDENTS

0.0% NATIVE HAWAIIAN/ PACIFIC ISLANDER RESIDENTS

1.3% 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]

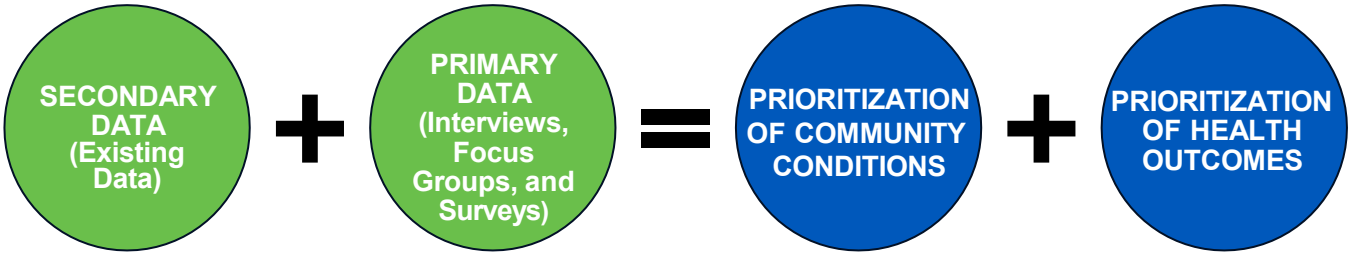
STEPS 3, 4 & 5

IDENTIFY, UNDERSTAND, AND INTERPRET THE DATA AND PRIORITIZE HEALTH NEEDS

IN THIS STEP, NOBLE COUNTY HEALTH DEPARTMENT:

- ✓ 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



COMMUNITY CONDITIONS (OR SOCIAL DETERMINANTS OF HEALTH OR BARRIERS TO HEALTH) are components of someone's environment, policies, behaviors, and healthcare 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, Noble County Health Department (NCHD) 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 Noble County service area 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 CHA report and the decisions on health needs that Noble County Health Department (NCHD) will address in its 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 CHA DATA

In order to build upon the work that was initiated previously, the prior 2022 CHA was reviewed. When making final decisions for the 2026-2028 CHIP, previous efforts will be assessed and analyzed.

SECONDARY DATA DEFINITIONS

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

HIV Planning Regions 6: Noble County is part of HIV Planning Region 6, which also includes Guernsey, Morgan, Muskingum, Perry, Athens, Belmont, Meigs, and Washington Counties.

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

Ohio Healthy Youth Environments Survey (OH YES!) Region: Noble County, along with Coshocton, Guernsey, Morgan, Muskingum, and Perry Counties, forms its own OH YES! Region.

2025 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 NCHD will address in the CHIP.

This report will focus on presenting data at the county level where available. The geography for each indicator will be specified where county-level data is not available.

Secondary data was collected for the Community Health Assessment (CHA) in Fall 2024. The most up-to-date data available at the time was collected and included in the CHA 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 10 experts** from various organizations serving the Noble County 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 healthcare 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)

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 3 focus groups** with a total of **38 people** in the Noble County 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?

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 the spirit of collaboration and cooperation we have here."

- Community Member Interview from Noble County

"There's an overarching theme of 'Let's do this', and we find a way to do it amongst the whole, you know, different county representatives. That's what I'm most proud of working in Noble County is how we all work together."

- Community Member Interview from Noble County

"You form family connections within the community."

- Community Member Focus Group from Noble County

"What I admire most is how professionals here, no matter their specific role, always go above and beyond to serve families in whatever way is needed. It's about the people, not just the job."

- Community Member Focus Group from Noble 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

"Community members here take great pride in their work and their community, which drives a strong sense of autonomy. While pride is a powerful strength, it can sometimes be a barrier when it stands in the way of collaboration."

- Community Member Focus Group from Noble County

"I would say that because it is a small county, we have such an advantage because you form interpersonal relationships within your working relationships. And our county is such a giving county. So, if there's a family that's in need, one way or another, between the collaboration of agencies or personally, we make sure that needs are met."

- Community Member Interview from Noble County

TOP PRIORITY HEALTH NEEDS
FROM INTERVIEWS & FOCUS GROUPS

FROM COMMUNITY INTERVIEWS:

Major health issues impacting community:
1. Substance use/addiction
2. Lack of access to healthcare services
3. Mental/behavioral health
4. Diabetes
5. Obesity/overweight
6. Transportation

Top socioeconomic, behavioral, and/or environmental factors impacting community:
1. Lack of transportation
2. Poverty/low Income
3. Low workforce rates/poor employment
4. Unmet mental healthcare needs

FROM COMMUNITY FOCUS GROUPS:

Major health issues impacting community:
1. Homelessness/housing insecurity
2. Diabetes
3. Mental/behavioral health
4. Lack of childcare
5. Obesity/overweight
6. Substance use/addiction

How health concerns are impacting community:
1. Access to healthcare
2. Loss of jobs/income
3. Increase in poverty

"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

"Private insurance plans typically don't cover services like case management or group sessions, which means some people miss out on opportunities that could really help them thrive."

- Community Member Interview from Noble County

"Sometimes, financial burdens create situations where one child in a family qualifies for Medicaid due to a disability, but the other children don't have insurance because the family's income is too high."

- Community Member Interview from Noble County

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

- Community Member Focus Group from Noble County

"Transportation is another major issue, especially for the families I work with. Many don't have reliable transportation, and even if they do, they can't afford the gas to drive an hour and a half to two hours."

- Community Member Interview from Noble 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. Families

FROM COMMUNITY FOCUS GROUPS:

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

Resources people use in the community to address their health needs:
1. Noble County Health Department
2. Local healthcare providers/family doctors
3. Public recreational facilities
4. Job & Family Services
5. Ohio State University Extension Office
6. Local pharmacy

Top resources that are lacking in the community:
1. Access to dental healthcare
2. Pediatric care
3. Hospital/emergency room care
4. Housing
5. Mental health clinicians
6. Activities for youth/elderly
7. Grocery stores
8. Urgent care

"Childcare is another huge [issue]. I think that plays a factor into jobs and things like that."

- Community Member Interview from Noble County

"You know there's a lack of counselors...like our youth, you know...they can't get in there often enough [for] weekly visits, because there's not enough counselors to go around."

- Community Member Interview from Noble County

"Transportation is another issue, because our families either don't have good transportation [or] they don't have enough money to really pay for just even the gas to drive an hour and a half to two hours."

- Community Member Interview from Noble County

"There is a lack of after-hours services."

- Community Member Focus Group from Noble County

"[Childcare barriers] cause one parent to stay home, moving them closer to poverty."

- Community Member Focus Group from Noble 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
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 Veterans Affairs (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), Noble County Senior Center, Noble County Health Department, 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.

TOP FINDINGS FROM
NOBLE COUNTY FOCUS GROUPS

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.

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 **109 responses** to the community survey. The results of how the health needs were ranked in the survey for Noble County 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 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%

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 Noble County ranking from the community member survey as seen on page 23 (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 Noble County and the state compared to the benchmark goal.

#1 Health Need: ACCESS TO HEALTHCARE

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

Noble County is considered a **primary care provider partial shortage area** and a **dental health professional shortage area.**[15]

IN OUR COMMUNITY

14% of community survey respondents say that **primary healthcare access is lacking** in the community, while **39%** ranked it as a priority.

NOBLE	OHIO
*14,810:1[6]	*1,330:1[6]

**residents : primary care providers*

37% of community survey respondents say that **dental healthcare access is lacking** in the community, while **26%** ranked it as a priority.

NOBLE	OHIO
**4,780:1[6]	**1,530:1[6]

***residents : dental care providers*

45% of community survey respondents say that **specialist healthcare access is lacking** in the community, while **14%** ranked it as a priority.

3%

of 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 (30%)

Survey respondents **have not been to the dentist for a checkup in over a year.**

BARRIERS TO CARE

34% of community survey respondents **could not obtain a necessary prescription** in the past year.

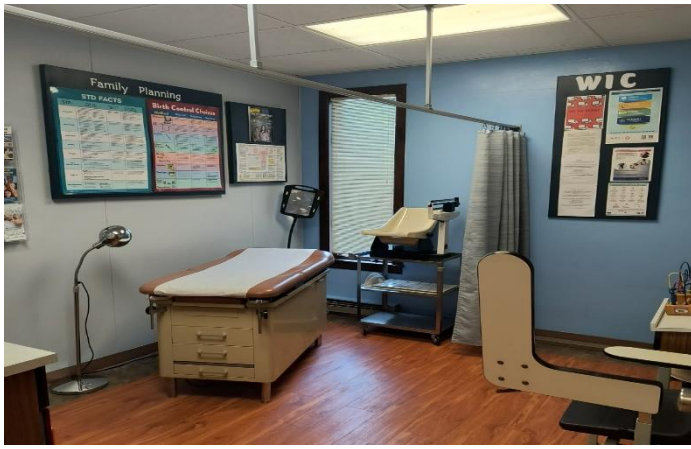
38% of community survey respondents have **delayed or gone without medical care** due to being unable to get an appointment.

6% of survey respondents lack health insurance because it **costs too much.**

While 52% of survey respondents have a primary care provider in their own county, **62% travel outside of their county to access primary care.**

23% of community survey respondents' usual source of care is an **urgent care clinic.**

13% of community survey respondents reported **needing dental care in the last year but not receiving it**, while the rate was **8% for vision care.**



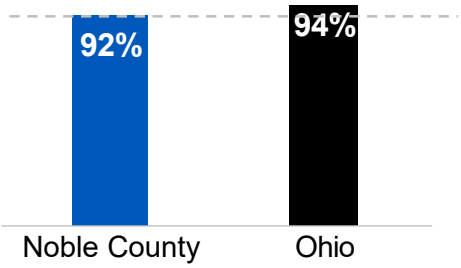
GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

#1 Health Need: ACCESS TO HEALTHCARE

23% of Noble County community survey respondents' usual source of care is an **urgent care clinic**, while **13%** visit the **hospital emergency room** for routine care.

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

HEALTH INSURANCE COVERAGE



HP 2030 TARGET: 92%
DESIRED DIRECTION:

Noble County meets the target[16]

COMMUNITY FEEDBACK

"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

"It's hard for small 'mom-and-pop' employers to afford to offer insurance to their employees."

- Community Member Interview from Noble County

"I'd point out the obvious—schools that run their own self-funded healthcare systems constantly face the rising cost of healthcare. Every year, we're on pins and needles, wondering what the percentage increase will be on our health insurance package and how much more we'll have to absorb."

- Community Member Interview from Noble County

"The premiums can be pretty high, and even with a high-deductible health plan, people may be paying for insurance but still can't afford to go to the doctor due to the high upfront costs."

- Community Member Interview from Noble County

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…

9% of **adults** and 13% of **children** in Noble County are uninsured.[16]

According to the community survey, 14% of **Sarahsville (43779)** residents report not having a checkup within the past year, more than other areas of Noble County.

According to the community survey, individuals **ages 65+** in Noble County were more likely than other age groups to indicate access to primary healthcare services as a high concern (42%).

Community survey respondents in **Dexter City (45727)** (50%) were more likely to visit urgent care clinics for routine care.

Of all age groups surveyed, **adults 35-44** (10%) were most likely to report having no insurance due to being ineligible.

44% of **female** community survey respondents ranked access to primary healthcare as a top concern, significantly more than males at 27%.

Top issues/barriers for access to healthcare (from interviews and focus groups):

1. Insurance is too expensive
2. Medicaid barriers

Sub-populations most affected by access to healthcare (from interviews and focus groups:

1. Low-income population

Top resources, services, programs, and/or community efforts for access to healthcare:

1. Muskingum Valley Health Center
2. Veteran Service Center
3. Mental Health Recovery Services Board

#2 Health Need: ACCESS TO CHILDCARE

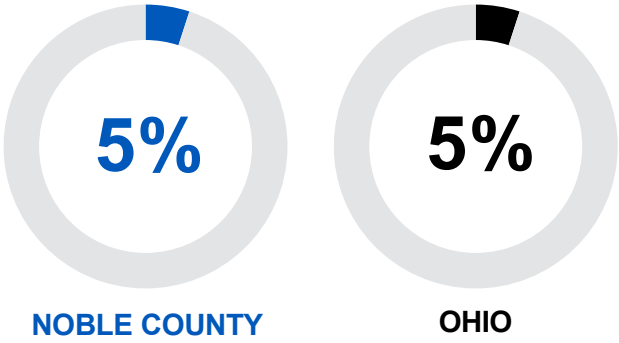
IN OUR COMMUNITY

The average two-child Noble County household spends 27% of its income on childcare, with the state average being 29%.[6]

CHILDCARE AVAILABILITY

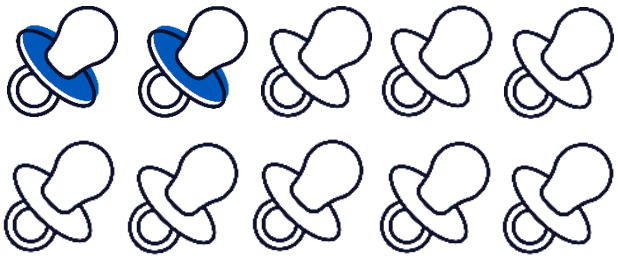
Noble County has **7 daycare centers per 1,000 children under 5 years old**, vs. Ohio's 8.[6]

CHILDREN IN PUBLICLY FUNDED CHILDCARE



Both Noble County and Ohio have **5% of children in publicly funded childcare**.[12]

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]



25% of Noble County community members surveyed reported that **access to childcare** is an issue of concern in their community, while **26%** 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]

#2 Health Need:
ACCESS TO CHILDCARE

COMMUNITY FEEDBACK

"Our learning center received several grants this past year to offer summer camps and free childcare through those grants. That was a huge win for the community."

- Community Member Interview from Noble 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

"We have a lot of grandparents raising kids, and these kinship placements definitely impact health and well-being."

- Community Member Interview from Noble County

"It's really those who don't qualify for assistance but are working and barely getting by who face the toughest challenges. Many are in minimum wage jobs while also having to pay for childcare. Without any support, what does that situation look like for them?"

- Community Member Interview from Noble County

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.[13]

31% of **male** residents who responded to the community survey rated access to childcare as a top concern, more than females (25%).

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

According to the community survey, Noble County residents **ages 25-44** (64%) 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. Family members as only childcare option

Sub-populations most affected by access to childcare (from interviews and focus groups):

1. Low-income population

Top resources, services, programs and/or community efforts for access to childcare:

1. Noble Learning Center

#3 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. **19% of Noble County community survey respondents ranked income/poverty and employment as a priority health need.**

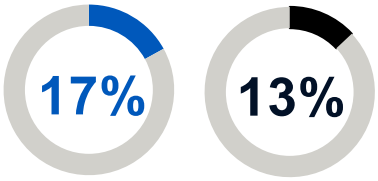
6% of Noble County **adults are unemployed** vs. 4% for Ohio.[6]

IN OUR COMMUNITY

Noble County's median household income is **lower** than the state average.[6]

NOBLE COUNTY: $57,100
OHIO: $65,800

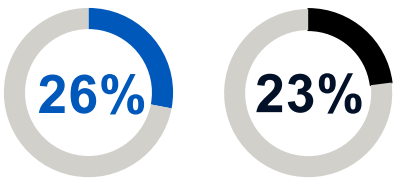
POVERTY RATE



NOBLE OHIO

Poverty rates are **higher** for Noble County than for Ohio.[8]

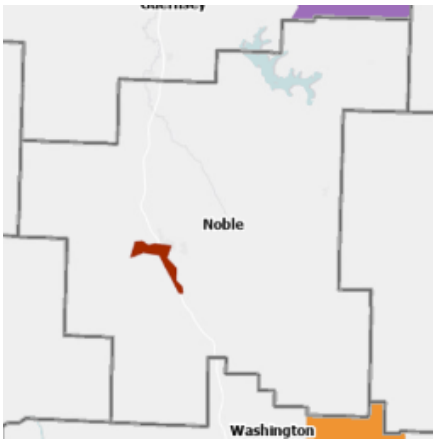
LOW-INCOME RATE



NOBLE OHIO

Low-income rates are **higher** for Noble County than for Ohio.[9]

The map below shows areas of Noble County that are above the vulnerable thresholds for **both poverty and education** in **red**.[10]



18%

of Noble County 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

#3 Health Need: INCOME/POVERTY & EMPLOYMENT

9% of low-income Noble County adults utilize food stamps, vs. 12% for Ohio.[9]

According to the U.S. Census Bureau

2%
of Noble County and receive public assistance vs. 3% for Ohio.[9]

3%
of Noble County residents receive Supplemental Security Income (SSI), vs. 6% for Ohio.[9]

COMMUNITY FEEDBACK

"I'm not sure if the issue is a lack of jobs or a lack of willingness to work. In our area, there are plenty of job postings. So, I'm not sure why some people aren't working, but it's definitely not due to a lack of available jobs."

- Community Member Interview from Noble County

"People coming out of incarceration definitely struggle, especially when it comes to employment opportunities."

- Community Member Interview from Noble County

"People have to travel to work. We don't have enough infrastructure here to support business."

- Community Member Interview from Noble County

"Education level is a barrier. I believe our area's average reading level is around 3rd to 5th grade, which creates significant challenges."

- Community Member Interview from Noble 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. Transportation

Sub-populations most affected by income/poverty and employment (from interviews and focus groups):
1. Low-income population

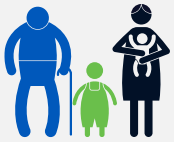
Top resources, services, programs, and/or community efforts for income/poverty and employment:
1. Job & Family Services (JFS)

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…

Caldwell (43724) residents (19%) were more likely than residents of other geographical areas to select employment as one of their top concerns on the community survey.



21% of **children**, 12% of **seniors**, and 39% of **female heads-of-household (HoH)** living with their minor children live in poverty.[8,11]

Noble County has the highest senior poverty rate in the GSA (12%).[8]

22% of Noble County **45-54 year-old** community survey respondents earn a relatively low household income of $20,000-34,000 per year, a significantly higher percentage than 25-34 year-olds.

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

Income/poverty/financial barriers were mentioned in the **seniors** focus group.

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

#4 Health Need: FOOD INSECURITY

According to *Feeding America*, 18% of Noble County residents and 14% of Ohio residents experience food insecurity.[21]

When asked what resources were lacking in Noble County community survey, **41%** of respondents answered **affordable food,** while **18%** of survey respondents ranked **access to healthy food** as a top health concern.

IN OUR COMMUNITY

Children experience the highest food insecurity rate in Noble County (24%), which is higher than the food insecurity rate for Ohio children (20%).[21]

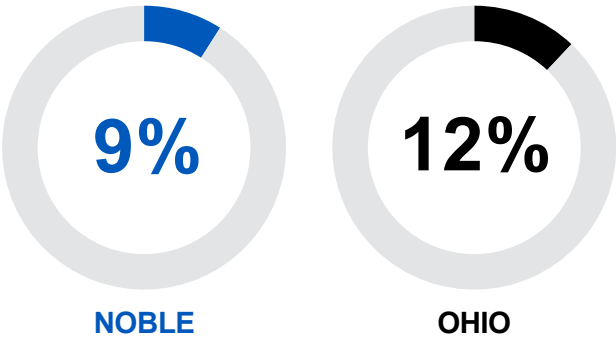
When asked in the community member survey if they or their families worry that food will run out and that they won't be able to get more, **7% of respondents reported 'yes'.**

9% of Noble County households receive food stamps (19%), Single moms with children receiving food stamps (24%), and senior households receiving food stamps (55%).[10,22]

47%

The percentage of students in Noble County are eligible for the **National School Lunch Program** (NSLP) Free & Reduced Price Meals is 47% on average vs. 30% for Ohio.[3]

A **lower rate** of Noble County than Ohio households access **SNAP* benefits.**[10]



6.1/10

Noble County's **food environment rating** out of 10 (0 being worst and 10 being best) is **6.1/10**, (worse than the Ohio rating of 7.0/10).[6]

**Supplemental Nutrition Assistance Program*

#4 Health Need: FOOD INSECURITY

COMMUNITY FEEDBACK

"Our family occasionally worries that we will run out of food and won't be able to get more, but we are making ends meet."

- Community Member Survey (Noble County)

"Our extension office offers a program that teaches people about healthy eating and how to shop cost-effectively for ingredients. They also help prepare meals and send participants home with some ingredients. Additionally, one of the departments within Job and Family Services —Comprehensive Case Management for Youth Employment Opportunities — held a food drive where all the schools could participate."

- Community Member Interview from Noble 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

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

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…

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**.[21]

According to the community survey, 25% of **Dexter City (45727)** respondents feel that access to healthy foods needs to be addressed in Noble County, more than other areas.

In the community survey, Noble County residents with **mental health disorders** (60%) were more likely to rank access to healthy foods as a community health concern.

Community survey respondents **45-54 years old** felt that affordable food resources (53%) were more lacking in the community more than other age groups.

Food insecurity was reported as a top health concern in 18% of **female** community survey respondents in Noble County, compared to 15% of males.

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

#5 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

17% of survey respondents said that **ACEs** are a top concern in the community.

Noble County	101.2
Ohio	77.6

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

According to OHYES! data, 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

"There is a lot of childhood trauma...I mean, every single one of my mental health cases has some kind of childhood trauma."

- Community Member Interview from Noble County

"Kids of divorced parents and kinship placements are some of the [groups] I would say [have] significant adverse experiences."

- Community Member Interview from Noble 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]

- 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

16% of **Caldwell (43724)** residents ranked ACEs as a top health concern in the community survey, more than other areas.

Top issues/barriers for ACEs (from interviews and focus groups):

1. Mental health support for youth
2. Generational trauma
3. Abuse and neglect

Top resources, services, programs and/or community efforts for ACEs:

1. Job & Family Services (JFS)

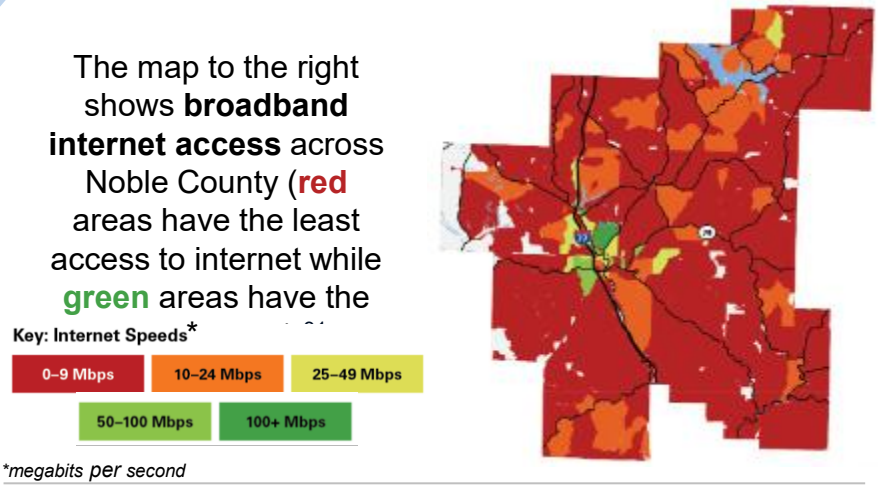
GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

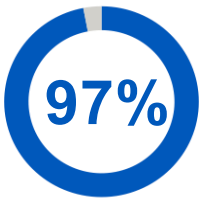
#6 Health Need: INTERNET ACCESS

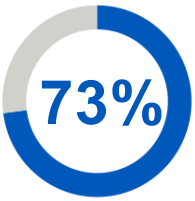
Ohio ranks 38th out of the 50 U.S. States in BroadbandNow's 2024 rankings of internet coverage, speed, and availability (with 1 being better coverage).[30] **16%** of Noble County community survey respondents ranked internet access as a **priority health need.**

IN OUR COMMUNITY

The map to the right shows **broadband internet access** across Noble County (**red** areas have the least access to internet while **green** areas have the







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

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

COMMUNITY FEEDBACK

"When school age kids don't have [internet] connectivity at home, it puts them at an extreme disadvantage and they fall behind quickly."

- Community Member Interview from Noble County

"It's low-income folks that are having to decide, do I want high speed Internet in my house, or do I want to make sure my prescriptions are filled?"

- Community Member Interview from Noble County

"Not everywhere has cell phone service or internet."

- Community Member Interview from Noble 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…

According to the community survey, residents **ages 35-44** (30%) and **ages 45-54** (22%) were most likely to rank internet as a top concern in Noble County.

Sarahsville (43779) had the highest rate of concern for internet access in the survey (33%), followed by **Pleasant City (43772)** (25%).

Top issues/barriers to internet access (from interviews and focus groups):

1. Spotty coverage
2. Lack of access
3. Affordability/costs
4. Lack of coverage in rural areas

Sub-populations most affected by internet access (from interviews and focus groups):

1. Rural areas
2. Low-income/poverty
3. Children

#7 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). **13% of community survey respondents reported transportation as a top health need in Noble County.**

IN OUR COMMUNITY

18% of community survey respondents say that **transportation is lacking** in Noble County. **19%** of respondents say that **lack of transportation prevented their access to one or more essential services** in the past year.

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

17/100
Walkscore
Senecaville
(Noble County)[33]

14/100
Walkscore
Quaker City
(Noble County)[33]

13/100
Walkscore
Lowell
(Noble County)[33]

When analyzing the largest communities in Noble County, according to *Walkscore.com*, Caldwell, Senecaville, Quaker City, and Lowell were all classified as 'Car Dependent'.

According to the community survey, in the last year **80%** of residents of Noble County had to travel outside of their county to access resources (the most common being healthcare resources).

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

84% of all workers in Noble County **drive alone to work**, compared to 78% for Ohio.[34] **16%** of community survey respondents say that **car repair services are lacking** in the community.

1% of both Noble County and Ohio residents **use public transportation to get to work** and **4% walk or bike to work** (vs. 2% for Ohio).[4]

Noble County workers spend an average of **25 minutes per day commuting** to work, vs. 24 minutes for Ohio workers.[34]

#7 Health Need: TRANSPORTATION

COMMUNITY FEEDBACK

"We have a lack of transportation access for workers, especially those with late shifts."

- Community Member Interview from Noble County

"Our kids—you'd be surprised. Many don't get their driver's licenses because the cost of classes and fees is too high. As a result, some choose not to get licensed, while others drive without one."

- Community Member Interview from Noble County

"We've had patients miss medical appointments because the transit company failed to show up as scheduled."

- Community Member Interview from Noble County

"There's a lack of ADA ramps, wheelchair access, and other accessibility features in several areas of southeastern Ohio. In many cases, it's not feasible to walk from home to access healthcare or other essential services because of the vast distances and lack of infrastructure."

- Community Member Interview from Noble County

"My husband is a first responder in our local volunteer fire department, so I also know that there's a struggle with ambulance services in our area.."

- Community Member Interview from Noble County

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

- Community Member Interview from Noble 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, 75% of **Pleasant City (43772)** residents feel that **Noble County** is lacking in transportation.

50% of surveyed community members with **cancer** ranked transportation as a top concern.

In the community survey, 12% of Noble County residents reported **relying on family members for transportation** to medical appointments, 11% for food shopping, and 7% for work.

Transportation was ranked as a top community concern in 16% of **female** respondents in the Noble County community survey, followed by 12% of males.

According to the community survey, 29% of residents with an **associate's degree** feel that **Noble County** is lacking in transportation.

Top issues/barriers for transportation (from interviews and focus groups):

1. Lack of public transportation
2. Community is not walkable
3. Sidewalks need improvement

Sub-populations most affected by transportation (from interviews and focus groups):

1. Those without a driver's license
2. Those without a vehicle

Top resources, services, programs and/or community efforts for transportation:

1. Southeastern Area Transit

#8 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 Noble County.[6]

IN OUR COMMUNITY

11% of community survey respondents said that addressing **preventive care and practices** in Noble County 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]

44%

Less than half (44%) of Noble County Medicare enrollees received a flu vaccine in 2021, slightly lower than the Ohio state rate of 49%.[6]

8%

of community survey respondents have **NEVER** had a flu shot, while only **66%** say they have had one in the past year.

4%

of community survey respondents **do not receive any immunizations**, while **49%** receive all required immunizations.

52% of community survey respondents receive their immunizations at doctors' offices and **75%** at their local health department.

Nearly 1 in 3 (29%) Noble County women ages 50-74 have not had a mammogram in the past two years.[42]

More than 1 in 3 (36%) Noble County adults ages 50-75 do not meet colorectal screening guidelines.[42]

Almost 1 in 3 (32%) Noble County women ages 21-65 have not had a pap test in the past three years.[42]

COMMUNITY FEEDBACK

"I think it would benefit the community greatly is the school had an onsite school-based health clinic."

- Community Member Interview from Noble County

"We've had a mobile unit that would come in [to do screenings] for women, and they also had a provider at the health department...to provide that extra support."

- Community Member Interview from Noble County

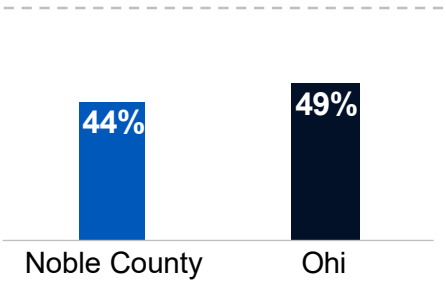
"Folks in the community are sometimes less willing to participate in services due to pride."

- Community Member Focus Group from Noble County

#8 Health Need: PREVENTIVE CARE & PRACTICES

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

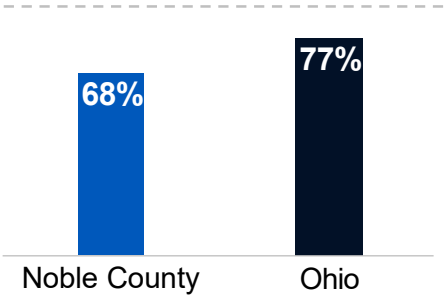
MEDICARE ENROLLEE ANNUAL FLU VACCINATION



HP 2030 TARGET: 70%
DESIRED DIRECTION: ↑

✕ Noble County does not yet meet the target.[6]

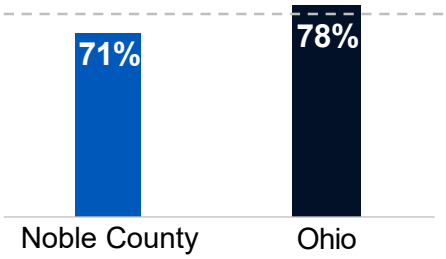
WOMEN 21-65 WITH PAP SMEAR IN PAST 3 YEARS



HP 2030 TARGET: 84%
DESIRED DIRECTION: ↑

✕ Noble County does not yet meet the target.[49]

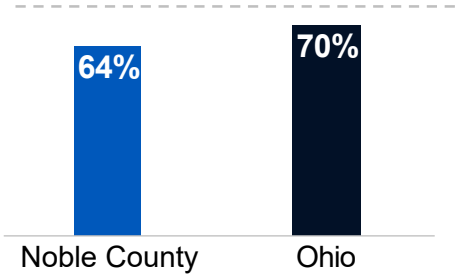
WOMEN 50-74 WITH MAMMOGRAM IN PAST 2 YEARS



HP 2030 TARGET: 77%
DESIRED DIRECTION: ↑

✕ Noble County does not yet meet the target.[49]

ADULTS 50-75 WHO MEET COLORECTAL SCREENING GUIDELINES



HP 2030 TARGET: 74%
DESIRED DIRECTION: ↑

✕ Noble County 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 insurance** and/or have **difficulties affording care.**[43]

According to the community survey, residents **ages 65+** (17%) were more likely to rank preventive practices as a top concern.

Top issues/barriers for preventive care and practices (from interviews and focus groups):

1. Lack of awareness/education
2. Lack of utilization

Sub-populations most affected by preventive care & practices (from interviews and focus groups):

1. Low-income population

Top resources, services, programs and/or community efforts for preventive care and practices:

1. Noble County Health Department
2. Mobile services

#9 Health Need: ENVIRONMENTAL CONDITIONS

9% of Noble County 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 **9%** of respondents.

IN OUR COMMUNITY

NOBLE COUNTY	OHIO
8.3	8.9

In 2019, **Noble County had a slightly better air quality** measurement (number of micrograms of particulate matter per cubic meter of air, with lower being better) than Ohio overall.[6]

In 2022, **no community water systems** in Noble County **reported a health-based drinking water violation**.[6]

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

In 2023, **3 of Ohio's 1,002 reported cases of Lyme disease** were found in Noble County.[43]

COMMUNITY FEEDBACK

"Most of the county is serviced for public water by the Caldwell Water treatment plant, which was built in the 1930s. It's beyond its life, and we need a replacement."

- Community Member Interview from Noble County

"More people in our community have gotten Lyme disease in the past year or two."

- Community Member Interview from Noble 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]

25% of **Dexter City (45727)** and 9% of **Caldwell (43724)** survey respondents feel that environmental conditions are a top concern to address in Noble County, more than other areas.

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

Top issues/barriers for environmental conditions (from interviews and focus groups):

1. Water quality

Sub-populations most affected by environmental conditions (from interviews and focus groups):

1. Low-income population

#10 Health Need: EDUCATION

Educational attainment is a key driver of health; **8% of community survey respondents reported education and literacy as a top health need in Noble County.**

IN OUR COMMUNITY

According to census data, **15% of Noble County residents did not graduate high school, vs. 9% for Ohio.**[6]

34% of Noble County residents have at least some college education (vs. 66% for the state of Ohio).[6]

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

50% of 3- and 4-year-olds in Noble County are enrolled in preschool. This is higher (and better) 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]

Noble County has the highest 4-year high school graduation rate (97%) in the GSA for 2024, above the Ohio state average (86%).[6]

KINDERGARTEN READINESS[35]

The average Kindergarten readiness rate for Noble County schools was higher than Ohio for 2023-2024.[35]

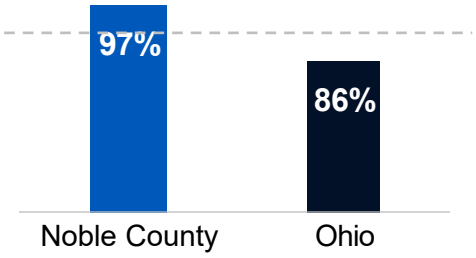
GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

#10 Health Need: EDUCATION

In 2023-2024, **Noble County** had the lowest high school chronic absenteeism rate (21%) in the GSA, lower than Ohio's overall rate (24%).[38]

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

HIGH SCHOOL GRADUATION RATE



HP 2030 TARGET: 91%
DESIRED DIRECTION:

Noble County exceeds the target.[6]

COMMUNITY FEEDBACK

"There should be more healthy eating and exposure to healthy food in early education."

- Community Member Focus Group from Noble 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 needs to be better health education for youth."

- Community Member Focus Group from Noble County

"The biggest issue is before and after school childcare. We don't have a lot of places that offer that. That's probably one of the biggest barriers for people trying to work."

- Community Member Interview from Noble County

"Kids are displaying increasingly aggressive behavior. Educators are not trained to address this, nor should they have to be."

- Community Member Interview from Noble County

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

- Community Member Interview from Noble 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…

27% 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** (37%) were more likely than females (22%) to have a high school education only.

The Noble County community survey found that those **ages 45-54** were less likely to have completed higher education compared to those ages 55-64.

In the community survey, **29%** of Noble County residents with incomes **less than $20,000** had less than a high school degree, more than other groups.

24% of community members surveyed with **diabetes** ranked education as a top concern in the community.

Top issues/barriers for education (from interviews and focus groups):

1. Lack of funding for schools

Top resources, services, programs, and/or community efforts for education:

1. Head Start
2. Future Farmers of America (FFA) & 4H programs

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

#11 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. **8%** of community survey respondents ranked **housing and homelessness** as a priority health need, while **43%** of community member survey respondents report **affordable housing** as a resource that is lacking in the community. **Affordable housing was the #3 reported resource needed in Noble County.**

IN OUR COMMUNITY

8% of Noble County 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, vs. 13% for Ohio.[6]

Freddie Mac estimates that the vacancy rate should be 13% in a well-functioning housing market. There was a **22% vacancy rate** in Noble County in 2022, which increased from 19% in 2017.[24,25]

28% of Noble County households are "cost burdened" (spend more than 35% of their income on housing), vs. 24% for Ohio.[3]

The number of **affordable and available units per 100 very-low-income renters** (<50% of area median income) in Noble County was **92** vs. 80 for Ohio. This puts renters at risk for rent burden, eviction, and homelessness.[26]

In 2024, there were **no documented people experiencing homelessness** in Noble County (out of 3,564 in Ohio).[7]

Data shows that **24% of Noble County households are seniors who live alone**, vs. 13% for Ohio. Seniors living alone may be isolated and lack adequate support systems.[28]

#11 Health Need: HOUSING & HOMELESSNESS

COMMUNITY FEEDBACK

"Rent suddenly spiked to $2,000 because transient workers, were willing to pay more. Landlords had to choose between renting to low-income residents for $600 or taking $2,000 from pipeline workers. As a result, we're seeing a shortage of affordable housing."

- Community Member Interview from Noble 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

"The housing issue is multifaceted. Since we are a rural area, large sections of our county lack public water and sewers, making development less desirable. Additionally, with inflation, the cost of building a new home has become extremely prohibitive."

- Community Member Interview from Noble County

"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

"We have a few landlords who offer low-income housing options, but income-based apartments currently have a waiting list."

- Community Member Interview from Noble County

Top issues/barriers for housing and homelessness (from interviews and focus groups):

1. Limited/no affordable housing
2. Not enough housing in general
3. Rent is not affordable
4. Not enough apartments

Sub-populations most affected by housing and homelessness (from interviews and focus groups):

1. Low-income population
2. Young people/families

Top resources, services, programs, and/or community efforts for housing and homelessness:

1. U.S Department of Housing and Urban Development (HUD)
2. Local hotels

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 GSA 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, 47% of **female** residents felt that affordable housing resources were lacking, vs. 32% of males.

Residents in **Pleasant City (43772)** ranked housing and homelessness as a top concern (50%) in the community survey, significantly more than other areas.

Housing was reported as a top community concern in 17% of community survey respondents **aged 45-54**, followed by 10% of those **aged 35-44**.

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

#12 Health Need: NUTRITION & PHYSICAL HEALTH

IN OUR COMMUNITY

52% of community survey respondents rated their physical health as **"good"**, 28% rated it as "very good", and 13% rated it as "fair".

39% of community survey respondents say that **social and recreational activities** (e.g. clubs, senior and youth activities, community spaces, etc.) are lacking Noble County.

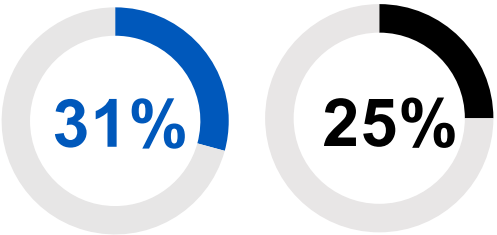
41% of Noble County residents are obese, higher than the state rate of 38%.[6] **23%** of community survey respondents selected overweight and obesity as a priority health need.

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]**

20% of community survey respondents **say that recreational spaces are lacking** in Noble County. **8%** selected physical health/exercise as a **priority health need.**

The most popular forms of physical activity that survey respondents participate in/want to try are:

- Walking/hiking **(72%)**
- Gardening/yard work **(36%)**
- Going to the gym/weightlifting **(12%)**
- Yoga/pilates **(12%)**
- Aerobics/dancing **(12%)**



NOBLE OHIO

According to the 2024 County Health Rankings program, **more Noble County than Ohio adults are sedentary** (did not participate in leisure time physical activity in the past month).[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 Noble County.*

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

#12 Health Need: NUTRITION & PHYSICAL HEALTH

BARRIERS TO GETTING HEALTHIER

LACK OF ENERGY — 48%
"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."

BUSY SCHEDULE — 39%
"I think people are just so busy between work, life, and trying to get a decent night's sleep."

MONEY — 37%
"It would be nice to have incentives for participation in wellness programs."

STRESS — 26%
"I'm overwhelmed with work; I don't have time to exercise."

INTIMIDATION OF GOING TO A GYM — 19%
"I feel that I am too old to go to the gym."

CHILDCARE CONCERNS — 15%
"There should be wellness groups within agencies or workplaces."

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

COMMUNITY FEEDBACK

"Lots and lots of people are overweight, and don't put [nutrition] as a priority."

- Community Member Interview from Noble 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

"Wellness groups should be started in the community to build a sense of trust and learn important skills."

- Community Member Interview from Noble 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

Top issues/ barriers for nutrition & physical health (from interviews and focus groups):

1. Unhealthy food is cheap/healthy food is expensive
2. Expensive
3. Food desert in rural areas
4. Lack of education

Sub-populations most affected by nutrition & physical health (from interviews and focus groups):

1. Low-income population

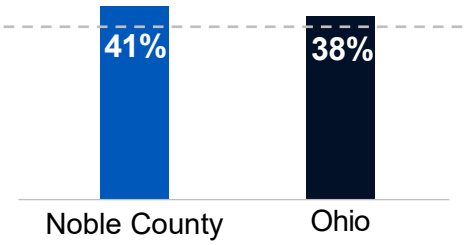
Top resources, services, programs, and/or community efforts for nutrition & physical health:

1. Parks/trails/bike paths
2. Local gyms
3. Supplemental Nutrition Assistance Program Education (SNAP-Ed)

#12 Health Need: NUTRITION & PHYSICAL HEALTH

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

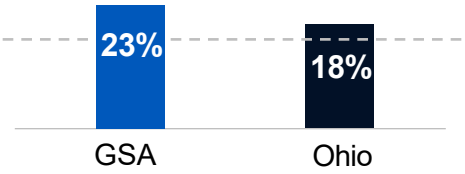
ADULT OBESITY



HP 2030 TARGET: 36%
DESIRED DIRECTION: ↓

✕ Noble County does not yet meet the target.[6]

CHILDREN & TEEN OBESITY



HP 2030 TARGET: 16%
DESIRED DIRECTION: ↓

✕ The GSA does not yet meet the target. Data was unavailable for Noble County.[7,40]

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]

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

#12 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.

4% of community survey respondents feel that **crime and violence is a top issue** of concern in the community.

IN OUR COMMUNITY

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

PROPERTY CRIME RATES PER 100,000[32]

VIOLENT CRIME RATES PER 100,000[32]

COMMUNITY FEEDBACK

"Our police force tries their best, but it's a never-ending rat race for them with repeat offenders."

- Community Member Interview from Noble County

"I tend to see more domestic violence within the home, and honestly, even [not just from] domestic as in partnerships, but domestic violence with caregivers and youth too."

- Community Member Interview from Noble 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 survey, 25% of **Dexter City (45727)** respondents ranked crime and violence as a top concern, significantly more than other areas

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. Crime (in general)
4. Nearby interstate leads to crime/violence

Sub-populations most affected by crime and violence (from interviews and focus groups):

1. Those who use substances

Top resources, services, programs and/or community efforts for crime and violence:

1. Noble County Sheriff's Office
2. Noble County Cares

HEALTH OUTCOMES

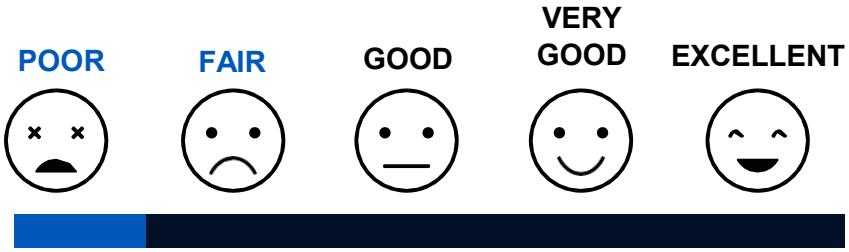
HEALTH NEEDS: HEALTH OUTCOMES

The following pages rank the health outcomes category of health needs. They are ranked and ordered according to the Noble County ranking from the community member survey as seen on page 23 (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 Noble County and the state compared to the benchmark goal.

#1 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



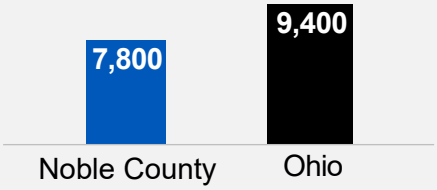
19% of Noble County adults rate their health as **fair or poor** (vs. 16% for Ohio), while the other 81% rank it as excellent, very good, or good.[6]

22% of Noble County adults identify as having a **disability**, vs. 15% for Ohio.[50]

23% of Noble County survey respondents say that **accessibility for people with disabilities** is lacking in the community, while **11%** say that **interpretation services** (e.g. American Sign Language (ASL)) are lacking.

67% 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.**

3% of those surveyed felt that a **lack of provider awareness and/or education about their health condition** was a barrier to accessing healthcare.



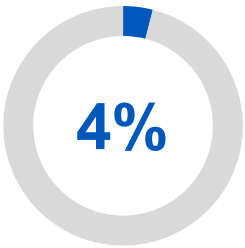
There were an average of **7,800 (age-adjusted) years of potential life lost** among Noble County residents under age 75 per 100,000 people, vs. 9,400 for Ohio.[6]

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

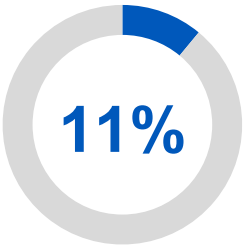
#1 Health Need: CHRONIC DISEASES

Heart disease is the **leading cause of death** in Noble County.[45]

HEART DISEASE & STROKE

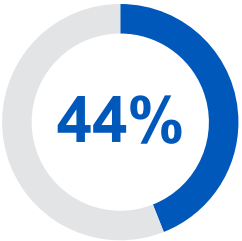


of both BRFSS Region 12* and Ohio adults reported that they have had a **stroke.**[47]

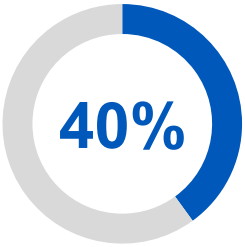


of BRFSS Region 12* adults reported having had a **heart attack, angina, or coronary heart disease**, compared to 8% for Ohio.[47]

HYPERTENSION & HIGH CHOLESTEROL



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



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

DIABETES

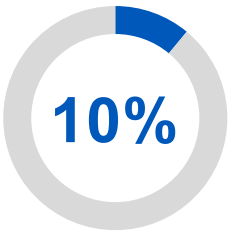
16% of BRFSS* Region 12 adults have diabetes, vs. 13% of Ohio.[47]

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

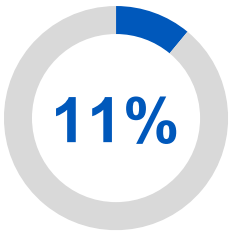
Of those with prediabetes, 20% will go on to develop diabetes within five years without lifestyle modification.[47]

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

ASTHMA & COPD



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



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

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

**Behavioral Risk Factor Surveillance System; Noble County is a part of BRFSS Region 12, which also includes Coshocton, Guernsey, Muskingum, Morgan, Perry, and Tuscarawas counties.*

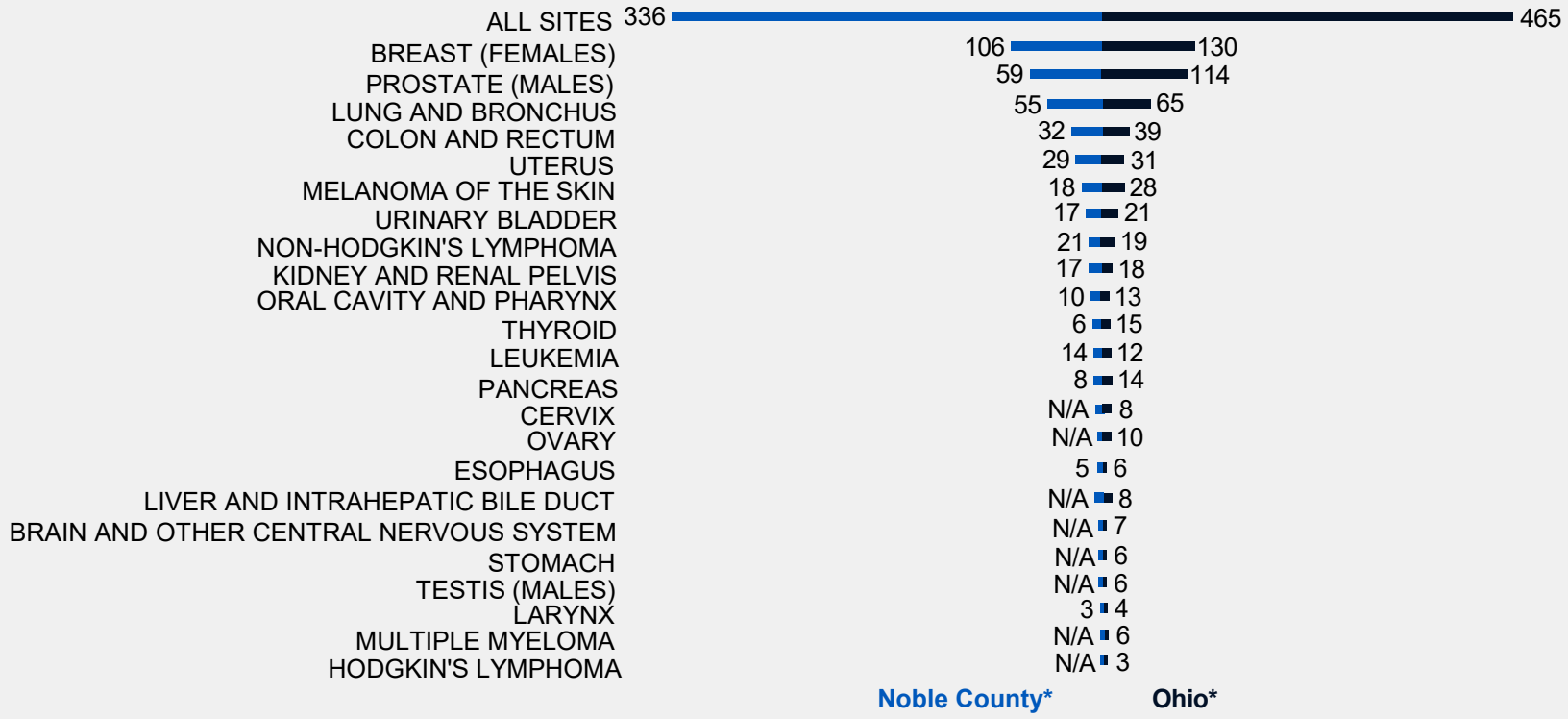
#1 Health Need: CHRONIC DISEASES

According to the Ohio Health Planning Partnership Data Warehouse, cancer is the **second leading cause of death** in Noble County. Noble County has a **lower overall incidence of cancer** per 100,000 than Ohio.[49]

336
Noble County[49]

465
OHIO[49]

Non-Hodgkin's lymphoma and Leukemia had higher incidence rates in Noble County than Ohio.[49]



Age-adjusted rates per 100,000, 2016-2020 average

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

Noble County does not yet meet the Healthy People 2030 target for lung and overall cancer mortality rates.[45]

#1 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 45-54 and 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.
- **Caldwell (43724)** survey respondents (71%) were more likely to rate chronic diseases as top concerns to address in the community, compared to 57% in Sarahsville (43779) and 50% in Dexter City (45727).
- **Male** residents (78%) were more likely to rank chronic diseases as top concerns to address than female residents (63%) on the community survey.
- Community survey respondents with a household income of **$35,000-$49,999** (89%) and **over $100,000** (80%) 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. Obesity
2. Diabetes
3. Heart disease/stroke/hypertension/high cholesterol
4. Tobacco/alcohol use
5. High rates of cancer

COMMUNITY FEEDBACK

"There is a struggle with wellness and prevention…this impacts chronic diseases, cancer, diabetes, and cardiovascular diseases."

- Community Member Focus Group from Noble County

"In our community, I think people don't invest [in their health] because their insurance isn't great, and then they have bigger problems down the road."

- Community Member Interview from Noble County

"Diabetes is a leading health issue in the county, our population has a tendency of leaning towards obesity."

- Community Member Focus Group from Noble County

#1 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.

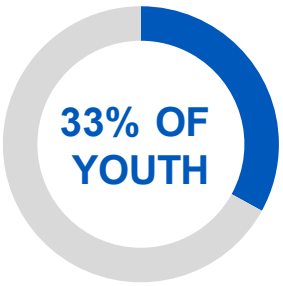
Mental health and access to mental healthcare was the **#2 ranked health outcome** in the community member survey, with **over 67% of respondents selecting this option**.

12% of survey respondents say that **mental healthcare access is lacking** in the community. The top reasons for not accessing care include **not being able to get a timely appointment (12%), cost or insurance issues (12%), and stigma (12%).**

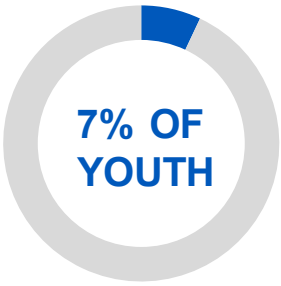
Nearly 23%

of Noble County survey respondents rate their **access to mental or behavioral health services** as **LOW** or **VERY LOW**, with another 48% rating it as **NEUTRAL.**

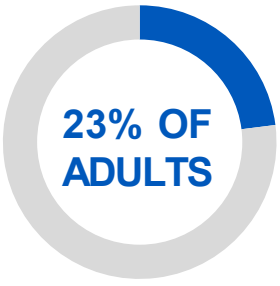
IN OUR COMMUNITY



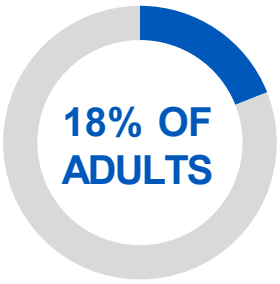
in the GSA experienced **poor mental health** (felt sad or hopeless almost everyday for two weeks or more in a row during the past 12 months), vs. 28% for Ohio.[12,40]



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



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



in Noble County experienced **frequent mental distress** (2+ weeks/month in the past month), compared to 17% for Ohio.[6]

NOBLE COUNTY	OHIO
**840:1	**310:1

The 2024 County Health Rankings found that Noble County has **fewer mental health providers** relative to its population when comparing the ratio to Ohio.[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.*

12% of respondents selected suicide as a top health need. None of the respondents to the community member survey had **thoughts of suicide** in the last year.

Noble County adults report **5.3 mentally unhealthy days per month**, compared to 5.5 for Ohio.[6]

Only **20%** of respondents to the 2024 community member survey requiring mental or behavioral health services **received all the care they needed.**

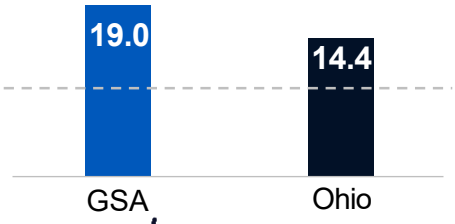
GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry Counties, Ohio

#1 Health Need: MENTAL HEALTH

39% of community survey respondents rated their mental health as **"good"**, 40% rated it as "very good", and 7% rated it as "fair".

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

SUICIDE RATE



HP 2030 TARGET:
12.8 PER 100,000
DESIRED DIRECTION:

The GSA does not yet meet the target. Data was unavailable for Noble County.[48]

COMMUNITY FEEDBACK

"There are personnel shortages across a lot of agencies that help, especially for mental health."

- Community Member Focus Group from Noble County

"There are challenges [with mental health] and diagnosis. Especially with wait times to get in and to get established. Also, with patient placement. If we have a medical hold for patients who aren't safe to go home, sometimes they're sitting in an emergency department for days. If someone is suicidal, do we really need to wait a week for them to receive care."

- Community Member Interview from Noble County

"Staffing is a challenge too. It is hard when we're caring for these people, especially if they need one on one care or extra care."

- Community Member Interview from Noble 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

PRIORITY POPULATIONS

MENTAL HEALTH

While **mental health** 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 of **Caldwell (43724)** were significantly more likely to rate their mental health as fair or poor on the community survey and to rate mental health as a top community concern (65%).

45-54 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 concern by 70% of **female** survey respondents, compared to 60% of males.

Top issues/barriers for mental health (from interviews and focus groups):

1. Mental health issues
2. Lack of/not enough providers
3. Lack of mental healthcare services
4. Lack of available inpatient services

Sub-populations most affected by mental health (from interviews and focus groups):

1. Youth

Top resources, services, programs and/or community efforts for mental health:

1. AllWell Behavioral Health Services

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

#2 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, **65%** of Noble County respondents reported **substance use** as one of their top health concerns, while **16%** say that **services are lacking in the community.**

15% of Noble County adults reported binge or heavy drinking within the past month, vs. 20% for the state of Ohio.[6] On the community survey, **56%** of respondents reported drinking in the past month.

Nearly 23%

of Noble County survey respondents rate their **access to substance use disorder services** as **LOW** or **VERY LOW**, with 48% rating it as **NEUTRAL.**

While **20%** of survey respondents received **all needed** substance use disorder services in the past year, **48% delayed** accessing them, the most common reason being **inability to get an appointment (12%).**

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, **7%** of Noble County residents ages 18+ said they have **used marijuana one or more times** in the past 30 days.

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]

31% of **motor vehicle crash deaths** in Noble County involve **alcohol**, compared to 32% for Ohio.[6]

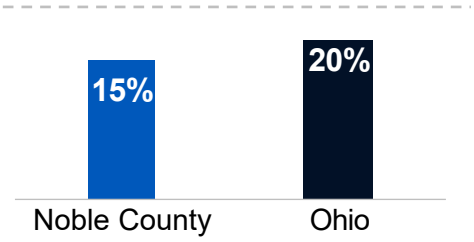
3% of community survey respondents reported that, in the past 6 months, they **used prescription medication that was not prescribed for them or used prescriptions in excess** in order to feel good, high, more active, or more alert.

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

#2 Health Need: SUBSTANCE USE

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT BINGE OR HEAVY DRINKING

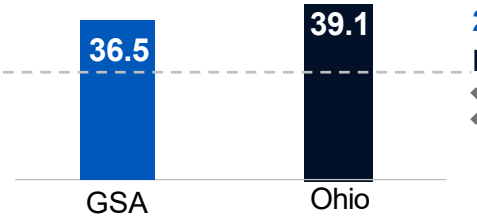


HP 2030 TARGET: 25%

DESIRED DIRECTION: ↓

✓ Noble County exceeds the target.[6]

UNINTENTIONAL DRUG OVERDOSE DEATHS PER 100,000

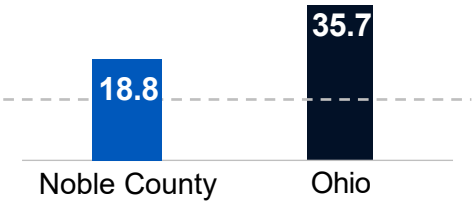


HP 2030 TARGET: 20.7 per 100,000

DESIRED DIRECTION: ↓

✗ The GSA* does not yet meet the target. Note that only crude rates were available. Data was unavailable for Noble County.[45]

OPIOID OVERDOSE DEATHS PER 100,000



HP 2030 TARGET: 13.1 per 100,000

DESIRED DIRECTION: ↓

✗ Noble County 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

"I think it's a little bit of a cop out in rural country areas for people to say they're bored and that's why they're doing drugs, because there's nothing to do."

- Community Member Interview from Noble County

"Addiction to opioids and methamphetamines is an issue."

- Community Member Interview from Noble 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 survey, more **Caldwell (43724)** residents (69%) 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 45-54** (72%) feel substance use is a top health concern than residents in other age groups.

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

Top issues/barriers for substance use (from interviews and focus groups):

1. Drug use (in general)
2. Fentanyl
3. Marijuana

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. Health department
3. AllWell Behavioral Health Services

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

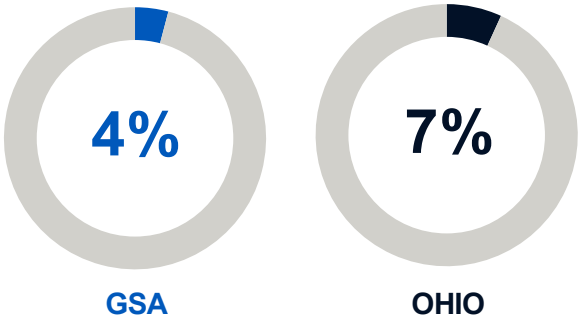
#3 Health Need: TOBACCO & NICOTINE USE

50% of community survey respondents indicated that **tobacco and nicotine use** were top concerns in Noble County.

IN OUR COMMUNITY

The leading chronic disease causes of death in Noble County are:[45]
#1 Heart disease
#2 Cancer
#3 COVID-19
#4 Chronic lower respiratory disease
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]



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 Noble County adults are current smokers (vs. 19% for Ohio). **7%** of BRFSS Region 12* and **8%** of state adults **use e-cigarettes.**[6,49]

**Behavioral Risk Factor Surveillance System; BRFSS Region 12 contains Noble County.*

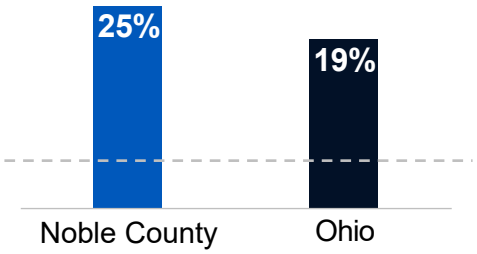
2% of community survey respondents reported that they smoked cigarettes **daily** in the last 30 days, while the rate was also **2%** for vaping and **4%** for other tobacco or other nicotine products.

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

#3 Health Need: TOBACCO & NICOTINE USE

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT CIGARETTE SMOKING



HP 2030 TARGET: 5%

DESIRED DIRECTION:

✕ Noble County does not yet meet the target.[6]

COMMUNITY FEEDBACK

"[It's] definitely the young vaping. [They're] really targeting that younger population of guys and girls."

- Community Member Interview from Noble County

"I still see those that are 55 years old and older with cigarettes in their hands still."

- Community Member Interview from Noble 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

"Unless students get caught vaping there is no real consequences to them getting caught outside of juvenile court and in some school districts once you get in trouble for vaping you are forced to go to a program."

- Community Member Interview from Noble County

"Ohio State University (OSU) Extension Office that is affiliated with 4-H does some education on vaping."

- Community Member Interview from Noble County

"It not just nicotine that's an issue…marijuana vapes are being brought to school."

- Community Member Interview from Noble 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 an **associate's degree** were most likely to rank tobacco and nicotine use as a top concern (71%).

According to Ohio data, the smoking rate is highest in **Multiracial 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]

100% of Noble County community survey respondents **aged 18-24** 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

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

1. Youth
2. Low-income population
3. Adults

Top resources, services, programs, and/or community efforts for tobacco & nicotine use:

1. Health department

#4 Health Need: MATERNAL, INFANT & CHILD HEALTH

19% of community survey respondents say that addressing **maternal and child health** in the community is a top concern. **22%** of survey respondents say that maternal, infant, and child healthcare **resources are lacking** in the community.

IN OUR COMMUNITY

7%

Noble County has a **low-birth weight rate** of 7%, vs. 9% for Ohio.[6]

Noble County's **teenage birth rate** for ages 15-19 (22 per 1,000 females) is higher than that of Ohio's (18 per 1,000 females).[6]

According to health department data, **3%** of Noble County and **7%** of Ohio children under 6 tested had **elevated blood lead levels** in 2023. Within Noble County, **13 ZIP Codes** were identified as high risk for elevated blood lead levels (43711, 43717, 43724, 43732, 43772, 43773, 43779, 43780, 43788, 45715, 45727, 45745, and 45746).[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

"There are not enough pediatricians in the community."

- Community Member Focus Group from Noble County

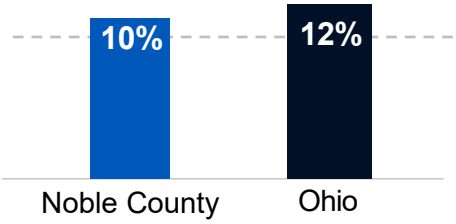
"We have safe sleep kits that we provide when we go out for a family with a newborn, and we are constantly in contact with new families. We are constantly preaching safe sleep."

- Community Member Interview from Noble County

#4 Health Need: MATERNAL, INFANT & CHILD HEALTH

HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

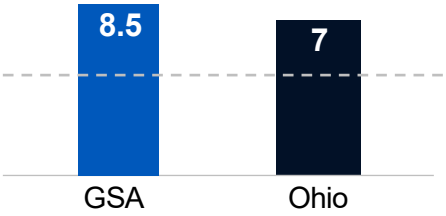
PRETERM BIRTH RATE



HP 2030 TARGET: 9%
DESIRED DIRECTION: ↓

✗ Noble County does not yet meet the target.[57]

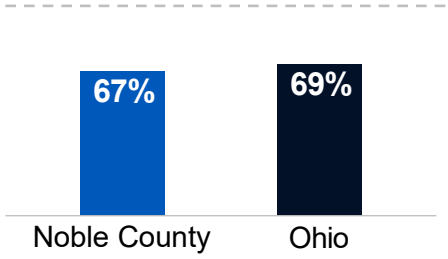
INFANT MORTALITY RATE PER 1,000



HP 2030 TARGET: 5 PER 1,000
DESIRED DIRECTION: ↓

✗ The GSA does not yet meet the target. Data was unavailable for Noble County.[6]

ON-TIME PRENATAL CARE



HP 2030 TARGET: 95%
DESIRED DIRECTION: ↑

✗ Noble County does not yet meet the target.[57]

COMMUNITY FEEDBACK

"People in the community face barriers with transportation when it comes to accessing pediatricians."

- Community Member Focus Group from Noble County

"There are not enough specialists in the community, especially ones that have satellite offices [that people can access]."

- Community Member Focus Group from Noble 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…

29% of community survey respondents in **Sarahsville (43779)** ranked maternal and child health as a top concern, 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 specialist
3. Lack of education

Sub-populations most affected by maternal, infant, and child health (from interviews and focus groups):

1. Low-income population

Top resources, services, programs and/or community efforts for maternal, infant, and child health:

1. Health department
2. Help Me Grow

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

#5 Health Need: INJURIES

Noble County's unintentional injury death rate (58.6 per 100,000 population) is **lower** 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).[45]

**Excludes Muskingum and Noble counties*

7% of community survey respondents in Noble County 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

"Farming accidents definitely stand out because we're a farm community, so we definitely have a lot of tractor rollovers."

- Community Member Interview from Noble County

"There are ATV accidents, because everyone around here has a side by side, or a four-wheeler."

- Community Member Interview from Noble 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…

According to the community survey, 6% of **Caldwell (43724)** residents ranked injuries as a top concern, more than other areas.

10% of Noble County residents **aged 35-44** and **55-64** ranked injuries as a top health need in the community survey.

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

Top issues/barriers for injuries (from interviews and focus groups):

1. Car/traffic accidents
2. ATV (all-terrain vehicle) accidents/injuries

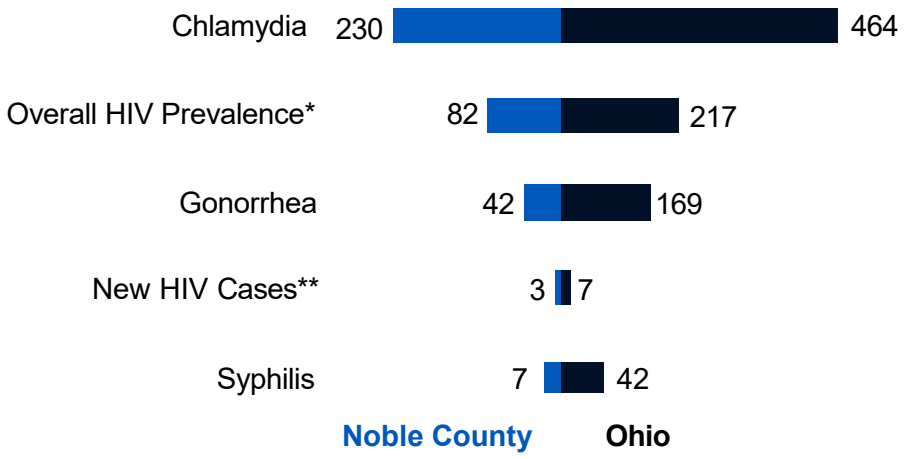
GSA = Genesis Service Area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry counties, Ohio

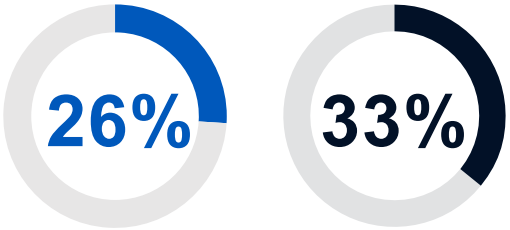
#6 Health Need: HIV & STIs

The COVID-19 pandemic may have impacted the testing and diagnosis rates for HIV & Sexually Transmitted Infections (STIs). 1% of community survey respondents in feel that HIV/AIDS and Sexually Transmitted Infections (STIs) are a top concern.[59]

IN OUR COMMUNITY

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





BRFSS*** REGION 12[35]

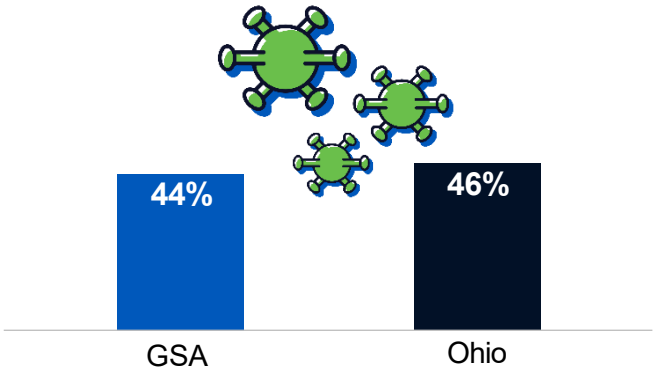
OHIO[35]

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

*Rate for GSA, 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.

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

#6 Health Need: HIV & STIs



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

"The health department has done a better job of trying to launch programming to help people get tested periodically, and they also offer treatment if needed."

- Community Member Interview from Noble 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]

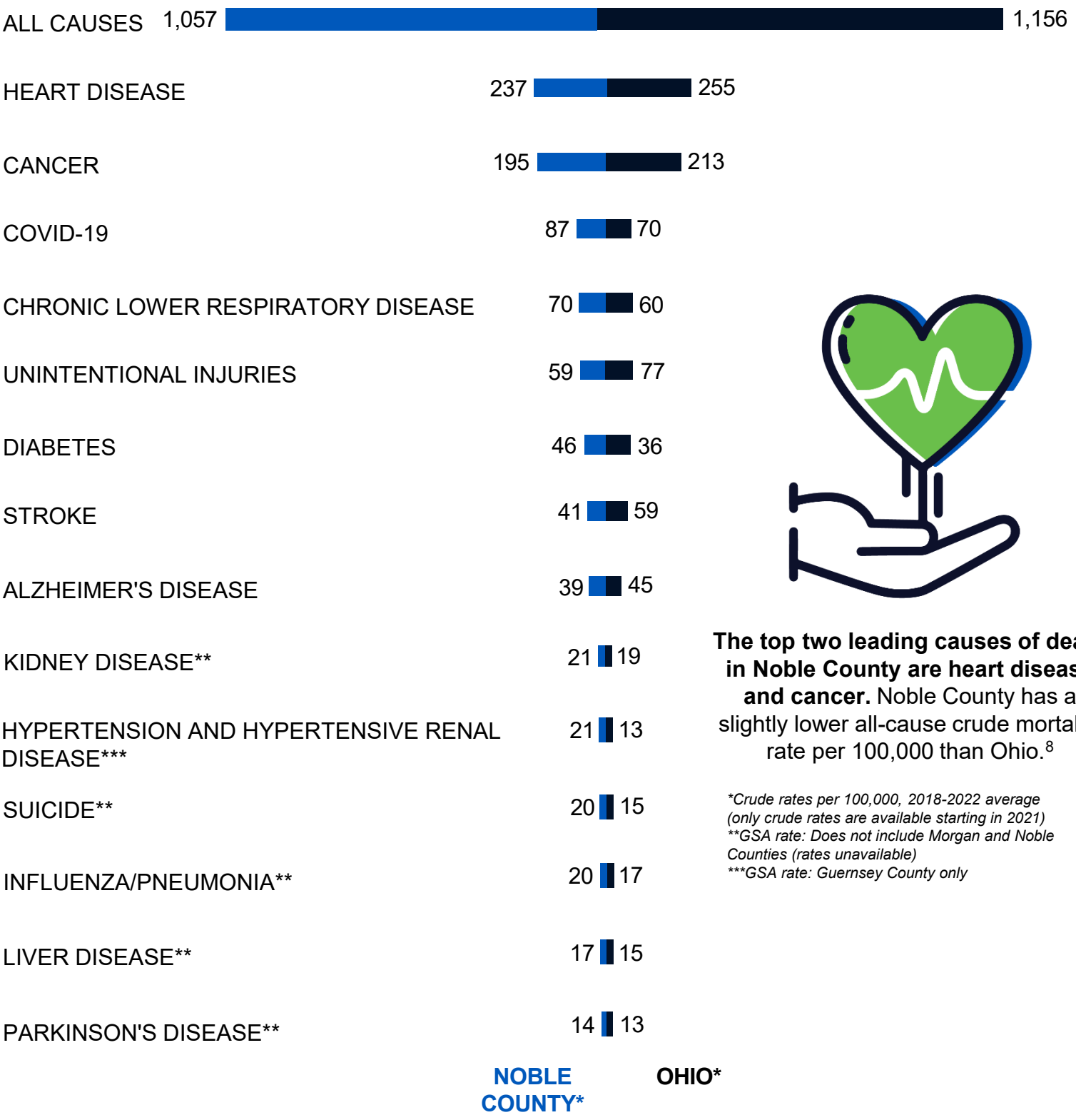
Men have higher rates of syphilis and gonorrhea.[59]

Top resources, services, programs and/or community efforts for HIV & STIs:

1. Local health department

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

LEADING CAUSES **OF DEATH**



The top two leading causes of death in Noble County are heart disease and cancer. Noble County has a slightly lower all-cause crude mortality rate per 100,000 than Ohio.[8]

**Crude rates per 100,000, 2018-2022 average (only crude rates are available starting in 2021)*
***GSA rate: Does not include Morgan and Noble Counties (rates unavailable)*
****GSA rate: 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 HEALTHCARE
- Create partnerships and collaborations between area hospitals.
- Increase telehealth availability.
- Increase access to healthcare for underserved populations.
- Create more satellite offices for specialty care, and hire more specialists.
- Expand healthcare services available in the area.
- Expand access to care.

EDUCATION
- Improve general health education as well as health education in schools.
- Improve education in general.
- Implement a school-based health clinic.

FOOD INSECURITY
- Improve food support/assistance.

HIV & STIs
- Expand availability and variety of HIV/STI testing.

HOUSING & HOMELESSNESS
- Create more shelters.
- Improve available housing.

INTERNET/WI-FI ACCESS
- Improve broadband/internet access in the area.

MATERNAL/INFANT/CHILD HEALTH
- Expand Women Infants, and Children (WIC) acceptance.

MENTAL HEALTH
- Increase use/awareness of Artificial Intelligence (AI) apps for mental health.
- Create more support groups.

NUTRITION/PHYSICAL HEALTH
- Start wellness groups in the communities to build trust and teach skills.
- Create more sports facilities and opportunities for kids.
- Improve wellness/active living through more physical recreation opportunities.

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

OTHER OPPORTUNITES
- Increase awareness of resources available through improved marketing/public relations.
- Increase funding for support services.
- Create partnerships with existing hospitals/organizations.
- Improve collaboration within the community.
- Hold more health fairs throughout the year.

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)

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

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
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
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
Noble County Job and Family Services
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)

STEP 6

DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS

IN THIS STEP, NOBLE COUNTY HEALTH DEPARTMENT :

- WROTE AN EASILY UNDERSTANDABLE COMMUNITY HEALTH ASSESSMENT (CHA) REPORT
- ADOPTED AND APPROVED CHA REPORT
- DISSEMINATED THE RESULTS SO THAT IT WAS WIDELY AVAILABLE TO THE PUBLIC

DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS

Noble County Health Department (NCHD) worked with Moxley Public Health to pool expertise and resources to conduct the 2025 Community Health Assessment (CHA). 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, NCHD 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 2025 Noble County CHA, which builds upon the prior assessment completed in 2022, meets all Internal Revenue Service (IRS), Public Health Accreditation Board (PHAB), and Ohio state requirements.

REPORT ADOPTION, AVAILABILITY AND COMMENTS

This CHA report was adopted by NCHD leadership and made widely available on the NCHD website in May 2025.

NCHD: 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.

CONCLUSION & **NEXT STEPS**

THE NEXT STEPS WILL BE:

- DEVELOP IMPROVEMENT PLAN (CHIP) FOR 2026-2028
- SELECT PRIORITY HEALTH NEEDS
- CHOOSE INDICATORS TO VIEW FOR IMPACT CHANGE FOR 2026-2028 PRIORITY HEALTH NEEDS
- DEVELOP SMART OBJECTIVES FOR CHIP
- SELECT EVIDENCE-BASED AND PROMISING STRATEGIES TO ADDRESS PRIORITY HEALTH NEEDS

CONCLUSION

NEXT STEPS FOR NOBLE COUNTY HEALTH DEPARTMENT

- Monitor community comments on the CHA report (ongoing) to the provided Noble County Health Department (NCHD) 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 NCHD. (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 2026-2028 Improvement Plan (CHIP) (that includes indicators and SMART objectives to successfully monitor and evaluate the improvement plan) will be adopted and approved by NCHD, reviewed by the public, and then the final draft will be publicly posted and made widely available to the community.

APPENDIX A

IMPACT AND PROCESS EVALUATION

IMPACT AND PROCESS EVALUATION

The following pages indicate the priority health needs selected from the 2022 Noble County Community Health Assessment (CHA) and the impact of the 2023-2025 Community Health Improvement Plan (CHIP) on the previous priority health needs (based on the most recent available data from 2025). The pages that follow are not exhaustive of these activities but highlight what has been achieved in the service area since the previous CHA. 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 CHA.

APPENDIX A:
IMPACT AND PROCESS EVALUATION OF PREVIOUS COMMUNITY HEALTH IMRPOVEMENT PLAN (2023-2025)

Priority #1: Chronic Disease (Diabetes)

- 2023 Lifestyle Medicine/ Fresh Start classes were held at Noble County Health Department (NCHD) – started with 33 participants, 30 completed.
- 2024 Lifestyle Medicine/Fresh Start classes were held with 22 participants.

Priority #1: Chronic Disease (Heart Disease)

- Ohio State University (OSU) Extension teaches k-5th grade the Hope Project (tobacco) in both schools.
- Bicycle safety education was given by NCHD to both schools.
- SNAP Education-Lori Harris (OSU Extension) Provides nutrition education.
- RSVP taught to 6-8th graders in both schools by NCHD touches on drugs and alcohol education, Kick the Crave? Fest.
- 2024 & 2025 NCHD provided heart heath education at the senior center multiple times.
- NCHD offered community investment grants to anyone maximum $20,000 to promote activity and exercise:
    - Batesville pickle ball court completed in 2024.
    - Belle Valley legendary playground to be built in the summer of 2025.
    - Caldwell basketball/pickle ball/tennis court completed 2024.
    - Exercise equipment at the walking track.
- Wellness coalition walking hosted a community walking challenge in 2023, 2024, and will again in 2025.
- Freedom 5k Walk & Run was held after the walking challenge on the July 4th weekend open to all.
- Job and Family Services (JFS) hosted a fun run/walk in 2024 & 2025 to replace the Freedom 5k.

Priority #2: Mental Health

- Summer lunch program- the Department of Family Services co-contributed with the NCHD, funding mostly in part by NCHD to provide healthy food options for to families in the county with children- AllWell provided education material that was passed out during these lunches.
- In 2023 Safer, Smarter Kids was a curriculum introduced to k-6th grade students at both schools that addresses bullying and resources that are available.
- NCHD front signage provided a community linkage to spread awareness or resources in the community and awareness days/week/month.
- NCHD works with AllWell to provide lab services when a client from AllWell needs it for mental health treatment.
- In 2024 AllWell offered the Family Wellness Program for families with children age 7 and up and had continued to offer it through 2025.
- AllWell teaches the program Signs of Suicide in both school districts.

APPENDIX A:
IMPACT AND PROCESS EVALUATION OF PREVIOUS COMMUNITY HEALTH IMRPOVEMENT PLAN (2023-2025)

Priority #3: Substance Use (Vaping)

- OSU Extension Noble County Office teach a program in Kindergarden-5th grade about tobacco.
- NCHD goes into both school districts and teaches 6th-8th grade the Responsible Social Values Program (RSVP) that has a section on vaping and smoking.
- NCHD applied for and received a grant for Tobacco education. We are currently working with both school districts to update their policy to offer alternatives to suspension once a student is caught with tobacco products and offers counseling to them.
- Both schools participate in Red Ribbon week – SADD chapters from each school coordinate the events for the week.

Priority #3: Substance Use (Narcan)

- NCHD distributes Narcan:
    - 2023 - 32 Distributed
    - 2024 - 70 Distributed
    - 2025 - 8 Distributed
- NCHD distributes Narcan to the public who participate in a training session.
- We also distribute to agencies who have direct contact with those who may need Narcan to include:
    - United Ambulance
    - Noble Sheriff's office
    - Noble Probation office
    - Noble County Jail
- NCHD provided community education:
    - 02/08/2024 - during the Sheriff's education event showcasing the Stay Aware trailer
    - 07/24/2024 - Mental Health Recovery Board of Zanesville

APPENDIX B

BENCHMARK COMPARISONS

BENCHMARK COMPARISONS

The following table compares Noble County 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 Improvement Plan (CHIP) to address priority health needs.

APPENDIX B:
HEALTHY PEOPLE OBJECTIVES & BENCHMARK COMPARISONS

Where data were available, Noble County 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**	**NOBLE COUNTY**	**HEALTHY PEOPLE 2030 OBJECTIVES**
High school graduation rate[6]	↑	**97.0%**	**90.7%**
Child health insurance rate[18]	↑	**86.8%**	**92.1%**
Adult health insurance rate[18]	↑	**90.9%**	**92.1%**
Ischemic heart disease deaths[45]	↓	**237.3***	**71.1 per 100,000 persons**
Cancer deaths[45]	↓	**195.4***	**122.7 per 100,000 persons**
Colon/rectum cancer deaths[45]	↓	**N/R**	**8.9 per 100,000 persons**
Lung cancer deaths[45]	↓	**51.6***	**25.1 per 100,000 persons**
Female breast cancer deaths[45]	↓	**N/R**	**15.3 per 100,000 persons**
Prostate cancer deaths[45]	↓	**N/R**	**16.9 per 100,000 persons**
Stroke deaths[45]	↓	**40.5***	**33.4 per 100,000 persons**
Unintentional injury deaths[45]	↓	**58.6***	**43.2 per 100,000 persons**
Suicides	↓	**N/R**	**12.8 per 100,000 persons**
Liver disease (cirrhosis) deaths[45]	↓	**N/R**	**10.9 per 100,000 persons**
Unintentional fall deaths, adults 65+[45]	↓	**N/R**	**63.4 per 100,000 persons ages 65+**
Unintentional drug-overdose deaths[45]	↓	**N/R**	**20.7 per 100,000 persons**
Overdose deaths involving opioids[46]	↓	**56.3***	**13.1 per 100,000 persons**
On-time (first trimester) prenatal care (HP2020 Goal)[57]	↑	**67.0%**	**84.8% (HP2020 Goal)**
Preterm births, babies born before 37 weeks of gestation (%)[57]	↓	**9.9%**	**9.0%**
Infant death rate[6]	↓	**N/R**	**5.0 per 1,000 live births**
Adults, ages 20+, obese[6]	↓	**41.0%**	**36.0%, adults ages 20+**
Students, grades 7th to 12th, obese[44]	↓	**N/R**	**15.5%, children & youth, 2-19**
Adults engaging in binge drinking[6]	↓	**15.0%**	**25.4%**
Cigarette smoking by adults[6]	↓	**25.0%**	**5.0%**
Pap smears, ages 21-65, screened in the past 3 years[49]	↑	**N/R**	**84.3%**
Mammograms, ages 50-74, screened in the past 2 years[49]	↑	**N/R**	**77.1%**
Colorectal cancer screenings, ages 50-75, per guidelines[49]	↑	**N/R**	**74.4%**
Medicare enrollee annual influenza vaccinations[6]	↓	**44.0%**	**70.0%, all adults**
Food insecure households[21]	↓	**18.0%**	**6.0%**
Suicide attempts by adolescents in past year[44]	↓	**N/R**	**1.8%**

**Crude rates per 100,000, 2018-2022 average (only crude rates are available starting in 2021)*

APPENDIX C

KEY INFORMANT INTERVIEW PARTICIPANTS

KEY INFORMANT INTERVIEW PARTICIPANTS

Listed on the following page are the names of **10** 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 Assessment (CHA) team as leaders based on their professional expertise and knowledge of various target groups throughout the service area.

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	OhioHealth 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	Family and Children First Coordinator	Noble County Family and Children First
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 D

FOCUS GROUP PARTICIPANTS

FOCUS GROUP PARTICIPANTS

Listed on the following page are the details of the **3 focus groups** conducted with **38 community members**, including the number of participants, format, and groups represented.

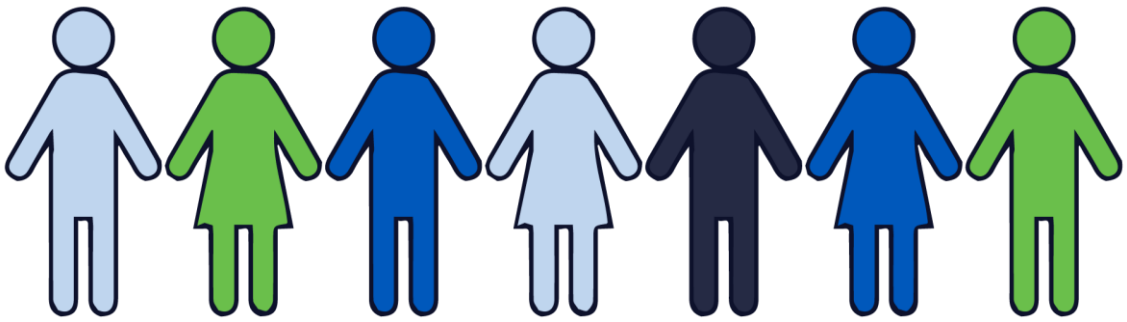
APPENDIX D:
FOCUS GROUP PARTICIPANTS

FOCUS GROUP PARTICIPANTS				
GROUP/TOPIC REPRESENTED	FORMAT	PARTICIPATING ORGANIZATION(S)	COUNTY	# OF PARTICIPANTS
1. Family and children serving organizations	In-Person	Noble County Health Department, Noble County Family & Children First Council	Noble	14
2. Seniors	In-Person	Noble County Health Department, Noble County Committee on Aging	Noble	16
3. Substance use/addiction	In-Person	Noble County Health Department, Noble County Cares	Noble	8
TOTAL				**38**

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 **Caldwell (43724)** – 53%, with representation from Sarahsville (43779) – and other areas.
- **65+ was the most represented age group (37%)**, followed by 55-64 (21%). All age groups had some representation.
- **63% of participants were women**.
- **Most participants (74%) were straight.** 5% were LGBTQ+.
- **95% of participants were White**, while there was representation from Native American and Alaskan Native participants (5%).
- **Participants mainly spoke English** as a primary language (95%).
- **21% of participants had at least one child** in their home.
- **32% of participants had a high school diploma or less**, while 21% had a Bachelor's degree, 21% had a Graduate degree, and 5% had an Associate's degree,
- **47% were employed**, while 11% were not. 26% were retired.
- **Education, law and social, community and government services,** followed by healthcare were the most common occupational categories represented.
- Participants were generally **lower to middle income**, with 32% having a household income under $50,000 per year. All income categories were represented.
- 5% of participants **identified as having a disability**.
- 79% of participants **have a steady place to live**.



APPENDIX E

COMMUNITY MEMBER SURVEY

COMMUNITY MEMBER SURVEY

On the following pages are the questions and demographics from the community member survey that was distributed to Noble County residents get their perspectives and experiences on the health assets and needs of the community they call home. **109 responses** were received.

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 Assessment (CHA) 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)

APPENDIX E:
COMMUNITY MEMBER SURVEY

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

APPENDIX E:
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
- 43076
- 43150
- 43701
- 43702
- 43711
- 43717
- 43720
- 43722
- 43723
- 43724
- 43725
- 43727
- 43728
- 43730
- 43731
- 43732
- 43733
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- 43830
- 43832
- 43836
- 43842
- 43843
- 43844
- 43845
- 43973
- 43983
- 44637
- 45711
- 45715
- 45727
- 45732
- 45745
- 45746
- 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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- 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)

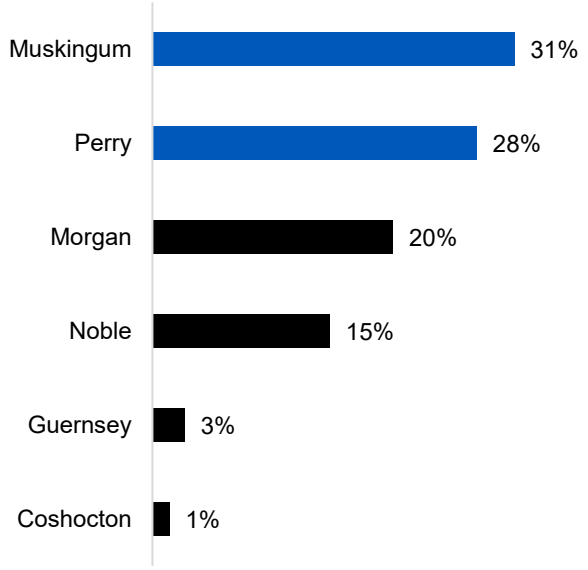
Final Comments

52. Do you have any other feedback or comments to share with us? (optional)

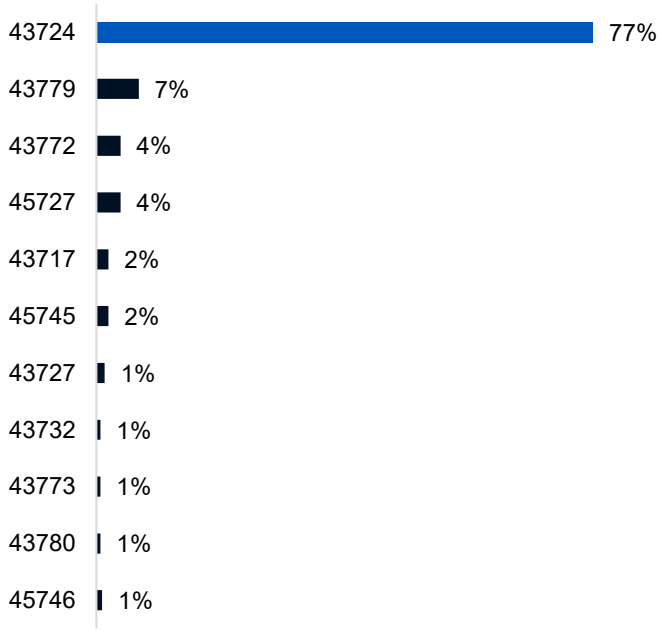
Thank you! Please send this survey to friends, neighbors, or anyone you know who lives and/or works in Coshocton, Guernsey, Morgan, Muskingum, Noble, or Perry Counties.

APPENDIX E: COMMUNITY MEMBER SURVEY DEMOGRAPHICS

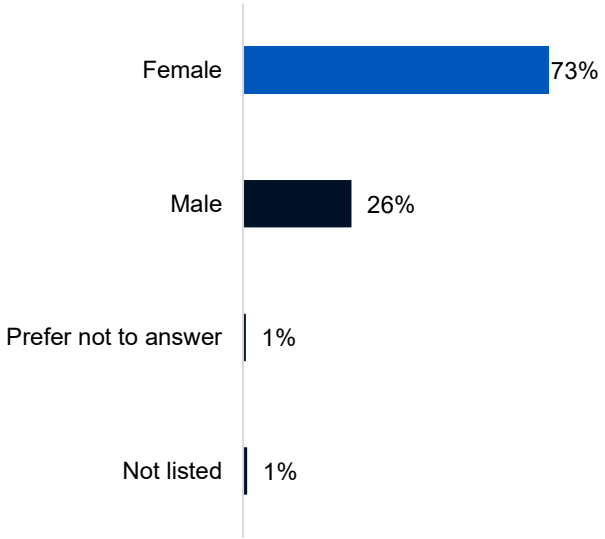
The survey had responses from all GSA counties, with most from **Muskingum and Perry**, fairly consistent with the population breakdown of the GSA by county, with the exception of Guernsey and Coshocton Counties, that were underrepresented.



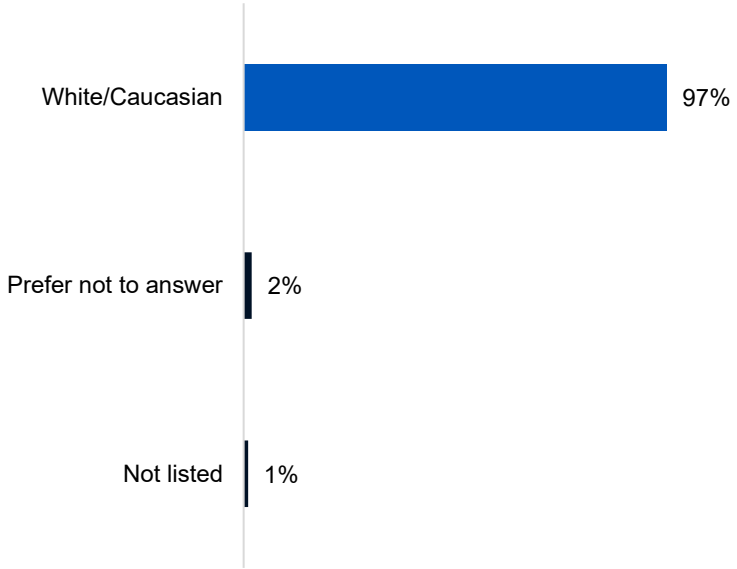
The majority of respondents live in **Caldwell (43724)**, while there was representation from Sarahsville (43779), Pleasant City (43772), and Dexter City (45727).



The majority of respondents were **female** (males were underrepresented).



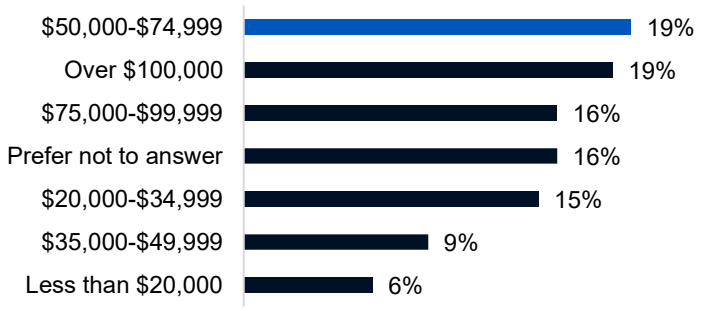
The majority of respondents were **White**, consistent with the composition of the service area.



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

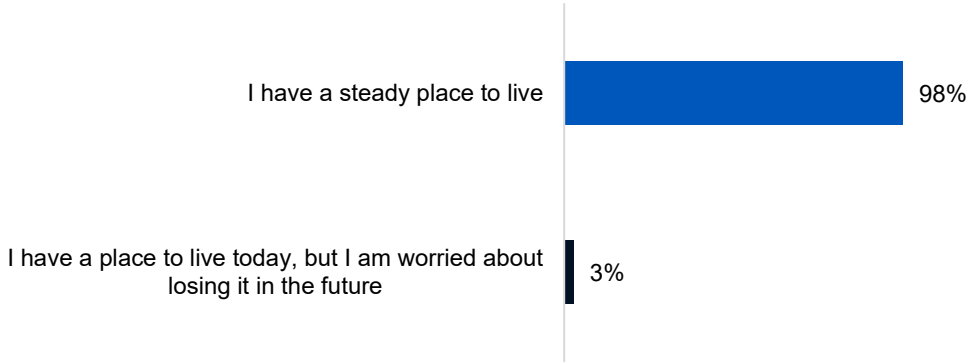
APPENDIX E: COMMUNITY MEMBER SURVEY DEMOGRAPHICS

Respondents were generally **higher income**, with over half having an annual household income of $50,000-$100,000 or more. This representation is similar to the service area as a whole.

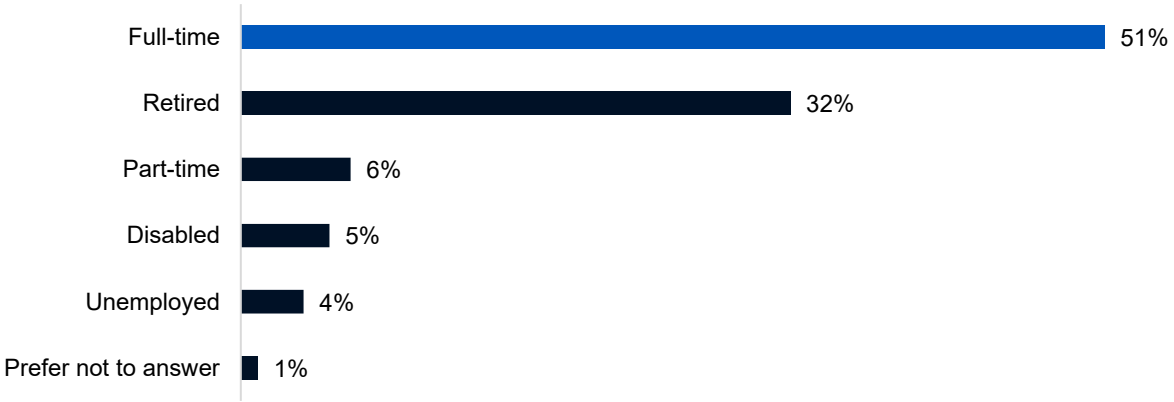


100% of respondents reported that their primary language spoken at home was **English.**

The majority of respondents have a **steady place to live**, while some are worried about losing it in the future.

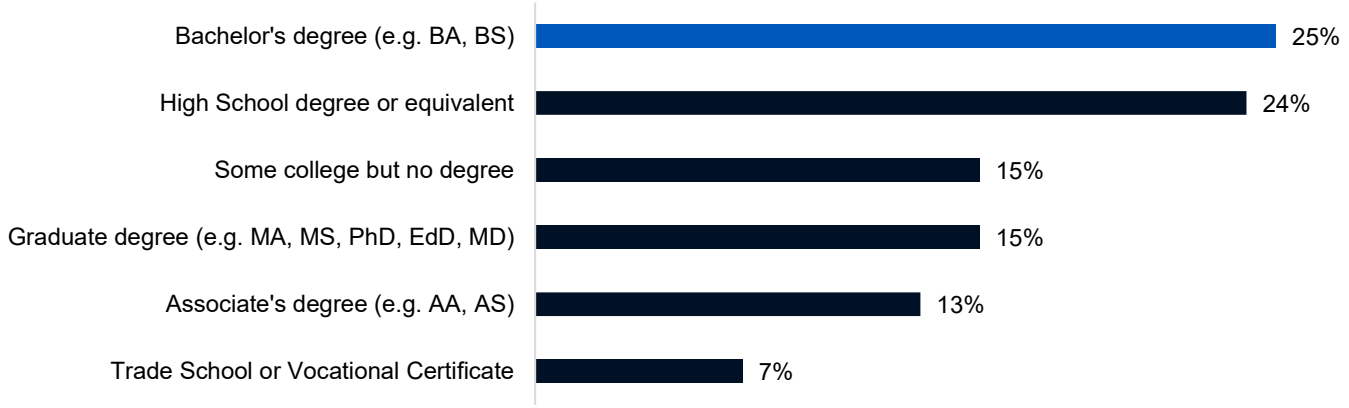


The majority of respondents are **employed full-time**, while significant proportions are retired, employed part-time, have disabilities, or are unemployed.

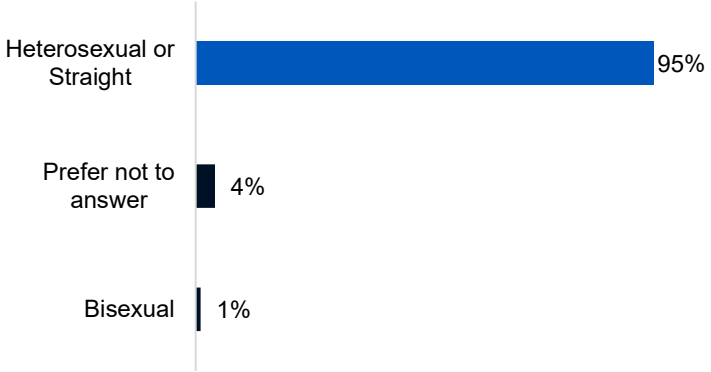


APPENDIX E: COMMUNITY MEMBER SURVEY DEMOGRAPHICS

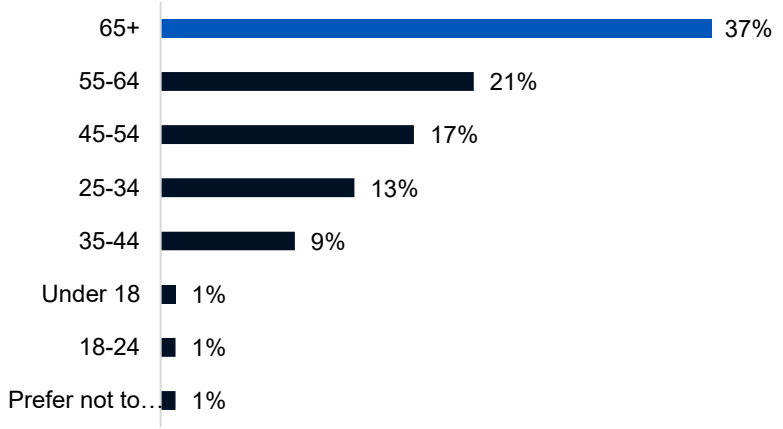
The majority of respondents have at least a **high school degree or equivalent, with a significant number having a Bachelor's or Graduate degree.**



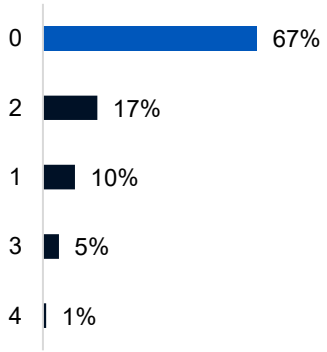
The majority of respondents reported their sexual orientation as **heterosexual or straight**, while there was some LGBTQ+ representation.



There was a greater proportion of survey responses from **middle-aged and older** rather than younger adults, particularly from the 65+, 55-64, 45-54 year-old age groups.



Most respondents reported having **no children at home**



The majority of respondents reported having at least one **disability and/or chronic health condition**, while 50% did not

APPENDIX F

PUBLIC HEALTH ACCREDITATION BOARD (PHAB) CHECKLIST: COMMUNITY HEALTH ASSESSMENT

MEETING THE PHAB REQUIREMENTS FOR COMMUNITY HEALTH 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 CHA meets the PHAB requirements.

APPENDIX F:
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 CHA (or CHA) must address the jurisdiction as described in the description of Standard 1.1.	

APPENDIX G

REFERENCES

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The following reference list provides the sources for the secondary data that was collected for the Community Health Assessment (CHA) in Fall 2024. The most up-to-date data available at the time was collected and included in the CHA report. Please refer to individual sources for more information on years and methodology.

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