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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:

Signature

Name and title

Date

REVISIONS

Date	Description of Change	Pages Affected	Reviewed or Changed by
05/2023	Added Mental Health & Addiction Goals	17-18	Michelle Shroyer

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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, 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.

Guiding Principles



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
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
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.

Goals

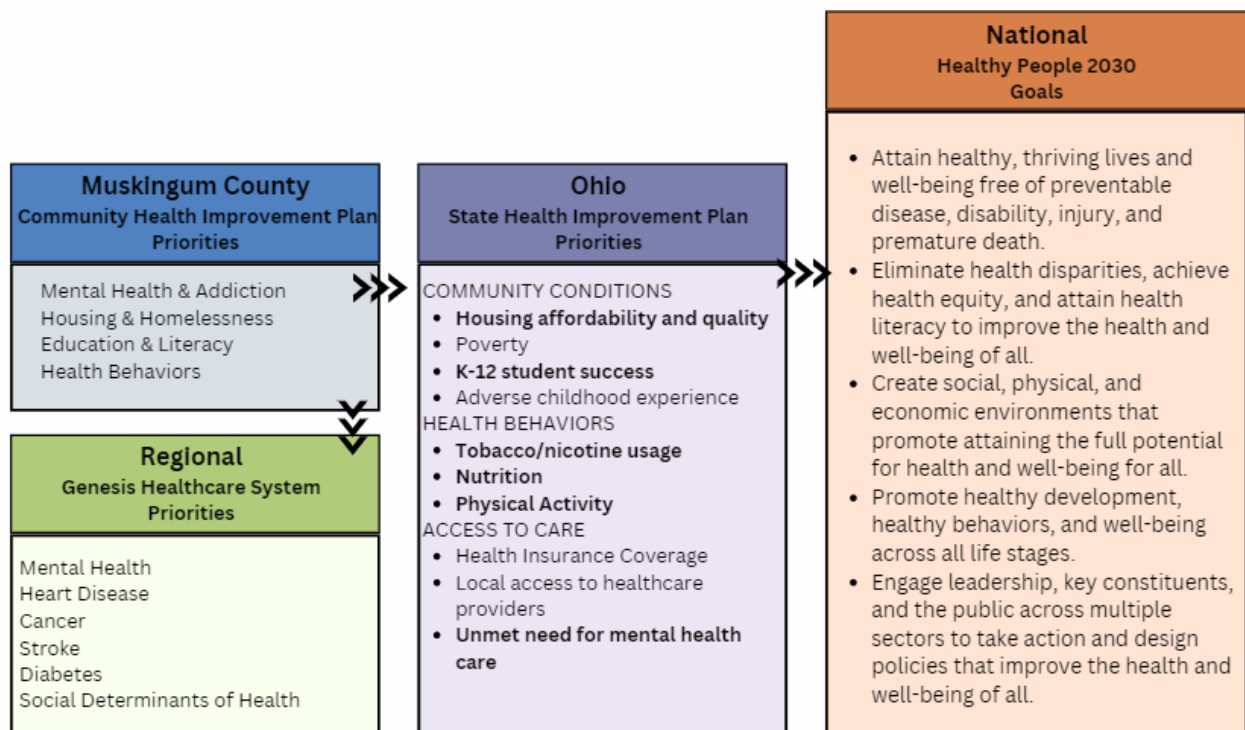
Once the four CHIP priority issues had been determined, the next step involved is bringing together stakeholders to develop goals and objectives for each priority. Workgroups were developed for each priority area, so partners and agencies that are from that priority would develop the goals and objectives. 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 Mental Health & Addiction.			
Education & Literacy	Health Behaviors	Housing & Homelessness	Mental Health & Addiction
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.



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 Mental Health & Addiction 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](#).



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

Goals and Objectives

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
Indicator(s)	Program attendance, outreach attendance, door count, and social media engagement.
Goal	Improve literacy rates for youth and adults in Muskingum County.
Objective	Increase kindergarten readiness and 3 rd grade reading level by 5% by youth engagement with partnerships and access to resources by 2025.
Lead Agency	Muskingum County Library System, Muskingum Valley Educational Service Center, Literacy Council
Indicator(s)	Ohio Department of Education
Objective	Improve adult literacy by 5% by re-establishing adult tutoring programs with Mid-East CTC by 2025.
Lead Agency	Muskingum County Library System, Mid-East CTC
Indicator(s)	Number of participants, program results, and Program for the International Assessment of Adult Competencies.

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

Goals and Objectives

Health Behaviors	
Goal	Increase knowledge and skills that promote healthy eating, active living, and healthy behavior habits.
Objective	Provide nutrition education by 12/31/2025 on preparing healthy snacks and meals to 10% of Muskingum County residents.
Lead Agency	Muskingum County Library System & OSU-SNAP Ed

Indicator(s)	Program numbers from lead agencies.
Objective	Increase participation of active living education and programs to 20% by 12/31/2025
Lead Agency	Muskingum County YMCA
Indicator(s)	Program numbers from lead agencies
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
Indicator(s)	Participant numbers from education events from lead agencies
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	MVHC, ZMCHD (Bridges to Wellness)
Indicator(s)	Program data (participant numbers and resource findings) from lead agencies
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 and WIC
Indicator(s)	Purchasing data from lead agencies
Objective	Improve food pantry access and utilization by 15% with the United Way Fresh Track Time Zone by 12/31/2025.
Lead Agency	United Way
Indicator(s)	Food pantry participant numbers from United Way
Objective	By 12/31/2025 expand utilization of produce prescriptions by 10% provided by local organizations.
Lead Agency	MVHC, Genesis Healthcare Systems
Indicator(s)	Participant data from lead agencies
Objective	Document amount of unused foods to gain support on initiatives to repurpose extra foods by 12/31/2025.
Lead Agency	Community Gardens, Zanesville Farmers Market
Indicator(s)	Data and findings from lead agencies.

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

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
Indicator(s)	Bowen Housing Assessment 2019

Objective	Increase the percentage of section 8 vouchers utilized by 2% by December 31, 2025
Lead Agency	Putnam Neighborhood Apartment Group
Indicator(s)	Section 8 voucher data from Zanesville Metropolitan Housing Authority
Objective	Create a process to identify and link housing funding opportunities by December 31, 2023.
Lead Agency	ZMCHD- Community Health Planner (Ann/New Person)
Indicator(s)	Bowen Housing Assessment 2019
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	
Indicator(s)	Focus Group data and lead agency data and program findings
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
Indicator(s)	Focus Group data and lead agency data and program findings
Objective	Increase the number of supportive services accessed off site by 10% by December 31, 2024.
Lead Agency	Homeless Advisory Group
Indicator(s)	Focus Group data and lead agency data and program findings
Objective	Decrease the stigma of living in homelessness by December 31, 2023.
Lead Agency	Area Agency on Aging
Indicator(s)	Focus Group data and lead agency data and program findings
Objective	Effectively conduct the Point in Time Count each year.
Lead Agency	Continuum of Care
Indicator(s)	Lead agency data and program findings

MENTAL HEALTH AND ADDICTION

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 abuse or other addictions. The abuse and misuse of alcohol, illicit, and prescription drugs is a serious health problem which result in significant harm to individuals that become addicted 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.

Goals and Objectives

Mental Health & Addiction	
Goal	Increase awareness of mental health to reduce the stigma utilizing services.
Objective	Increase media ads for mental health services by 5% of baseline by 2025.
Lead Agency	MHRS and Collective Impact
Indicator(s)	Metrics of traditional & social media of impressions, engagements, and interactions.
Objective	Increase number of educational events and attendance by 5% of baseline by 2025.
Lead Agency	Collective Impact
Indicator(s)	Number of events, attendance of new events, and pre and post results
Objective	Increase advocacy for support groups and education of services available.
Lead Agency	MHRS and Collective Impact

Indicator(s)	Number of support groups in Muskingum County, number of education outreach with pre/post data results.
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Mental Health & Addiction	
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	MHRS, Collective Impact
Indicator(s)	Telehealth visits, emergency sessions utilized, agency mobile services
Objective	Increase 20% of people that keep their appointments by 2025.
Lead Agency	MHRS, Collective Impact
Indicator(s)	Number of no shows, screening of participants, a data of current counseling providers
Objective	Document and assess behavioral health workforce shortages, to help support initiatives and resources by 2025.
Lead Agency	MHRS, Collective Impact
Indicator(s)	Number of active counselors, number of support groups, and helpful resources.

Appendix

- Muskingum County Community Health Assessment Executive Summary
- Glossary

MUSKINGUM COUNTY COMMUNITY HEALTH ASSESSMENT EXECUTIVE SUMMARY

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

KEY DEFINITIONS

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