

DELIVERED BY:



# 2025 PERRY COUNTY COMMUNITY HEALTH ASSESSMENT

PUBLISHED AUGUST 2025



**Public Health**  
Prevent. Promote. Protect.

**Perry County**  
Health Department



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# A NOTE FROM PERRY COUNTY HEALTH DEPARTMENT



Perry County Health Department (PCHD) strives to bring together people and organizations to improve community wellness. The Community Health Assessment (CHA) process is one way we can live out our mission. To fulfill this mission, we must be intentional about understanding the health issues that impact residents and work together to create a healthy community.

A primary component of creating a healthy community is assessing the needs and prioritizing those needs for impact. In 2024, PCHD partnered with other counties in the region and Genesis Healthcare System to conduct a comprehensive CHA to identify primary health issues, current health status, and other health needs. The results from the assessment provide critical information to those in a position to make a positive impact on the health of the service area's residents. The results also enable the community to measure impact and strategically establish priorities in order to develop interventions and align resources.

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

The 2024 Perry County CHA would not have been possible without the help of numerous community organizations, acknowledged on the following pages. It is vital that assessments such as this continue so that we know where to direct our resources and use them in the most advantageous ways.

The work of public health is a community job that involves individual facets, including our community members and organizations, working together to be a thriving community that supports health and well-being where we live, work, and play.

Conducting the CHA and publishing this report relies on the participation of many individuals in our community who committed to participating in interviews and focus groups and completing our community member survey. We are grateful for those individuals who are committed to promoting the health of the community, just as we are, and take the time to share their health concerns and ideas for improvement.

Sincerely,

**Angela DeRolph**

Health Commissioner  
Perry County Health Department



# ACKNOWLEDGEMENTS



This Community Health Assessment (CHA) was made possible thanks to the collaborative efforts of Perry County Health Department (PCHD), community partners, local stakeholders, non-profit partners, and community residents. Their contributions, expertise, time, and resources played a critical part in the completion of this assessment.

## **PCHD WOULD LIKE TO RECOGNIZE THE FOLLOWING ORGANIZATIONS AND INDIVIDUALS FOR THEIR CONTRIBUTIONS TO THIS REPORT:**

AllWell Behavioral Health Services  
Amy Frame, Children Services  
Annette Moore, Director of Perry County Veterans  
Service Commission  
Area Agency on Aging Region 9  
Big Brothers/Big Sisters  
Board of Health  
Chamber of Commerce  
Chief Doug Gill, New Lexington Police Chief  
Courtney Bolyard, Southern Local Schools  
Dr. Frank, Physician  
Ed Keister, Mayor of Junction City  
Eric Emmert, Village of New Lexington Administrator  
Somerset - Reading Township Volunteer Fire  
Department Chief and Somerset Village Council  
President Family and Children First Council  
Fred Redfern, Representing Crooksville/Roseville  
Full Circle Recovery Services  
Genesis HealthCare System  
Jamie Humphrey, Vice President of Saltlick and Coal  
Alliance  
Jason Adams, Genesis Perry County Medical Center  
Judge Luann Cooperider, Perry County Juvenile  
Court/Probate Court  
Life Support Therapy Services  
Melissa Marolt, Director of Perry County District Library

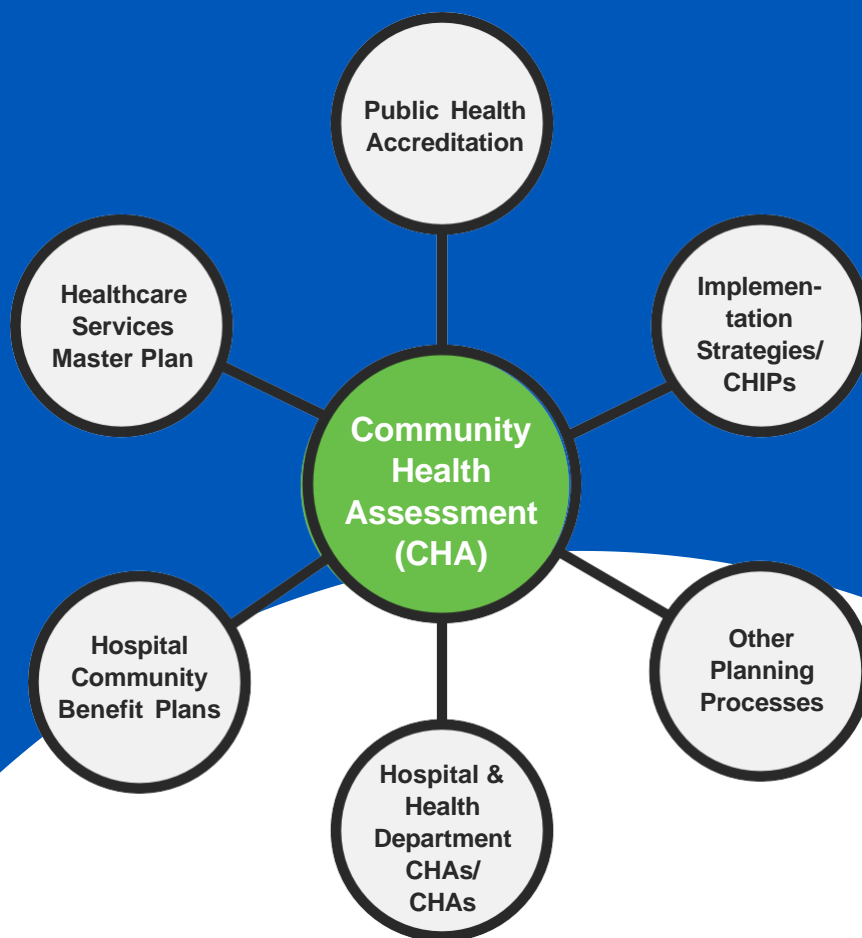
Mental Health and Recovery Services Board  
Muskingum Valley Health Center  
New Lexington Police Department  
Ohio Air Quality Development Authority  
Ohio Center for Autism and Low Incidence  
(OCALI)  
Ohio Medical Aid Services  
Ohio State University Extension Office  
Perry Behavioral Health Choices  
Perry County Court  
Perry County District Library  
Perry County Health Department  
Perry County Public Children Services Agency  
Perry County Veterans Service Commission  
PrimeCare of Southeastern Ohio/Muskingum  
County  
Scott Owen, Perry County Commissioner  
Sheriff William Barker, Perry County Sheriff  
Shrivers Pharmacy  
South East Area Transit (SEAT)  
Southeastern Ohio Regional Medical Center  
Theresa Kane, Executive Director of Perry  
Behavioral Health Choices, INC  
The Ohio Bass Federation  
The Ohio State University  
Village of New Lexington  
YMCA

The partners, organizations, and individuals listed above played a crucial role throughout the Community Health Assessment (CHA) process. Their contributions included coordinating and participating in key informant interviews, organizing community focus groups, promoting the community member survey, and offering valuable feedback at each stage. These partners will remain actively involved in the development of the Community Health Improvement Plan (CHIP), collaborating on strategies to address priority health needs and supporting implementation efforts throughout the cycle.



# INTRODUCTION

## WHAT IS A COMMUNITY HEALTH ASSESSMENT?



A **COMMUNITY HEALTH ASSESSMENT (CHA)** is a tool that is used to guide community benefit activities and for several other purposes. For hospitals, it is used to identify and address key health needs and supports the development of community benefit plans mandated by the Internal Revenue Service (IRS). For health departments, it is used to identify and address key health needs and supports the requirements for accreditation through the Public Health Accreditation Board (PHAB). The data from a CHA is also used to inform community decision-making: the prioritization of health needs and the development, implementation, and evaluation of an Implementation Strategy/Improvement Plan (CHIP).

A CHA is an important piece in the development of an Implementation Strategy/CHIP because it helps the community to understand the health-related issues that need to be addressed. To identify and address the critical health needs of the service area, Perry County Health Department utilized the most current and reliable information from existing sources, in addition to collecting new data through interviews, focus groups, and surveys with community residents and leaders.



# OVERVIEW OF THE PROCESS



In order to produce a comprehensive Community Health Assessment (CHA), Perry County followed a process that included the following steps:

**STEP 1:** Plan and prepare for the assessment.

**STEP 2:** Define the community.

**STEP 3:** Identify data that describes the health and needs of the community.

**STEP 4:** Understand and interpret the data.

**STEP 5:** Define and validate priorities.

**STEP 6:** Document and communicate results.



## Affordable Care Act Requirements

Enacted on March 23, 2010, the Affordable Care Act (ACA) provided guidance at a national level for CHAs for the first time. Federal requirements included in the ACA stipulate that hospital organizations under 501(c)(3) status must adhere to new 501(r) regulations, one of which is conducting a Community Health Assessment (CHA) and Implementation Strategy every three years.

## Accreditation Requirements

The Public Health Accreditation Board (PHAB) Standards & Measures serves as the official guidance for PHAB national public health department accreditation and includes requirements for the completion of Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs) for local health departments.

## Ohio Department of Health Requirements

The Ohio Department of Health (ODH) is required by state law to provide guidance to hospitals and local health departments on Community Health Assessments (CHAs/CHAs) and Implementation Strategies/Improvement Plans (CHIPs). In July 2016, HB 390 (ORC 3701.981) was enacted by Ohio in order to improve population health planning in the state by identifying health needs and priorities by conducting a CHA/CHA and subsequently developing an Implementation Strategy/CHIP to address those needs in the community.

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



# OVERVIEW

## OF THE PROCESS (CONTINUED)



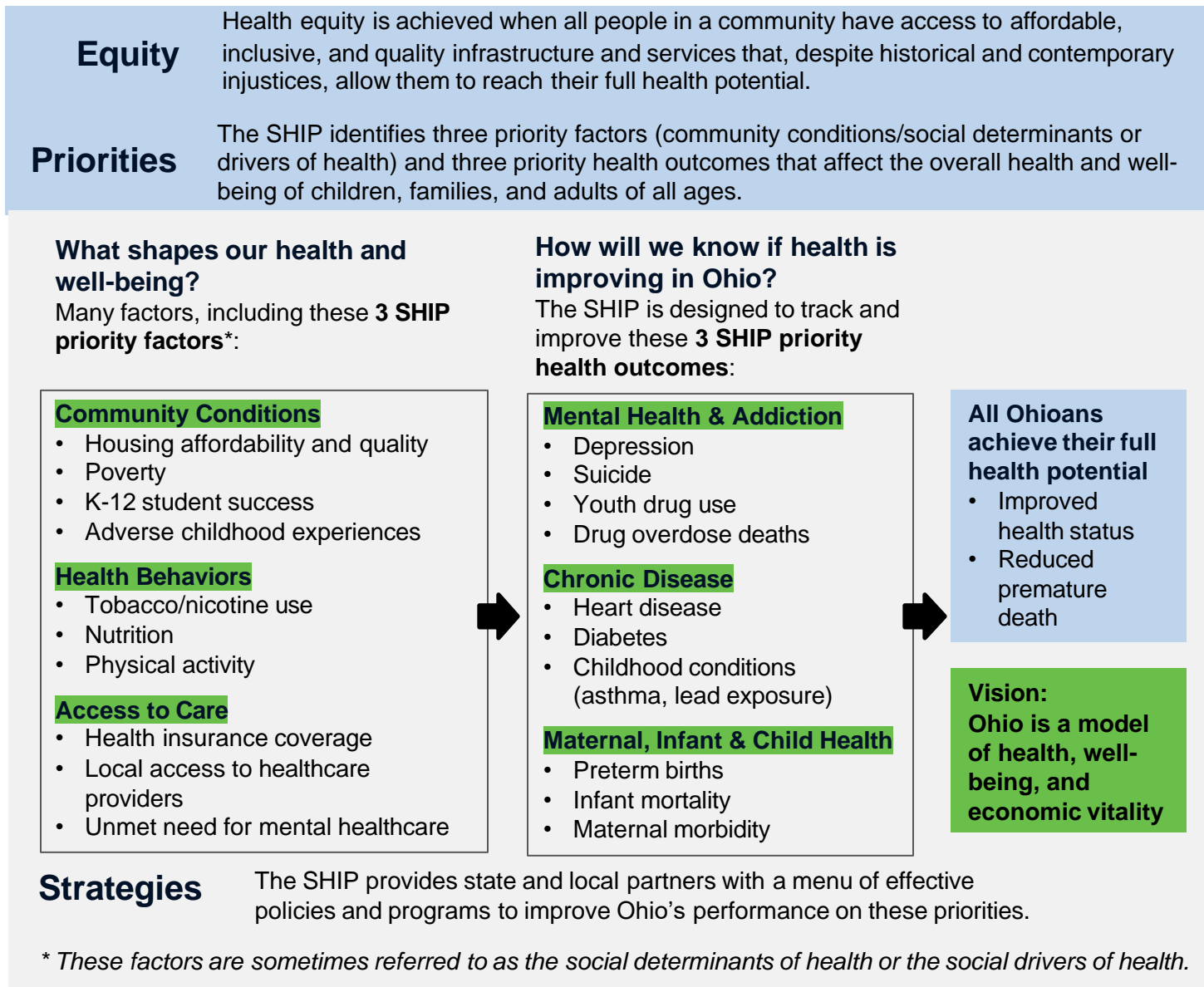
### Ohio Department of Health (ODH) Requirements

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

Perry County Health Department (PCHD) desired to align with the priorities and indicators of the Ohio Department of Health (ODH). To do this, they used the following guidelines when prioritizing the health needs of their community.

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

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





# STEP 1 **PLAN AND PREPARE FOR THE ASSESSMENT**



## **IN THIS STEP, PERRY COUNTY HEALTH DEPARTMENT:**

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





# PLAN AND PREPARE

Perry County Health Department (PCHD) began planning for the 2024 Perry County Community Health Assessment (CHA) in 2024. They involved health department and hospital leadership, kept partnership members informed of the assessment activities, allocated funds to the process, and most importantly, engaged the community through various established relationships with leaders of organizations and community populations, in collaboration with Moxley Public Health.

The assessment team worked together to formulate the multistep process of planning and conducting a CHA. They then formed a timeline for the process.

***“ A community health assessment gives organizations comprehensive information about the community's current health status, needs, and issues. This information can help develop a community health improvement plan by justifying how and where resources should be allocated to best meet community needs.***

- Centers for Disease Control and Prevention

***”***





# PREVIOUS COMMUNITY HEALTH ASSESSMENT (CHA) & COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)



## PREVIOUS CHA (2021) AND CHIP

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

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

PCHD: <https://perrycountyhealth.info/community-health-assessment/>

(Written comments on this report were solicited on the website where the report was posted.)

## IMPACT/PROCESS EVALUATION OF 2022-2024 STRATEGIES

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





## STEP 2

# DEFINING THE PERRY COUNTY SERVICE AREA



### **IN THIS STEP, PERRY COUNTY HEALTH DEPARTMENT:**

- ✓ DESCRIBED THE PERRY COUNTY SERVICE AREA
- ✓ DETERMINED THE PURPOSE OF THE NEEDS ASSESSMENT

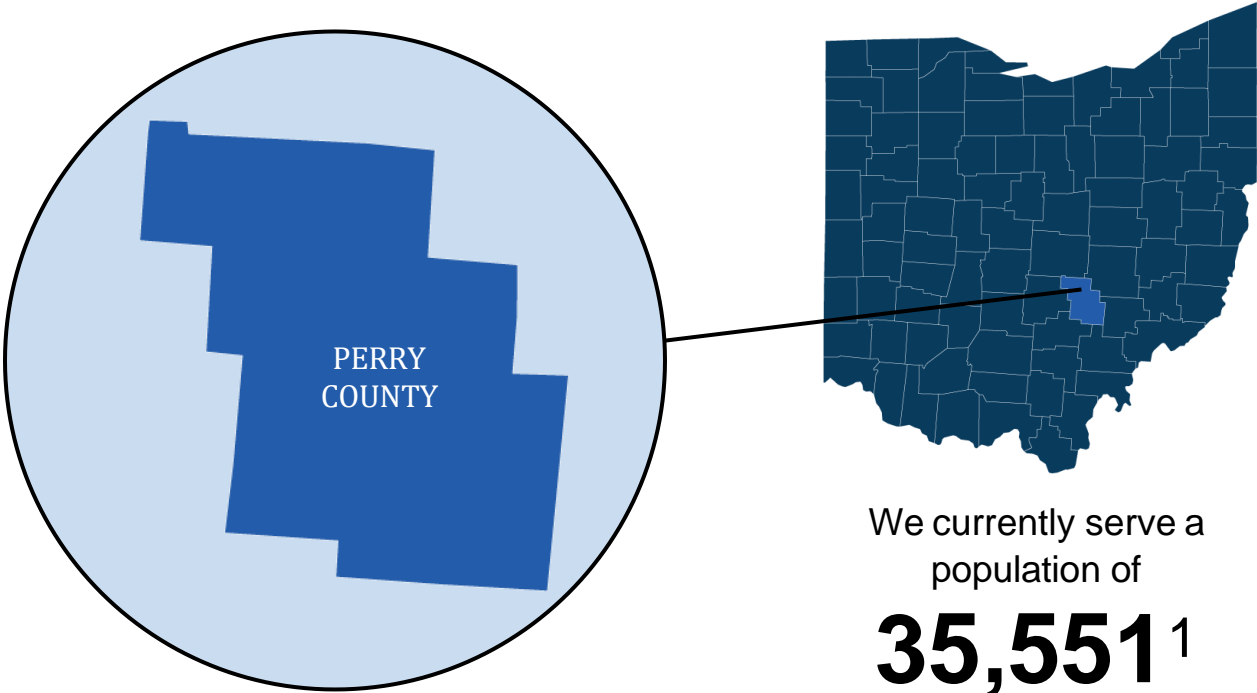




# DEFINING THE PERRY COUNTY SERVICE AREA



For the purposes of this report, Perry County Health Department defines their primary service area as Perry County, Ohio.



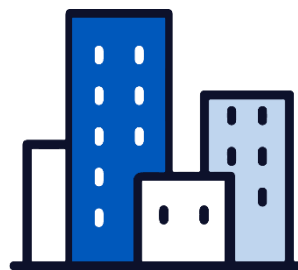
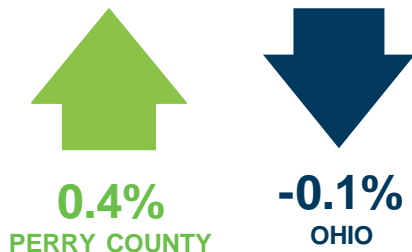
PERRY COUNTY SERVICE AREA			
GEOGRAPHIC LOCATION	ZIP CODE	GEOGRAPHIC LOCATION	ZIP CODE
Thornville	43076	New Straitsville	43766
New Lexington	43764	Crooksville	43731
Roseville	43777	Hemlock	43730
Shawnee	43782	Rushville	43150
Corning	43730	San Toy	43730
Junction City	43748	Moxahala	43761



# PERRY COUNTY SERVICE AREA

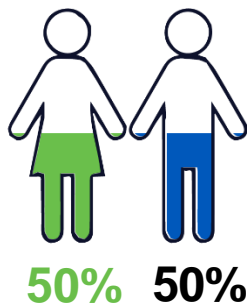
## AT-A-GLANCE

The Perry County population is **35,551**.  
The populations of both the county and Ohio **remained relatively the same** in the past 3 years<sup>1</sup>

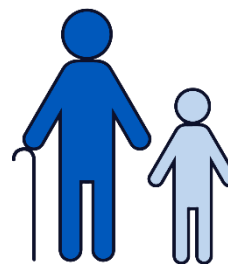


Perry County is ranked **58th of 88** ranked counties in Ohio, according to social, economic, and health factors (with 1 being the best), placing it in the **bottom third** of the state's counties<sup>2</sup>

The % of males and females is **approximately equal**<sup>3</sup>



of Perry County residents are **veterans**, slightly higher than the state rate<sup>4</sup>



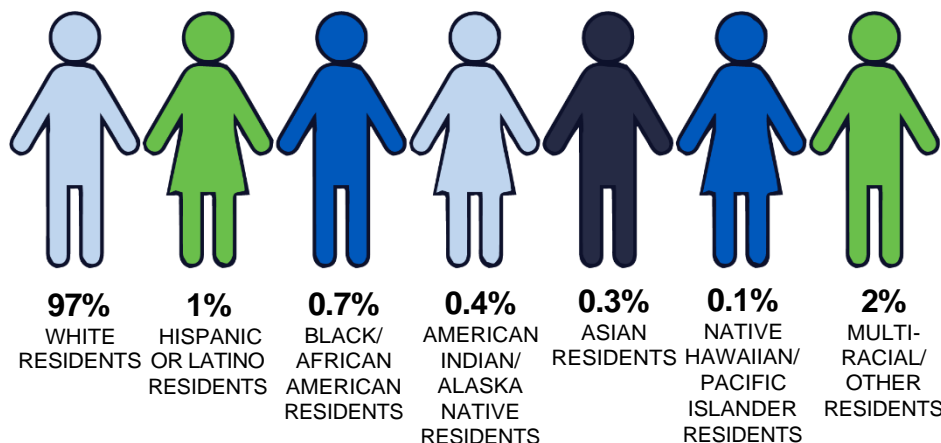
Youth ages 0-19 and seniors 65+ make up **43% of the population**

In Perry County, nearly **1 in 5 residents are age 65+**<sup>5</sup>



**97%** of the population in Perry County **speaks only English**. Other languages spoken include Spanish (2%), other Indo-European languages (0.7%), and Asian and Pacific Island languages (0.1%). **0.6% of the population is foreign-born.**<sup>4,5</sup>

The **majority (94%)** of the population in Perry County identifies as **White** as their only race<sup>3</sup>



The life expectancy in Perry County is **73.9 years** is **0.5 years shorter** than it is for the state of Ohio<sup>6</sup>



**1 in 189**

Perry County residents will **die prematurely**, which is lower than the Ohio state rate of 1 in 195<sup>6</sup>



## STEPS 3, 4 & 5

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



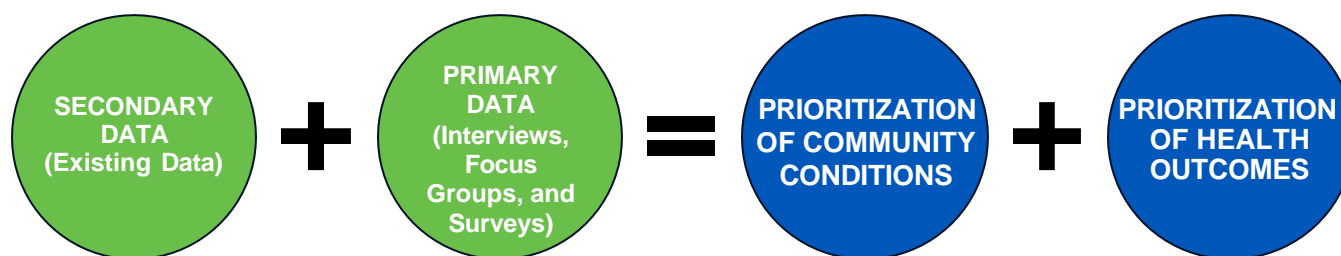
### **IN THIS STEP, PERRY COUNTY HEALTH DEPARTMENT:**

- ✓ REVIEWED SECONDARY DATA FOR INITIAL PRIORITY HEALTH NEEDS
- ✓ COLLECTED PRIMARY DATA THROUGH INTERVIEWS, FOCUS GROUPS, AND A COMMUNITY MEMBER SURVEY
- ✓ COLLECTED COMMUNITY INPUT AND FEEDBACK
- ✓ REVIEWED PRIOR ASSESSMENTS AND REPORTS
- ✓ ANALYZED AND INTERPRETED THE DATA
- ✓ IDENTIFIED DISPARITIES AND CURRENT ASSETS
- ✓ IDENTIFIED BARRIERS OR SOCIAL DETERMINANTS OF HEALTH
- ✓ IDENTIFIED AND UNDERSTOOD CAUSAL FACTORS
- ✓ ESTABLISHED CRITERIA FOR SETTING PRIORITIES
- ✓ VALIDATED PRIORITIES
- ✓ IDENTIFIED AVAILABLE RESOURCES
- ✓ DETERMINED RESOURCE OPPORTUNITIES





## UNDERSTANDING PRIORITIZATION OF HEALTH NEEDS



**COMMUNITY CONDITIONS (OR SOCIAL DETERMINANTS OF HEALTH OR BARRIERS TO HEALTH)** are components of someone's environment, policies, behaviors, and healthcare that affect the health outcomes of residents of a community. (Examples include housing, crime/violence, access to healthcare, transportation, access to childcare, nutrition and access to healthy foods, economic stability, etc.).

**HEALTH OUTCOMES** are health results, diseases or changes in the human body. (Examples include chronic diseases, mental health, suicide, injury, and maternal/infant health).

**In order to align with the Ohio Department of Health's initiative to improve health, well-being, and economic vitality, Perry County Health Department included the state's priority factors and health outcomes when assessing the community.**



# PRIMARY & SECONDARY DATA DATA COLLECTION



## ASSESSING HEALTH NEEDS THROUGH COMMUNITY DATA COLLECTION

Initially, health needs were assessed through a review of the secondary (existing) health data collected and analyzed prior to conducting the interviews, focus groups and survey (primary data collection). Priority health needs were identified using the following criteria.

### Criteria for Identification of Priority Health Needs:

1. The size of the problem (relative proportion of population afflicted by the problem).
2. The ranking of the problem using data from the community survey, focus groups, and interviews with residents.

To determine the seriousness of the problem, the health need indicators of the Perry County Service Area identified in the secondary data were measured against benchmark data, specifically state rates, national rates and/or Healthy People (HP) 2030 objectives (HP 2030 benchmark data can be seen in **Appendix B**).

The health needs were further assessed through the primary data collection – key informant interviews, focus groups, and a community member survey. The information and data from both the secondary and primary data collection informs this CHA report and the decisions on health needs that Perry County Health Department will address in its Implementation Strategy/Improvement Plan (CHIP).

The data collection process was designed to comprehensively identify the priority issues in the community that affect health, solicit information on disparities among subpopulations, ascertain community assets to address needs, and uncover gaps in resources.

## REVIEW OF PRIOR CHA DATA

To build upon the work that was initiated previously, the prior 2021 CHA was reviewed. When making final decisions for the 2025-2027 CHIP, previous efforts will be assessed and analyzed.

## SECONDARY DATA DEFINITIONS

### Behavioral Risk Factor Surveillance System (BRFSS) Region 12:

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

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

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

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

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

## 2024 HEALTH NEEDS TO BE ASSESSED:

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

**The secondary and primary data collection will ultimately inform the decisions on health needs that Perry County Health Department will address in the CHIP.**

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

*Secondary data was collected for the Community Health Assessment (CHA) in Fall 2024. The most up-to-date data available at the time was collected and included in the CHA report. Please refer to individual sources in the References section for more information on years and methodology.*





# PRIMARY DATA COLLECTION

## KEY INFORMANT INTERVIEWS

Key informant interviews were used to gather information and opinions from persons who represent the broad interests of the community. We spoke with **11 experts** from various organizations serving the community, including leaders and representatives of medically underserved, low-income, minority populations, and leaders from local health or other departments or agencies (a complete list of participants can be seen in **Appendix C**). The interview questions asked can be seen below.

KEY INFORMANT INTERVIEW QUESTIONS:
<b>Broad questions asked at the beginning of the interview:</b>
What are some of the major health issues affecting individuals in the community?
What are the most important socioeconomic, behavioral, or environment factors that impact health in the area?
Who are some of the populations in the area who are not regularly accessing healthcare and social services? Why?
<b>Questions asked for each health need:</b>
What are the issues/challenges/barriers faced for the health need?
Are there specific sub-populations and areas in the community that are most affected by this need?
Where do community residents go to receive help or obtain information for this health need? (resources, programs, and/or community efforts)



# PRIMARY DATA COLLECTION

## FOCUS GROUPS



Focus groups were used to gather information and opinions from specific sub-populations in the community who are most affected by health needs. We conducted **3 focus groups** with a total of **40 people** in the community. Focus groups included leaders and representatives of medically underserved, low-income, minority populations, and leaders from local health or other departments or agencies (a complete list of groups represented and focus group details can be seen in **Appendix D**). The focus group questions asked can be seen below.

FOCUS GROUP QUESTIONS:
What are your biggest health concerns/issues in our community?
How do these health concerns/issues impact our community?
What are some populations/groups in our community that face barriers to accessing health and social services?
What existing resources/services do you use in our community to address your health needs? How do you access information about health and health and social services? Does this information meet your needs?
What resources do you think are lacking in our community? What health information is lacking in our community? How could this information best reach you and our community?
Do you have any ideas for how to improve health/address health issues in our community?
Do you have any other feedback/thoughts to share with us?



# THINGS PEOPLE LOVE ABOUT THE COMMUNITY FROM INTERVIEWS & FOCUS GROUPS



***"I love that we surround each other in tragedy and in good times. There's just a lot of community that surrounds people here and we people don't have to walk through things alone."***

- Community Member Interview from Perry County

***"I love how we all try to build on the success of others. Community success means building on each other's success."***

- Community Member Focus Group from Perry County

***"It's a small rural town, where everyone knows everyone and are cordial with each other."***

- Community Member Interview from Perry County

***"Even though Perry County is 60 miles from Columbus, we still have that small-town feel. People know each other, and interactions on the street are friendly. Law enforcement officers, many of whom are friends, are often surprised that locals wave at them and chat at gas stations. We still have that hometown vibe."***

- Community Member Interview from Perry County





# TOP PRIORITY HEALTH NEEDS FROM INTERVIEWS & FOCUS GROUPS



## FROM COMMUNITY INTERVIEWS:

### Major health issues impacting community:

1. Mental/behavioral health
2. Substance use
3. Transportation
4. Lack of access to healthcare services

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

1. Poverty/low incomes
2. Lack of transportation
3. Low workforce rates/poor employment
4. Unmet mental healthcare needs
5. Housing issues
6. Access to care

## FROM COMMUNITY FOCUS GROUPS:

### Major health issues impacting community:

1. Homelessness/housing insecurity
2. Mental/behavioral health
3. Substance use/drug addiction
4. Lack of specialists/specialty care
5. Transportation

### How health concerns are impacting community:

1. Access to healthcare
2. Lack of transportation
3. Cost of care
4. More children being cared for by kin (not parents) or foster care system
5. Food insecurity

***"On the law enforcement side, I'd say mental health and substance abuse are the biggest issues. It may be a common answer, but it's a real concern we deal with regularly."***

- Community Member Interview from Perry County

***"I think the current economic situation and inflation are causing problems, and it's starting to affect people."***

- Community Member Interview from Perry County

***"There is a need for homeless shelters, but there is no real support. There is a lack of capability to document the issue and how we can account for how many are in need."***

- Community Member Focus Group from Perry County

***"We have primary care centers and specialty services in those areas and surrounding communities, but there's still a significant shortage of providers."***

- Community Member Interview from Perry County



# TOP PRIORITY GROUPS & RESOURCES FROM INTERVIEWS & FOCUS GROUPS



## FROM COMMUNITY INTERVIEWS:

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

1. Elderly/aging population
2. Low-income population
3. Children/youth
4. Those who lack transportation
5. Rural population
6. Homeless/housing insecure population

***"We have the working poor —people who work hard every day, but when something unexpected happens, like a \$1,200 car repair, they can't afford it and end up losing their job."***

- Community Member Interview from Perry County

## FROM COMMUNITY FOCUS GROUPS:

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

1. Elderly/seniors/aging population
2. Low-income population
3. LGBTQ+ population
4. Homeless population
5. Children
6. People with disabilities

***"I think there's a gap for kids. There's no pediatrics in the area or in a lot of the areas that we're talking about. We have family practice offices, and they're certainly capable of taking care of children, but actual pediatric and pediatric specialty services are just not available."***

- Community Member Interview from Perry County

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

1. Health department
2. Local healthcare providers/family doctors
3. Muskingum Valley Health Center
4. Local hospital/emergency room
5. Food pantries

### **Top resources that are lacking in the community:**

1. Housing
2. Specialty healthcare
3. Broadband internet access
4. Activities for youth/elderly
5. Mental health clinicians
6. Access to dental healthcare

***"There are a lot of cases where the elderly don't have family to support them, or their health has declined."***

- Community Member Focus Group  
from Perry County



# TOP FINDINGS FROM PERRY COUNTY FOCUS GROUPS



## RURAL COMMUNITIES (SOUTHERN PERRY COUNTY):

- **Health issues** include bed bugs, lack of afterschool programs, transportation challenges, limited healthcare access, substance use, crime, housing insecurity, unsafe rentals, and volunteer Emergency Medical Services (EMS). Economic barriers and lack of jobs are also challenges. These issues lead to isolation, long travel times for care, and financial strain (e.g., choosing between utilities or food). Limited healthcare access and high utility costs disproportionately affect low-income and rural populations, worsening health outcomes.
- **Access barriers** particularly affect aging populations and low-income individuals.
- **Existing resources** include volunteer EMS and fire services, local pharmacies, food pantries, community centers, dollar stores, and playgrounds.
- **Resource gaps** include a shortage of doctors, police, and EMS. Afterschool care and childcare options are lacking, and what is available tends to be too expensive. Limited internet access is also an issue.
- **Improvement suggestions** include more funding for services, establishing a central EMS station with full-time services, increasing law enforcement funding, and building childcare facilities.

## FOOD INSECURITY:

- **Health issues** include food insecurity, addiction, high suicide rates, and limited healthcare access. Transportation barriers prevent people from reaching grocery stores and medical services, especially in southern Perry County. Housing issues like homelessness and unsafe rental properties are growing, and there is a shortage of affordable housing. Chronic diseases such as diabetes and heart disease are common, but there is little support for lifestyle changes. Broadband and transportation remain significant barriers. These issues disproportionately affect seniors, many of whom care for grandchildren with little support. Families face long commutes for work, which adds financial strain. There is also a lack of awareness about services, particularly among those without internet access.
- **Access barriers** are faced by the elderly, youth, homeless individuals, and those with disabilities (like the visually impaired) face significant barriers in accessing healthcare and social services due to transportation difficulties, lack of affordable housing, and limited local resources.
- **Existing resources** include food pantries, volunteer emergency services, the health department for vaccinations, and primary care providers. However, many services rely on volunteers.
- **Resource gaps** identified were specialized medical care, mental health services, technology access for adults, housing repair programs for the elderly, more youth programs, and affordable childcare services.
- **Improvement suggestions** include better communication about available services (especially for those without internet), attracting healthcare specialists, mobile health units, and more caregiver and youth programs.
- **Other feedback** was expressed about pet care (e.g., rabies vaccinations), better outreach for those without internet access, more support for grandparents raising grandchildren, and more support for the homeless population.



# TOP FINDINGS FROM PERRY COUNTY FOCUS GROUPS



## ACCESS TO CARE:

- **Health issues** include limited healthcare access, particularly for specialized services like dialysis and chemotherapy. Food insecurity, drug addiction, and mental health issues are prevalent. There is a shortage of affordable housing and rental properties, particularly for seniors, and transportation remains a major barrier. The community also faces high rates of chronic disease, lack of childcare, and lack of broadband access. These issues result in a loss of workforce and opportunities, especially for youth who leave the area. Seniors and grandparents raising grandchildren face significant challenges, and many families struggle to make ends meet. The lack of healthcare, housing, and employment opportunities contributes to generational poverty and poor health outcomes.
- **Access barriers** affect seniors, low-income families, those with substance use issues, and people with disabilities, youth, and the Amish/Mennonite community.
- **Existing resources** include local health services, family physicians, behavioral health programs, community initiatives like the Alzheimer's Alliance, and volunteer-run support services like food pantries.
- **Resource gaps** include dental and vision care, specialists, affordable housing, and broadband access. There is also a shortage of childcare options and support for youth activities and caregivers.
- **Improvement suggestions** include improving healthcare access through mobile clinics, increasing workforce opportunities, expanding transportation access, and providing more drug recovery, childcare, and wellness support.
- **Other feedback** shared was a need for better communication of available services and more proactive community engagement to address these health concerns and foster long-term recovery.





# PRIMARY DATA COLLECTION

## COMMUNITY MEMBER SURVEY



Each key informant interview and focus group participant was asked to complete an online survey to assess and prioritize the health needs identified by secondary data collection. The health department, hospitals, and community partners shared the survey link with clients, patients, and others who live and/or work in the community. The survey was available in English and Spanish. This resulted in **191 responses** to the community survey. The results of how the health needs were ranked in the survey for Perry County are found in the tables below, separated by community conditions (including social determinants of health, health behaviors, and access to care) and health outcomes. This health need ranking was used to order the health needs in the following community conditions and health outcomes sections of this report (note that not every health need has its own section and some health needs have been combined to form larger categories, such as access to healthcare and mental health). More details about the survey, questions, and demographics can be found in **Appendix E**.

COMMUNITY CONDITIONS RANKING FROM COMMUNITY MEMBER SURVEY	
#1 Income/poverty and employment	42%
#2 Access to childcare	27%
#3 Food insecurity	24%
#4 Adverse childhood experiences	24%
#5 Housing and homelessness	22%
#6 Internet/Wi-Fi access	22%
#7 Access to mental healthcare	21%
#8 Access to primary healthcare	16%
#9 Crime and violence	16%
#10 Access to specialist healthcare	14%
#11 Overweight and obesity	13%
#12 Physical health/exercise	12%
#13 Health insurance coverage	9%
#14 Education	8%
#15 Access to social engagement and volunteer opportunities	7%
#16 Transportation	7%
#17 Nutrition	7%
#18 Environmental conditions	6%
#19 Access to dental/oral healthcare	4%
#20 Preventive care and practices	4%
#21 Health literacy	4%
#22 Access to public/safe water and other utilities	2%
#23 Access to vision healthcare	2%

HEALTH OUTCOMES RANKING FROM COMMUNITY MEMBER SURVEY	
#1 Substance use disorder	85%
#2 Mental health	77%
#3 Chronic diseases	60%
#4 Tobacco and nicotine use/smoking/vaping	43%
#5 Suicide	15%
#6 Maternal, infant, and child health	10%
#7 Injuries	7%
#8 HIV/AIDS and Sexually Transmitted Infections (STIs)	1%



# HEALTH NEEDS COMMUNITY CONDITIONS



## **HEALTH NEEDS: COMMUNITY CONDITIONS**

The following pages rank the community conditions category of health needs, which include the social determinants of health, health behaviors, and access to care. They are ranked and ordered according to the community member survey as seen on page 24 (note that not every health need has its own section and some health needs have been combined to form larger categories, such as access to healthcare). Each health need section includes a combination of different data sources collected from our community: secondary (existing) data, and primary (new) data – from the community member survey, key informant interviews with community leaders, and focus groups with community members. Priority populations who are most affected by each health need and experience health disparities are also shown. Finally, where applicable, Healthy People 2030 Goals are highlighted, including the performance of Perry County and the state compared to the benchmark goal.

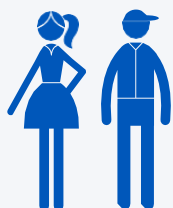






# #1 Health Need: INCOME/POVERTY & EMPLOYMENT

Economic stability includes **income**, **employment**, **education**, and many of the most important social factors that impact the community's health. **42% of community survey respondents ranked income/poverty and employment as a priority health need**



**16% of Perry County teens 16-19** are at risk because they are **not in school or are unemployed**, which is higher than the 6% seen statewide<sup>6</sup>  
**43% of these teens do not hold a high school diploma**, vs. 49% for Ohio<sup>7</sup>



**4% of Perry County and Ohio adults are unemployed**<sup>6</sup>

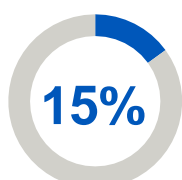
## IN OUR COMMUNITY

The median household income in **Perry County** is **lower** than the state average<sup>6</sup>

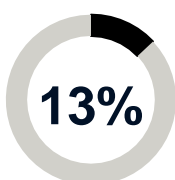


**PERRY COUNTY: \$60,400**  
**OHIO: \$65,800**

### POVERTY RATE



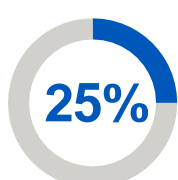
**PERRY**



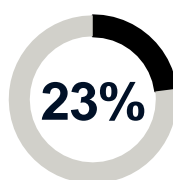
**OHIO**

Poverty rates are **higher** for Perry County than for Ohio<sup>8</sup>

### LOW-INCOME RATE



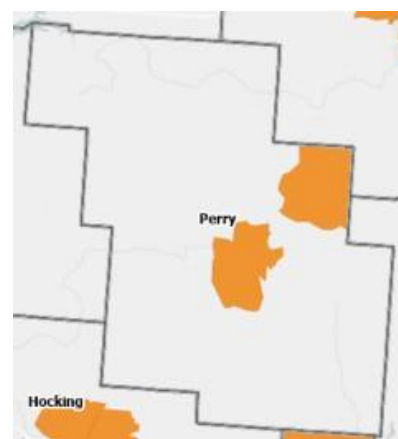
**PERRY**



**OHIO**

Low-income rates are **higher** for Perry County than for Ohio<sup>9</sup>

The map below shows areas of Perry County where more than 20% of the population lives in **poverty** (in **orange**).<sup>10</sup>



## COMMUNITY FEEDBACK

*"Low wages are forcing a lot of our residents to leave the county for work, this is causing a major issue."*

- Community Member Interview from Perry County

*"Eligibility isn't fair within the community...there is some bias. You're so poor but not poor enough to qualify."*

- Community Member Focus Group from Perry County



**29%**

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





# #1 Health Need: INCOME/POVERTY & EMPLOYMENT



18% of low-income Perry County adults utilize food stamps, vs. 12% for Ohio<sup>9</sup>

According to the U.S. Census Bureau

**3%**

of both Perry County and Ohio residents receive public assistance<sup>9</sup>

**9%**

of Perry County residents receive Supplemental Security Income (SSI), vs. 6% for Ohio<sup>9</sup>



## COMMUNITY FEEDBACK

*"The southern part of the county is the most poverty-stricken. It was once home to the old coal mines, but with the mines gone, so are the jobs. We have never fully recovered from the loss of the industry and have yet to replace those jobs."*

- Community Member Interview from Perry County

*"The young people are taught in school that they have to leave the county to obtain an adequate, sustainable lifestyle where they can make the money they need to live."*

- Community Member Interview from Perry County

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

1. Lower than average incomes/poor pay
2. Increased poverty in the area
3. Lack of employment in the area
4. Need to travel for employment opportunities

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

1. Southern Perry County
2. Elderly population

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

1. Job & Family Services (JFS)

## PRIORITY POPULATIONS

## INCOME/POVERTY & EMPLOYMENT

While **income/poverty and employment**

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

**64% of Thornville (43076) and 52% of New Lexington (43764)** residents were significantly more likely than residents of other geographical areas to select employment as one of their top concerns on the community survey



23% of **children**, 10% of **seniors**, and 46% of **female heads-of-household (HoH)** living with their minor children live in poverty<sup>8,11</sup>

12% of Perry County **55-64 year-old** community survey respondents earn a relatively low household income of \$20,000-34,000 per year, a significantly higher percentage than 35-64 year-olds



In the community member survey, those with a **graduate degree** (46%) were more likely to rank employment as a top concern

According to research, **people who are immigrants and/or experience language barriers** may have additional challenges with accessing employment, education, and health and social services<sup>6</sup>



Research suggests that people with **disabilities** may experience additional challenges obtaining and maintaining employment<sup>6</sup>

In the community member survey, **males** (43%) were more likely to rank employment as a top concern



# #2 Health Need: ACCESS TO CHILDCARE



## IN OUR COMMUNITY



The average two-child Perry County household spends **26%** of its income on childcare, with the state average being 29%<sup>6</sup>

### CHILDCARE AVAILABILITY

PERRY COUNTY

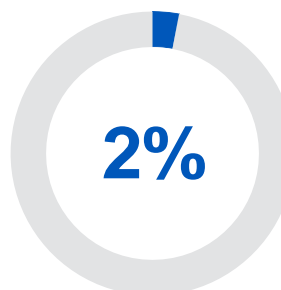
11

OHIO

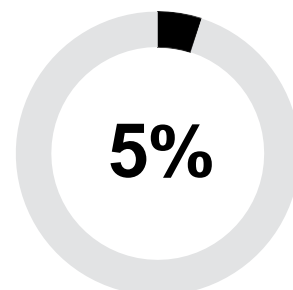
8

Perry County has an average **11 daycare centers per 1,000 children under 5 years old**, vs. Ohio's 8<sup>6</sup>

### CHILDREN IN PUBLICLY FUNDED CHILDCARE



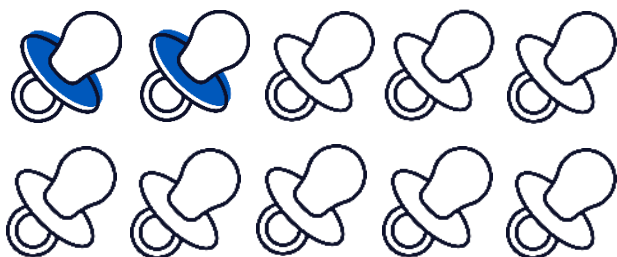
PERRY COUNTY



OHIO

The Perry County rate is 2%, **below** the state average of 5%<sup>12</sup>

According to the 2022 Ohio Childcare Resource & Referral Association Annual Report, the average cost of childcare in Ohio ranges from **\$5,078** per year (for school-aged children cared for outside of school hours) to **\$11,438** per year (for infants under one year of age)<sup>13</sup>



**27%** of Perry County community members surveyed reported that **access to childcare** is an issue of concern in their community, while **34%** say that it is a resource that is lacking

**80% of Ohioans surveyed say that quality childcare is expensive where they live<sup>14</sup>**

According to the Groundwork Ohio statewide survey, **40% of working parents** stated that they have had to **cut back on working hours to care for their children<sup>14</sup>**



# #2 Health Need: ACCESS TO CHILDCARE



## COMMUNITY FEEDBACK

***“There is a lack of childcare, especially for the disabled and in-home respite population.”***

- Community Member Focus Group from Perry County

***“With both parents working, childcare is essential. Many grandparents, now retired, are stepping in to care for their grandchildren. However, this highlights a broader issue — a lack of adequate childcare options.”***

- Community Member Interview from Perry County

***“Our capacity is not large enough for the demand in the community, and that contributes to families not being able to have income.”***

- Community Member Interview from Perry County

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

1. Limited childcare/daycare facilities
2. Relying on family/grandparents as childcare

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

1. Low-income population

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

1. Job & Family Services (JFS)
2. Latchkey Kids

## PRIORITY POPULATIONS

### ACCESS TO CHILDCARE

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



**Lower-income residents** may have challenges affording childcare

29% of **female** residents who responded to the community survey rated access to childcare as a top concern (males, 20%)

Access to childcare was shared as a priority in the **rural** focus group



**Single parents** who lack social support may have a greater need for childcare<sup>13</sup>

According to the community survey, Perry County residents **ages 25-44** (54%) were significantly more likely to report childcare access among their top health concerns than residents of other ages







# #3 Health Need: FOOD INSECURITY

According to *Feeding America*, 16% of Perry County residents and 14% of Ohio residents experience food insecurity<sup>21</sup>



When asked what resources were lacking in the community survey, **56%** of respondents answered **affordable food**, while **24%** of survey respondents ranked **access to healthy food** as a top health concern

## IN OUR COMMUNITY



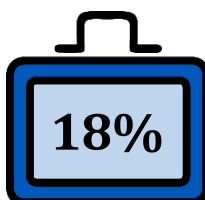
Children experience the highest food insecurity rate in **Perry County (21%)**, which is higher than the food insecurity rate for Ohio children (20%)<sup>21</sup>



When asked in the community member survey if they or their families worry that food will run out and that they won't be able to get more, **8% of respondents reported 'yes'**



**18% of Perry County** households receive food stamps, 19% of single moms with children receiving food stamps, and **41%** senior households receive food stamps<sup>10,22</sup>



The percentage of students in Perry County who are eligible for the **National School Lunch Program (NSLP) Free & Reduced Price Meals** is **18%** on average<sup>23</sup>



## COMMUNITY FEEDBACK

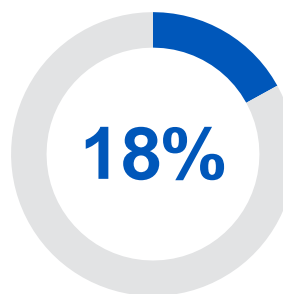
*"We only have one grocery store, and I constantly hear complaints that the prices are too high for people to afford shopping there."*

- Community Member Interview from Perry County

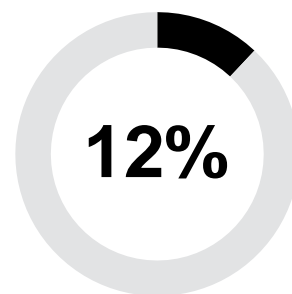
*"The schools do offer breakfast and lunch, and they've recently started offering supper to any of the kids that are within the district."*

- Community Member Interview from Perry County

A slightly higher rate of Perry County than Ohio households access **SNAP\* benefits**<sup>10</sup>



PERRY COUNTY



OHIO

**7.7/10**

The Perry County **food environment rating** out of 10 (0 being worst and 10 being best) is **7.7/10**, slightly higher than Ohio at 7.0<sup>6</sup>



# #3 Health Need: FOOD INSECURITY



## COMMUNITY FEEDBACK

*“Throughout our county, including all our libraries, we’ve placed blessing boxes stocked with food so people in need can access them.”*

- Community Member Interview from Perry County

*“Community members struggle with transportation to get to the grocery store, which likely leads many to rely on convenience stores. Unfortunately, these stores often lack nutritious food options, making access to healthy food a challenge.”*

- Community Member Interview from Perry County

*“A lot of the children in the county only receive a meal at school; during weekends/breaks they have no idea when they’ll be able to eat again.”*

- Community Member Focus Group from Perry County

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

1. Healthy food is expensive
2. Limited options for grocery stores
3. Transportation to get healthy foods
4. Dollar stores as only option

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

1. Low-income population
2. Rural population

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

1. Food pantries
2. Schools

## PRIORITY POPULATIONS FOOD INSECURITY

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

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



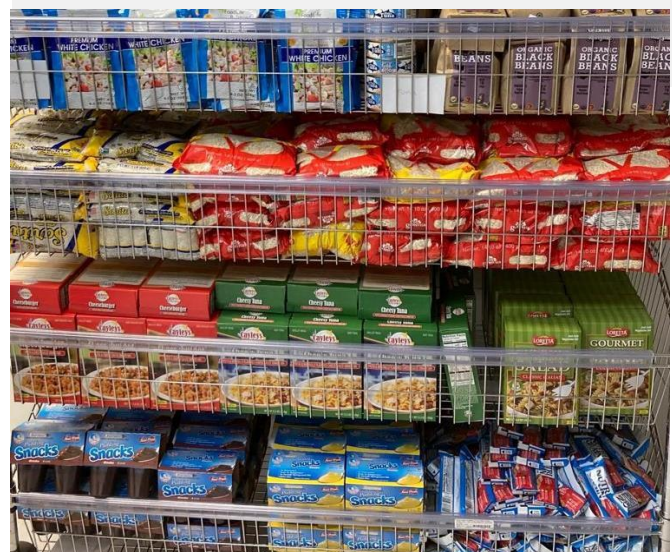
According to the community survey, 67% of **Glenford (43739)** feel that access to healthy foods is a top need in Perry County, more than other areas



Based on the community survey, Perry County residents with **cancer** (38%) were more likely to rank access to healthy foods as a community health concern

Community survey respondents **25-34 years old** felt that affordable food resources (67%) were more lacking in the community than those who were 55-64 years old

Food insecurity was highlighted as a key issue in the **rural** focus group







# #4 Health Need: ADVERSE CHILDHOOD EXPERIENCES



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

Adverse childhood experiences (ACEs), including abuse, neglect, mental illness, substance abuse, divorce/separation, witnessing violence, and having an incarcerated relative, can have lifelong impacts<sup>13</sup>

**5 of the top 10**  
leading causes of death in the U.S.  
are associated with ACEs<sup>18</sup>

## IN OUR COMMUNITY

**24%** of survey respondents said that **ACEs** are a top concern in the community

**PERRY COUNTY 97.5**

**OHIO 77.6**

Perry County has a higher rate of substantiated child abuse reports per 1,000 children than the state of Ohio<sup>19</sup>

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

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

Research shows that **youth with the most assets are more likely to:**<sup>18</sup>

- do well in school
- be civically engaged
- value diversity

Research shows that **youth with the most assets are less likely to engage in:**<sup>18</sup>

- alcohol use
- violence
- sexual activity

\*Ohio Healthy Youth Environmental Survey (OHYES!)



### ACEs AMONG GSA YOUTH:<sup>13</sup>

- At least 1 ACE: **71%**
- At least 2 ACEs: **42%**
- At least 3 ACEs: **27%**
- At least 4 ACEs: **16%**



## COMMUNITY FEEDBACK

*"Parenting habits and behaviors are often passed down through generations, and many of these patterns can be dysfunctional. It's not that people are willfully neglectful or abusive; it's more of a systemic issue where they don't know better, and the resources to teach them are lacking."*

- Community Member Interview from Perry County

## PRIORITY POPULATIONS ADVERSE CHILDHOOD EXPERIENCES

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



**Girls** were more likely than boys to report adverse events at the Ohio level<sup>13</sup>

Children with the following **risk factors:**<sup>20</sup>

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

Significantly more **Somerset (43783)** residents (47%) than residents from other areas ranked ACEs as a top health concern in the community survey

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

1. Drugs and domestic violence
2. Generational trauma
3. Abuse and neglect

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

1. Children of parents who use drugs
2. Children of parents in poverty
3. Low-income population

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

1. Job & Family Services (JFS)
2. Religious organizations
3. Cedar Ridge Behavioral Health Solutions
4. AllWell Behavioral Health Services



# #5 Health Need: HOUSING & HOMELESSNESS



Housing and homelessness is a concern in terms of quality and affordability, which has only increased during the COVID-19 pandemic. **22%** of community survey respondents ranked **housing and homelessness** as a priority health need, while **46%** of community member survey respondents report **affordable housing** as a resource that is lacking in the community. **Affordable housing was the #3 reported resource needed in Perry County**

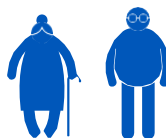
## IN OUR COMMUNITY



**13% of Perry County and Ohio households experience severe housing problems (identifying at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities)<sup>6</sup>**



Freddie Mac estimates that the vacancy rate should be 13% in a well-functioning housing market. There was an **11% vacancy rate** in Perry County in 2022, which held steady from 2017<sup>24,25</sup>



Data shows that **10% of Perry County and 13% Ohio households are seniors who live alone**. Seniors living alone may be isolated and lack adequate support systems<sup>28</sup>



**39% of Perry County households are “cost burdened”** (spend more than 35% of their income on housing), vs. 24% for Ohio<sup>3</sup>



In 2024, there were an estimated **16 people experiencing homelessness** in Perry County (out of 3,564 in Ohio overall)<sup>27</sup>



The number of **affordable and available units per 100 very-low-income renters** (<50% of area median income) in Perry County was **82** vs. 80 for Ohio. This puts renters at risk for rent burden, eviction, and homelessness<sup>26</sup>





# #5 Health Need: HOUSING & HOMELESSNESS



## COMMUNITY FEEDBACK

*"There aren't enough good-paying jobs in Perry County. Most people have to leave the county for work."*

- Community Member Interview from Perry County

*"You could become homeless for many reasons - your house could burn down, or your landlord could raise the rent beyond what you can afford. The lack of available housing makes the situation worse, and that's a real problem here."*

- Community Member Interview from Perry County

*"There is limited housing for the senior population (including assisted and independent living)."*

- Community Member Focus Group from Perry County

*"Perry County definitely has homelessness issues, but it looks different here. It's not the visible, inner-city homelessness people often think of. Instead, we have a large transient population — many who are couch surfing."*

- Community Member Interview from Perry County

*"In areas like Junction City, there's little to no new development. Most homes are older and often rundown, requiring significant maintenance, which can place added strain on families. This highlights the need for revitalization."*

- Community Member Interview from Perry County

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

1. Homelessness
2. Limited/no affordable housing
3. Not enough housing in general

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

1. Low-income population
2. Rural population
3. Veterans

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

1. Housing Coalition

## PRIORITY POPULATIONS HOUSING & HOMELESSNESS

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



According to the Ohio Balance of State Continuum of Care, nearly 23% of GSA homeless people live with **mental illness**, 28% are **survivors of domestic violence**, 9% had **chronic substance abuse challenges**, 4% were **veterans**, and 9% were **youth and young adults** (ages 18-24)<sup>29</sup>



According to the community survey, 100% of **Multiracial** residents felt that affordable housing resources were lacking, as well as 50% of **Black/African American** residents (more than other racial groups)

Residents in **Thornville (43076)** ranked housing and homelessness as a top concern (45%) in the community survey, significantly more than other areas



In the community survey, 56% of residents with a **household income of \$75,000-\$99,000** felt that affordable housing resources were lacking, more than other income groups

Housing was reported as a top community concern by 24% of **females** in the Perry County community survey, significantly more than males at 14%





# #6 Health Need: INTERNET ACCESS

Ohio ranks 38<sup>th</sup> out of the 50 U.S. States in BroadbandNow's 2024 rankings of internet coverage, speed, and availability (with 1 being better coverage).<sup>30</sup> 22% of community survey respondents ranked internet access as a **priority health need**

## IN OUR COMMUNITY

The map to the right shows **broadband internet access** across Perry County (**red** areas have the least access to internet while **green** areas have the most access)<sup>31</sup>

Key: Internet Speeds\*



\*megabits per second

## PRIORITY POPULATIONS INTERNET ACCESS

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



**Lower income people** have a lower likelihood of having internet access, according to research<sup>30</sup>

According to the community survey, residents **ages 65+** (32%) and **ages 55-64** (30%) were most likely to rank internet as a top concern in Perry County

**Perry County** had the second highest rate of households lacking broadband internet access (89%) in the GSA<sup>31</sup>

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

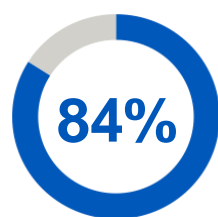
1. Affordability/cost
2. Lack of coverage in rural areas
3. Lack of access
4. Spotty coverage

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

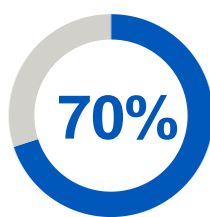
1. Rural population
2. Low-income population

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

1. Public library



**84%**  
of households in Perry County lack broadband internet access (25/3 mbps\*—standard speed)<sup>31</sup>



**70%**  
of households in Perry County without access to broadband internet have low internet speeds (10/1 mbps\* of less)<sup>31</sup>



## COMMUNITY FEEDBACK

*"Everyone has experienced infrastructure issues with wi-fi. There's no doubt about it. There's not a lot of options and the options that are available aren't the greatest and aren't the most affordable, either. So, I think each of our communities has that barrier."*

- Community Member Interview from Perry County

*"We need to learn how to communicate with those lacking internet. Facebook should be used more to connect with groups."*

- Community Member Focus Group from Perry County



# #7 Health Need: ACCESS TO HEALTHCARE



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

Perry County is considered both a **primary care provider and dental health professional shortage area**<sup>15</sup>

## IN OUR COMMUNITY

12% of community survey respondents say that **primary healthcare access is lacking** in the community, while **16%** ranked it as a priority



\*residents : primary care providers

11% of community survey respondents say that **dental healthcare access is lacking** in the community, while **4%** ranked it as a priority



\*\*residents : dental care providers

50% of community survey respondents say that **specialist healthcare access is lacking** in the community, while **14%** ranked it as a priority

## BARRIERS TO CARE



69% of community survey respondents **could not obtain a necessary prescription** in the past year



30% of community survey respondents have **delayed or gone without medical care** due to being unable to get an appointment



9% of survey respondents lack health insurance because it **costs too much**



While 75% of survey respondents have a primary care provider in their own county, **36% travel outside of their county to access primary care**



29% of community survey respondents' usual source of care is an **urgent care clinic**



11% of community survey respondents reported **needing dental care in the last year but not receiving it**, while the rate was **8% for vision care**



**1 in 20 (5%)**

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



**Nearly 1 in 4 (23%)**

BRFSS\*\*\* Region 12 and Ohio residents **did not have a routine checkup** in the prior year<sup>17</sup>

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



**More than 1 in 4 (26%)**

Survey respondents **have never been to the dentist or have not been in over a year**



## COMMUNITY FEEDBACK

***"I think the biggest challenge we face in recruiting providers to this area is that most simply don't want to live here."***

- Community Member Interview from Perry County

***"There is a general distrust of doctors, a lot of people feel that visiting one will only lead to finding something wrong."***

- Community Member Interview Group from Perry County

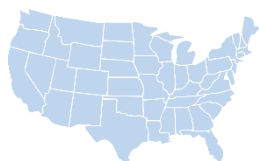




# #7 Health Need: ACCESS TO HEALTHCARE

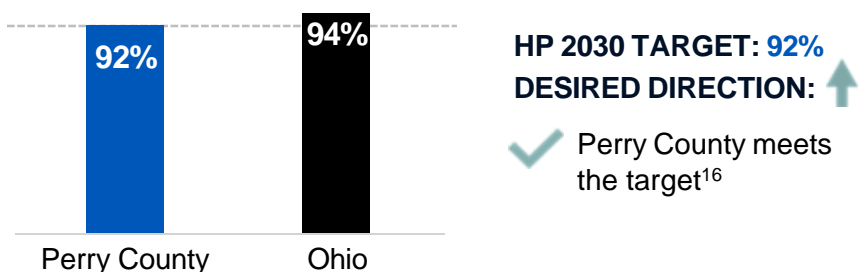


8% of community survey respondents' usual source of care is **virtual visits/telehealth services**, while 7% visit the **hospital emergency room** for routine care



## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

### HEALTH INSURANCE COVERAGE



## COMMUNITY FEEDBACK

*"With the hospital being far away, or any medical care for that matter, people in our rural areas are dying sooner that can't get the same care as in the cities."*

- Community Member Focus Group from Perry County

*"We're seeing employers only providing insurance for the employee and their children, requiring spouses to find their own coverage due to claims. When it comes to retention and recruitment, this can be a significant issue. If a potential hire knows they won't receive spousal coverage, they may choose to work elsewhere where their spouse can be insured."*

- Community Member Interview from Perry County

*"It's very confusing [health insurance], especially for those who aren't tech-savvy. With so much moving in that direction, many simply give up and don't follow through."*

- Community Member Interview from Perry County

*"There's no access to primary and dental care in the area outside of one or two providers."*

- Community Member Interview from Perry County

## PRIORITY POPULATIONS

### ACCESS TO HEALTHCARE

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



11% of **adults** and 4% of **children** in Perry County are uninsured<sup>6</sup>

According to the community survey, 4% of **New Lexington (43764)** residents report never having had a checkup, more than other areas of Perry County

According to the community survey, people **ages 55-64** in Perry County were more likely than other ages to say that access to primary healthcare services is a high concern (18%)

Community survey respondents in **Crooksville (43731)** (35%) were more likely to visit urgent care clinics when they are sick



Of all age groups surveyed, **adults 25-34** (9%) were most likely to report having no insurance due to being ineligible

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

1. Not enough primary care providers
2. Lack of dental providers
3. Lack of awareness
4. Lack of specialists
5. No hospital access in certain areas
6. Cost

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

1. Rural population
2. Low-income population

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

1. Genesis HealthCare System
2. Job and Family Services
3. Health department





# #8 Health Need: CRIME & VIOLENCE



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

**16% of community survey respondents feel that **crime and violence is a top issue** of concern in the community**

## IN OUR COMMUNITY

Perry County's 2023 property and violent crime rates are much lower than the state of Ohio overall<sup>32</sup>

### PROPERTY CRIME RATES PER 100,000<sup>32</sup>

**PERRY COUNTY** **9**

**OHIO** **130**

### VIOLENT CRIME RATES PER 100,000<sup>32</sup>

**PERRY COUNTY** **22**

**OHIO** **110**



## COMMUNITY FEEDBACK

***"The crime here is really a side effect of our drug epidemic."***

- Community Member Interview from Perry County



## PRIORITY POPULATIONS CRIME & VIOLENCE

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



According to the community survey, 38% of **Shawnee (43782)** respondents ranked crime and violence as a top concern, more than other areas

17% of **male** community survey respondents ranked crime and violence as a top concern, compared to females at 15%

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

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

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

1. Low-income population
2. Those with substance use disorders
3. Youth
4. Former inmates

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

1. Local law enforcement
2. Court rehabilitation programs
3. Traffic Safety Institute
4. Domestic violence shelters/programs



## #9 Health Need:

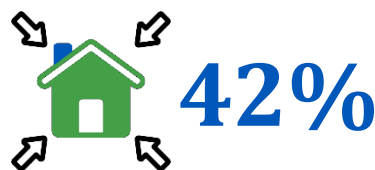
## NUTRITION &amp; PHYSICAL HEALTH



## IN OUR COMMUNITY



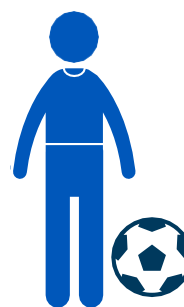
42% of community survey respondents rated their physical health as **“good”**, 36% rated it as **“very good”**, and 15% rated it as **“fair”**



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



43% of Perry County residents are **obese**, higher than the state rate of 38%.<sup>6</sup> 13% of community survey respondents selected overweight and obesity as a priority health need



23% of GSA youth in grades 7-12 are **obese**, higher than the state rate of 18%. 32% of GSA youth are **physically active** for at least 60 minutes per day, vs. 33% in Ohio<sup>7,40</sup>

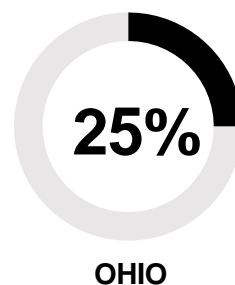
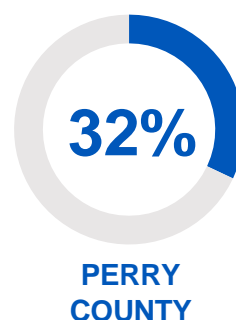


42% of community survey respondents say that **recreational spaces are lacking**. 12% selected physical health/exercise as a **priority health need**



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

- Walking/hiking (69%)
- Gardening/yard work (39%)
- Swimming (23%)
- Going to the gym/weightlifting (21%)
- Yoga/pilates (19%)



According to the 2024 County Health Rankings, **more Perry County than Ohio adults are sedentary** (did not participate in leisure time physical activity in the past month)<sup>6</sup>

**7%** of community survey respondents ranked nutrition as a priority health need



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



In Ohio, **11% of youth in grades 7-12 consume no fruits or vegetables daily**. The rate is slightly **lower** in the GSA at **9%**<sup>7,40</sup>

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



# #9 Health Need: NUTRITION & PHYSICAL HEALTH



## LACK OF ENERGY

"Due to my heart condition, I get out of breath easily."

54%

## STRESS

"I am very busy, but I still try to exercise and food. I especially try to avoid fast food."

44%

## BUSY SCHEDULE

"I think the main barrier is time. Our society is focused on work, school, and extracurricular activities, making it hard to find time for other priorities."

48%

## BARRIERS TO GETTING HEALTHIER

## LACK OF GYMS OR FITNESS CENTERS NEARBY

"There need to be more walking paths in our community."

27%

## MONEY

"There is not enough low cost or outdoor recreation opportunities."

45%

## INTIMIDATION OF GOING TO A GYM

"I don't feel safe, there are too many drug users around."

19%

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



## COMMUNITY FEEDBACK

**"Nutrition is a big issue, even for affluent families. Busy families, regardless of their socioeconomic status, often face the same challenges, leading to a poor, standard American diet."**

- Community Member Interview from Perry County

**"Patients often struggle with transportation to grocery stores, which leads many to rely on convenience stores that may not offer nutritious food options."**

- Community Member Interview from Perry County

**"There's nothing for afterschool for kids. No sports or childcare. There needs to be a place to go whether it's a gym, arcade, or activities kids can participate in. Physical activity would be a big one."**

- Community Member Interview from Perry County

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

1. Unhealthy food is cheap/healthy food is expensive
2. Expensive
3. Community is sedentary
4. Lack of education
5. Lack of transportation to access healthy foods

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

1. Low-income population
2. Those without transportation

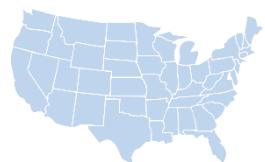
## Top resources, services, programs, and/or community efforts for nutrition & physical health:

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

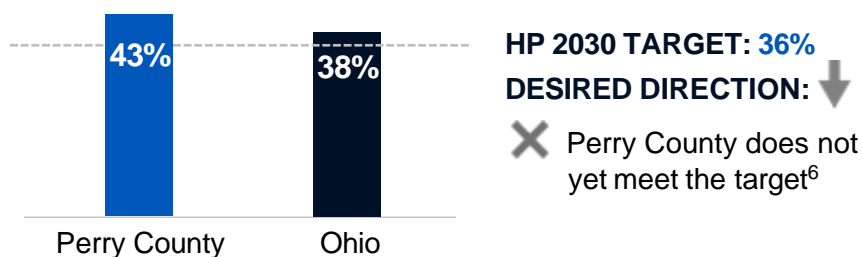


## #9 Health Need:

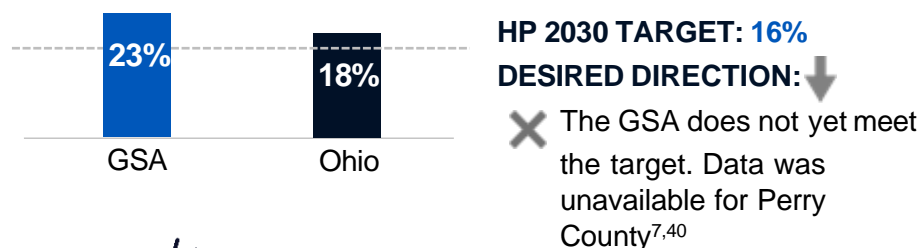
## NUTRITION &amp; PHYSICAL HEALTH

HEALTHY PEOPLE (HP) 2030  
NATIONAL TARGETS

## ADULT OBESITY



## CHILDREN &amp; TEEN OBESITY



## COMMUNITY FEEDBACK

*"I drive through the park during baseball season, and there's nobody. People make fun of folks for riding their bicycle around, we're not an area that promotes physical well-being."*

- Community Member Interview from Perry County

*"We definitely need more outdoor recreational opportunities for families that are free. We don't have a recreation center where people can go. We don't have a Y.M.C.A. or anything like that for families to go to in the wintertime."*

- Community Member Interview from Perry County

*"There isn't a proper grocery store, so people have to rely on transportation to outside the county."*

- Community Member Focus Group from Perry County

*"We need more resources for people living in the minute that cannot afford day to day life."*

- Community Member Focus Group from Perry County

PRIORITY POPULATIONS  
NUTRITION &  
PHYSICAL HEALTH

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



According to data, **teen girls** are much more likely than boys to report trying to lose weight, regardless of BMI<sup>12</sup>

Among all races/ethnicities surveyed, **Asians, American Indians and Alaskan Natives, and Native Hawaiian and Pacific Islanders** in Ohio are the most likely to report being "inactive"<sup>15</sup>



According to research, **lower income individuals, males, and older adults** are more likely to be overweight or obese, not exercise, and not eat enough fruits and vegetables<sup>15</sup>

**Young adults ages 18-24** are at risk for being inactive<sup>12</sup>





# #10 Health Need: EDUCATION



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

## IN OUR COMMUNITY



According to census data, **12% of Perry County residents did not graduate high school, vs. 9% for Ohio<sup>6</sup>**

**54% of Perry County residents have at least some college education** (vs. 66% for the state of Ohio)<sup>6</sup>



**10% of community survey respondents say that adult literacy programs are lacking in the community**



**40% of 3-4-year-olds in Perry County are enrolled in preschool.** This is lower (and worse) than the overall Ohio rate of 43%<sup>36</sup>

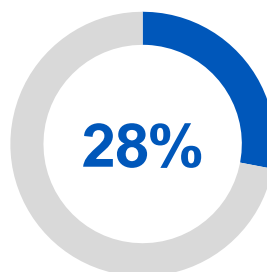


**Preschool enrollment can improve short- and long-term socioeconomic and health outcomes,** particularly for disadvantaged children<sup>37</sup>

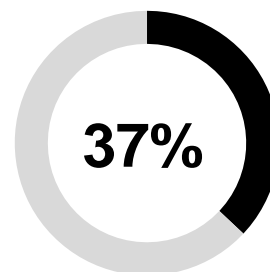


Perry County has an **93% 4-year high school graduation rate, slightly above the Ohio state average (86%)<sup>6</sup>**

### KINDERGARTEN READINESS<sup>35</sup>



PERRY COUNTY



OHIO

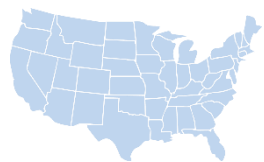
The average Kindergarten readiness rate for Perry County schools was lower than Ohio for 2022-2023<sup>35</sup>



# #10 Health Need: EDUCATION

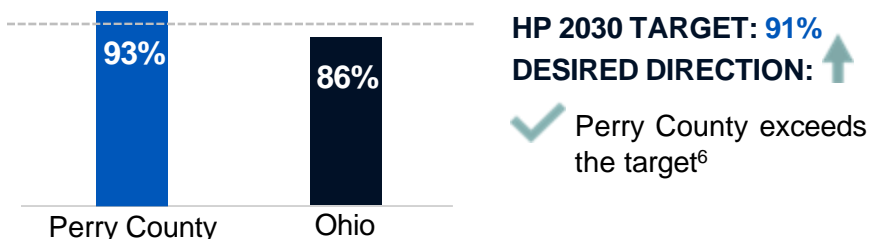


In 2023-2024, **Perry County** had a high school chronic absenteeism rate of 28%, vs 24% for Ohio overall<sup>38</sup>



## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

### HIGH SCHOOL GRADUATION RATE



## COMMUNITY FEEDBACK

*"There's a lack of youth opportunities. There is no real community college, it only offers one class. The ones that use it don't live in the community. There's no easy transition to college."*

- Community Member Focus Group from Perry County

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

1. Lack of spots/availability
2. Lack of preschools
3. Lack of preschool resources

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

1. Low-income population
2. Middle class population

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

1. Local school system
2. Head Start
3. Federal grants for preschools/K-12
4. Local daycares

## PRIORITY POPULATIONS EDUCATION

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



15% of community members surveyed reported having a **high school degree or less**

According to research, **children who are lower income and/or attending schools in rural areas** may have less access to quality education<sup>39</sup>



According to the community survey, **males (17%)** were more likely than females (14%) to have a high school education

Perry County community survey found that those **ages 55-64** were less likely to have completed higher education compared to those ages 25-44

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

**16%** of community members surveyed from **Junction City (43748)** reported education and literacy as a top concern, followed by 9% of residents from **Corning (43730)**

**8%** of community survey respondents from New Lexington (43764) say that **adult literacy programs are lacking in the community**



# #11 Health Need: TRANSPORTATION

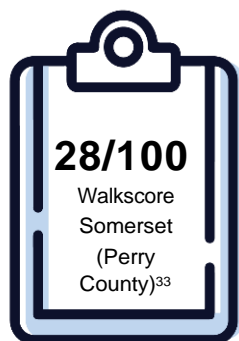


Transportation has a major influence on health and access to services (for example, attending routine and urgent appointments, as well as running essential errands that support daily life). **7% of community survey respondents reported transportation as a top health need**

## IN OUR COMMUNITY



**11%** of community survey respondents say that **transportation is lacking**. **6%** of respondents say that **lack of transportation prevented their access to one or more essential services** in the past year



When analyzing the largest communities in Perry county, according to *Walkscore.com* New Lexington was classified as 'Somewhat Walkable'. Somerset, Thornville, and Crooksville were considered 'Car Dependent'<sup>33</sup>



According to the community survey, in the last year **70%** of residents had to travel outside of their county to access resources (the most common being healthcare resources)

According to the **American Community Survey**:<sup>34</sup>



**85%** of all workers in Perry County **drive alone to work**, compared to 78% for Ohio.<sup>4</sup> **9%** of community survey respondents say that **car repair services are lacking** in the community



**0.3%** of Perry County residents **use public transportation to get to work** (vs. 1% for Ohio) and **2% walk or bike to work** (the same as for Ohio)<sup>34</sup>



Perry County workers spend an average of **33 minutes per day commuting** to work, vs. 24 minutes for Ohio workers<sup>34</sup>





# #11 Health Need: TRANSPORTATION



## COMMUNITY FEEDBACK

***"Public transit doesn't stop everywhere. It doesn't operate on a convenient schedule, and it's harder for the elderly to use."***

- Community Member Focus Group from Perry County

***"A lot of patients rely on county transit. For the most part, it's cumbersome. Some of the time getting it arranged [is hard] because typically you have to give significant advance notice and prepare in advance."***

- Community Member Interview from Perry County

***"Perry County Transit does a great job providing their loop service for those who can access it. Unfortunately, the loop is only effective for those living in town."***

- Community Member Interview from Perry County

***"There is long travel involved when accessing medical services (especially specialized ones like chemo and dialysis) outside of the county, which is an inconvenience and sometimes prevents people from accessing them at all."***

- Community Member Focus Group from Perry County

***"There are no side walks in busy areas like Main street and Carroll street."***

- Community Member Interview from Perry County

***"Unrealistic for disabled persons to use public transportation, ride share services are needed."***

- Community Member Focus Group from Perry County

## PRIORITY POPULATIONS TRANSPORTATION

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



**Residents of rural areas** have less access to public transit, and must travel farther to access essential services<sup>33</sup>

According to the community survey, more residents from **New Straitsville (43766)** and **Glenford (43739)** say that Perry County is lacking in transportation



25% of surveyed community members with a **mobility-related disability** or **that are Deaf or hard of hearing** ranked transportation as a top concern

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

1. Lack of public transportation
2. Sidewalks need improvement
3. Community is not walkable
4. Barriers to utilizing public transportation

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

1. Low-income population
2. New Lexington

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

1. Perry County Transit





# #12 Health Need: ENVIRONMENTAL CONDITIONS



6% of Perry County community survey respondents reported **environmental conditions** as a top community health need; **access to public/safe water and other utilities** (e.g. heat, electric, natural gas) was also selected as a priority by 2% of respondents

## IN OUR COMMUNITY



PERRY COUNTY



OHIO

In 2019, Perry County **had a similar air quality** measurement (number of micrograms of particulate matter per cubic meter of air, with lower being better) to Ohio overall<sup>6</sup>



In 2022, Perry County had **no community water systems report a health-based drinking water violation**<sup>6</sup>



In 2023, there were **0 West Nile virus positive mosquito samples** in Perry County (Ohio had a total of 9 positive samples out of 415,382 total samples)<sup>44</sup>



In 2023, **9 of Ohio's 1,002 diagnosed cases of Lyme disease** were found in Perry County<sup>44</sup>



## COMMUNITY FEEDBACK

*"Our water comes from Burr Oak Regional Water, and we have high calcium content in it. We have a lot of people buying water to drink because of the high calcium content."*

- Community Member Interview from Perry County

*"The issue here is illegal dumping — tires, mattresses with bed bugs, couches, and just about anything else gets discarded in unauthorized areas."*

- Community Member Interview from Perry County

## PRIORITY POPULATIONS ENVIRONMENTAL CONDITIONS

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



**Children**, particularly young children, are more vulnerable to air pollution than adults, including long-term physical, cognitive, and behavioral health effects<sup>6</sup>

More **New Lexington (43764)** survey respondents feel that environmental conditions are a top concern to address than residents of other areas



7% of Perry County residents **ages 35-54** who responded to the community survey ranked air and water quality as a top concern, higher than other age groups

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

1. Water quality
2. Lyme disease/ticks
3. Mosquitoes

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

1. Rural population
2. Low-income population

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

1. Health department



# #13 Health Need: PREVENTIVE CARE & PRACTICES



Access to preventive care has been found to significantly increase life expectancy, and can help prevent and manage chronic conditions, which are the most common negative health outcomes<sup>6</sup>

## IN OUR COMMUNITY

**4%** of community survey respondents said that addressing **preventive care and practices** is a top concern



Childhood immunization rates entering kindergarten in Ohio **slightly lag behind** U.S. rates for all required vaccines, ranging from 89% for chickenpox to 93% for Hepatitis B<sup>41</sup>



**45%** Less than half (45%) of Perry County Medicare enrollees received a flu vaccine in 2021<sup>6</sup>



**Nearly 1 in 5 (16%)** of Perry County women ages 50-74 have not had a mammogram in the past two years<sup>42</sup>



**15%** of community survey respondents have **NEVER** had a flu shot, while only **39%** say they have had one in the past year



**9%** of community survey respondents **do not receive any immunizations**, while **63%** receive all required immunizations



**More than 1 in 4 (28%)** Perry County adults ages 50-75 do not meet colorectal screening guidelines<sup>42</sup>



**More than 1 in 5 (21%)** Perry County women ages 21-65 have not had a pap test in the past three years<sup>42</sup>



**61%** of community survey respondents receive their immunizations at doctors' offices and **33%** at their local health department



## COMMUNITY FEEDBACK

*"I'd say getting the word out is the key. The only reason I know about events is because I attend meetings. If you're not at those meetings and don't use Facebook, you might not know about them."*

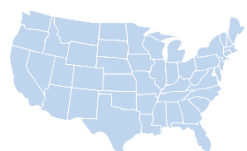
- Community Member Interview from Perry County

*"No one's able to get preventive services because they can't even afford services when they need them."*

- Community Member Focus Group from Perry County



# #13 Health Need: PREVENTIVE CARE & PRACTICES



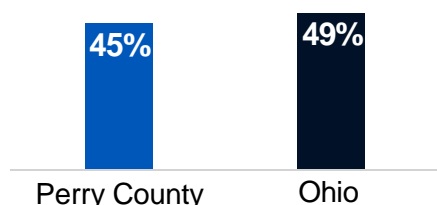
## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

### MEDICARE ENROLLEE ANNUAL FLU VACCINATION

HP 2030 TARGET: **70%**

DESIRED DIRECTION:

Perry County does not yet meet the target<sup>6</sup>

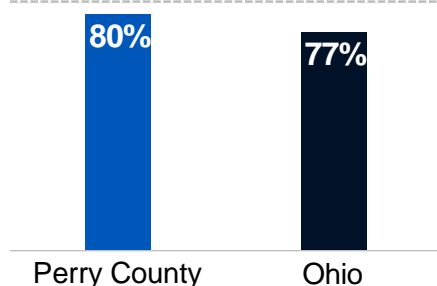


### WOMEN 21-65 WITH PAP SMEAR IN PAST 3 YEARS

HP 2030 TARGET: **84%**

DESIRED DIRECTION:

Perry County does not yet meet the target<sup>49</sup>

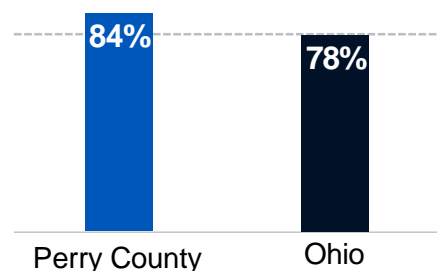


### WOMEN 50-74 WITH MAMMOGRAM IN PAST 2 YEARS

HP 2030 TARGET: **77%**

DESIRED DIRECTION:

Perry County exceeds the target<sup>49</sup>

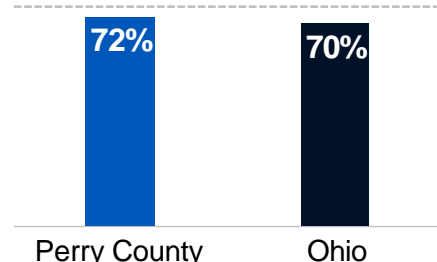


### ADULTS 50-75 WHO MEET COLORECTAL SCREENING GUIDELINES

HP 2030 TARGET: **74%**

DESIRED DIRECTION:

Perry County does not yet meet the target<sup>49</sup>



## PRIORITY POPULATIONS PREVENTIVE CARE & PRACTICES

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

Data shows that Ohioans are less likely to engage in preventive care the **less educated they are, the less money they have, the younger they are, and if they are men**<sup>43</sup>



Residents who **lack health insurance** and/or have **difficulties affording care**<sup>43</sup>

According to the community survey, residents **ages 45-54** (7%) were more likely to rank preventive practices as a top concern

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

1. Lack of awareness/education
2. Lack of utilization
3. Lack of transportation
4. Expensive

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

1. Low-income population
2. Those without transportation

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

1. Health department
2. Mobile services



# HEALTH NEEDS

## HEALTH OUTCOMES



### **HEALTH NEEDS: HEALTH OUTCOMES**

The following pages rank the health outcomes category of health needs. They are ranked and ordered according to the community member survey as seen on page 24 (note that not every health need has its own section and some health needs have been combined to form larger categories, such as mental health). Each health need section includes a combination of different data sources collected from our community: secondary (existing) data, and primary (new) data – from the community member survey, key informant interviews with community leaders, and focus groups with community members. Priority populations who are most affected by each health need and experience health disparities are also shown. Finally, where applicable, Healthy People 2030 Goals are highlighted, including the performance of Perry County and the state compared to the benchmark goal.





# #1 Health Need: SUBSTANCE USE



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

## IN OUR COMMUNITY



In the community member survey, **more than three quarters (85%)** of respondents reported **substance use** as one of their top health concerns, while **13%** say that **services are lacking in the community**

**18% of Perry County adults reported binge or heavy drinking** within the past month, vs. 20% for the state of Ohio.<sup>6</sup> On the community survey, **59%** of respondents reported drinking in the past month



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

- 8%** of GSA teens have **used alcohol in the past month**, vs. 9% for Ohio<sup>12</sup>
- 24%** of GSA teens have **ever drank more than a few sips of alcohol**, vs. 29% for Ohio<sup>12</sup>
- 43%** of GSA teens who have used alcohol in the past month have **binge drank**, vs. 56% for Ohio<sup>12</sup>
- 32%** of GSA teens perceive **binge drinking once or twice a week as a great risk**, vs. 33% for Ohio<sup>12</sup>



### COMMUNITY FEEDBACK

*"We're a small community, but we see needles in our alleyways."*

- Community Member Interview from Perry County

*"I still have concerns about improper use and people not taking proper precautions using recreational marijuana. Keeping in mind how long it lasts in your system, etc. I don't think there's enough education understanding that unlike alcohol which you can detox fairly quickly, marijuana stays in your system for hours on end."*

- Community Member Interview from Perry County

### OVER 23%

of survey respondents rate their **access to substance use disorder services** as **LOW** or **VERY LOW**, with 41% rating it as **NEUTRAL**

While **26%** of survey respondents received **all needed** substance use disorder services in the past year, **79%** **delayed** accessing them, the most common reason being **inability to get an appointment (17%)**



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



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



In the community survey, **7%** of residents ages 18+ said they have **used marijuana one or more times** in the past 30 days



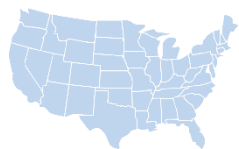
**30%** of **motor vehicle crash deaths** in Perry County involve **alcohol**, compared to 32% for Ohio<sup>6</sup>



**1%** of community survey respondents reported that, in the past 6 months, they **used prescription medication that was not prescribed for them or used prescriptions in excess** in order to feel good, high, more active, or more alert

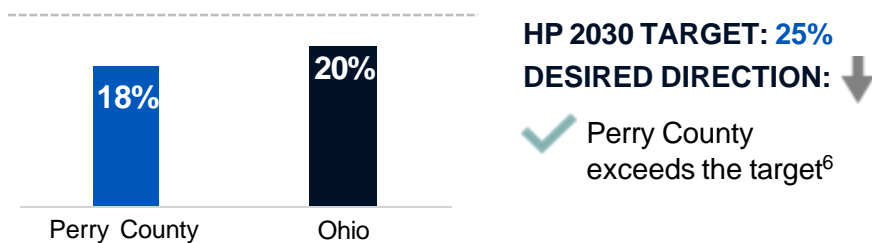


# #1 Health Need: SUBSTANCE USE

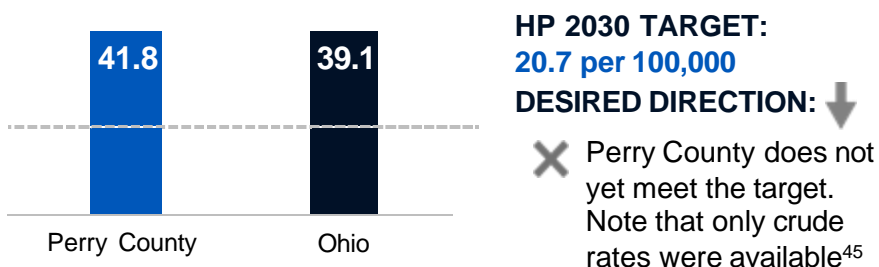


## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

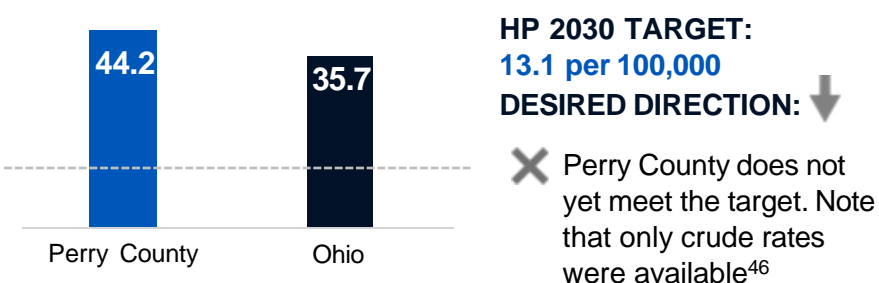
### ADULT BINGE OR HEAVY DRINKING



### UNINTENTIONAL DRUG OVERDOSE DEATHS PER 100,000



### OPIOID OVERDOSE DEATHS PER 100,000



## COMMUNITY FEEDBACK

*"Relapse rates [for substance use] are high in our community."*

- Community Member Focus Group from Perry County

*"We have high drug overdose deaths in the community. At one time we were in the top 10 in Ohio."*

- Community Member Interview from Perry County

## PRIORITY POPULATIONS SUBSTANCE USE

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

In the community survey, more **New Lexington (43764)** residents (88%) rated substance use as a top concern than residents of other areas



According to research, **boys** were more likely than girls to try drinking alcohol at a younger age<sup>12</sup>

State binge drinking rates are highest among **men, adults ages 25-39, White people, and higher income households**<sup>15</sup>

According to the community survey, more residents **ages 55-64** (91%) feel substance use is a top health concern in the community than residents in other age groups



**Youth** are more impacted by substance use due to their developing brains<sup>12</sup>

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

1. Drug use
2. Not enough options for treatment
3. Drug overdose deaths are high in the community
4. Crystal meth

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

1. Youth
2. New Lexington
3. Those 20-35 years old

### Top resources, services, programs, and/or community efforts for substance use:

1. Perry Behavioral Health Choices
2. Narcan carried by officers and local organizations
3. Law enforcement



# #2 Health Need: MENTAL HEALTH



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

**Mental health and access to mental healthcare** was the **#2 ranked health outcome** in the community member survey, with **over 77% of respondents selecting this option.**

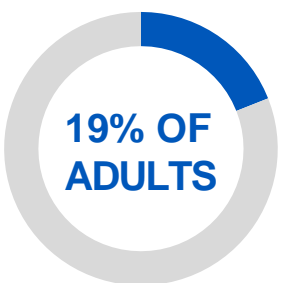
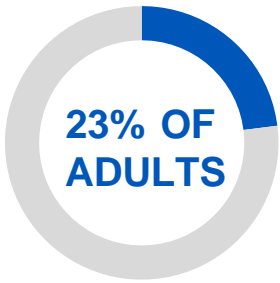
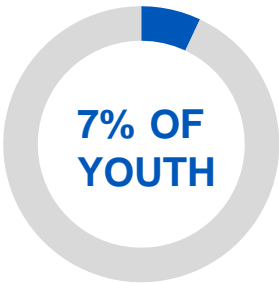
**28%** of survey respondents say that **mental healthcare access is lacking** in the community. The top reasons for not accessing care include **not being able to get a timely appointment (17%), cost or insurance issues (15%), and stigma (15%)**



**OVER 23%**

of survey respondents rate their **access to mental or behavioral health services** as **LOW** or **VERY LOW**, with another 41% rating it as **NEUTRAL**

## IN OUR COMMUNITY



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

in the GSA **attempted suicide** in the past year, compared to 6% for Ohio<sup>12,40</sup>

in BRFSS\* Region 12 have been diagnosed with **depression** by a mental health professional, compared to 22% for Ohio<sup>17</sup>

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

**PERRY COUNTY**  
**560:1**

**OHIO**  
**\*\*310:1**

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

Perry County is considered a **mental health professional shortage area**<sup>6,15</sup>

Perry County has a **higher overall suicide rate** than Ohio (28 vs. 14 per 100,000) and a **higher suicide rate for adults 18+** (96 vs. 19 per 100,000).

The youth suicide rate was suppressed due to low counts, while it is 3 per 100,000 for Ohio<sup>45,48</sup>

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

**3%** of respondents to the community member survey had **thoughts of suicide** in the last year. **15%** of respondents selected suicide as a top health need



Perry County adults report **5.5 mentally unhealthy days per month**, which is the same when compared to 5.5 for Ohio.<sup>6</sup>



Only **26%** of respondents to the 2024 community member survey requiring mental or behavioral health services **received all the care they needed**

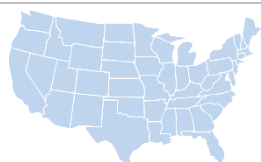




# #2 Health Need: MENTAL HEALTH

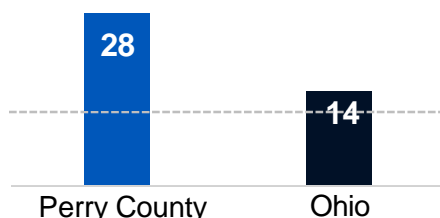


36% of community survey respondents rated their mental health as “**good**”, 32% rated it as “very good”, and 20% rated it as “fair”



## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

### SUICIDE RATE



HP 2030 TARGET:

**12.8 PER 100,000**

DESIRED DIRECTION: ↓

✗ Perry County does not yet meet the target<sup>48</sup>



## COMMUNITY FEEDBACK

*“The wait times are an issue in our community. Times are long because we just have more demand than we have supply. We saw a huge spike in mental health issues during the pandemic and they’ve continued, unfortunately, at a higher rate [post-pandemic].”*

- Community Member Interview from Perry County

*“As a police department, we created special patches to wear to raise awareness about crisis resources. [We are trying] to break that stigma, prevent suicide, [and let people know] there is help here.”*

- Community Member Interview from Perry County

*“So, with mental health you can’t read people, and everybody doesn’t communicate like we used to. Some people want to be left alone like the newer generations. I don’t find that mental health has to be done by either the health professionals or by your EMS. There are some key indicators that anyone can pick up on.”*

- Community Member Interview from Perry County

*“Post COVID we have needed more mental health therapists. People are more open about mental health issues.”*

- Community Member Interview from Perry County

## PRIORITY POPULATIONS MENTAL HEALTH

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



Residents from **Perry County** were more likely to say that they did not know where to go for mental/ behavioral health services in the community survey than other area county residents

In the GSA, the overall suicide rate is highest in **Perry County** (28 per 100,000 people)<sup>45,48</sup>

Mental health was ranked a top health concern by **Thornville (43076) (100%)** and **Junction City (43748) (94%)** respondents significantly more than other areas in the community survey



**45-54 year-olds** were most likely to rank their mental health as a top concern in the community survey (86%), significantly more than those aged 55-64

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

1. Lack of mental healthcare services/resources
2. Mental health (in general)
3. Lack of/not enough providers
4. Stigma
5. Depression

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

1. Youth

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

1. AllWell Behavioral Health Services
2. Perry Behavioral Health Choices

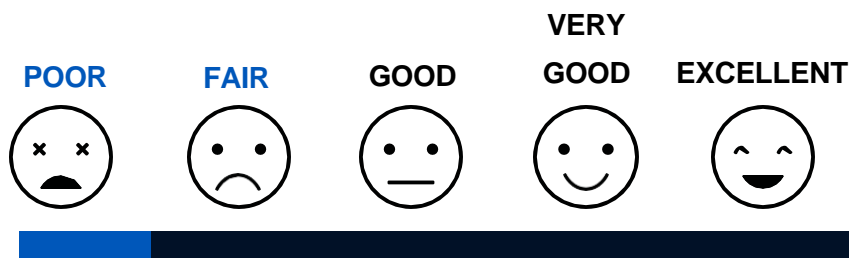


# #3 Health Need: CHRONIC DISEASES



The most prevalent chronic conditions in the GSA are **hypertension, high cholesterol, diabetes, asthma, cancer, heart disease, and COPD**<sup>47,49</sup>

## IN OUR COMMUNITY



**18%** of Perry County adults rate their health as **fair or poor** (vs. 16% for Ohio), while the other 79% rank it as excellent, very good, or good<sup>6</sup>



## COMMUNITY FEEDBACK

*"It feels like no one is going to the doctor...either they don't have time, they don't want to pay the copay, or they can't pay the amount the insurance won't pay."*

- Community Member Interview from Perry County

*"Genesis HealthCare System is the only one in the county with cardiologist and they are only there part-time."*

- Community Member Interview from Perry County

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

- Community Member Interview from Perry County

*"There is lack of dialysis treatment in Perry County."*

- Community Member Focus Group from Perry County

*"Some end up with these chronic conditions because we haven't been doing our preventive care, and we didn't catch something early. We haven't eaten properly our whole life."*

- Community Member Interview from Perry County



**18%** of Perry County adults identify as having a **disability**, vs. 15% for Ohio.<sup>50</sup>



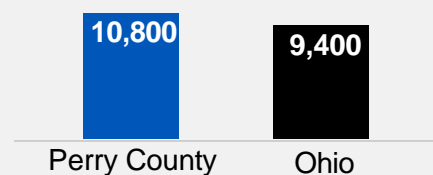
**17%** of survey respondents say that **accessibility for people with disabilities** is lacking in the community, while **12%** say that **interpretation services** (e.g. American Sign Language (ASL)) are lacking



**60%** of community survey respondents chose **chronic diseases** as a top community health need. The most frequently mentioned chronic diseases of concern were **diabetes, cancer, and heart disease**



**5%** of those surveyed felt that a **lack of provider awareness and/or education about their health condition** was a barrier to accessing healthcare



There were an average of **10,800 (age-adjusted) years of potential life lost** among Perry County residents under age 75 per 100,000 people, vs. 9,400 for Ohio<sup>6</sup>

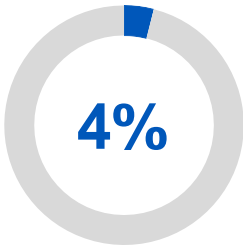


# #3 Health Need: CHRONIC DISEASES

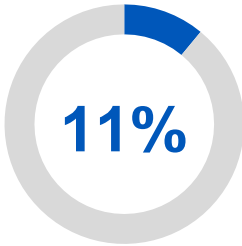


Heart disease is the **leading cause of death** in Perry County<sup>45</sup>

## HEART DISEASE & STROKE

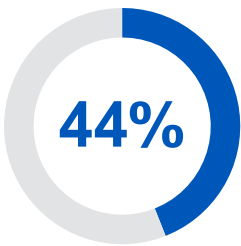


of both BRFSS Region 12\* and Ohio adults reported that they have had a **stroke**<sup>47</sup>

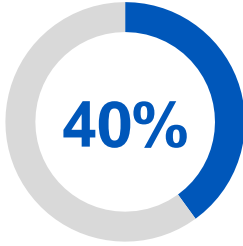


of BRFSS Region 12\* adults reported having had a **heart attack, angina, or coronary heart disease**, compared to 8% for Ohio<sup>47</sup>

## HYPERTENSION & HIGH CHOLESTEROL



of BRFSS Region 12\* adults have **hypertension**, vs. 35% for Ohio<sup>47</sup>



of BRFSS Region 12\* adults have **high cholesterol**, compared to 36% for Ohio<sup>47</sup>



## DIABETES



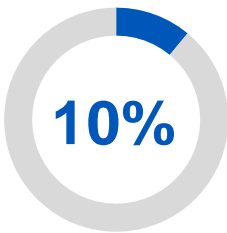
**16% of BRFSS\* Region 12 adults have diabetes, vs. 13% of Ohio**<sup>47</sup>

13% of BRFSS Region 12\* adults have **prediabetes**, compared to 10% of Ohio adults<sup>47</sup>

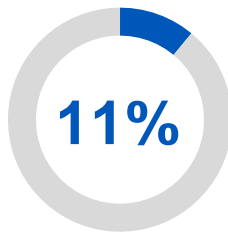
Of those with prediabetes, 20% will go on to develop diabetes within five years without lifestyle modification<sup>47</sup>

Diabetes prevalence rises with age and is also highly impacted by income and level of education<sup>47</sup>

## ASTHMA & COPD



of both BRFSS\* Region 12 and Ohio adults have **asthma**<sup>47</sup>



of BRFSS\* Region 12 adults have **COPD**, vs. 9% for Ohio<sup>47</sup>

Many hospital admissions due to chronic obstructive pulmonary disease (COPD) and asthma **may be preventable** each year through access to primary care<sup>47</sup>

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



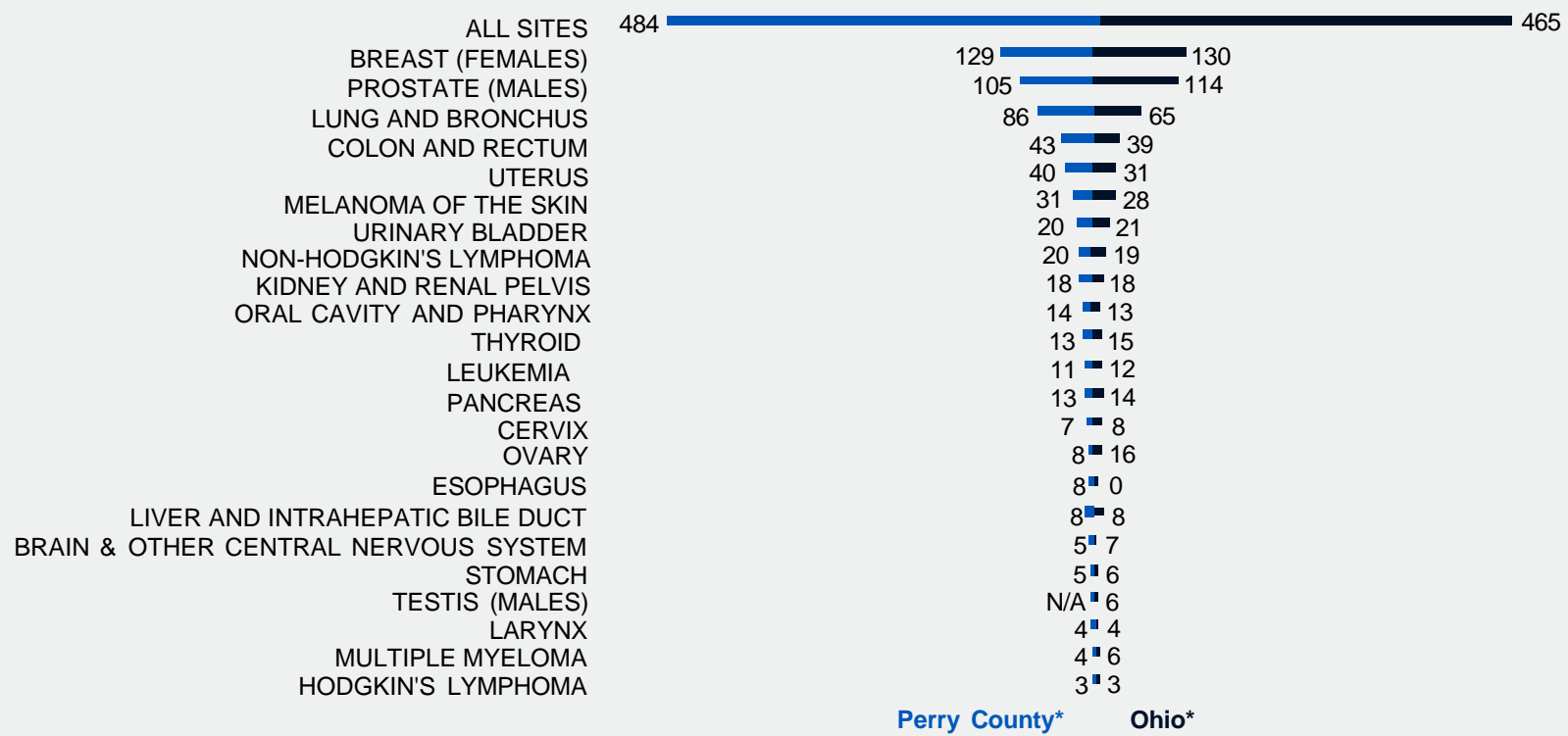
# #3 Health Need: CHRONIC DISEASES



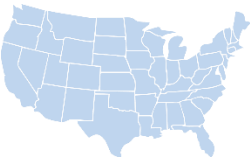
According to the Ohio Health Planning Partnership Data Warehouse, cancer is the **second leading cause of death** in Perry County. Perry County has a **higher overall incidence of cancer** per 100,000 than Ohio.<sup>49</sup>



Lung and bronchus, colon and rectum, uterus, melanoma of the skin, Non-Hodgkin's lymphoma, oral cavity and pharynx cancers had higher incidence rates in Perry County than Ohio<sup>49</sup>



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



## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS



Perry County does not yet meet the Healthy People 2030 target for lung, colorectal, and overall cancer mortality rates.<sup>45</sup>





# #3 Health Need: CHRONIC DISEASES

## PRIORITY POPULATIONS CHRONIC DISEASES

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

- Residents **ages 35-44** that responded to the community survey were more likely to rank chronic diseases (such as heart disease, diabetes, cancer, asthma) among their top health concerns
- **New Lexington (43764)** survey respondents (58%) were more likely to rate chronic diseases as top concerns to address in the community.
- **Male** residents (76%) were more likely to rank chronic diseases as top concerns to address than female residents (57%) on the community survey
- **Multiracial** (50%) and **White/Caucasian** (60%) community survey respondents were the most likely to rank chronic diseases as a top concern
- **Lower-income** people are at a higher risk of developing many chronic conditions<sup>47</sup>
- Chronic conditions are more common in **older adults**<sup>47</sup>
- People with **high exposure to air pollution**<sup>47</sup>
- People who **smoke**<sup>47</sup>
- People with **challenges with physical activity and nutrition**<sup>47</sup>

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

1. Poor diet
2. Substance/tobacco use
3. Lack of physical activity
4. Hypertension/high blood pressure
5. Lack of transportation to appointments

### Sub-populations most affected by chronic diseases (from interviews and focus groups):

1. Elderly population

### Top resources, services, programs and/or community efforts for chronic diseases:

1. Health department
2. Perry County Cancer Alliance



# #4 Health Need: TOBACCO & NICOTINE USE

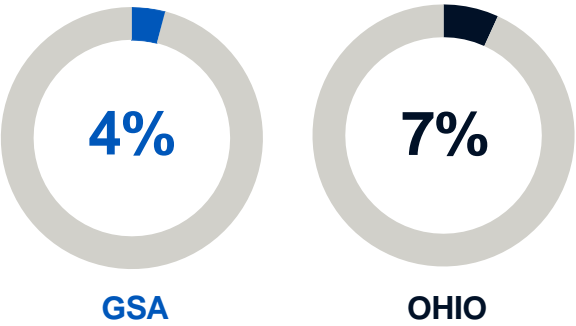


43% of community survey respondents indicated that tobacco and nicotine use were top concerns

## IN OUR COMMUNITY

The leading chronic disease causes of death in Perry County are: <sup>45</sup>	
#1	Heart disease
#2	Cancer
#3	Chronic lower respiratory disease
#4	COVID-19
Smoking is a risk factor for all these chronic diseases	

Rates of youth who have smoked a cigarette in the past 30 days are lower for GSA teens than Ohio teens<sup>12</sup>



22% of GSA teens do not view tobacco use as a moderate or great risk, compared to 23% for Ohio<sup>12</sup>

9% of GSA and Ohio youth said they vaped in the past 30 days<sup>12</sup>



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



25% of Perry County adults are current smokers (vs. 19% for Ohio). 7% of BRFSS Region 12\* and 8% of state adults use e-cigarettes<sup>6,49</sup>

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



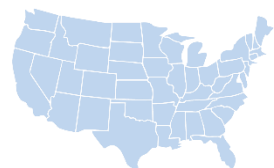
6% of community survey respondents reported that they smoked cigarettes daily in the last 30 days, while the rate was 11% for vaping and 7% for other tobacco or other nicotine products



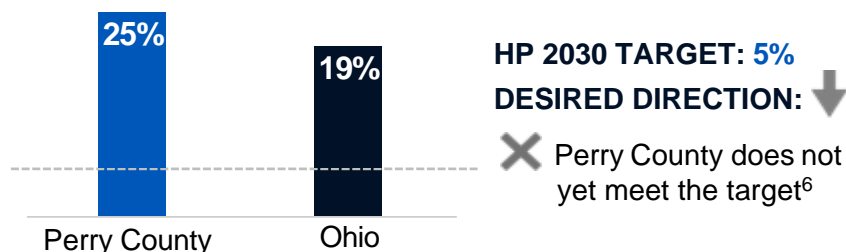


## #4 Health Need:

## TOBACCO &amp; NICOTINE USE

HEALTHY PEOPLE (HP)  
2030 NATIONAL TARGETS

## ADULT CIGARETTE SMOKING



## COMMUNITY FEEDBACK

*"Vaping has become like what cigarettes were in the 70s."*

- Community Member Interview from Perry County

*"Schools would rather kick out students who are caught vaping rather than send them to a program."*

- Community Member Interview from Perry County

*"Vaping has escalated to marijuana products."*

- Community Member Interview from Perry County

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

1. Vaping
2. Smoking
3. Chewing tobacco

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

1. Youth

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

1. Health department programs
2. Cessation programs

PRIORITY POPULATIONS  
TOBACCO &  
NICOTINE USE

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



In the community survey, residents with a **high school degree** were most likely to rank tobacco and nicotine use as a top concern (52%)

10% of community survey respondents in Perry County that are **female** use vapes or e-cigarettes daily, compared to 9% of males

At the Ohio level, vaping rates are highest in **people ages 18-24, men, Hispanic people, people with disabilities, and lower income and less educated people**<sup>48,49</sup>



50% of Perry County community survey respondents **under age 18** reported that they have used vapes or e-cigarettes daily in the last 30 days, while 0% of this age group has smoked cigarettes

According to Ohio data, the smoking rate is highest in **Multiracial people, women, people ages 35-44, LGBTQ+ people, people with disabilities, and lower income and less educated people**<sup>48,49</sup>



In the community survey, residents from **New Lexington (43764)** were most likely to rank tobacco and nicotine use as a top concern (40%)



# #5 Health Need: MATERNAL, INFANT & CHILD HEALTH



10% of community survey respondents say that addressing **maternal and child health** in the community is a top concern. **28%** of survey respondents say that maternal, infant, and child healthcare **resources are lacking** in the community

## IN OUR COMMUNITY



**7%**

Perry County has a **low birth-weight rate** of 7%, vs. 9% for Ohio<sup>6</sup>



Perry County has a **teenage birth rate** for ages 15-19 (26 per 1,000 females) is higher than that of Ohio's (18 per 1,000 females)<sup>6</sup>



According to 2023 health department data, **2%** of Perry County and **7%** of Ohio children under 6 who were tested for blood lead concentration had **elevated levels**. Within Perry County, **14 ZIP Codes** were identified as high risk for elevated blood lead levels (43076, 43107, 43138, 43148, 43150, 43730, 43731, 43739, 43748, 43760, 43764, 43766, 43782, 45732)<sup>53,54</sup>



**Severe maternal morbidities (SMM)** are unexpected outcomes of childbirth that result in significant health consequences. In Ohio, **59% of all SMM from 2016 to 2019 were blood transfusions**. The rate of SMM in Ohio is 71 per 10,000 deliveries<sup>55</sup>

**The pregnancy-related maternal mortality rate in Ohio is 15 per 100,000 live births. The leading causes are:**<sup>56</sup>

- #1 Mental health conditions (47%)
- #2 Infections (11%)
- #3 Cardiovascular conditions (8%)
- #4 Embolisms (8%)
- #5 Hemorrhage (6%)

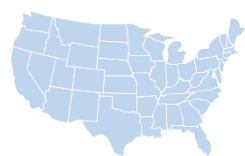
**More than half (57%) of these deaths may be preventable**<sup>56</sup>





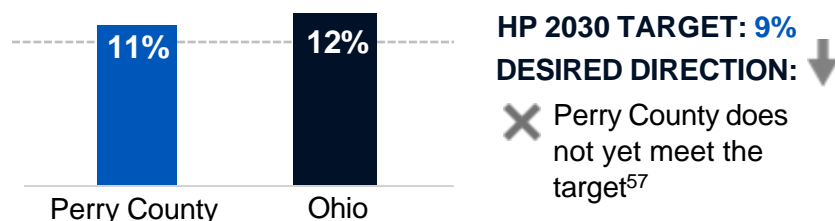
# #5 Health Need:

# MATERNAL, INFANT & CHILD HEALTH



## HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

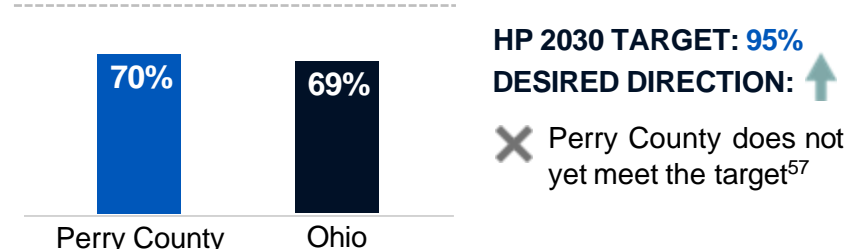
### PRETERM BIRTH RATE



### INFANT MORTALITY RATE PER 1,000



### ON-TIME PRENATAL CARE



## PRIORITY POPULATIONS

## MATERNAL, INFANT & CHILD HEALTH

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

In Ohio, as in the nation, rates of severe maternal morbidity are much higher among **non-Hispanic Black women** compared to white women<sup>56</sup>



Research data shows that the severe maternal morbidity (SMM) rate for **Asian women in rural Ohio counties** was 2.6 times greater than Asian women in suburban Ohio counties<sup>55</sup>

### Top issues/barriers for maternal, infant, and child health (from interviews and focus groups):

1. Lack of prenatal/postnatal care
2. High preterm births
3. Childhood deaths
4. High infant mortality/stillbirth rates
5. Maternal morbidity



## COMMUNITY FEEDBACK

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

- Community Member Interview from Perry County

*"Unfortunately, it seems like we lose probably one to three children a year here, and I don't know what that is statistically wise."*

- Community Member Interview from Perry County



# #6 Health Need: INJURIES



The unintentional injury death rate in Perry County (93.1 per 100,000 population) is **higher** than that of Ohio (76.9 per 100,000)<sup>45</sup>

## IN OUR COMMUNITY



**29%** of Ohio adults ages 65+ fell at least once in the past year<sup>58</sup>



**Perry County had a significantly lower unintentional fall death rate in adults 65+ (47.4 per 100,000) than Ohio (74.5 per 100,000)<sup>45</sup>**

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



## COMMUNITY FEEDBACK

*"The cost of driver's education now is \$400. I see a lot of kids that can't afford that, so they're waiting until they're 18 because you don't have to take any training."*

- Community Member Interview from Perry County

*"With the car accidents, it goes back to the firing of EMS there's nobody there. You have accidents where somebody's pinned into a car, and the only thing that probably saves them is the fact, it's a 15-minute helicopter ride."*

- Community Member Interview from Perry County

*"I tend to see a lot more ATV, side by side, and motorcycle-related injuries in my practice here than in the metropolitan area."*

- Community Member Interview from Perry County

## PRIORITY POPULATIONS INJURIES

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



According to the survey, **12% of Crooksville (43731)** residents ranked injuries as a top concern, more than other areas

**19%** of Perry County residents **aged 25-34** ranked injuries as a top health need in the community survey, significantly more than other age groups

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



**Older residents** are at a higher risk of falling and sustaining injuries from falling<sup>32</sup>

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

1. Car/traffic accidents
2. Not enough EMS (Emergency Medical Services)
3. ATV (all-terrain vehicle) accidents/injuries



# #7 Health Need: HIV & STIs



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

## IN OUR COMMUNITY



Perry County has **much lower** rates of STI cases and HIV per 100,000 people than Ohio as a whole<sup>59, 60</sup>

Chlamydia 183 464

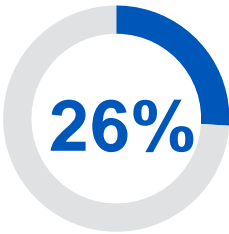
Overall HIV Prevalence 102 217

Gonorrhea 23 169

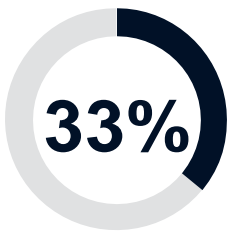
New HIV Cases\* 3 7

Syphilis 6 42

Perry County Ohio



BRFSS\*\*  
REGION 12<sup>35</sup>



OHIO<sup>35</sup>

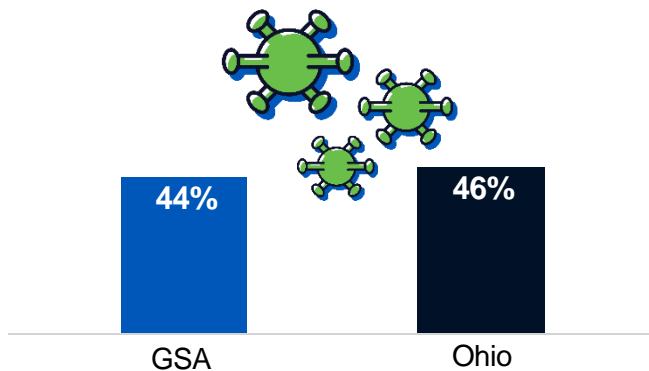
A **lower proportion** of adults in BRFSS Region 12\*\* have ever been **tested for HIV**, compared to the state<sup>47</sup>

*\*New HIV cases rate is for HIV Planning Regions 5 (Coshocton County) and 6 (Guernsey, Morgan, Muskingum, Noble, and Perry counties).  
\*\*Behavioral Risk Factor Surveillance System; Perry County is a part of BRFSS Region 12, which also includes Coshocton, Guernsey, Muskingum, Noble, Morgan, and Tuscarawas counties.*





# #7 Health Need: HIV & STIs



According to state data, **44%** of individuals living with HIV in Ohio's HIV Planning Region 6 (which includes Guernsey, Morgan, Muskingum, Noble, and Perry counties) have progressed to an **AIDS diagnosis**, slightly lower than the 46% for Ohio overall<sup>60</sup>



## COMMUNITY FEEDBACK

*"I know that the Health Department does everything they can to educate about that (HIV and STIs). I see their billboards."*

- Community Member Interview from Perry County

*"We don't do testing on site anymore [in the area]."*

- Community Member Interview from Perry County

*"Hepatitis is an issue when it comes to exposure."*

- Community Member Interview from Perry County

## PRIORITY POPULATIONS HIV & STIs

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



**Women** have higher rates of chlamydia, particularly those ages 20-24<sup>59</sup>



**Men** have higher rates of syphilis and gonorrhea<sup>59</sup>

### Top issues/barriers for HIV & STIs (from interviews and focus groups):

1. Increase in STIs overall

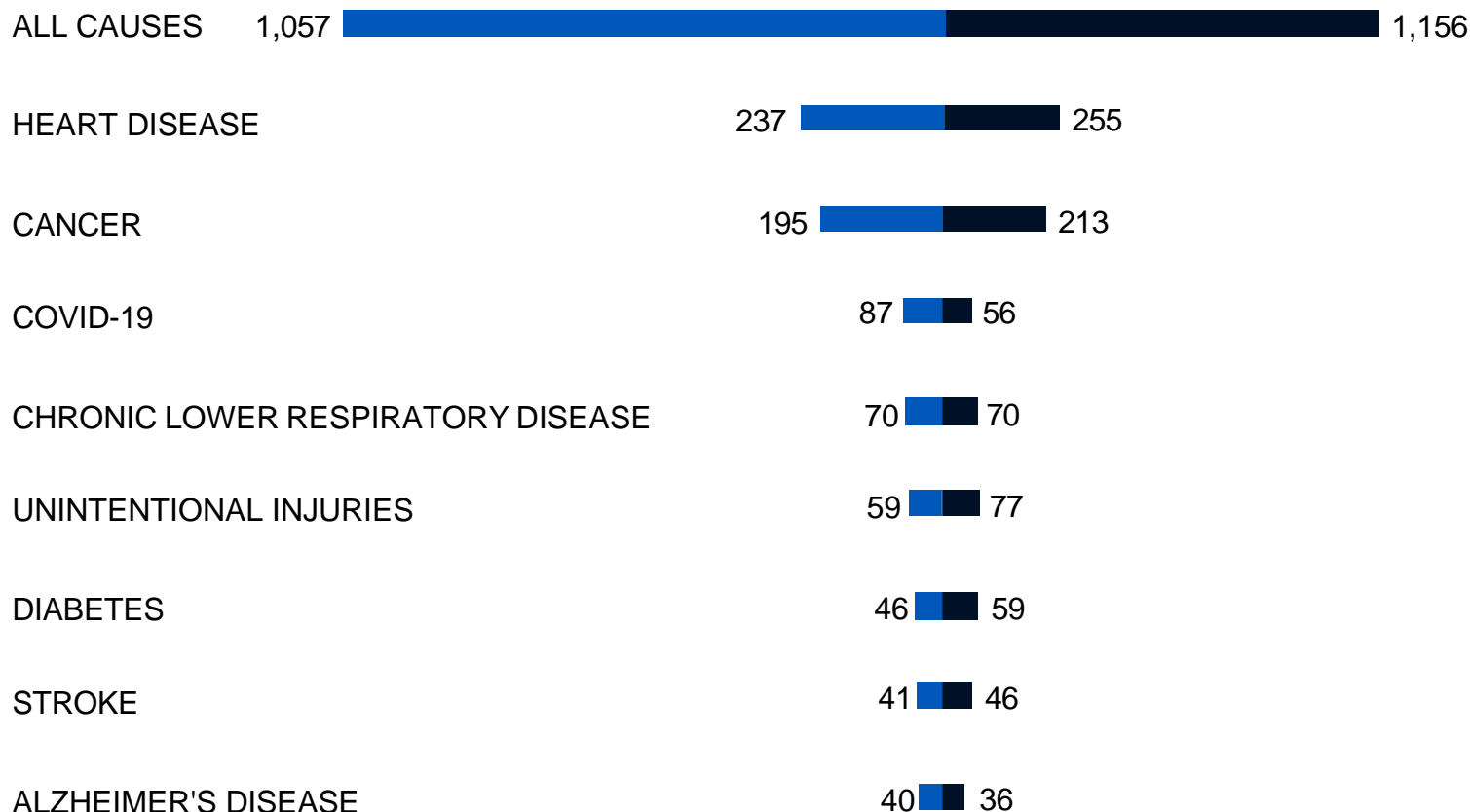
### Top resources, services, programs and/or community efforts for HIV & STIs:

1. Health department





# LEADING CAUSES OF DEATH



**PERRY COUNTY\***   **OHIO\***



**The top two leading causes of death in Perry County are heart disease and cancer. Perry County has a lower all-cause crude mortality rate per 100,000 than Ohio. The rates for all specific causes are also the same or lower for Perry County compared to Ohio, except for COVID-19 and Alzheimer's disease.<sup>8</sup>**

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



# IDEAS FOR CHANGE FROM OUR COMMUNITY



These are *ideas* that we heard from community leaders and community members for potential suggestions to support community health.

## ACCESS TO CHILDCARE

- Increase access to childcare and open more centers, particularly in rural areas.

## ACCESS TO HEALTHCARE

- Create partnerships and collaborations between area hospitals.
- Increase telehealth availability.
- Improve access to dental and vision care providers that accept Medicaid.
- Increase access to healthcare for underserved populations.
- Improve access to mobile health services.
- Hire more Emergency Medical Services (EMS) workers, and pay those who are currently volunteers.
- Build a central EMS station in Perry County.
- Improve communication between EMS in order to reduce duplication of work.
- Create more satellite offices for specialty care, and hire more specialists.
- Open more dialysis centers.
- Launch a campaign to recruit more local healthcare providers.
- Add Deaf-specific information to the 911 system.
- Create awareness campaigns and use local publications to attract attention promote health services for the Amish community.

## CRIME AND/OR VIOLENCE

- Expand the police force.

## EDUCATION

- Offer more preschool opportunities.
- Implement more healthy lifestyle, life skill, and financial training in schools.
- Create school-based health clinics for students and teachers.
- Improve school attendance policies.
- Utilize therapy dogs in schools.
- Hire professional cleaning services for schools on weekends.
- Provide and/or increase American Sign Language (ASL) education.
- Provide self-defense training opportunities.
- Provide education opportunities for parents.

## ENVIRONMENTAL CONDITIONS

- Clean up the local river.

## FOOD INSECURITY

- Host local food trucks that supply free meals.

## HOUSING & HOMELESSNESS

- Create more shelters.
- Ensure all homes have access to public water.
- Issue section 8 vouchers with social security.
- Repurpose abandoned buildings for housing.
- Provide repair person support for seniors.
- Create more housing options for young adults with developmental disabilities.

## INCOME/POVERTY & EMPLOYMENT

- Create more local opportunities for employment.
- Increase support for middle-income families.

## INJURIES

- Create an in-home fall prevention program.

## INTERNET/WI-FI ACCESS

- Improve broadband internet access in the area.
- Improve communication about available services, especially for those without internet.

## MATERNAL/INFANT/CHILD HEALTH

- Increase access to trauma-informed care and training for healthcare professionals, particularly for people who have experienced miscarriages and stillbirths.
- Expand Women Infants, and Children (WIC) acceptance.

## MENTAL HEALTH

- Implement a Partial Hospitalization Program (PHP) or Intensive Outpatient Program (IOP) for mental health.
- Develop a Mobile Integrated Health (MIH) program and related marketing campaign.
- Transfer 911 calls of people who are suicidal to the new statewide emergency mental health system. Provide mental health support and send a law enforcement team to ensure safety.
- Increase use of Artificial Intelligence (AI) apps for mental health.



# IDEAS FOR CHANGE FROM OUR COMMUNITY



These are *ideas* that we heard from community leaders and community members for potential suggestions to support community health.

## NUTRITION/PHYSICAL HEALTH

- Lower the cost of accessing the YMCA for seniors, youth, and families.
- Open an indoor pool, and provide more indoor recreation opportunities.
- Start wellness groups in the communities to build trust and teach skills.
- Create more sports facilities and opportunities for kids.
- Make the qualification process for the Supplemental Nutrition Access Program (SNAP) easier.
- Offer a weight loss clinic through the health department.

## PREVENTIVE PRACTICES

- Increase preventive education efforts in schools.

## PEOPLE WITH DISABILITIES

- Educate the public on issues facing the Deaf and hard of hearing population and the importance of interpreters.

## SUBSTANCE USE

- Create a drug court program.
- Use drug mapping/overdose mapping for local law enforcement to identify high use areas.
- Teach youth about drugs, safety, and prevention at younger ages.
- Install Narcan vending machines with Narcan, especially in rural areas.
- Teach about both sobriety and safe drug use.
- Increase access to substance use disorder recovery services.

## TRANSPORTATION

- Create a pathway for primary care providers to refer people who lack transportation to appropriate resources.
- Improve routes and signage for public transportation, particularly in rural areas.

## TOBACCO/NICOTINE USE

- Create an in-school curriculum on vaping.

## OTHER OPPORTUNITIES

- Create more programs and places for the aging population to socialize.
- Create more programs and places for youth to socialize.
- Improve outreach and marketing to seniors about community services, especially in senior housing buildings.
- Increase access to sign language interpreters for essential services.
- Hold open forum discussions on community health and social needs, and share the data. Create a platform to share feedback.
- Hold safe, family-friendly Pride events.
- Hold more health fairs and increase outreach through house calls, flyers, newsletters, social media, and local newspapers. Use the health department's outdoor light-up sign to promote more community events.
- Form kinship support groups.





# CURRENT RESOURCES

## ADDRESSING PRIORITY HEALTH NEEDS

### OVERALL GENESIS SERVICE AREA (GSA)



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

#### Access to Healthcare

CareSource  
Genesis HealthCare System  
Molina Healthcare of Ohio Medicaid  
Ohio Benefits  
Ohio's Best Rx  
Ohio Early Intervention  
Ohio Senior Health Insurance  
Information Program (OSHIIIP)  
SingleCare  
Women, Infants & Children (WIC)

#### Community & Social Services

Area Agency on Aging Region 9  
Big Brothers Big Sisters of Southeastern Ohio  
Board of Health  
Bridges to Success  
Brightspeed  
Chamber of Commerce  
Cribs for Kids/Safe Sleep Program  
Family and Children First Council  
Foundation for Appalachian Ohio  
Help Me Grow  
Home Energy Assistance Program (HEAP)  
Job & Family Services  
Kaleidoscope  
Kiwanis Club  
Lead Hazard Control Grant  
Legal Aid of Southeast and Central Ohio (LASCO)  
National Youth Advocate Program (NYAP)  
Ohio Center for Autism and Low Incidence (OCALI)

#### Community & Social Services (cont.)

Ohio Medical Aid Services  
Ohio State University Extension Office  
Ohio Third Frontier Technology Validation and Start-up Fund  
Ohio TT (Transparent Telecom)  
Opportunities for Ohioans with Disabilities (OOD)  
PASSPORT (Medicaid program)  
Safe at Home  
Southern Ohio Chamber Alliance  
Spectrum  
The Ohio Bass Federation  
United Way

#### Education

21st Century Community Learning Centers (CCLC)  
Boys & Girls Clubs of America  
Ohio Department of Education  
Ohio Future Farmers of America (FFA) Association  
The Ohio State University

#### Employment

Job & Family Services  
Ohio Means Jobs

#### Environmental

Ohio Air Quality Development Authority

#### Food Insecurity

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

#### Housing & Homelessness

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

#### Mental Health & Addiction

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

#### Nutrition & Physical Health

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

#### Transportation

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



# CURRENT RESOURCES

## ADDRESSING PRIORITY HEALTH NEEDS

### PERRY COUNTY



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

#### Access to Healthcare

Annual Drive Thru Flu Clinic  
Fairfield Medical Center  
Family Health Services of East Central Ohio  
Hocking College Dental Hygiene Clinic  
Hopewell - Primary Health Care Clinic  
Perry County Family Practice  
Shrivers Pharmacy

#### Community & Social Services

Alzheimer's Alliance  
"Blessing Box" Project  
Buckeye Hills Regional Council  
Harcum House  
Hocking, Athens, Perry County Community Action (HAPCAP)  
Mount Aloysius Corp  
Mount Perry Presbyterian Church  
New Lexington Police Department  
PerCo Inc.  
Perry County Cancer Alliance  
Perry County Commissioners  
Perry County Courthouse  
Perry County District Library  
Perry County Emergency Management Agency  
Perry County Health Department  
Perry County Juvenile Court  
Perry County Ohio Chamber of Commerce  
Perry County Public Children Services Agency  
Perry County Senior Center  
Perry County Sheriff's Office  
Perry County Tribune  
Perry County Veterans Extravaganza  
Perry County Veterans Service Commission  
Saint Vincent de Paul Center  
Senior Expo and Health Fair  
South Central Power  
Survivor Advocacy Outreach Program (SAOP)  
The Perry County Press

#### Community & Social Services (continued)

Transitions Inc.  
Village of New Lexington

#### Education

Alpha Program  
Crooksville Exempted Village Schools  
Hocking College Perry Campus  
Little Lambs Learning Center  
Little Learners Preschool II  
Mama Bear Child Care  
Muskingum Valley Educational Service System  
New Lexington City School District  
New Lexington Head Start Center  
Northern Local School District  
Perry Preschool  
Southern Local School District

#### Employment

Ohio Means Jobs Center - Perry County

#### Food Insecurity

Commodity Supplemental Food Program (CSFP)  
Global Meals  
Homestyle Direct  
Hopewell-Madison Township Food Pantry  
Junction City Community Building - food pantry  
Meals on Wheels  
Mom's Meals  
New Lexington Food Pantry (PEAP) - Pike, Bearfield, Clayton, and Pleasant Townships  
Nutrition for Longevity, Inc.  
Perry County Senior Center - congregate dining  
Roseville Community Food Pantry  
Saint Vincent De Paul County Conference Food Pantry  
Senior Farmer's Market Nutrition Program - Buckeye Hills Regional Council  
Shawnee Farmer's market  
Somerset Food Pantry  
Southeast Ohio Regional Food Bank and Kitchen

#### Food Insecurity (cont.)

Southeast Perry County Food Pantry  
Thornville Food Pantry

#### Housing & Homelessness

Integrated Services for Behavioral Health - housing  
Perry County Home  
Perry Housing Coalition  
Perry Metropolitan Housing Authority

#### Mental Health & Addiction

Integrated Services for Behavioral Health - New Lexington  
Never Alone - Ohio  
Perry Behavioral Health Choices  
Perry County Suicide Prevention Coalition  
Stanton Villa

#### Nutrition & Physical Health

Amish Ridge Bulk Foods & Variety Store  
Carpenter's Market  
Clark's Grocery  
Crooksville Recreation Center  
Kroger  
Millcreek Market (Bulk Foods, Deli, Bakery)  
Perry County Bike Lending Program  
Perry County Park District  
Perry Recreation  
Ruff's IGA  
Save A Lot  
T C Market Inc.  
The G1 Fitness Complex  
Underground Athletics, LLC

#### Transportation

Perry County Mobility Management  
Perry County Transit  
Region 8 Mobility Solution Center  
Zero Loop



## STEP 6

# DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS



### **IN THIS STEP, PERRY COUNTY HEALTH DEPARTMENT:**

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





# DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS



Perry County Health Department (PCHD) worked with Moxley Public Health to pool expertise and resources to conduct the 2024 Perry County Community Health Needs Assessment (CHA). By gathering secondary (existing) data and conducting new primary research as a team (through interviews with community leaders, focus groups with subpopulations and priority groups, and a community member survey), the stakeholders will be able to understand the community's perception of health needs. Additionally, PCHD will be able to prioritize health needs with an understanding of how each need compares against benchmarks and is ranked in importance by service area residents.

The 2024 Perry County CHA, which builds upon the prior assessment completed in 2021, meets all Internal Revenue Service (IRS), Public Health Accreditation Board (PHAB), and Ohio state requirements.

## **REPORT ADOPTION, AVAILABILITY AND COMMENTS**

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

PCHD: <https://perrycountyhealth.info/community-health-assessment/>

Written comments on this report are welcomed and can be made by [angela.derolph@perrycountyohio.net](mailto:angela.derolph@perrycountyohio.net).





# CONCLUSION & NEXT STEPS



## **THE NEXT STEPS WILL BE:**

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





# CONCLUSION

## NEXT STEPS FOR PERRY COUNTY HEALTH DEPARTMENT



- Monitor community comments on the CHA report (ongoing) to the provided Perry County Health Department (PCHD) contacts.
- Select a final list of priority health needs to address using a set of criteria that is recommended by Moxley Public Health and approved by PCHD. (The identification process to decide the priority health needs that are going to be addressed will be transparent to the public. The information on why certain needs were identified as priorities and why other needs will not be addressed will also be public knowledge).
- Community partners (including the hospital, health departments, and many other organizations throughout the service area) will select strategies to address priority health needs and priority populations. (We will use, but not be limited by, information from community members and stakeholders and evidence-based strategies recommended by the Ohio Department of Health).
- The 2025-2027 Improvement Plan (CHIP) (that includes indicators and SMART objectives to successfully monitor and evaluate the improvement plan) will be adopted and approved by PCHD, reviewed by the public, and then the final draft will be publicly posted and made widely available to the community.





# APPENDIX A

## IMPACT AND PROCESS EVALUATION



### IMPACT AND PROCESS EVALUATION

The following pages highlight the priority health needs identified in the 2021 Perry County Community Health Assessment (CHA) and the impact of the 2022–2024 Community Health Improvement Plan (CHIP) based on the most recent data available from 2024. The pages that follow are not exhaustive of these activities but highlight what has been achieved in the service area since the previous CHA. The impact and process data related to each priority area will continue to be monitored and reported annually and in the next CHA.





# APPENDIX A: IMPACT AND PROCESS EVALUATION OF PREVIOUS COMMUNITY HEALTH IMPROVEMENT PLAN (2023)

## Community Health Improvement Plan CHIP Highlights

Increasing access to care and addressing chronic disease have been identified as the top two health priority areas in the Perry County Community Health Assessment (CHA). Using the data in the CHA, workplans have been created with objectives and strategies to guide the work of the committees working to address these two priority areas. To access the Perry County Community Health Assessment and additional community health data reports visit:  
<https://perrycountyhealth.info/community-health-assessment/>



Ribbon cutting ceremony for Somerset Heart Safe Park Accreditation (left to right): Tim Emmert (Reading Township Trustee), James Emmert Jr. (Reading Township Trustee), Robert Schons (Somerset Police Chief), Jason Adams (Perry County Genesis Emergency Department), Angela DeRolph (Health Commissioner), William Barker (Perry County Sheriff), Jim Mickey (Health Department), and Resa Tobin (Fairfield Medical Center)

Somerset Memorial Park became the first Heart Safe Park in Perry County after being accredited by Community Heart Watch last May. Community Heart Watch is a collaboration of first responders, healthcare providers, health department staff, educators, and civic leaders whose mission is to improve cardiac arrest survival in Perry, Fairfield, and Hocking Counties.

The Increasing Access to Care Committee objectives align closely with Community Heart Watch initiatives as we work together to expand access to AEDs in the community and provide AED and CPR training opportunities for the public.

### Increasing Access to Care

Many people in Perry County do not get the health care services they need and therefore the goal of the Increasing Access to Care Committee is to improve health by helping people get timely, high-quality health care services. This may include providing more resources to the community like bringing mobile screening units to Perry County or working to address barriers to health access such as transportation or lack of medical providers.

Increasing the proportion of females who get screened for breast cancer was identified as a priority objective for improving Access to Care within the county. The Perry County Health Department partners with The James to provide close-to-home mammography services for woman in Perry County. Since 2021, 269 women have been screened utilizing this partnership.



Reducing drug overdose deaths by increasing access to naloxone (Narcan) was identified as a priority objective for improving Access to Care within the county. The Perry County Health Department has significantly increased the number of naloxone kits distributed within the county since 2021.



### Chronic Disease

The Chronic Disease Community Health Improvement Plan was completed in 2023 with four objectives created to address chronic disease. Objectives for the work plan include:

- Neighborhood walking audits aimed at completing marked walking areas throughout the county to increase options for physical activity.
- Cooking classes completed throughout the county to provide nutrition education while demonstrating healthy cooking techniques.
- Providing tobacco cessation for all Perry County residents wanting to quit using tobacco products.
- Increasing mobile health services county-wide through partnerships with other entities who offer mobile intervention services.



# APPENDIX A: IMPACT AND PROCESS EVALUATION OF PREVIOUS COMMUNITY HEALTH IMPROVEMENT PLAN (2024)

## Community Health Improvement Plan CHIP Highlights

The Perry County Community Health Improvement Plan (CHIP) is a long-term strategy developed to address public health issues in Perry County. The current CHIP was based on the results of the 2021 Community Health Assessment (CHA) and includes strategies to address Access to Care and Chronic Disease. To access the Perry County Community Health Assessment and additional community health data reports visit:

<https://perrycountyhealth.info/community-health-assessment/>

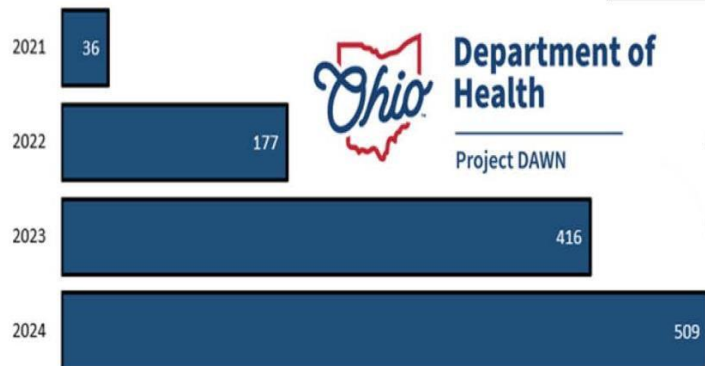
### Increasing Access to Care

In 2024, PCHD and its partners configured a network of 45 Auvie AED's that are currently being integrated with the Perry County 911 Dispatch Center.

Once complete, the system will significantly increase Access to Care as it allows 911 dispatchers to map precise AED locations that could provide life saving actions promptly.



Pictured: Commissioner Ben Carpenter, Perry County Dispatch Director Sheri Emmert, and PHEP Coordinator Jim Mickey

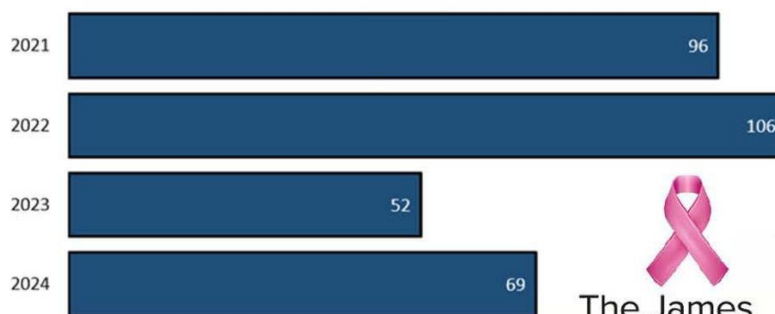


### Project Dawn in Perry County

Reducing drug overdose deaths by increasing access to naloxone (NARCAN) was identified as a priority objective for Improving Access to Care within the County. The Perry County Health Department has significantly increased the number of naloxone kits distributed within the county since 2021

The Health Department provides the opportunity for women to receive close-to-home mammography services through our partnership with The James Cancer Center. Increasing the proportion of females who get screened for breast cancer was identified as a priority objective for increasing Access to Care within the County.

Since 2021, **323** women have received a close-to-home mammogram at the Health Department.





# APPENDIX A:

## IMPACT AND PROCESS EVALUATION OF PREVIOUS COMMUNITY HEALTH IMPROVEMENT PLAN (2024)

The Chronic Disease Community Health Improvement Plan in conjunction with Creating Healthy Communities, Perry County Tobacco Program and the PCHD Nursing Division was completed in 2024 with four objectives created to address chronic disease.

- ♦ The Perry County Active Transportation Plan was updated.
- ♦ An assessment of the Perry County Food Pantries was completed in 2024. The assessment included data such as the number of volunteers, the average number of clients served, the ADA compliance of the locations and the need for electrical updates including emergency refrigeration.
- ♦ Vaping education and presentations were completed at local school districts including ALPHA.
- ♦ PCHD's mobile vaccination trailer was utilized for blood pressure checks, immunizations, and Narcan distribution and education at community events including the Perry County Fair, the Back to School Bash, Trunk or Treat, and the Annual Perry County Drive-thru.

### Perry County's Vision of Health

Perry County Adding More to Life!  
Value Strong - Community Focused – Health & Prosperity for All  
\*The vision of health is Perry County's aspiration for the future and its provide direction when examining data in the CHA to identify health priorities addressed in the CHIP

### **Coming in 2025!**

The Perry County Health Department will be releasing the new Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP).

## Community Health Improvement Plan (CHIP)



# APPENDIX B **BENCHMARK COMPARISONS**



## **BENCHMARK COMPARISONS**

The following table compares Perry County Service Area rates of the identified health needs to national goals called **Healthy People 2030 Objectives**. These benchmarks show how the service area compares to national goals for the same health need. This appendix is useful for monitoring and evaluation purposes in order to track the impact of our Improvement Plan (CHIP) to address priority health needs.



# APPENDIX B:

## HEALTHY PEOPLE OBJECTIVES & BENCHMARK COMPARISONS

Where data were available, Perry County health and social indicators were compared to the Healthy People 2030 objectives. The **black** indicators are Healthy People 2030 objectives that did not meet established benchmarks, and the **green** items met or exceeded the objectives. Certain indicators were not reported, marked as N/R. [Healthy People Objectives](#) are released by the U.S. Department of Health and Human Services every decade to identify science-based objectives with targets to monitor progress, motivate and focus action.

BENCHMARK COMPARISONS			
INDICATORS	DESIRED DIRECTION	PERRY COUNTY	HEALTHY PEOPLE 2030 OBJECTIVES
High school graduation rate <sup>6</sup>	↑	93.0%	90.7%
Child health insurance rate <sup>18</sup>	↑	96.2%	92.1%
Adult health insurance rate <sup>18</sup>	↑	88.9%	92.1%
Ischemic heart disease deaths <sup>45</sup>	↓	300.0*	71.1 per 100,000 persons
Cancer deaths <sup>45</sup>	↓	245.4*	122.7 per 100,000 persons
Colon/rectum cancer deaths <sup>45</sup>	↓	16.7*	8.9 per 100,000 persons
Lung cancer deaths <sup>45</sup>	↓	77.0*	25.1 per 100,000 persons
Female breast cancer deaths <sup>45</sup>	↓	N/R	15.3 per 100,000 persons
Prostate cancer deaths <sup>45</sup>	↓	N/R	16.9 per 100,000 persons
Stroke deaths <sup>45</sup>	↓	34.0*	33.4 per 100,000 persons
Unintentional injury deaths <sup>45</sup>	↓	93.1*	43.2 per 100,000 persons
Suicides	↓	27.5*	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths <sup>45</sup>	↓	11.2*	10.9 per 100,000 persons
Unintentional fall deaths, adults 65+ <sup>45</sup>	↓	47.4*	63.4 per 100,000 persons ages 65+
Unintentional drug-overdose deaths <sup>45</sup>	↓	41.8*	20.7 per 100,000 persons
Overdose deaths involving opioids <sup>46</sup>	↓	132.6*	13.1 per 100,000 persons
On-time (first trimester) prenatal care (HP2020 Goal) <sup>57</sup>	↑	69.8%	84.8% (HP2020 Goal)
Preterm births, babies born before 37 weeks of gestation (%) <sup>57</sup>	↓	10.5%	9.0%
Infant death rate <sup>6</sup>	↓	N/R	5.0 per 1,000 live births
Adults, ages 20+, obese <sup>6</sup>	↓	43.0%	36.0%, adults ages 20+
Students, grades 7th to 12 <sup>th</sup> , obese <sup>44</sup>	↓	N/R	15.5%, children & youth, 2-19
Adults engaging in binge drinking <sup>6</sup>	↓	18.0%	25.4%
Cigarette smoking by adults <sup>6</sup>	↓	25.0%	5.0%
Pap smears, ages 21-65, screened in the past 3 years <sup>49</sup>	↑	N/R	84.3%
Mammograms, ages 50-74, screened in the past 2 years <sup>49</sup>	↑	N/R	77.1%
Colorectal cancer screenings, ages 50-75, per guidelines <sup>49</sup>	↑	N/R	74.4%
Medicare enrollee annual influenza vaccinations <sup>6</sup>	↓	45.0%	70.0%, all adults
Food insecure households <sup>21</sup>	↓	16.4%	6.0%
Suicide attempts by adolescents in past year <sup>44</sup>	↓	N/R	1.8%

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



# APPENDIX C

## KEY INFORMANT INTERVIEW PARTICIPANTS



### KEY INFORMANT INTERVIEW PARTICIPANTS

Listed on the following page are the names of **11** leaders, representatives, and members of the community who were consulted for their expertise on the needs of the community. The following individuals were identified by the Community Health Assessment (CHA) team as leaders based on their professional expertise and knowledge of various target groups throughout the service area.





# APPENDIX C:

## KEY INFORMANT INTERVIEW PARTICIPANTS

### PERRY COUNTY



INTERVIEW PARTICIPANTS		
NAME(S)	ROLE	ORGANIZATION
1. Chief Doug Gill	Chief	New Lexington Police Department
2. Amy Frame	Executive Director	Perry County Public Children Services Agency
3. Annette Moore	Director/Chief Veteran Services Officer	Perry County Veterans Service Commission
4. Eric Emmert	Administrator	Village of New Lexington
5. Jason Adams	Manager, Genesis Perry County Emergency Department	Genesis HealthCare System
6. Judge Luann Cooperrider	Judge	Perry County Court
7. Fred Redfern	Director	The Ohio Bass Federation
8. Melissa Marolt	Director	Perry County District Library
9. Theresa Kane	Executive Director	Perry Behavioral Health Choices
10. Dr. Kevin Frank	Family Physician	Genesis HealthCare System
11. Lawrence Uhl	Practice Director, Primary Care Service Line	Genesis HealthCare System



# APPENDIX D

## FOCUS GROUP PARTICIPANTS



### FOCUS GROUP PARTICIPANTS

Listed on the following page are the details of the 3 focus groups conducted with 40 community members, including the number of participants, format, and groups represented.



# APPENDIX D: FOCUS GROUP PARTICIPANTS



FOCUS GROUP PARTICIPANTS				
GROUP/TOPIC REPRESENTED	FORMAT	PARTICIPATING ORGANIZATION(S)	COUNTY	# OF PARTICIPANTS
1. Rural communities (southern Perry County)	In-Person	Perry County Health Department	Perry	9
2. Food insecurity	In-Person	Perry County Health Department	Perry	18
3. Access to care	In-Person	Perry County Health Department	Perry	13
<b>TOTAL</b>				<b>40</b>





## APPENDIX D:

# FOCUS GROUP DEMOGRAPHICS



**Note:** 90% of focus group participants responded to some or all of the optional demographic questions. Focus groups were meant to hear specifically from priority populations in the community most affected by health disparities, not necessarily to represent the overall demographics of the community.

- The greatest proportion of participants came from **New Lexington (43764)** – 22%, with representation from Hemlock (43766) – 11%, San Toy (43782) – 11%, Junction City (43748) – 11%, Carbon Hill (43730) – 25%, and other areas.
- **65+ was the most represented age group (36%)**, followed by 55-64 (25%), and 44-54 (19%). All age groups had some representation.
- **61% of participants were women.**
- **Most participants (92%) were straight.**
- **89% of participants were White**, while there was representation from Native American and Alaskan Native participants (3%) each.
- **Participants mainly spoke English** as a primary language (89%).
- **89% of participants had at least one child** in their home.
- **22% of participants had some college but no degree**, while 19% had a Graduate degree, followed by (14% each) participants with a Bachelor's degree, Associate's degree, or a Highschool degree or less. 6% of participants had a trade school degree.
- **44% were employed**, 36% were retired.
- **Education, law and social, community and government services**, followed by healthcare were the most common occupational categories represented.
- Participants were generally **middle to upper income**, with 58% having a household income over \$50,000 per year. All income categories were represented.
- 14% of participants **identified as having a disability.**
- All participants reported **having a steady place to live.**





# APPENDIX E **COMMUNITY MEMBER SURVEY**



## **COMMUNITY MEMBER SURVEY**

On the following pages are the questions and demographics from the community member survey that was distributed to Perry County residents to get their perspectives and experiences on the health assets and needs of the community they call home. 191 responses were received.



**Public Health**  
Prevent. Promote. Protect.  
**Perry County**  
Health Department



# APPENDIX E:

## COMMUNITY MEMBER SURVEY

Welcome!

Perry County (including Genesis HealthCare System, Perry County Health Department, Noble County Health Department, Perry County Health Department, and Zanesville-Muskingum County Health Department) is conducting a COMMUNITY HEALTH ASSESSMENT (CHA) to identify and assess the health needs of the community. We are asking community members (those who live and/or work in the counties served by the collaborative) to complete this short, **20-minute** survey. This information will help guide us as we consider services, programs, and policies that will benefit the community.

Be assured that this process is completely anonymous - we cannot access your name or any other identifying information. Your individual responses will be kept strictly confidential and the information will only be presented in aggregate (as a group). Your participation in this survey is entirely voluntary and you are free to leave any of the questions unanswered/skip questions you prefer not to answer (so only answer the questions you want to answer!). Thank you for helping us to better serve our community!

### Ranking Health Needs

1. While it can be hard to choose, do your best to select what you feel are the TOP 3 COMMUNITY CONDITIONS of concern in your community? (please check your top 3)
  - Access to childcare
  - Access to dental/oral healthcare
  - Access to mental healthcare
  - Access to primary healthcare (e.g. doctors, hospitals, specialists, mental healthcare, dental/oral care, vision care, medical appointments, health insurance coverage, health literacy, etc.)
  - Access to public/safe water and other utilities (e.g. heat, electric, natural gas)
  - Access to social engagement and volunteer opportunities
  - Access to specialist healthcare
  - Access to vision healthcare
  - Adverse childhood experiences (e.g. child abuse, mental health, family issues, trauma, etc.)
  - Crime and violence
  - Education and literacy (e.g. early childhood education, elementary school, post-secondary education, etc.)
  - Environmental conditions (e.g. air and water quality, vector-borne diseases, etc.)
  - Food insecurity (e.g. not being able to access and/or afford healthy food)
  - Health insurance coverage
  - Health literacy
  - Housing and homelessness
  - Income/poverty and employment
  - Internet/Wi-Fi access
  - Nutrition
  - Overweight and obesity
  - Physical health/exercise
  - Preventive care and practices (e.g. screenings, mammograms, pap tests, vaccinations)
  - Transportation (e.g. public transit, cars, cycling, walking)
  - Not Listed (feel free to specify)
2. While it can be hard to choose, do your best to select what you feel are the TOP 3 HEALTH OUTCOMES (e.g. impacts, diseases, conditions, etc.) of concern in your community? (please check your top 3)
  - Chronic diseases (e.g. heart disease, diabetes, cancer, asthma, etc.) - Please specify which chronic disease(s) you feel is the biggest issue in the community in the 'Not Listed' box below.
  - HIV/AIDS and Sexually Transmitted Infections (STIs)
  - Injuries (workplace injuries, car accidents, falls, etc.)
  - Maternal, infant and child health (e.g. pre-term births, infant mortality, maternal morbidity and mortality)
  - Mental health (e.g. depression, anxiety, suicide, etc.)
  - Substance use disorder (alcohol and drugs)
  - Suicide
  - Tobacco and nicotine use/smoking/vaping
  - Not Listed (feel free to specify)

### Access to Healthcare

3. If you do NOT currently have healthcare coverage or insurance, what are the main reasons why? (select all that apply)
  - I am waiting to get coverage through my job
  - I don't think I need health insurance
  - I haven't had time to deal with it
  - It costs too much
  - I am not eligible or do not qualify
  - It is too confusing to sign up
  - I do not have an ID or permanent address
  - Does not apply - I have health coverage/insurance
  - Not Listed (feel free to specify)
4. In the last year, if you or a member of your household delayed or went without necessary healthcare, what were the main reasons why? (select all that apply)
  - Could not get an appointment quickly enough/too long of a wait for an appointment
  - Could not get an appointment that was convenient with my work hours or child's school schedule
  - Distrust/fear of discrimination
  - Lack of provider awareness and/or education about my health condition
  - Language barriers
  - No insurance and could not afford care
  - Insurance did not cover the cost of the procedure or care
  - Insurance deductibles were too high
  - Not knowing where to go or how to find a doctor
  - Technology barriers with virtual visits/telehealth services
  - Not having a provider who understands and/or respects my cultural or religious beliefs
  - Lack of transportation to the appointment
  - The appointment was too far away and/or outside of my community
  - I could not find a doctor or dentist that takes Medicaid
  - No barriers and did not delay health care - received all the care that was needed
  - Not Listed (feel free to specify)
5. Where do you and your family members go most often to receive routine healthcare services (physical exams, check-ups, treatment for chronic diseases, blood work, etc.)? (select all that apply)
  - Doctor's office (primary care physician/provider, family physician, internist, pediatrician, etc.) in my own county
  - Doctor's office (primary care physician/provider, family physician, internist, pediatrician, etc.) outside of my own county
  - Emergency room department at the hospital
  - Urgent care clinic
  - Virtual visits/telehealth services
  - Health department
  - Medical lab/clinic
  - I wouldn't go to a doctor unless it was an emergency
  - Not sure
  - None of the above
  - Not Listed (feel free to specify)



# APPENDIX E:

## COMMUNITY MEMBER SURVEY

6. Where do you and your family members go most often to receive immunizations? (select all that apply)
  - Doctor's office (primary care physician/provider, family physician, internist, pediatrician, etc.)
  - Pharmacy
  - Health Department
  - Not sure
  - None of the above
  - Not Listed (feel free to specify)
7. How long has it been since you have had a flu shot/vaccine?
  - Within the last year
  - 1-2 years
  - 3-5 years
  - 5 or more years ago
  - I have never had a flu shot/vaccine
  - Prefer not to answer
8. Which immunizations do you and your family receive? (select all that apply)
  - All REQUIRED immunizations (such as Tdap, Meningococcal)
  - All age appropriate immunizations (such as HPV, Pneumococcal, Shingles)
  - Seasonal immunizations (such as Flu, COVID-19)
  - Alternate immunization schedule (one vaccine at a time)
  - No combination immunizations
  - Not sure
  - None of the above
  - Not Listed (feel free to specify)
9. How long has it been since you have been to the doctor to get a checkup when you were well (not because you were already sick)?
  - Within the last year
  - 1-2 years ago
  - 3-5 years ago
  - More than 5 years ago
  - I have never been to a doctor for a checkup
10. If you were sick, where would you go first for treatment? Assume that this is not an emergency situation. (choose one)
  - Doctor's office (primary care physician, family physician, internist, pediatrician, etc.)
  - Specialist's office (cardiologist, pulmonologist, endocrinologist, etc.)
  - Emergency room department at hospital
  - Urgent care clinic
  - Virtual visits/telehealth services
  - I wouldn't go to a doctor unless it was an emergency
  - Not sure
  - None of the above
  - Not Listed (feel free to specify):
11. Do you have a personal physician/primary care provider?
  - Yes
  - No
12. How would you rate your current access to mental, behavioral health, or substance use disorder services?
  - Very high access
  - High access
  - Neutral
  - Low access
  - Very low access
13. In the last year, if you or a member of your household delayed or went without mental, behavioral health, or substance use disorder services, what were the main reasons why? (select all that apply)
  - Could not get an appointment quickly enough/too long of a wait for an appointment
  - Insurance or cost issues
  - Not knowing where to go or how to find behavioral or mental health providers
  - Distrust/fear of discrimination
  - Uncomfortable with mental or behavioral health provider
  - Stigma of mental or behavioral health/nervous about admitting that I have a mental or behavioral health concern
  - Language barriers
  - Technology barriers with virtual visits/telehealth services
  - Lacked transportation to the appointment
  - Lack of type of services needed (detox, MAT, inpatient beds full, etc.)
  - Do not need behavioral or mental health care
  - No barriers - received all the behavioral and mental health care that was needed
  - Not Listed (feel free to specify)
14. In the last year, if you or a member of your household delayed or went without needed prescription medicine, what were the main reasons why? (select all that apply)
  - I had a needed prescription medicine that was eventually filled, but I had to wait for it
  - No insurance and could not afford prescription medicine
  - Insurance did not cover the cost of the prescription medicine
  - Insurance deductibles were too high
  - Not knowing where to go or how to find prescription medicine
  - Lack of transportation to get prescription medicine
  - The place to get the prescription medicine was too far away and/or outside of my community
  - My prescription medicine was out of stock
  - No barriers and did not delay prescription medicine - got access to all of the prescription medicine that was needed
15. About how long has it been since you have been to the dentist to get a checkup (not for an emergency)?
  - Within the last year
  - 1-2 years ago
  - 3-5 years ago
  - More than 5 years ago
  - I have never been to the dentist for a checkup
16. In the last year, was there a time when you needed dental care but could not get it?
  - Yes
  - No
17. In the last year, was there a time when you needed vision/eye care but could not get it?
  - Yes
  - No

### Health Status

18. Thinking about the last year, overall, my physical health is:
  - Excellent
  - Very good
  - Good
  - Fair
  - Poor



# APPENDIX E:

## COMMUNITY MEMBER SURVEY

19. Thinking about the last year, overall, my mental health is:
- Excellent
  - Very good
  - Good
  - Fair
  - Poor
20. In the last year, have you had thoughts of suicide?
- Yes
  - No
  - Prefer not to answer
21. If you do want to get healthier and in better shape; what if anything, do you feel is holding you back? (select all that apply)
- Stress
  - Lack of energy
  - My busy schedule (I don't have time to cook or exercise)
  - Lack of support from friends
  - Lack of support from family
  - I feel intimidated or awkward going to a gym or fitness center
  - Money (gyms and healthy foods are too expensive)
  - Lack of gyms or fitness centers to go to near me
  - Food and fitness is too confusing
  - Convenience (eating out is easier)
  - Childcare concerns
  - I don't like to cook
  - I don't like to exercise
  - I don't feel motivated to be healthier
  - None of the above. (I'm in good shape or don't want to be in better shape)
  - Not Listed (feel free to specify)
22. What kind of physical activity/exercise do you currently participate in or want to participate in? (select all that apply)
- Aerobics/dancing
  - Baseball/softball
  - Basketball
  - Biking/cycling
  - Bowling
  - Boxing/kickboxing
  - Canoeing/kayaking/rowing
  - Football
  - Gardening/yard work
  - Going to the gym/weightlifting
  - Golf
  - Gymnastics
  - Hockey
  - Martial arts (e.g. karate, judo, taekwondo, etc.)
  - Racket sports (e.g. tennis, badminton, squash, pickleball, etc.)
  - Running/jogging
  - Skating
  - Skiing/snowboarding
  - Soccer
  - Swimming
  - Volleyball
  - Walking/hiking
  - Wrestling
  - Yoga/pilates
  - None of the above
  - Not Listed (feel free to specify)

### Transportation

23. In the past 12 months, has lack of reliable transportation kept you from going to (select all that apply):
- Medical appointments (for yourself or another member of your family)
  - Work/meetings
  - School (for yourself or another member of your family)
  - Childcare
  - Buying food/groceries
  - Physical activity opportunities/the gym
  - Getting other things for daily living
  - Not applicable
  - Not Listed (feel free to specify)
  - New page break
24. How do you travel to where you need to go? (select all that apply for each category - work, appointments, food shopping)

	Drive alone	Public transit	Taxi/cab	Ride with others in a carpool or vanpool	Cycle	Walk	Family member takes me	It depends on the day as to what is available	I struggle with finding a way to get here
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appointments (e.g. medical, mental health, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not Listed (feel free to specify)

### Community Resources

25. What resources are lacking within your community? (select all that apply)
- Accessibility for people with disabilities
  - Adult literacy programs
  - Affordable and healthy food (e.g. grocery stores, healthy restaurants, farmers markets, food pantries, etc.)
  - Affordable and available housing
  - Car services (e.g. repair, tire dealers, oil change, etc.)
  - Childcare
  - Dental/oral healthcare access
  - Hospital/acute and emergency healthcare
  - Maternal, infant, and child healthcare (e.g. OB/GYN, midwives, doulas, pediatricians, etc.)
  - Mental healthcare access
  - Primary healthcare access
  - Recreational spaces (e.g. parks, walking paths, community centers, gyms/workout facilities, exercise opportunities, etc.)
  - Social activities (e.g. clubs, senior activities, youth activities, community spaces, etc.)
  - Specialist healthcare (e.g. oncologist/cancer care, cardiologist/heart care, nephrologist/kidney care, physical therapy, dietitian, etc.)
  - Substance use treatment/harm reduction services
  - Translation/interpretation services (ASL, Spanish, etc.)
  - Transportation
  - Vision healthcare access
  - There is no lack of resources in my community
  - I don't know what resources are lacking in my community
  - Not Listed (feel free to specify)
26. In the last year, did you travel outside of your county to access any resources? If yes, please specify which resources.
- Yes
  - No
  - Prefer not to answer
  - If yes, please specify which resources:



# APPENDIX E:

## COMMUNITY MEMBER SURVEY

27. In the last year, did you or your family worry that your food will run out and that you won't be able to get more?
- Yes
  - No
  - Prefer not to answer
  - Not Listed (feel free to specify)

28. In the last year, did you have issues affording your utilities (e.g. heat, electric, natural gas or water)?
- Yes
  - No
  - Prefer not to answer
  - Other/Not Listed (feel free to specify)

### Health Behaviors

29. How often in the last 30 days (last month) did you smoke cigarettes?
- Never
  - 1 time/week or less
  - 2-3 times/week
  - 4-6 times/week
  - Daily
  - Prefer not to answer
  - Not Listed (feel free to specify)

30. How often in the last 30 days (last month) did you vape/use e-cigarettes?
- Never
  - 1 time/week or less
  - 2-3 times/week
  - 4-6 times/week
  - Daily
  - Prefer not to answer
  - Not Listed (feel free to specify)

31. How often in the last 30 days (last month) did you use other nicotine or tobacco products?
- Never
  - 1 time/week or less
  - 2-3 times/week
  - 4-6 times/week
  - Daily
  - Prefer not to answer
  - Not Listed (feel free to specify)

32. How often in the last 30 days (last month) did you have a drink containing alcohol?
- Never
  - 1 time/week or less
  - 2-3 times/week
  - 4-6 times/week
  - Daily
  - Prefer not to answer
  - Not Listed (feel free to specify)

33. How often in the last 30 days (last month) have you had 5 or more drinks containing alcohol at any one time?
- Never
  - 1 time/week or less
  - 2-3 times/week
  - 4-6 times/week
  - Daily
  - Prefer not to answer
  - Not Listed (feel free to specify)

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

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

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

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

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

- Yes
- No
- Prefer not to answer

### Demographics

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

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

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

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



# APPENDIX E:

## COMMUNITY MEMBER SURVEY

39. Where do you work? (choose one)

- 43006      • 43766      • 43811
- 43076      • 43767      • 43812
- 43150      • 43768      • 43805
- 43701      • 43771      • 43821
- 43702      • 43748      • 43822
- 43711      • 43749      • 43824
- 43717      • 43740      • 43828
- 43720      • 43746      • 43830
- 43722      • 43750      • 43832
- 43723      • 43755      • 43836
- 43724      • 43756      • 43842
- 43725      • 43758      • 43843
- 43727      • 43760      • 43844
- 43728      • 43772      • 43845
- 43730      • 43773      • 43973
- 43731      • 43777      • 43983
- 43732      • 43778      • 44637
- 43733      • 43779      • 45711
- 43734      • 43780      • 45715
- 43735      • 43782      • 45727
- 43736      • 43783      • 45732
- 43738      • 43787      • 45745
- 43739      • 43788      • 45746
- 43761      • 43791      • I am not currently employed
- 43762      • 43802      • Prefer not to answer
- 43762      • 43803      • None of the above, I work primarily
- 43764      • 43804      at the following ZIP code:

40. Which of the following best describes your age?

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

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

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

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

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

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

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

44. What is your primary language spoken at home?

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

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

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

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

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

47. Are you currently employed?

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

48. What is your annual household income?

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



# APPENDIX E:

## COMMUNITY MEMBER SURVEY

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

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

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

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

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

If you or someone in your life are in need of support, visit [theline.org](http://theline.org), or call 1.800.799.SAFE (7233), or text "START" to 88788.

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

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

### Final Comments

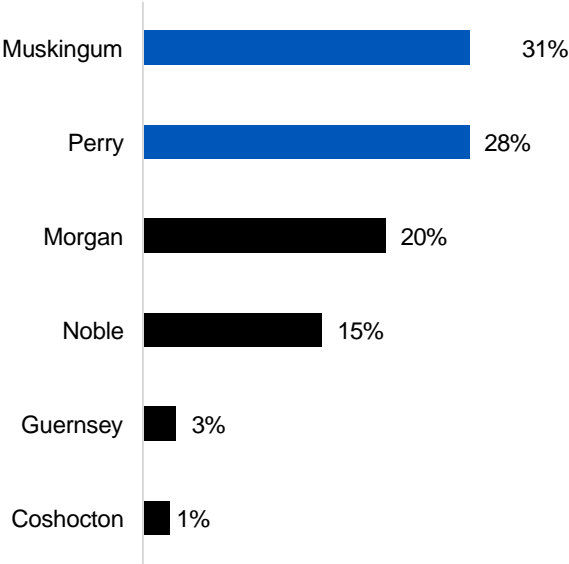
52. Do you have any other feedback or comments to share with us? (optional)

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

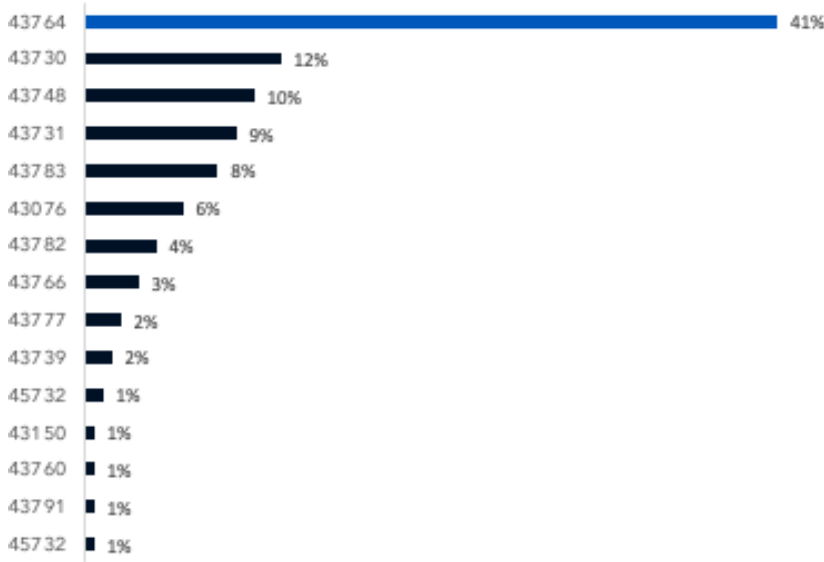


# APPENDIX E: COMMUNITY MEMBER SURVEY DEMOGRAPHICS

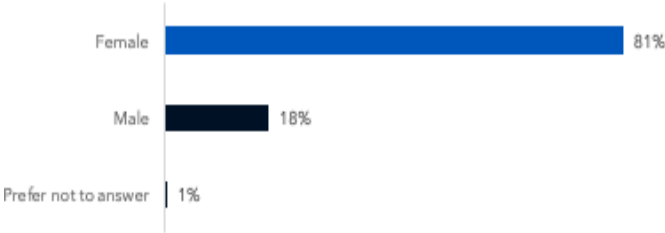
The survey had responses from all GSA counties, with most from **Muskingum and Perry**, fairly consistent with the population breakdown of the GSA by county, with the exception of Guernsey and Coshocton Counties, that were underrepresented



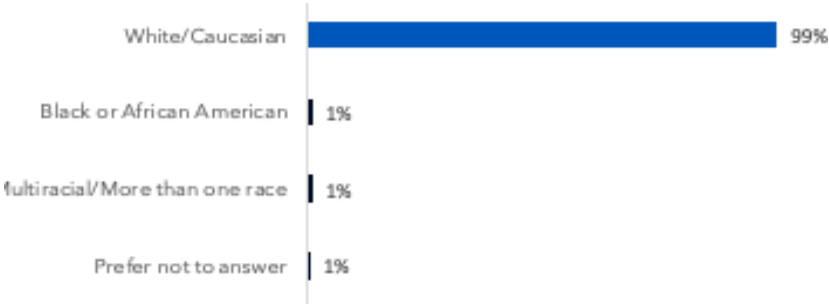
The majority of respondents live in **New Lexington (43764)**, while there was representation from Corning (43730), Junction City (43748), Crooksville (43731), and Somerset (43783)



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



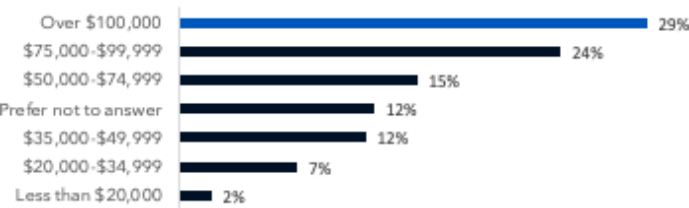
The majority of respondents were **White**, consistent with the composition of the service area. The representation from other racial groups was also similar to the service area as a whole





# APPENDIX E: COMMUNITY MEMBER SURVEY DEMOGRAPHICS

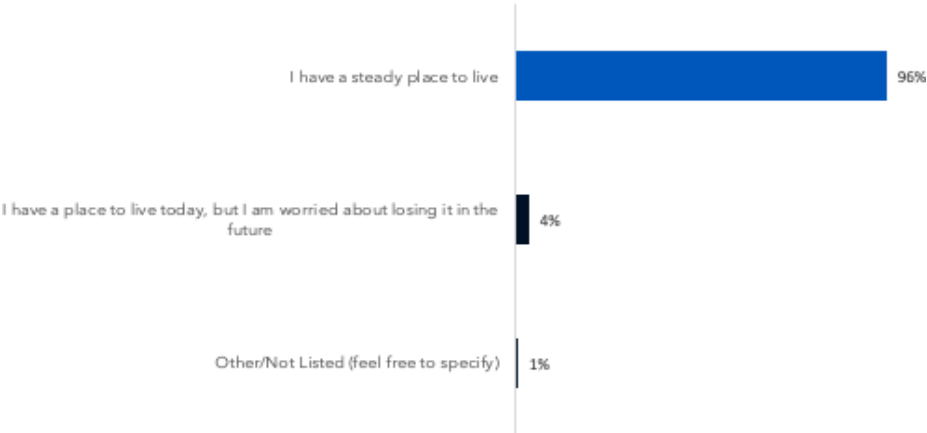
Respondents were generally **higher income**, with just under one-third having an annual household income of \$100,000 or more. This representation is similar to the service area as a whole



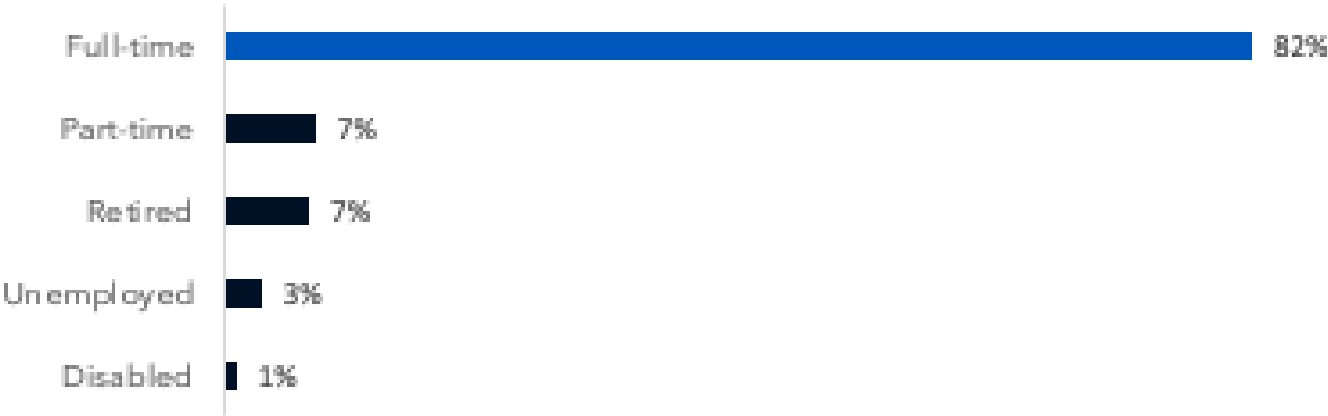
**100%** of respondents reported that their primary language spoken at home was **English**



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



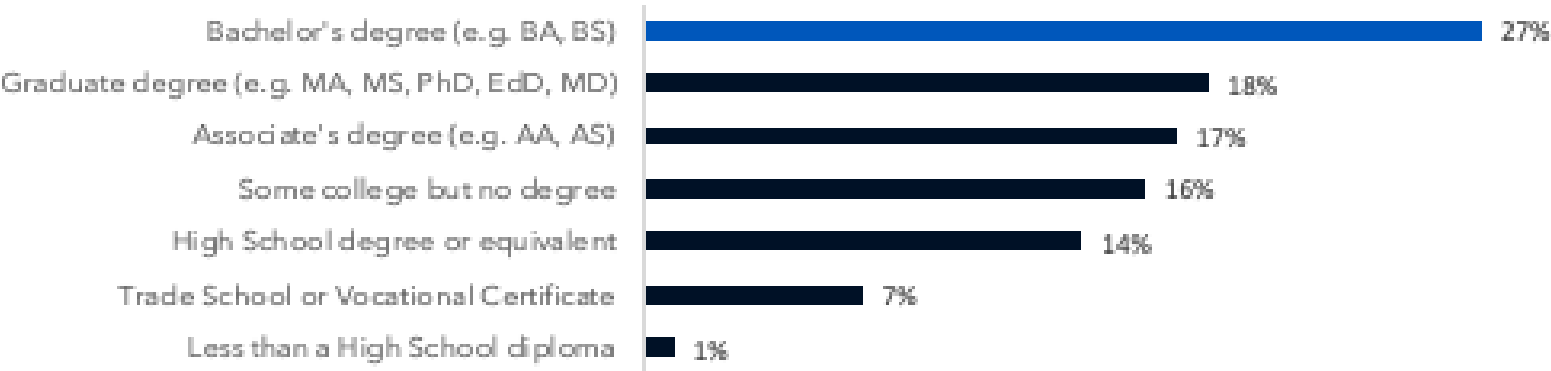
The majority of respondents are **employed full-time**, while significant proportions are retired, employed part-time, have disabilities, or are unemployed



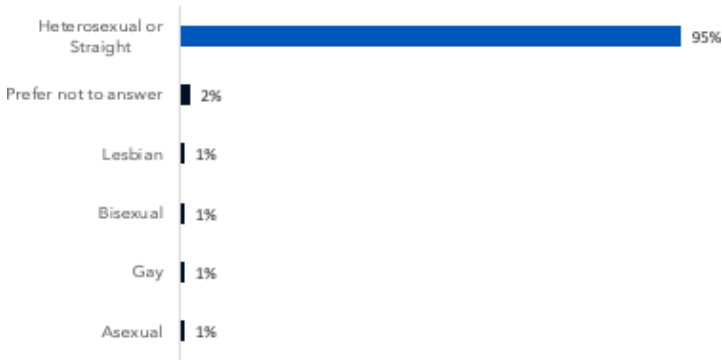


# APPENDIX E: COMMUNITY MEMBER SURVEY DEMOGRAPHICS

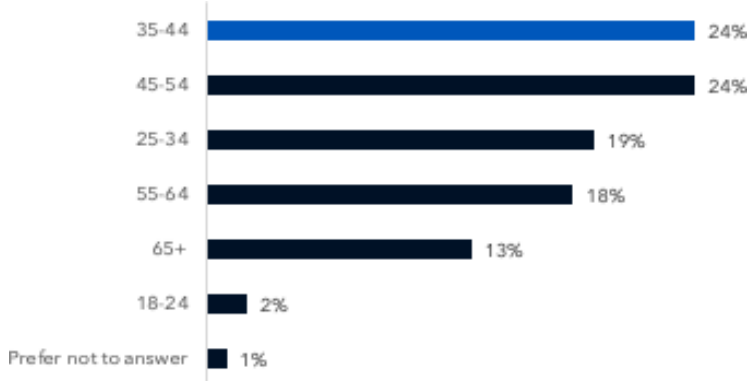
The majority of respondents have at least a **high school degree or equivalent**, with a **significant number having a Bachelor's degree**



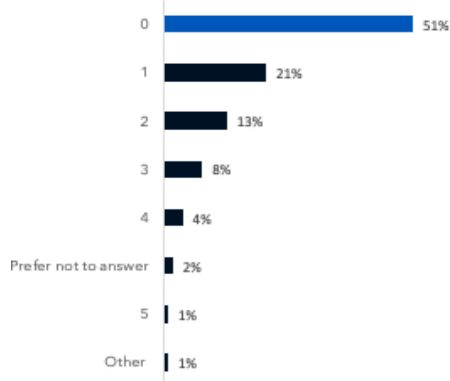
The majority of respondents reported their sexual orientation as **heterosexual or straight**, while there was some LGBTQ+ representation



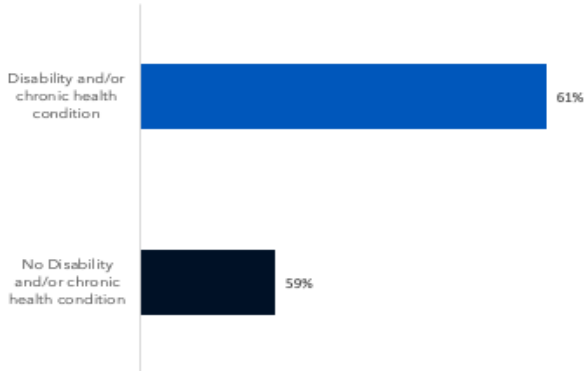
There was a greater proportion of survey responses from **middle-aged and older** rather than younger adults, particularly from the 35-44, 45-54, 25-34, and 55-64 year-old age groups



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



The majority of respondents reported having a **disability and/or chronic health condition**, while 59% did not





## APPENDIX F

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



### **MEETING THE PHAB REQUIREMENTS FOR COMMUNITY HEALTH ASSESSMENT**

The Public Health Accreditation Board (PHAB) Standards & Measures serves as the official guidance for PHAB national public health department accreditation, and includes requirements for the completion of Community Health Assessments (CHAs) for local health departments. The following page demonstrates how this CHA meets the PHAB requirements.



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# APPENDIX F:

## PHAB CHA REQUIREMENTS CHECKLIST

PUBLIC HEALTH ACCREDITATION BOARD REQUIREMENTS FOR COMMUNITY HEALTH ASSESSMENTS			
YES	PAGE #	PHAB REQUIREMENTS CHECKLIST	NOTES/ RECOMMENDATIONS
✓	4	<p>a. A list of participating partners involved in the CHA process. Participation must include:</p> <p>i. At least 2 organizations representing sectors other than governmental public health.</p> <p>ii. At least 2 community members or organizations that represent populations who are disproportionately affected by conditions that contribute to poorer health outcomes.</p>	<p>Integrated throughout the report</p> <p>Community member survey included a question that asked respondents to select their top community health needs and rate the importance of addressing each health need.</p>
✓	5-18	b. The process for how partners collaborated in developing the CHA.	
✓	13, 19-79	<p>c. Comprehensive, broad-based data. Data must include:</p> <p>i. Primary data.</p> <p>ii. Secondary data from two or more different sources.</p>	Primary and secondary data is integrated together throughout the report
✓	13	<p>d. A description of the demographics of the population served by the health department, which must, at minimum, include:</p> <p>i. The percent of the population by race and ethnicity.</p> <p>ii. Languages spoken within the jurisdiction.</p> <p>iii. Other demographic characteristics, as appropriate for the jurisdiction.</p>	
✓	13, 19-79	<p>e. A description of health challenges experienced by the population served by the health department, based on data listed in required element (c) above, which must include an examination of disparities between subpopulations or sub-geographic areas in terms of each of the following:</p> <p>i. Health status</p> <p>ii. Health behaviors.</p>	Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.
✓	13, 19-79	f. A description of inequities in the factors that contribute to health challenges (required element e), which must, include social determinants of health or built environment.	Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.
✓	72-79	<p>g. Community assets or resources beyond healthcare and the health department that can be mobilized to address health challenges.</p> <p>The CHA (or CHA) must address the jurisdiction as described in the description of Standard 1.1.</p>	



# APPENDIX G REFERENCES



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# APPENDIX G:

## REFERENCES

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

<sup>1</sup>U.S. Census Bureau, Decennial Census, P1, 2018-2022. [Http://Data.Census.Gov/](http://Data.Census.Gov/)

<sup>2</sup>County Health Rankings & Roadmaps, 2023 Data Set, <http://www.Countyhealthrankings.org/>

<sup>3</sup>U.S. Census Bureau, American Community Survey, Dp05, 2018-2022 5-Year Estimate. [Http://Data.Census.Gov/](http://Data.Census.Gov/)

<sup>4</sup>U.S. Census Bureau, American Community Survey, Dp02, 2018-2022 5-Year Estimate. [Http://Data.Census.Gov/](http://Data.Census.Gov/)

<sup>5</sup>U.S. Census Bureau, Decennial Census, S1601 American Community Survey, 2018-2022 5-Year Estimate. [Http://Data.Census.Gov/](http://Data.Census.Gov/)

<sup>6</sup>County Health Rankings & Roadmaps, 2024 Data Set, <http://www.Countyhealthrankings.org/>

<sup>7</sup>U.S. Census Bureau, American Community Survey, B14005, 2018-2022 5-year estimate. <http://data.census.gov>

<sup>8</sup>U.S. Census Bureau, American Community Survey, 2018-2022, S1701. [Http://Data.Census.Gov/](http://Data.Census.Gov/)

<sup>9</sup>U.S. Census Bureau, American Community Survey, 2018-2022, Dp03. [Http://Data.Census.Gov/](http://Data.Census.Gov/)

<sup>10</sup>The Center for Applied Research and Engagement Systems (CARES) Map Room. Education and poverty levels from U.S. Census Bureau's American Community Survey, 2017-2021. [https://engagementnetwork.org/map-room/?action=tool\\_map&tool=footprint](https://engagementnetwork.org/map-room/?action=tool_map&tool=footprint)

<sup>11</sup>U.S. Census Bureau, American Community Survey, 2018-2022, S1702. [Http://Data.Census.Gov/](http://Data.Census.Gov/)

<sup>12</sup>Kids Count Data Center (2023). Statistics on children, youth and families in Ohio. Retrieved from <https://datacenter.aecf.org/data/tables/2481-children-in-publicly-funded-childcare>

<sup>13</sup>Ohio Childcare Resource & Referral Association Annual Report, 2022. <https://d2hfgw7vtzn2tl.cloudfront.net/wp-content/uploads/2023/05/Annual-Report-2022.pdf>

<sup>14</sup>Groundwork Ohio Statewide Survey, Dec. 7, 2021. [https://www.groundworkohio.org/\\_files/ugd/d2fbfd\\_5429e4e10cea4102b1c249f271b579d1.pdf](https://www.groundworkohio.org/_files/ugd/d2fbfd_5429e4e10cea4102b1c249f271b579d1.pdf)

<sup>15</sup>Health Resource Service Administration. Health Professional Shortage Areas. Retrieved from: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

<sup>16</sup>U.S. Census Bureau, American Community Survey, 2018-2022, S2701. <http://data.census.gov/>

<sup>17</sup>Ohio Department of Health, Ohio 2019 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2019-brfss-annual-report>

<sup>18</sup>CDC Archive. Press Briefing Transcript, Nov. 6, 2019. [https://archive.cdc.gov/www\\_cdc\\_gov/media/releases/2019/t1105-aces.html#:~:text=A.C.E.s%20are%20linked%20to%20many,problems%20across%20the%20life%20span.](https://archive.cdc.gov/www_cdc_gov/media/releases/2019/t1105-aces.html#:~:text=A.C.E.s%20are%20linked%20to%20many,problems%20across%20the%20life%20span.)

<sup>19</sup>Ohio Department Of Jobs & Family Services, Child Abuse And Neglect Referrals And Outcomes Dashboard. (2023). <https://Data.Jfs.Ohio.Gov/Dashboards/Foster-Care-And-Adult-Protective-Services/Child-Abuse-And-Neglect-Referrals-And-Outcomes>

<sup>20</sup>CDC. Adverse Childhood Experiences (ACEs) Risk and Protective Factors, 2024. <https://www.cdc.gov/aces/risk-factors/index.html>

<sup>21</sup>Feeding America, Map The Meal Gap, 2022. <https://map.feedingamerica.org/county/2022/overall/ohio>

<sup>22</sup>U.S. Census Bureau, American Community Survey, S2201, 2018-2022. <http://data.census.gov>

<sup>23</sup>Ohio Department Of Education & Workforce, Data For Free And Reduced-Price Meal Eligibility, October 2023 (Fy2024) Data For Free And Reduced-Price Meals.

<https://Education.Ohio.Gov/Topics/Student-Supports/Food-And-Nutrition/Resources-And-Tools-For-Food-And-Nutrition/Data-For-Free-And-Reduced-Price-Meal-Eligibility>

<sup>24</sup>U.S. Census Bureau, American Community Survey, 2018-2022, DP04. <http://data.census.gov/>

<sup>25</sup>U.S. Census Bureau, American Community Survey, 2013-2017 & 2018-2022, DP04. <http://data.census.gov/>

<sup>26</sup>Ohio Housing Finance Agency, Office Of Housing Policy, Southeast Ohio Regional Housing Needs Assessment, 2022. <https://ohiohome.org/research/documents/SEO-hRNA.pdf>

<sup>27</sup>Coalition on Homelessness and Housing in Ohio, Housing Inventory Count and Point-in-Time Count, 2024.

<https://cohhio.org/boscoc/hicpit/>

<sup>28</sup>U.S. Census Bureau, American Community Survey, DP02, 2021. <http://data.census.gov/>

<sup>29</sup>U.S. Department of Housing and Urban Development (HUD), 2022-2023 CoC Homeless Populations and Subpopulations Report - Ohio Balance of State CoC. <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/>

<sup>30</sup>BroadbandNow (2024). Ohio Internet Coverage & Availability in 2024. Retrieved from <https://broadbandnow.com/Ohio>

<sup>31</sup>Ohio Department of Development (2021). BroadbandOhio, Ohio's Broadband Availability Gaps, <https://broadband.ohio.gov/view-maps/ohios-broadband-availability-gaps>

<sup>32</sup>Federal Bureau of Investigation, Crime Data Explorer, <https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/crime-trend>.

<sup>33</sup>Walk Score. [Walkscore.com](https://www.walkscore.com)

<sup>34</sup>U.S. Census Bureau, American Community Survey, S0801, 2018-2022. <http://data.census.gov>

<sup>35</sup>Ohio Department of Education, State Kindergarten Readiness Assessment Data, 2023-2024. <https://reportcard.education.ohio.gov/download>



# APPENDIX G:

## REFERENCES

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

<sup>36</sup>U.S. Census Bureau, American Community Survey, 2018-2022, S1401, [Http://Data.Census.Gov/](http://Data.Census.Gov/)

<sup>37</sup>Ansari A. THE PERSISTENCE OF PRESCHOOL EFFECTS FROM EARLY CHILDHOOD THROUGH ADOLESCENCE. J Educ Psychol. 2018 Oct;110(7):952-973. doi: 10.1037/edu0000255. Epub 2018 Mar 8. PMID: 30906008; PMCID: PMC6426150.

<sup>38</sup>Ohio Department Of Education, District Details Data, 2023-2024. <https://Reportcard.Education.Ohio.Gov/>

<sup>39</sup>Ohio Department of Education, District Details Data, 2021-2022 & 2022-2023.

<https://reportcard.education.ohio.gov/download>

<sup>40</sup>Ohio Healthy Youth Environment Survey – OHYES!, Entire State Report, 2023-2024. <https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/2023-2024/ohyes-entire-state-report-2023-2024>

<sup>41</sup>U.S. Center for Disease Control's SchoolVaxView, 2023-2024 school year. <https://www.cdc.gov/vaccines/imz-managers/coverage/schoolvaxview/data-reports/index.html>

<sup>42</sup>Ohio Department of Health, 2020. Ohio BRFSS Annual Report. <https://odh.ohio.gov/know-our-programs/behavioral-risk-factor-surveillance-system/data-and-publications>

<sup>43</sup>Ohio Department of Health, Vectorborne Disease Surveillance, 2023. <https://odh.ohio.gov/know-our-programs/zoonotic-disease-program/news/vectorborne-disease-update>

<sup>44</sup>Ohio Healthy Youth Environment Survey – OHYES!, MHRS Board Muskingum Area (Muskingum, Coshocton, Guernsey, Noble, Perry, Morgan) Report, 2022-2023. <https://youthsurveys.ohio.gov/reports-and-insights/ohyes-reports/01-ohyes-reports>

<sup>45</sup>U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2018-2022\*, on CDC WONDER. \*Except for COVID-19, which is a 3-Year Average, 2020-2022. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

<sup>46</sup>State of Ohio Integrated Behavioral Health Dashboard. (2020-2022). Opioid Overdose Deaths. \*Rates calculated using U.S. Census 2018-2022 ACS Population Estimates. <https://data.ohio.gov/wps/portal/gov/data/view/ohio-ibhd>

<sup>47</sup>Ohio Department of Health, Ohio 2021 BRFSS Annual Report. <https://odh.ohio.gov/know-our-programs/behavioral-risk-factor-surveillance-system/data-and-publications>

<sup>48</sup>Ohio Department of Health, 2022. 2022 Ohio Suicide report. Retrieved from <https://odh.ohio.gov/wps/wcm/connect/gov/27e8f4d9-73fa-4929-911b-f760fa1f5698/2022+Suicide+Annual+Report.pdf?MOD=AJPERES>

<sup>49</sup>Ohio Department of Health. (2023). Ohio Cancer Incidence Surveillance System. Retrieved from <https://odh.ohio.gov/know-our-programs/ohio-cancer-incidence-surveillance-system/Data-Statistics>

<sup>50</sup>U.S. Census Bureau, American Community Survey, S1810, 2018-2022. <http://data.census.gov>

<sup>51</sup>Ohio Department of Health, Ohio State Health Assessment, 2021. <https://odh.ohio.gov/explore-data-and-stats/interactive-applications/2019-Online-State-Health-Assessment>

<sup>52</sup>U.S. CDC, Division of Population Health. BRFSS Prevalence & Trends Data, 2021.

<https://www.cdc.gov/brfss/brfssprevalence>

<sup>53</sup>ODH, PH Info Warehouse, 2023. Blood Lead Testing Public (2016-Present).

[https://data.ohio.gov/wps/portal/gov/data/view/blood-lead-testing-public-\\_2016-present\\_?visualize=true](https://data.ohio.gov/wps/portal/gov/data/view/blood-lead-testing-public-_2016-present_?visualize=true)

<sup>54</sup>ODH. (2024). Childhood Lead Poisoning Requirements and Zip Codes. Retrieved from

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/childhood-lead-poisoning/for-healthcare-providers/lead-testing-requirements-and-zip-codes>

<sup>55</sup>Ohio Department of Health, Severe Maternal Morbidity and Racial Disparities in Ohio, 2016-2019, 2020.

<https://odh.ohio.gov/know-our-programs/pregnancy-associated-mortality-review/media/pamr-smm>

<sup>56</sup>Ohio Department of Health, A Report on Pregnancy Associated Deaths in Ohio 2017-2018, 2022.

<https://odh.ohio.gov/know-our-programs/pregnancy-associated-mortality-review/reports/pregnancy-related-deaths-ohio-2017-2018>

<sup>57</sup>Ohio Department of Health, Public Health Information Warehouse, 2020-2024.

[https://data.ohio.gov/wps/portal/gov/data/view/ohio\\_births?visualize=true](https://data.ohio.gov/wps/portal/gov/data/view/ohio_births?visualize=true)

<sup>58</sup>CDC, Older Adult Fall Prevention. Older Adult Falls Data, 2024. [https://www.cdc.gov/falls/data-research/?CDC\\_AAref\\_Val=https://www.cdc.gov/falls/data/index.html](https://www.cdc.gov/falls/data-research/?CDC_AAref_Val=https://www.cdc.gov/falls/data/index.html)

<sup>59</sup>Ohio Department of Health, Sexually Transmitted Diseases Data and Statistics, 2018-2023 reports. <https://odh.ohio.gov/know-our-programs/std-surveillance/Data-and-Statistics>

<sup>60</sup>Ohio Department of Health, 2022. HIV/AIDS Surveillance Program. <https://odh.ohio.gov/know-our-programs/hiv-aids-surveillance-program/Data-and-Statistics>





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