Muskingum County

# Community Health Improvement Plan

# 2023

Zanesville-Muskingum County Health Department

**Governance**

The Board of Health is comprised of seven members representing the community. Three members are appointed by the mayor of the City of Zanesville, three members are appointed by the District Advisory Council, which covers all of the villages and townships within the county, and one member represents the District Licensing Council. As required by the State of Ohio, Board of Health members must obtain 2 hours of continuing education per year. As part of regular meetings of the Board of Health, opportunities for continuing education are provided to members.


**Mission, Vision, and Values**

The Mission of the Zanesville Muskingum County Health Department is:
To use best practices to prevent illness, protect our health and promote well-being.

The Vision of the Zanesville Muskingum County Health Department is that:
The Communities of Muskingum County are the healthiest places to live, learn, work and play.


The core Values of the Zanesville Muskingum County Health Department are to:

- Respect diversity and practice inclusion.
- Be accountable, ethical, and equitable.
- Practice continuous process improvement.
- Be helpful, adaptive, and take pride in providing excellent service.
- Engage with our communities and work as a team to achieve desired results.

This plan has been approved and adopted by the following individuals:



_Corey Hamilton_                                          01/19/2023
_____        _____
Corey Hamilton, Health Commissioner                      Date

# REVISIONS

| Date | Description of Change | Pages Affected | Reviewed or Changed by |
|------|----------------------|----------------|------------------------|
| 05/2023 | Added Mental Health & Addiction Goals | 25-29 | Changed by Michelle Shroyer Reviewed by HMCN |
| 09/2023 | Language Matters: Changed language in Mental Health & Addiction to Behavioral Health; substance abuse to substance use disorder, addiction to dependency. | 3,4,6-10, 25-29 | Changed by Michelle Shroyer Reviewed by HMCN |
| | Policy Recommendations Health Behaviors and Behavioral Health | 15, 26 | Changed by Michelle Shroyer Reviewed by HMCN |
| | Assets with sectors added to each priority | 12, 16, 21, 25 | Changed by Michelle Shroyer Reviewed by HMCN |
| | Appendix: Assets and Partnership Added | 39 | Changed by Michelle Shroyer Reviewed by HMCN |
| | Activities & Strategies added to each priority | 12, 16, 21, 26 | Changed by Michelle Shroyer Reviewed by HMCN |
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# EXECUTIVE SUMMARY

As of July 1, 2021, the United States Census Bureau reported that Muskingum County had 86,410 residents, having grown overall by 2% over the last fifteen years. Every three to five years Muskingum County completes a Community Health Assessment to review residents Quality of Life (QOL) and develop a Community Health Improvement Plan to address inequities they are experiencing.

The Healthier Muskingum County Network (HMCN) was developed in 2011, spearheaded by the Zanesville-Muskingum County Health Department as a networking group to address priority issues from the Community Health Improvement Plan. Member agencies of the network represent an array of social determinants of health, safety, education, employment, healthcare, and housing among others. The network's goal is to increase awareness of community resources, identify networking opportunities, and reduce duplication of available services.

In 2021, an assessment was completed in Muskingum County residents by Adult Opinion Survey (AOS), Focus Groups, and Key Informant Interviews. This data was used to form the Muskingum County Community Health Assessment and was published to the community June 2022.

Muskingum County recognizes the impact of Social Determinants of Health (SDOH) and uses this as a guiding principle when prioritizing and addressing findings from the CHA. On October 13, HMCN hosted a day long event where over 28 stakeholders from the community came to review the findings and select the priorities for the CHIP to address in the next 3 years. They used the Hanlon method to prioritize; Community & Civism, Education & Literacy, Food Insecurity, Healthcare Access & Utilization, Health Behaviors, Housing & Homelessness, Behavioral Health (Mental Health & Addiction), Safety & Security, and Transportation.

The four priority areas for the 2023-2025 Muskingum County CHIP are Education & Literacy, Health Behaviors, Housing & Homelessness, and Mental Health & Addiction. HMCN members and community stakeholder considered Genesis Community Health Needs Assessment (CHNA), the Ohio State Health Improvement Plan (SHIP), and Healthy People 2030 to ensure the priorities selected aligned together.

The HMCN members have established a workgroup for each priority area, to implement the objectives and action steps for the goals. The workgroups comprise of partners that are implementing the work in that field. Workgroup leads will report out quarterly on the progress and share data to measure the impact of the CHIP. Progress and information will be uploaded and tracked by Clear Impact to capture the information in one place, and the link to it is in this document.

The Muskingum County CHIP is a plan that is updated and revised as needed based on the events and outcomes in the community. The HMCN meets on the third Thursday of the month to review progress, network, and have guest speakers. If you would like to join our efforts, please contact us. "Alone we can do so little, together we can do so much" -Helen Keller.

# INTRODUCTION

## COMMUNITY HEALTH IMPROVEMENT PLAN

A Community Health Improvement Plan (CHIP) is a long-term, systematic effort to address public health problems based on the results of Community Health Assessment activities and community health improvement processes. This presents a description of the characteristics of what a healthier community would look like. By including priorities and strategies, the CHIP is intended to be utilized as a guide or roadmap by the partner organizations to work toward creating that vision of a healthier community.

The CHIP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community. The plan is used by health and other governmental education and human service agencies, in collaboration with community partners and residents, to set priorities, coordinate, and target resources.

## OVERVIEW

### Muskingum County

#### Demographics

As of July 1, 2021, the United States Census Bureau reported that Muskingum County had 86,410 residents, having grown overall by 2% over the last fifteen years. Across gender, there have been no changes of significance; females making up 51.33% of the population, their male counterparts, 48.67%. Muskingum County portrays characteristics consistent with aging patterns; a steady increase in older population coupled with a negative growth in the young adult (-1.3%) and child populations (-0.7%). Since 2000, the median age has risen steadily from 37 to 40.5 years. This exceeds the state and national average of 39.5 and 38.2 years respectively.

#### Education, Employment, & Income

The United States Census Bureau reports that among Muskingum County residents over the age of 25, 88.7% have at least a high school diploma (or equivalent), 17.5% of which had a bachelor's degree or higher. About 10% of Muskingum County residents are classified as lacking Basic Prose Literacy Skills (BPLS), limiting the ability to perform simple and everyday tasks.

The county has an unemployment rate of 7.8%, which is slightly lower than that of the state (8.1%), but higher than the national (4%) unemployment rates (County Health Rankings). In Muskingum County, 15% of residents live below the Federal Poverty Level (FPL), according

to the United States Census Bureau. Children suffer disproportionately, with over 21% living in poverty, as reported by County Health Rankings. The median household income in Muskingum County for 2020 was $48,350, with a per capita income of $26,736.

**Health Status**

In 2022, the County Health Rankings placed Muskingum County 67 out of 88 counties in Ohio for health outcomes, falling two spots from the previous year. A 2021 assessment of Quality of Life in the Adult Opinion Survey indicated that 32% of Muskingum County survey respondents were limited in some way because of physical, mental, or emotional problems, increasing to 47% for those with annual incomes less than $25,000. Those who were limited in some way reported the following limiting problems or impairments: stress, depression, anxiety, or emotional problems (33%); chronic illness (18%); fitness level (17%).

## Statement of Purpose

The purpose of the Muskingum County Community Health Improvement Plan is to improve the quality of life and health outcomes of all Muskingum County residents. This process involves the development and maintenance of partnerships to implement the CHIP's strategies; to promote healthy lifestyle choices, to reduce the risk of death and disability, and to ensure health outcome equity across class, race and socioeconomic status.

This plan spans 2023 to 2025 and is typically updated every year. The Zanesville-Muskingum County Health Department provided administrative and technical oversight for the Healthier Muskingum County Network in the development of the Community Health Improvement Plan.

HMCN established in 2011 as a networking group to address priority issues from the Community Health Improvement Plan. Member agencies of the network represent an array of social determinants of health, safety, education, employment, healthcare and housing among others. The network's goal is to increase awareness of community resources, identify networking opportunities, and reduce duplication of available services.

Over the next three years (2023-2025), spearheaded by the Zanesville-Muskingum County Health Department, over 40 agencies, organization and services represented in the Healthier Muskingum County Network (HMCN) and participating in the CHIP's process are committed to making meaningful progress improving the health and well-being of Muskingum County.

Muskingum County recognizes the impact of Social Determinants of Health (SDOH) on health outcomes and that health begins where people live, work and play. To that effect, the process of selecting strategies for the 2023-2025 Community Health Improvement Plan was intended to address not only individual behavior, but also the environments that influence it. This approach provides community residents the opportunity to make choices that allow them to live a long, healthy life, regardless of their income, education, or ethnic background.

The Community Wellness: Social Determinants of Health model classifies the community into 5 sectors to describe the impact of different types of public health interventions. Moving down through the levels, interventions increase in effectiveness and require less individual effort.

In addition to the Community Wellness: Social Determinants of Health model, the HMCN worked to align closely with strategies outlined in the Ohio State Health Improvement Plan, identifying evidence-based initiatives and interventions that are effective in bringing about behavior change. This approach of selecting effective strategies, with a focus on policy, systems and environmental changes is intended to create sustainable change.

# Planning Phase

## COMMUNITY HEALTH IMPROVEMENT PLAN

### Community & Partner Engagement

To develop the CHIP, the HMCN met every month with partners, held focus groups, key informant interviews, and surveyed residents of Muskingum County. We would like to recognize these individuals and thank them for their devotion to this process and this body of work:

- Abby Corder, Caresource
- Amanda McPeck, Zanesville-Muskingum County Health Department
- Ann Hollingsworth, Zanesville-Muskingum County Health Department
- Ashley Washburn, Family Health Services
- Becky Clawson, The Carr Center
- Beth Fox, Muskingum County Community Foundation
- Bradley McHenry, Allwell Behavioral Health Services
- Carol Howdyshell, Zanesville-Muskingum County Health Department
- Corey Hamilton, Zanesville-Muskingum County Health Department
- Dawna Lee, Genesis Healthcare Systems
- Diana Zaato, Zanesville-Muskingum County Health Department
- Heather Rice, Zanesville-Muskingum County Health Department
- John Dodson, Trusted Senior Care Advantage
- Jacqueline Layton, Zanesville-Muskingum County Health Department
- James McDonald, Allwell Behavioral Health Services
- Jamie McGrew, Mental Health and Recovery Services Board
- Jeanie Blake, MVHC Health Center
- JoAnne Snyder, Zanesville Metropolitan Housing Authority
- Kate Paul, Muskingum County Senior Center
- Katie Grubbs, United Way of Muskingum Perry & Morgan Counties
- Kristin McCloud, Pathways
- Lakyn Craig, Zanesville-Muskingum County Health Department
- Marsha Morgan, Salvation Army
- Melissa Cox, Zanesville-Muskingum County Health Department
- Michelle Shroyer, Zanesville-Muskingum County Health Department
- Samantha Wantz, Zanesville-Muskingum County Health Department
- Sophia Marcum, Genesis Healthcare Systems
- Vicki Whitacre, MD, Zanesville-Muskingum County Health Department
- Yolanda Taylor, Muskingum Behavioral Health

## Prioritization

In June, the 2022 Muskingum County Community Health Assessment (MCCHA) was completed and released. The document, which was subsequently approved by the Board of Health, laid out the groundwork for the development of the Community Health Improvement Plan. The Community Health Assessment (CHA) outlined 9 priority health issues, which emerged from the six assessments conducted during the MCCHA. The priority health issues that emerged for Muskingum County, in alphabetical order, were:

| 2022 Muskingum County Priority Issues |
|---|
| Community & Civism |
| Education & Literacy |
| Food Insecurity |
| Healthcare Access and Utilization |
| Health Behaviors |
| Housing & Homelessness |
| Behavioral Health *(Mental Health & Addiction)* |
| Safety & Security |
| Transportation |

On October 13th, 2022, the Zanesville-Muskingum County Health Department hosted a daylong prioritization event, which drew together over 28 community stakeholders. This included agencies, organizations, service providers and residents. Prior to prioritization process, participants reviewed the CHA and its process, a video on Social Determinants of health and the prioritization process. A pre/post ranking was also conducted to assess participants' perceptions on priority issues in the community, based on information shared at this event.

Primary, secondary, qualitative and quantitative data was utilized in evaluating all priority issues. The Hanlon Method for Prioritizing Health Problems was used for this prioritization process, evaluating each priority on problem magnitude, severity and solution feasibility. They were then asked to rank each strategy, being conscious of effectiveness, feasibility, community benefit, and equity building.

| Prioritization Ranking Hanlon Method | | | |
|---|---|---|---|
| **Priorities** | **Pre-Ranking** | **Day Ranking** | **Post Ranking** |
| Community & Civism | 8 | 9 | 9 |
| **Education & Literacy** | **6** | **2** | **3** |
| Food Insecurity | 5 | 3 | 4 |
| Healthcare Access & Utilization | 3 | 5 | 5 |
| **Health Behaviors** | **4** | **4** | **8** |
| **Housing & Homelessness** | **2** | **6** | **2** |
| **Behavioral Health** *(Mental Health & Addiction)* | **1** | **1** | **1** |
| Safety & Security | 7 | 8 | 7 |
| Transportation | 9 | 7 | 6 |

At the end of the event Mental Health & Addiction was top of the priority. Muskingum County Mental Health & Recovery Services is conducting a comprehensive mental and behavioral health needs assessment. The results of that assessment will determine the CHIP Mental Health & Addiction goals and objectives.  The other two priorities selected was Housing & Homelessness and Education and Literacy. The stakeholders were in a tie between Food Insecurity, Healthcare Access & Utilization, and Health Behaviors. The stakeholders came to a consensus that the HMCN members should select the fourth priority.

The HMCN members viewed current resources, partners, and level of commitment for Food Insecurity, Healthcare Access & Utilization, and Health Behaviors. Genesis Healthcare Systems just completed their Community Health Needs Assessment and Healthcare Access & Utilization is being addressed in their plan. Genesis Healthcare System is leading this and ZMCHD and HMCN have partnered with them to help address it. Members reviewed Food Insecurity and Health Behaviors and came to a consensus that nutrition is a factor with Health Behaviors and thus food could be addressed in this priority while focusing on other behavior factors.
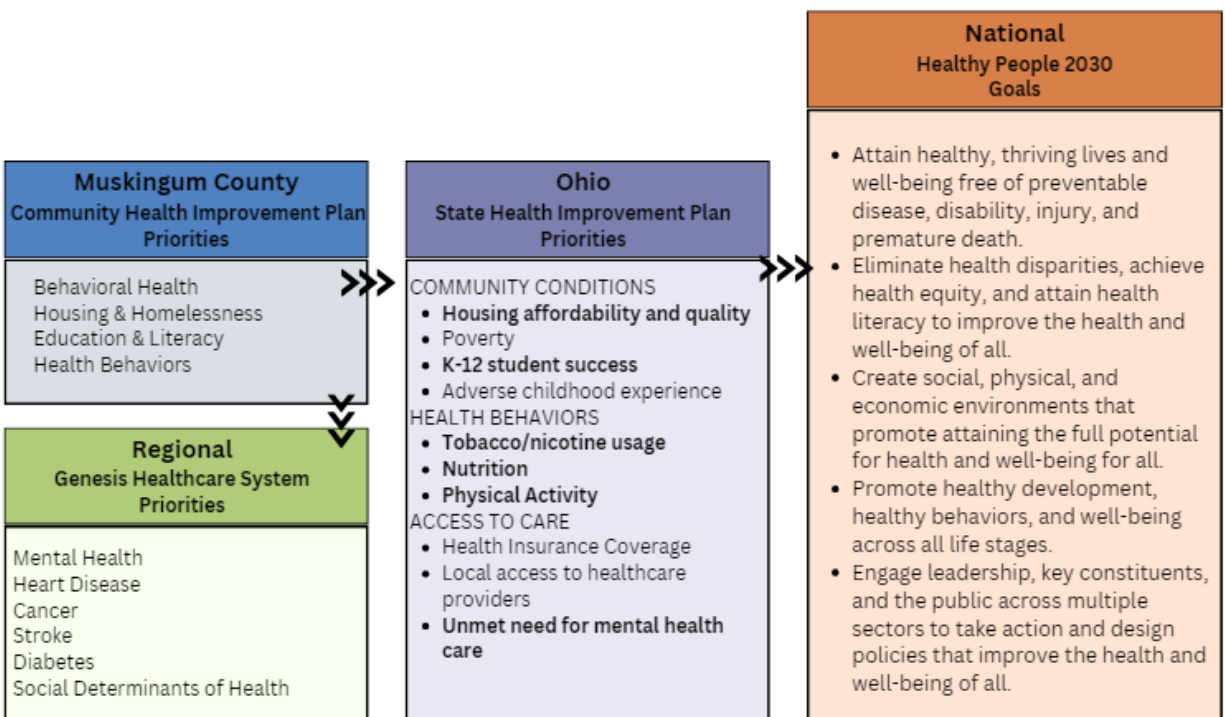
Once the four CHIP priority issues had been determined, the next step involved is bringing together stakeholders to develop goals and objectives for each priority. Workgroups were developed for each priority area, so partners and agencies that are from that priority would develop the goals and objectives. This is to help ensure that the goals and objectives is feasible and align with their work and strategies that they are currently implementing.

When developing the objectives, partners considered data they currently have available as a baseline and data that will be used to track and measure progress and impact in the community.

| 2023-2025 Muskingum County Community Health Improvement Plan | | | |
|---|---|---|---|
| **Mission** Improve the quality of life and health outcomes among Muskingum County residents by addressing inequities in Education & Literacy, Health Behaviors, Housing & Homelessness, and Behavioral Health. | | | |
| **Education & Literacy** | **Health Behaviors** | **Housing & Homelessness** | **Behavioral Health** |
| Increase educational engagement with Muskingum County Library Systems. | Increase knowledge and skills that promote healthy eating, active living, and healthy behavior habits. | Improve housing availability, affordability, and quality | Increase awareness of mental health to reduce the stigma utilizing services. |
| Improve literacy rates for youth and adults in Muskingum County. | Improve access, utilization, and consumer demand for nutritious food choices. | Support the needs of the vulnerable population | Increase access of behavioral health services. |

## Alignment

As part of an effort to establish a concerted effort in addressing priority issues, the MCCHIP is purposefully aligning its strategies with priorities from the Genesis Hospital Implementation Plan, (which covers a six-county region including Muskingum County), the Ohio State Health Improvement Plan, and with Healthy People 2030, which sets national benchmarks and targets.

**Muskingum County**
**Community Health Improvement Plan Priorities**

Behavioral Health
Housing & Homelessness
Education & Literacy
Health Behaviors

**Regional**
**Genesis Healthcare System Priorities**

Mental Health
Heart Disease
Cancer
Stroke
Diabetes
Social Determinants of Health

**Ohio**
**State Health Improvement Plan Priorities**

COMMUNITY CONDITIONS
- **Housing affordability and quality**
- Poverty
- **K-12 student success**
- Adverse childhood experience

HEALTH BEHAVIORS
- **Tobacco/nicotine usage**
- **Nutrition**
- **Physical Activity**

ACCESS TO CARE
- Health Insurance Coverage
- Local access to healthcare providers
- **Unmet need for mental health care**

**National**
**Healthy People 2030 Goals**

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.
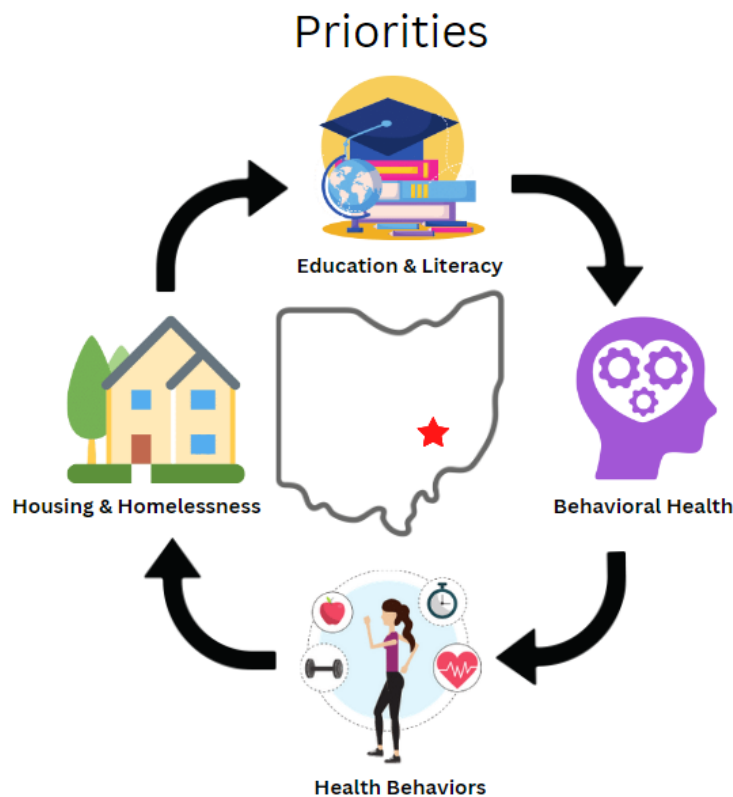
# Community Health Improvement Plan

HMCN members and partner agencies from each sector was involved in developing the goals, objectives, and indicators to measure progress. Mental Health & Recovery Services is leading the Behavioral Health workgroup and completing their own assessment. From their assessment findings the goals, objectives, and indicators will be established, and updated in the CHIP spring of 2023. The CHIP is an active document that is used to implement objectives and action steps to accomplish the set goals.

The HMCN meets monthly, and each workgroup will report out quarterly on action steps and status on meeting the assigned objectives. All lead agencies and partners that are involved with the workgroups will sign a Memorandum of Understanding (MOU). This is to outline and formalize objectives, and the data that will be shared with the HMCN.

Lead agencies of the workgroups have established their indicators to help us track progress and will be uploaded to Clear Impact. Clear Impact is essentially a scorecard for the CHIP, and only collects the number and data that our partners have agreed to share. There is no personal or identifying information. This scorecard will track our progress, help identify trends, explain the story behind the curve, what works, and strategies used. This is a great way for partners to see the status on objectives, assist with planning, and tailor objectives if needed to help reach the overarching goals.

To check out our progress click on this live link Clear Impact Link.

## Priorities



Education & Literacy

Housing & Homelessness

Behavioral Health

Health Behaviors

## EDUCATION & LITERACY

Education is the single most important modifiable social determinant of health, which are the social, economic, and physical environment factors that impact well-being, such as housing, access to health care and employment. Education predicts employment and income, which influences where someone can live and if they can afford health care. Education is not only what is learned in the classroom, but within social, cultural, and economic environments.

### Situation Analysis

According to the National Center for Education Statistics (NCES), 10% of Muskingum County residents are classified as lacking Basic Prose Literacy Skills (BPLS). These residents are unable to read and understand any written information. Among Muskingum County residents over the age of 25, 88.2% have a High School diploma or its equivalent. This is slightly less than in Ohio (89.7%), but higher than the national of 87.2%. However, there are pockets with low levels of education; adults without a high school diploma (or equivalent), some with levels over 21%. This stretches across four census tracts, mostly concentrated within the limits of Zanesville.

Educational challenges are seen across the county as early as kindergarten, and this continues through to High School graduation. According to the 2019-2020 Ohio Kindergarten Readiness Assessment (KRA), only 47.8% of all students are 'Demonstrating Readiness' for Kindergarten; 33.8% are "Approaching Readiness" while 18.3% are "Emerging in Readiness".  By 3rd Grade, only 63.9% of students meet the state reading proficiency standards (2019-2020) and by graduation, only 38.8% of seniors were well prepared for the work world or for pursuing post-secondary education.

Education, literacy, and life skills are identified as major needs in the community, spanning the life cycle. There is an understanding that these challenges are inherited, passing down from generation to generation. Parenting classes, basic life skills, coping/resilience, training, and workforce training are several missed opportunities for many adults across the county. Residents identified that the educational solutions do not always need to be formal. Support groups, family events, and recreational opportunities are all effective solutions.

### Major Findings

- Children not ready for kindergarten.
- Low self-esteem, resilience, and coping skills among K12 students.
- High school graduates unprepared for post-secondary education or work.
- Adults with limited executive function, life and parenting skills.

- Adults with limited health literacy skills.
- Limited programs and resources located in neighborhoods.

## Assets & Partnerships

Muskingum County Literacy Council

- Includes partners from the following sectors.
    - Education
        - Mid-East CTC, Muskingum Valley Education Service Center, Zanesville City School District
    - Housing
        - Zanesville Metropolitan Authority
    - Civic Association
        - Muskingum County Community Foundation
    - Government
        - Muskingum County Library System, Zanesville-Muskingum County Health Department
    - Healthcare
        - Genesis Healthcare System
    - Community organization
        - YMCA
    - Faith
        - Bethel Community Center

## Goals and Objectives

| Education & Literacy | | | | |
|---|---|---|---|---|
| **Goal** | **Improve literacy rates for youth and adults in Muskingum County.** | | | |
| **Objective** | Increase kindergarten readiness and 3rd grade reading level by 5% by youth engagement with partnerships and access to resources by 2025. | | | |
| Lead Agency | Muskingum County Library System \| Accepted Responsibility: MOU | | | |
| Indicator(s) | Ohio Department of Education: Ohio School Report Cards | | | |
| Timeline | **Activities & Strategies** | **Year 1** | **Year 2** | **Year 3** |
| | Meet with schools, community agencies, and after school programs on initiatives to help preschool- 3rd grade students on readiness and literacy. | x | | |
| | Develop a plan to engage children to improve kindergarten readiness and 3rd grade reading level. | x | | |

| | Activities & Strategies | Year 1 | Year 2 | Year 3 |
|---|---|---|---|---|
| | Implement plan and evaluate outcomes on engagement and success of program | | x | |
| | Make necessary adjustments, and have partners update quarterly on progress. | | x | x |
| | Meet with partners to discuss sustainability moving forward. | | | x |

| | |
|---|---|
| **Objective** | Improve adult literacy by 5% by re-establishing adult tutoring programs with Mid-East CTC by 2025. |
| Lead Agency | Muskingum County Library System \| Accepted Responsibility: MOU |
| Indicator(s) | Number of participants, program results, and Program for the International Assessment of Adult Competencies. |

| Timeline | Activities & Strategies | Year 1 | Year 2 | Year 3 |
|---|---|---|---|---|
| | Mid-East CTC will reopen their adult tutoring program, to help individuals obtaining their GED. | x | | |
| | Muskingum County Library System will hire an adult literacy specialist. | x | | |
| | Partners will provide quarterly updates on progress of adult tutoring programs. | x | x | x |
| | Evaluate participants of program to adjust program as necessary, to meet the needs of adult literacy in Muskingum County. | | x | |
| | Meet with partners to discuss sustainability moving forward. | | | x |

# Education & Literacy

| Goal | Increase educational engagement with Muskingum County Library Systems. | | |
|------|------|------|------|
| **Objective** | Muskingum County Library System will increase community engagement with the underserved population by 10% by 2025. | | |
| Lead Agency | Muskingum County Library System \| Accepted Responsibility: MOU | | |
| Indicator(s) | Program attendance from underserved population, door count, and social media engagement. | | |
| Timeline | **Activities & Strategies** | **Year 1** | **Year 2** | **Year 3** |
| | Outreach to underserved population to understand needs and type of programs that are wanted. | x | | |
| | Develop and/or adjust current programs to reach the underserved population (low SES). | x | | |
| | Implement changes in programs/outreach and provide quarterly updates on progress | | x | x |
| | Evaluate program attendees and obtain feedback to make any necessary adjustments. | | x | x |
| | Evaluate sustainability moving forward and make necessary adjustments as needed. | | | x |

## HEALTH BEHAVIORS

Health behaviors are actions individuals take that affect their health. Poor nutrition and low levels of physical activity are associated with higher risk of cardiovascular disease, type 2 diabetes, and obesity. It is important to consider that not everyone has the means and opportunity to make healthy decisions. Addressing health behaviors requires strategies to encourage individuals to engage in healthy behaviors, as well as ensuring that they can access nutritious food, safe spaces to be physically active, and support to make healthy choices.

### Situation Analysis

Over one-quarter (26%) of Muskingum County adults rated their physical health as not good. According to the 2022 County Health Rankings, 31% of Muskingum County residents were physically inactive. Poorly maintained sidewalks, safety in the neighborhood, no available walking/biking trails and no parks or gyms were several reasons that could be addressed within the built environment. According to the County Health Rankings (CHR), Muskingum County scored a 6.9 on the Food Index. The Food Index is a measure of the quality of the food environment in a county on a scale from zero to 10 (zero being the worst value in the nation, and 10 being the best).

In Muskingum County, tobacco use has always been higher than the state (15%) and national (22%) rates. According to Community Health Rankings, Muskingum County tobacco usage for adults and youth is at 26%, which includes e-cigarettes, hookahs, and vaping.

### Major Findings

- High obesity rates and seen as early as the pre-school years.
- Built environment does not support physical activity.
- High tobacco rates amongst youth.
- Limited access and consumption of nutritious food.
- Limited programs and resources located in neighborhoods.

### Policy Recommendations

- Tobacco-free policies to be updated and/or adopted to include vaping.
- Healthy Eating for repurposing food in community.

### Assets & Partnerships

Included partners from the following sectors
- Education
  - Muskingum Valley Education Service Center, Zanesville City School District
- Housing
  - Zanesville Metropolitan Authority

- o Civic Association
  - Muskingum County Community Foundation, United Way
- o Government
  - Muskingum County Library System, Muskingum County Job Family Services, OSU SNAP-ED, Zanesville-Muskingum County Health Department
- o Healthcare
  - Genesis Healthcare System, MVHC,
- o Community organization
  - YMCA, Urban Gardens
- o Faith
  - Bethel Community Center
- o Business
  - SEAT (Southeastern Area Transit)

## Goals and Objectives

<table>
<tr><td colspan="5"><h2 align="center">Health Behaviors</h2></td></tr>
<tr><td><strong>Goal</strong></td><td colspan="4"><strong>Increase knowledge and skills that promote healthy eating, active living, and healthy behavior habits.</strong></td></tr>
<tr><td><strong>Objective</strong></td><td colspan="4">Provide nutrition education by 12/31/2025 on preparing healthy snacks and meals to 10% of Muskingum County residents.</td></tr>
<tr><td>Lead Agency</td><td colspan="4">OSU-SNAP Ed| Accepted Responsibility: MOU</td></tr>
<tr><td>Indicator(s)</td><td colspan="4">Program numbers of events and attendance.</td></tr>
<tr><td>Timeline</td><td><strong>Activities & Strategies</strong></td><td><strong>Year 1</strong></td><td><strong>Year 2</strong></td><td><strong>Year 3</strong></td></tr>
<tr><td></td><td>Outreach and partner with organizations that serve the underserved population,</td><td>x</td><td>x</td><td>x</td></tr>
<tr><td></td><td>Provide updates quarterly to document progress.</td><td></td><td>x</td><td>x</td></tr>
<tr><td></td><td>Evaluate program and make any necessary adjustments as needed to reach underserved population.</td><td></td><td>x</td><td>x</td></tr>
<tr><td></td><td>Evaluate sustainability and make any necessary changes moving forward.</td><td></td><td></td><td>x</td></tr>
<tr><td colspan="5"></td></tr>
<tr><td><strong>Objective</strong></td><td colspan="4">Increase participation of active living education and programs to 20% by 12/31/2025</td></tr>
<tr><td>Lead Agency</td><td colspan="4">Muskingum County YMCA | Accepted Responsibility: MOU</td></tr>
<tr><td>Indicator(s)</td><td colspan="4">Program numbers from lead agencies</td></tr>
<tr><td>Timeline</td><td><strong>Activities & Strategies</strong></td><td><strong>Year 1</strong></td><td><strong>Year 2</strong></td><td><strong>Year 3</strong></td></tr>
</table>

| | Activities & Strategies | Year 1 | Year 2 | Year 3 |
|---|---|---|---|---|
| | Complete community outreach and education to increase physical activity. | x | | |
| | Assess needs and barriers in community | x | | |
| | Develop Y on the Fly | x | | |
| | Provide quarterly update on progress of project. | x | x | x |
| | Evaluate program and make adjustments as needed | | x | x |

| | |
|---|---|
| **Objective** | Provide education on the harms of tobacco usage (including electronic vaping/ devices) by 12/31/2025 to 40% Muskingum County youth (10-17 yrs.). |
| Lead Agency | Zanesville-Muskingum County Health Department Rambo Memorial Health Center\| Accepted Responsibility: MOU |
| Indicator(s) | Participant numbers from education events from lead agencies |

| Timeline | Activities & Strategies | Year 1 | Year 2 | Year 3 |
|---|---|---|---|---|
| | Bring partners together (tobacco cessation programs, school administrators and teachers, mental health facilities, and after school programs) to evaluate needs to education and intervention needed. | x | | |
| | Meet with partners providing tobacco education to develop plan on outreach to schools. | x | | |
| | Provide vaping education and resources to help youth quit. | | x | |
| | Provide quarterly updates on progress | | x | x |
| | Monitor vaping usage from teens and usage of quit resources. | | x | x |
| | Evaluate education methods and adjust as needed to update outreach efforts and content. | | x | x |
| | Evaluate sustainability and make any necessary changes moving forward. | | | x |

| | |
|---|---|
| **Objective** | Increasing enrollment by 25% of Community Health Worker Programs, by completing community engagement and tracking resources needed from at risk populations by 12/31/2025. |
| Lead Agency | ZMCHD (Bridges to Wellness) \| Accepted Responsibility |

| | |
|---|---|
| Indicator(s) | Program data (participant numbers and resource findings) from lead agencies |

| Timeline | Activities & Strategies | Year 1 | Year 2 | Year 3 |
|---|---|---|---|---|
| | Complete community outreach to increase engagement and referrals. | x | | |
| | Evaluate referrals and program completion. | x | x | x |
| | Add another community health worker based on program enrollment and needs of community | x | | |
| | Provide quarterly updates and progress on program. | x | x | x |
| | Evaluate sustainability and make any necessary changes moving forward. | | | x |

## Health Behaviors

| Goal | Improve access, utilization, and consumer demand for nutritious food choices. |
|---|---|
| Objective | Increase access and consumer demand for nutritious food choices, measured by an aggregate 10% increase in purchasing pattern amongst SNAP and WIC participants by 12/31/2025. |
| Lead Agency | OSU-SNAP Ed| Accepted Responsibility: MOU<br>WIC| Accepted Responsibility: MOU |
| Indicator(s) | Purchasing data from lead agencies |

| Timeline | Activities & Strategies | Year 1 | Year 2 | Year 3 |
|---|---|---|---|---|
| | Complete community education and outreach on any changes to the program. | x | x | x |
| | Provide quarterly updates and progress on programs. | x | x | x |
| | Evaluate outreach methods and adjust as needed to increase enrollment to those that are eligible but not currently using services. | | x | x |
| | Evaluate changes in enrollment and program and make changes as necessary. | | | x |

| Objective | Improve food pantry access and utilization by 15% with the United Way Fresh Trak Time Zone by 12/31/2025. |
|---|---|

| Lead Agency | United Way| Accepted Responsibility: MOU | | | |
|---|---|---|---|---|
| Indicator(s) | Food pantry participant numbers from United Way | | | |
| Timeline | **Activities & Strategies** | **Year 1** | **Year 2** | **Year 3** |
| | Implement FreshTrak Time Zone pantry process. | x | | |
| | Complete community engagement and outreach on program. | x | x | x |
| | Provide updates and progress on program. | x | x | x |
| | Evaluate program and adjust program as needed. | | x | x |
| | Evaluate sustainability and make any necessary changes moving forward. | | | x |

| **Objective** | By 12/31/2025 expand utilization of produce prescriptions by 10% provided by local organizations. | | | |
|---|---|---|---|---|
| Lead Agency | MVHC| Accepted Responsibility: MOU | | | |
| Indicator(s) | Participant data from lead agencies | | | |
| Timeline | **Activities & Strategies** | **Year 1** | **Year 2** | **Year 3** |
| | Complete evaluation of current produce prescription program to identify any additional needs. | x | | |
| | Complete education on produce prescriptions and benefits of fruit and vegetables to increase utilization. | x | x | |
| | Provide quarterly updates on progress of program. | x | x | x |
| | Evaluate utilization and reasons for produce prescriptions not being used. | | x | x |
| | Evaluate sustainability and make any necessary changes moving forward. | | | x |

| **Objective** | Document amount of unused foods to gain support on initiatives to repurpose extra foods by 12/31/2025. | | | |
|---|---|---|---|---|
| Lead Agency | Foodworks Alliance| Accepted Responsibility | | | |
| Indicator(s) | Data and findings from lead agencies. | | | |
| Timeline | **Strategies & Activities** | **Year 1** | **Year 2** | **Year 3** |
| | Complete evaluation of current initiatives on repurposing unused foods. | x | | |
| | Provide quarterly updates and progress of Foodworks Alliance program. | x | x | x |

| | | | | |
|---|---|---|---|---|
| | Bring partners together to develop plan for community gardens and repurpose foods. | x | | |
| | Implement repurposing food plan with community gardens. | | x | x |
| | Evaluate sustainability and make any necessary changes moving forward. | | | x |

## HOUSING & HOMELESSNESS

Homelessness as a social determinant of health creates a completely new dimension of health disparities. The homeless population is systematically disconnected from the community and becomes more susceptible to worse health outcomes due to poor living conditions, such as food insecurity and limited resources for survival. Quality and affordable housing allows individuals to pursue personal goals and improve their quality of life.

### Situation Analysis

The cost of housing presents challenges for many residents. Almost half of all renters in Muskingum County (48.9%) pay more than 30% of their gross household income on rent.  For many in need of housing, landlords not accepting Section 8, felony records and eviction histories have been major barriers. Residents also recognize their difficulty navigating the housing and assistance systems.

Zanesville Metropolitan Housing Authority administers 939 Housing Choice Vouchers in Muskingum County. Currently only 690 of the vouchers are in use.  In 2021, 229 vouchers were issued during open enrollment and only 73 were used for a lease.  This is due to several reasons, with most unable to find a landlord with a vacancy and willing to accept the Housing Choice Voucher.  There is currently more than a 1 year waiting list for 1 bedroom units.

### Major Findings

- More than one year waitlist for 1-bedroom units.
- Limited access to shelters and transitional housing.
- Limited easily accessible supportive services.
- Lack of affordable housing.
- Storage for legal documents.
- Case management.

### Assets & Partnerships

Homeless Advisory Group
- Includes partners from the following sectors.
    - Education
        - Muskingum Valley Education Service Center, Foxfire Schools
    - Housing
        - Zanesville Metropolitan Authority, Putnam Neighborhood Apartment Group
    - Civic Association
        - Muskingum County Community Foundation, United Way
    - Government
        - Muskingum County Library System, Muskingum County Job Family Services, OSU SNAP-ED, Zanesville-Muskingum County Health Department
    - Healthcare

- ▪ Genesis Healthcare System, MVHC, Area Agency on Aging (Region 9), AllWell, Continuum of Care
- o Community organization
  - ▪ YMCA, Urban Gardens
- o Faith
  - ▪ First United Methodist Church (Shelter), Salvation Army
- o Business
  - ▪ SEAT (Southeastern Area Transit)

## Goals and Objectives

| Housing & Homelessness | | | | |
|---|---|---|---|---|
| **Goal** | **Improve housing availability, affordability, and quality.** | | | |
| **Objective** | Increase the number of affordable rental housing units available by 16 units by December 31, 2025 | | | |
| Lead Agency | Putnam Neighborhood Apartment Group\| Accepted Responsibility | | | |
| Indicator(s) | Bowen Housing Assessment 2019 | | | |
| Timeline | **Activities & Strategies** | **Year 1** | **Year 2** | **Year 3** |
| | Complete screening on funding opportunities for project. | x | | |
| | Provide quarterly updates and progress on project. | x | x | x |
| | Document and monitor needs | x | x | x |
| | Secure funding for project and necessary components to start implementation. | | x | |
| | Implement housing construction steps. | | x | x |
| | Evaluate project and sustainability moving forward. | | | x |

| | | | | |
|---|---|---|---|---|
| **Objective** | Increase the percentage of section 8 vouchers utilized by 2% by December 31, 2025 | | | |
| Lead Agency | Putnam Neighborhood Apartment Group\| Accepted Responsibility | | | |
| Indicator(s) | Section 8 voucher data from Zanesville Metropolitan Housing Authority | | | |
| Timeline | **Activities & Strategies** | **Year 1** | **Year 2** | **Year 3** |
| | Provide education to landlords and tenants on section 8 vouchers to increase utilization. | x | x | |

| | Activities & Strategies | Year 1 | Year 2 | Year 3 |
|---|---|---|---|---|
| | Complete evaluation with landlords and tenants on reason for section 8 vouchers. | x | | |
| | Develop plan to increase voucher utilization. | | x | |
| | Implement plan and evaluate progress and adjust as needed. | | x | |
| | Provide quarterly updates and progress of voucher utilization. | | x | x |
| | Evaluate project and sustainability moving forward. | | | x |

| **Objective** | Create a process to identify and link housing funding opportunities by December 31, 2023. | | | |
|---|---|---|---|---|
| **Lead Agency** | ZMCHD- Brandon Francis\| Accepted Responsibility | | | |
| **Indicator(s)** | Bowen Housing Assessment 2019 | | | |
| **Timeline** | **Activities & Strategies** | **Year 1** | **Year 2** | **Year 3** |
| | Review current funding for housing projects and process for applications. | x | | |
| | Develop guide on funding sources and periods of competitive application cycles | X | | |
| | Implement guide and complete annual review to make adjustments as needed. | x | | |

| **Housing & Homelessness** | | | | |
|---|---|---|---|---|
| **Goal** | **Support the needs of the vulnerable population.** | | | |
| **Objective** | Create/obtain evaluation tool to assess capacity to live independently by December 31, 2023. | | | |
| **Lead Agency** | ZMCHD- Brandon Francis\| Accepted Responsibility | | | |
| **Indicator(s)** | Focus Group data and lead agency data and program findings | | | |
| **Timeline** | **Activities & Strategies** | **Year 1** | **Year 2** | **Year 3** |
| | Scan community for evaluation tools being used to assess capacity to live independently. | x | | |

| | | Year 1 | Year 2 | Year 3 |
|---|---|---|---|---|
| | Adopt and revise tool as needed for population at risk of being homeless or current homeless population. | x | | |
| | Evaluate and revise tool as needed. | | x | x |

| | |
|---|---|
| **Objective** | Assess the gaps in personnel and services needed to assist the vulnerable population by December 31, 2023. |
| Lead Agency | Mobility Management and All Well\| Accepted Responsibility |
| Indicator(s) | Focus Group data and lead agency data and program findings |

| Timeline | Activities & Strategies | Year 1 | Year 2 | Year 3 |
|---|---|---|---|---|
| | Complete scan and document to assess gaps in personnel and services vulnerable population need. | X | | |
| | Educate community partners and stakeholders on needs. | x | | |

| | |
|---|---|
| **Objective** | Increase the number of supportive services accessed off site by 10% by December 31, 2024. |
| Lead Agency | Homeless Advisory Group\| Accepted Responsibility |
| Indicator(s) | Focus Group data and lead agency data and program findings |

| Timeline | Activities & Strategies | Year 1 | Year 2 | Year 3 |
|---|---|---|---|---|
| | Scan community for current off site supportive services. | x | | |
| | Assess gaps and barriers | x | | |
| | Hold meeting with partners to develop plan on providing supportive services. | x | | |
| | Implement additional supportive services off site and make adjustments as needed. | | x | |
| | Evaluate sustainability and make adjustments as needed moving forward. | | x | |

| | |
|---|---|
| **Objective** | Decrease the stigma of living in homelessness by December 31, 2025. |
| Lead Agency | Area Agency on Aging\| Accepted Responsibility |
| Indicator(s) | Focus Group data and lead agency data and program findings |

| Timeline | Activities & Strategies | Year 1 | Year 2 | Year 3 |
|---|---|---|---|---|
| | Complete outreach activities with homeless population, to collect input | x | | |

| | | | | |
|---|---|---|---|---|
| | and details on the stigma they are experiencing. | | | |
| | Provide quarterly updates and progress on this initiative. | x | x | x |
| | Complete community stakeholder education engagement on decreasing the stigma of homelessness | | x | x |
| | Complete before and after evaluations with stakeholder, to measure the level of stigma and impact of educational engagement. | | x | x |
| | Complete follow up evaluation with homeless to gauge stigma they are experiencing. | | | x |
| | Evaluate project and sustainability moving forward. | | | x |

| | |
|---|---|
| **Objective** | Effectively conduct the Point in Time Count each year. |
| Lead Agency | Continuum of Care\| Accepted Responsibility |
| Indicator(s) | Lead agency data and program findings |

| Timeline | **Activities & Strategies** | **Year 1** | **Year 2** | **Year 3** |
|---|---|---|---|---|
| | Complete partner outreach to plan point in time count each year | x | x | x |
| | Evaluate results and make adjustment on outreach as needed. | x | x | x |
| | Provide annual update and progress on Point in Time Count. | x | x | x |
| | Share results with community stakeholders and provide education on needs of homeless population. | | x | x |

## BEHAVIORAL HEALTH

Behavioral health is promoting well-being by preventing or intervening in mental illness such as anxiety, depression, or stress, along with preventing or intervening with substance use disorders and other dependencies. The use and misuse of alcohol, illicit, and prescription drugs is a serious health problem which result in significant harm to individuals that become dependent to these substances, creating considerable social disruption and severely damages families.

### Situation Analysis

Muskingum County is considered a Mental Health Shortage Area with a healthcare provider to patient ration of 1:540 (CHR). The county currently faces a scarcity of well-qualified mental health providers and the aging out of the workforce among current providers. In an interview with a mental health key informant, delays in outreach to patients treated for medical complications and long wait time for referrals for initiating mental health services reduce the efficacy of people committing to rehabilitation.

### Major Findings

- Accessing Behavioral Health Treatment.
- Behavioral Health workforce shortage and lack of provider options.
- Need of community-based stabilization and support.
- Reducing the stigma of recovery and outreach to target populations.

### Policy Recommendations

- Mapping of overdoses to increase linkage to care and access to behavioral health services.

### Assets & Partnerships

Collective Impact
- Includes partners from the following sectors.
  - Education
    - Muskingum University, Foxfire Schools
  - Housing
    - Zanesville Metropolitan Authority
  - Civic Association
    - United Way
  - Government
    - Muskingum County Commissioners, Zanesville Fire Department, Muskingum County EMA, Zanesville-Muskingum County Health Department
  - Healthcare

- Genesis Healthcare System, MVHC, MBH, MHRS, AllWell, Brightview, Community Ambulance Service, Spero health, Pinnacle Treatment
  - Faith
    - Eastside Community Ministry
  - Business
    - SEAT (Southeastern Area Transit)
  - Law Enforcement
    - Zanesville Police Department
    - Muskingum Conty Sheriff Office
  - Involved Citizens/Groups
    - Vicki Whitacre
    - Drug Free Muskingum
    - Suicide Prevention Coalition

## Goals and Objectives

<table>
<tr><td colspan="5" align="center"><strong>Behavioral Health</strong></td></tr>
<tr><td><strong>Goal</strong></td><td colspan="4"><strong>Increase awareness of mental health to reduce the stigma utilizing services.</strong></td></tr>
<tr><td><strong>Objective</strong></td><td colspan="4">Increase media ads for mental health services by 5% of baseline by 2025.</td></tr>
<tr><td>Lead Agency</td><td colspan="4">Collective Impact| Accepted Responsibility: MOU</td></tr>
<tr><td>Indicator(s)</td><td colspan="4">Metrics of traditional & social media of impressions, engagements, and interactions.</td></tr>
<tr><td>Timeline</td><td><strong>Activities & Strategies</strong></td><td><strong>Year 1</strong></td><td><strong>Year 2</strong></td><td><strong>Year 3</strong></td></tr>
<tr><td></td><td>Develop process for social media and traditional media for decreasing stigma and promoting resources</td><td>x</td><td></td><td></td></tr>
<tr><td></td><td>Provide quarterly updates and progress on social media and traditional media outreach efforts with the community.</td><td>x</td><td>x</td><td>x</td></tr>
<tr><td></td><td>Begin process and promote community partners to implement additional social media and traditional media on decreasing the stigma and sharing resources.</td><td></td><td>x</td><td>x</td></tr>
<tr><td></td><td>Evaluate process and make adjustments as necessary.</td><td></td><td>x</td><td>x</td></tr>
<tr><td></td><td>Evaluate sustainability and make any necessary changes moving forward.</td><td></td><td></td><td>x</td></tr>
<tr><td colspan="5"></td></tr>
<tr><td><strong>Objective</strong></td><td colspan="4">Increase number of educational events and attendance by 5% of baseline by 2025.</td></tr>
</table>

| | Lead Agency | Collective Impact, MHRS, MBH | Accepted Responsibility MOU | | |
|---|---|---|---|---|---|
| | Indicator(s) | Number of events, attendance of new events, and pre and post results | | | |
| | Timeline | **Activities & Strategies** | **Year 1** | **Year 2** | **Year 3** |
| | | Evaluate current community events and develop plan on additional educational events. | x | | |
| | | Develop a pre and post engagement evaluation for attendants at events. | x | | |
| | | Provide quarterly updates and progress on project. | x | x | x |
| | | Implement events and engagement evaluation to measure effectiveness and tailor events/programs as needed | | x | x |
| | | Evaluate sustainability and make any necessary changes moving forward. | | | x |

| | **Objective** | Increase advocacy for support groups and education of services available. | | | |
|---|---|---|---|---|---|
| | Lead Agency | Collective Impact| Accepted Responsibility: MOU | | | |
| | Indicator(s) | Number of support groups in Muskingum County, number of education outreach with pre/post data results. | | | |
| | Timeline | **Activities & Strategies** | **Year 1** | **Year 2** | **Year 3** |
| | | Complete scan of community for number of support groups available. | x | | |
| | | Review results and assess gaps and barriers. | x | | |
| | | Hold meeting with behavioral health partners to gain support on implementing new support groups. | x | | |
| | | Provide quarterly updates and progress on initiative. | x | x | x |
| | | Implement new support groups | | x | |
| | | Evaluate support group and make adjustments as necessary based on the needs of the community. | | x | x |
| | | Evaluate sustainability and make any necessary changes moving forward. | | | x |

# Behavioral Health

| Goal | Increase access to behavioral health services |
|---|---|
| **Objective** | Increase mobile/satellite services to reach the vulnerable population by 10% of baseline by 2025. |
| **Lead Agency** | Collective Impact\| Accepted Responsibility: MOU |
| **Indicator(s)** | Telehealth visits, emergency sessions utilized, agency mobile services |

| Timeline | Activities & Strategies | Year 1 | Year 2 | Year 3 |
|---|---|---|---|---|
| | Complete scan and document number of mobile/satellite services available in the community. | x | | |
| | Evaluate needs to community and where mobile services can help meet the gaps and barriers of community. | x | | |
| | Hold meeting for partners to share interest of facilitating mobile/satellite services and develop plan. | x | | |
| | Provide quarterly updates and progress on this initiative. | x | x | x |
| | Implement plan for increased satellite/mobile services and adjust as needed to meet gaps and barriers. | | x | x |
| | Evaluate sustainability and make any necessary changes moving forward. | | | x |

| **Objective** | Increase 20% of people that keep their appointments by 2025. |
|---|---|
| **Lead Agency** | Collective Impact\| Accepted Responsibility: MOU |
| **Indicator(s)** | Number of no shows, screening of participants, a data of current counseling providers |

| Timeline | Activities & Strategies | Year 1 | Year 2 | Year 3 |
|---|---|---|---|---|
| | Gather number from behavioral health facilities on percentage of patients that keep their appointments to establish a baseline. | x | | |
| | Hold meeting with behavioral health partners to assess reasons patients state they are not keeping appointments | x | | |
| | Provide quarterly updates and progress on initiative. | x | x | x |
| | Develop a plan with behavioral health partners to decrease the number of no shows. | | x | |

| | Evaluate plan and progress from indicators to make adjustments as needed. | | x | x |
|---|---|---|---|---|
| | Evaluate sustainability and make any necessary changes moving forward. | | | x |

| | |
|---|---|

| **Objective** | Document and assess behavioral health workforce shortages, to help support initiatives and resources by 2025. | | | |
|---|---|---|---|---|
| Lead Agency | Collective Impact\| Accepted Responsibility: MOU | | | |
| Indicator(s) | Number of active counselors, number of support groups, and helpful resources. | | | |
| Timeline | **Activities & Strategies** | **Year 1** | **Year 2** | **Year 3** |
| | Create a list and process for collecting behavioral health workforce numbers. | x | | |
| | Provide quarterly updates and progress on initiative. | x | x | x |
| | Implement collection of behavioral health workforce numbers, and complete collection annually. | x | x | x |
| | Analyze local data collection to County Health Rankings, to assess workforce needs and progress. | | x | x |
| | Educate and share results to partners and stakeholders, to evaluate gaps and barriers in community. | | x | x |
| | Evaluate sustainability and make any necessary changes moving forward. | | | x |

# Appendix

- Muskingum County Community Health Assessment Executive Summary
- Glossary
- Assets & Partnerships

## INTRODUCTION

A Community Health Assessment (CHA) is an integral part of improving and promoting the health of a community. It involves the ongoing collection and analysis of data to inform the community on health status and priorities, making it a product as well as a process. This collaborative practice mobilizes community partners, agencies, organizations and businesses, socio-cultural institutions, stakeholders and residents to be a part of the process. The primary objectives of this assessment are three-fold, to:

- Describe the overall health of Muskingum County residents
- Understand underlying factors that influence existing health outcomes
- Identify opportunities for improvements.

The 2022 Muskingum County Community Health Assessment was conducted from December 2020 to June 2022. The Zanesville-Muskingum County Health Department engaged community agencies, businesses, social groups, students and residents throughout the process. Encompassing primary and secondary data from local, state and federal sources, the completed community health assessment serves as a resource for community agencies and residents to understand and utilize findings for community improvement. The process was guided by the Healthier Muskingum County Network (HMCN), which was originally convened to serve as a steering committee for the CHA in 2011.

## METHODS

The decision to use the Social Determinants of Health (SDH) as a framework for modeling the community health assessment came after an extensive review of the community health assessments from other cities, counties and states. To accomplish this assessment, several methods were selected. The methods included qualitative, quantitative, primary and secondary data. Data came from a wide variety of resident characteristics and perspectives. The methods employed include:

- A community health status assessment, which captured over 200 data points for Muskingum County as well as some comparison data from state, national, and Healthy People 2030 benchmarks.
- A quantitative Adult Opinion survey which was administered to over 3,000 adult residents.
- Six Focus Group Discussions and 6 Key Informant Interviews that engaged over 50 residents.
- Local Public Health System Assessment (LPHSA), Forces of Change Assessment (FOCA), and a Community Themes and Strengths Assessment, which identified

capabilities, stakeholders, partners and resources that contribute to public health.

# KEY FINDINGS

## DEMOGRAPHICS

### Population, Age and Growth
As of July 1, 2021, the United States Census Bureau reported that Muskingum County had 86,410 residents, having grown overall by 2% over the last fifteen years. Across gender, there have been no changes of significance; females making up 51.33% of the population, their male counterparts, 48.67%. Muskingum County portrays characteristics consistent with aging patterns; a steady increase in older population coupled with a negative growth in the young adult (-1.3%) and child populations (-0.7%). Since 2000, the median age has risen steadily from 37 to 40.5 years. This exceeds the state and national average of 39.5 and 38.2 years respectively.

### Racial and Ethnic Diversity
Muskingum County is predominantly White or Caucasian, accounting for 91.9% of the population. Blacks or African Americans make up 3.9% of the county. Three percent (3.2%) of the population identified as two or more races. The remaining 1% includes Asians, American Indians/Alaskan Natives, Native Hawaiian and Other Pacific Islander, representing 0.6%, 0.3%, 0.1%, respectively. In 2020, 91% of the population reported not Hispanic or Latino, and 1.3% reported Hispanic or Latino origin, according to the United States Census Bureau.

### Educational Attainment
The United States Census Bureau reports that among Muskingum County residents over the age of 25, 88.7% have at least a high school diploma (or equivalent), 17.5% of which had a bachelor's degree or higher. Current education attainment rates indicate about a 1.3% decrease in high school graduation.  About 10% of Muskingum County residents are classified as lacking Basic Prose Literacy Skills (BPLS), limiting the ability to perform simple and everyday tasks.

### Income, Poverty and Employment
In Muskingum County, 15% of residents live below the Federal Poverty Level (FPL), according to the United States Census Bureau. Children suffer disproportionately, with over 21% living in poverty, as reported by County Health Rankings. The median household income in Muskingum County for 2020 was $48,350, with a per capita income of $26,736. Ohio and the United States both have significantly higher median household income rates, at $58,116 and $64,994, respectively (Census). The county has an unemployment rate of 7.8%, which is slightly lower than that of the state (8.1%), but higher than the national (4%) unemployment rates (County Health Rankings).

## COMMUNITY HEALTH STATUS

### Overall Health Status
In 2022, the County Health Rankings placed Muskingum County 67 out of 88 counties in Ohio for health outcomes, falling two spots from the previous year. A 2021 assessment of Quality of Life in the Adult Opinion Survey indicated that 32% of Muskingum County survey respondents were limited in some way because of physical, mental, or emotional problems, increasing to 47% for those with annual incomes less than $25,000. Those who were limited in some way reported the following limiting problems or impairments: stress, depression, anxiety, or emotional problems (33%); chronic illness (18%); fitness level (17%).

### Leading Cause of Mortality
In 2021, Muskingum County's crude death rate was 1,374.1 per 100,000 with the three leading causes of death being cancer, cardiovascular disease, and COVID-19.  Diabetes rose to 7th place on the list from 9th place in 2015. Premature deaths were highly attributed to cancer, cardiovascular disease, and accidents. Intentional self-harm and septicemia, which were on the premature list, did not make the overall mortality list (Ohio Data Warehouse).

### Chronic Disease
Chronic diseases like heart disease, cancer and diabetes are leading causes of overall and premature mortality.  Healthy behaviors like engaging in physical activity, improving nutrition and seeking preventative care were mentioned in all focus group discussions, with safety, transportation and access to healthcare coming up as challenges.

### Infectious Disease
In Muskingum County in 2021, the three leading causes of (reportable) infectious diseases were COVID-19, Chlamydia and Gonorrhea.  COVID-19 infections made up 94% of all reported infectious diseases.

### Mental Health
As a mental healthcare shortage area, Muskingum County has a mental healthcare provider to patient ratio of 540:1, according to County Health Rankings. This is compounded by the ongoing drug epidemic and the COVID-19 pandemic.  Delays in outreach to patients treated for medical complications and long wait times for referrals to initiate mental health services reduces the efficacy of people committing to rehabilitation. However, major portions of interventions needed to support drug addiction rehabilitation were more social-cultural than medical. COVID-19 lockdowns affected residents in ways that are still to be fully understood.

## HEALTHCARE ACCESS AND UTILIZATION

In 2020, 94.3% of all Muskingum County residents had health insurance, a slight decrease from 95.2% in 2016. About 40% of all county residents depend on public health insurance. Adult Opinion Survey results showed that despite having health insurance, residents were worried about insurance policies not covering enough care and being unable to afford deductibles and co-pays. In the event that they proceeded to seek care, they worried about getting convenience appointments times.

## COMMUNITY AND CIVICISM

When asked to describe Muskingum County, Focus Group Discussion community residents noted the family, neighborliness, kindness and togetherness, visible through residents taking care of family, connecting and participating in community activities and volunteering. Residents selected family, friends and their church congregations as making up their social lives. While county residents feel they have community, it does not extend beyond their neighborhoods; their school, church, work and home. Beyond these places, they feel disconnected. There are limited places and opportunities for them to meet other county residents and participate in community centers or community activities.

## LOCAL GOVERNMENT

There is a community perception of limited local government presence and participation in community activities. Interestingly, this is a mutual feeling on the part of local government; both entities feel disconnected from the other. This gap is evident in low civic engagement at the community level. Residents report feeling unaware of information needed to make informed decisions about or participate in local government, or its activities and events (Focus Group Discussions & Key Informant Interviews).

## PHYSICAL ENVIRONMENT

### Safety
Residents who participated in Focus Group Discussions overwhelmingly identified safe neighborhoods as one of the most important things that make a healthy community. Drug activity, robberies, and theft were identified as the biggest safety issues. These safety issues relate to the amount of time that families and children spend outdoors, including public spaces, especially parks. Just over one-third (34%) of Muskingum County adults surveyed in the Adult Opinion Survey reported that their neighborhood was extremely safe; 44% reported it to be quite safe, 21% reported it to be slightly/not safe.

### Housing and Homelessness
According to the United States Census Bureau, Muskingum County had 38,337 housing units in 2021, of which 91.5% were occupied. Of the occupied housing units, 70% were owner-occupied, with 30% rented. In a FGD on homelessness, residents discussed the challenges of living in and emerging out of poverty. They identified feeling stigmatized when seeking

medical care or housing and when applying for jobs. The challenge of securing housing is not only a financial issue. While the requirements to apply for housing have not changed much over time, the pool of applicants seeking accommodation has changed. Increasingly, many applicants have a history of substance abuse/addiction or a criminal record along with recent evictions. Any of these conditions may become major disqualifiers for public and private housing alike.

**Transportation**

In Muskingum County, almost 85% of all Adult Opinion Survey respondents depend on private vehicles for transportation. However, Zanesville has pockets of high poverty populations who find transportation as a major challenge. FGD participants admitted missing activities due to lack of transportation. When asked what forms of transportation they used regularly, 11% of survey respondents reporting biking while 18.5% reported walking. Improving 'walkability' and 'bikeability' were major recommendations for many sections of the population, including the youth who identified with these modes of transportation.

**Nutrition**

The Ohio Department of Job and Family Services (ODJFS) reported 8,339 households (15,621 active members) received Supplemental Nutrition Assistance Program (SNAP) benefits in December 2021. Reports from the local 2-1-1 Helpline call center received over 1,575 calls for food assistance in Muskingum County in 2021. Of these calls, 1,250 were for food pantry assistance. Proximity to healthy food is another access factor that influences food security. According to the 2022 County Health Rankings (CHR) Muskingum County's Food Environment Index is 6.9, which is similar to Ohio's Food Environment Index at 6.8. County Health Rankings estimated that 15% of Muskingum County's population is considered to be food insecure.  Forty-one percent (41%) of the Adult Opinion Survey respondents live two or more miles away from fresh, healthy food. In addition to accessibility, cost, time and food preparation knowledge are also barriers to healthy eating.

**Environmental Quality**

Asthma, which is the leading chronic illness among children, is greatly impacted by air quality. In Muskingum County, 11.3% of children were diagnosed with asthma at some point in their life. Lead is another environmental exposure and is a major concern in Muskingum County. Sixty-seven percent (67%) of the housing stock was built before 1978, when lead paint was banned. Three high-risk zip codes have been identified that require blood-lead testing in children.

# CONCLUSION

Based on secondary, social, economic, and environmental health data, discussions with residents and leaders, and a community survey, this assessment report provides an overview of the social and economic environment of Muskingum County's health status, strengths, and opportunities for growth. The complete CHA is available on the Zanesville-Muskingum County Health Department website, http://www.zmchd.org. It is also available as a hard copy at the health department.

# GLOSSARY

**Community Health Assessment**
A systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community; the ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues (PHAB)

**Community Health Improvement Plan**
A long-term, systematic effort to address public health problems based on the results of community health assessment and the community health improvement process; the plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources (PHAB)

**Community Health Needs Assessment**
Genesis Healthcare Systems completes a regional systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community.

**Hanlon Method**
A commonly used assessment technique which takes into consideration explicitly defined criteria and feasibility factors.

**Social Determinants of Health**
Are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

**SHIP**
The Ohio Department of Health contracted with Health Policy Institute of Ohio to complete the 2020-2022 State Health Improvement Plan (SHIP), a tool to strengthen state and local efforts to improve health, well-being and economic vitality in Ohio. The SHIP is Ohio's roadmap to address the many challenges identified in the 2019 State Health Assessment.

**Healthy People**
Healthy People 2030 sets measurable objectives to improve the health and well-being of people across the United States and provides tools and materials to help individuals and organizations achieve them.

## ACRONYMS

| | |
|---|---|
| CHA | Community Health Assessment |
| CHNA | Community Health Needs Assessment |
| HMCN | Healthier Muskingum County Network |
| MCCHA | Muskingum County Community Health Assessment |
| MCCHIP | Muskingum County Community Health Improvement Plan |
| MHRS | Mental Health & Recovery Services |
| PHAB | Public Health Accreditation Board |
| QoL | Quality of Life |
| SDOH | Social Determinants of Health |
| ZMCHD | Zanesville-Muskingum County Health Department |

# Partnerships & Assets

| Agency | Phone Number | Township | Census Tract | Sector |
|---|---|---|---|---|
| Allwell | (740) 454-9766 | COZ- Ward 6 | 9115 | Healthcare |
| Area Agency on Aging 9 | (800) 945-4250 | Cambridge | 9773 | Healthcare |
| Big Brothers Big Sisters | (740) 453-7300 | COZ-Ward 1 | 9119 | Civic Association |
| Bishop Fenwick | (740) 452-7504 | COZ- Ward 4 | 9120 | Education |
| Bishop Rosecrans | (740) 452-7504 | COZ- Ward 4 | 9120 | Education |
| Blue Rock Station | 740-674-4300 | Harrison | 9125 | Community Organization |
| Boy Scouts of America | (740) 453-0571 | COZ- Ward 4 | 9118 | Community Organization |
| Bridges to Wellness: Access Tusc | NA | N/A | N/A | Healthcare |
| Brightview | (866) 934-7450 | COZ- Ward 5 | 9117 | Healthcare |
| Care Coordinator at MidEast | (740) 454-0105 | Wayne | 9127 | Education |
| CareSource | (740) 255-2147 | N/A | N/A | Healthcare |
| Cedar Ridge Behavioral Health Solutions | (855) 692-7247 | COZ- Ward 2 | 9121 | Healthcare |
| City Council-City of Zanesville | (740) 617-4875 | COZ-Ward 1 | 9119 | Government |
| Community Member | N/A | N/A | | Involved Citizen |
| Drug Free Muskingum | (740) 454-9741 | COZ- Ward 1 | 9119 | Involved Citizen |
| East Muskingum High School | (740) 826-7641 | Highland | 9128 | Education |
| East Muskingum Intermediate School | (740) 826-2271 | Highland | 9128 | Education |
| East Muskingum Middle School | (740) 826-7631 | Highland | 9128 | Education |
| East Muskingum Superintendent | (740) 826-7655 | Highland | 9128 | Education |
| East Muskingum-New Concord Elementary | (740) 826-4453 | Highland | 9128 | Education |
| East Muskingum-Perry Elementary | (740) 872-3436 | Perry | 9128 | Education |
| East Muskingum-Pike Elementary | (740) 439-1645 | Adams | 9772 | Education |
| Eastside Community Ministry | (740) 452-7519 | COZ- Ward 1 | 9120 | Community Organization |
| Family Health Services | (740) 453-2872 | COZ- Ward 1 | 9119 | Healthcare |
| First United Methodist Church | (740) 452-7117 | COZ- Ward 2 | 9121 | Faith |
| Forever Dads | (740) 453-1323 | COZ- Ward 2 | 9121 | Community Organization |
| Foxfire | (740) 453-4509 | Newton | 9124 | Education |
| Franklin Local School District- Duncan Falls Elementary | (740) 674-5211 | Wayne | 9126 | Education |
| Franklin Local School District- Philo High School | (740) 674-4355 | Wayne | 9126 | Education |
| Franklin Local School District- Philo Jr High | (740) 674-5210 | Wayne | 9125 | Education |
| Franklin Local School District- Roseville Elementary | (740) 674-5203 | Wayne | 9126 | Education |
| Franklin Local School District- Superintendent | (740) 674-5203 | Wayne | 9126 | Education |
| Genesis Healthcare System | (740) 454-5000 | COZ- Ward 6 | 9115 | Healthcare |
| Habitat for Humanity of SEO | (740) 592-0032 | Dover | 9734 | Housing |
| Hero's Landing | (740) 409-5543 | COZ- Ward 5 | 9115 | Community Organization |
| Latching On | (740) 231-2227 | N/A | N/A | Healthcare |
| Maysville | (740) 454-4490 | Newton | 9124 | Education |
| Maysville High School | (740) 454-7982 | Newton | 9124 | Education |
| Maysville Middle School | (740) 454-7982 | Newton | 9124 | Education |
| Mental Health and Recovery Board | (740) 454-8557 | Washington | 9119 | Healthcare |
| MEOAG Inc, Community Action Agency | (740) 453-5703 | COZ- Ward 4 | 9118 | Community Organization |
| Mid-East Zanesville | (740) 454-0105 | Newton | 9127 | Education |
| Muskingum Area Board of Mental Health and Recovery Services | (740) 454-8557 | Washington | 9119 | Healthcare |
| Muskingum Behavioral Health | (740) 454-1266 | COZ- Ward 4 | 9114 | Healthcare |
| Muskingum County Center for Seniors | (740) 454-9761 | COZ-Ward 1 | 9119 | Community Organization |
| Muskingum County Community Foundation | (740) 453-5192 | COZ- Ward 2 | 9121 | Civic Association |
| Muskingum County EMA (Emergency Management Agency) | (740) 453-1655 | Washington | 9119 | Government |
| Muskingum County Job and Family Services | (740) 454-0161 | COZ- Ward 2 | 9121 | Government |
| Muskingum County Library System | (740) 453-0391 | COZ-Ward 1 | 9119 | Government |
| Muskingum County Literacy Council | (740) 454-0105 | Wayne | 9127 | Civic Association |
| Muskingum County Sheriff's Office | (740) 455-7134 | Washington | 9127 | Law Enforcement |
| Muskingum Economic Opportunity Action Group | (740) 453-5703 | COZ- Ward 4 | 9118 | Community Organization |
| Muskingum University | (740) 826-8211 | union | 9128 | Education |
| Muskingum Valley Health Center, Federally Qualified Health Centers | (888) 454-5157 | COZ- Ward 4 | 9118 | Healthcare |
| NAMI Six County | (740) 647-9617 | N/A | N/A | Healthcare |
| OCALI | (614) 401-2804 | N/A | 2.1 | Community Organization |
| Ohio State Highway Patrol | (740) 453-0541 | Washington | 9127 | Law Enforcement |
| Ohio University Zanesville | (740) 453-0762 | Newton | 9115 | Education |
| OSU SNAP ED | (740) 454-0144 | COZ- Ward 1 | 9119 | Education |
| Park National Bank | (740) 455-7332 | COZ-Ward 1 | 9119 | Business |
| PGSEO | (740) 455-3304 | COZ- Ward 5 | 9116 | Healthcare |
| Quality Care Partners (QCP) | (740) 454-5199 | COZ-Ward 1 | 9119 | Business |
| Rambo Memorial Health Center | (740) 452-5401 | COZ- Ward 1 | 9119 | Healthcare |
| Respite Center/ Underworld Rizing | N/A | N/A | N/A | Involved Citizen |
| Salvation Army | (740) 452-8350 | COZ- Ward 2 | 9121 | Faith |
| Signing Up Together | N/A | N/A | N/A | Involved Citizen |
| Southeast Area Transith | (740) 454-8574 | COZ- Ward 1 | 9119 | Business |
| Suicide Coalition | N/A | N/A | N/A | Involved Citizen |
| The Carr Center | (740) 453-5417 | COZ- Ward 5 | 9115 | Community Organization |
| The Carr Center | (740) 453-5417 | COZ- Ward 5 | 9115 | Community Organization |
| The Muskingum County Community Foundation | (740) 453-5192 | COZ- Ward 2 | 9121 | Civic Association |
| Tri-Valley Adamsville | (740) 796-2153 | Salem | 9110 | Education |
| Tri-Valley Dresden | (740) 754-4001 | Jefferson | 9111 | Education |
| Tri-Valley Frazeysburg | (740) 828-2781 | Jackson | 9112 | Education |
| Tri-Valley High School | (740) 754-2921 | Jefferson | 9111 | Education |
| Tri-Valley Middle School | (740) 754-1879 | Jefferson | 9111 | Education |
| Tri-Valley Nashport | (740) 452-3977 | Muskingum | 9112 | Education |
| United Way of Muskingum Perry Morgan Counties | (740) 454-6872 | COZ-Ward 1 | 9119 | Civic Association |
| Valuecare Ambulance | (833) 365-4673 | COZ- Ward 4 | 9118 | Healthcare |
| West Muskingum Elementary | (740) 455-4058 | Falls | 9113 | Education |
| West Muskingum High School | (740) 452-6312 | Falls | 9113 | Education |

Census Tract in Health Improvement Zones

| | | | | | |
|---|---|---|---|---|---|
| West Muskingum Middle School | (740) 455-4055 | Falls | | 9113 | Education |
| West Muskingum Superintendent | (740) 455-4052 | Falls | | 9113 | Education |
| West Muskingum Superintendent Assistant | (740) 455-4052 | Falls | | 9113 | Civic Association |
| YMCA | (740) 454-4767 | Newton | | 9115 | Community Organization |
| Zanesville City High School | (740) 453-0335 | COZ- Ward 4 | | 9117 | Education |
| Zanesville City Middle School | (740) 453-0711 | COZ- Ward 4 | | 9117 | Education |
| Zanesville City School Superintendent | (740) 454-9751 | COZ- Ward 2 | | 9121 | Education |
| Zanesville City Schools- John McIntire Elementary | (740) 453-2851 | COZ- Ward 4 | | 9118 | Education |
| Zanesville City Schools- National Road Elementary | (740) 450-1538 | Washington | | 9127 | Education |
| Zanesville City Schools Pre-School | (740) 454-9751 | COZ- Ward 2 | | 9121 | Education |
| Zanesville City Schools- Zane Grey Elementary | (740) 450-1335 | COZ- Ward 2 | | 9121 | Education |
| Zanesville City Schools- Zane Grey Intermediate | (740) 450-1335 | COZ- Ward 2 | | 9121 | Education |
| Zanesville Civic League | (740) 452-7401 | COZ- Ward 4 | | 9118 | Community Organization |
| Zanesville Civic League | (740) 452-7401 | COZ- Ward 4 | | 9118 | Community Organization |
| Zanesville Farmers Market | (740) 280-2443 | COZ- Ward 6 | | 9115 | Community Organization |
| Zanesville Metropolitan Housing Authority | (740) 454-8566 | COZ- Ward 2 | | 9121 | Housing |
| Zanesville Police Department | (740) 455-0700 | COZ- Ward 1 | | 9120 | Law Enforcement |
| Zanesville-Muskingum Chamber of Commerce | (740) 455-8282 | COZ- Ward 1 | | 9119 | Business |
| Community Member | N/A | N/A | N/A | | Involved Citizen |