Muskingum County Community Health Assessment

Using the Mobilizing for Action through Planning and Partnerships Model

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Acknowledgements

The completion of the Muskingum County Community Health Assessment was only possible through amazing collaboration among community partners, agencies and citizens. A special thanks goes to the following organizations for their contributions to this ongoing effort to increase the health of our residents:

Zanesville-Muskingum County Health Department
Genesis HealthCare Systems
Muskingum Valley Health Center
Mental Health & Recovery Services Board
Muskingum Behavioral Health
United Way of Muskingum, Morgan and Perry Counties
Quality Care Partners
City of Zanesville Community Development
Family Health Services
Muskingum County Juvenile Court
Zane State College
Muskingum Valley Park District
Ohio University of Zanesville
Muskingum County Emergency Management Agency
Zanesville Metropolitan Housing Authority
Muskingum County Job and Family Services
WIC
Help Me Grow
City of Zanesville Fire Department
United HealthCare
Muskingum County Head Start
Shriver Pharmacy
Eastside Community Ministries
Girl Scouts of Ohio's Heartland Council
Genesis Lifestyle and Fitness Center
Muskingum County Starlight Programs
Northside Pharmacy
Cancer Concern Coalition
Families and Children First
Foxfire Schools
Core/Six County Inc.
Zanesville-Muskingum County Health Department Board of Health
Rambo Memorial Health Center
American Cancer Society
Fatherhood Resource Center
Muskingum Valley Educational Center
Muskingum County Center for Seniors

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Executive Summary of Community Health Assessment (CHA)
Process using the Mobilizing for Action through Planning and Partnerships Model (MAPP)

Step 1: Self-Assessment (capacity assessment)

Prior to 2008, Zanesville-Muskingum County Health Department (ZMCHD) leaders had been researching methods and tools related to public health standards, strategic planning, and evidence-based programming in order to operationalize a strategic plan for the agency. In 2008, The Health Commissioner attended the national conference on public health standards and MAPP. The leadership staff then reviewed the national public health standards in preparation and completed the NACCHO's Local Health Department Self-Assessment Tool in September 2008. Results of the assessment revealed that the agency is very progressive in terms of developing new programs and in coordinating new initiatives suggested by outside funding sources. Areas needing improvement included data collection, community assessment and planning and translation of research.

Step 2: External Assessment

In 2009, ZMCHD sponsored three ZMCHD staff and three community agency representatives {Muskingum Valley Health Center (MVHC), Genesis HealthCare System (GHS), and United Way of Muskingum, Perry, and Morgan counties (UWMPM)} to attend a national training program on MAPP. This core group then met and committed agency resources toward the completion of the MAPP process. Since the training, the group began by helping ZMCHD complete the CHA starting with the Local Public Health System Assessment (LPHSA).

Step 3: Partnership Building

In January of 2011, over 20 agencies came together to complete the LPHSA using the National Public Health Performance Standards Program (NPHPSP) tool. The results were shared with the agency representatives at a meeting in March of 2011. As a result, the representatives attending committed to becoming the Healthier Muskingum County Network (HMCN) and completing the other three assessments recommended in the MAPP model and to develop the Muskingum County Community Health Improvement Plan. Strengths of the HMCN include the engagement of agencies related to the social determinants of health such as housing, income, education, employment, crime and so forth. The commitment/buy-in from members stems from the need to increase resources, decrease duplication, and expand efforts toward improving health outcomes. Weaknesses are the ability to engage local political figures and agencies in the process. Some agencies are so small that it is hard to commit staff/ resources.

Step 4: Conduct Planning

The HMCN committed in March 2011 to complete the MAPP process by the end of the year and to develop the MCCHIP in 2012. ZMCHD is the lead agency providing the facilitator for HMCN.

Step 5: Data collection and analysis

The four Assessments of MAPP completed were Community Health Status (CHSA), Forces of Change (FOCA), Themes and Strengths (TASA) and LPHSA. Key data points were compiled from the four MAPP assessments.

LPHSA: All of the data points from the NPHSP tool were loaded into Turning Point slides. In a two day retreat, 40 local partners voted on our present capacity for each factor using a scale from one to five. Each slide required consensus.

CHSA: Social determinants data (income, employment, poverty, crime, homelessness, government assistance usage, housing, and more) and health status data (mortality, morbidity, behavioral, healthcare, mental health, etc.) were gathered and compiled into Microsoft EXCEL.

TASA: A community health survey was developed and 740 gathered using the ZMCHD web site and face to face surveys. The Zane State College was contracted to have students over sample underserved residents. All surveys were loaded into Survey Monkey.

FOCA: Two sessions of meetings with the HMCN were used as a focus group to capture the threats and opportunities operating in our community using Mindjet MindManager software.

CHA results were analyzed by: 1) LPHSA data base generated report; 2) CHSA results were analyzed using Microsoft EXCEL; 3) TASA reports were generated through Survey Monkey; and 4) FOCA maps were created and exported to Word using Mindjet MindManager.

Step 6: Priority Setting

A one day retreat was then held for HMCN members to vote on all the key data points from the four MAPP assessments. Slides were developed for each of the four MAPP assessments data with two slides per data point: 1) a score for feasibility of making an impact on that health issue and 2) a score for how high a priority that health issue is for our community. Once the voting was complete and a consensus was reached for each slide, the scores were loaded into a spread sheet.

Step 7: Intervention Development

All the high and medium priority data points were organized into a logic model for use in the development of the MCCHIP goals, objectives and strategies. Some of the data points were long range outcomes, some intermediate, some were process outcomes and some were

actual potential strategies for the plan. National, state and local best practices were used to guide thinking for strategies such as Healthy People 2020, The Community Guide, CDC Winnable Battles, and the National Prevention Strategy. HMCN used the logic model and strategies to become the MCCHIP. The MCCHIP includes nine goals, 22 objectives, and 72 strategies.

Step 8: Implementation

The Picture of Health of Muskingum County Residents and the MCCHIP are found on the ZMCHD website www.zmchd.org. Under the leadership of ZMCHD, the HMCN has over 50 agencies involved. The HMCN members and their agencies are written into MCCHIP as leads on objectives and the strategies of all the key member agencies related to the MCCHIP are interwoven. Key members will report and liaison with sub groups or established community groups to implement strategies in the MCCHIP and document progress toward proposed outcomes recorded in the MCCHIP annual Scorecard. The priority data became the foundation for the strategies selected for the MCCHIP by the Network and are the performance measures used to track for progress.

Step 9: Evaluation

As part of the process, ZMCHD developed in Microsoft EXCEL a spread sheet for tracking the MCCHIP performance measures data. Action plans from each of the sub groups tied to the MCCHIP will be monitored for the success in achieving the evaluation indicators set for each action by the sub groups through use of the MCCHIP Scorecard. The MCCHIP Scorecard documents these outcomes and the EXCEL spread sheet tracks indicator data. They are recorded annually or every five years. The Picture of Health with CHA data is updated annually. The MCCHIP Scorecard is located on the ZMCHD website at www.zmchd.org.

Community Health Assessment Background & Model

Prior to 2008, ZMCHD leaders had been researching methods & tools related to public health standards, strategic planning, & evidence-based programming in order to operationalize a strategic plan for the agency. In 2008, The Health Commissioner attended the national conference on public health standards & MAPP. The leadership staff then reviewed the national public health standards in preparation & completed the NACCHO's Local Health Department Self-Assessment Tool in September 2008. Results of the assessment revealed that the agency is very progressive in terms of developing new programs & in coordinating new initiatives suggested by outside funding sources. Areas needing improvement included data collection, community assessment & planning & translation of research.

In 2009, ZMCHD sponsored three ZMCHD staff & three community agency representatives from Muskingum Valley Health Center (MVHC), Genesis HealthCare System (GHS), & United Way of Muskingum, Perry, & Morgan counties (UWMPM)} to attend a national training program on MAPP. This core group then met & committed agency resources toward the completion of the MAPP process. Since the training, the group began by helping ZMCHD complete the CHA starting with the Local Public Health System Assessment (LPHSA).

In January of 2011, over 20 agencies came together to complete the LPHSA using the NPHPSP tool. Stakeholders were recruited based on past involvement in partnerships related to health, present involvement in health related coalitions, advisory groups, &/or task forces already established in the county or through relationships with committed members.

The results were shared with the agency representatives at a meeting in March of 2011. As a result, the representatives attending committed to becoming the HMCN & completing the other three assessments recommended in the MAPP model & to develop the MCCHIP. Strengths of the HMCN include the engagement of agencies related to the social determinants of health such as housing, income, education, employment, crime & so forth. The commitment/buy-in from members stems from the need to increase resources, decrease duplication, & expand efforts toward improving health outcomes. Weaknesses are the ability to engage local political figures & agencies in the process. Some agencies are so small that it is hard to commit staff/ resources.

The HMCN committed in March 2011 to complete the MAPP process by the end of the year & to develop the MCCHIP in 2012. ZMCHD is the lead agency providing the facilitator for HMCN. The stakeholder involved in the process include Foxfire High School, Muskingum County Community Development, Muskingum County Job & Family Services, United Way of Muskingum, Perry & Morgan, Genesis Healthcare System, Muskingum Valley Health Center, Zanesville-Muskingum County Health Department, Help Me Grow, Child & Family Health Services program, WIC, Zane State University, Ohio University of Zanesville, Head Start, Genesis Lifestyle & Fitness Center, Juvenile Court, The CARR

Center, Muskingum Behavioral Health, Mental Health Recovery & Services Board, Fieldhouse Foundation, Quality Care Partners, United Healthcare, Zanesville Community Gardens, local schools, City of Zoning, Family Health Services, Muskingum Valley Park District, Community Center, Zanesville Metropolitan Housing Authority, Salvation Army, Muskingum County Community Foundation, Muskingum Family YMCA, Muskingum Emergency Management Agency, Muskingum County Adult & Child Protective Services, Muskingum County Ohio State University Extension Service, & more.

Community Health Assessment Data Collection

Four assessments gathered data in the following way:

- (Primary Qualitative Data) Local Public Health System Assessment: All of the data points from the National Public Health Performance Standards Program tool were used for the local public health system assessment data points. All the data were loaded into Turning Point slides & response cards were used to vote on slides rating our present capacity for that data point on a scale from one to five. 40 local partners spent a two day retreat, January 19 and 20th of 2011, doing all of the assessment using the clickers.
- (Secondary Quantitative Data) Community Health Status Assessment: From March through September of 2011 data was gathered using national resources to look at mortality, morbidity, health care usage, social determinants (income, employment, poverty, crime, homelessness, government assistance usage, housing, & more), behavioral data, local agency data related to mental health & usage of the Muskingum Valley Health Center, & other health status data from reputable sources such as the Census Bureau & the County Health Rankings from the Robert Wood Johnson Foundation. All the data was compiled into a spread sheet for review.
- (Primary Quantitative Data) Themes & Strengths Assessment: From May through September 2011 a community health survey was developed & implemented using face to face surveys & the web. The Zane State College was contracted to have students over sample the underserved sector of the community.740 surveys were gathered through the ZMCHD website & face to face interviews.
- (Primary Qualitative Data) Forces of Change: In October and November of 2011 two sessions of meetings with the HMCN were used to focus group the Network on the threats & opportunities operating in our community. The brainstorming was captured using Mindjet MindManager mapping software.

Demographic Description of Muskingum County Residents

The HMCN began to review data that was readily available to describe our residents as the assessments were completed. Below is a 2011 demographic description of residents.

Description	Muskingum Value	Ohio Value	Source
Population	86,074	11,536,504	US Census Quick Facts
Race			
White persons	93%	82.7%	US Census Quick Facts
Black persons	3.8%	12.2%	US Census Quick Facts
American Indian and Alaska Native persons	.2%	.2%	US Census Quick Facts
Asian persons	.3%	1.7%	US Census Quick Facts
Persons reporting two or more races	2.5%	2.1%	US Census Quick Facts
Persons of Hispanic or Latino origin	.8%	3.1%	US Census Quick Facts
White persons, not Hispanic	92.5%	81.1%	US Census Quick Facts
Age			
Persons under 5 years old	6.3%	6.4%	US Census Quick Facts
Persons under 18 years old	23.3%	23.5%	US Census Quick Facts
Persons 65 years old and over	15.8%	13.9%	US Census Quick Facts
Gender			
Female persons	52%	51.2%	US Census Quick Facts
Language			
Language other than English spoken at home, age 5+	2.4%	6.1%	US Census Quick Facts
Education			
High school graduates age 25+	85.3%	86.8%	US Census Quick Facts
Bachelor's degree or higher age 25+	13.8%	23.6%	US Census Quick Facts
Income			
Median household income			US Census Quick Facts
Persons below poverty level			US Census Quick Facts
Unemployment			
Unemployment rate	11.1%	7.5%	Ohio Job and Family Services
Housing			
Living in same house 1 year ago	86.1%	84.7%	US Census Quick Facts
Homeownership rate	72.7%	69.55	US Census Quick Facts

Health Disparities in Appalachia

Muskingum County is designated as Appalachian by the federal government. Appalachian counties with their geographic cultures and history can be disproportionately affected by health issues. Health disparities exist in MC due to the rural geography, Appalachian culture, and high poverty rates. Appalachian counties have unique cultural and family issues that relate to how the HMCN will address the health needs of residents. Independent spirits, skepticism with government entities, a strong work ethic with few jobs available, institutional poverty mindsets, and firm family ties all affect the health behaviors of Appalachian residents through their cultural attitudes. Culture combined with health disparities put underserved Appalachian residents at greater risk for heart disease and cancer than most Ohioans. Based on the Behavioral Risk Factor Surveillance System, the Appalachian regional prevalence for all seven chronic diseases surveyed (asthma, arthritis, diabetes, heart attack, heart disease, stroke, and high blood pressure) all exceeded the national 2007 BRFSS rates, and in all but one (arthritis) the Ohio according to the Appalachian Rural Health Institute Heath Needs Assessment Survey III 2009. The following table displays Muskingum County and Appalachian counties compared to Ohio for risk factors for heart disease and cancer.

| Health Factor	Musk-ingum	Appalachia	Ohio	National
Ever told by healthcare professional that you have problems with high blood sugar or that you have diabetes	12.6%	12.5%	9.5%	8.6%
Ever told by healthcare professional that you had a heart attack	7.5%	7.3%	5.45	4.2%
Ever told by a healthcare professional that you had high blood pressure	33.3%	32.2%	28.4%	27.7%
When had cholesterol checked, ever told by healthcare professional that your cholesterol level was high	35.3%	38.4%	n/a	HP 2010 17%
Rate of obesity	33%	30.7%	28.1%	25.1%
5 days or more of weekly moderate exercise	32.4%	35.6%	n/a	HP 2010 30%
If smoke 100 cigarettes in your life, current smokers	23.3%	25.6%	n/a	19.3%

*Healthy People 2010 target

Community Health Assessment Data Analysis

For each of the four assessments the following mechanisms were used to analyze data:

- Local Public Health System Assessment: The NPHPSP consensus scores from the voting were loaded into a national data base which produced a report for the group findings. The report revealed a priority focus on partnership mobilization, assuring a competent public health workforce, informing, educating & empowering individuals & communicate about health issues, link people to needed personal health services & assure the provision of health care when otherwise unavailable, & diagnose & investigate health problems & health hazards in the community.

Rank ordered performance scores for each Essential Service, by level of activity for the LPHSA
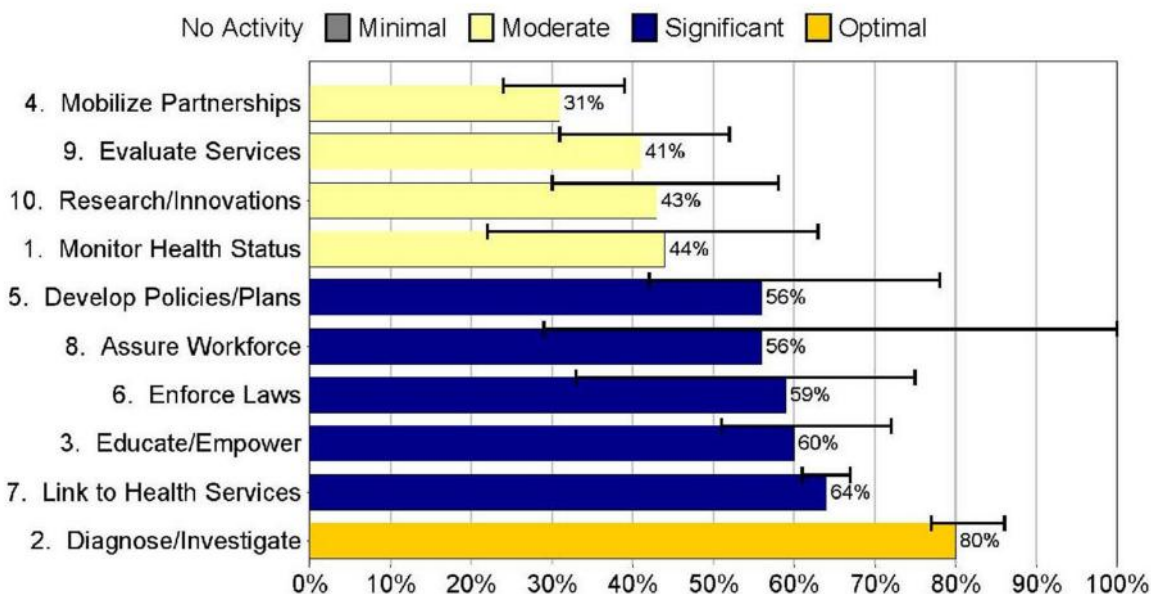
- Community Health Status Assessment: As part of the process, ZMCHD developed in Microsoft EXCEL a spread sheet for a data surveillance system that not only collects community health status assessment data but also maintains yearly data when it is available for trend analysis.
- Themes & Strengths Assessment: all of the 740 surveys were loading into the web based system using Survey Monkey & reports were generated for each question.
- Forces of Change: Using Mindjet MindManager mapping software, the brainstorming information was exported into Microsoft Word for review.

A. ***Community Health Status Assessment Data Identified***

   I. Priority Populations
- Appalachian County (Appalachian Regional Commission designated county)
- People living in poverty (16.8% Persons below poverty level, percent (US Census Bureau QuickFacts [CBQ] 2007-2011)
-
- People on Medicare/Medicaid

- Female head of household
- Persons with disabilities
- Persons with addictions
- Children

II. Health/Social Issues
- Crime
- Prison re-entry/recidivism
- Homelessness/couch surfers
- Unemployment
- Neglect & abuse
- Domestic violence

III. Leading Causes of Death
- #1 Malignant neoplasms-cancer
- #2 Diseases of the heart
- #3 Chronic lower respiratory diseases
- #4 Cerebrovascular disease-stroke
- #5 Accidents, unintentional injuries
- #6 Alzheimer's disease
- #7 Diabetes mellitus
- #8 Influenza & pneumonia
- #9 Nephritis, nephrotic syndrome, & nephrosis
- #10 Septicemia

IV. Other Leading Causes of Death
- Motor vehicular accidents, adults
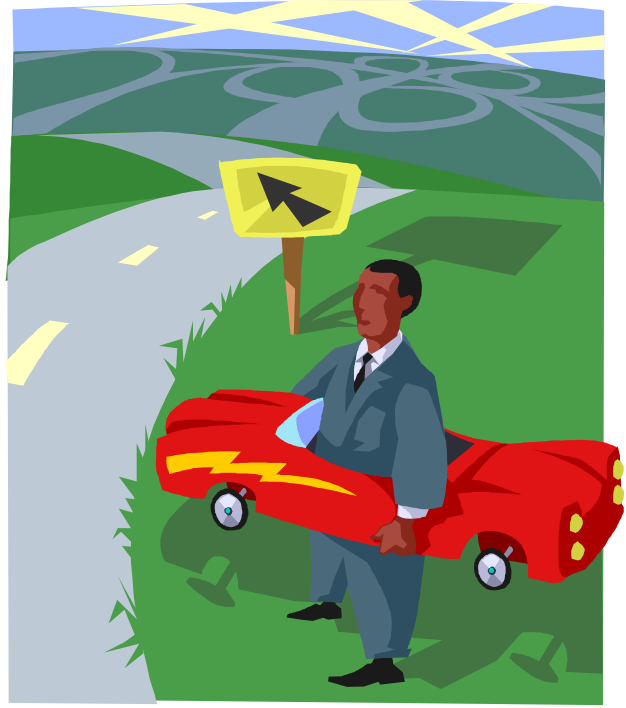- Child motor vehicle crash deaths (1-14 years)
- Intentional self-harm-suicides
- Accidental exposure to smoke, fire, & flames

V. Medical Data
- High incidence of cancers
- Diabetes
- High blood pressure
- High cholesterol
- Overweight & obesity
- Asthma
- Arthritis

VI. Maternal & Child Indicators
- Pregnant mothers at risk
- Low birth rate babies
- Late prenatal care
- Cesarean births

- Teen pregnancies
- Pre term births
- Lead poisoned children
- Tooth decay in children
- Obesity & children

VII. Mental Health
- Opiate addictions
- Tobacco addictions
- Alcohol Addictions
- Depression, anxiety, & other mood disorders
- Severely mentally ill

VIII. Health Behaviors
- Tobacco use
- Lack of physical activity
- Consumption of fresh fruits & vegetables
- Alcohol consumption
- Annual screenings for mammograms
- Annual screenings for pap smears
- Annual screenings for sigmoidoscopy
- Annual flu shots age 65+
- Annual pneumonia shots age 65+

IX. Access to Care
- Uninsured adults
- Uninsured children
- Lack of vision coverage
- Lack of dental coverage
- Lack of mental health coverage
- Cost prohibited filling prescription medication
- Dental care needed
- Hard to pay medical bills

X. Environmental Issues
- Lead
- Radon
- Mold & Mildew
- Leaking roofs
- Safety hazards in homes
- Access to fresh fruits & vegetables
- Sidewalks & bike trails accessibility
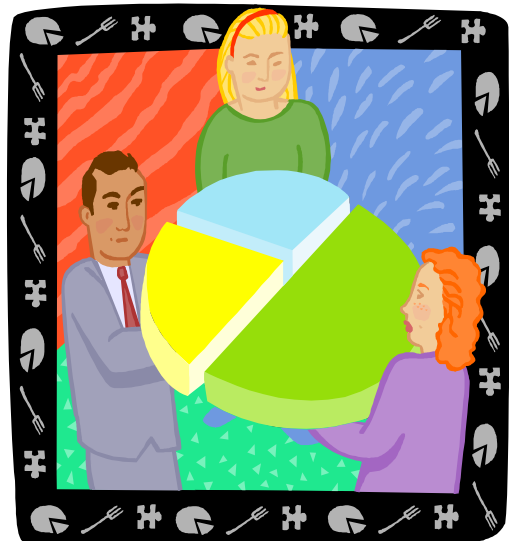
B.   *Themes & Strengths Assessment Data Identified*

The responses that were the most compelling were selected for the voting slides by the ZMCHD HMCN Facilitator & a representative from United Way. The following data

points were then developed into slides for the Turning Point voting method for the next Network retreat:

I. <u>Living in Muskingum County</u>
- 89% get from place to place by car, motorcycle, or scooter & 46% are four or more miles from home to work (issues: emissions, encouraging walking & biking)
- 45% have to go four or more miles to get fresh fruits & vegetables (issue: lack of accessible grocery stores)
- 67% are four or more miles from home to the doctor (issue: close proximity to a doctor or easy access)
- 48% homes were built before 1978 (issue: houses at risk for lead)
- When they are walking in their community: 30% have no sidewalks & use streets &/or alleys & 20% can only use highways &/or county/township roads, & 19% crosswalks are well marked on the road, 12% have curbs for wheel chairs, & 9% have good lighting (issue: walk-ability of community)
- 34% feel safe when they walk in their community
- 51% drink tap water
- 1% have passive heating like solar panels in their home
- 23% have a garden, 14% have a few plants, 3% raise animals for meat & raise animals for eggs
- 63% enjoy the air in their community

II. Social/Cultural Background
- 24% main social life is built around neighbors, 23% the Internet, & 6% did not have people they hang out with
- 59% eat together as a family at least 4 times a week
- 72% parents or grandparents are from Appalachia 49% feel part of the community most or all of the time
- 99% think it is important to graduate from high school
- 66% have pets
- 46% like their job when they are at work & 34% wish they made more money
- When it comes to people who live in their community: 19% people do not talk to each other, 18% people talk to friends & family away from where they live, 12% felt people just cannot get along, & 8% only hang out with their family
- 78% stay in touch by cell phone, 66% using the internet, 51% just talking with people, 50% texting, & 25% mail
- 14% looked & received help from any social service agency or human services group, 9% looked but did not receive help, & 4% did not look because they did not know where to look

- When it comes to non-active free time: 71% watch television, 51% spend time on the Internet, 47% read books, 24% play cards or board games, & 15% play video games or some kind of electronic game
- When it comes to active free time: 50% do housework, 35% cook &/or bake, 18% garden, 12% are into sports & competitive games, 11% fish, 10% sew, quilt, knit, or crochet, 8% build things & hunt
- 87% stay informed by television, 70% Internet, 51% newspaper, 49% radio, 39% Facebook or Twitter, & 35% by people telling them the latest news

III. Neighborhood

- 66% are happy with their home
- 75% like their neighborhood
- The top safety problems in their neighborhood include 16% not enough lights on the streets, 13% robbery & theft, 11% drug dealers or criminals hang out there & drug use, 10% people arguing, 8% alcohol use, 6% violence, & 3% child abuse & harassment
- What keeps people from using a park includes: 35% felt there were not parks close by them, 9% the condition of the park, 7% not a safe place, 4% does not have what they need in it, & 2% too far from other people
- Problems within homes include: 14% mold/mildew, 8% leaking roofs, peeling/chipping paint, & musty odor, 7% rodents like mice or rats, 6% safety hazards, 3% roaches, 2% bed bugs, & 1% radon (issue: healthy homes)
- Safety devices in homes include: 89% smoke detectors, 55% fire extinguishers, & 39% carbon monoxide detectors
- 61% allow smoking outside the home, 52% do not allow smoking in the home, 47% do not allow smoking in the car, & 34% do not sit near anyone smoking
- Others exposing people to smoking include: 41% in public places, 28% in cars, 26% in homes, 12% at sporting events, 8% at work, & 3% at school functions.(issue: exposure to second hand smoke)
- Support for outdoor tobacco-free policies includes: 55% school campuses & events, 46% county owned campuses, 44% city owned campuses, 42% community recreational sites, 40% community businesses, 35% privately owned business properties, 30% apartments, & 36% do not support an outdoor tobacco free policy

IV. Healthcare

- 55% felt they could afford co-pays or deductibles
- 61% of know which shots are needed for adults
- Of the 42% of respondents with children under the age of 18, 38% were up to date with their shots, 1.5% said not, & 1% didn't know
- 58% take medication prescribed by the doctor
- People maintain their health by: 65% getting regular check-ups, 42% getting regular check-ups at the dentist, 35% getting screened when they are supposed to, 30% immunizations up to date, 15% just wait & see, 12% are healthy & don't

need a doctor, & 9% want to see a doctor but cannot afford it (public health issue: preventive care)

- People that have looked for a program for depression, anxiety, addictions, or other mental health problems for themselves or a loved one include: 54% do not have a need for one, 21% no have not looked, 13% yes & found one, 9% know where to go it they need it, & 3% yes & have not found one

V. <u>Healthy Behaviors</u>
- How often are fresh fruits served in the home: 46% one-three times a day, 21% three to four times a week, 17% rarely, & 6% four to five times a day
- How often are fresh vegetables served in the home: 53% one-three times a day, 24% three to four times a week, 17% rarely, & 7% four to five times a day
  When it comes to eating, 50% eat healthy most of the time 15% cannot afford to eat healthy
- The main reasons keeping them from serving fresh fruits or vegetables are: 32% the cost is too high, 29% cannot keep them very long without them going bad, 15% there are very few they like or don't like them, 13% eat on the run & eat out, 2% cannot get to a store with them
  28% eat canned fruits & vegetables & 26% eat frozen
- When it comes to drinking alcohol in the last 30 days: 47% do not drink at all, 34% only drink once in a while socially, 12% have at least one to three drinks a week, 4% have a drink every day, 4% have two to three drinks a day, & 2% were intoxicated each time they drank
- When it comes to exercise: 38% walk, run or bike, 34% garden, do yard work, or housework, 21% work out, 21% wish they could get themselves to exercise, 13% have physical problems that keep them from exercising, 12% hate to exercise, 11% do not have time to exercise, 9% like to do things like golf, bowling, or darts, 7% play sports, & 7% just do not care about exercise
- When it comes to drinking alcohol & driving: 82% never drink & drive, <u>10% sometimes drink & drive,</u> 9% always have a designated driver, & 5% sometimes ride with someone who has been drinking
- When it comes to finances: 62% try to stay on a budget, 37% have savings, 35% have retirement, 30% live pay check to pay check, 21% have credit cards but they carry a balance, 20% have credit cards but pay them off, 18% do not have credit cards, 13% are in debt more than they can pay, 3% have credit cards but they are maxed out, & 2% used cash advance last month. (public health issue: embarrassment & denial of finances)
- 94% do not use recreational drugs (public health issue: under reporting & denial)

- When it comes to using tobacco products, I think it is okay to use them: 40% outside, 35% nowhere, & 30% it is everyone's right to use tobacco products when they want
- Who uses tobacco products where you live: 25% myself, 16% partner, 11% friends, 9% other family, 5% parents, & 5% children
- Household is covered by following insurance: 74% auto, 72% homeowners or rental, 55% life & 14% none
- When it comes to their positive mental health: 58% are happy, 47% content, 31% optimistic, & 21% having problems but coping
- When it comes to their negative mental health: 15% are anxious/tense, 12% depressed, 10% sad, 9% angry, 6% feeling hopeless, distressed, & obsessing about everything, 5% fearful & feeling worthless, 3% not able to stop repeating certain habits, 2% having suicidal thoughts, & 1% in crisis from addiction
- When they look in the mirror: 36% need to lose over 30 pounds, 29% are at a healthy weight, 17% could stand to lose 20 pounds, 15% need to lose five to ten pounds, & 3% are underweight
- When it comes to my weight: 32% do not like being overweight, 28% do not worry about it & try to lose weight, 25% have a hard time losing weight, 18% cannot stand being overweight, 16% weight is fine, 15% worry about their weight but can't seem to do anything about it,
- 14% exercise to maintain weight, 11% are
- large boned/ large framed, 4% everyone in the family is overweight, 3% need to gain weight & do not care that they are overweight, & 2% just do not think they are overweight but others might think they are
- The stress in their life comes from: 43% finances, 32% no one main area, things are okay, 30% the economy & work, 22% relationships, 16% health problems, 10% unemployment, 9% no health insurance, 8% recent death of a loved one, 6% behaviors & not enough food/ clothing, 3% just moved & possible eviction or loss of home, 2% added new family member & addictions, 1% violence

C. *Forces of Change Assessment Data Identified*

I. Sprawl/Bedroom Community
- Opportunity 1: Bring health aspect to transportation initiatives such as county land use planning, walking & bicycle trails, ODOT safe routes to school, transportation enhancement, community planning
- Threat Number 1: Lack of local zoning & rules for active community development
- Threat Number 2: Food deserts; lack of access to fresh produce & commodities

- Threat Number 3: Reduces tax base for city due to expansion of housing outside city limits

Sub-Topic Reduction of Farmland
  - ➢ Opportunity 1: Zoning & building codes
  - ➢ Opportunity 2: Growing fresh produce & commodities locally such as gardens, farm contracts with residents, & farmers markets
  - ➢ Threat 1: Loss of the skills & resources for farmland
  - ➢ Threat 2: Increased cost of foods no longer grown

II. Educational Level
- Opportunity 1: Increase short term & long term degrees to match job market
- Opportunity 2: Student internships with local businesses
- Threat 1: Educated young professionals leave the area
- Threat 2: Students leave area to go to college

III. Natural Resources & Gas & Oil Exploration
- Opportunity 1: Universities are setting up training for new employment opportunities
- Opportunity 2: Influx of people & new financial resources for businesses, farmers, & others
- Threats 1: Environmental hazards & impacts
- Threats 2: Sudden money for the community & individuals, short term boom that could lead to false growth or bubble of stability
- Threats 3: Social & safety threats
- Threats 4: People won't stay & don't invest in the community
- Threats 5: Drying up of coal industry

IV. Physical Geography has Environmental Impacts & Economic Impacts
- Opportunity 1: Tourism
- Opportunity 2: Interstate 70 is great for economic development
- Threat 1: Soil & water quality
- Threat 2: Physical limitations
- Threat 3: Interstate 70 is threat for drug trade

V. Economic Situation
- Opportunity 1: Personal financial services have become more accessible
- Opportunity 2: Port Authority
- Opportunity 3: Chamber of Commerce
- Opportunity 4: Redevelopment opportunities

- Threat 1: Limited budgets of organizations
- Threat 2: Loss of jobs
- Threat 3: Over qualified for jobs

Sub-Topic Employment Issues

- Opportunity 1: Gas & Oil & other energy industries
- Opportunity 2: Facility expansion of Genesis HealthCare Systems
- Opportunity 3: Community Impact Group liaison to Network already established & has a focus on Economy/business, education, & health
- Threat 1: Loss of manufacturing & other low income jobs
- Threat 2: Pay level per job low compared to market

VI. Appalachian Culture

- Opportunity 1: Change attitudes & then stubbornness will kick in to our advantage
- Opportunity 2: Family culture & networks
- Opportunity 3: Handcrafting/artisans for tourism
- Opportunity 4: Work ethic is strong
- Threat 1: Stubbornness, dig your heels in
- Threat 2: Mono-culture, not diverse
- Threat 3: Prejudice in community
- Threat 4: Family culture can be exclusive of outsiders

Sub-Topic Education & Appalachia

- Opportunity 1: Include Appalachian culture as Part of cultural competency trainings
- Threat 1: Attitude about educational level
- Threat 2: Levies not passed
- Threat 3: People leaving school system for another school district & increase in funds for the new school & decrease for the school left
- Threat 4: Annexing of school districts & service centers

VII. Political Climate

- Opportunity 1: Vote
- Opportunity 2: Education opportunities for the incoming political figures
- Opportunity 3: Networking & engaging political figures in health efforts
- Opportunity 4: Collaborative atmosphere is great
- Opportunity 5: Easy to access leaders versus a larger community
- Opportunity 6: State is pushing for even tighter collaboration
- Threat 1: Change in political figures mayor, council, commissioners, state, national
- Threat 2: Redistricting
- Threat 3: Historical turf issues

VIII. Access to Care

- Opportunity 1: Electronic Medical Records

- Opportunity 2: Develop a primary care surveillance tool for area
- Opportunity 3: What is demand & supply, wait times
- Opportunity 4: Behavioral health providers in county working on access issues, how we treat folks, do it more consistently
- Opportunity 5: Healthcare services offered locally in system
- Threat 1: Primary care physicians won't take new patients
- Threat 2: Time to get appointments
- Threat 3: Mental healthcare professionals shortage area & dental shortage area

IX. Healthcare Reform
- Opportunity 1: Payment reform for primary care payment rates will be same for Medicare & Medicaid
- Opportunity 2: Preventive services mandated for coverage
- Opportunity 3: Children can stay on parents insurance longer
- Opportunity 4: 2014 one million more will be eligible for Medicaid
- Opportunity 5: Build less reliance on emergency room services
- Opportunity 6: Strengthened medical home efforts
- Opportunity 7: Genesis is one of the lower cost facilities with higher quality
- Opportunity 8: Integration of physical health & behavioral healthcare
- Threat 1: Healthcare professional shortages, physicians, nurses, dentists, & mental health shortage
- Threat 2: Don't know what is coming
- Threat 3: Reimbursement for providers-hospitals, nursing homes, pharmacy, administration costs
- Threat 4: Strain on healthcare from influx from gas & oil

D. *Local Public Health System Assessment Data Identified*

I. Mobilize Partnerships
- Develop constituency including all persons & organizations that directly contribute to or benefit from public health 39%- Moderate Activity
- Mobilize community partnerships through a continuum of relationships that foster the sharing of resources & accountability in undertaking community health improvement 24%- Minimal Activity

II. Evaluate Effectiveness, Accessibility, & Quality of Personal & Population Based Health Services
- Design & maintain a surveillance system to monitor health events, identify changes or patterns, & investigate underlying causes or factors. 77%- Optimal Activity

- Maintain capacity to respond rapidly & effectively to investigate public health threats & emergencies which involve communicable disease outbreaks or chemical, biological, radiological, nuclear, explosive or environmental incidents. 77%- Optimal Activity
- Maintain laboratory support to produce timely & accurate laboratory results for diagnostic & investigative public health concerns. 86%- Optimal Activity

III. Essential Service III Inform, Educate, & Empower Individuals & Communicate about Health Issues
- LPHS actively creates, communicates, & delivers health information & health interventions using customer-centered & science based strategies to protect & promote health of diverse populations. 58%- Significant Activity
- Health communications are accomplished using multiple communication strategies to inform & influence individual & community decisions that enhance health. 51%- Significant Activity
- Risk communications is accomplished by the provision of information by public health professionals to allow individuals, stakeholders, or an entire community to make the best decisions possible about their well-being in times of crisis & emergency. 72%- Significant Activity

IV. Essential Service IV Mobilize Partnerships
- Develop constituency including all persons & organizations that directly contribute to or benefit from public health 39%- Moderate Activity
- Mobilize community partnerships through a continuum of relationships that foster the sharing of resources & accountability in undertaking community health improvement 24%- Minimal Activity

V. Essential Service V Develop Policies & Plans that Support Individual & Community Health Efforts
- ZMCHD works in partnership with the community to assure the development & maintenance of a flexible & dynamic public health system that provides the Essential Public Health Services. 61%- Significant Activity
- Policy needs & gaps are identified to develop policies to improve the public's health. 42%- Moderate Activity
- Community health improvement process & planning in place. 44%- Moderate Activity
- An "All-Hazards" emergency preparedness & response plan is in place & partners work collaboratively to formulate emergency response plans & procedures. 78%- Optimal Activity

VI. Essential Service VI. Enforce Laws & Regulations that Protect Health & Ensure Safety
- LPHS reviews existing federal, state, & local laws, regulations, & ordinances relevant to public health in the community including those addressing environmental quality & health-related behaviors. 75%- Optimal Activity
- Having identified local public health issues that are not adequately addressed through existing laws, regulations & ordinances, the LPHS participates in the

modification of existing laws, regulations & ordinances & the formulation of new ones designed to assure & improve the public's health. 33 %- Moderate Activity
- The organizations within the LPHS that have authority enforce laws, regulations & ordinances & acts in public health emergencies & implements necessary community interventions. 68%- Significant Activity

VII. <u>Essential Service VII. Link People to Needed Personal Health Services & Assure the Provision of Health Care When Otherwise Unavailable</u>
- LPHS identifies populations who may encounter barriers to personal health services. 67% Significant Activity
- LPHS supports & coordinates partnerships & referral mechanisms among the community's public health, primary care, oral health, social service, & mental health systems to optimize access to needed personal health services. 61%%- Significant Activity

VIII. <u>Essential Service VIII. Assure a Competent Public & Personal Health Care Workforce</u>
- Workforce assessment, planning & development. 29%- Moderate Activity
- Organizations within the LPHS develop & maintain public health workforce standards for individuals who deliver &/ or contribute to the Essential Public Health Services. 100%- Optimal Activity
- Life-long learning is accomplished through continuing education, training, & mentoring. 58%- Significant Activity
- LPHS encourages the development of leadership capacity that is inclusive, representative of community diversity, & respectful of community's perspective. 37%- Moderate Activity

IX. <u>Essential Service IX Evaluate Effectiveness, Accessibility, & Quality of Personal & Population Based Health Services</u>
- Evaluate the accessibility, quality, & effectiveness of population-based health services & progress toward program goals. 31%- Moderate Activity
- Evaluate the accessibility, quality, & effectiveness of personal health services, ranging from preventive services to acute care to hospice care. 52%- Significant Activity
- Evaluate the local public health system focusing on the performance of the system as a whole. 40%- Moderate Activity

X. <u>Essential Service X Research for New Insights & Innovative Solutions to Health Problems</u>
- Organizations foster innovation to strengthen public health practice including practice field-based efforts as well as academic efforts. 41%- Moderate Activity
- Academic linkages are established with institutions of higher learning &/or research organizations including patterns of mutual consultation, & formal or informal affiliation. 41%- Moderate Activity

- Research capacity is maintained with organizations initiating &/or participating in research that contributes to epidemiological & health policy analyses & improved health system performance. 30%- Moderate Activity

Community Health Assessment Prioritization Process

A lead representative from four local agencies helped the HMCN Facilitator to organize and identify the top data from each of the four assessments. For the CHSA, Muskingum Behavioral Health was the lead. For the LPSA, Genesis HealthCare System was the lead. For the TASA Rambo Health Center was the Lead. And for Forces of Change, United Way was the lead. Each assessment was groomed from the data analysis for the top strengths and weaknesses shown in the data. Turning Point Slides were developed for each of the four MAPP assessments data. Two slides were developed for each data point, one for feasibility of making an impact on that health issue and one for the priority of that health issue for our community.

The HMCN met held a one day retreat in January of 2011. At the retreat HMCN members voted on all the key data points from the four MAPP assessments. The voting slides were on a scale of one to five each. Five meant either a high priority or high feasibility.

Once the voting was complete & a consensus was reached for each slide, the data were loaded into a spread sheet & the priority score & the feasibility score were multiplied together for each slide. Data points with a score of 20-25 were high priority, 15-19 were medium priority, & 10-14 were low priority. Below are the results of each of the four assessments prioritization. The color coding for priority votes is as follows:

■	20-25 points
■	15-19 points
■	10-14 points

A. Community Health Status Assessment Voting Results

I. Priority Populations	Priority	Feasibility	Total
Appalachian County	5	4	20
People living in poverty	5	4	20
People on Medicare/Medicaid	4	4	16
Female head of household	4.5	4	18
Persons with disabilities	4	4	16
Persons with addictions	4	3	12
Children	5	4.5	22.5
II. Health/Social Issues	Priority	Feasibility	Total
Crime	5	3	15
Prison re-entry/recidivism	3	3	9

Homelessness/couch surfers	4	3	12
Unemployment	5	3.5	17.5
Neglect & abuse	5	4	20
Domestic violence	4	3	12

III. Leading Causes of Death	Priority	Feasibility	Total
#1 Malignant neoplasms-cancer	5	3	15
#2 Diseases of the heart	5	4	20
#3 Chronic lower respiratory diseases	3	3	9
#4 Cerebrovascular disease-stroke	3	3	9
#5 Accidents, unintentional injuries	3	2	6
#6 Alzheimer's disease	3	3	9
#7 Diabetes mellitus	5	4	20
#8 Influenza & pneumonia	3	3	9
#9 Nephritis, nephrotic syndrome, & nephrosis	3	3	9
#10 Septicemia	3	3	9
IV. Other Leading Causes of Death	Priority	Feasibility	Total
Motor vehicular accidents, adults	3	3	9
Child motor vehicle crash deaths (1-14 years)	3	3	9
Intentional self-harm-suicides	4	3	12
Accidental exposure to smoke, fire, & flames	3	3	9
V. Medical Data	Priority	Feasibility	Total
High incidence of cancers	5	3.5	17.5
Diabetes	5	4	20
High blood pressure	5	4	20
High cholesterol	5	3	15
Overweight & obesity	5	4	20
Asthma	4	3	12
Arthritis	3	2	6
VI. Maternal & Child Indicators	Priority	Feasibility	Total
Pregnant mothers at risk	5	3	15
Low birth weight babies	4	3	12
Late prenatal care	4	3	12
Cesarean births	4	2.5	10
Teen pregnancies	5	4.5	22.5
Pre term births	3	3	9
Lead poisoned children	4	3.5	14
Tooth decay in children	4	3.5	14
Obesity & children	5	5	25
VII. Mental Health	Priority	Feasibility	Total
Opiate addictions	5	3	15
Tobacco addictions	5	3	15
Alcohol Addictions	4.5	3	13.5
Depression, anxiety, & other mood disorders	5	3	15
Severely mentally ill	4	3	12

VIII. Health Behaviors	Priority	Feasibility	Total
Tobacco use	4	3	12
Lack of physical activity	5	4	20
Consumption of fresh fruits & vegetables	4	3	12
Alcohol consumption	4.5	3	13.5
Annual screenings for mammograms	4	4	16
Annual screenings for pap smears	4	4	16
Annual screenings for sigmoidoscopy	3	3	9
Annual flu shots age 65+	4	4	16
Annual pneumonia shots age 65+	4	3	12
IX. Access to Care	Priority	Feasibility	Total
Uninsured adults	5	4	20
Uninsured children	5	4	20
Lack of vision coverage	3	3	9
Lack of dental coverage	4	3	12
Lack of mental health coverage	4.5	3	13.5
Cost prohibited filling prescription medication	4	3	12
Dental care needed	5	3	15
Hard to pay medical bills	4.5	3	13.5
X. Environmental Issues	Priority	Feasibility	Total
Lead	4	4	16
Radon	3	3	9
Mold & Mildew	3.5	3	10.5
Leaking roofs	3	2	6
Safety hazards in homes	3	2	6
Diabetes	4	3	12
Sidewalks & bike trails accessibility	4	4	16

B.   Themes & Strengths Assessment Voting Results

I. Living in Muskingum County	Priority	Feasible	Total
89% get from place to place by car, motorcycle, or scooter & 46% are four or more miles from home to work (issues: emissions, encouraging walking & biking)	3.5	3	10.5
45% have to go four or more miles to get fresh fruits & vegetables (issue: lack of accessible grocery stores)	4	3	12
67% are four or more miles from home to the doctor (issue: close proximity to a doctor or easy access)	3	2.5	7.5
48% homes were built before 1978 (issue: houses at risk for lead)	4	3.5	14

	Priority	Feasible	Total
When they are walking in their community: 30% have no sidewalks & use streets &/or alleys & 20% can only use highways &/or county/township roads, & 19% crosswalks are well marked on the road, 12% have curbs for wheel chairs, & 9% have good lighting (issue: walk-ability of community)	3.5	3	10.5
34% feel safe when they walk in their community	4	3	12
51% drink tap water	3.5	3	10.5
1% have passive heating like solar panels in their home	2	1	2
23% have a garden, 14% have a few plants, 3% raise animals for meat & raise animals for eggs	3	3	9
63% enjoy the air in their community	3	3	9
II. Social Cultural Background	**Priority**	**Feasible**	**Total**
24% main social life is built around neighbors, 23% the Internet, & 6% did not have people they hang out with	3	3	9
59% eat together as a family at least 4 times a week	4	3	12
72% parents or grandparents are from Appalachia	5	3	15
49% feel part of the community most or all of the time	3	3	9
99% think it is important to graduate from high school	5	4	20
66% have pets	3.5	3	10.5
46% like their job when at work & 34% wish made more money	3	3	9
When it comes to people who live in their community: 19% people do not talk to each other, 18% people talk to friends & family away from where they live, 12% felt people just cannot get along, & 8% only hang out with their family	3	3	9
78% stay in touch by cell phone, 66% using the internet, 51% just talking with people, 50% texting, & 25% mail	3	3	9
14% looked & received help from any social service agency or human services group, 9% looked but did not receive help, & 4% did not look because they did not know where to look	3	3	9
When it comes to non-active free time: 71% watch television, 51% spend time on the Internet, 47% read books, 24% play cards or board games, & 15% play video games or some kind of electronic game	3	3	9
When it comes to active free time: 50% do housework, 35% cook &/or bake, 18% garden, 12% are into sports & competitive games, 11% fish, 10% sew, quilt, knit, or crochet, 8% build things & hunt	3	3	9
87% stay informed: television, 70% Internet, 51% newspaper, 49% radio, 39% Facebook/Twitter, & 35% people telling them latest news	4	5	20
III. Neighborhood, Home, & Safety	**Priority**	**Feasible**	**Total**
66% are happy with their home	3	3	9

	Priority	Feasible	Total
75% like their neighborhood	3	3	9
The top safety problems in their neighborhood include 16% not enough lights on the streets, 13% robbery & theft, 11% drug dealers or criminals hang out there & drug use, 10% people arguing, 8% alcohol use, 6% violence, & 3% child abuse & harassment	3	3	9
What keeps people from using a park: 35% felt there were not parks close by them, 9% the condition of the park, 7% not a safe place, 4% does not have what they need in it, & 2% too far from other people	3.5	3	10.5
Problems within homes include: 14% mold/mildew, 8% leaking roofs, peeling/chipping paint, & musty odor, 7% rodents like mice or rats, 6% safety hazards, 3% roaches, 2% bed bugs, & 1% radon (issue: healthy homes)	3	3	9
Safety devices in homes include: 89% smoke detectors, 55% fire extinguishers, & 39% carbon monoxide detectors	3	4	12
61% allow smoking outside the home, 52% do not allow smoking in the home, 47% do not allow smoking in the car, & 34% do not sit near anyone smoking	3.5	3	10.5
Others exposing people to smoking include: 41% in public places, 28% in cars, 26% in homes, 12% at sporting events, 8% at work, & 3% at school functions.(issue: exposure to second hand smoke)	4	4	16
Support for outdoor tobacco-free policies includes: 55% school campuses & events, 46% county owned campuses, 44% city owned campuses, 42% community recreational sites, 40% community businesses, 35% privately owned business properties, 30% apartments, & 36% do not support an outdoor tobacco free policy	4	3	12
IV. Healthcare	Priority	Feasible	Total
55% felt they could afford co-pays or deductibles	4	3	12
61% of know which shots are needed for adults	4	3.5	14
Of the 42% of respondents with children under the age of 18, 38% were up to date with their shots, 1.5% said not, & 1% didn't know	4	4	16
58% take medication prescribed by the doctor	5	4	20
People maintain their health by: 65% getting regular check-ups, 42% getting regular check-ups at the dentist, 35% getting screened when they are supposed to, 30% immunizations up to date, 15% just wait & see, 12% are healthy & don't need a doctor, & 9% want to see a doctor but cannot afford it (public health issue: preventive care)	5	5	25

	Priority	Feasible	Total
People that have looked for a program for depression, anxiety, addictions, or other mental health problems for themselves or a loved one include: 54% do not have a need for one, 21% no have not looked, 13% yes & found one, 9% know where to go it they need it, & 3% yes & have not found one	4	4	16
V. Healthy Behaviors	**Priority**	**Feasible**	**Total**
How often are fresh fruits served in the home: 46% one-three times/ day, 21% three to four times/week, 17% rarely, & 6% four to five times/day	4	3	12
How often are fresh vegetables served in the home: 53% one-three times/day, 24% three to four times/week, 17% rarely, & 7% four to five times/day	4	3.5	14
When it comes to eating, 50% eat healthy most of the time	4	4	16
15% cannot afford to eat healthy	4	3	12
The main reasons keeping them from serving fresh fruits/vegetables are: 32% the cost too high, 29% cannot keep them very long without them going bad, 15% there are very few they like or don't like them, 13% eat on the run & eat out, 2% cannot get to a store with them	4	3	12
28% eat canned fruits & vegetables & 26% eat frozen	3	3	9
When it comes to drinking alcohol in the last 30 days: 47% do not drink at all, 34% only drink once in a while socially, 12% have at least one to three drinks a week, 4% have a drink every day, 4% have two to three drinks a day, & 2% were intoxicated each time they drank	3	3	9
When it comes to exercise: 38% walk, run or bike, 34% garden, do yard work, or housework, 21% work out, 21% wish they could get themselves to exercise, 13% have physical problems that keep them from exercising, 12% hate to exercise, 11% do not have time to exercise, 9% like to do things like golf, bowling, or darts, 7% play sports, & 7% just do not care about exercise	4	3	12
When it comes to drinking alcohol & driving: 82% never drink & drive, 10% sometimes drink & drive, 9% always have a designated driver, & 5% sometimes ride with someone who has been drinking	5	4	20
When it comes to finances: 62% try to stay on a budget, 37% have savings, 35% have retirement, 30% live pay check to pay check, 21% have credit cards but carry a balance, 20% have credit cards but pay them off, 18% do not have credit cards, 13% are in debt more than they can pay, 3% have credit cards but are maxed out, & 2% used cash advance last month. (issue: embarrassment & denial of finances)	3	3	9
94% do not use recreational drugs (issue: under reporting & denial)	4	3	12

	Priority	Feasible	Total
When it comes to using tobacco products, I think it is okay to use them: 40% outside, 35% no-where, & 30% it is everyone's right to use tobacco products when they want	4	3	12
Who uses tobacco products where you live: 25% myself, 16% partner, 11% friends, 9% other family, 5% parents, & 5% children	3	3	9
Household is covered by following insurance: 74% auto, 72% homeowners or rental, 55% life & 14% none	3	3	9
When it comes to their positive mental health: 58% are happy, 47% content, 31% optimistic, & 21% having problems but coping	3	3	9
When it comes to their negative mental health: 15% are anxious/tense, 12% depressed, 10% sad, 9% angry, 6% feeling hopeless, distressed, & obsessing about everything, 5% fearful & feeling worthless, 3% not able to stop repeating certain habits, 2% having suicidal thoughts, & 1% in crisis from addiction	4	3	12
When they look in the mirror: 36% need to lose over 30 pounds, 29% are at a healthy weight, 17% could stand to lose 20 pounds, 15% need to lose five to ten pounds, & 3% are underweight	5	4	20
When it comes to their weight: 32% do not like being overweight, 28% do not worry about it & try to lose weight, 25% have a hard time losing weight, 18% cannot stand being overweight, 16% weight is fine, 15% worry about their weight but can't seem to do anything about it, 14% exercise to maintain weight, 11% are large boned/ large framed, 4% everyone in the family is overweight, 3% need to gain weight & do not care that they are overweight, & 2% just do not think they are overweight but others might think they are	4	4	16
The stress in their life comes from: 43% finances, 32% no one main area, things are okay, 30% the economy & work, 22% relationships, 16% health problems, 10% unemployment, 9% no health insurance, 8% recent death of a loved one, 6% behaviors & not enough food/ clothing, 3% just moved & possible eviction or loss of home, 2% added new family member & addictions, 1% violence	3	3	9

C.   *Local Public Health System Assessment Voting Results*

Essential Service I Monitor Health Status to Identify Community Health Problems	Priority	Feasible	Total
A community health profile is in place with a common set of measures for the community to prioritize the health issues that will be addressed through strategic planning & action, to allocate & align resources, & to	4	4	16

		Priority	Feasible	Total
monitor population-based health status improvement over time. 22%- Minimal Ranking				
Current technology is used to manage & communicate population health data. 46%- Moderate Ranking		4	4	16
Maintain population health registries which track health-related events such as disease patterns & preventive health services delivery. 63%- Significant Ranking		4	4	16
Essential Service II Diagnose & Investigate Health Problems & Health Hazards in the Community		Priority	Feasible	Total
Design & maintain a surveillance system to monitor health events, identify changes or patterns, & investigate underlying causes or factors. 77%- Optimal Ranking		4	4	16
Maintain capacity to respond rapidly & effectively to investigate public health threats & emergencies which involve communicable disease outbreaks or chemical, biological, radiological, nuclear, explosive or environmental incidents. 77%- Optimal Ranking		5	4	20
Maintain laboratory support to produce timely & accurate laboratory results for diagnostic & investigative public health concerns (86%). Optimal Ranking		5	4	20
Essential Service III Inform, Educate, & Empower Individuals & Communicate about Health Issues		Priority	Feasible	Total
LPHS actively creates, communicates, & delivers health information & health interventions using customer-centered & science based strategies to protect & promote health of diverse populations. 58%- Significant Ranking		5	4	20
Health communications are accomplished using multiple communication strategies to inform & influence individual & community decisions to enhance health. 51%%- Significant Ranking		5	5	25
Risk communications is accomplished by the provision of information by public health to allow individuals, stakeholders, or an entire community to make the best decisions possible about their well-being in times of crisis & emergency. 72%- Significant Ranking		5	4	20
Essential Service IV Mobilize Partnerships		Priority	Feasible	Total
Develop constituency including all persons & organizations that directly contribute to or benefit from public health 39%- Moderate Ranking		5	4	20
Mobilize community partnerships through a continuum of relationships that foster the sharing of resources & accountability in undertaking community health		5	4	20

improvement 24%- Minimal Ranking			
Essential Service V Develop Policies & Plans that Support Individual & Community Health Efforts	**Priority**	**Feasible**	**Total**
ZMCHD works in partnership with the community to assure the development & maintenance of a flexible & dynamic public health system that provides the Essential Public Health Services. 61%- Significant Ranking	5	4	20
Policy needs & gaps are identified to develop policies to improve the public's health. 42%- Moderate Ranking	4	3	12
Community health improvement process & planning in place. 44%- Moderate Ranking	5	5	25
An "All-Hazards" emergency preparedness & response plan is in place & partners work collaboratively to formulate emergency response plans & procedures. 78%- Optimal Ranking	4	4	16
Essential Service VI. Enforce Laws & Regulations that Protect Health & Ensure Safety	**Priority**	**Feasible**	**Total**
LPHS reviews existing federal, state, & local laws, regulations, & ordinances relevant to public health in the community including those addressing environmental quality & health-related behaviors. 75%- Optimal Ranking	4.5	4	18
Having identified local public health issues that are not adequately addressed through existing laws, regulations & ordinances, the LPHS participates in the modification of existing laws, regulations & ordinances & the formulation of new ones designed to assure & improve the public's health. 33 %- Moderate Ranking	4	3.5	14
Organizations within LPHS that have authority enforce laws, regulations & ordinances & acts in public health emergencies & implements necessary community interventions. 68% Significant Ranking	4	4	16
Essential Service VII Link People to Needed Personal Health Services & Assure Provision of Health Care When Otherwise Unavailable	**Priority**	**Feasible**	**Total**
LPHS identifies populations who may encounter barriers to personal health services. 67% Significant Ranking.	5	4	20
LPHS supports & coordinates partnerships & referral mechanisms among the community's public health, primary care, oral health, social service, & mental health systems to optimize access to needed personal	5	4	20

health services. 61%%- Significant Ranking.			
VIII. Assure a Competent Public & Personal Health Care Workforce	Priority	Feasible	Total
Workforce assessment, planning & development. 29%- Moderate Ranking	5	4	20
Organizations within the LPHS develop & maintain public health workforce standards for individuals who deliver &/ or contribute to the Essential Public Health Services. 100%- Optimal Ranking	5	5	25
Life-long learning is accomplished through continuing education, training, & mentoring. 58%- Significant Ranking	5	4	20
LPHS encourages the development of leadership capacity that is inclusive, representative of community diversity, & respectful of community's perspective. 37%- Moderate Ranking	5	5	25
Essential Service IX Evaluate Effectiveness, Accessibility, & Quality of Personal & Population Based Health Services	Priority	Feasible	Total
Evaluate the accessibility, quality, & effectiveness of population-based health services & progress toward program goals. 31%- Moderate Ranking	4	4	16
Evaluate the accessibility, quality, & effectiveness of personal health services, ranging from preventive services to acute care to hospice care. 52%- Significant Ranking	4	4	16
Evaluate the local public health system focusing on the performance of the system as a whole. 40%- Moderate Ranking	5	4	20
Essential Service X Research for New Insights & Innovative Solutions to Health Problems	Priority	Feasible	Total
Organizations foster innovation to strengthen public health practice including practice field-based efforts as well as academic efforts. 41%- Moderate Ranking	4	4	16
Academic linkages are established with institutions of higher learning &/or research organizations including patterns of mutual consultation, & formal or informal affiliation. 41%- Moderate Ranking	4	4	16
Research capacity is maintained with organizations initiating &/or participating in research that contributes to epidemiological & health policy analyses & improved health system performance. 30%- Moderate Ranking	4	3	12

D. Forces of Change Assessment Voting Results

I. Sprawl/Bedroom Community	Priority	Feasible	Total
Opportunity 1: Bring health aspect to transportation	5	4	20

	Priority	Feasible	Total
initiatives such as county land use planning, walking & bicycle trails, ODOT safe routes to school, transportation enhancement, community planning			
Threat Number 1: Lack of local zoning & rules for active community development	3	3	9
Threat Number 2: Food deserts; lack of access to fresh produce & commodities	4	3	12
Threat Number 3: Reduces tax base for city due to expansion of housing outside city limits	3	3	9
Sub-topic Reduction of Farmland			
Opportunity 1: Zoning & building codes	3	3	9
Opportunity 2: Growing fresh produce & commodities locally such as gardens, farm contracts with residents, & farmers markets	3.5	4	14
Threat 1: Loss of the skills & resources for farmland	3	3	9
Threat 2: Increased cost of foods no longer grown	3	3	9

II. Educational Level	Priority	Feasible	Total
Opportunity 1: Increase short term & long term degrees to match job market	4	4	16
Opportunity 2: Student internships with local businesses	4	4	16
Threat 1: Educated young professionals leave the area	4	3	12
Threat 2: Students leave area to go to college	3	3	9
III. Natural Resources & Gas & Oil Exploration	Priority	Feasible	Total
Opportunity 1: Universities are setting up training for new employment opportunities	4	4	16
Opportunity 2: Influx of people & new financial resources for businesses, farmers, & others	4	3	12
Threats 1: Environmental hazards & impacts	4	3	12
Threats 2: Sudden money for the community & individuals, short term boom that could lead to false growth or bubble of stability	4	3	12
Threats 3: Social & safety threats	3	3	9
Threats 4: People won't stay & don't invest in the community	4	3	12
Threats 5: Drying up of coal industry	3	3	9
IV. Physical Geography has Environmental Impacts & Economic Impacts	Priority	Feasible	Total
Opportunity 1: Tourism	4	3	12
Opportunity 2: Interstate 70 is great for economic development	4	3	12
Threat 1: Soil & water quality	4	3	12
Threat 2: Physical limitations	3	1	3
Threat 3: Interstate 70 is threat for drug trade	5	3	15
V. Economic Situation	Priority	Feasible	Total

	Priority	Feasible	Total
Opportunity 1: Personal financial services have become more accessible	3	3	9
Opportunity 2: Port Authority	3	3	9
Opportunity 3: Chamber of Commerce	4	3	12
Opportunity 4: Redevelopment opportunities	3	3	9
Threat 1: Limited budgets of organizations	5	4	20
Threat 2: Loss of jobs	4	3	12
Threat 3: Over qualified for jobs	2.5	2	5
Sub-topic Employment Issues			
Opportunity 1: Gas & Oil & other energy industries	4	3	12
Opportunity 2: Facility expansion of Genesis HealthCare Systems	4	3	12
Opportunity 3: Community Impact Group liaison to Network already established & has a focus on Economy/business, education, & health	3.5	3.5	12.25
Threat 1: Loss of manufacturing & other low income jobs	4	3	12
Threat 2: Pay level per job low compared to market	4	3	12

VI. Appalachian Culture	Priority	Feasible	Total
Opportunity 1: Change attitudes & then stubbornness will kick in to our advantage	4	3	12
Opportunity 2: Family culture & networks	4	3	12
Opportunity 3: Handcrafting/artisans for tourism	3	3	9
Opportunity 4: Work ethic is strong	3	3	9
Threat 1: Stubbornness, dig your heels in	4	3	12
Threat 2: Mono-culture, not diverse	4	3	12
Threat 3: Prejudice in community	4	3.5	14
Threat 4: Family culture can be exclusive of outsiders	4	3	12
Sub-topic Education & Appalachia			
Opportunity 1: Include Appalachian culture as part of cultural competency trainings	4	3	12
Threat 1: Attitude about educational level	4	3	12
Threat 2: Levies not passed	5	3	15
Threat 3: People leaving school system for another school district & increase in funds for the new school & decrease for the school left	3	3	9
Threat 4: Annexing of school districts & service centers	3	3	9
VII. Political Climate	Priority	Feasible	Total
Opportunity 1: Vote	4.5	3	13.5
Opportunity 2: Education opportunities for the incoming political figures	3.5	3	10.5
Opportunity 3: Networking & engaging political figures in health efforts	4	4	16
Opportunity 4: Collaborative atmosphere is great	4	5	20

Opportunity 5: Easy to access leaders versus a larger community	5	5	25
Opportunity 6: State is pushing for even tighter collaboration	4	4	16
Threat 1: Change in political figures mayor, council, commissioners, state, national	3	3	9
Threat 2: Redistricting	3	3	9
Threat 3: Historical turf issues	4	3	12
VIII. Access to Care	**Priority**	**Feasible**	**Total**
Opportunity 1: Electronic Medical Records	4	3	12
Opportunity 2: Develop a primary care surveillance tool for area; What is demand & supply, wait times	4	3.5	14
Opportunity 3: Behavioral health providers in county working on access issues, how we treat folks, do it more consistently	4	4	16
Opportunity 4: Healthcare services offered locally in system	4	3	12
Threat 1: Primary care physicians won't take new patients	4	3	12
Threat 2: Time to get appointments	4	3	12
Threat 3: Mental healthcare professionals shortage area & dental shortage area	5	3	15

IX. Healthcare Reform	**Priority**	**Feasible**	**Total**
Opportunity 1: Payment reform for primary care payment rates will be same for Medicare & Medicaid	3	3	9
Opportunity 2: Preventive services mandated for coverage	5	3	15
Opportunity 3: Children can stay on parents insurance longer	5	3	15
Opportunity 4: 2014 one million more will be eligible for Medicaid	3	3	9
Opportunity 5: Build less reliance on emergency room services	5	4	20
Opportunity 6: Strengthened medical home efforts	5	4	20
Opportunity 7: Genesis is one of the lower cost facilities with higher quality	4	3	12
Opportunity 8: Integration of physical health & behavioral healthcare	5	3	15
Threat 1: Healthcare professional shortages, physicians, nurses, dentists, & mental health shortage	5	3	15
Threat 2: Don't know what is coming	4	3	12
Threat 3: Reimbursement for providers-hospitals, nursing homes, pharmacy, administration costs	4	3	12
Threat 4: Strain on healthcare from influx from gas & oil	3	3	9

Community Health Assessment Logic Model Development

The scores from the LPHSA were mapped into the 10 Essential Public Health Services. All the high & medium priority data points were organized into a logic model for use in the development of the MCCHIP. Some of the data points were long range outcomes, some intermediate, some were process outcomes & some were actual potential strategies for the plan. This logic model went through several organizing & prioritizing sessions with the Network to become the logic model.

The first map was built from the results of the LPSA priorities. Essential Service areas III and VII emerged as the top priorities. A top priority also emerged to focus attention on the social determinants of health of poverty, unemployment, Appalachian culture, education, homelessness, and crime. The initial map is found below.
The three top focus areas were:
- Social, Economic, Education and Cultural Issues that Influence Health
- Inform, Educate, and Empower People about Health Issues
- Help People Receive Healthcare Services.

An outline of each of the original logic models is broken down below. First will be the initial map for complete viewing and then a breakdown of the components of the map for a historical record of the initial thought process for the MCCHIP outline. The map for mental health, physical activity, and nutrition had some strategies outlined initially. Keep in mind this was the first draft of organization of all the priority data points merged into a logical fashion.

Social, Economic, Education, & Cultural Issues that Influence Health
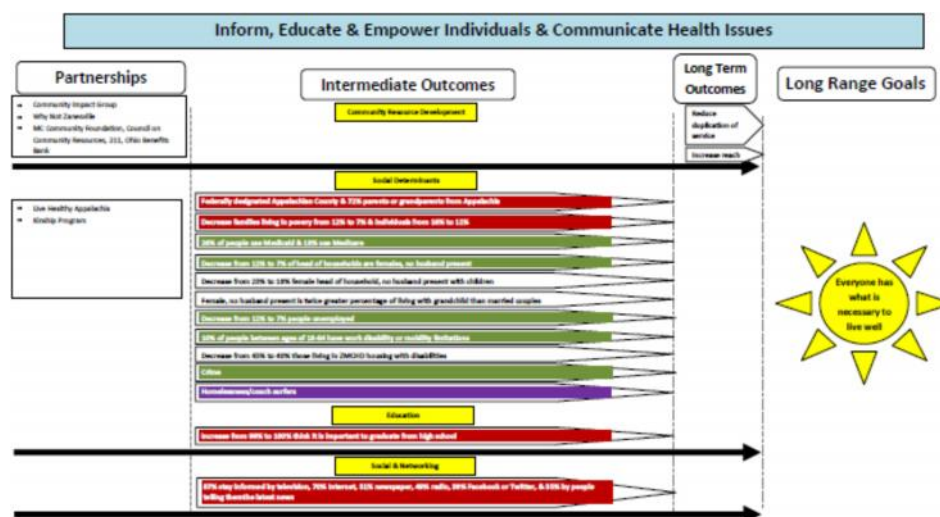
The following are all the sections from the logic model above for Social Determinants of Health in a readable format.

Community Resource

Partnerships

- Community Impact Group
- Why Not Zanesville
- MC Community Foundation, Council on Community Resources, 211, Ohio Benefits Bank

Intermediate Outcomes

Social Determinants

Partnerships

- Live Healthy Appalachia
- Kinship Program

Intermediate Outcomes

Federally designated Appalachian County & 72% parents or grandparents from Appalachia

Decrease families living in poverty from 12% to 7% & individuals from 16% to 11%

26% of people use Medicaid & 18% use Medicare

Decrease from 12% to 7% of head of households are females, no husband present

Decrease from 23% to 18% female head of household, no husband present with children

Female, no husband present is twice greater percentage of living with grandchild than married

Decrease from 12% to 7% people unemployed

10% of people between ages of 18-64 have work disability or mobility limitations

Decrease from 45% to 40% those living in ZMCHD housing with disabilities

Crime

Homelessness/couch surfers

Education

Increase from 99% to 100% think it is important to graduate from high school

Social & Networking

87% stay informed by television, 70% Internet, 51% newspaper, 49% radio, 39% Facebook or Twitter, & 35% by people telling them the latest news
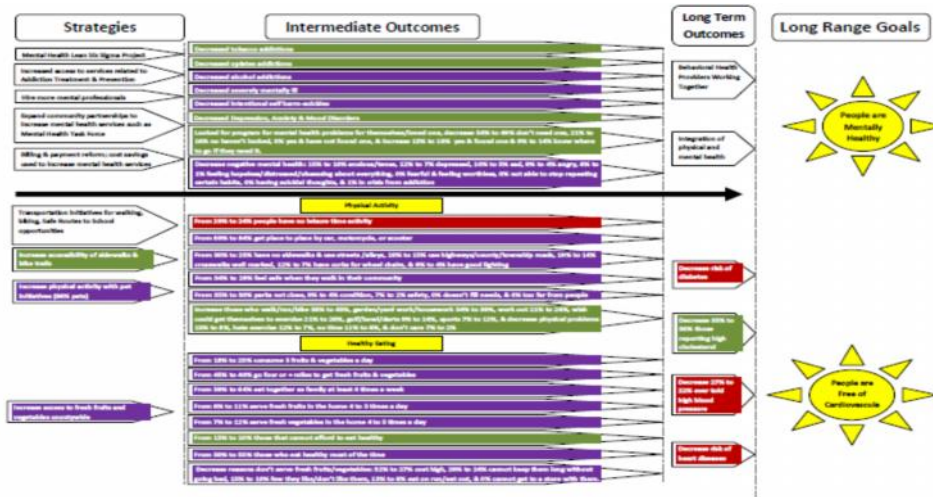
Long Term Outcomes

Reduce duplication of service

Increase reach

Long Range Goals

Everyone Has What Is Necessary to Live Well

Inform, Educate, Empower, & People about Health Issues

The following are all the sections from the logic model above for Mental Health in a readable format.

Mental Health

Strategies

Mental Health Lean Six Sigma Project

Increased access to services related to Addiction Treatment & Prevention

Hire more mental professionals

Expand community partnerships to increase mental health services such as Mental Health Task Force

Billing & payment reform; cost savings used to increase mental health services

Intermediate Outcomes

Decreased tobacco addictions

Decreased opiates addictions

Decreased alcohol addictions

Decreased severely mentally ill

Decreased intentional self-harm-suicides

Decreased Depression, Anxiety & Mood Disorders

Looked for program for mental health problems for themselves/loved one, decrease 54% to 49% don't need one, 21% to 16% no haven't looked, 0% yes & have not found one, & increase 13% to 18% yes & found one & 9% to 14% know where to go if they need it.

Decrease negative mental health: 15% to 10% anxious/tense, 12% to 7% depressed, 10% to 5% sad, 9% to 4% angry, 6% to 1% feeling hopeless/distressed/obsessing about everything, 0% fearful & feeling worthless, 0% not able to stop repeating certain habits, 0% having suicidal thoughts, & 1% in crisis from addiction

Long Term Outcomes

Behavioral Health Providers Working Together

Integration of physical and mental health

Long Range Goals

People are Mentally Healthy
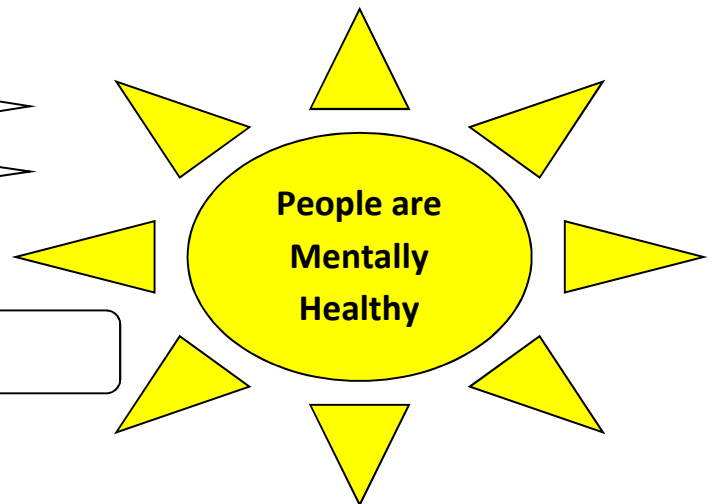
The following are all the sections from the logic model above for Heart Disease Risk Factors in a readable format.

Physical Activity

Strategies

Transportation initiatives for walking, biking, Safe Routes to School opportunities

Increase accessibility of sidewalks & bike trails

Increase physical activity with pet initiatives (66% pets)

Intermediate Outcomes

From 29% to 24% people have no leisure time activity

From 89% to 84% get place to place by car, motorcycle, or scooter

From 30% to 25% have no sidewalks & use streets /alleys, 20% to 15% use highways/county/township roads, 19% to 14% crosswalks well marked, 12% to 7% have curbs for wheel chairs, & 9% to 4% have

From 34% to 29% feel safe when they walk in their community

From 35% to 30% parks not close, 9% to 4% condition, 7% to 2% safety, 0% doesn't fill needs, & 0% too

Increase those who walk/run/bike 38% to 43%, garden/yard work/housework 34% to 39%, work out 21% to 26%, wish could get themselves to exercise 21% to 26%, golf/bowl/darts 9% to 14%, sports 7% to 12%, & decrease physical problems 13% to 8%, hate exercise 12% to 7%, no time 11% to 6%, & don't care 7% to 2%

Nutrition

Strategies

Increase access to fresh fruits and vegetables countywide

Intermediate Outcomes

From 18% to 23% consume 5 fruits & vegetables a day

From 45% to 40% go four or + miles to get fresh fruits & vegetables

From 59% to 64% eat together as family at least 4 times a week

From 6% to 11% serve fresh fruits in the home 4 to 5 times a day

From 7% to 12% serve fresh vegetables in the home 4 to 5 times a day

From 15% to 10% those that cannot afford to eat healthy

From 50% to 55% those who eat healthy most of the time

Decrease reasons don't serve fresh fruits/vegetables: 32% to 27% cost high, 29% to 24% cannot keep them long without going bad, 15% to 10% few they like/don't like them, 13% to 8% eat on run/eat out, & 0% cannot get to a store with them.

Obesity

Partnerships

- Physicians Weight Loss, Weight Watchers
- Shaping Futures
- Child & Family Health Services, School Wellness Teams, Local school districts
- Head Start
- Girl Scouts / Boy Scouts, 4-H, Big Brothers Big Sisters, Future Farmers of America
- Families & Children First Council, Early Childhood Collaborative

Intermediate Outcomes

Decrease from 56% to 51% adults at risk for obesity

Decrease when people look in the mirror 36% to 31% need to lose over 30 pounds, 17% to 12% could stand to lose 20 pounds, 15% to 10% need to lose 5 to 10 pounds; increase from 29% to 34% are at a healthy weight & 3% to 0% underweight

Decrease when it comes to their weight: 32% to 27% don't like being overweight, 28% to 23% don't worry about it, 28% to 23% try to lose weight, 25% to 20% have hard time losing weight, 18% to 13% can't stand being overweight, , 15% to 11% worry about their weight but can't seem to do anything about it, , 11% to 6% are large boned/ large framed, 4% to 0% everyone in the family is overweight, 3% to 0% do not care that they are overweight, & 3% to 0% just do not think they are overweight but others might think they are; increase 16% to 21% weight is fine, 14% to 19% exercise to maintain weight, & 0% need to gain weight.

Decrease from 31% to 26% children ages 2-5 overweight

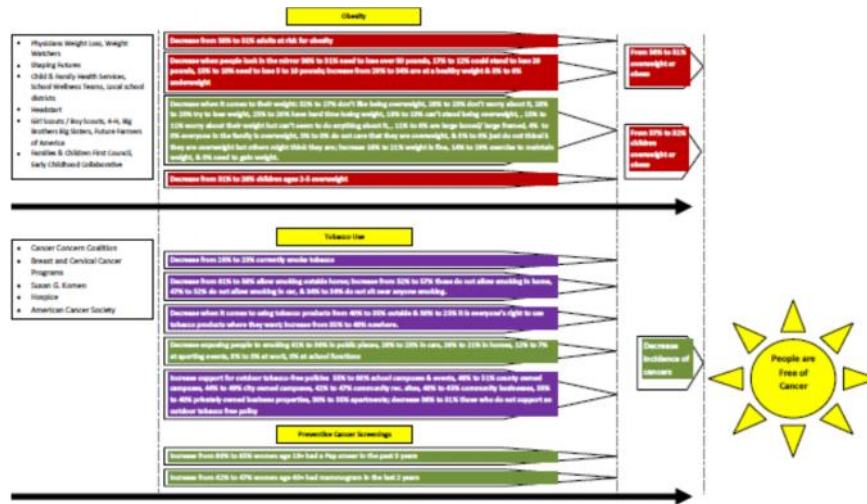## Long Term Outcomes

Decrease risk of diabetes

Decrease 35% to 30% those reporting high cholesterol

Decrease 27% to 22% ever told high blood pressure

Decrease risk of heart diseases

From 56% to 51% overweight or obese

From 37% to 32% children overweight or obese

Long Range Goals
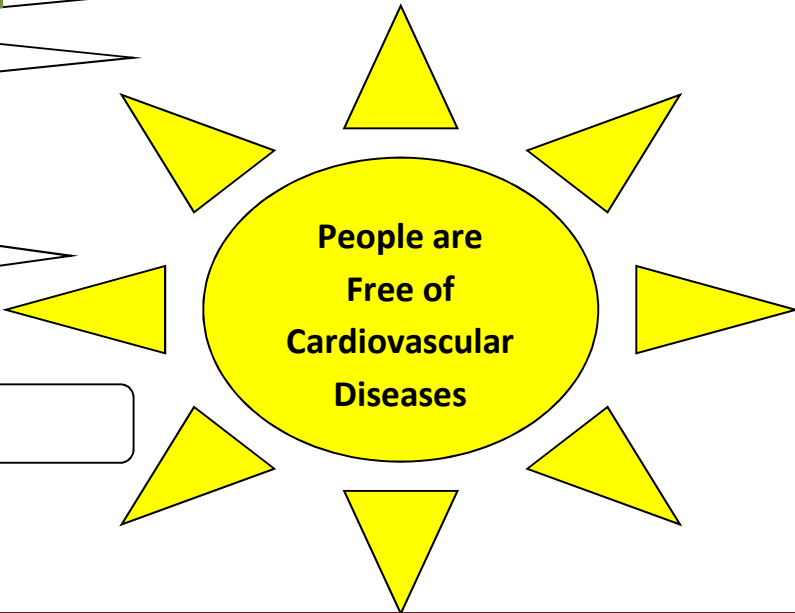
People are Free of Cardiovascular Diseases

Inform, Educate, Empower, & People about Health Issues Continued

The following are all the sections from the logic model above for Cancer Risk in a readable format.

Tobacco Use

Partnerships

- Cancer Concern Coalition
- Breast and Cervical Cancer Programs
- Susan G. Komen
- Hospice
- American Cancer Society
- Appalachia Community Cancer Network

Intermediate Outcomes

Decrease from 28% to 23% currently smoke tobacco

Decrease from 61% to 56% allow smoking outside home; increase from 52% to 57% those do not allow smoking in home, 47% to 52% do not allow smoking in car, & 34% to 39% do not sit near anyone

Decrease when it comes to using tobacco products from 40% to 35% outside & 30% to 25% it is everyone's right to use tobacco products where they want; increase from 35% to 40% nowhere.

Decrease exposing people to smoking 41% to 36% in public places, 28% to 23% in cars, 26% to 21% in homes, 12% to 7% at sporting events, 8% to 3% at work, 0% at school functions

Increase support for outdoor tobacco-free policies 55% to 60% school campuses & events, 46% to 51% county owned campuses, 44% to 49% city owned campuses, 42% to 47% community rec. sites, 40% to 45% community businesses, 35% to 40% privately owned business properties, 30% to 35% apartments; decrease 36% to 31% those who do not support an outdoor tobacco free policy
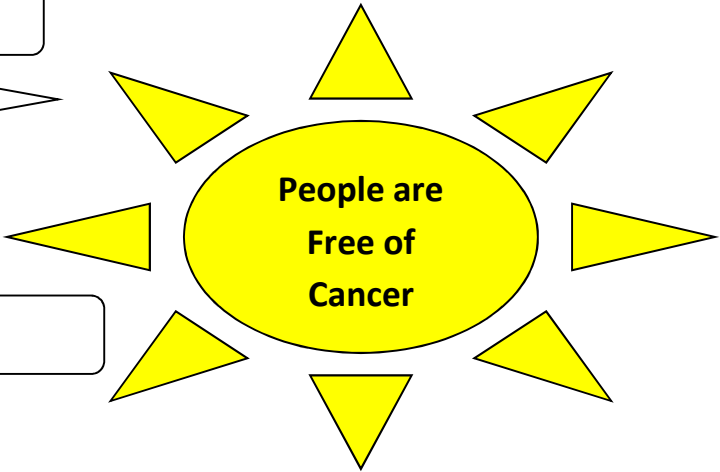
Preventive Cancer Screenings

Increase from 80% to 85% women age 18+ had a Pap smear in the past 3 years

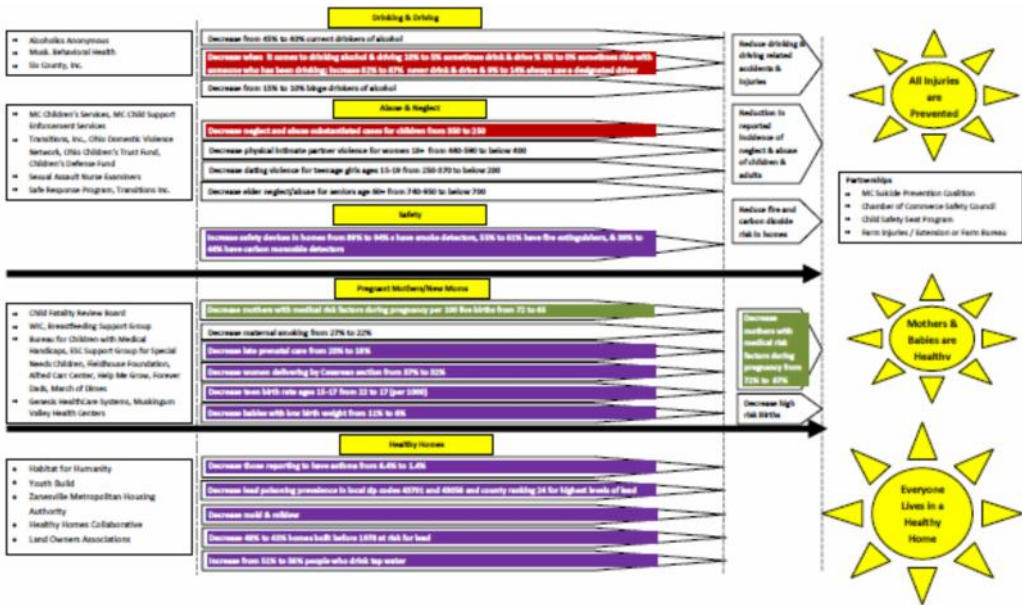Increase from 42% to 47% women age 40+ had mammogram in the last 2 years

Long Term Outcomes

Decrease incidence of cancers

People are Free of Cancer

Long Range Goals

Inform, Educate, Empower, & People about Health Issues Continued

The following are all the sections from the logic model above for Injury Risk in a readable format.

Drinking & Driving

Partnerships

- Alcoholics Anonymous
- Musk. Behavioral Health
- Six County, Inc.

Intermediate Outcomes

Decrease from 45% to 40% current drinkers of alcohol

Decrease when it comes to drinking alcohol & driving 10% to 5% sometimes drink & drive % 5% to 0% sometimes ride with someone who has been drinking; increase 82% to 87% never drink & drive & 9% to 14% always use a designated driver

Decrease from 15% to 10% binge drinkers of alcohol

Long Term Outcomes

Reduce drinking & driving related accidents & injuries

Abuse & Neglect

Partnerships

- MC Children's Services, MC Child Support Enforcement Services
- Transitions, Inc., Ohio Domestic Violence Network, Ohio Children's Trust Fund, Children's Defense Fund
- Sexual Assault Nurse Examiners
- Safe Response Program, Transitions Inc.

Intermediate Outcomes

Decrease neglect and abuse substantiated cases for children from 350 to 250

Decrease physical intimate partner violence for women 18+ from 440-590 to below 400

Decrease dating violence for teenage girls ages 15-19 from 250-370 to below 200

Decrease elder neglect/abuse for seniors age 60+ from 740-950 to below 700

Long Term Outcomes

Reduction in reported incidence of neglect & abuse of children & adults

Safety

Partnerships

- MC Suicide Prevention Coalition
- Chamber of Commerce Safety Council
- Child Safety Seat Program
- Farm Injuries / Extension or Farm Bureau

Intermediate Outcomes

Increase safety devices in homes from 89% to 94% s have smoke detectors, 55% to 61% have fire extinguishers, & 39% to 44% have carbon monoxide detectors

Long Term Outcomes

Reduce fire and carbon dioxide risk in homes

Long Range Goals

All Injuries are Prevented

The following are all the sections from the logic model above for Maternal and Child Health in a readable format.

Pregnant Mothers/New Moms

Partnerships

- Child Fatality Review Board
- WIC, Breastfeeding Support Group
- Bureau for Children with Medical Handicaps, ESC Support Group for Special Needs Children, Fieldhouse Foundation, Alfred Carr Center, Help Me Grow, Forever Dads, March of Dimes
- Genesis HealthCare Systems, Muskingum Valley Health Centers

Intermediate Outcomes

Decrease mothers with medical risk factors during pregnancy per 100 live births from 72 to 65

Decrease maternal smoking from 27% to 22%

Decrease late prenatal care from 23% to 18%

Decrease women delivering by Cesarean section from 37% to 32%

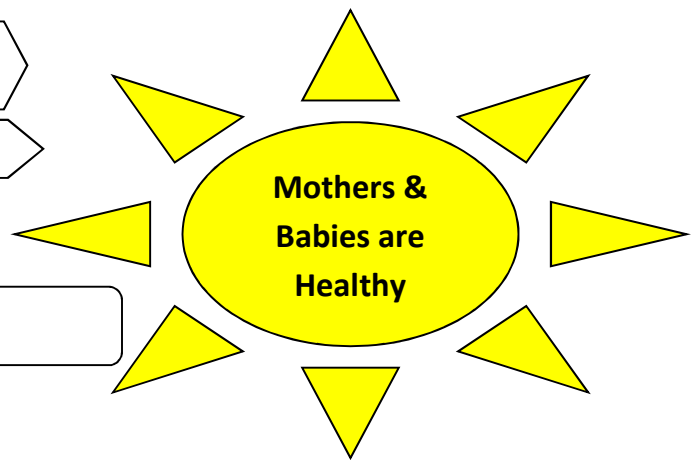Decrease teen birth rate ages 15-17 from 22 to 17 (per 1000)

Decrease babies with low birth weight from 11% to 6%

Long Term Outcomes

Decrease mothers with medical risk factors during pregnancy from 72% to 67%

Decrease high risk Births

Long Range Goals

Mothers & Babies are Healthy

The following are all the sections from the logic model above for Healthy Homes in a readable format.

Healthy Homes

Partnerships

- Habitat for Humanity
- Youth Build
- Zanesville Metropolitan Housing Authority
- Healthy Homes Collaborative
- Land Owners Associations

Intermediate Outcomes

Decrease those reporting to have asthma from 6.4% to 1.4%

Decrease lead poisoning prevalence in local zip codes 43701 and 43056 and county ranking 24 for highest levels of lead
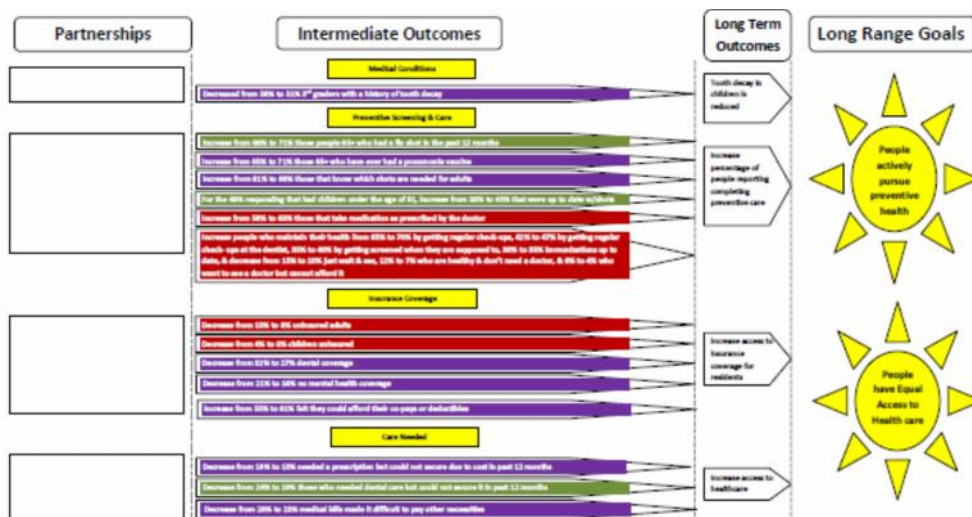
Decrease mold & mildew

Decrease 48% to 43% homes built before 1978 at risk for

Increase from 51% to 56% people who drink tap water

Everyone Lives in a Healthy Home

Long Range Goals

Help People Receive Healthcare Services

The following are all the sections from the logic model above for Injury Risk in a readable format.

Medical Conditions

Intermediate Outcomes

Decreased from 56% to 51% 3rd graders with a history of tooth decay

Preventive Screening & Care

Intermediate Outcomes

Increase from 66% to 71% those people 65+ who had a flu shot in the past 12 months

Increase from 65% to 71% those 65+ who have ever had a pneumonia vaccine

Insurance Coverage

Intermediate Outcomes

Decrease from 13% to 8% uninsured adults

Decrease from 4% to 0% children uninsured

Decrease from 32% to 27% dental coverage

Decrease from 21% to 16% no mental health coverage

Care Needed

Decrease from 18% to 13% needed a prescription but could not secure due to cost in past 12 months

Decrease from 24% to 19% those who needed dental care but could not secure it in past 12

Decrease from 28% to 23% medical bills made it difficult to pay other necessities

People have Equal Access to Health care
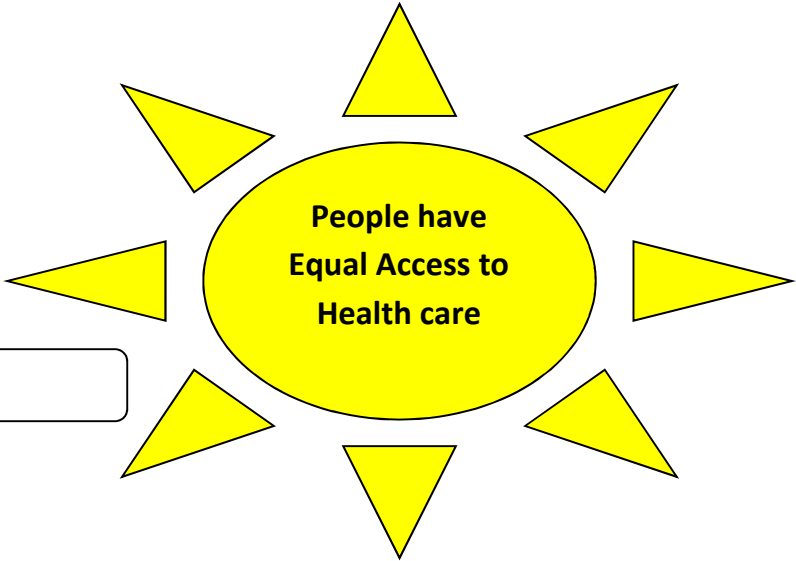
Long Range Goals

Formation of the Muskingum County Community Health Improvement plan

As the HMCN reviewed the logic models, they began discussions of the partnerships that existed in the community to address the priority areas and the need to now develop comprehensive strategies for each of the objectives.

Review of National & State Strategies & Evidence Base

After the priority areas were mapped into logic models, the gaps in the framework were revealed. Strategies needed to be identified to address the priorities. A review was done of the National Prevention Strategy, Healthy People 2020, Centers for Disease Control and Prevention's Winnable Battles, Robert Wood Johnson's Roadmaps evidence base & The Community Guide. The Network discussed these strategies and selected ones to fill in for each objective of the MCCHIP.

Asset Mapping

After the first logic model maps were developed, the Network then went through each of the Intermediate Outcome indicators & discussed what programs, organizations, or groups exist in the community to address that indicator. Focusing on the strengths & infrastructure that already exists helped the Network focus strategies later. This also helped to pinpoint areas of gaps that needed new collaborations to make an impact on that outcome. The asset mapping of programs & groups in the community was used next to identify strengths to build on in the community. Below are the programs, organizations, or groups identified as already working on the indicators the community.

A.   Injury Prevention
- Chamber of Commerce Safety Council
- Sexual Assault Nurse Examiners
- Child Safety Seat Program
- Safe Response Program
- Transitions Inc.
- Farm Injuries / Extension or Farm Bureau
- Child Fatality Review board
- Reduce Drinking & Driving:
- Alcoholics Anonymous
- Muskingum Behavioral Health
- Six County, Inc.
- Sherriff's Department
- Police

B.   Maternal & Child Health

- Child Fatality Review Board
- Special Olympics
- Miracle league
- Creative Options
- MVESC Support Group for Special Needs Children
- Breastfeeding Support Group
- WIC
- Bureau for Children with Medical Handicaps
- Help Me Grow
- Alfred Carr Center
- Fieldhouse Foundation
- Forever Dads
- March of Dimes
- Genesis HealthCare System

C.   Healthy Homes
- Regional Support Program
- Yes Muskingum
- Muskingum Healthy Homes Collaborative
- Habitat for Humanity
- Youth Build
- Zanesville Metropolitan Housing Authority
- Healthy Homes Collaborative
- Land Owners Associations
- Land Lord Associations
- Realtor's Association
- Community Action
- Utility Companies
- 211
- BIA
- Cancer Concern Coalition
- Zanesville & Muskingum County Development
- ZMCHD Lead Program
- Fire & Carbon Dioxide Risk:
- Fire Department
- Emergency Management Association
- Red Cross
- Wilson Fund

D.   Disease Specific
- Cancer Concern Coalition
- Diabetes Support Group

- Spirit of Women
- Breast & Cervical Cancer Programs
- Susan G. Komen
- March of Dimes
- Hospice
- American Cancer Society
- American Heart Association
- The Rural Aids Advisory Group

E. Mental Health
- Behavioral Health Coalition
- Coalition for Healthy & Drug Free Muskingum
- Beacon House
- Mental Health Tech Club
- Lean Six Sigma Mental Health Organizations Group
- Alcoholics Anonymous
- Mental Health & Recovery Services Board
- Genesis HealthCare System
- Muskingum Valley Health Center
- Six County, Inc.
- Suicide Prevention:
- MC Suicide Prevention Coalition
- School teachers

F. Healthy Communities & Resources
- Why Not Zanesville
- MC Community Foundation
- Council on Community Resources
- 211
- Ohio Benefits Bank
- Live Healthy Appalachia

G. Recreation & Physical Activity
- Muskingum Recreation Center
- Muskingum County Family YMCA
- Fieldhouse
- Lind Arena
- Silver Sneakers Mall Walkers
- Dresden Fitness Center
- South-town Gym
- Nautilus
- Schimmel Fitness
- Walk with a Doc
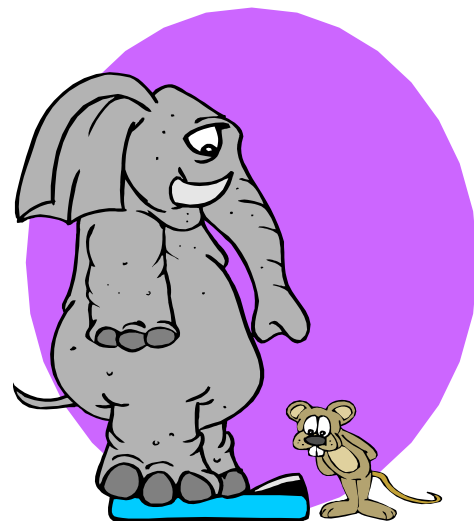
- The Gym
- Phillip Arthur Fitness/PT
- Curves
- City Youth Recreation Leagues
- Club Leagues
- School Sports Leagues
- Lind Arena
- Police Athletic League
- Special Olympics
- Miracle League
- Creative Options
- Land Use Planning Committee
- Community Recreation Centers
- PAWS
- Green Bobcats
- The Wilds
- Zanesville Shade Tree Commission
- Muskingum Valley Parks District
- City/Town Parks
- Team Godspeed
- weserveseo.org

H.   Food & Nutrition
- Food bank
- ComeUnity Marketplace
- Christ's Table
- Association for Local Chefs
- National Restaurant Association
- Muskingum Valley Garden Society
- Master Gardeners
- WIC
- Salvation Army
- Children's Hunger Network Alliance
- 4-H
- Child & Family Health Services
- Action for Healthy Kids
- Future Farmers of America

I.   Obesity
- Physicians Weight Loss
- Weight Watchers
- Child & Family Health Services School Wellness Teams

- Families & Children First Council
- Early Childhood Collaborative
- Genesis HealthCare System's Shaping Futures
- Local School Districts
- Future Farmers of America
- Girl Scouts / Boy Scouts
- 4-H
- Big Brothers Big Sisters
- Headstart
- WIC
- Muskingum County Family YMCA
- Children's Services

J. Crime
- Adult Ex-offender Reentry Coalition
- Neighborhood Watch
- MC Juvenile Re-entry Program
- MC Juvenile Court
- Muskingum County Crime & Violence Task Force
- Muskingum County Crime Stoppers
- Re-Entry Coalition

K. Neglect & Abuse
- MC Children's Services
- MC Child Support Enforcement Services
- Transitions, Inc.
- Ohio Domestic Violence Network
- Ohio Children's Trust Fund
- Children's Defense Fund
- Sexual Assault Nurse Examiners
- Safe Response Program
- Transitions Inc.
- Help Me Grow
- Forever Dads
- Adult Protective Services

L. Economic Growth & Employment
- Jobs for Ohio Grads
- MC Opportunity Center
- Zanesville South Business Association
- Chamber of Commerce
- Community Impact Group
- Muskingum County Job & Family Health Services

- United Way Income Advisory Group
- United Way Tax Preparation Program

M. Education
- PTAs / PTOs
- Mid East Career Center
- MC Community Foundation
- Eastside Ministries
- United Way
- Head Start
- Muskingum Valley Educational Center
- School Districts

N. Housing
- Habitat for Humanity
- Youth Build
- Zanesville Metropolitan Housing Authority
- Salvation Army
- Muskingum County Continuum of Care
- Eastside Ministries
- United Way

O. Political Partners
- Downtown Association
- Dresden Village Association
- County Commissioners
- Zanesville City Council
- Board of Health
- Why Not Zanesville

P. Special Populations
- Seniors Task Force
- Caregivers Support Group

Q. Cancer & Tobacco
Tobacco:
- Cancer Concern Coalition
- Rambo Memorial Health Center
- Hospice
- American Cancer Society
- Appalachia Community Cancer Network
- Community Impact Team
- ZMCHD Tobacco Use Prevention & Control Program
- Preventive Cancer Screenings
- Cancer Concern Coalition

- Rambo Memorial Health Center
- American Cancer Society
- Appalachia Community Cancer Network
- Community Impact Team
- Susan G. Komen
- Breast Care Center
- Family Health Services

R. Healthcare Partners
- School Districts
- Genesis HealthCare System
- Muskingum Valley Health Center
- Rambo Memorial Health Center
- Drug Stores
- Physicians
- Centers for Seniors
- Lion's Club
- Civic Groups
- Quality Care Partners
- Dental Groups
- Dental Associations
- Muskingum County Shared Transportation Group

S. Appalachia
- Ohio Appalachian Center for Higher Education
- Ohio University of Zanesville

Top Health Issues for Muskingum County

Through the evolution of the logic models, nine top health issues emerged.
- Social, economic, education, and cultural Issues that influence health
- Mental health and addictions
- Reducing risk of heart disease through increasing physical activity, healthy eating and obesity reduction
- Reducing risk of cancer
- Injury prevention
- Healthy mothers and children
- Healthy homes
- Increasing use of preventive health services
- Increasing access to healthcare

Development of the MCCHIP based on the CHA

Based on these nine top health issues listed above, three areas of focus, nine goals and 22 objectives areas were outlined in the MCCHIP:

Social, Economic, Education, and Cultural Issues that Influence Health

Goal I: Public Health Efforts Incorporate Partners, Programs, & Policies that Affect the Social Issues & Challenges that are Characteristic of the Local Residents & could Improve Health Status

Objective I.A By end of December 2017, document at least two local collaborations & the outcomes of those collaborations to improve the health of families living in poverty.
Objective I.B By end of December 2017, document at least two local collaborations & the outcomes of those collaborations to improve the health of those unemployed.
Objective I.C By end of December 2017, document at least two local collaborations & the outcomes of those collaborations to improve the health of families living in Appalachia.
Objective 1.D By end of December 2017, document at least two local collaborations & the outcomes of those collaborations to improve the health as part of the education system.
Objective 1.E By end of December 2017, document at least two local collaborations & the outcomes of those collaborations to improve the health of homeless/couch surfing residents.
Objective I.F By end of December 2017, document at least two local collaborations and the outcomes of those collaborations to improve the health as it relates to crime in the county.

Inform, Educate, and Empower People about Health Issues

Goal II: Behavioral Health Providers Collaborate to Integrate Physical & Mental Health Practices

Objective II.A By December 2017, Develop, implement, and/or maintain collaborative efforts to reduce Abuse of Alcohol, tobacco, and Other drugs (ATOD) and document outcomes from the collaborations.

Objective II.B By December 2017, Develop, implement, and/or maintain collaborative efforts to reduce depression, anxiety, mood disorders, and Severe mental illness and document outcomes from the collaborations.

Objective II.C By December 2017, Develop, implement, and/or maintain collaborative efforts to reduce suicides and document outcomes from the collaborations.

<div align="center">Goal III: Decrease Risk of Heart Disease</div>

Objective III.A By December, 2017, develop, implement, and/or expand at least five environmental, policy, program, and/or partnerships supports for increasing physical activity levels of residents.

Objective III.B By December, 2017, develop, implement, and/or expand at least five environmental, policy, program, and/or partnerships supports for increasing Healthy nutrition levels of residents.

Objective III.C By December, 2017, develop, implement, and/or expand at least five environmental, policy, program, and/or partnerships supports for decreasing obesity levels of adults and children.

<div align="center">Goal IV: People are Free of Cancer</div>

Objective IV.A By December, 2017, develop, implement, and/or expand at least five environmental, policy, program, and/or partnerships supports for decreasing tobacco Use levels of adults and children.

Objective IV.B By December, 2017, increase the percentage of residents pursing preventive screening for cancer by 5%.

<div align="center">Goal V: All Injuries are Prevented</div>

Objective V.A By December, 2017, develop, implement, and/or expand at least five environmental, policy, program, and/or partnerships supports for decreasing Distracted or impaired driving of adults and adolescents.

Objective V.B By December, 2017, develop, implement, and/or expand at least five environmental, policy, program, and/or partnerships supports for decreasing abuse and neglect of adults and children.

Objective V.C By December, 2017, develop, implement, and/or expand at least five environmental, policy, program, and/or partnerships supports for Improving Safety of residents from Fire hazard.

<div align="center">Goal VI: Mothers & Babies are Healthy</div>

Objective VI.A By December, 2017, develop, implement, and/or expand at least five environmental, policy, program, and/or partnerships supports for Improving the health of mothers and children.

<div align="center">Goal VII: Everyone Lives in a Healthy Home</div>

Objective VII.A By December, 2017, develop, implement, and/or expand at least five environmental, policy, program, and/or partnerships supports for residents to live in a healthy home.

Help People Receive Healthcare Services

<div align="center">Goal VIII: People Actively Pursue Primary Prevention Services</div>

Objective VIII.A By December, 2017, develop, implement, and/or expand at least five environmental, policy, program, and/or partnerships supports for reducing health risks through Improving Preventive care available to residents.

<div align="center">Goal IX: People have Equal Access to Health Care</div>

Objective IX.A By December, 2017, develop, implement, and/or expand at least five environmental, policy, program, and/or partnerships supports for access to health Care Coverage for adults and children.

Objective IX.B By December, 2017, develop, implement, and/or expand at least five environmental, policy, program, and/or partnerships supports for access to healthcare services needed for adults and children.

Strategies were added for each objective and were reviewed several times and agreed upon to include in the MCCHIP. Results of the asset mapping informed these decisions for gaps in the community for health improvement. As new best practices and interventions evolve, they will be addressed in the strategies of the MCCHIP. Lead agencies or groups were identified for each of the strategies in the MCCHIP.

The MCCHIP is posted on the ZMCHD web site at www.zmchd.org under the Health Data tab. The plan will be revised in 2017.

HMCN is committed to addressing priority populations

The HMCN prioritized and committed to targeted efforts for the priority populations listed below. All of the priority populations are addressed in the strategies in the MCCHIP.

I. Priority Populations
Appalachian County
People living in poverty
People on Medicare/Medicaid
Female head of household
Persons with disabilities
Persons with addictions
Children

Social determinants that Affect Health

All of the social issues that were prioritized are focus areas of the all the objectives for Goal I and Goal V Objective B. The social issues are listed below.

II. Social Issues
Crime
Prison re-entry/recidivism
Homelessness/couch surfers
Unemployment
Neglect & abuse
Domestic violence

Education is also an objective for Goal 1.

Priority Health Data to be Incorporated into the MCCHIP

The table below reflects the Priority Health Data that are the baseline measures for each of the objectives of the MCCHIP. This data will be tracked using an EXCEL spreadsheet.

Data	Value
Objective I.A By end of December 2017, document at least two local collaborations & the outcomes of those collaborations to improve the health of families living in poverty.	
Persons below poverty level, percent (US Census Bureau QuickFacts [CBQ] 2007-2011)	16.8%
Median household income (CBQ 2007-2011)	$40,590
Foreclosures in Muskingum County (Ohio Attorney General 2010)	530
Objective I.B By end of December 2017, document at least two local collaborations & the outcomes of those collaborations to improve the health of those unemployed.	
Unemployment rate (Ohio Department of Job & Family Services 2011)	13.3%
Objective I.C By end of December 2017, document at least two local collaborations & the outcomes of those collaborations to improve the health of families living in Appalachia.	
Respondents' grandparents &/or parents are from Appalachia (Muskingum County Health Survey [MCHS] 2011)	72%
Objective 1.D By end of December 2017, document at least two local collaborations & the outcomes of those collaborations to improve the health as part of the education system.	
Age 25 & older have less than high school diploma (CBQ 2007-2011)	13.5%
Age 25 & older below poverty level have less than high school diploma (American Community Survey [ACS] 2008-10)	28.7%
Age 25 & older of individuals who are high school graduates (CBQ 2007-2011)	86.5%
Age 25 & older have some college or an Associate's degree (ACS 2008-2010)	7.1%
Age 25 & older have a Bachelor's degree or higher (CBQ 2007-2011)	13.9%
Objective 1.E By end of December 2017, document at least two local collaborations & the outcomes of those collaborations to improve the health of homeless/couch surfing residents.	
Persons were in shelters for the homeless count (Muskingum County Continuum of Care; On the streets for the homeless count (MCCC 2011)	47 17
Percent of calls for the 2011 system were for housing/shelter; Calls were for rent/ security deposit-s (United Way of Muskingum, Perry & Morgan Counties August 2012)	3.17% 25
Objective I.F By end of December 2017, document at least two local collaborations and the outcomes of those collaborations to improve the health as it relates to crime in the county.	
Adolescents adjudicated for felonies (Kids Count Data Center [KCDC] 2009)	37
Objective II.A By December 2017, Develop, implement, and/or maintain collaborative efforts to reduce Abuse of Alcohol, tobacco, and Other drugs (ATOD) and document outcomes from the collaborations.	
Doses per capita of opiates mg per capita benzodiazepines;	92.6 11.83

mcg per capita Fentanyl Patch;	3.89
mg per capita Hydrocodone;	59.89
mg per capita Hydromorphone;	2.63
mg per capita Oxycodone;	76.25
mg per capita stimulants;	43.09
mg per capita Tramadol (OH Automated Rx Reporting System [OARRS]2010)	249.6
Opiate related poisoning deaths (State Epidemiology Outcomes Work Group 2008)	5.88%
Objective II.B By December 2017, Develop, implement, and/or maintain collaborative efforts to reduce depression, anxiety, mood disorders, and Severe mental illness and document outcomes from the collaborations.	
Had a week or more of bad mental health days in the last month (Behavioral Risk Factor Surveillance Survey Snapshot [BRFSSS] 2010)	22%
Percentage of Six County clients have mood disorders;	43%
Percentage with adjustment disorders (Six County 2011)	25%
Objective II.C By December 2017, Develop, implement, and/or maintain collaborative efforts to reduce suicides and document outcomes from the collaborations.	
Suicide death rate of per 100,000 (ODHW Warehouse [ODHW] 2006-2008)	12.5
Suicides: females;	6
Suicides: males (ODH Vital Statistics 2008)	8
Diseases of the Heart	
Deaths from diseases of the heart rate per 100,000 (ODHW 2006-2008)	174.7
Ever told had a heart attack (BRFSSS 2010)	6.2%
Ever had angina or coronary heart disease (BRFSSS 2010)	8.1%
Objective III.A By December, 2017, develop, implement, and/or expand at least five environmental, policy, program, and/or partnerships supports for increasing physical activity levels of residents.	
Adults no physical activity in the last month (BRFSSS 2010)	32.8%
Objective III.B By December, 2017, develop, implement, and/or expand at least five environmental, policy, program, and/or partnerships supports for increasing Healthy nutrition levels of residents.	
Consume 5 or more fruits and vegetables daily (Appalachian BRFSS 2002)	18.2%
Respondents eat healthy most of the time (MCHS 2011)	50%
Respondents reasons don't serve fresh fruits/vegetables:	
Cost high;	32%
Cannot keep them long without going bad;	29%
Few they like/don't like them;	15%
Eat on run/eat out; and	13%
Cannot get to a store with them (MCHS 2011)	0%
Objective III.C By December, 2017, develop, implement, and/or expand at least five environmental, policy, program, and/or partnerships supports for decreasing obesity levels of adults and children.	
Adults body mass index greater than 25 (BRFSSS 2010)	64.8%
Children ages 2-5 overweight (Child and Family Health Services [CFHS] 2010)	31%
Objective IV.A By December, 2017, develop, implement, and/or expand at least five environmental, policy, program, and/or partnerships supports for decreasing tobacco Use levels of adults and children.	

Per 100,000 rate of deaths for lung and bronchus-Ohio Cancer Incidence Surveillance System (OCISS) 2001-2005	70.4
Are current smokers of cigarettes (Healthy Ohio Community Profile Muskingum County [HOCPMC] 2008)	29.8%
Current users of smokeless tobacco (HOCPMC 2008)	2.7%
Objective IV.B By December, 2017, increase the percentage of residents pursing preventive screening for cancer by 5%.	
PER 100,000 rate of deaths age adjusted for malignant neoplasms (ODHW 2006-2008)	216.6
Females had a mammogram in past two years ages 50+ (BRFSSS 2010)	80.7%
Females had a Pap test in past three years ages 18+ cervix intact (BRFSSS 2010)	72.1%
Males had a prostate-specific Antigen test in past 2 year ages 40+ (BRFSSS 2010)	45.7%
Ever had a colonoscopy/sigmoidoscopy ages 50+ (BRFSSS 2010)	61.9%
Ages 50+ had blood stool test in past two years (BRFSSS 2010)	23.1%
Males had a digital rectal exam in past year ages 50+ (HOCPMC 2008)	49.8%
Objective V.A By December, 2017, develop, implement, and/or expand at least five environmental, policy, program, and/or partnerships supports for decreasing Distracted or impaired driving of adults and adolescents.	
Respondents drinking alcohol and driving: Those who sometimes drink and drive; Those who sometimes ride with someone who has been drinking; Those who never drink and drive; and Those who always use a designated driver (MCHS 2011)	10% 5% 82% 9%
Binge drink (BRFSSS 2010)	14.5%
Had any drink in the last month (BRFSSS 2010)	40%
Objective V.B By December, 2017, develop, implement, and/or expand at least five environmental, policy, program, and/or partnerships supports for decreasing abuse and neglect of adults and children.	
Unduplicated number of new reports of neglect and abuse of children (Public Children Services Association of Ohio 2011-2012)	1130
Children in foster care (KCDC 2009)	252
Women age 18+ suffered physical intimate partner violence (Ohio Family Violence Prevention Project [OFVPP] 2010)	440-590
Senior age 60+ suffer elder abuse/neglect (OFVPP 2010	740-950
Objective V.C By December, 2017, develop, implement, and/or expand at least five environmental, policy, program, and/or partnerships supports for Improving Safety of residents from Fire hazard.	
Have smoke detectors, 55% have fire extinguishers, and 39% have carbon monoxide detectors (MCHS 2011)	89%
Objective VI.A By December, 2017, develop, implement, and/or expand at least five environmental, policy, program, and/or partnerships supports for Improving the health of mothers and children.	
Mothers with medical risk factors during pregnancy per 100 live births (ODHW 2005)	71.8%
Maternal smoking from (CFHS 2010)	27%

Babies with low birth weight (CFHS 2010)	9.3%
Teenage birth rate ages 15-17 per 1000 (CFHS 2010)	21.9
Late prenatal care (CFHS 2010)	22.8%
Women delivering by Cesarean section (ODHW 2008)	37%
Objective VII.A By December, 2017, develop, implement, and/or expand at least five environmental, policy, program, and/or partnerships supports for residents to live in a healthy home.	
Residents who drink tap water (MCHS 2011)	51%
Adults ever told have asthma (BRFSS Snapshot 2010)	15.7%
Adults who still have asthma (BRFSS Snapshot 2010)	74.2%
Children less than 72 months were screened for blood lead levels who had Elevated Blood Lead Levels (ODH Childhood Lead Poisoning data 2010)	.88%
Objective VIII.A By December, 2017, develop, implement, and/or expand at least five environmental, policy, program, and/or partnerships supports for reducing health risks through Improving Preventive care available to residents.	
Respondents got regular check-ups; Get regular dental check-ups; Get screened when they are supposed to; Immunizations are up to date; Just wait and see; Are healthy and don't need a doctor; and Want to see a doctor but cannot afford it- (MCHS 2011)	65% 42% 35% 30% 15% 12% 9%
Adults ever diagnosed with diabetes (BRFSS Snapshot 2010)	15.2%
Adults reporting to have high cholesterol (Appalachia BRFSS 2002)	35%
Adults ever been diagnosed with high blood pressure (OFHS 2008)	27%
Adults ages 65+ had a flu shot in the past year (BRFSS Snapshot 2010)	69.8%
Objective IX.A By December, 2017, develop, implement, and/or expand at least five environmental, policy, program, and/or partnerships supports for access to health Care Coverage for adults and children.	
Children are uninsured (CFHS 2011)	3.8%
Adults are uninsured (County Health Rankings 2010)	11%
Objective IX.B By December, 2017, develop, implement, and/or expand at least five environmental, policy, program, and/or partnerships supports for access to healthcare services needed for adults and children.	
3rd graders had urgent or early dental needs (ODH 2009-2010 Oral Health Survey [OHS])	26.5%
3rd graders with a history of tooth decay (ODH 2009-2010 OHS)	56.3%

Appendix: Picture of Health for Muskingum County Residents

A Picture of Health was developed as an appendix to provide a pictorial view of the Priority Health Data being tracked to monitor progress toward changing the health status of residents through efforts outlined in the MCCHIP. The Picture of Health for Muskingum County Residents is updated annually for use by the community to access the most current priority data.   It is found on the ZMCHD website at www.zmchd.org under the Health Data tab.

Next Steps

The CHA will be repeated in 2015-2016. The process will be repeated for comparison of results and to document progress on the performance measures.