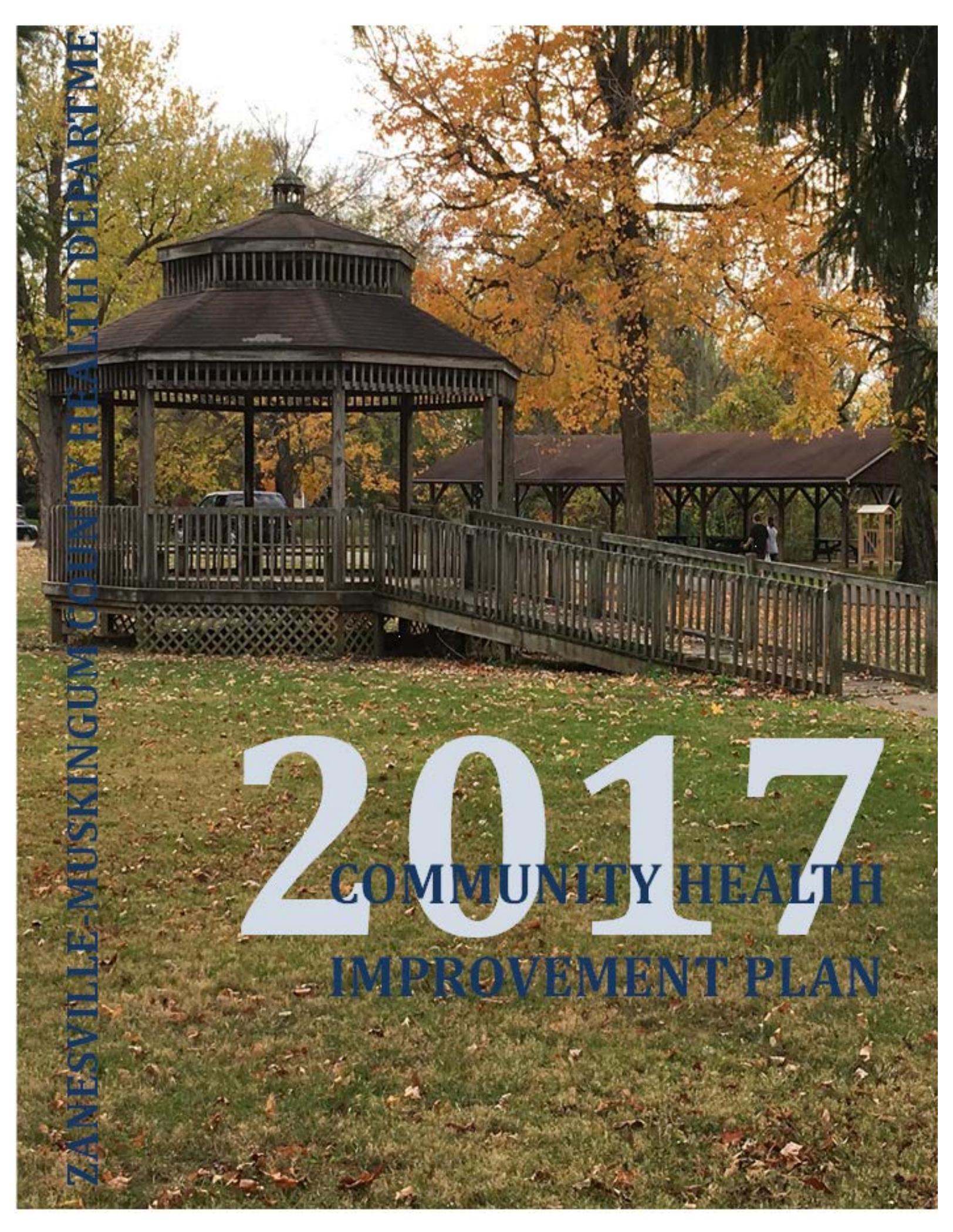


ZANESVILLE-MUSKINGUM COUNTY HEALTH DEPARTMENT



2017

COMMUNITY HEALTH
IMPROVEMENT PLAN

Governance

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

Mission, Vision and Values

The mission of the Zanesville-Muskingum County Health Department is to promote, protect, and improve public health in Muskingum County.

The vision is:

- We continuously improve and use our knowledge, skills, and abilities to help our community grow to be a healthier place to live, learn, work, and play.
- We identify changing public health priorities; mobilize resources and partners to respond to our community's health challenges.
- Our services are driven by community need and fiscal responsibility.

The core values are:

- Continuous quality improvement-We continually look for ways to improve our work environment, processes, efficiency, and effectiveness.
- Integrity-We are fair, honest, ethical and accountable to our customers and co-worker
- Respect-We behave respectfully and accept the diversity of our customers and co-workers.
- Service-We are helpful, responsive, and take pride in providing excellent customer service to our community.
- Teamwork-We work together to establish common goals and achieve desired results.

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EXECUTIVE SUMMARY

MUSKINGUM COUNTY STATEMENT OF PURPOSE

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

Over the next three years (Sept 2017- Aug 2020), spearheaded by the Zanesville-Muskingum County Health Department, over 40 agencies, organization and services represented in the Healthier Muskingum County Network and participating in the CHIP's process are committed to making meaningful progress improving the health and well-being of Muskingum County.

The mission of the 2017-2020 MCCHIP over the next three years is to improve the Quality of Life (QoL) of Muskingum County residents by addressing issues of food insecurity, access to healthcare, mental health and addiction, as well as education, and working towards the goal of attaining health equity across socioeconomic status.

COMMUNITY HEALTH IMPROVEMENT PLAN PROCESS

MCCHIP Prioritization Process

In January of 2017, the 2016 Muskingum County Community Health Assessment (MCCHA) was completed and released. The document, which was subsequently approved by the Board of Health, laid out the groundwork for the development of the Community Health Improvement Plan. The Community Health Assessment (CHA) outlined 16 priority health issues, which emerged from the six assessments conducted during the MCCHA. The priority health issues that emerged for Muskingum County, in alphabetical order, were:

2016 Muskingum County Community Health Assessment Priority Issues			
1. Access to Healthcare	5. Drug Abuse	9. Housing	13. Public Assistance
2. Cancer	6. Education	10. Local Government	14. Recreation
3. Community & Civicism	7. Employment	11. Mental Health	15. Safety & Security
4. Disability	8. Food Security	12. Obesity	16. Transportation

On January 19, 2017, the Zanesville-Muskingum County Health Department hosted a daylong prioritization event, which drew together over 35 community stakeholders. This included agencies, organizations, service providers and residents. Prior to prioritization process, participants reviewed the CHA process, a video and a PowerPoint presentation on Social Determinants of health, as well as the prioritization process. A pre/post test was also conducted to assess participants’ perceptions on priority issues in the community.

Primary, secondary, qualitative and quantitative data was utilized in evaluating all priority issues. The Hanlon Method for Prioritizing Health Problems was used for this prioritization process, evaluating each priority on problem magnitude, severity and solution feasibility. The leading five priority issues were identified; Drug abuse, Cancer, Education, Access to Healthcare and Obesity. Some changes were made to the priority list to reflect a commitment to addressing Social Determinants of Health (root causes versus health outcomes). All health-outcome priority issues were reduced to risk factors, which are addressed throughout the CHIP. Two of such health outcomes were identified; cancer and obesity. Both health outcomes are addressed in access to care, education and food insecurity.

Rank	Top Priority Issues	MCCHIP Priority Issues
1	Drug Abuse	1 Food Security
2	Cancer	2 Access to Healthcare
3	Education	3 Mental Health and Addiction
4	Access to Healthcare	4 Education
5	Obesity	

MCCHIP Priority Strategies

The process of selecting strategies for the 2017-2020 Community Health Improvement Plan was grounded in the Health Impact Pyramid (HIP) framework. The Health Impact Pyramid is a framework for public health action, which classifies community level work into 5 tiers to describe the impact of different types of public health interventions. Interventions represented in the bottom two tiers are policy, systems, or environmental approaches, which support community-wide health changes while requiring little effort from the individual. This approach provides community residents the opportunity to

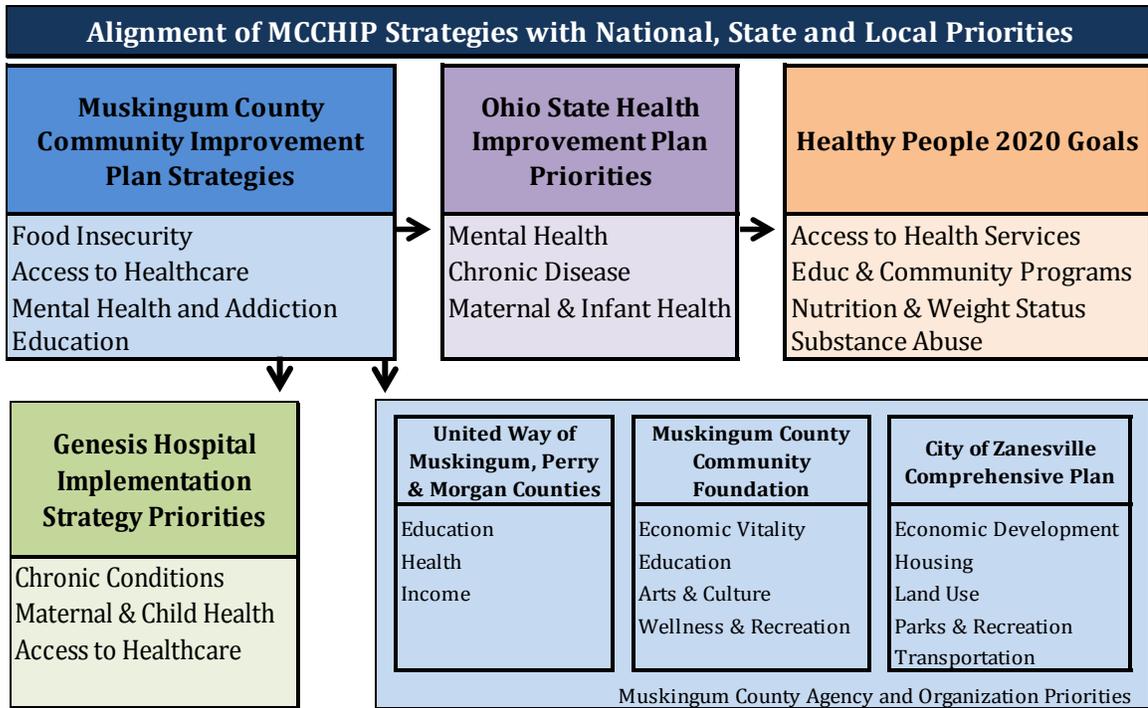
make choices that allow them to live a long, healthy life, regardless of their income, education, or ethnic background.

Once the four MCCHIP priority issues had been determined, the next step involved bringing together stakeholders from each of the four sectors to evaluate the priority issue and determine strategies for addressing them. At each meeting, the network reviewed the priority issue, available data from the MCCHA, and reviewed 5 to 8 strategies for addressing it (the priority issue). They were then asked to rank each strategy, being conscious of effectiveness, feasibility, community benefit, and equity building. The strategies selected for each of the four priorities are listed in the table:

MCCHIP Priority Issues and Strategies		
Strategy Prioritization		Strategies
May 4th, 2017	Food Insecurity	Improve/increase food insecurity screening Healthy Food Initiatives in Food Banks Improve School Nutrition Track & Monitor Food Insecurity Initiatives Mobile Markets/Pantries
May 24th, 2017	Education	School Breakfast Programs Intergenerational Reading Program At Risk Youth Mentoring
June 7th, 2017	Mental Health & Addiction	Preconception Education SBIRT and OBGYN Screening Alternative Alcohol/Drug Environments Youth-Based Programs
June 27th, 2017	Access to Healthcare	Health Literacy Community Health Workers Exploring Telemedicine

MCCHIP Alignment

As part of an effort to establish a concerted effort in addressing priority issues, the MCCHIP is purposefully aligning its strategies with priorities from the Ohio State Health Improvement Plan, and with Healthy People 2020, which sets national benchmarks and targets. The MCCHIP also aligns with the Genesis Hospital Implementation Plan (which covers a six-county region including Muskingum County) and other county agency/organization comprehensive/strategic plan priorities.



MCCHIP Goals

After identification of the top four priority issues, the next step in the process involved setting a mission and goals for each health priority of the 2017 MCCHIP. The mission and goals for each of the health priorities identified are listed below:

2017-2020 MCCHIP Mission	Improve the Quality of Life and attain health equity among Muskingum County residents by addressing health disparities in food insecurity, access to healthcare, mental health and education.			
Priority Issue	Food Insecurity	Access to Healthcare	Mental Health & Addiction	Education
Goals	To improve the health outcomes of vulnerable populations in Muskingum County by 2020, by reducing food insecurity, through an integrated approach of food security screening, produce management education and access to local healthy foods.	To improve the health outcomes of vulnerable populations in Muskingum County by 2020, by increasing access to healthcare, through the utilization of Community Health Workers (CHW), Health Literacy Programming and Telemedicine.	To improve the health outcomes of vulnerable populations in Muskingum County by 2020, reducing drug and alcohol exposure and addiction, through preconception education, prenatal screening, At-risk youth programming and alternative alcohol/drug environments.	To improve the health outcomes of vulnerable populations in Muskingum County by 2020, by increasing student success and adult education through school feeding programs, Early Child Education and At-risk youth programming and Community Based Life Skills Programs.

GLOSSARY

KEY DEFINITIONS

Community Health Assessment

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

Community Health Improvement Plan

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

Muskingum County Community Health Improvement Plan

The MCCHIP was completed in August 2017. It will be implemented over a three year period spanning 2017 to 2020.

ACRONYMS

CHA	Community Health Assessment
CHW	Community Health Workers
CHNA	Community Health Needs Assessment
HMCN	Healthier Muskingum County Network
MCCHA	Muskingum County Community Health Assessment
MCCHIP	Muskingum County Community Health Improvement Plan
PHAB	Public Health Accreditation Board

QoL	Quality Of Life
SDH	Social Determinants of Health
ZMCHD	Zanesville-Muskingum County Health Department

INTRODUCTION

COMMUNITY HEALTH ASSESSMENTS

What is a Community Health Improvement Plan?

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

The CHIP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community. The plan is used by health and other governmental education and human service agencies, in collaboration with community partners and residents, to set priorities, coordinate, and target resources. This plan spans 2017 to 2020 and is typically updated every year.

The Zanesville-Muskingum County Public Health Department provided administrative and technical oversight for the Healthier Muskingum County Network in the development of the Community Health Improvement Plan. This process began in January 2017.

Overview of Muskingum County

Demographics

As of July 1, 2015, Muskingum County had 86,290 residents, having grown an overall by 2 % over the last fifteen years. Muskingum County portrays characteristics consistent with aging patterns; a steady increase in older population coupled with a negative growth in the young adult (-1.3%) and child populations (-0.7%). Since 2000, the median age has risen steadily from 37 to 40.6 years. This exceeds the state and national average of 37.8 and 37.7 years respectively. Muskingum County is predominantly white

or Caucasian, accounting for 93% of the population. Blacks or African Americans make up 4% of the county, with Hispanics/Latinos claiming another 1%. The remaining 2% is split among Asians, American Indians/Alaskan Natives and people of other races, representing 0.4%, 0.2% and 0.2% respectively.

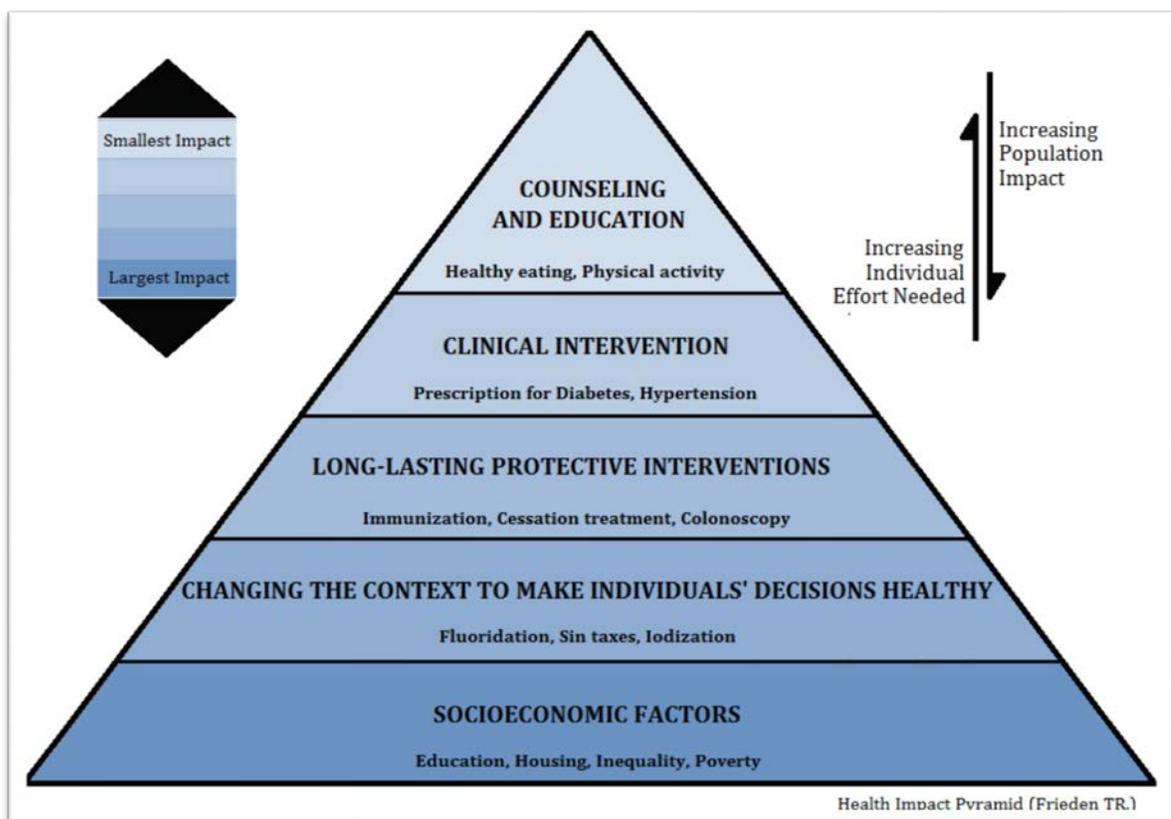
Health Status

In 2016, Muskingum County was ranked an overall 71st out of 88 counties in Ohio, in health status, falling five spots from the previous year. The composite score of health factors and outcomes determined by the County Health Rankings represent how healthy a county is. The leading causes of death in Muskingum County are Cancer, Cardiovascular and Chronic Lower Respiratory Diseases. Chronic diseases like heart disease, cancer and diabetes were identified as the leading causes of premature death. Muskingum County also measured comparably with peer counties in adult binge drinking, smoking and physical inactivity, as well as female routine pap tests.

THE MUSKINGUM COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (MCCHIP)

GUIDING PRINCIPLES

The Healthier Muskingum County Network recognizes the impact of Social Determinants of Health (SDH) on health outcomes and that health begins where people live, work and play. To that effect, the process of selecting strategies for the 2017-2020 Community Health Improvement Plan was intended to address not only individual behavior, but also the environments that influence it. This approach provides community residents the opportunity to make choices that allow them to live a long, healthy life, regardless of their income, education, or ethnic background.



The Health Impact Pyramid is a framework for public health action that classifies community level work into 5 tiers to describe the impact of different types of public health interventions. Moving down through the levels, interventions increase in effectiveness and require less individual effort. The top three tiers of the Health Impact Pyramid include interventions that require a one-to-one relationship between a health care provider and an individual to affect a desired change in health. In contrast, the interventions represented in the bottom two tiers are policy, systems, or environmental approaches and support community-wide health changes that promote health equity.

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

MCCHIP COMMUNITY AND PARTNER ENGAGEMENT

Originally convened to serve as a steering committee for the 2011 Community Health Assessment, the Healthier Muskingum County Network (HMCN) was subsequently established as a networking group to address priority issues from the improvement plan. Member agencies of the network represent an array of social determinants of health, safety, education, employment, healthcare and housing among others. The network's goal is to increase awareness of community resources, identify networking opportunities and reduce duplication of available services. Throughout the CHIP development process, over 30 community organizations representing hospitals and healthcare providers, insurance companies, city and county government, law enforcement, fire and EMS, not-for-profits, civic groups, foundations and local businesses have made contributions.

We would like to recognize these individuals and thank them for their devotion to this process and this body of work:

- Angie Duhamell, Care Source
- Ann Gildow, Century National Zanesville City
- Ann Hollingsworth, Zanesville-Muskingum County Health Department
- Annie Warmke, Women's Initiative Network
- Beth Chapman, Muskingum Recreational Center
- Becky Clawson, United Way of Muskingum Perry & Morgan Counties
- Bonnie Kirsch, Zanesville-Muskingum County Health Department
- Bonnie Taylor, Allwell Behavioral Health Services
- Brad Hollingsworth, Muskingum Valley Educational Services Center

- Brian Wagner, Muskingum County Foundation
- Carol Howdyshell, Zanesville-Muskingum County Health Department
- Cesley Hayes, Zanesville-Muskingum County Health Department
- Chris Farmer, Genesis Community Ambulance Service
- Cindy Baker, Quality Care Partners
- Corey Hamilton, Zanesville-Muskingum County Health Department
- Cynthia Neff, Muskingum Behavioral Health
- Dana Matz, Muskingum County Chamber of Commerce
- Daniel Louwers, City of Zanesville
- Diana Zaato, Zanesville-Muskingum County Health Department
- Diane Jones, Muskingum Valley Educational Services Center
- Doug Merry, Zanesville Police Department
- James McDonald, Allwell Behavioral Health Services
- Jeanie Blake, MVHC Health Center
- Jeff Jadwin, Muskingum County Emergency Management Agency
- Jeff Pickrel, Boys Scouts
- Jennifer Hiestand, Zanesville-Muskingum County Health Department
- Jessica Emerick, Zanesville-Muskingum County Health Department
- Jody Stones, Genesis Healthcare System
- Joey Osborn, Zanesville City Council
- Kim Hambel, Muskingum County Sheriff's Office
- Kim Hosler, The Carr Center
- Kristin McLoud, Pathways of Central Ohio
- Kylie Jones, Zanesville-Muskingum County Health Department
- Lace Lynch, Women's Initiative Network
- Lee Donaldson, Resident
- Lisa Morris, Muskingum Behavioral Health
- Marsha Zayac, Zanesville Metropolitan Housing Authority
- Matt Lutz, Muskingum County Sheriff
- Meg Deedrick, United Way of Muskingum Perry & Morgan Counties
- Melissa Johnson, Allwell Behavioral Health Services
- Misty Cromwell, Mental Health and Recovery Services Board
- Pam Raines, Resident
- Paulette Knazek, Business and Professional Women Ohio
- Robin Butler, Family Health Services
- Steve Carrel, Muskingum Behavioral Health
- Vicki Whitacre, MD, Zanesville-Muskingum County Health Department
- Vickie Hare, Mental Health and Recovery Services Board
- Vickie Kokensparger, Zanesville-Muskingum County Health Department
- Waynette Bridwell, St. John Lutheran Church

THE COMMUNITY HEALTH IMPROVEMENT PLANNING PROCESS

The 2016 Muskingum County Health Assessment, completed in December of 2016 served as the canvas for the development of the Muskingum County Community Health Improvement Plan (MCCHIP). The MCCHIP will be released in September of 2017, and be implemented in 2017-2020, a 3-year period.

The Healthier Muskingum County Network (HMCN) led the effort, and working with other partner agencies, analyzed primary and secondary data, county background and the socio-political climate to identify how they relate to health outcomes.

On the 19th of January, 2017, the Zanesville-Muskingum County Health Department hosted a day-long prioritization event which drew together over 35 community stakeholders. This included agencies, organizations, service providers and residents. The goal of this event was two-fold; to present a summary of the completed 2016 Muskingum County Community Health Assessment and to prioritize the 16 priority issues identified during the assessment process. Prior to prioritization process, participants reviewed a video and a PowerPoint presentation on Social Determinants of health. A pre/post test was also conducted to assess participants' perceptions on priority issues in the community.

2016 Muskingum County Community Health Assessment Priority Issues			
1. Access to Healthcare	5. Drug Abuse	9. Housing	13. Public Assistance
2. Cancer	6. Education	10. Local Government	14. Recreation
3. Community & Civicism	7. Employment	11. Mental Health	15. Safety & Security
4. Disability	8. Food Insecurity	12. Obesity	16. Transportation

Prioritization Process

The Hanlon Method for Prioritizing Health Problems was used for this prioritization process. It assigns each priority a composite score based on the magnitude, severity and feasibility factors of each issue. Two additional criteria, Worsening and Vulnerability were included to provide perspective on health outcome trends and to address equity in top priority strategies.

Issues that emerged as priorities from each of the six assessment strategies were documented. This began with secondary data collected to inform the primary data collection focus and process. The adult opinion survey, which was designed, based on the Social Determinants of Health (SDH) theory, collected data in SDH categories, and the top issues were selected as well. Discussions from focus groups and key informant interviews were collected and organized according to SDH. Issues/topics that were

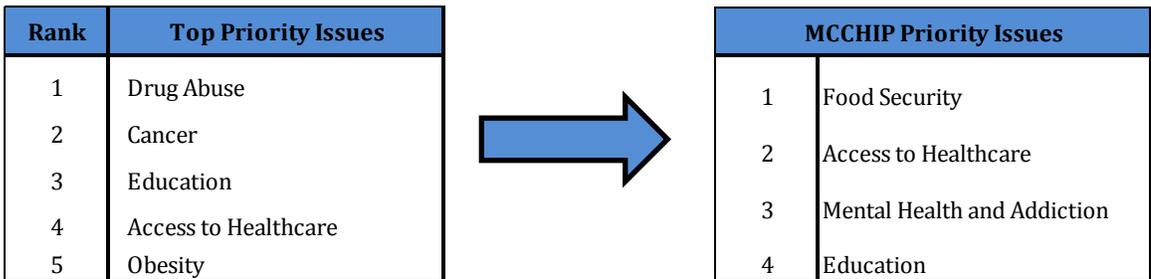
prominent enough, but did not fall into the pre-existing categories, were identified as priorities as well.

Rank	Magnitude	Severity	Worsening**	Vulnerability**	Feasibility
1	Drug Abuse	Drug Abuse	Drug Abuse	Community & Civicism	Community & Civicism
2	Obesity	Mental Health	Mental Health	Local Government	Local Government
3	Mental Health	Obesity	Safety & Security	Access to Healthcare	Access to Healthcare
4	Education	Education	Obesity	Education	Education

**Criteria not included in Hanlon scoring method

Top Priorities

The leading five priority issues were identified; Drug abuse, Cancer, Education, Access to Healthcare and Obesity. Some changes were made to the priority list to reflect a commitment to addressing Social Determinants of Health. All health outcome priority issues were reduced to risk factors, which are addressed throughout the CHIP. Two of such health outcomes were identified; cancer and obesity. Both health outcomes are addressed in access to care, education and food insecurity.



MCCHIP Priority Strategies

Once the four MCCHIP priority issues had been determined, the next step involved bringing together stakeholders from each of the four sectors to evaluate the priority issue and determine strategies for addressing them. At each meeting, the network reviewed the priority issue and reviewed 5 to 8 strategies for addressing it. They were then asked to rank each strategy, being conscious of effectiveness, feasibility, community benefit, and equity building.

MCCHIP Priority Issues and Strategies		
Date	Strategy Prioritization	Strategies
May 4th, 2017	Food Insecurity	Improve/increase food insecurity screening Healthy Food Initiatives in Food Banks Improve School Nutrition Track & Monitor Food Insecurity Initiatives Mobile Markets/Pantries
May 24th, 2017	Education	School Breakfast Programs Intergenerational Reading Program At Risk Youth Mentoring
June 7th, 2017	Mental Health & Addiction	Preconception Education SBIRT and OBGYN Screening Alternative Alcohol/Drug Environments Youth-Based Programs
June 27th, 2017	Access to Healthcare	Health Literacy Community Health Workers Exploring Telemedicine

FOOD INSECURITY

FOOD INSECURITY

A healthy diet is a critical pathway in influencing chronic conditions like cerebrovascular and cardiovascular diseases as well as cancer. Poor dietary outcomes result in under-nutrition (micronutrient deficiency; anemia etc.) and over-nutrition (overconsumption of macronutrients; obesity etc.). While hunger may be a primary driver of nutrition, a multitude of factors, social and economic, play a major role on an individual's diet.

Situation Analysis

In Muskingum County, 22.3% of county residents received Supplemental Nutrition Assistance Program (SNAP) benefits in 2015. This was slightly higher in 2016, with 25% of AOS respondents reporting having to cut back on food or their family has had to have smaller meals because there was not enough food. Food insecurity is not suffered by just the poor, but across several age brackets across the community. Adults 65 and older are a fast growing bracket that suffers from food insecurity at a disproportionate rate. Reports from the local 2-1-1 Helpline call center received over 9000 calls with over 53% being requests for food/meals.

Accessibility and cost of fresh produce are a major challenge for Muskingum residents. Findings from the CHA indicated that only 65% of respondents live within a 5 to 10 minute drive of a grocery store. For 21% of the respondents, getting to a grocery store requires at least a 15-minute drive, and only 14% of respondents lived within walking distance. Access to farmers markets, another good alternative to grocery stores, is poor in Muskingum County with a rate of 0.03 farmers markets per 1000 county residents. Fast-food restaurants, on the other hand, are a very common (at a rate of 0.77 per 1000 county residents).

Residents in a few FGDs indicated that they also find that paying for food competes with other necessities like utilities and medicine/healthcare. Among food options, most households reported skipping the purchase of snack foods and beverages for hot meal staples.

Major Food Insecurity Issues

- Identification of food insecure individuals/populations
- Limited knowledge of fresh produce use, preparation and storage
- Low consumption of local produce (cost and proximity)
- Low consumption/Poor quality of school food
- Limited health literacy

Community Partnership Resources

Below is a list of community resources for addressing food insecurity. The workgroup will continue to research and add new resources to this list throughout the implementation process.

- Christ Table
- Community Health Workers
- Community Market Place
- Eastside Ministries
- Franciscan Community Action Agency
- Genesis Healthcare System
- Help Me Grow
- Mid-Ohio Food Bank
- Muskingum County Center for Seniors
- Muskingum County Department of Job and Family Service
- Muskingum County Public Library
- Muskingum County School Districts
- Muskingum County Soil and Water Conservation District
- MVHC Health Center
- OSU Extension-Muskingum County
- Salvation Army
- Senior Center
- United Way of Muskingum, Perry and Morgan Counties
- Women Infants and Children (WIC)
- Zanesville-Muskingum County Health Department

Goals and Objectives

Goal: To improve the health outcomes of vulnerable populations in Muskingum County by reducing food insecurity, through an integrated approach of food insecurity screening, produce management education and access to local healthy foods.

Objectives: To reduce the rate of food insecurity among vulnerable residents in Muskingum County from 17% to 15% by December 2019, by identifying and referring food insecure individuals to food banks.

To increase fresh produce consumption among food insecure individuals in Muskingum County by 10% by December 2019, through education (food bank initiative) on the use, preparation and storage of fresh produce.

To increase access to locally grown produce among food insecure individuals in Muskingum County by 10% by December 2019, by utilizing school and summer feeding programs for education on the preparation and storage of fresh produce.

To improve collaborations and networking among entities in Muskingum County by December 2019, by tracking and monitoring all food insecurity initiatives within the county.

Activities and Timeline

To improve the health outcomes of vulnerable populations in Muskingum County by reducing food insecurity, through an integrated approach of food insecurity screening, produce management education and access to local healthy foods.				
I.A	To reduce the rate of food insecurity among vulnerable residents in Muskingum County from 17% to 15% by December 2019, by identifying and referring food insecure individuals to food banks.			
	Activities		Timeline	
		Y1	Y2	Y3
1	Secure partnership with Mid Ohio Food Bank	x		
2	Identify sites for food insecurity screening	x		
3	Identify resources bridging food bank and resident	x		
4	Create referral system	x		
5	Train staff in food insecurity tool usage		x	
6	Track food screening referrals		x	x
I.B	To increase fresh produce consumption among food insecure individuals in Muskingum County by 10% by December 2019, through education (food bank initiative) on the use, preparation and storage of fresh produce.			
	Activities		Timeline	
		Y1	Y2	Y3
1	Identify resources and stakeholders	x		
2	Identify education initiatives for produce prep, use and storage	x		
3	Develop education initiative	x		
4	Develop evaluation plan	x		
5	Implement education initiatives		x	x
6	Track distribution of educational material and participation		x	x

To improve the health outcomes of vulnerable populations in Muskingum County by reducing food insecurity, through an integrated approach of food insecurity screening, produce management education and access to local healthy foods.

I.C	To increase access to locally grown produce among food insecure individuals in Muskingum County by 10% by December 2019, by utilizing school and summer feeding programs for education on the preparation and storage of fresh produce.			
Activities		Timeline		
		Y1	Y2	Y3
1	Identify schools and summer feeding programs for partnership	x		
2	Identify resources and stakeholders	x		
3	Identify education initiatives for produce prep, use and storage	x		
4	Develop education initiative	x		
5	Develop evaluation plan	x		
6	Implement education initiatives		x	x
7	Track distribution of educational material and participation		x	x
I.D	To improve collaborations and networking among entities in Muskingum County by December 2019, by tracking and monitoring all food security initiatives within the county.			
Activities		Timeline		
		Y1	Y2	Y3
1	Identify all food insecurity initiatives	x		
2	Develop tracking and monitoring system	x		
3	Determine mechanism for information sharing	x		
4	Track and monitor food insecurity initiatives		x	x
5	Disseminate initiative information and successes		x	

ACCESS TO HEALTHCARE

ACCESS TO HEALTHCARE

Access to comprehensive, quality health care services is important for the achievement of health equity. It impacts overall physical, social, and mental health status, the prevention of disease and disability, the detection and treatment of health conditions, quality of life (QoL), preventable death, and life expectancy.

Situation Analysis

In 2015, 95.2% of all Muskingum County residents had health insurance. Breaking down the coverage by age, adults between the ages of 18 and 64 had the lowest health insurance coverage of 92.5% coverage, with children (under 18 years) and adults 65 and over having coverage rates of 98.2% and 99.9% respectively. Individuals without health insurance were more likely to live in households with income levels below the Federal Poverty Level (FPL). All three age groups fared better than in Ohio with child, adult and senior rates at 95.6% (child), 79.3% (adult) and 99.5% (seniors) respectively.

Availability of health insurance may not imply its utilization. This is reflected in the 2016 Community Health Assessment. Despite its availability, the co-pays and deductibles associated with most health insurance packages were cost-prohibitive, according to 47.3% of respondents. Another 44.6% reported that their insurance did not cover their needed care or their doctor would not accept their insurance. When residents decided to use their insurance to seek care, a major challenge was getting in at a convenient time; 52% reporting this to be an issue.

Major Access to Care Issues

- Healthcare Professional Shortage Area
- Long wait times for healthcare services
- Overutilization of Emergency Department
- High direct and indirect healthcare costs
- Limited health literacy

Community Partnership Resources

Below is a list of community resources for addressing access to healthcare. The workgroup will continue to research and add new resources to this list throughout the implementation process.

- Adult Basic Literacy Education Program
- Area dentists and pharmacies (practices)
- Bethel House
- Bureau for Children with Medical Handicaps
- Christ's Table
- Community Health Workers
- Family Health Services
- Genesis Healthcare System
- Help Me Grow
- Muskingum Behavioral Health
- Muskingum County Center for Seniors
- Muskingum County Public Library
- MVHC Health Center
- Pharmacies
- Quality Care Partners
- Rambo Health Center
- Salvation Army
- Senior Clinics
- Transitions
- Zanesville-Muskingum County Health Department

Goals and Objectives

Goal: To improve the health outcomes of vulnerable populations in Muskingum County by increasing access to healthcare, through the utilization of Community Health Workers (CHW), Health Literacy Programming and Telemedicine.

Objectives: To reduce the utilization of Emergency Department services for primary care among Medicaid recipients in Muskingum County by 5%, by December 2019, through the utilization of Community Health Workers (CHW) in the navigation of healthcare seeking.

To improve healthcare-seeking behavior and knowledge among vulnerable populations in Muskingum County by December 2019, by designing and implementing a community-based Health Literacy Program.

To explore increasing access to primary and specialized healthcare in Muskingum County by December 2019, by investigating and reporting the feasibility of telemedicine in Muskingum County.

Activities and Timeline

To improve the health outcomes of vulnerable populations in Muskingum County by increasing access to healthcare, through the utilization of Community Health Workers (CHW), Health Literacy Programming and Telemedicine.					
II.A	To reduce the utilization of Emergency Department services for primary care among Medicaid recipients in Muskingum County by 5%, by December 2019, through the utilization of Community Health Workers (CHW) in the navigation of healthcare seeking.				
Activities			Timeline		
			Y1	Y2	Y3
1	Identify partners for baseline data collection	x			
2	Recommend best practices for CHW to utilize	x			
3	Create referral documentation system		x		
4	Develop monitoring and evaluation plan		x		
5	Track and monitor progress		x	x	
II.B	To improve healthcare-seeking behavior and knowledge among vulnerable populations in Muskingum County by December 2019, by designing and implementing a community-based Health Literacy Program.				
Activities			Timeline		
			Y1	Y2	Y3
1	Identify existing programs and services for partnership	x			
2	Develop health literacy curriculum	x			
3	Implement health literacy program		x		
4	Develop monitoring and evaluation plan	x			
5	Track and monitor progress		x	x	
II.C	To explore increasing access to primary and specialized healthcare in Muskingum County by December 2019, by investigating the feasibility of telemedicine in Muskingum County.				
Activities			Timeline		
			Y1	Y2	Y3
1	Explore and identify existing telemedicine infrastructure in the county		x		
2	Identify opportunities in Muskingum County for adapting telemedicine		x		
3	Research and write evaluation report on Telemedicine in the county		x		
4	Disseminate findings		x		

MENTAL HEALTH & ADDICTION

MENTAL HEALTH AND ADDICTION

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

Situation Analysis

Muskingum County is considered a Mental Health Shortage Area with a healthcare provider to patient ration of 1: 1093 (MHR SB). The county currently faces a scarcity of well-qualified mental healthcare providers and the aging out of the workforce among current providers. Mental health services were provided to Muskingum County residents at a rate of 32.1 per 1000 population, in comparison with Ohio's rate of 32.4 per 1000 pop (SAMHSA). A majority of services provided were for a younger demographic, 41% to people 17 and younger, and 29% to people 18 to 34 years. People aged 65 and older received only 1% of all mental healthcare services. However, Medicare reports indicate that 18.3% of all county beneficiaries had a depression diagnosis.

Addiction services received by Muskingum County residents were at a rate of 5.5 per 1000, a rate significantly lower than Ohio at 8.6 per 1000. The majority of services catered to the 18 to 34 (54%) and 35 to 44 (23%) demographics. Hospital admissions for opiate abuse and dependence have increased between 2009 and 2013 from 7.7% to 18.4%. Drug overdose visits to the Emergency Departments (EDs) and Urgent Care facilities have increased as well. A comparison between Muskingum County residents treated at EDs and Urgent Care for drug overdoses in the last quarters of 2015 and 2016 shows a 45% increase, going from an average of 28 cases to 41 cases per month in the fourth quarter of 2015 and 2016 respectively (SAMHSA).

A major challenge to addiction recovery is resources for long-term recovery, specifically the socio-cultural versus medical resources, which compliment treatment and

rehabilitation. For many who begin treatment, returning to enabling activities and environments reduce the chance of success. Many interventions currently needed to support drug addiction rehabilitation are more social-cultural than medical.

Major Mental Health and Addiction Issues

- Low resilience, stress management and coping skills
- Early alcohol and drug addiction education and communication
- Increased property and violent accidents and crimes
- Limited access to addiction and other mental health treatment services
- Limited reintegration opportunities for residents in recovery

Community Partnership Resources

Below is a list of community resources for addressing mental health and addictions. The workgroup will continue to research and add new resources to this list throughout the implementation process.

- Allwell Behavioral Health
- Big Brothers Big Sisters
- Muskingum Behavioral Health
- Muskingum County Children’s Services
- Muskingum County Civic League
- Muskingum County Hope Court
- On the Same Page - Muskingum County
- The Barracks

Goals and Objectives

Goal: To improve the health outcomes of vulnerable populations in Muskingum County by reducing drug and alcohol exposure and addiction, through preconception education, prenatal screening, At-risk youth programming and alternative alcohol/drug environments.

Objectives: To reduce fetal drug and alcohol exposure in Muskingum County by 20% in Muskingum County by December 2019, by designing and implementing a preconception awareness and education marketing campaign.

To reduce fetal/infant drug and alcohol exposure in Muskingum County by 20% in Muskingum County by December 2019, by implementing Screening, Brief Intervention and Referral to Treatment (SBIRT) in county Obstetrician/Gynecologist practices.

To reduce alcohol and drug exposure/relapse among Muskingum County residents in recovery by December 2019, by increasing participation in alternative alcohol/drug activities by 20%.

Activities and Timeline

To improve the health outcomes of vulnerable populations in Muskingum County by increasing access to healthcare, through the utilization of Community Health Workers (CHW), Health Literacy Programming and Telemedicine.					
III.A	To reduce fetal drug and alcohol exposure in Muskingum County by 20% in Muskingum County by December 2019, by designing and implementing a preconception health awareness and education marketing campaign.				
Activities			Timeline		
			Y1	Y2	Y3
1	Identify existing programs/services and stakeholders for partnership	x			
2	Determine media marketing campaign strategies	x			
3	Determine media marketing information/materials	x			
4	Determine monitoring and evaluation plan	x			
5	Implement media marketing campaign		x		
6	Monitor and evaluate		x	x	
III.B	To reduce fetal/infant drug and alcohol exposure in Muskingum County by 20% in Muskingum County by December 2019, by implementing Screening, Brief Intervention and Referral to Treatment (SBIRT) in county Obstetrician/Gynecologist practices.				
Activities			Timeline		
			Y1	Y2	Y3
1	Identify services/practices currently utilizing SBIRT	x			
2	Identify services/practices with opportunity to adopt SBIRT	x			
3	Identify training opportunities for SBIRT	x			
4	Conduct SBIRT training		x		
5	Implement SBIRT		x		
6	Develop monitoring and evaluation plan		x		
7	Track and monitor progress		x	x	
III.C	To reduce alcohol and drug exposure/relapse among Muskingum County individuals in recovery by December 2019, by increasing participation in alternative alcohol/drug activities by 20%.				
Activities			Timeline		
			Y1	Y2	Y3
1	Identify resources and stakeholders that support recovery living	x			
2	Identify vulnerable populations	x			
3	Determine strategies for enhancing alternative alcohol/drug activities	x			
4	Implement strategies		x		
5	Develop monitoring and evaluation plan	x			
6	Track and monitor progress		x	x	

EDUCATION

EDUCATION

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

Situation Analysis

According to the National Center for Education Statistics (NCES), 10% of Muskingum County residents are classified as lacking Basic Prose Literacy Skills (BPLS). These residents are unable to read and understand any written information. Among Muskingum County residents over the age of 25, 88.2% have a High School diploma or its equivalent. This is slightly less than in Ohio (89.7%), but higher than the national of 87.2%. However, across the county, there are pockets with low levels of education; adults without a high school diploma (or equivalent), some with levels over 20%. This stretches across four census tracts, mostly concentrated within the limits of Zanesville.

Educational challenges are seen across the county as early as kindergarten, according to the 2014-2015 Ohio Kindergarten Readiness Assessment (KRA). In Muskingum County, only 48.4% of all students are described as 'Demonstrating Readiness' or in simpler terms, ready for Kindergarten. During the 2015-2016 academic year, only 60.8% of 3rd Graders met the state reading proficiency standards and by graduation, only 34.3% of seniors were well prepared for the work world or for pursuing post-secondary education.

Major Education Issues

- Children not ready for Kindergarten
- Low self-esteem, resilience and coping skills
- Limited extracurricular and summer activities for school-age children
- High school graduates unprepared for post-secondary education or work

- Adults with limited parenting skills
- Adults with limited work skills/executive function

Community Partnership Resources

Below is a list of community resources for addressing education. The workgroup will continue to research and add new resources to this list throughout the implementation process.

- Adult Basic Literacy Education
- Salvation Army
- Big Brothers Big Sisters
- Muskingum County Public Library
- Muskingum County School Districts
- OSU Extension-Muskingum County
- Senior Center
- Zanesville-Muskingum County Health Department
- Community Health & Early Education Resource Service
- Muskingum County Head Start

Goals and Objectives

Goal: To improve the health outcomes of vulnerable populations in Muskingum County by increasing student success and adult education through school feeding programs, Early Child Education and At-risk youth programming and Community Based Life Skills Programs (CBLSP).

Objectives: To increase student success in Muskingum County by December 2019, by increasing community-based at-risk youth mentoring by 20%.

To increase student success in Muskingum County by December 2019, by designing and implementing an Intergenerational Reading Program.

To increase adult life skills among vulnerable populations in Muskingum County by December 2019, through the expansion of existing Community Based Life Skills Programs (CBLSP) by 10%.

Activities and Timeline

To improve the health outcomes of vulnerable populations in Muskingum County by increasing student success and adult education through school feeding programs, Early Child Education and At-risk youth programming and Community Based Life Skills Programs.				
IV.A	To increase student success in Muskingum County by December 2019, by increasing community-based at-risk youth mentoring by 20%.			
Activities		Timeline		
		Y1	Y2	Y3
1	Identify youth mentoring programs and partners for baseline data collection	x		
2	Identify populations of disengaged at-risk youth	x		
3	Determine strategies for expanding youth mentoring programs	x		
4	Implement strategies for expanding youth mentoring programs		x	
5	Develop monitoring and evaluation plan	x		
6	Track and monitor progress		x	x
IV.B	To increase student success in Muskingum County by December 2019, by designing and implementing an Intergenerational Reading Program.			
Activities		Timeline		
		Y1	Y2	Y3
1	Identify existing programs/services and stakeholders for partnership	x		
2	Identify programs and services that cater to early childhood populations	x		
3	Determine logistics and resources for implementation	x		
4	Develop reading program	x		
5	Develop monitoring and evaluation plan	x		
6	Implement reading program			
7	Track and monitor progress	x	x	x
IV.C	To increase adult life skills among vulnerable populations in Muskingum County by December 2019, through the expansion of existing Community Based Life Skills Programs (CBLSP) by 10%.			
Activities		Timeline		
		Y1	Y2	Y3
1	Identify existing adult education programs/services and for partnership	x		
2	Identify vulnerable adult populations	x		
3	Develop life skills curriculum	x		
4	Develop monitoring and evaluation plan	x		
5	Implement life skills program		x	
6	Track and monitor progress		x	x

APPENDIX

- Muskingum County Community Health Assessment Executive Summary
- Muskingum County Chip Strategy Alignment (table)
- Muskingum County Chip Goals And Objectives (table)

MUSKINGUM COUNTY COMMUNITY HEALTH ASSESSMENT EXECUTIVE SUMMARY

INTRODUCTION

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

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

The 2016 Muskingum County Community Health Assessment was conducted over a period of 18 months, from July 2015 to December 2016. The Zanesville-Muskingum County Health Department engaged community agencies, businesses and social groups, students and residents throughout the process. Encompassing primary and secondary data from local, state and federal sources, the completed community health assessment serves as a resource for community agencies and residents to understand and utilize findings for community. The process was guided by the Healthier Muskingum County Network (HMCN), which was originally convened to serve as a steering committee for the previous CHA in 2011.

Methods

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

- A community health status assessment, which captured over 200 data points for Muskingum County as well as some comparison data for Ohio, USA and the Healthy People 2020 benchmarks;

- A 75 question Adult Opinion surveys which was administered to over 700 adult residents;
- Nine Focus Group Discussions and 5 Key Informant Interviews that engaged over 100 residents;
- A youth PhotoVoice project which offered six county youth the opportunity to photo journal impressions of Muskingum County;
- An Asset-mapping project and Local Public Health System Assessment (LPHSA), which identified capabilities, stakeholders, partners and resources that contribute to public health.

KEY FINDINGS

Demographics

Population, Age and Growth

As of July 1, 2015, Muskingum County had 86,290 residents, having grown overall by 2 % over the last fifteen years. Across gender, there have been no changes of significance; females making up 51.6% of the population, their male counterparts, 48.4%.

Muskingum County portrays characteristics consistent with aging patterns; a steady increase in older population coupled with a negative growth in the young adult (-1.3%) and child populations (-0.7%). Since 2000, the median age has risen steadily from 37 to 40.6 years. This exceeds the state and national average of 37.8 and 37.7 years respectively.

Racial and Ethnic Diversity

Muskingum County is predominantly white or Caucasian, accounting for 93% of the population. Blacks or African Americans make up 4% of the county, with Hispanics/Latinos claiming another 1%. The remaining 2% is split among Asians, American Indians/Alaskan Natives and people of other races, representing 0.4%, 0.2% and 0.2% respectively. In comparison with 2010, there has been a significant increase in diversity, the multiracial population increasing by 25.5% over the course of 5 years. A majority of multiracial residents describe themselves as Caucasian and African American (60%), or Caucasian and American Indian/Native Alaskan (16%).

Educational Attainment

Among Muskingum County residents over the age of 25, 88.2% have at least a High School diploma (or equivalent), 24.9% of which had an associates, bachelors or master's degree. Current education attainment rates indicate almost a 1% decrease in high school. About 10% of Muskingum County residents are classified as lacking Basic Prose Literacy Skills (BPLS), limiting the ability to perform simple and everyday tasks.

Income, Poverty and Employment

In Muskingum County, 18.6% of residents live below the Federal Poverty Level (FPL), however, children suffering disproportionately, with over 28% living in poverty. The median household income in Muskingum County for 2015 was \$41,130, with a per capita income of \$21,274. Ohio and the United States both have significantly higher rates, at \$49,429 and \$53,889 respectively. The county has an unemployment rate of 6.1%, which is slightly higher than that of the state (5.7%) and the national (5.2%). However, only 74% (at least 35hrs each week) of employed residents work full-time; 22% worked 15 to 34 hours.

Community Health Status

Overall Health Status

In 2016, Muskingum County was ranked an overall 71st out of 88 counties in Ohio, falling five spots from the previous year. An assessment of Quality of Life indicated that 36.3% of respondents felt their lives were not comfortable/happy or great. They also identified safety and security, employment and education as the three leading factors for a healthy community.

Leading Cause of Mortality

In 2015, Muskingum County's crude death rate was 1139.2 per 100,000 with the three leading causes of death being Cancer, Cardiovascular and Chronic Lower Respiratory Diseases. Kidney/renal disease rose to 6th place on the list and Parkinson's Disease was a new addition to the list. Premature deaths were highly attributed to Cancer, Cardiovascular and Chronic Lower Respiratory Diseases as well. Chronic liver disease/cirrhosis and intentional self-harm, which were on the premature list did not make the overall mortality list.

Chronic Disease

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

Infectious Disease

In Muskingum County, the three leading causes of (reportable) infectious diseases were Chlamydia, Hepatitis C and Gonorrhea. Sexually transmitted infections made up 58.4% of all reported infectious diseases.

Mental Health

As a mental health shortage area, Muskingum County has a mental healthcare provider to patient ratio of 1:1093. This has been compounded by the ongoing drug addiction epidemic. Delays in outreach to patients treated for medical complications and long wait time for referrals to initiate mental health services reduces the efficacy of people committing to rehabilitation. However, a major portion of interventions needed to support drug addiction rehabilitation was more social-cultural than medical.

Healthcare Access and Utilization

In 2015, 95.2% of all Muskingum County residents had health insurance, an increase from 79.3% in 2008. About 40% of all county residents depend on public health insurance. AOS results showed that despite having health insurance, residents were worried about insurance policies not covering enough care and being unable to afford deductibles and co-pays. In the event that they proceeded to seek care, they worried about getting convenient appointment times.

Community and Civicism

Beyond close-knit groups, community residents participate in the more public community, 55.4% participating in some type of civic, religious or social group. Most of these groups have a component of giving back to the community; this occurs in various ways. In the adult opinion survey, 55.5% of all respondents said they had volunteered within the last month. Focus groups held among low income populations unanimously agreed that receiving felt better where they could give something back. It gave them a sense of belonging, purpose and responsibility.

Local Government

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

Physical Environment

Safety

Residents who participated in FGD and the AOS overwhelmingly identified safe neighborhoods (78%) and good security/safety services (64%) as the two most important things that make a healthy community. Prostitution, drug and gang activity,

and robberies and theft, were identified as the biggest safety issues, the latter of which most residents were worried about becoming victims of. These threats factored heavily in the decision for families and children to spend time outdoors, especially in public parks.

Housing and homelessness

In 2015, Muskingum County had 37,854 housing units, of which 90.5% were occupied. Of the occupied housing units, 68% were owner-occupied, with 32% rented. In a FGD on homelessness, residents discussed the challenges of living in and emerging out of poverty. They identified feeling stigmatized at healthcare facilities, when applying for jobs or seeking accommodation. The challenge of securing housing is not primarily a financial issue. While the criteria and or requirements have not changed much over time, the pool of applicant seeking accommodation has changed. Increasingly, alcohol, drug and criminal histories as well as recent evictions have become major disqualifiers for public and private housing alike.

Transportation

In Muskingum County, almost 88% of all county residents depend on private vehicles for transportation. However, Zanesville has pockets of high poverty populations who find getting around is a major challenge. About 10% of all respondents of the AOS admitted missing activities due to lack of transportation. Among residents who reported missing activities due to lack of transportation, this occurred at least once on a weekly basis for 24%. Improving 'walkability' and 'bikeability' was a major recommendation for many sections of the population including the youth who identified these modes of transport as most reliable when unaccompanied by an adult.

Nutrition

In Muskingum County, 22.3% of county residents received Supplemental Nutrition Assistance Program (SNAP) benefits in 2015. The 2016 AOS indicated that 25% respondents reporting having to cut back on food or their family has had to have smaller meals because there was not enough food. Reports from the local 2-1-1 Helpline call center received over 9000 calls with over 53% being requests for food/meals. For many families facing food insecurity, assistance for meals is primarily sought from family and friends (57%) and the 2-1-1 Helpline (25%). Proximity to healthy food is another access factor that influences food insecurity. According to the 2016 County Health Rankings (CHR) Muskingum County's food environment index is 6.3. Ohio's food environment index is 6.9. In addition to accessibility issues, cost, time and food preparation knowledge are barriers to eating better.

Environmental Quality

Asthma, which is the leading chronic illness among children, is greatly impacted by air quality. In Muskingum County, 18.5% of children diagnosed with Asthma at some point of their life. This rate is higher than both Ohio at 15.4% and the United States at 17.8%. Lead, another environmental exposure, is a major concern in Muskingum County, which has 67% of its housing stock built before 1978, when lead paint was banned. Three high-risk zip codes have been identified that require blood-lead testing in children.

CONCLUSION

Based on secondary, social, economic, and environmental health data, discussions with residents and leaders, and a community survey, this assessment report provides an overview of the social and economic environment of Muskingum County's health status, opportunities for growth strengths. The 2016 Muskingum County Community Health Assessment (MCCHA) will be made available to the public, in draft version for comments. The final version will be presented to the Board of Health, Healthier Muskingum County Network and upon request. It will also be disseminated online, on the Zanesville-Muskingum County Health Department website, <http://www.zmchd.org>. It will also be available as a hard copy at the health department. Once completed, a process to identify 3-5 major priorities of the CHA will be conducted. This will be implemented over the next three years of the 2016 (2016-2020) CHA-CHIP cycle.

Muskingum County CHIP Strategy Alignment

Muskingum County Community Improvement Plan Strategies	Genesis Hospital Implementation Strategy Priorities			Ohio State Health Improvement Plan Strategies				Healthy People 2020 Goals			
	Chronic Conditions	Maternal & Child Health	Access to Healthcare	Cross Cutting Strategies	Mental Health	Chronic Disease	Maternal & Infant Health	Access to Health Services	Educational & Community Based Programs	Nutrition and Weight Status	Substance Abuse
Food Insecurity											
Improve/increase food insecurity screening	X	X		X		X	X		X		
Healthy Food Initiatives in Food Banks	X	X		X		X	X				
Improve School Nutrition	X	X		X		X	X				
Mobile Markets/Pantries	X			X		X					
Track & Monitor Food Insecurity Initiatives				X					X		
Access to Healthcare											
Health Literacy	X			X		X	X	X	X		
Community Health Workers	X			X		X	X	X	X	X	X
Exploring Telemedicine			X		X			X			
Mental Health & Addiction											
Preconception Education	X	X			X		X				
SBI/RT and OBGYN Screening	X	X			X						
Alternative Alcohol/Drug Environments	X	X			X				X		
Youth-based Programming	X				X						X
Education											
School Breakfast Programs	X	X		X			X			X	
Intergenerational Reading Program					X				X		
At Risk Youth Mentoring					X						X

Muskingum County CHIP Goals and Objectives

2017-2020 MCCHIP Mission		Improve the Quality of Life and attain health equity among Muskingum County residents by addressing health disparities in food insecurity, access to healthcare, mental health and education.						
Priority	Food Insecurity	Access to Healthcare	Mental Health & Addiction	Education				
Goals	To improve the health outcomes of vulnerable populations in Muskingum County by reducing food insecurity, through an integrated approach of food security screening, produce management education and access to local healthy foods.	To improve the health outcomes of vulnerable populations in Muskingum County by increasing access to healthcare, through the utilization of Community Health Workers (CHW), Health Literacy Programming and Telemedicine.	To improve the health outcomes of vulnerable populations in Muskingum County by reducing drug and alcohol exposure and addiction, through preconception education, prenatal screening, At-risk youth programming and alternative alcohol/drug environments.	To improve the health outcomes of vulnerable populations in Muskingum County by increasing student success and adult education through school feeding programs, Early Child Education and At-risk youth programming and Community Based Life Skills Programs.				
					A To reduce the rate of food insecurity among vulnerable residents in Muskingum County from 17% to 15% by December 2019, by identifying and referring food insecure individuals to food banks.	A To reduce the utilization of Emergency Department services for primary care among Medicaid recipients in Muskingum County by 5%, by December 2019, through the utilization of Community Health Workers (CHW) in the navigation of healthcare seeking.	A To reduce fetal drug and alcohol exposure in Muskingum County by 20% in Muskingum County by December 2019, by designing and implementing a preconception health awareness and education marketing campaign.	A To increase student success in Muskingum County by December 2019, by increasing community-based at-risk youth mentoring by 20%.
					B To increase fresh produce consumption among food insecure individuals in Muskingum County by 10% by December 2019, through education (food bank initiative) on the use, preparation and storage of fresh produce.	B To improve healthcare-seeking behavior and knowledge among vulnerable populations in Muskingum County by December 2019, by designing and implementing a community-based Health Literacy Program.	B To reduce fetal/infant drug and alcohol exposure in Muskingum County by 20% in Muskingum County by December 2019, by implementing Screening, Brief Intervention and Referral to Treatment (SBIRT) in county Obstetrician/gynecologist practices.	B To increase student success in Muskingum County by December 2019, by designing and implementing an Intergenerational Reading Program.
					C To increase access to locally grown produce among food insecure individuals in Muskingum County by 10% by December 2019, by utilizing school and summer feeding programs for education on the preparation and storage of fresh produce.	C To explore increasing access to primary and specialized healthcare in Muskingum County by December 2019, by investigating the feasibility of telemedicine in Muskingum County.	C To reduce alcohol and drug exposure/relapse among Muskingum County individuals in recovery by December 2019, by increasing participation in alternative alcohol/drug activities by 20%.	C To increase adult life skills among vulnerable populations in Muskingum County by December 2019, through the expansion of existing Community Based Life Skills Programs (CBLSP) by 10%.
Objectives	D To improve collaborations and networking among entities in Muskingum County by December 2019, by tracking and monitoring all food security initiatives within the county.							