

DELIVERED BY:



2024 MORGAN COUNTY COMMUNITY HEALTH ASSESSMENT

PUBLISHED AUGUST 2025



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

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A NOTE FROM MORGAN COUNTY HEALTH DEPARTMENT



Morgan County Health Department (MCHD) 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, MCHD 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.

MCHD and their many health partners conduct CHAs for measuring and addressing the health status of the community. We collect both quantitative and qualitative data in order to make decisions on how to better meet the health needs of our community. We want to provide the best possible care for our residents, and we can use this report to guide us in our strategic planning and decision-making concerning future programs and health resources.

The 2024 Morgan 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,

A handwritten signature in black ink that reads "Richard D. Clark, MD".

Dr. Richard D. Clark, MD

Health Commissioner/Medical Director
Morgan County Health Department

ACKNOWLEDGEMENTS



This Community Health Assessment (CHA) was made possible thanks to the collaborative efforts of Morgan County Health Department (MCHD), 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.

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

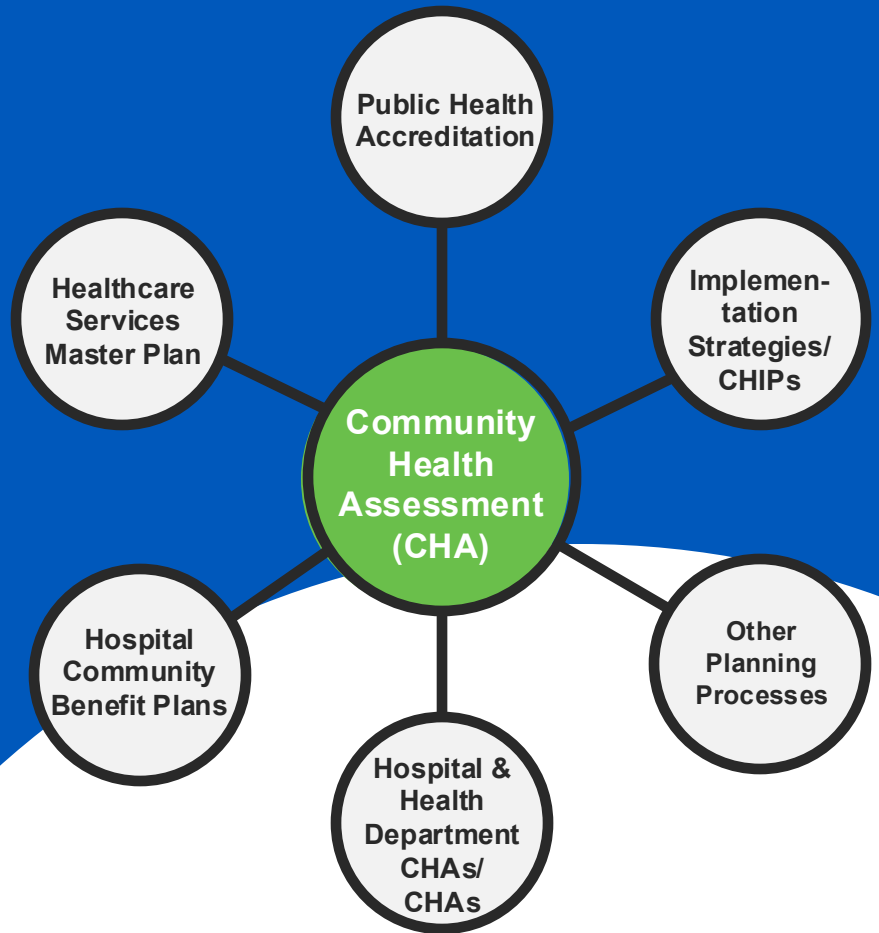
AllWell Behavioral Health Services
Area Agency on Aging Region 9
Board of Health
Chamber of Commerce
Family and Children First Council
Full Circle Recovery Services
Genesis HealthCare System
Malta & McConnellsville Fire Department
Mental Health and Recovery Services Board
Morgan County Board of Developmental Disabilities
Morgan County Commissioners

Morgan County Health Department
Morgan County Job and Family Services
Morgan County Library
Morgan County Office - Ohio State University (OSU) Extension
Morgan County Office on Aging
Morgan Local Schools
Muskingum Valley Health Center
Ohio Medical Aid Services
Shrivers Pharmacy
South East Area Transit (SEAT)



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, Morgan 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), Morgan County Health Department (MCHD) 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 (CHNAs/CHAs) and Implementation Strategies/Improvement Plans (CHIPs). In July 2016, HB 390 (ORC 3701.981) was enacted by Ohio in order to improve population health planning in the state by identifying health needs and priorities by conducting a CHNA/CHA and subsequently developing an Implementation Strategy/CHIP to address those needs in the community.

**THE 2024 MORGAN COUNTY CHA MEETS ALL OHIO
DEPARTMENT OF HEALTH AND FEDERAL REGULATIONS.**

OVERVIEW

OF THE PROCESS (CONTINUED)



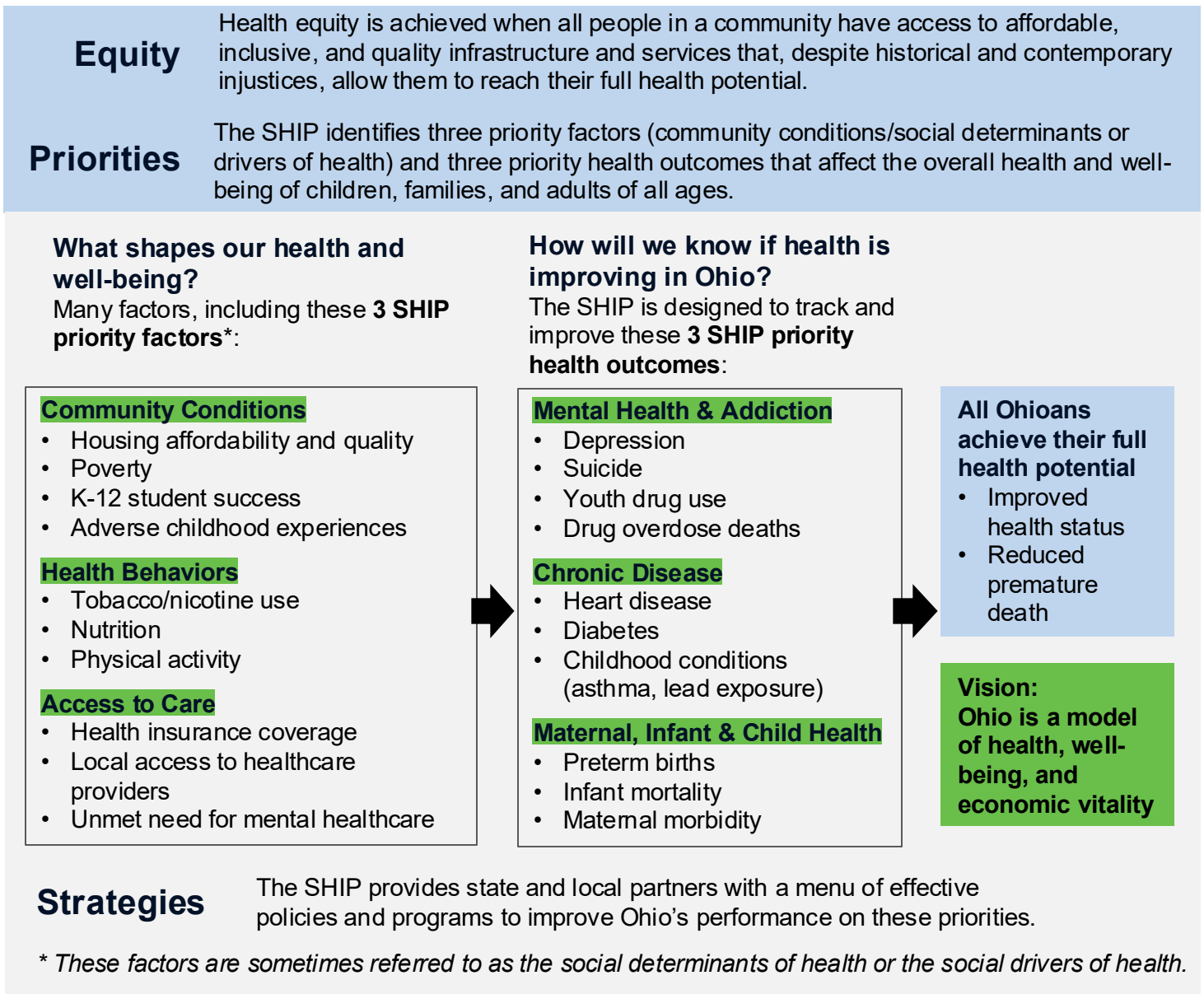
Ohio Department of Health (ODH) Requirements

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

Morgan County Health Department (MCHD) 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, MCHD used the same language as the state of Ohio when assessing the factors and health outcomes of their community in the 2024 Morgan County Community Health Assessment (CHA).

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



* 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, MORGAN 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

Morgan County Health Department began planning for the 2024 Morgan 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 (2021) AND CHIP

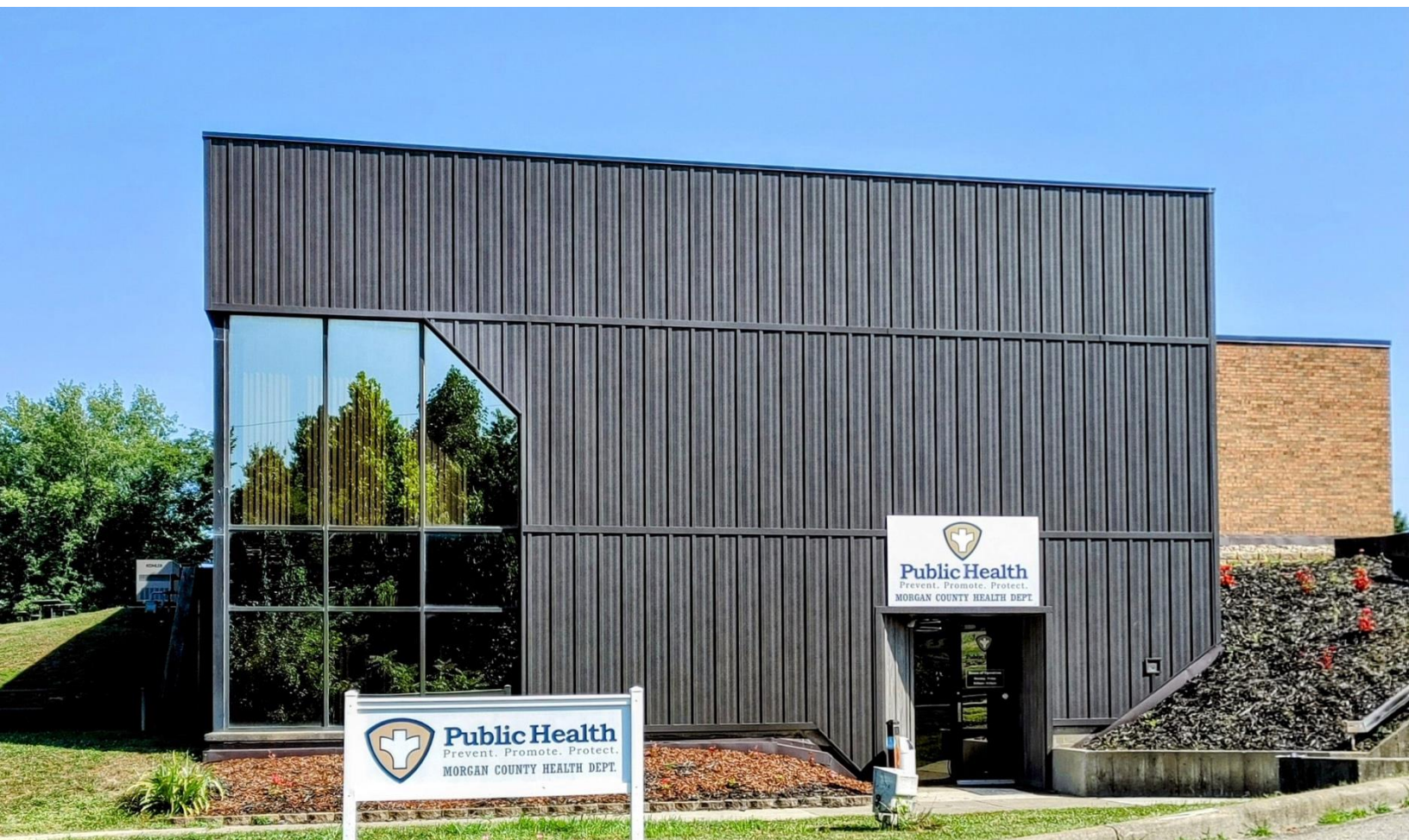
In 2021, Morgan County Health Department (MCHD) conducted its previous CHA. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHA. The Implementation Strategy/CHIP associated with the 2021 Morgan County CHA addressed access to care and chronic disease.

The previous CHA and CHIP were made available to the public on the following website:

Morgan County Health Department: <https://morganpublichealth.org/community-health-assessment/>
(Written comments on this report were solicited on the website where the report was posted.)

IMPACT/PROCESS EVALUATION OF 2022-2024 STRATEGIES

In collaboration with community partners, MCHD developed and approved a CHIP report for 2022-2024 to address the significant health needs that were identified in the 2021 Morgan County CHA (access to care and chronic disease). **Appendix A** describes the evaluation of the strategies that were planned in the 2022-2024 CHIP.



STEP 2

DEFINING THE MORGAN COUNTY SERVICE AREA



IN THIS STEP, MORGAN COUNTY HEALTH DEPARTMENT:

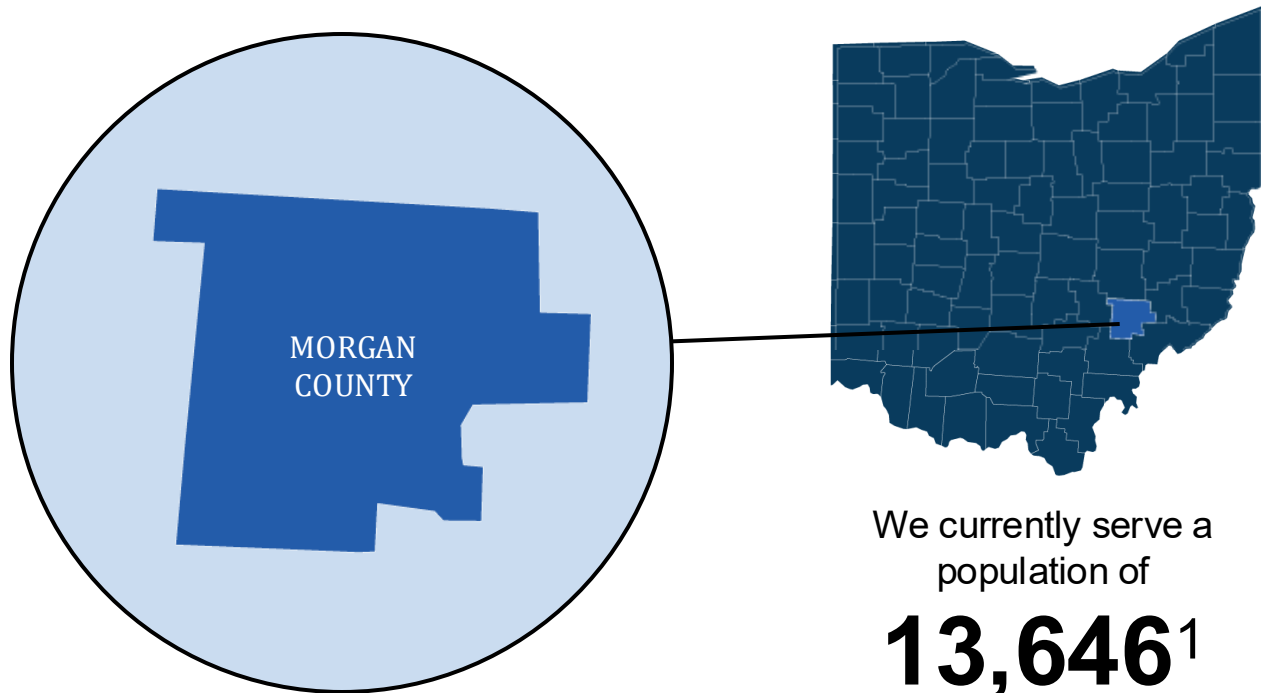
- ✓ DESCRIBED MORGAN COUNTY'S SERVICE AREA
- ✓ DETERMINED THE PURPOSE OF THE NEEDS ASSESSMENT



DEFINING THE MORGAN COUNTY SERVICE AREA



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

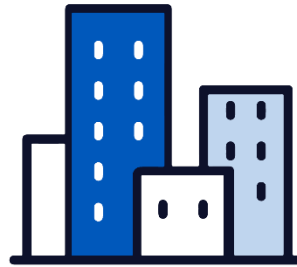
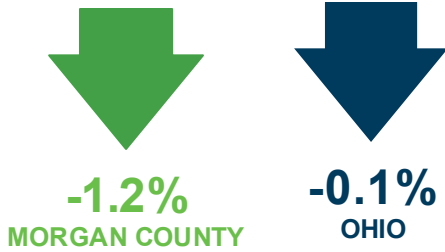


MORGAN COUNTY SERVICE AREA	
GEOGRAPHIC LOCATION	ZIP CODE
McConnelsville	43756
Glouster	45732
Malta	43758
Stockport	43787
Chesterhill	43728

MORGAN COUNTY SERVICE AREA

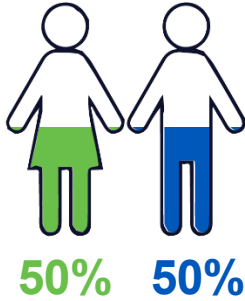
AT-A-GLANCE

Morgan County's population is **13,646**. The population of Ohio **remained relatively the same** in the past 3 years, while Morgan County's **slightly decreased**.¹



Morgan County is ranked **61st of 88** ranked counties in Ohio, according to social, economic, and health factors (with 1 being the best), placing it in the **bottom third** of the state's counties.²

The % of males and females is **approximately equal**.³



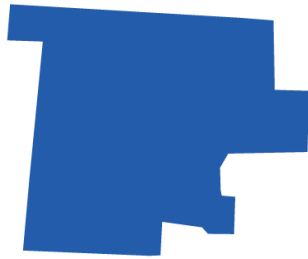
of Morgan County residents are **veterans**, slightly higher than the state rate.⁴



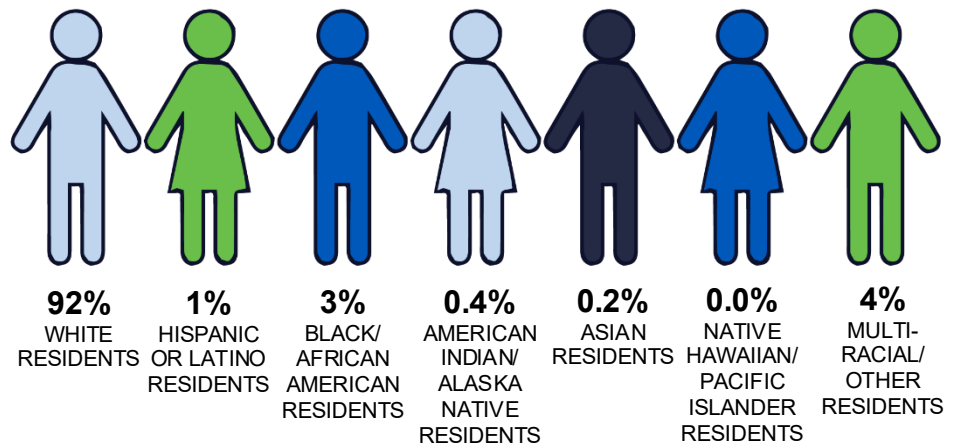
Youth ages 0-19 and seniors 65+ make up **43% of the population**

In Morgan County, nearly **1 in 5 residents are age 65+**.³

The **majority (92%)** of the population in Morgan County identifies as **White** as their only race.³



98% of the population in Morgan County **speaks only English**. **0.5%** are **foreign-born**.^{4,5}



The life expectancy in Morgan County is **74.2 years**, which is **1.4 years shorter** than the state of Ohio.⁶



1 in 185 Morgan County residents will **die prematurely**, which is approximately the same as the Ohio state rate.⁶

STEPS 3, 4 & 5

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

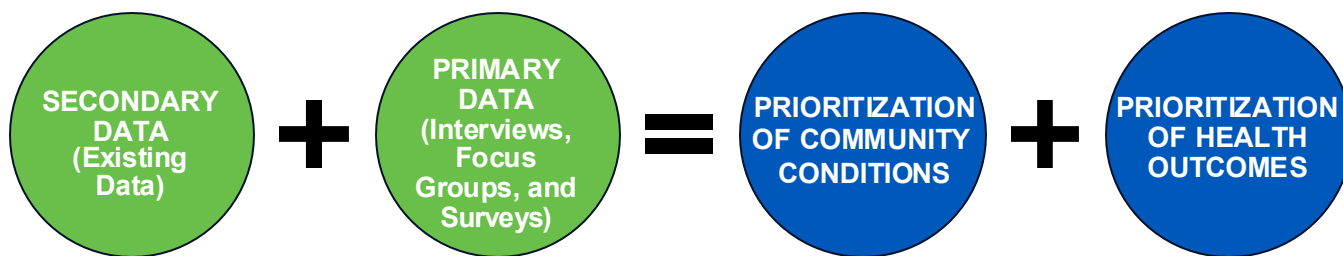


IN THIS STEP, MORGAN COUNTY HEALTH DEPARTMENT:

- ✓ 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, Morgan County Health Department 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 Morgan 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 Morgan County Health Department 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 2021 CHA was reviewed. When making final decisions for the 2025-2027 CHIP, previous efforts will be assessed and analyzed.

SECONDARY DATA DEFINITIONS

Behavioral Risk Factor Surveillance System (BRFSS) Region 12:

Morgan County is a part of BRFSS Region 12, which also includes Coshocton, Guernsey, Muskingum, Noble, Perry, and Tuscarawas counties.

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

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

Ohio Healthy Youth Environments Survey (OH YES!) Region:

Together, Morgan, Coshocton, Guernsey, Muskingum, Noble, and Perry counties form their own OH YES! Region.

2024 HEALTH NEEDS TO BE ASSESSED:

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

The secondary and primary data collection will ultimately inform the decisions on health needs that Morgan County Health Department 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 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 **16 people** in the 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



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

- Community Member Interview from Morgan County

"It's a small town where everyone knows everyone. We have a real sense of encouragement in the community."

- Community Member Focus Group from Morgan County

"I'm thankful we have transit services to be able to get seniors to appointments."

- Community Member Focus Group from Morgan County

"I love how slow everything is, the lifestyle... no one is ever in a hurry. It's perfect."

- Community Member Interview from Morgan County

"I just love small-town life. It might sound cliché, but everybody knows your name. When people visit, they always say how nice and welcoming our town is — how everyone is friendly and says hello. And I love that."

- Community Member Interview from Morgan County

"It seems like everyone who's lived here for any length of time knows me. If I'm at Kroger, people will come up to me, ask questions, or just start a conversation about anything — I like knowing they feel like they can talk to me about anything."

- Community Member Interview from Morgan County

"I love how people come together to help when someone is in need, whether it's due to a house fire or an illness."

- Community Member Focus Group from Morgan County

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

- Community Member Interview from Morgan County

TOP PRIORITY HEALTH NEEDS FROM INTERVIEWS & FOCUS GROUPS



FROM COMMUNITY INTERVIEWS:

Major health issues impacting community:

1. Mental/behavioral health
2. Diabetes
3. Transportation

Top socioeconomic, behavioral, and/or environmental factors impacting community:

1. Poverty/low income
2. Lack of transportation
3. Access to care
4. Lack of health insurance coverage

FROM COMMUNITY FOCUS GROUPS:

Major health issues impacting community:

1. Access to care
2. Homelessness/housing insecurity
3. Substance use/drug addiction
4. Lack of specialists/specialty care
5. Aging population/geriatric care

How health concerns are impacting community:

1. Access to healthcare
2. Lack of adaptive equipment/equality
3. Loss of jobs/income

“Transportation remains a challenge for people needing healthcare. However, several new medical offices have opened in our county, bringing larger health services closer to Morgan County. This has definitely helped, reducing the need to drive 45 minutes to the nearest metro areas for care.”

- Community Member Interview from Morgan County

“Opiate use, especially among underage populations, is a major concern. There’s a lack of detox and residential treatment facilities in the area, as well as limited access to Narcan and MAT resources.”

- Community Member Focus Group
from Morgan County

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

- Community Member Focus Group
from Morgan County

“Our community has a higher unemployment rate and a lower median income compared to other areas.”

- Community Member Interview from Morgan County

“We have an increasing homeless population with no shelters or anywhere for them to go.”

- Community Member Focus Group
from Morgan 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. Children/youth
3. Rural population

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

- Community Member Interview from Morgan County

FROM COMMUNITY FOCUS GROUPS:

Sub-populations in the area that face barriers to accessing healthcare and social services:

1. Low-income population
2. Elderly/seniors/aging population
3. Those without transportation
4. Homeless population
5. Middle class

"Services that help seniors remain independent are essential. Having access to a handyman, for example, would make a big difference in supporting their needs."

- Community Member Focus Group
from Morgan County

Resources people use in the community to address their health needs:

1. Muskingum Valley Health Center
2. Health department

"There's an education gap. Many families are lucky to be healthy, but if a medical crisis were to happen, they have no clue about resources that are out there."

- Community Member Interview from Morgan County

Top resources that are lacking in the community:

1. Physical activities for youth
2. Affordable social activities for people of all ages
3. Access to healthcare

"Middle-income individuals often fall into a gap — they don't qualify for assistance due to income cutoffs, but they still can't afford the services they need."

- Community Member Focus Group
from Morgan County

"We are creating a generation of kids that do not know how to be a community. There's not much interaction and too much isolation."

- Community Member Focus Group from Morgan County

"For the working class, many hurdles are unrealistic, we have to pay for doctor visits just to get a note excusing our kids from school, while others send their kids in sick, even when they're contagious."

- Community Member Focus Group from Morgan County

TOP FINDINGS FROM MORGAN COUNTY FOCUS GROUPS



SENIORS:

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

PEOPLE WITH DEVELOPMENTAL DISABILITIES:

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



TOP FINDINGS FROM MORGAN COUNTY FOCUS GROUPS



YOUTH:

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





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 **157 responses** to the community survey. The results of how the health needs were ranked in the survey for Morgan 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 Income/poverty and employment	34%
#2 Internet/Wi-Fi access	30%
#3 Access to primary healthcare	29%
#4 Access to specialist healthcare	25%
#5 Access to childcare	23%
#6 Adverse childhood experiences	21%
#7 Food insecurity	20%
#8 Housing and homelessness	19%
#9 Access to mental healthcare	14%
#10 Overweight and obesity	14%
#11 Crime and violence	9%
#12 Access to public/safe water and other utilities	8%
#13 Education	8%
#14 Preventive care and practices	8%
#15 Transportation	7%
#16 Physical health/exercise	5%
#17 Access to dental/oral healthcare	5%
#18 Access to social engagement and volunteer opportunities	3%
#19 Health literacy	3%
#20 Access to vision healthcare	3%
#21 Health insurance coverage	3%
#22 Nutrition	3%
#23 Environmental conditions	1%

HEALTH OUTCOMES RANKING FROM COMMUNITY MEMBER SURVEY	
#1 Substance use disorder	81%
#2 Mental health	76%
#3 Chronic diseases	55%
#4 Tobacco and nicotine use/smoking/vaping	40%
#5 Suicide	18%
#6 Maternal, infant, and child health	14%
#7 Injuries	6%
#8 HIV/AIDS and Sexually Transmitted Infections (STIs)	1%

HEALTH NEEDS

COMMUNITY CONDITIONS



HEALTH NEEDS: COMMUNITY CONDITIONS

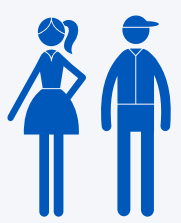
The following pages rank the community conditions category of health needs, which include the social determinants of health, health behaviors, and access to care. They are ranked and ordered according to the community member survey as seen on page 24 (note that not every health need has its own section 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 Morgan County and the state compared to the benchmark goal.





#1 Health Need: INCOME/POVERTY & EMPLOYMENT

Economic stability includes **income, employment, education**, and many of the most important social factors that impact the community's health. **34% of community survey respondents ranked income/poverty and employment as a priority health need.**



9% of GSA* teens 16-19 are at risk because they are **not in school or are unemployed**, which is higher than the 6% seen statewide.⁶

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



5% of Morgan County vs. 4% of Ohio adults are unemployed.⁶

IN OUR COMMUNITY

The median household income in **Morgan County** is **lower** than the state average.⁶



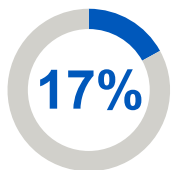
MORGAN COUNTY: \$58,800
OHIO: \$65,800



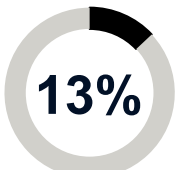
25%

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

POVERTY RATE



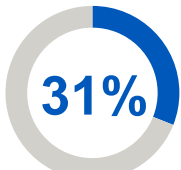
MORGAN



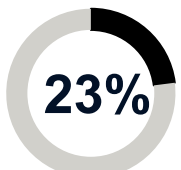
OHIO

Poverty rates are **higher** for Morgan County than for Ohio.⁸

LOW-INCOME RATE



MORGAN



OHIO

Low-income rates are **higher** for Morgan County than for Ohio.⁹



COMMUNITY FEEDBACK

"Whether you want to work or not is a lot of the bigger issue. I mean there's jobs out there, but, if that's not paying me \$25 an hour, I'm not gonna take it. Well, \$25 an hour is better than \$0 an hour."

- Community Member Interview from Morgan County





#1 Health Need: INCOME/POVERTY & EMPLOYMENT



19% of low-income Morgan County adults utilize food stamps, vs. 12% for Ohio.⁹

According to the U.S. Census Bureau

3%

of both Morgan County and Ohio residents receive public assistance.⁹

7%

of Morgan County residents receive Supplemental Security Income (SSI), vs. 6% for Ohio.⁹



COMMUNITY FEEDBACK

"We definitely have a culture of poverty here; it's multi-generational. There are generations that seem to rely on the system and don't know how to break that cycle."

- Community Member Interview from Morgan County

"There aren't very many jobs in the area, unless you want to work in food service making minimum wage."

- Community Member Interview from Morgan County

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

- Community Focus Group from Morgan County

"There are very few skilled job opportunities in Morgan County. Almost everyone that I know have had children that grew up and moved away for exactly that reason."

- Community Member Interview from Morgan County

Top issues/barriers for income/poverty and employment (from interviews and focus groups):

1. Lack of employment in the area
2. Lower than average incomes/poor pay
3. Increased poverty in the area

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

1. Low-income population
2. Elderly population
3. People who use substances

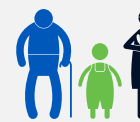
Top resources, services, programs, and/or community efforts for income/poverty and employment:

1. Job & Family Services (JFS)

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...

Stockport (43787) residents (41%) were significantly more likely to select employment as one of their top concerns on the community survey.



23% of **children**, 10% of **seniors**, and 46% of **female heads-of-household (HoH-live with minors)** live in poverty.^{8,11}

38% of **male** and 34% of **female** residents in Morgan County ranked income/poverty and employment as a top concern.

23% of Morgan County **65+ year-old** community survey respondents earn a relatively low household income of \$20,000-\$34,000 per year, a significantly higher percentage than 55-64 year-olds.



In the community member survey, those with an **associate degree** (38%) were more likely to rank employment as a top concern.

In the community survey, income/poverty and employment were ranked as a top concern **by those with attention deficit disorder and those with mental health disorders.**

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

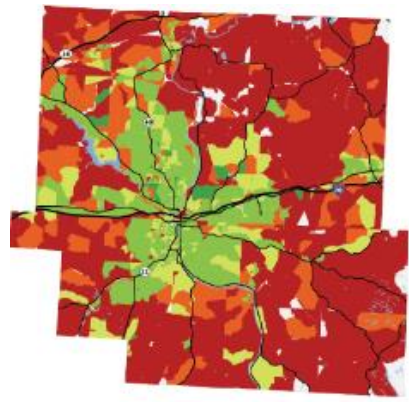


#2 Health Need: INTERNET/WIFI ACCESS

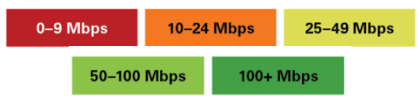
Ohio ranks 38th out of the 50 U.S. States in BroadbandNow's 2024 rankings of internet coverage, speed, and availability (with 1 being better coverage).³⁰ 30% of community survey respondents ranked internet access as a **priority health need**.

IN OUR COMMUNITY

The map to the right shows **broadband internet access** across Morgan County (**red** areas have the least access to internet while **green** areas have the most access).³¹



Key: Internet Speeds*



*megabits per second

PRIORITY POPULATIONS INTERNET ACCESS

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



Lower income people have a lower likelihood of having internet access, according to research.³⁰

According to the community survey, residents **ages 25-34** (48%) and **ages 65+** (38%) were most likely to rank internet as a top concern in Morgan County.

Morgan County (89%) had the second highest rate of households lacking broadband internet access in the GSA (after Noble County at 97%).³¹

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

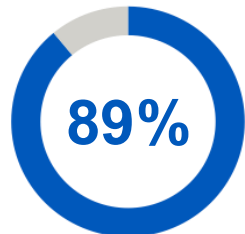
1. Lack of access
2. Affordability/cost
3. Lack of coverage in rural areas
4. No fiber optics/broadband coverage

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

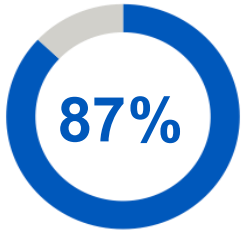
1. Low-income population
2. Rural areas

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

1. Library



89% of households in Morgan County lack access to broadband internet (25/3 mbps* - standard internet speed).³¹



87% of households in Morgan County without access to broadband internet have low internet speeds (10/1 mbps* of less).³¹



COMMUNITY FEEDBACK

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

- Community Member Interview from Morgan County

"There are significant parts of the population, that either don't have internet access or don't know how to use it."

- Community Member Interview from Morgan County

"We don't have a lot of service from broadband high-speed Internet. So, we have a lot of families using satellite and DSL connections."

- Community Member Interview from Morgan County



#3 Health Need: ACCESS TO HEALTHCARE

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

Morgan County is considered both a **primary care provider** and **dental health professional shortage area**.¹⁵

IN OUR COMMUNITY

16% of community survey respondents say that **primary healthcare access is lacking** in the community, while **29%** ranked it as a priority.

MORGAN COUNTY

*13,680:1⁶



OHIO

*1,330:1⁶

*residents : primary care providers

20% of community survey respondents say that **dental healthcare access is lacking** in the community, while **5%** ranked it as a priority.

MORGAN COUNTY

**4,560:1⁶



OHIO

**1,530:1⁶

**residents : dental care providers

56% of community survey respondents say that **specialist healthcare access is lacking** in the community, while **25%** ranked it as a priority.

BARRIERS TO CARE



50% of community survey respondents **could not obtain a necessary prescription** in the past year.



31% of community survey respondents have **delayed or gone without medical care** due to being unable to get an appointment.



12% of survey respondents **lack health insurance** because it **costs too much**.



While **48%** of survey respondents have a primary care provider in their own county, **53% travel outside of their county to access primary care**.



28% 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 **10% for vision care**.



Nearly 2 in 10 (17%)

Community survey respondents **do not have a usual primary care provider (PCP)**.



Nearly 1 in 4 (23%)

BRFSS*** Region 12 and Ohio residents **did not have a routine checkup** in the prior year.¹⁷

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



More than 1 in 4 (27%)

Survey respondents **have either never been to the dentist for a checkup or have not been in over a year**.

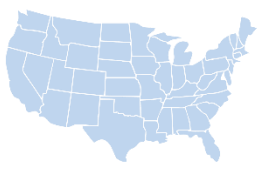




#3 Health Need: ACCESS TO HEALTHCARE

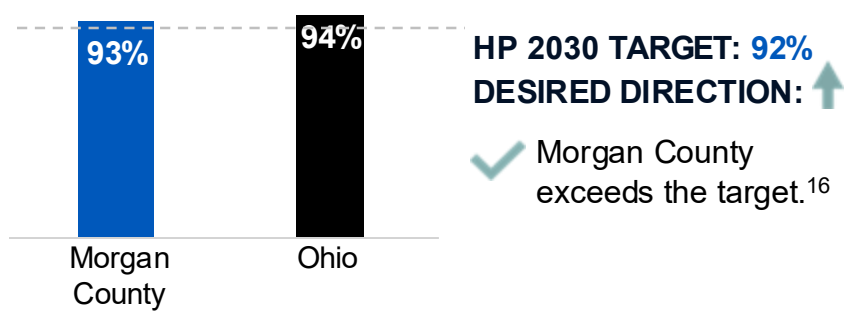


4% of community survey respondents' usual source of care is a **virtual visit/telehealth service**, while **11%** visit the **hospital emergency room** for routine care.



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

HEALTH INSURANCE COVERAGE



COMMUNITY FEEDBACK

“I wish there were more options for providers in the area. If you don't like the dentist you're seeing, it's likely the only one, so you have to get over it or travel for care.”

- Community Member Interview from Morgan County

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

- Community Member Focus Group from Morgan County

“We see a lot of walk-ins at urgent care that should go to the emergency room instead. There's a lack of education in that area.”

- Community Member Interview from Morgan County

“We have a lack of primary care provider; we need more Doctors in the area rather than Nurse Practitioners.”

- Community Member Focus Group from Morgan 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...



11% of **adults** and 6% of **children** in the GSA are uninsured.⁶

According to the community survey, 32% of **Stockport (43787)** residents report not having a checkup within the past year, more than other areas of Morgan County.

According to the community survey, individuals **ages 65+** in Morgan County were more likely than other age groups to indicate access to primary healthcare as a high concern (46%).

Community survey respondents in **Stockport (43787)** (36%) were more likely to visit urgent care clinics for routine care than those in Chesterhill (43728) (14%).



Of all age groups surveyed, **adults 18-34** (20%) were most likely to report having no insurance due to being ineligible.

In the community survey, 71% of Morgan County residents with **health-related disabilities** ranked access to healthcare as a top concern, followed by 67% of those with **mobility-related disabilities**.

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

1. Low access to providers
2. No hospital access in certain areas
3. Not enough primary care providers
4. Lack of specialists

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

1. Muskingum Valley Health Center
2. Local health departments
3. Genesis HealthCare System
4. Morgan County Transit
5. Morgan County Office on Aging



#4 Health Need: ACCESS TO CHILDCARE

IN OUR COMMUNITY



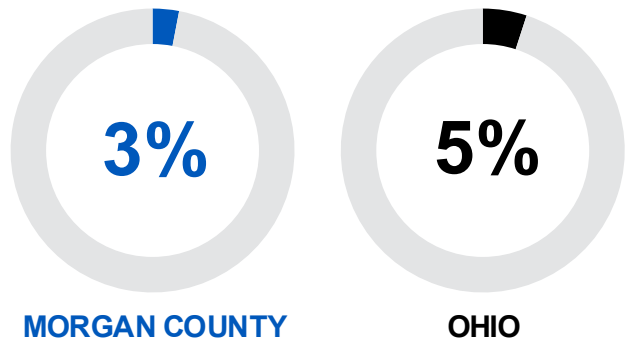
The average **two-child Morgan County household spends 27% of its income on childcare**, with the state average being 29%.⁶

CHILDCARE AVAILABILITY



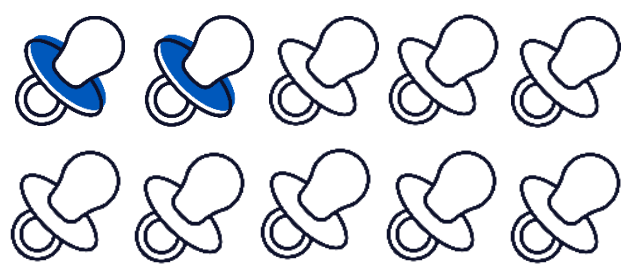
Morgan County has an average **13 daycare centers per 1,000 children under 5 years old**, vs. Ohio's 8.⁶

CHILDREN IN PUBLICLY FUNDED CHILDCARE



The Morgan County rate is **3%**, **below** the state average of 5%.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



20% of Morgan County community members surveyed reported that **access to childcare** is an issue of concern in their community, while **22%** 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

#4 Health Need: ACCESS TO CHILDCARE



COMMUNITY FEEDBACK

“There are only two childcare options in the area. One offers extended hours (7 AM – 5 PM) but is expensive and short-staffed, with no nursery care on Tuesdays and Thursdays. The other is more affordable but only open from 9 AM – 2 PM, making it difficult for working parents. Both have major limitations, leaving families with few viable options.”

- Community Member Interview from Morgan County

“The school provides some daycare options during the academic year. In the summer, most families rely on their older children for childcare needs due to the lack of private daycare options.”

- Community Member Interview from Morgan County

“In our area, we see a lot of grandparents stepping in to raise grandchildren.”

- Community Member Interview from Morgan County

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

- Community Member Interview from Morgan County



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.

50% of **Native American/Alaska native** residents who responded to the community survey rated access to childcare as a top concern, more than other racial groups.



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

According to the community survey, Morgan County residents **ages 45-54** (36%) 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. Limited childcare/daycare facilities
2. Affordability
3. Limited hours for second/third shift employees
4. Waitlists/limited spots available at facilities

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

1. Working parents
2. Those working second/third shift

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

1. Morgan County Job & Family Services (JFS)



#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

21% of survey respondents said that **ACEs** are a top concern in the community.



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

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

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

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

*Ohio Healthy Youth Environmental Survey (OHYES!)



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

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

- Community Member Interview from Morgan County

PRIORITY POPULATIONS ADVERSE CHILDHOOD EXPERIENCES

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



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

Children with the following **risk factors:**²⁰

- Lower income
- Precarious housing/homelessness
- Parents have mental health and/or substance use challenges
- Witnessing violence/incarceration
- Parents are divorced/separated
- Lack of connection to trusted adults

Significantly more **McConnelville (43756)** residents (27%) than residents from other geographical areas ranked ACEs as a top health concern in the community survey.

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

1. Generational trauma
2. Drugs and domestic violence
3. Abuse and neglect
4. Lack of local support services

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

1. Children of parents in poverty
2. Children of single parents

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

1. Job & Family Services (JFS)
2. School counselors



#5 Health Need: FOOD INSECURITY

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



When asked what resources were lacking in the community survey, 47% of respondents answered **affordable food**, while 20% of survey respondents ranked **access to healthy food** as a top health concern.

IN OUR COMMUNITY



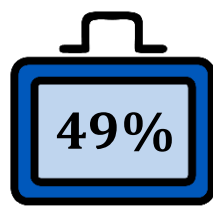
Children experience the highest food insecurity rate in Morgan County (24%), which is higher than the food insecurity rate for Ohio children (20%).²¹



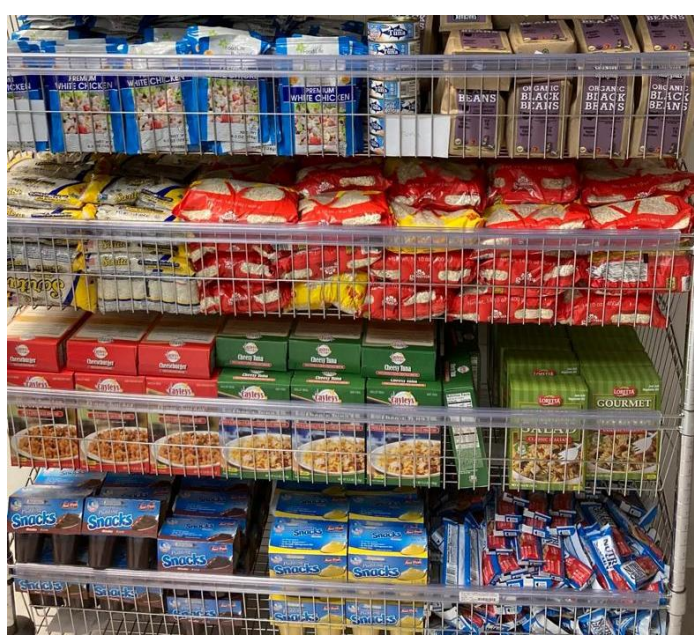
When asked in the community member survey if they or their families worry that food will run out and that they won't be able to get more, 15% of respondents reported 'yes'.



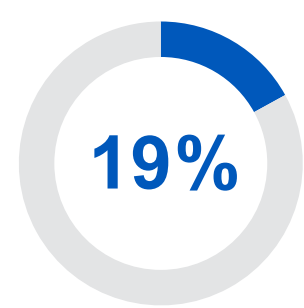
19% of Morgan County households receive food stamps, 17% of single moms with children receiving food stamps, and 38% senior households receive food stamps.^{10,22}



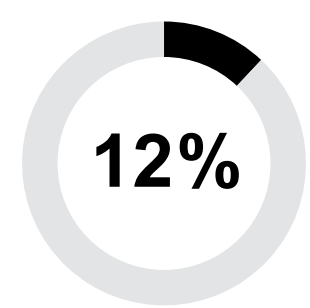
The percentage of students in Morgan County who are eligible for the **National School Lunch Program (NSLP) Free & Reduced Price Meals** is 49% on average.²³



A higher rate of Morgan County than Ohio households access **SNAP* benefits**.¹⁰



MORGAN COUNTY



OHIO

6.8/10

The Morgan County **food environment rating** out of 10 (0 being worst and 10 being best) is **6.8/10**, slightly lower than Ohio at 7.0.⁶

*Supplemental Nutrition Assistance Program

#5 Health Need: FOOD INSECURITY



COMMUNITY FEEDBACK

"It's challenging to find fresh, affordable nutritious food. At the convenience stores you might see 20 rows of mac and cheese and only one row of healthy options."

- Community Member Interview from Morgan County

"Convenience stores aren't accessible to low-income families. The food there is priced for convenience not affordability."

- Community Member Interview from Morgan County

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

- Community Member Focus Group from Morgan County

"Our schools do offer free breakfast and lunch to all students; it's a good program. Students who might go hungry outside of school can at least have two guaranteed meals."

- Community Member Interview from Morgan County

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

- Community Member Interview from Morgan County

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

1. Healthy food is expensive
2. Transportation to get healthy foods

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

1. Low-income population
2. Those without transportation

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

1. Food pantries
2. Community garden
3. Supplemental Nutrition Assistance Program (SNAP)/food stamps
4. Morgan County United Ministries
5. Schools

PRIORITY POPULATIONS FOOD INSECURITY

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

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



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

According to the community survey, 23% of **Stockport (43787)** respondents feel that access to healthy foods needs to be addressed in Morgan County, more than other areas.



Based on the community survey, Morgan County residents with **autism** (67%) were more likely to rank access to healthy foods as a community health concern.

Community survey respondents **35-44 years old** felt that affordable food resources (67%) were more lacking in the community than other age groups.

Food insecurity was reported as a top health need in 27% of **men** in the Morgan County community survey, while 17% of females reported the same.



#6 Health Need: HOUSING & HOMELESSNESS



Housing and homelessness is a concern in terms of quality and affordability, which has only increased during the COVID-19 pandemic. **19%** of community survey respondents ranked **housing and homelessness** as a priority health need, while **60%** of community member survey respondents report **affordable housing** as a resource that is lacking in the community. **Affordable housing was the #1 reported resource needed in Morgan County.**



11% of Morgan County households (vs 13% for Ohio) 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).⁶

IN OUR COMMUNITY



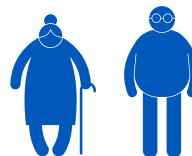
Freddie Mac estimates that the vacancy rate should be 13% in a well-functioning housing market. There was a **23% vacancy rate** in Morgan County in 2022, which held steady from 2017.^{24,25}



In 2024, there were **no documented people experiencing homelessness** in Morgan County, out of 3,564 in Ohio.²⁷



50% of Morgan County households are "cost burdened" (spend more than 35% of their income on housing), vs. 24% for Ohio.³



Data shows that **14% of Morgan County and 13% Ohio households are seniors who live alone.** Seniors living alone may be isolated and lack adequate support systems.²⁸



The number of **affordable and available units per 100 very-low-income renters** (<50% of area median income) in Morgan County was **90** vs. 80 for Ohio. This puts renters at risk for rent burden, eviction, and homelessness.²⁶



COMMUNITY FEEDBACK

"There's nowhere to house anyone in the community. When housing does become available, people aren't able to afford the rent."

- Community Member Interview from Morgan County

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

- Community Member Interview from Morgan County

#6 Health Need: HOUSING & HOMELESSNESS



COMMUNITY FEEDBACK

"It's difficult for young people to stay here after graduation. We don't have reasonably priced apartment complexes for them as they start their careers."

- Community Member Interview from Morgan County

"People are paying so much in rent that they'll never be able to own a home because they can't save money for a mortgage or down payment."

- Community Member Interview from Morgan County

"I think we have a larger homeless population than we realize. Some families are couch surfing, living in cars, or staying with family and friends."

- Community Member Focus Group from Morgan County

"There's not enough places for our seniors to go. We don't have enough senior living facilities or single-story homes that are accessible for our aging population."

- Community Member Focus Group from Morgan County

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

1. Limited/no affordable housing
2. Homelessness
3. Not enough senior housing
4. Rent is not affordable

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

1. Elderly population
2. Low-income population
3. Homeless population

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

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

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, 83% of **Multiracial** residents felt that affordable housing resources were lacking, as well as 73% of **Black/African American** residents (more than other racial groups).

Residents in **Chesterhill (43728)** ranked housing and homelessness as a top concern (29%) in the community survey, significantly more than residents in Stockport (43787) (18%).



In the community survey, 84% of residents with a household income of **less than \$20,000** felt that affordable housing resources were lacking, more than other income groups.

Housing was reported as a top health need in 24% of **men** in the Morgan County community survey, while 18% of women felt the same.



#8 Health Need: CRIME & VIOLENCE

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

9% of community survey respondents feel that **crime and violence is a top issue** of concern in the community.

IN OUR COMMUNITY

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

PROPERTY CRIME RATES PER 100,000³²

MORGAN COUNTY **8**

OHIO **130**

VIOLENT CRIME RATES PER 100,000³²

MORGAN COUNTY **50**

OHIO **110**



COMMUNITY FEEDBACK

"What often happens is the deputy arrests someone and drives them to Nelsonville — an hour and a half each way — only to find there aren't enough beds in the jail. With no other option, they have to release the person."

- Community Member Interview from Morgan County

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

- Community Member Interview from Morgan County

PRIORITY POPULATIONS CRIME & VIOLENCE

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

According to the community survey, 14% of **Chesterhill (43728)** respondents ranked crime and violence as a top concern, significantly more than Stockport (43787) respondents (6%).



In the community survey, **10% of women** felt that crime and violence was a top concern, compared to 5% of men in Morgan County.

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

1. Crime/violence due to drugs
2. Domestic and sexual abuse/violence

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

1. Low-income population
2. Those with substance use disorders

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

1. New Hope
2. Full Circle Recovery

#9 Health Need: EDUCATION



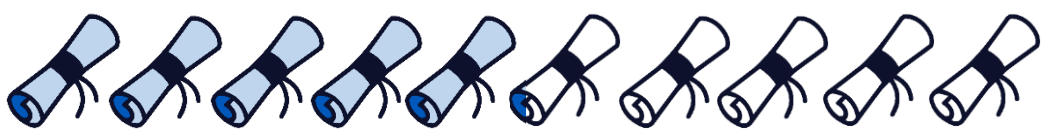
Educational attainment is a key driver of health; **8% of community survey respondents reported education and literacy as a top health need.**

IN OUR COMMUNITY



According to census data, **13% of Morgan County residents did not graduate high school, vs. 9% for Ohio.**⁶

53% of Morgan County residents have at least some college education (vs. 66% for Ohio).⁶



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



COMMUNITY FEEDBACK

"I think the rural setting, along with limited internet access and the lack of funds for seniors to buy a computer or smartphone, is one of the biggest obstacles to education."

- Community Member Interview from Morgan County

"Most people aren't aware of the resources available to them within the Health Department. They seem to think it's only for immunizations."

- Community Member Interview from Morgan County



31% of 3- and 4-year-olds in Morgan County are enrolled in preschool. This is lower (and worse) than the overall Ohio rate of 43%.³⁶

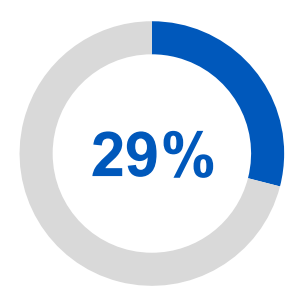


Preschool enrollment can improve short- and long-term socioeconomic and health outcomes, particularly for disadvantaged children.³⁷

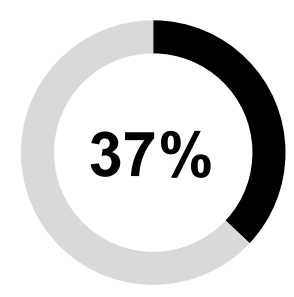


Morgan County has an **83% 4-year high school graduation rate, slightly below the Ohio state average (86%).**⁶

KINDERGARTEN READINESS³⁵



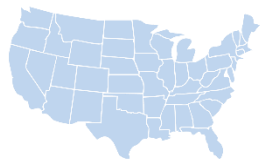
MORGAN COUNTY



OHIO

The average Kindergarten readiness rate for Morgan County schools was lower than Ohio for 2022-2023.³⁵

#9 Health Need: EDUCATION

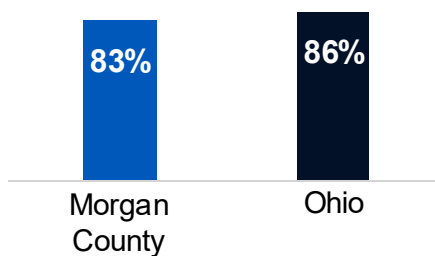


HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

HIGH SCHOOL GRADUATION RATE

HP 2030 TARGET: **91%**
DESIRED DIRECTION:

Morgan County does not yet meet the target.⁶



In 2023-2024, **Morgan County** had a high school chronic absenteeism rate of (25%), vs 24% for Ohio overall.³⁸



COMMUNITY FEEDBACK

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

- Community Member Interview from Morgan County

“[We need] enough qualified educators for autistic children.”

- Community Member Focus Group from Morgan County

“We have a vocational career tech program within our county high school, allowing students to learn valuable skills. Whether they’re college-bound or not, they have the opportunity to gain trade experience, which is beneficial.”

- Community Member Interview from Morgan County

PRIORITY POPULATIONS EDUCATION

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



21% 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 (41%)** were more likely than females (12%) to have a high school education only.

The community survey found that those **ages 65+** were less likely to have completed higher education compared to those ages 45-64.

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

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

1. Lack of spots/availability
2. Lack of preschools

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

1. Low-income population

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

1. Vocational Schools
2. Muskingum Valley Healthcare
3. Morgan County Health Department



#10 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.⁶

IN OUR COMMUNITY

8% of community survey respondents said that addressing **preventive care and practices** 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

36%

Just over one-third (36%) of Morgan County Medicare enrollees received a flu vaccine in 2021.⁶



1 in 5 (21%) Morgan County women ages 50-74 have not had a mammogram in the past two years.⁴²

10%

of community survey respondents have **NEVER** had a flu shot, while only **45%** say they have had one in the past year.

9%

of community survey respondents **do not receive any immunizations**, while **62%** receive all required immunizations.



Nearly 2 in 5 (38%) Morgan County adults ages 50-75 do not meet colorectal screening guidelines.⁴²



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



63% of community survey respondents receive their immunizations at doctors' offices and **25%** at their local health department.



COMMUNITY FEEDBACK

"Not having primary and specialized care providers in our community definitely prevents people from seeking care. Unless someone is seriously ill, they're not going to spend an hour and a half traveling and half their day at an appointment. For hourly employees, it's even harder — they're not going to risk losing a paycheck."

- Community Member Interview from Morgan County

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

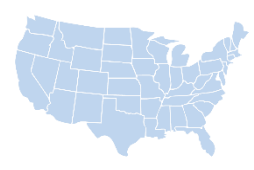
- Community Member Interview from Morgan County

"You typically have to go out of our county to have any type of screenings or anything done."

- Community Member Interview from Morgan County

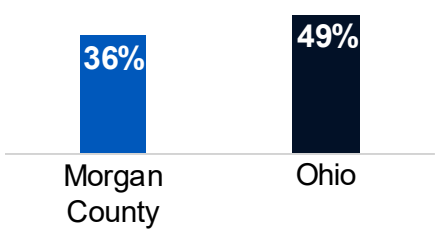


#10 Health Need: PREVENTIVE CARE & PRACTICES



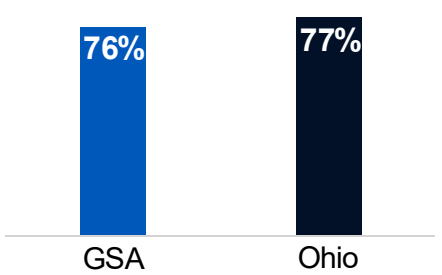
HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

MEDICARE ENROLLEE ANNUAL FLU VACCINATION



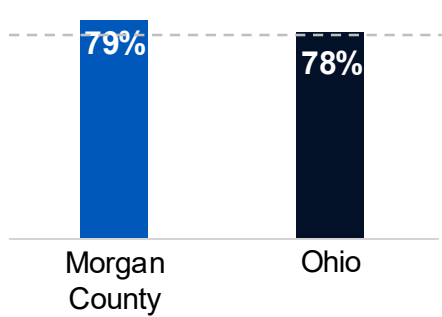
HP 2030 TARGET: **70%**
 DESIRED DIRECTION: **↑**
 ✗ Morgan County does not yet meet the target.⁶

WOMEN 21-65 WITH PAP SMEAR IN PAST 3 YEARS



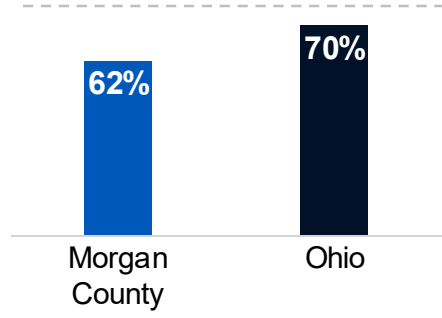
HP 2030 TARGET: **84%**
 DESIRED DIRECTION: **↑**
 ✗ The GSA does not yet meet the target. Morgan County is not included as the data was unavailable.⁴⁹

WOMEN 50-74 WITH MAMMOGRAM IN PAST 2 YEARS



HP 2030 TARGET: **77%**
 DESIRED DIRECTION: **↑**
 ✓ Morgan County exceeds the target.⁴⁹

ADULTS 50-75 WHO MEET COLORECTAL SCREENING GUIDELINES



HP 2030 TARGET: **74%**
 DESIRED DIRECTION: **↑**
 ✗ Morgan 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 35-44** (14%) were more likely to rank preventive practices as a top concern.

Chesterhill (43728) residents reported in the community survey that they are less likely to get an annual or routine check-up with a provider than respondents from other areas.

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

1. Services are unavailable locally

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

1. Local Health Departments/ Federally Qualified Health Centers (FQHC)
2. Mobile services

#11 Health Need: TRANSPORTATION

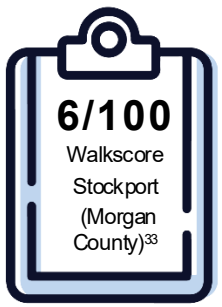
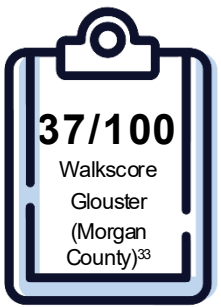
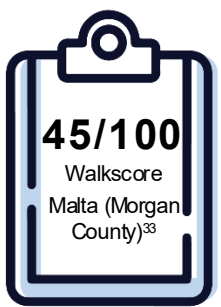


Transportation has a major influence on health and access to services (for example, attending routine and urgent appointments, as well as running essential errands that support daily life). **7% of community survey respondents reported transportation as a top health need in Morgan County.**

IN OUR COMMUNITY



14% of community survey respondents say that **transportation is lacking** in Morgan County. **10%** of respondents say that **lack of transportation prevented their access to one or more essential services** in the past year.



When analyzing the largest communities in Morgan County, according to *Walkscore.com*, McConnellsville was classified as 'Somewhat Walkable', while Stockport, Glouster, and Malta were classified as 'Car Dependent'.



According to the community survey, in the last year **73%** of residents had to travel outside of their county to access resources (the most common being healthcare resources).

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



82% of all workers in Morgan County **drive alone to work**, compared to 78% for Ohio.⁴ **26%** of community survey respondents say that **car repair services are lacking** in the community.



1% of Morgan County residents **use methods such as public transportation, walking, or biking to get to work.**³⁴



Morgan County workers spend an average of **38 minutes per day commuting** to work, vs. 24 minutes for Ohio workers.³⁴



#11 Health Need: TRANSPORTATION



COMMUNITY FEEDBACK

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

- Community Member Interview from Morgan County

"Our schools aren't located within walking distance for most students, so school buses have to travel long distances to transport them."

- Community Member Interview from Morgan County

"We don't have many sidewalks. The ones we do have are in poor condition. If you aren't looking where you're walking, you could really get hurt."

- Community Member Interview from Morgan County

"Walkability is non-existent, it's unfortunate because there are a lot of folks that want to bike or walk places. Once you leave the bigger city limits, that's no longer an option."

- Community Member Interview from Morgan County

"We have a lot of rural residents that can't afford or access a car to drive to Zanesville, Athens, Columbus, or other places to access the healthcare they need."

- Community Member Interview from Morgan County

"Being in a rural area, sidewalks aren't really prevalent."

- Community Member Interview from Morgan County

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

1. Sidewalks need improvement
2. Lack of public transportation
3. Barriers to utilizing public transportation

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

1. Elderly population
2. Rural population

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

1. Morgan County Office on Aging
2. Morgan County Transit

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

14% of **Stockport (43787)** survey respondents feel that transportation is lacking, more than other areas.



43% of surveyed community members with a **health-related disability** ranked transportation as a top concern.

In the community survey, 14% of Morgan County residents reported **relying on family members for transportation** to medical appointments, 13% for food shopping, and 7% for work.



Transportation was most reported as a top concern in the Morgan County community survey by residents that are **Black or African American** (9%).

According to the community survey, 8% of residents that are **female** feel that transportation is lacking in the area, while no males felt that transportation was a top concern.

10% of surveyed community members aged **35-44** ranked transportation as a top concern, more than other age groups.

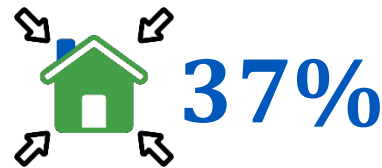
#12 Health Need: NUTRITION & PHYSICAL HEALTH



IN OUR COMMUNITY



43% of community survey respondents rated their physical health as “good”, 34% rated it as “very good”, and 18% rated it as “fair”.



37% of community survey respondents say that **social and recreational activities** (e.g. clubs, senior and youth activities, community spaces, etc.) are lacking.



45% of Morgan County residents are obese, higher than the state rate of 38%.⁶ 14% 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.^{7,40}

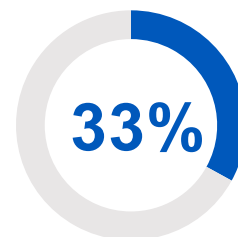


40% of community survey respondents say that **recreational spaces are lacking**. 5% selected physical health/exercise as a **priority health need**.

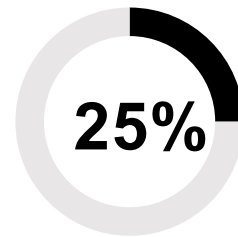


The most popular forms of physical activity that community survey respondents participate in or want to try are:

- Walking/hiking (66%)
- Gardening/yard work (33%)
- Swimming (18%)
- Going to the gym/weightlifting (13%)
- Yoga/pilates (13%)



MORGAN COUNTY



OHIO

According to the 2024 County Health Rankings program, **more Morgan County than Ohio adults are sedentary** (did not participate in leisure time physical activity in the past month).⁶

3% of community survey respondents ranked nutrition as a priority health need.



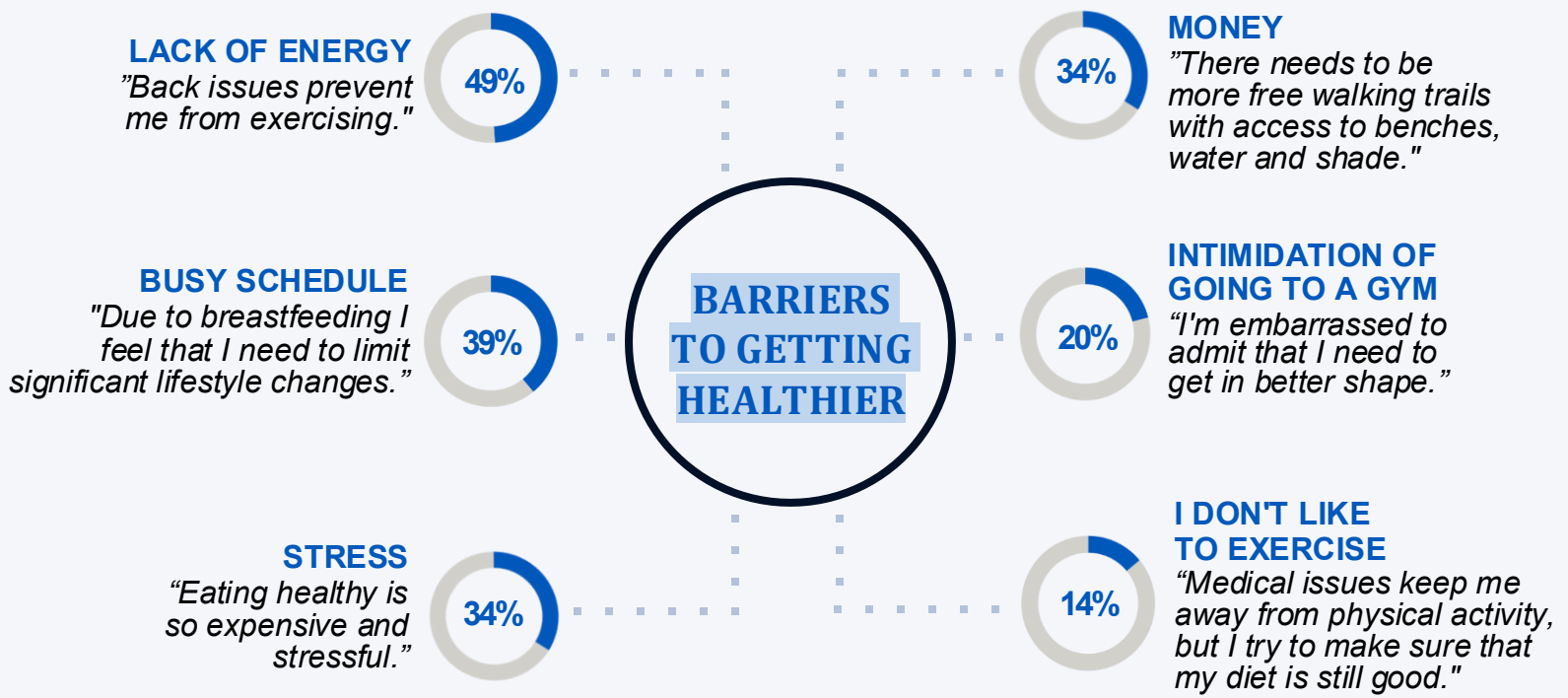
Of adults in BRFSS* Region 12, 20% consume no vegetables daily, the same as the state of Ohio, while 46% consume no fruit daily (vs. 43% for Ohio).¹⁷



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; Morgan County is a part of BRFSS Region 12, which also includes Coshocton, Guemsey, Muskingum, Noble, Perry, and Tuscarawas counties.

#12 Health Need: NUTRITION & PHYSICAL HEALTH



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



COMMUNITY FEEDBACK

"The village of McConnelsville was working on securing a grant, but I'm not sure about other areas in the county. There are no designated walking trails for exercise. However, we do have a boat ramp with a quarter-mile loop where people walk. It's not an actual track—just a paved road—but it's used for walking."

- Community Member Interview from Morgan County

"We don't have a swimming pool or the recreational and health facilities that a larger town would have. To access those amenities, we have to drive 30 miles."

- Community Member Interview from Morgan County

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

1. Limited options/resources

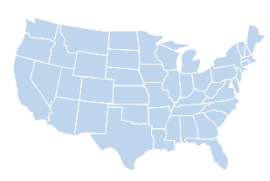
Sub-populations most affected by nutrition & physical health (from interviews and focus groups):

1. Low-income population

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

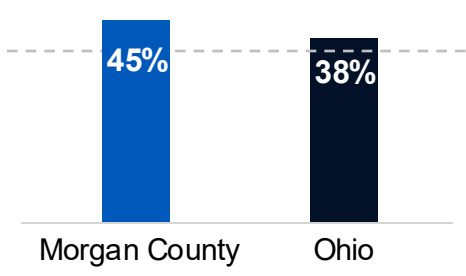
1. Parks/trails/bike paths
2. Local gyms

#12 Health Need: NUTRITION & PHYSICAL HEALTH



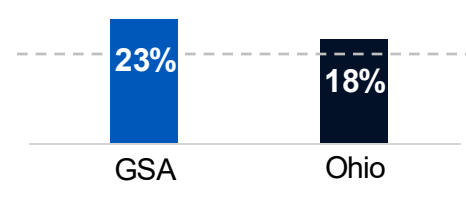
HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT OBESITY



HP 2030 TARGET: **36%**
 DESIRED DIRECTION: ↓
 ✗ Morgan County does not yet meet the target⁶

CHILDREN & TEEN OBESITY



HP 2030 TARGET: **16%**
 DESIRED DIRECTION: ↓
 ✗ The GSA does not yet meet the target. Data was unavailable for Morgan County.^{7,40}



According to the community survey, **12%** of Morgan County residents feel that there is a **lack of gyms or fitness centers to go to near them.**



In the community survey, **14%** of residents from Morgan County feel that **convenience (eating out is easier)** is a barrier to them getting healthier or in better shape. While another **5%** reported **not liking to cook** as a barrier.



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

48% of **Stockport (43787)** survey respondents feel that their busy schedule (not having time to cook or exercise) impacts their ability to get healthier and in better shape, more than respondents from Morgan County.

19% of **Stockport (43787)** community survey respondents indicated not enjoying exercise as a barrier to getting in shape, more than other county respondents.



#13 Health Need: ENVIRONMENTAL CONDITIONS

1% of 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 8% of respondents.

IN OUR COMMUNITY



MORGAN COUNTY



OHIO

In 2019, Morgan County had a **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, Morgan County had 0 **community water systems report a health-based drinking water violation.**⁶



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



In 2023, **11 of Ohio's 1,002 diagnosed cases of Lyme disease** were found in Morgan County.⁴⁴



COMMUNITY FEEDBACK

"Lyme disease seems to be a huge issue in Morgan County now — more than I've ever noticed before. It's concerning, especially as a parent. I have a 9-year-old daughter who loves playing outside, and I find myself telling her not to play in the grass—which feels so unnatural. It's a big issue in our area. I know the Health Department has taken action on mosquito control and other related concerns, but Lyme disease remains a serious worry."

- Community Member Interview from Morgan 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

5% of **Stockport (43787)** survey respondents feel that environmental conditions are a top concern to address in Morgan County, higher than residents of other areas.



4% of survey respondents **ages 65+** ranked air and water quality as a top concern, higher than other age groups.

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

1. Mosquitoes

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

1. Rural population

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

1. Local health department

HEALTH NEEDS

HEALTH OUTCOMES



HEALTH NEEDS: HEALTH OUTCOMES

The following pages rank the health outcomes category of health needs. They are ranked and ordered according to the community member survey as seen on page 24 (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 Morgan County and the state compared to the benchmark goal.



#1 Health Need: SUBSTANCE USE



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

IN OUR COMMUNITY



In the community member survey, **more than three quarters (81%)** of respondents reported **substance use** as one of their top health concerns, while **20%** say that **services are lacking in the community.**

16% of Morgan County adults reported binge or heavy drinking within the past month, vs. 20% for the state of Ohio.⁶ On the community survey, **54%** of respondents reported drinking in the past month.



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

- 8%** of GSA teens have **used alcohol in the past month**, vs. 9% for Ohio.¹²
- 24%** of GSA teens have **ever drunk 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 drunk**, vs. 56% for Ohio.¹²
- 32%** of GSA teens perceive **binge drinking once or twice a week as a great risk**, vs. 33% for Ohio.¹²



COMMUNITY FEEDBACK

"We've actually seen an increase in cocaine with kids. I don't even know how they're getting access to it, but there has been a big increase."

- Community Member Interview from Morgan County

"We recently had a drug test with para-florafentanyl, which is supposedly at least a hundred times stronger than Carfentanyl, and that is an elephant tranquilizer. I'm not sure whether they know what they're dealing with, or whether they just don't care."

- Community Member Interview from Morgan County

NEARLY 28%

of survey respondents rate their **access to substance use disorder services** as **LOW** or **VERY LOW**, with 40% rating it as **NEUTRAL**.

While **29%** of survey respondents received **all needed** substance use disorder services in the past year, **33%** **delayed** accessing them, the most common reason being **inability to get an appointment (9%)**.



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



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



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

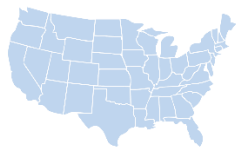


38% of motor vehicle crash deaths in Morgan County involve **alcohol**, compared to 32% for Ohio.⁶



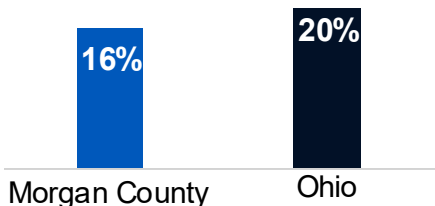
4% of community survey respondents reported that, in the past 6 months, they **used prescription medication that was not prescribed for them or used prescriptions in excess** in order to feel good, high, more active, or more alert.

#1 Health Need: SUBSTANCE USE



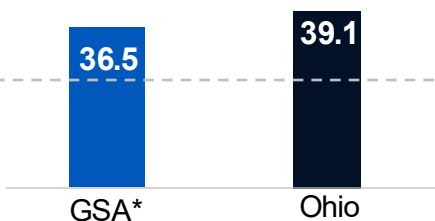
HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT BINGE OR HEAVY DRINKING



HP 2030 TARGET: **25%**
DESIRED DIRECTION: ↓
✓ Morgan County exceeds the target.⁶

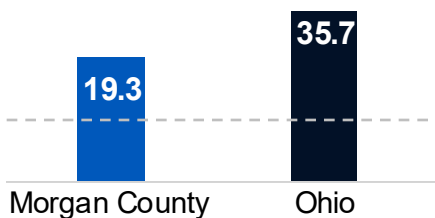
UNINTENTIONAL DRUG OVERDOSE DEATHS PER 100,000



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.⁴⁵

*only includes Coshocton, Guemsey, Muskingum, and Perry counties.

OPIOID OVERDOSE DEATHS PER 100,000



HP 2030 TARGET:
13.1 per 100,000
DESIRED DIRECTION: ↓
✗ Morgan County does not yet meet the target. Note that only crude rates were available.⁴⁶



COMMUNITY FEEDBACK

"Drug use is running around rampant in this area. There also seems to be stigma towards recovery options."

- Community Member Interview from Morgan County
"Meth makes people paranoid, and I get a lot of 911 calls about people unable to control them, from them having hallucinations and stuff like that."

- Community Member Interview from Morgan County

PRIORITY POPULATIONS SUBSTANCE USE

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

In the community survey, more **Stockport (43787) and Chesterhill (43728)** residents (86%) 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 18-24** (100%) feel substance use is a top health concern in the community than residents of other ages.



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
2. Cocaine
3. Not enough options for treatment

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

1. Youth

"The sheriff has been trying to secure Narcan from the Health Department."

- Community Member Interview from Morgan County



#2 Health Need: MENTAL HEALTH

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

Mental health and access to mental healthcare was the **#2 ranked health outcome** in the community member survey, with **over 76% of respondents selecting this option.**

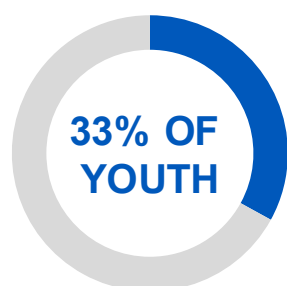


NEARLY 28%

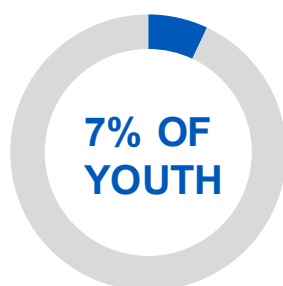
of survey respondents rate their **access to mental or behavioral health services** as **LOW** or **VERY LOW**, with another 40% rating it as **NEUTRAL**.

24% 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 (9%), cost or insurance issues (15%), and stigma (4%).**

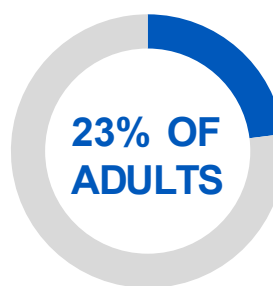
IN OUR COMMUNITY



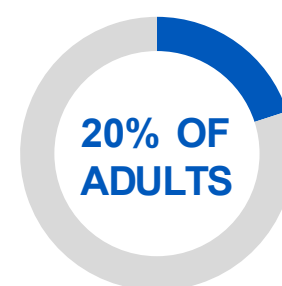
in the GSA experienced **poor mental health** (felt sad or hopeless almost everyday for two weeks or more in a row during the past 12 months), vs. 28% for Ohio.^{12,40}



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

MORGAN COUNTY
** **650:1**

OHIO
** **310:1**

The 2024 County Health Rankings found that Morgan County has **fewer mental health providers** relative to its population when comparing the ratio to Ohio. Morgan County is considered a **mental health professional shortage area**.^{6,15}

The GSA has a **higher overall suicide rate** than Ohio (19 vs. 14 per 100,000) and a **higher suicide rate for adults 18+** (88 vs. 19 per 100,000; Morgan County's adult suicide rate is also higher at 101). The youth suicide rate for GSA was suppressed due to low counts, while it is 3 per 100,000 for Ohio.^{45,48}

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

5% of respondents to the community member survey had **thoughts of suicide** in the last year. **18%** of respondents selected suicide as a top health need.



Morgan County adults report **5.7 mentally unhealthy days per month**, compared to 5.5 for Ohio.⁶



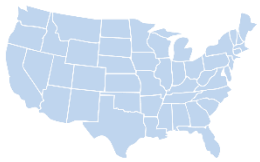
Only **29%** of respondents to the 2024 community member survey requiring mental or behavioral health services **received all the care they needed.**



#2 Health Need: MENTAL HEALTH

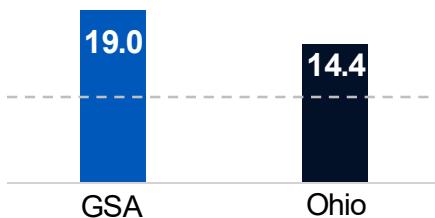


42% of community survey respondents rated their mental health as “good”, 27% rated it as “very good”, and 16% rated it as “fair”.



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 Morgan County.⁴⁸



COMMUNITY FEEDBACK

“I think the stigma of mental health is finally starting to go away in our area.”

- Community Member Interview from Morgan County

“We see a lot of it (mental health issues) from the nursing homes. Actually, for some reason, aggravation more than anything.”

- Community Member Interview from Morgan County

“We have no 24-hour mental health in Morgan County besides EMS, and all we can do is take you to the hospital. We’ve had patients in mental health crisis, even during the day, and there’s no one available because the one mental health facility, that provider, is in the schools, and there’s one at the office which makes no sense to me. At least the kids are getting help, but even during the day, if we have someone that is having a mental health crisis, we have to take them to Zanesville.”

- Community Member Interview from Morgan County

“There are not many [mental health] providers in the community, and they are not effective enough.”

- Community Member Interview from Morgan 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...



11% of residents from **Morgan County** were more likely to say that they did not know where to go for mental/ behavioral health services in the community survey.

In Morgan County, **6%** of residents reported in the community survey that they feel uncomfortable with mental or behavioral health providers.



5% of residents of **Morgan County** rated their mental health as poor on the community survey.

Mental health was ranked a top health concern by **Stockport (43787) and Chesterhill (43728)** respondents (86%) significantly more than by McConnellsville (43756) respondents (69%) in the community survey.



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

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

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

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

1. Youth
2. Elderly population



#3 Health Need: CHRONIC DISEASES

The most prevalent chronic conditions in the GSA are **hypertension, high cholesterol, diabetes, asthma, cancer, heart disease, and COPD.**^{47,49}

IN OUR COMMUNITY

POOR



FAIR



GOOD

VERY
GOOD

EXCELLENT



21% of Morgan County adults rate their health as **fair or poor** (vs. 16% for Ohio), while the other 79% rank it as excellent, very good, or good.⁶



COMMUNITY FEEDBACK

"You wouldn't believe how many kids we have to send off for Lead exposure. One of the factories here has some potential lead exposure for their employees, and they're very careful about, you know, doing annual screenings and sending people for follow up when their lead levels are high."

- Community Member Interview from Morgan County

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

- Community Member Interview from Morgan County

"There needs to be healthcare mobile units in locations throughout the county."

- Community Member Focus Group from Morgan County

"There is a lack of prevention services for children in the area."

- Community Member Focus Group from Morgan County

"Morgan County has an aging population, so [healthcare] services are needed and vital."

- Community Member Focus Group from Morgan County



21% of Morgan County adults identify as having a **disability**, vs. 15% for Ohio.⁵⁰



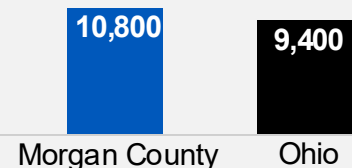
25% of survey respondents say that **accessibility for people with disabilities** is lacking in the community, while **10%** say that **interpretation services** (e.g. American Sign Language (ASL)) are lacking.



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



8% 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 **10,800 (age-adjusted) years of potential life lost** among Morgan County residents under age 75 per 100,000 people, vs. 9,400 for Ohio.⁶

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

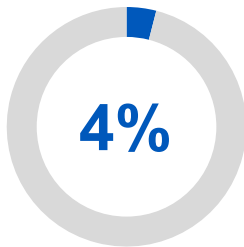
1. Diabetes
2. High rates of cancer
3. Obesity

#3 Health Need: CHRONIC DISEASES

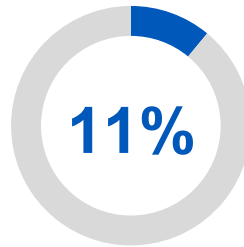


Heart disease is the **leading cause of death** in Morgan County.⁴⁵

HEART DISEASE & STROKE

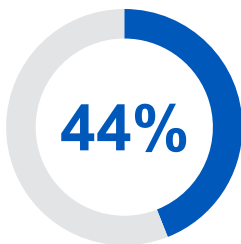


of both BRFSS Region 12* and Ohio adults reported that they have had a **stroke**.⁴⁷

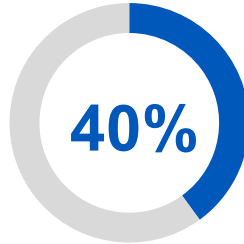


of BRFSS Region 12* adults reported having had a **heart attack, angina, or coronary heart disease**, compared to 8% for Ohio.⁴⁷

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



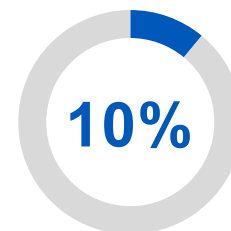
16% of BRFSS* Region 12 adults have diabetes, vs. 13% of Ohio.⁴⁷

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

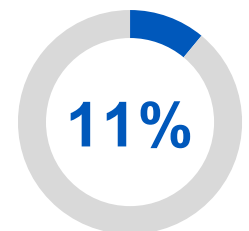
Of those with prediabetes, 20% will go on to develop diabetes within five years without lifestyle modification.⁴⁷

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; Morgan County is a part of BRFSS Region 12, which also includes Coshocton, Guemsey, Muskingum, Noble, Perry, and Tuscarawas counties.*

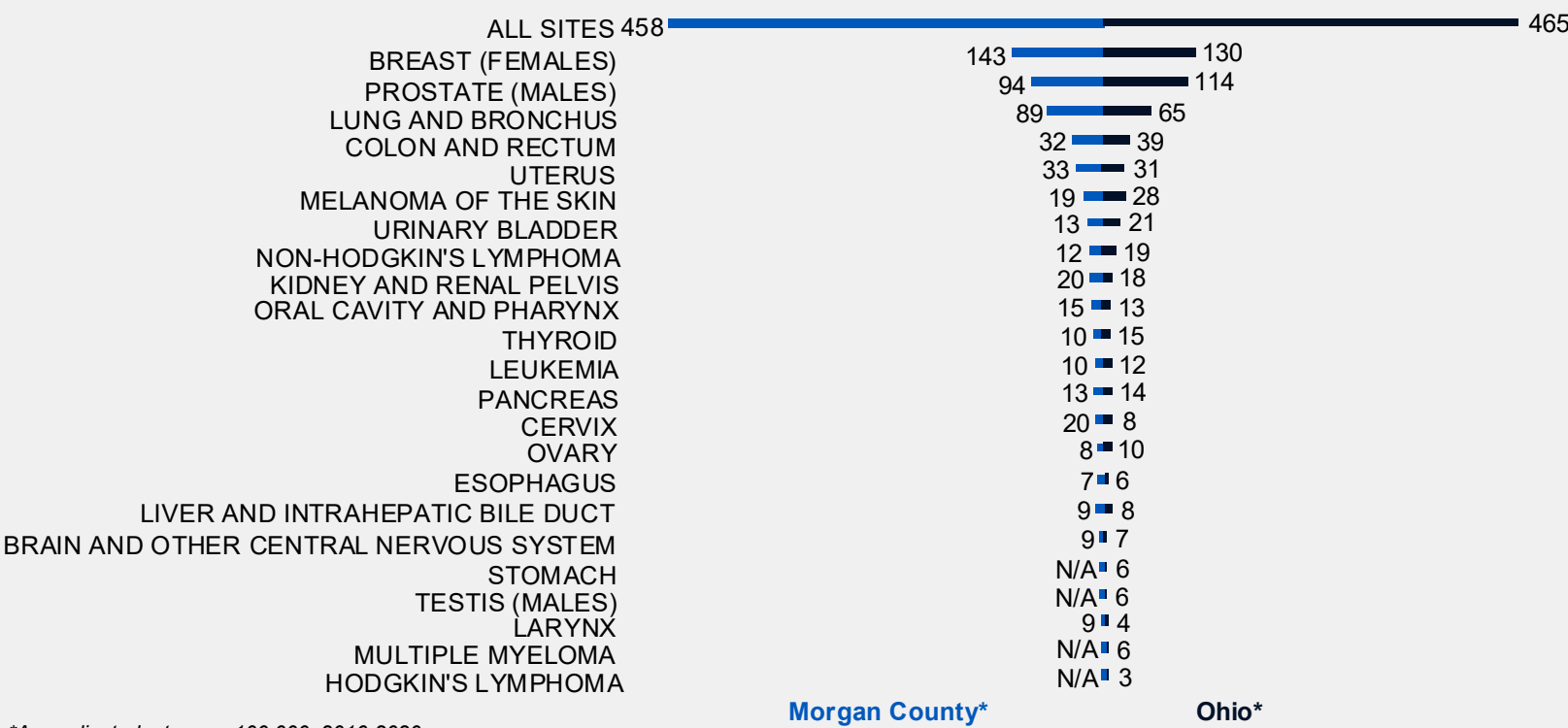


#3 Health Need: CHRONIC DISEASES

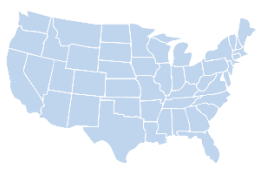
According to the Ohio Health Planning Partnership Data Warehouse, cancer is the **second leading cause of death** in Morgan County. Morgan County has a **lower overall incidence of cancer** per 100,000 than Ohio.⁴⁹



Breast (Female), Lung and Bronchus, Uterus, Kidney and Renal Pelvis, Oral Cavity and Pharynx, Cervix, Esophagus, Liver and Intrahepatic Bile Duct, Brain and other Central Nervous System, Larynx cancers had higher incidence rates in Morgan County than Ohio⁴⁹



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



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS



Morgan County does not yet meet the Healthy People 2030 target for lung, colorectal, and overall cancer mortality rates, while it meets the target for breast and prostate cancer.⁴⁵



#3 Health Need: CHRONIC DISEASES

PRIORITY POPULATIONS CHRONIC DISEASES

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

- Residents **ages 65+** that responded to the community survey were more likely to rank chronic diseases (such as heart disease, diabetes, cancer, asthma) among their top health concerns than residents ages 35-54.
- **McConnelsville (43756)** survey respondents (63%) were more likely to rate chronic diseases as top concerns to address in the community.
- **Male** residents (62%) were more likely to rank chronic diseases as top concerns to address than female residents (52%) on the community survey.
- **Native American/Alaska Native (100%) and Multiracial (83%)** community survey respondents were the most likely to rank chronic diseases as a top concern.
- **Lower-income** people are at a higher risk of developing many chronic conditions.⁴⁷
- Chronic conditions are more common in **older adults**.⁴⁷
- People with **high exposure to air pollution**.⁴⁷
- People who **smoke**.⁴⁷
- People with **challenges with physical activity and nutrition**.⁴⁷



#4 Health Need: TOBACCO & NICOTINE USE



40% of community survey respondents indicated that tobacco and nicotine use were top concerns.

IN OUR COMMUNITY

The leading chronic disease causes of death in Morgan County are:⁴⁵

- #1 Heart disease
- #2 Cancer
- #3 Chronic lower respiratory disease

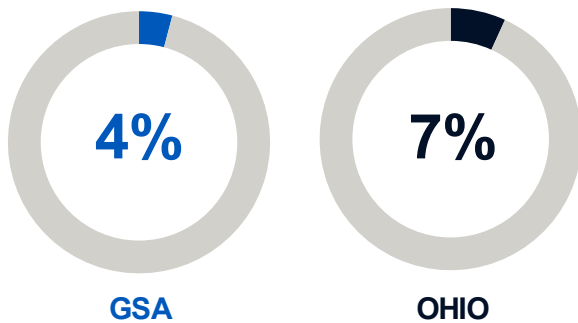
Smoking is a risk factor for all these chronic diseases



26% of Morgan 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; Morgan County is a part of BRFSS Region 12, which also includes Coshocton, Guernsey, Muskingum, Noble, Perry, and Tuscarawas counties.*

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



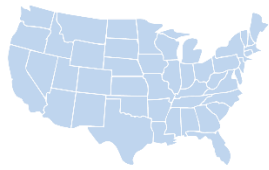
29% of GSA teens do not view electronic vapor product use as a moderate or great risk, compared to 28% for Ohio.¹²



13% of community survey respondents reported that they smoked cigarettes daily in the last 30 days, while the rate was 5% for vaping and 9% for other tobacco or other nicotine products.

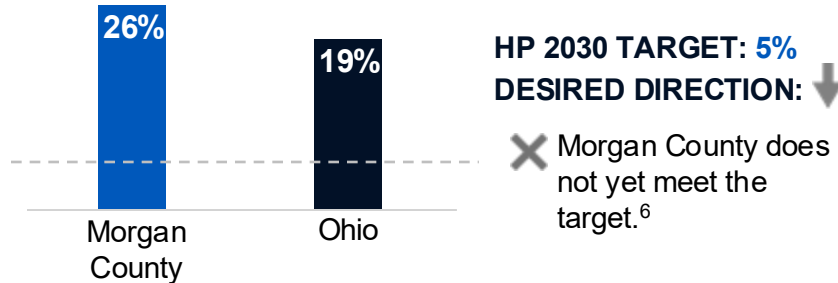


#4 Health Need: TOBACCO & NICOTINE USE



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT CIGARETTE SMOKING



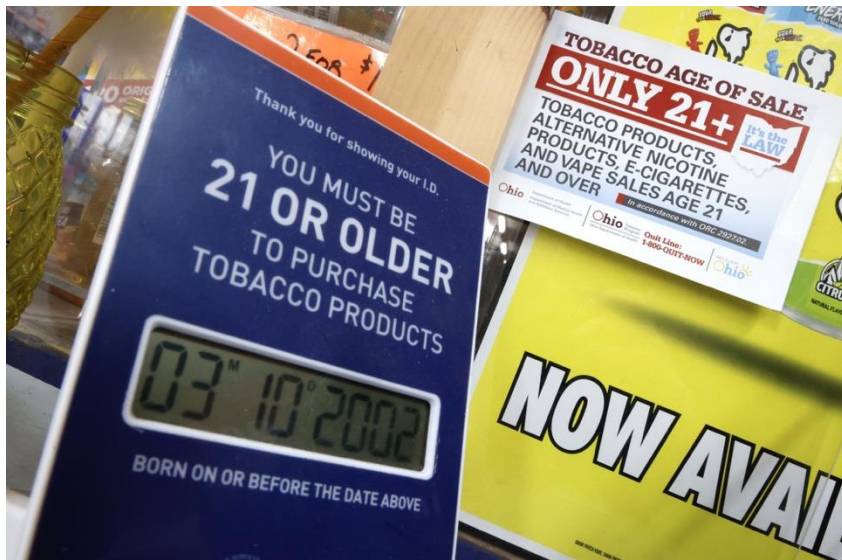
COMMUNITY FEEDBACK

"With vaping, at least they're not exposed to secondhand smoke, but I have no idea what kind of chemicals they're exhaling."

- Community Member Interview from Morgan County

"Vaping is a major problem, especially among kids who are seeming to start at a very young age."

- Community Member Interview from Morgan County



PRIORITY POPULATIONS TOBACCO & NICOTINE USE

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



In the community survey, residents with a **graduate degree** were most likely to rank tobacco and nicotine use as a top concern (47%).

According to Ohio data, the smoking rate is highest in **Multiracial people, women, people ages 35-44, LGBTQ+ 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}

15% of community survey respondents aged 55-64 reported that they smoked cigarettes **daily** in the last 30 days, higher than other age groups.



17% of GSA community survey respondents **under age 18** reported that they have used vapes or e-cigarettes **daily** in the last 30 days.

Top issues/barriers for tobacco & nicotine use (from interviews and focus groups):

1. Vaping

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

1. Youth

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

1. Health department programs

#5 Health Need: MATERNAL, INFANT & CHILD HEALTH



14% of community survey respondents say that addressing **maternal and child health** in the community is a top concern. 18% of survey respondents say that maternal, infant, and child healthcare **resources are lacking** in the community.

IN OUR COMMUNITY



6%

Morgan County has a **low-birth-weight rate** of 6%, vs. 9% for Ohio.⁶



Morgan County has a **teenage birth rate** for ages 15-19 (24 per 1,000 females) is higher than that of Ohio's (18 per 1,000 females).⁶



According to health department data, 4% of Morgan County and 7% of Ohio children under 6 tested had **elevated blood lead levels** in 2023. Within Morgan County, **11 ZIP Codes** were identified as high risk for elevated blood lead levels (43720, 43724, 43728, 43731, 43756, 43758, 43787, 45711, 45715, 45732, and 45786).^{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 preventable⁵⁶



COMMUNITY FEEDBACK

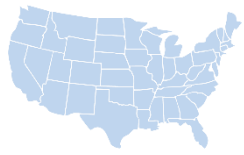
"Having patients who do not get prenatal care is more of a challenge than anything."

- Community Member Interview from Morgan County

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

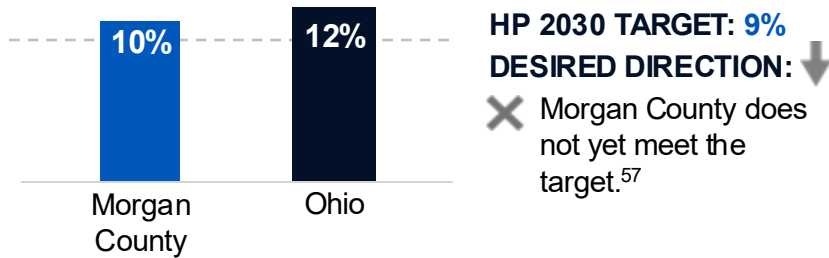
- Community Member Interview from Morgan County

#5 Health Need: MATERNAL, INFANT & CHILD HEALTH

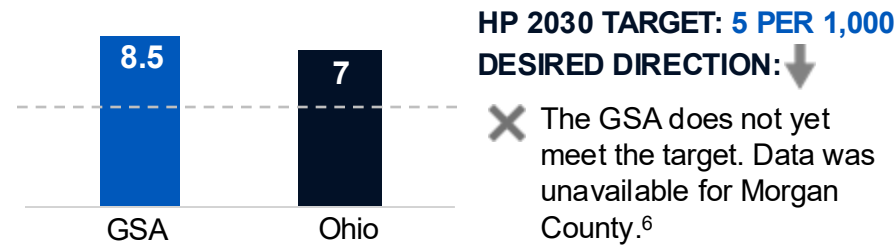


HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

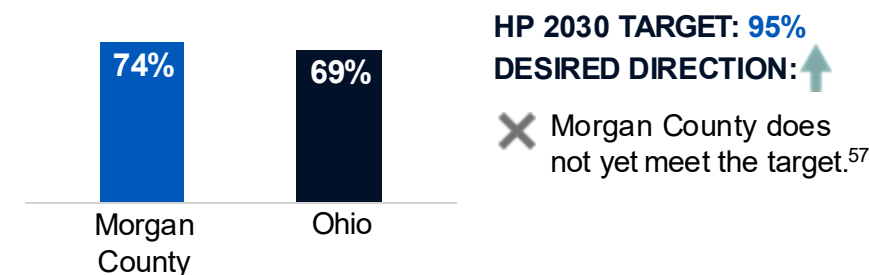
PRETERM BIRTH RATE



INFANT MORTALITY RATE PER 1,000



ON-TIME PRENATAL CARE



COMMUNITY FEEDBACK

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

- Community Member Interview from Morgan County

PRIORITY POPULATIONS MATERNAL, INFANT & CHILD HEALTH

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

14% of community survey respondents in **Chesterhill (43728)** and **Stockport (43787)** ranked maternal and child health as a top concern in Morgan County, 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. Lack of prenatal/postnatal care
2. Lack of access to reproductive care

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

1. Health department
2. SEAT (South East Area Transit) – partnership with the health department
3. Mary's House

#6 Health Need: INJURIES



The unintentional injury death rate in Morgan County (93.3 per 100,000 population) is **higher** than that of Ohio (76.9 per 100,000).⁴⁵

IN OUR COMMUNITY



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



Morgan County had a significantly lower unintentional fall death rate in adults 65+ (40.8 per 100,000) than Ohio (74.5 per 100,000).⁴⁵

7% of community survey respondents feel that **injuries** are a top concern.



COMMUNITY FEEDBACK

"The largest type of injuries are falls, whether it's slipping falls from furniture, stairs, or ice and snow, and that's over half of them. Then, the next half is motor vehicle accidents."

- Community Member Interview from Morgan County

"There are a lot of falls. You know when you go to your grandparents' house, and they still have those throw rugs and Grandma gets her feet tripped up, falls and gets injured. Sometimes they end up in a nursing home and don't do well."

- Community Member Interview from Morgan 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, **9%** of **Stockport (43787)** residents ranked injuries as a top concern, the highest of all Morgan County.

17% of Morgan residents **age 18-24** ranked injuries as a top health need in the community survey, followed by residents ages 55-64 (10%).

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



Older residents are at a higher risk of falling and getting injuries from falling.³²

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

1. Car/traffic accidents
2. Falls

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

1. Elderly population



#7 Health Need: HIV & STIs

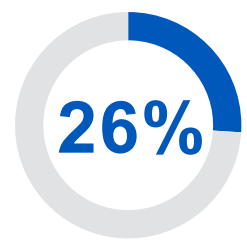
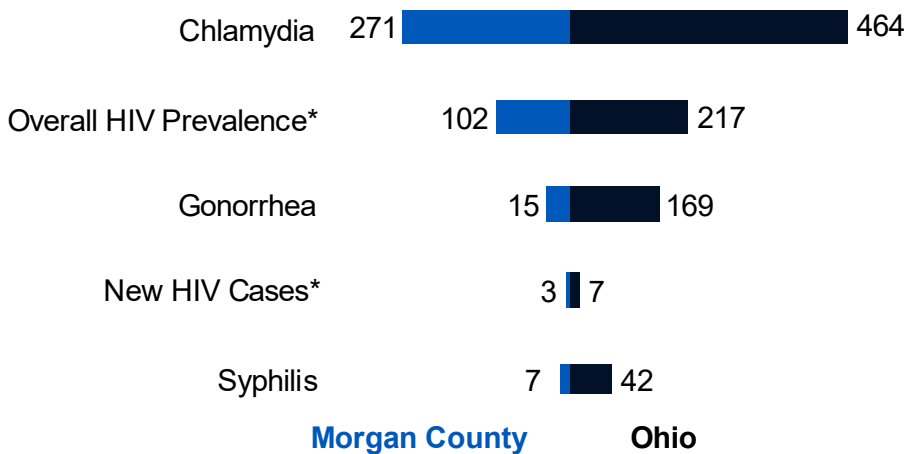


The COVID-19 pandemic may have impacted the testing and diagnosis rates for HIV & Sexually Transmitted Infections (STIs).⁵⁹ 1% of community survey respondents feel that HIV/AIDS and Sexually Transmitted Infections (STIs) are a top concern.

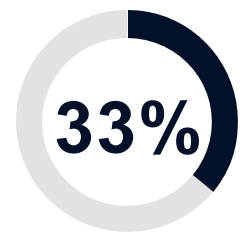
IN OUR COMMUNITY



Morgan County has **much lower** rates of STI cases and HIV per 100,000 people than Ohio as a whole.^{59, 60}



BRFSS**
REGION 12³⁵



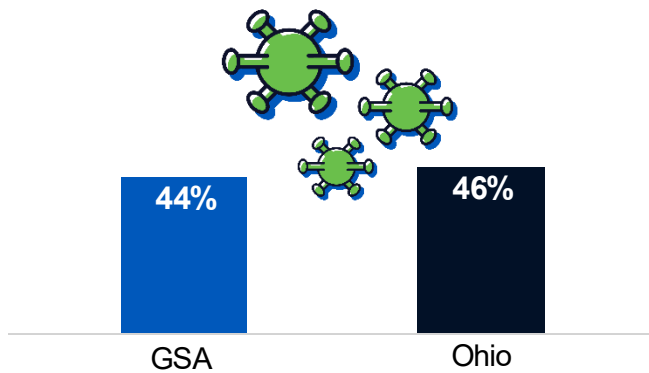
OHIO³⁵

A **lower proportion** of adults in BRFSS Region 12** have ever been **tested for HIV**, compared to 33% for the state.⁴⁷

*New HIV cases rate is for HIV Planning Region 6 (Guernsey, Morgan, Muskingum, Noble, and Perry Counties).
**Behavioral Risk Factor Surveillance System; Morgan County is a part of BRFSS Region 12, which also includes Coshocton, Guernsey, Muskingum, Noble, Perry, and Tuscarawas Counties.



#7 Health Need: HIV & STIs



According to state data, **44%** of individuals living with HIV in Ohio's 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

"Morgan County Job and Family Services worked with the Health Department and did like a condom drive. We also gave out condoms at our agency and had all kinds of literature about preventable diseases."

- Community Member Interview from Morgan County

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

- Community Member Interview from Morgan County

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

- Community Member Interview from Morgan County

PRIORITY POPULATIONS HIV & STIs

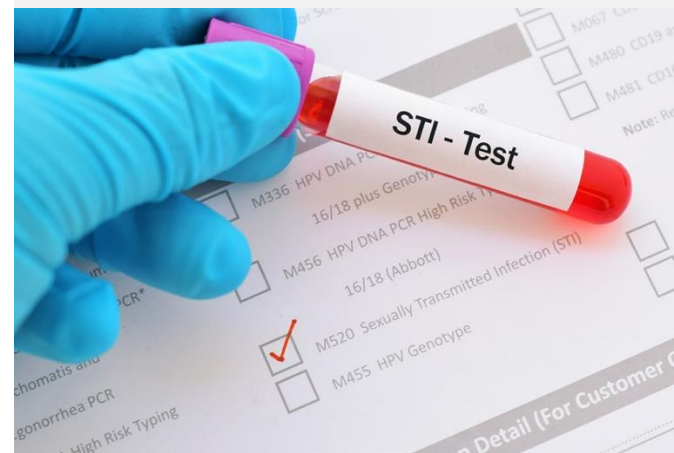
While **HIV and STIs** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data we collected from our community...



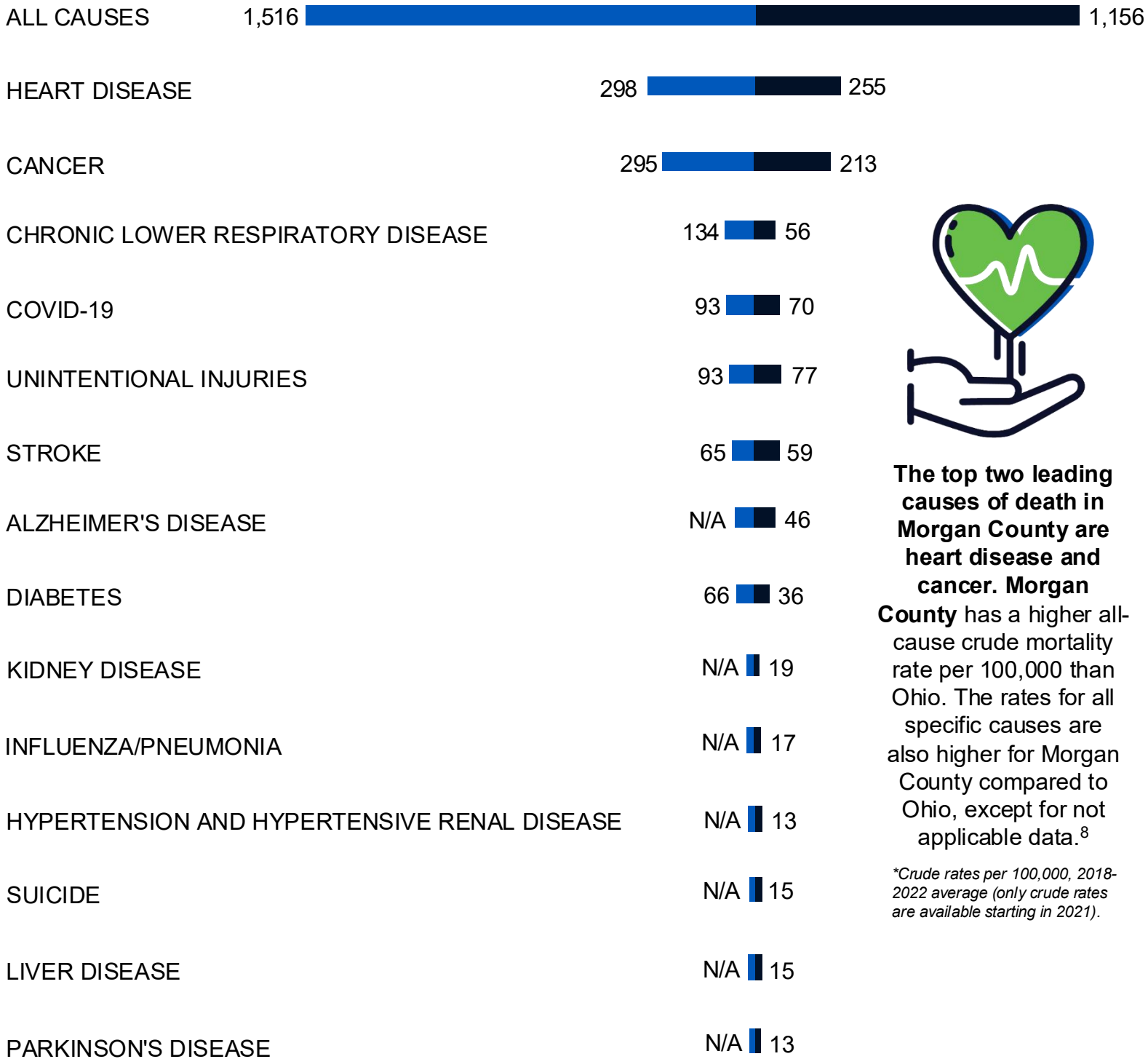
Women have higher rates of chlamydia, particularly those ages 20-24.⁵⁹



Men have higher rates of syphilis and gonorrhea.⁵⁹



LEADING CAUSES OF DEATH



The top two leading causes of death in Morgan County are heart disease and cancer. Morgan County has a higher all-cause crude mortality rate per 100,000 than Ohio. The rates for all specific causes are also higher for Morgan County compared to Ohio, except for not applicable data.⁸

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

MORGAN COUNTY* **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.

EDUCATION

- Offer more preschool opportunities.
- Hire more educators certified to teach autistic children.

ENVIRONMENTAL CONDITIONS

- Clean up the local river.

FOOD INSECURITY

- Host local food trucks that supply free meals.

HOUSING & HOMELESSNESS

- Create more shelters.

INJURIES

- Create an in-home fall prevention program.

MATERNAL/INFANT/CHILD HEALTH

- Increase access to trauma-informed care and training for healthcare professionals, particularly for people who have experienced miscarriages and stillbirths.

MENTAL HEALTH

- Develop a Mobile Integrated Health (MIH) program and related marketing campaign.
- Transfer 911 calls of people who are suicidal to the new statewide emergency mental health system. Provide mental health support and send a law enforcement team to ensure safety.
- Increase use of Artificial Intelligence (AI) apps for mental health.
- Integrating mental health screenings into workplace environments.

NUTRITION/PHYSICAL HEALTH

- Encourage employers to offer gym memberships as an employee benefit.

PREVENTIVE PRACTICES

- Increase preventive education efforts in schools.

SUBSTANCE USE

- Use drug mapping/overdose mapping for local law enforcement to identify high use areas.
- Teach youth about drugs, safety, and prevention at younger ages.

TRANSPORTATION

- Create a pathway for primary care providers to refer people who lack transportation to appropriate resources.

TOBACCO/NICOTINE USE

- Create an in-school curriculum on vaping.

OTHER OPPORTUNITIES

- Create more programs and places for the aging population to socialize.
- Create more programs and places for youth to socialize.
- Increase services to help seniors remain independent.

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
 Muskingum Valley Health Center
 Ohio Benefits
 Ohio's Best Rx
 Ohio Early Intervention
 Ohio Senior Health Insurance Information Program (OSHIP)
 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

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

Housing & Homelessness

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

Mental Health & Addiction

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

Nutrition & Physical Health

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

Transportation

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

CURRENT RESOURCES

ADDRESSING PRIORITY HEALTH NEEDS

MORGAN COUNTY



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

Access to Healthcare

Eye Care Associates
 Genesis Primary Care
 Muskingum Valley Health Centers
 Muskingum Valley Health Centers Dental Clinic
 MVHC (Muskingum Valley Health Centers) Mobile Unit
 Shrivens Pharmacy

Community & Social Services

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

Education

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

Employment

Work Force Development Center

Food Insecurity

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

Housing & Homelessness

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

Mental Health & Addiction

Cedar Ridge Behavioral Health Solutions
 Full Circle Recovery
 Integrated Services for Behavioral Health - McConnellsville
 Morgan Behavioral Health Choices
 Morgan County Suicide Prevention Coalition
 New Hope Creation Center

Nutrition & Physical Health

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

Transportation

Morgan County Public Transit
 Region 8 Mobility Solution Center

STEP 6

DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS



IN THIS STEP, MORGAN 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



Morgan County Health Department (MCHD) worked with Moxley Public Health to pool expertise and resources to conduct the 2025 Morgan County 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, MCHD 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 Morgan County CHA, which builds upon the prior assessment completed in 2021, meets all Internal Revenue Service (IRS), Public Health Accreditation Board (PHAB), and Ohio state requirements.

REPORT ADOPTION, AVAILABILITY AND COMMENTS

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

Morgan County Health Department: <https://morganpublichealth.org/community-health-assessment/>

Written comments on this report are welcomed and can be made by emailing:
Richard.clark@morgancounty-oh.gov



CONCLUSION & NEXT STEPS



THE NEXT STEPS WILL BE:

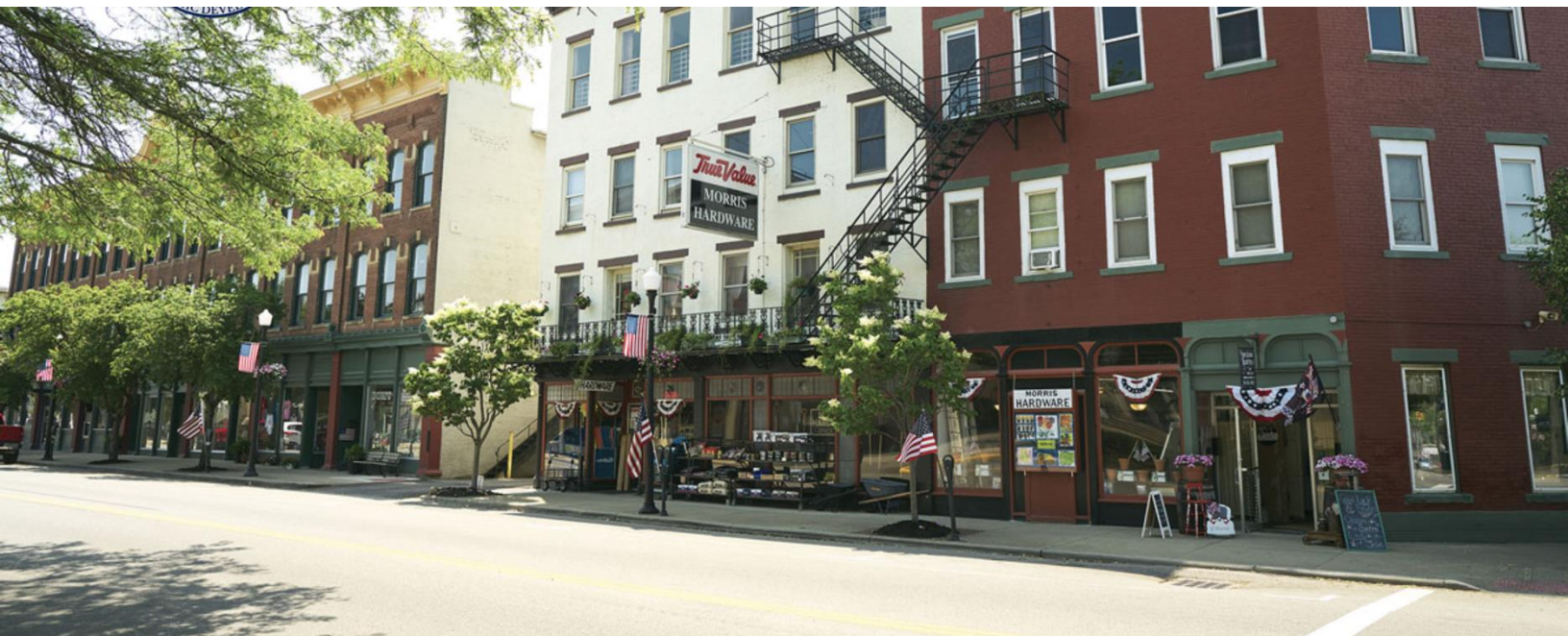
- DEVELOP IMPROVEMENT PLAN (CHIP) FOR 2025-2027
- SELECT PRIORITY HEALTH NEEDS
- CHOOSE INDICATORS TO VIEW FOR IMPACT CHANGE FOR 2025-2027 PRIORITY HEALTH NEEDS
- DEVELOP SMART OBJECTIVES FOR CHIP
- SELECT EVIDENCE-BASED AND PROMISING STRATEGIES TO ADDRESS PRIORITY HEALTH NEEDS

CONCLUSION

NEXT STEPS FOR MORGAN COUNTY HEALTH DEPARTMENT (MCHD)



- Monitor community comments on the CHA report (ongoing) to the provided MCHD 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 MCHD. (The identification process to decide the priority health needs that are going to be addressed will be transparent to the public. The information on why certain needs were identified as priorities and why other needs will not be addressed will also be public knowledge).
- Community partners (including the hospital, health departments, and many other organizations throughout the service area) will select strategies to address priority health needs and priority populations. (We will use, but not be limited by, information from community members and stakeholders and evidence-based strategies recommended by the Ohio Department of Health).
- The 2025-2027 Improvement Plan (CHIP) (that includes indicators and SMART objectives to successfully monitor and evaluate the improvement plan) draft will be reviewed by the public prior to final approval by the Board of Health. Once approved, 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 tables indicate the priority health needs selected from the 2021 Morgan County Community Health Assessment (CHA) and the impact of the 2022-2024 Community Health Improvement Plan (CHIP) on these priority health needs (based on the most recent available data from 2024). The tables 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 IMPROVEMENT PLAN (2022-2024)

PRIORITY #1: ACCESS TO CARE					
Strategic #1: Increase awareness of community resources.					
PLANNED ACTION STEP	ANTICIPATED COMPLETION DATE	2024 STATUS	REVISION NEEDED	ACTUAL ACTION STEP PERFORMED	BARRIERS FACED
Form a community resource group to develop a resource guide.	Meet quarterly	Completed	No	Discussed development of resource guide with health coalition.	Were advised that 211 already offers this information to our jurisdiction. No need to duplicate service.
Increase awareness of 211 service.	12/31/2023	Completed		MCHD and Community Health Coalition partners promoted 211 on social media and with flyers. MCHD worked with United Way to improve 211 Morgan County referrals.	
Participate in a community resource event.	6/30/2024	Completed		MCHD participated in the Morgan County Senior Center's Community Health Fair on 4/4/2024 to share information on MCHD programs.	
Increase awareness of mental health resources. <i>New action step added October 2023.</i>	12/31/2024	In progress		Offered mental health training to staff. Discussed community resources for mental health with coalition. Working on a one page list of resources.	

APPENDIX A: IMPACT AND PROCESS EVALUATION OF PREVIOUS IMPROVEMENT PLAN (2022-2024)

PRIORITY #2: CHRONIC DISEASE					
Strategic #1: Promote healthy eating.					
PLANNED ACTION STEP	ANTICIPATED COMPLETION DATE	2024 STATUS	REVISION NEEDED	ACTUAL ACTION STEP PERFORMED	BARRIERS FACED
Offer cooking classes in the community.	7/31/2022	Completed			
Promote local Farmer's Market.	7/31/2022	Completed			
Promote donation of produce to local food pantry.	5/31/2023				
Explore a drop off site for excess produce from farmers.	5/31/2024				
Research local access to healthy meals. <i>What is available, what can we promote?</i>	5/31/2024				

**APPENDIX A :
IMPACT AND PROCESS EVALUATION OF
PREVIOUS IMPROVEMENT PLAN (2022-2024)**

PRIORITY #2: CHRONIC DISEASE					
Strategic #2: Promote healthy living.					
PLANNED ACTION STEP	ANTICIPATED COMPLETION DATE	2024 STATUS	REVISION NEEDED	ACTUAL ACTION STEP PERFORMED	BARRIERS FACED
Reach out to existing partners that are focusing on this issue and determine how MCHD can provide support.	6/30/2022	Completed			
Provide a community wellness program or activity.	6/30/2022	Completed			
Sponsor a community campaign/challenge such as walking-Get out and move!	6/30/2023	Completed			
Research evidence-based programs related to tobacco cessation.	6/30/2023	Completed			
Develop a policy to address health inequity in planning & promotion of wellness activities.	6/30/2023	Completed			
Promote community activities that promote exercise- may include pets as a form of exercise.	10/31/2024	Completed			
Develop an employee wellness policy.	10/31/2024	Completed			

APPENDIX B BENCHMARK COMPARISONS



BENCHMARK COMPARISONS

The following table compares Morgan County Service Area 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, Morgan 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	MORGAN COUNTY	HEALTHY PEOPLE 2030 OBJECTIVES
High school graduation rate ⁶	↑	83.0%	90.7%
Child health insurance rate ¹⁸	↑	96.1%	92.1%
Adult health insurance rate ¹⁸	↑	88.9%	92.1%
Ischemic heart disease deaths ⁴⁵	↓	298.2*	71.1 per 100,000 persons
Cancer deaths ⁴⁵	↓	295.3*	122.7 per 100,000 persons
Colon/rectum cancer deaths ⁴⁵	↓	N/R	8.9 per 100,000 persons
Lung cancer deaths ⁴⁵	↓	87.6*	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	↓	65.0*	33.4 per 100,000 persons
Unintentional injury deaths ⁴⁵	↓	93.3*	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	↓	40.8*	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	↓	57.8*	13.1 per 100,000 persons
On-time (first trimester) prenatal care (HP2020 Goal) ⁵⁷	↑	74.0%	84.8% (HP2020 Goal)
Preterm births, babies born before 37 weeks of gestation (%) ⁵⁷	↓	9.6%	9.0%
Infant death rate ⁶	↓	N/R	5.0 per 1,000 live births
Adults, ages 20+, obese ⁶	↓	45.0%	36.0%, adults ages 20+
Students, grades 7th to 12 th , obese ⁴⁴	↓	N/R	15.5%, children & youth, 2-19
Adults engaging in binge drinking ⁶	↓	16.0%	25.4%
Cigarette smoking by adults ⁶	↓	26.0%	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	↓	36.0%	70.0%, all adults
Food insecure households ²¹	↓	17.5%	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 MORGAN COUNTY



INTERVIEW PARTICIPANTS		
NAME(S)	ROLE	ORGANIZATION
1. Heidi Burns	Director	Morgan County Job and Family Services
2. Jake Woodward	Paramedic/Firefighter	Malta & McConnelsville Fire Department
3. Cody Bowen	Marketing Outreach Coordinator	Full Circle Recovery Services
4. Tara Sidwell	Director	Morgan County Library
5. Jamie McGrew	Care Management Director	Mental Health and Recovery Services Board
6. Heidi Maxwell	Commissioner	Morgan County
7. Dr. Barbara Murrell	Member Family Physician	Board of Health Genesis HealthCare System
8. Adam Shriver	Commissioner	Morgan County
9. Amber Wilson	Director	Morgan County Office on Aging
10. Dr. Julia Clemens	Pharmacy Manager	Shrivers Pharmacy

APPENDIX D FOCUS GROUP PARTICIPANTS



FOCUS GROUP PARTICIPANTS

Listed on the following page are the details of the **3 focus groups** conducted with **16 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. Seniors	In-Person	Morgan County Health Department, Morgan County Office on Aging	Morgan	4
2. Youth	In-Person	Morgan County Health Department, Morgan County Office - Ohio State University (OSU) Extension	Morgan	6
3. People with developmental disabilities and their families	Virtual	Morgan County Health Department, Morgan County Board of Developmental Disabilities	Morgan	6
TOTAL				16

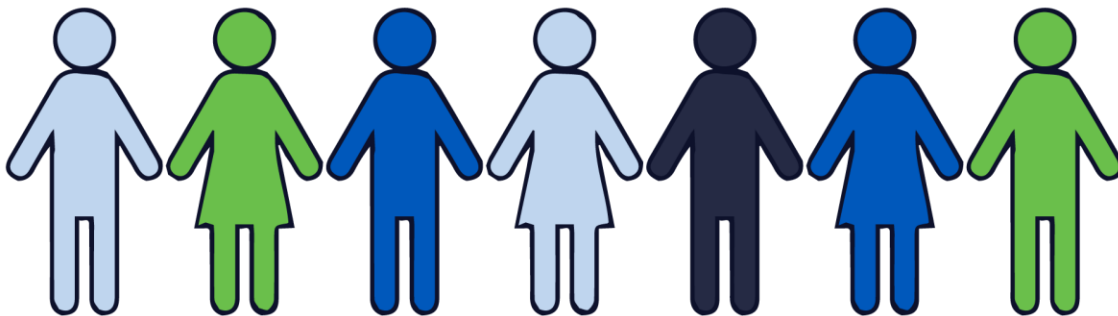


APPENDIX D: FOCUS GROUP DEMOGRAPHICS



Note: 69% 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 **McConnellsville (43756)** – 45%, with additional representation from Malta (43758) – 9%.
- **Under 18 and 65+ were the most represented age groups (36% each)**, followed by 18-24 (18%).
- **82% of participants were women.**
- **All participants were straight.**
- **91% of participants were White**, while there was representation from Black/African American participants (9%).
- **Participants mainly spoke English** as a primary language (55%).
- **55% of participants had at least one child** in their home.
- **18% of participants had a high school diploma or less.**
- **18% were employed**, while 36% were students.
- **Education, law and social, community and government services**, followed by sales and service were the most common occupational categories represented.
- Participants were generally **lower to middle income**, with 18% having a household income under \$50,000 per year.
- 45% of participants **identified as having a disability.**
- 55% 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 Morgan County residents get their perspectives and experiences on the health assets and needs of the community they call home. **157 responses** were received.

APPENDIX E:

COMMUNITY MEMBER SURVEY

Welcome!

MORGAN COUNTY (Morgan County) (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
 - Martial 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appointments (e.g. medical, mental health, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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/ham reduction services
 - Translation/interpretation services (ASL, Spanish, etc.)
 - Transportation
 - Vision healthcare access
 - There is no lack of resources in my community
 - I don't know what resources are lacking in my community
 - Not Listed (feel free to specify)
26. In the last year, did you travel outside of your county to access any resources? If yes, please specify which resources.
- Yes
 - No
 - Prefer not to answer
 - If yes, please specify which resources:

APPENDIX E:

COMMUNITY MEMBER SURVEY

27. In the last year, did you or your family worry that your food will run out and that you won't be able to get more?

- Yes
- No
- Prefer not to answer
- Not Listed (feel free to specify)

28. In the last year, did you have issues affording your utilities (e.g. heat, electric, natural gas or water)?

- Yes
- No
- Prefer not to answer
- Other/Not Listed (feel free to specify)

Health Behaviors

29. How often in the last 30 days (last month) did you smoke cigarettes?

- Never
- 1 time/week or less
- 2-3 times/week
- 4-6 times/week
- Daily
- Prefer not to answer
- Not Listed (feel free to specify)

30. How often in the last 30 days (last month) did you vape/use e-cigarettes?

- Never
- 1 time/week or less
- 2-3 times/week
- 4-6 times/week
- Daily
- Prefer not to answer
- Not Listed (feel free to specify)

31. How often in the last 30 days (last month) did you use other nicotine or tobacco products?

- Never
- 1 time/week or less
- 2-3 times/week
- 4-6 times/week
- Daily
- Prefer not to answer
- Not Listed (feel free to specify)

32. How often in the last 30 days (last month) did you have a drink containing alcohol?

- Never
- 1 time/week or less
- 2-3 times/week
- 4-6 times/week
- Daily
- Prefer not to answer
- Not Listed (feel free to specify)

33. How often in the last 30 days (last month) have you had 5 or more drinks containing alcohol at any one time?

- Never
- 1 time/week or less
- 2-3 times/week
- 4-6 times/week
- Daily
- Prefer not to answer
- Not Listed (feel free to specify)

34. How often in the last 30 days (last month) have you used marijuana/cannabis/THC for recreational purposes?

- Never
- 1 time/week or less
- 2-3 times/week
- 4-6 times/week
- Daily
- Prefer not to answer
- Not Listed (feel free to specify)

35. How often in the last 30 days (last month) have you used illicit/illegal drugs/substances?

- Never
- 1 time/week or less
- 2-3 times/week
- 4-6 times/week
- Daily
- Prefer not to answer
- Not Listed (feel free to specify)

36. In the last year, have you used prescription medication that was not prescribed for you, or took more medicine than was prescribed for you, in order to feel good, high, more active, or more alert?

- Yes
- No
- Prefer not to answer

Demographics

37. Which county do you live or reside in? (choose one)

- Coshocton
- Guernsey
- Morgan
- Muskingum
- Noble
- Perry
- Prefer not to answer

38. Where do you live or reside? (choose one)

- | | | |
|---------|---------|--|
| • 43006 | • 43764 | • 43803 |
| • 43076 | • 43766 | • 43804 |
| • 43150 | • 43767 | • 43811 |
| • 43701 | • 43768 | • 43812 |
| • 43702 | • 43771 | • 43805 |
| • 43711 | • 43748 | • 43821 |
| • 43717 | • 43749 | • 43822 |
| • 43720 | • 43740 | • 43824 |
| • 43722 | • 43746 | • 43828 |
| • 43723 | • 43750 | • 43830 |
| • 43724 | • 43755 | • 43832 |
| • 43725 | • 43756 | • 43836 |
| • 43727 | • 43758 | • 43842 |
| • 43728 | • 43760 | • 43843 |
| • 43730 | • 43772 | • 43844 |
| • 43731 | • 43773 | • 43845 |
| • 43732 | • 43777 | • 43973 |
| • 43733 | • 43778 | • 43983 |
| • 43734 | • 43779 | • 44637 |
| • 43735 | • 43780 | • 45711 |
| • 43736 | • 43782 | • 45715 |
| • 43738 | • 43783 | • 45727 |
| • 43739 | • 43787 | • 45732 |
| • 43761 | • 43788 | • 45745 |
| • 43762 | • 43791 | • 45746 |
| • 43762 | • 43802 | • None of the above, I live primarily at the following ZIP code: |

APPENDIX E:

COMMUNITY MEMBER SURVEY

39. Where do you work? (choose one)

- 43006
- 43076
- 43150
- 43701
- 43702
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- 43832
- 43836
- 43842
- 43843
- 43844
- 43845
- 43973
- 43983
- 44637
- 45711
- 45715
- 45727
- 45732
- 45745
- 45746
- I am not currently employed
- Prefer not to answer
- None of the above, I work primarily at the following ZIP code:

40. Which of the following best describes your age?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- Prefer not to answer

41. What is your gender identity? (select all that apply)

- Woman
- Man
- Transgender/Trans woman (person who identifies as a woman)
- Transgender/Trans man (person who identifies as a man)
- Non-binary/non-conforming
- Prefer not to answer
- Not Listed (feel free to specify)

42. What is your sexual orientation? (select all that apply)

- Heterosexual or Straight
- Gay
- Lesbian
- Bisexual
- Asexual
- Prefer not to answer
- Not Listed (feel free to specify)

43. What is your race and/or ethnicity? (select all that apply)

- Asian
- Black or African American
- Hispanic/Latino/a
- White/Caucasian
- Multiracial/More than one race
- Native American/Alaska Native
- Native Hawaiian/Pacific Islander
- Prefer not to answer

44. What is your primary language spoken at home?

- English
- Spanish
- Prefer not to answer
- Not Listed (feel free to specify)

45. How many children, ages 0-17, live in your household?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- Prefer not to answer
- Not Listed (feel free to specify)

46. What is the highest level of education you have completed?

- 8th grade or less
- Some High School but no degree
- High School degree or equivalent
- Some college but no degree
- Trade School or Vocational Certificate
- Associate's degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, BS)
- Graduate degree (e.g. MA, MS, PhD, EdD, MD)
- Prefer not to answer

47. Are you currently employed?

- Yes, full-time (30 hours per week or more)
- Yes, part-time (less than 30 hours per week)
- Not employed - but looking for work
- Not employed - not actively looking for work
- Student
- Retired
- Disabled
- Prefer not to answer

48. What is your annual household income?

- Less than \$20,000
- \$20,000-\$34,999
- \$35,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- Over \$100,000
- Prefer not to answer

APPENDIX E:

COMMUNITY MEMBER SURVEY

49. Do you have any of the following disabilities or chronic conditions? (select all that apply)

- Attention deficit
- Autism
- Blind or visually impaired
- Cancer
- Chronic Liver Disease/Cirrhosis
- Chronic Obstructive Pulmonary Disease (COPD)
- Deaf or hard of hearing
- Dementia (e.g. Alzheimer's and other worsening confusion and cognitive decline)
- Diabetes
- Health-related disability
- Heart disease and/or stroke
- Kidney disease
- Learning disability
- Mental health condition
- Mobility-related disability
- Parkinson's disease
- Speech-related disability
- Substance use disorder
- None
- Prefer not to answer
- Not Listed (feel free to specify or tell us more)

50. What is your current living situation? (select all that apply)

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others)
- I am staying in a shelter
- I am staying in a hotel/motel
- I am living outside
- I am living in a car
- I am living in an RV or state/public park
- I am living elsewhere
- Prefer not to answer
- Not Listed (feel free to specify)

51. Trigger Warning: The following question about abuse may be disturbing for some people and trigger unpleasant memories or thoughts. Please remember you can always skip any question you don't feel comfortable reading or answering.

If you or someone in your life are in need of support, visit thehotline.org, or call 1.800.799.SAFE (7233), or text "START" to 88788.

Have you experienced any of the following types of abuse in the past year? (select all that apply)

- Physical violence (punching, hitting, slapping, kicking, strangling, or physically restraining someone against their will, use of weapons, etc.)
- Sexual (rape or other forced sexual acts, unwanted touching, etc.)
- Verbal/Emotional (hurtful words, insults, etc.)
- Mental/Psychological (negatively affecting someone's mental health, manipulation, etc.)
- Financial/Economic (using money/finances to control someone)
- Elder (an intentional act or failure to act that causes or creates a risk of harm to an older adult)
- Cultural/Identity (discrimination based on race, culture, religion, sexual orientation, gender identity, disability, class, age, etc.)
- Human Trafficking (coercion to provide labor or services, or to engage in commercial sex acts)
- Employer Abuse (not paying overtime, not splitting tips properly, not letting a person go home after their shift, etc.)
- Have not experienced abuse of any kind in the past year
- Prefer not to answer
- Not Listed (feel free to specify)

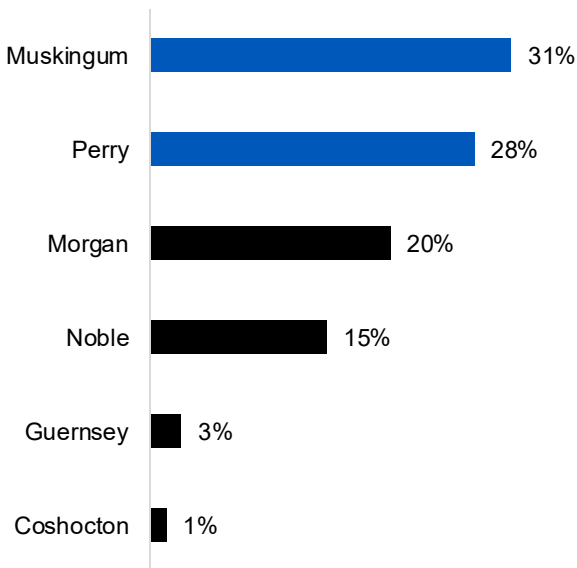
Final Comments

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

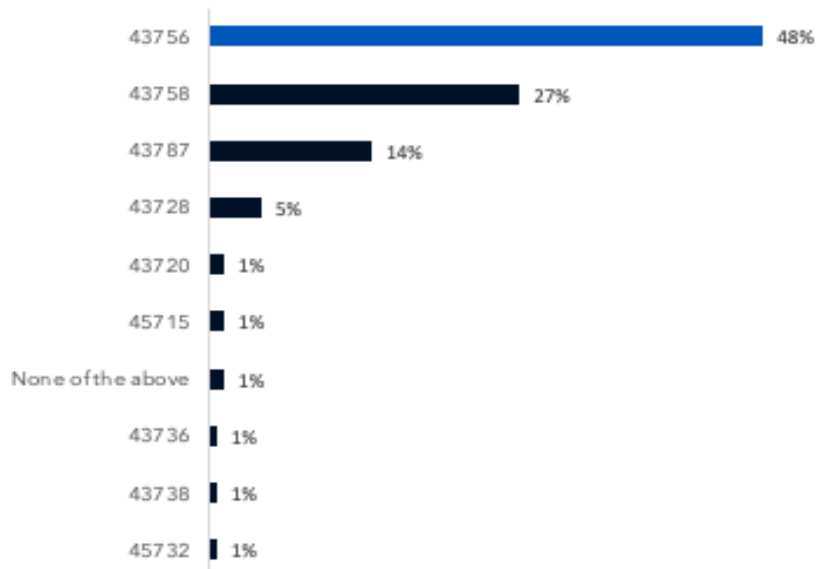
Thank you! Please send this survey to friends, neighbors, or anyone you know who lives and/or works in Coshocton, Guernsey, Morgan, Muskingum, Noble, or Perry Counties.

APPENDIX E: COMMUNITY MEMBER SURVEY DEMOGRAPHICS

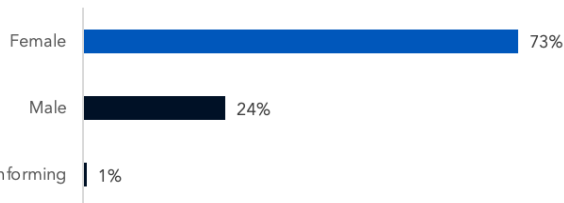
The survey had responses from all GSA counties, with most from **Muskingum and Perry**, fairly consistent with the population breakdown of the GSA by county.



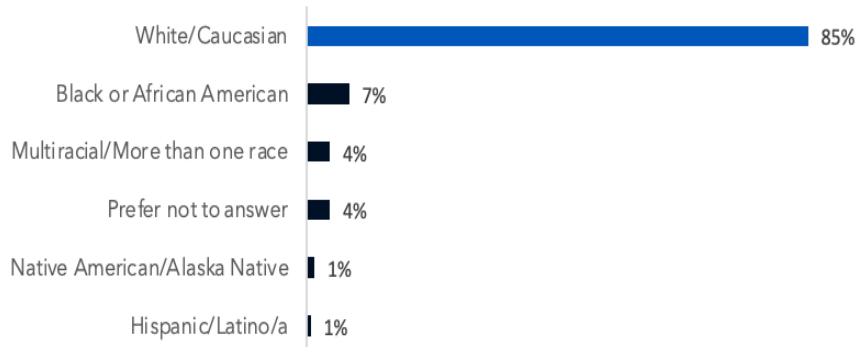
The majority of respondents live in **McConnelsville (43756)**, while there was representation from Malta (43758), Stockport (43787), and Chesterhill (43728).



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

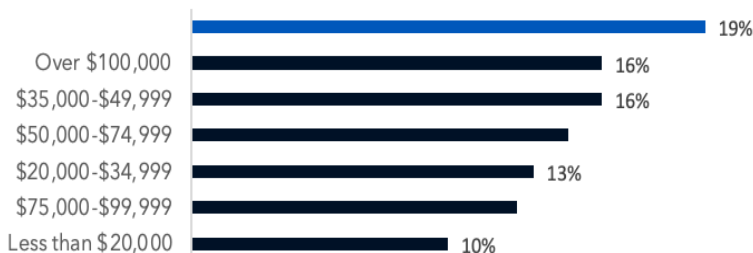


The majority of respondents were **White**, consistent with the composition of the service area. The representation from other racial groups was also similar to the service area as a whole.



APPENDIX E: COMMUNITY MEMBER SURVEY DEMOGRAPHICS

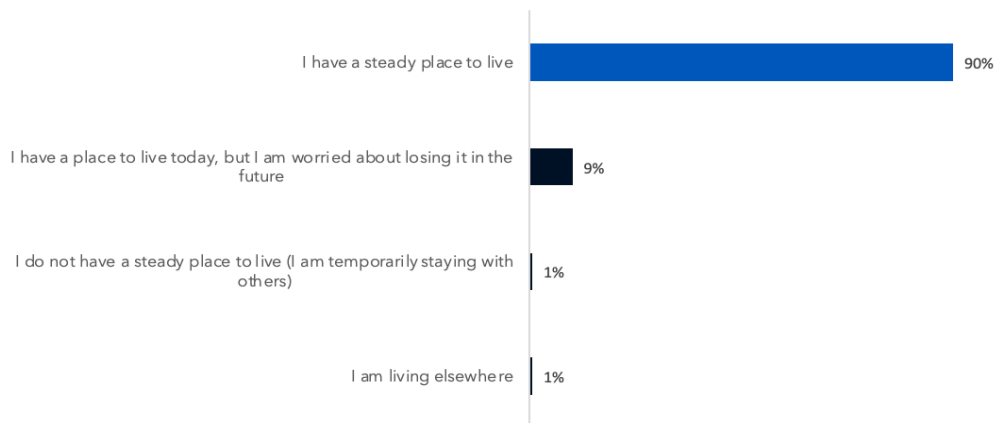
Respondents were generally **higher income**, with one-third having an annual household income of \$100,000 or more. This representation is similar to the service area as a whole.



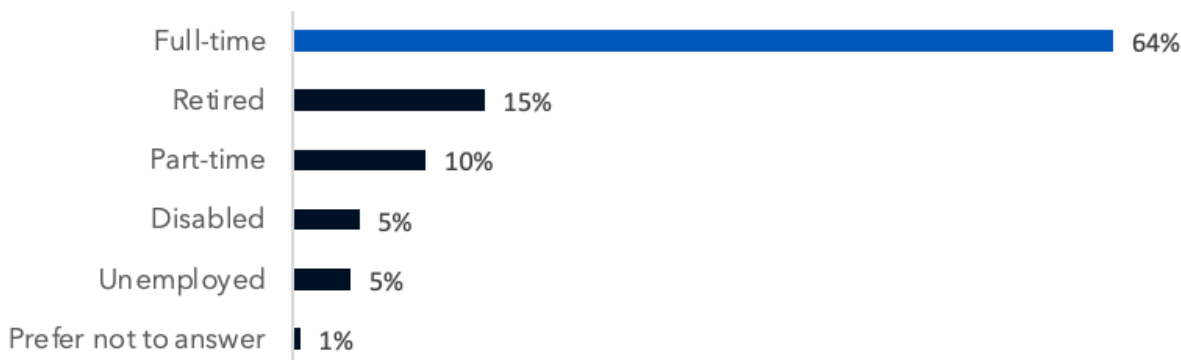
100% of respondents reported that their primary language spoken at home was **English**.



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

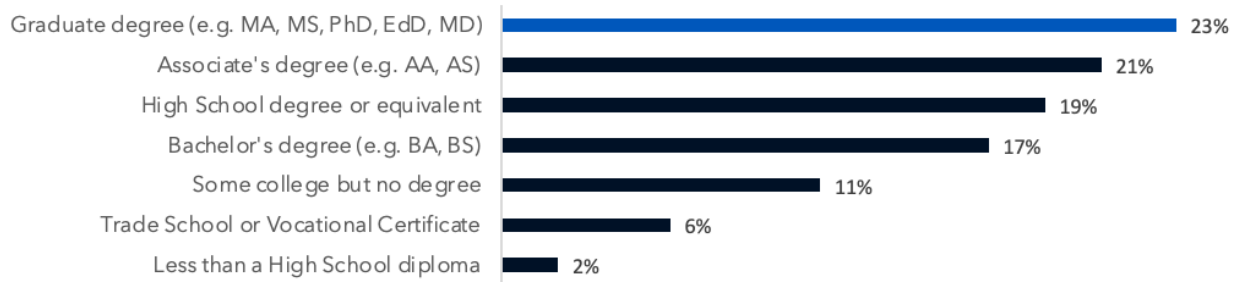


The majority of respondents are **employed full-time**, while significant proportions are retired, employed part-time, have disabilities, or are unemployed.

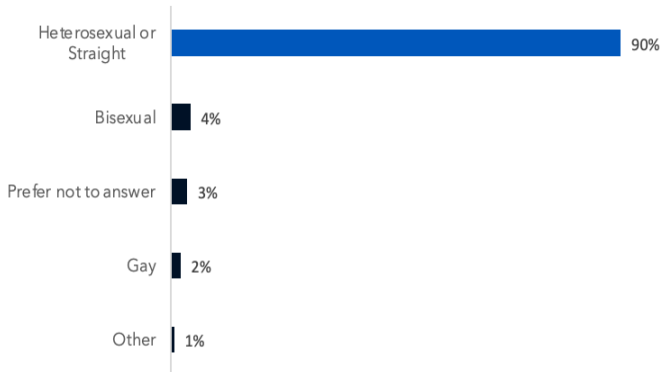


APPENDIX E: COMMUNITY MEMBER SURVEY DEMOGRAPHICS

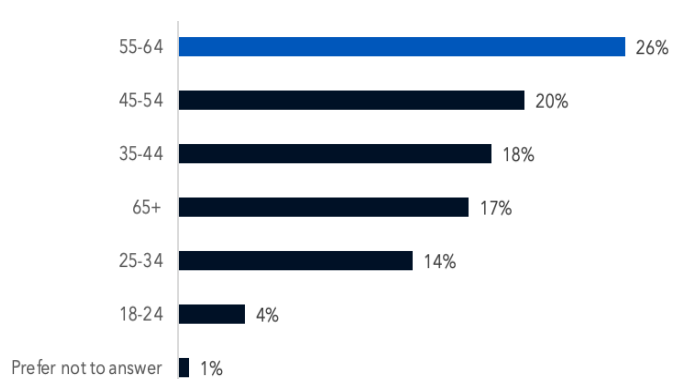
The majority of respondents have at least a **high school degree or equivalent**, with a significant number having a **Graduate or Associate's degree**.



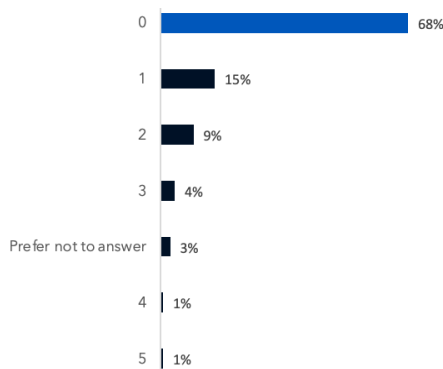
The majority of respondents reported their sexual orientation as **heterosexual or straight**, while there was some LGBTQ+ representation.



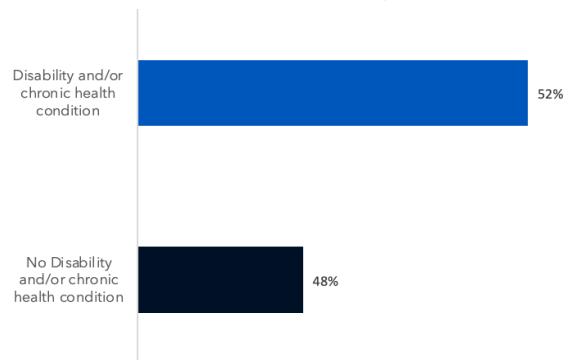
There was a greater proportion of survey responses from **middle-aged and older** rather than younger adults, particularly from the 45-54, 55-64, 35-44, 65+ year-old age groups.



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



The majority of respondents reported having a **disability and/or chronic health condition**, while 48% did not.



APPENDIX G

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 G:

PHAB CHA REQUIREMENTS CHECKLIST

PUBLIC HEALTH ACCREDITATION BOARD REQUIREMENTS FOR COMMUNITY HEALTH ASSESSMENTS			
YES	PAGE #	PHAB REQUIREMENTS CHECKLIST	NOTES/ RECOMMENDATIONS
✓	4	<p>a. A list of participating partners involved in the CHA process. Participation must include:</p> <p>i. At least 2 organizations representing sectors other than governmental public health.</p> <p>ii. At least 2 community members or organizations that represent populations who are disproportionately affected by conditions that contribute to poorer health outcomes.</p>	<p>Integrated throughout the report</p> <p>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.</p>
✓	5-18	b. The process for how partners collaborated in developing the CHA.	
✓	13, 19-79	<p>c. Comprehensive, broad-based data. Data must include:</p> <p>i. Primary data.</p> <p>ii. Secondary data from two or more different sources.</p>	Primary and secondary data is integrated together throughout the report
✓	13	<p>d. A description of the demographics of the population served by the health department, which must, at minimum, include:</p> <p>i. The percent of the population by race and ethnicity.</p> <p>ii. Languages spoken within the jurisdiction.</p> <p>iii. Other demographic characteristics, as appropriate for the jurisdiction.</p>	
✓	13, 19-79	<p>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:</p> <p>i. Health status</p> <p>ii. Health behaviors.</p>	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	<p>g. Community assets or resources beyond healthcare and the health department that can be mobilized to address health challenges.</p> <p>The CHA (or CHA) must address the jurisdiction as described in the description of Standard 1.1.</p>	

APPENDIX H REFERENCES



APPENDIX H:

REFERENCES

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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REFERENCES

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